Suicide Attempt: Risk Factors & Family Function

Davood Behzad [1]

MSc of Phychology and Social Pathology [1], Applied Scientific Center for Welfare and Social Security, Bandar Abbas, Iran.

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Original Article

Abstract

Correspondence:
Davood Behzad, MSc.
Applied Scientific Center for Welfare and Social Security, Bandar Abbas, Iran
Tel:+98 9192247213
Email:
dbehzad80@gmail.com

Introduction: Suicide resulting of psychological and social disturbances. Family, as an intermediate institute, has a bilateral role; on one hand provides a protective factor for health. Meanwhile, family malfunctions work as a risk factor in suicide. This research is performed to study family risk factors and functioning among suicide attempted.

Methods: The research designed as descriptive and cross-sectional survey in the second half of 2014 in Bandar Abbas. Statistical population was the patients with suicide attempted in two recent years that referred to the emergency ward of Mohammadi hospital. 50 volunteers were selected by convenience sampling. Researcher-made questionnaire & family assessment device (FAD) were used for data gathering. Data analysis (descriptive measures, T, Chi-squares & bi-nominal test) was done using SPSS 19 software.

Results: The results showed significant differences in all aspects of family functions; affective involvement and behavioral control had the highest percentages.

Conclusion: Family factors have a critical role in suicide, in terms of risk factors and protective factors. It is necessary for practitioners to attend it as preventive strategies and therapeutic procedures.

Key words: Suicide, Risk Factors, Protective Factors.

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Introduction:

Suicide is a tragic event with strong emotional repercussions for the survivors. Nowadays, suicide attempt, as the most important determinants of mental health disorders, is increasing in societies (1). According to WHO, suicide is the second cause of death in 15-29 years old people (2).

Attempted suicide or non-fatal suicidal behavior is self-injury wish to end one's life which not results in death. Multiple factors influence on decision to end life. Psychiatric disorders, drug misuse, psychological states, cultural, family and social situations are the main suicide risk factors. Durkheim (3) maintained the social aspects of suicide and boundaries disruption role.

The studies on different aspects of family influence on health revealed that it is a two-way factor: protective and risk factor. The relation between families function and overweight (4), Cancer (5), handicap (6), Chronic Pain (7), Autism (8) and child abuse (9) have proved before.

The relationship between family function and general mental health (10) suggests family function associates with personality disorders (11), psychological hardiness (12), and stress, anxiety and

depression disorders (13,14). Great attention is paid to the offspring of suicide and yet, the key resource on which, the family, has remained remarkably unknown. The oretically-driven investigations on the potentially predictors of family functioning was investigated as a predictor of psycho-social maladjustment. Studies indicated the role of family to explain suicidal behavior (15, 16).

Family history of suicide attempt is one of the risks of suicide and social support of family system is protective factor (17). In attempted suicide, the family ties and support are weak. There is more conflict and rupture relations, lack of clear boundaries and dependence to family (18).

Family malfunction and non-correct parenting styles cause depression and predict suicidal thoughts and behavior in adolescents (19-21).

According to the importance role of family factors in suicidal behavior, this study conducted to investigate the family functioning and family risk factors among suicide attempted.

Methods:

This study performed on Cross-sectional survey design. Survey research is a specific type of field study that involves the collection of data from a sample of elements drawn from a well-defined population through the use of a questionnaire or interview.

Statistical populations were who had referred to martyr Mohammadi hospital emergency ward in Bandar Abbas. Participants (n=50) were recruited from patients on the basis of medical evidences having been attempted suicide in recent two years. By convenience sampling accessible volunteer selected.

The sample was composed of the ages 14 to 40 (M=23.9; SD=5.7), of which 56% was female and 44% male.

After contact with samples and their families to get clearance, then obtained approval the participants for the research and were assured that the data were confidential. Structured interviews and self-report instruments were administered to participants to assess demographic variables, risk factors of suicidal behavior and family functioning. Data collected by face to face interview with patients or family important members during the participants' hospitalization and after discharge from the hospital.

They filled out two questionnaires: 1) family risk factors included 12 questions (researcher-made). 2) Family assessment device (FAD); contain 60 questions and seven sub-scales (problem-solving, roles, relationships, emotional reactions, affective Involvement, behavior control and the overall family performance).

The Validation of FAD for total scale and its sub-scales indicated good internal consistency (alpha coefficient between 0.72 and 0.92), and in this study obtained alpha coefficient was 0.78.

Statistical analysis was performed using SPSS software version 19. The Chi-square test, binomial test and t-test were used to compare the family variables of suicide attempters. The T test was used to explore the differences between family functioning subscales

Results:

Demographic characteristic (Table 1) revealed the majority (56%) of suicide attempted was female, 54% had less than 24 years old, 52% was single and only 16% was high educated (academic education). 78% was unemployed, 56% have 5 to 7 member's households and 42% had lost one of their parents.

Percentages of family risk factors include; divorce (54%), suicide background (28%), alcohol consumption (60%), mental disorder (30 %) and family dispute and conflict (66%) had significant (Table 2).

There were significant differences in frequency distributions of age, marital status, and job status, number of households, supervision, suicide history, family conflict and mental disorder.

Sub-scales scores of FAD indicated a failure of all aspects of family function among suicide attempted.

Affective involvement (how strongly the attention, interest and feelings of the members to one another) and behavioral control (measures to control the behavior of family members in expressing needs and risk situations) involved highest scores (Table 3).

Table 1- Distribution of sex, age, marital status, education and job of respondents

Variable		n (%)	Test
Sex	F	28 (56)	Binominal test
	M	22 (44)	Test Prop=0.50 Exact sig. (2-tailed)=0.480
Age	14-18	9(18)	
	19-23	18 (36)	T=15.8
	24-28	12 (24)	df=49
	29-33	8 (16)	pvalue=0.000
	34-40	3 (6)	
Marital status	Single	26 (52)	X^2=19.840
	Married	22 (44)	df=2
	Divorced	2 (4)	pvalue =0.00
Education	Lower of diploma	18 (36)	X^2=7.840
	Diploma	24 ()48	df=2
	Higher of diploma	(8) 16	pvalue =0.20
Job status	Unemployed	(39) 78	X^2=44.920
	Employed	(6) 12	df=2
	Student	(5) 10	pvalue =0.00

Table 2- Distribution of variables

Variable		n (%)	Test
Number of households	2-4	26 (52)	T=20.2
	5-7	22(44)	Df=49
	8+	2 (4)	pvalue =0.00
Supervision	Non-father	9 (18)	X^2=13.960
	Non-mother	12(24)	df=2
	With parents	29 (58)	pvalue =0.001
Divorce background	Yes	23(46)	Binominal test
	No	27 (54)	Test Prop=0.50 Exact sig. (2-tailed)=0.480
Alcohol consumption	Yes	30 (60)	Binominal test
	No	20 (40)	Test Prop=0.50 Exact sig. (2-tailed)=0.203
Suicide history	Yes	14 (28)	Binominal test
	No	36 (72)	Test Prop=0.50 Exact sig. (2-tailed)=0.003
Family conflict	Yes	33 (66)	Binominal test
	No	17 (34)	Test Prop=0.50 Exact sig. (2-tailed)=0.033
Mental illness	Yes	15 (30)	Binominal test
	No	35 (70)	Test Prop=0.50 Exact sig. (2-tailed)=0.007

Table 3-T-test family functioning subscales

Subscales	Means	Clinically norm	Percentages		T	df	Sig
			Upper	Lower			
Problem solving	2.35	2.20	54.2	45.8	17.843	48	0.000
Relationship	2.44	2.15	81.9	19.1	46.99	47	0.000
Roles	2.57	2.22	81.4	18.6	43.98	43	0.000
Emotional response	2.60	2.23	77.6	22.4	33.74	49	0.000
Affective Involvement	2.66	2.05	90	10	33.77	50	0.000
Control behavior	2.56	1.90	91.7	8.3	27.56	48	0.000
Overall performance	2.55	1.96	87.2	12.8	31.90	47	0.000

Conclusion:

The research aim was determination of family functioning and risk factors among suicide attempted. Based on the results, suicide attempted had defective family function. Affective involvement and behavioral control had more dysfunction. These findings supported by other researches (15-22).

About 60% suicide attempted were young (19-28 years old). There was no significant difference among male and female. The Study on social pathologies (23) doesn't confirm the recent point. The WHO (2) implies high male suicide rate in developed countries, while high female rate in poor countries.

High suicide attempts have reported among singles, unemployed and low educated people. It seems marriage, employment and education increases life expectancy, sense of responsibility, awareness and hopefully to others, although high family members have high suicide risk (24).

Suicide attempted was same in aspects of absence of parents, family suicide history, mental illness, dispute and conflict. This finding reported on other studies (16, 18, 22, 25, 26).

Researchers have noted that defective family function, associates with addiction (27, 28), marital conflicts (29), and mental disorders (10), which predisposes suicide attempting.

Although variant factors influences suicide attempting but family role is undeniable. While reports indicate a growing trend of suicide, the need to develop specific interventions is necessary. According to family importance in Iranian society, any intervention require to identifying and considering it. The findings provide basis for preventive strategies and practitioner's therapeutic procedures. The lack of control group and difficulty in accessing to all patients who have attempted suicide with no medical services were limits of the present study. Further research, including longitudinal and comparing designs is needed to investigate this issue.

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اقدام به خودکشی: عوامل خطرساز و کارکرد خانواده

داوود بهزاد [۱]

[۱] کارشناس ارشد، روانشناسی و آسیب شناسی اجتماعی، مرکز علمی کاربردی بهزیستی و تأمین اجتماعی، بندرعباس، ایران.

مجله پزشکی هرمزگان سال بیستم شماره دوم ۹۵ صفحات ۱۴۹-۱۴۴.

چکیده

مقدمه: خودکشی از آشفتگی‌های روانی و اجتماعی ناشی می‌گردد و خانواده به عنوان نهادی واسط از نقشی دوگانه در این بین برخوردار است، از یکسو مهیاکننده عوامل محافظ سلامتی بوده و در عین حال، بدکارکردی‌های خانواده به مثابه عاملی خطرساز در خودکشی عمل می‌کند. این تحقیق به منظور بررسی عوامل خطرساز و کارکرد خانواده در بین اقدام‌کنندگان به خودکشی طراحی گردیده است.

روش‌کار: طرح پژوهش توصیفی بوده به روش پیمایش و به طور مقطعی در نیمه دوم سال ۹۳ در شهرستان بندرعباس اجرا گردید. جامعه آماری اقدام‌کنندگان به خودکشی بودند که در طول دوسال اخیر به مرکز اورژانس بیمارستان شهید محمدی ارجاع شده بودند. از طریق نمونه‌گیری در دسترس حجم نمونه‌ای شامل ۵۰ نفر داوطلبین انتخاب شدند. داده‌ها با استفاده از ابزار سنجش خانواده و پرسشنامه محقق ساخته جمع‌آوری گردیده و از طریق نرم‌افزار SPSS آماره‌های توصیفی و آزمون t، کای اسکور و آزمون دوجمله‌ای مورد تجزیه و تحلیل قرار گرفت.

نتایج: یافته‌ها تفاوت معنی‌داری را در تمامی ابعاد ناکارآمدی خانواده نشان داد؛ به طوری که در میان آنها دو بعد آمیختگی عاطفی و کنترل رفتار بالاترین درصدها را به خود اختصاص داده بودند.

نتیجه‌گیری: عوامل خانوادگی هم به لحاظ خطرساز بودن و هم محافظ بودن نقشی حیاتی در خودکشی دارند. لازم است دست‌اندرکاران در اتخاذ رویه‌های درمانی و مداخلات پیشگیرانه به آن توجه کنند.

کلیدواژه‌ها: خودکشی، بدکارگردی خانواده، عوامل خطرسان، عوامل محافظ.

نویسنده مسئول:
داوود بهزاد
مرکز علمی کاربردی بهزیستی و تأمین اجتماعی
بندرعباس - ایران
تلفن: ۹۱۹۲۲۴۷۲۱۳ ۹۸+
پست الکترونیکی:
dbehzad80@gmail.com

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