

## Social Support among Adolescents with Suicidal Tendency

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### ABSTRACT

The present study aimed at studying the difference on social support among adolescents with low, mild-moderate, severe suicidal ideation and attempted suicide adolescents. The study was conducted in Bengaluru Urban area. Ethical clearance certificate was obtained from IHEC, Mysore University to conduct the study. Total of 240 adolescents (60 each in a group) were selected from different colleges and different general hospitals from Bengaluru. MSSSI was used to screen college going students and categorised into low suicidal ideation (LSI), mild-moderate suicidal ideation (MSI) and severe suicide ideation (SSI) adolescents based on the scoring. Attempted suicide (AS) adolescents were selected from the emergency department of different general hospitals. Social support questionnaire was administered to each adolescent individually. Statistical tests of one way ANOVA and Scheffe's Post Hoc tests were computed to study the difference in social support between the groups. Findings indicated that severe suicidal ideation adolescents differed significantly from the rest of the groups. Severe suicide ideation group perceived less social support satisfaction as well as social network compared to other groups. Low suicidal ideation adolescents differed significantly in perceiving more social support satisfaction and having more social network compared to other groups. These results indicating that assessment on social support system and screening for suicide risk could help in preventing suicidal behaviour among college students.

**Keywords:** Adolescent, Suicidal Tendency, Social Support

Suicide has become one of the major causes of death among adolescents worldwide. Suicidal behaviours increases rapidly during adolescence and young adulthood and stabilizes in early midlife. Prevalent rate of suicide among this age group are reported to be 19.8% for suicide ideation and 3.1% for suicide attempts. (Nock et al 2008). The incidence of suicide attempts reaches a peak during the mid-adolescent years, and at that age mortality from suicide, which increases steadily through the teen years, is the third leading cause of death.

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Suicide in childhood and early adolescence is rare. However, in adolescents and young adulthood suicide rates increase to mean worldwide annual rates of suicide among 5 year olds of 0.5 per 100,000 for females and 0.9 per 100,000 for males, and for 15 year olds 12.0 per 100,000 for females and 14.2 per 100,000 for males, respectively (Pelkonen & Marttunen, 2003). Males often outnumber females in worldwide youth suicide statistics.

Suicidal tendency is the propensity for a person to have suicidal ideation or to make suicide attempts. It may also refer to suicide, suicidal crisis, suicidal ideation, parasuicide, failed suicide attempt. Suicidal behaviour includes suicidal planning, suicidal attempts and completed suicide. Suicidal Ideation and suicidal behaviour including suicidal attempts are of major concern apart from completed suicide, which is a death from injury, poisoning or suffocation where there is evidence that the self inflicted act led to the individual's death.

### ***Risk Factors for Suicide***

Important factors contributing to suicidal behaviours include psychiatric, psychological, genetically, familial, social and cultural factors. Psychosocial problems and stresses, such as conflicts with parents, breakup of a relationship, school difficulties or failure, legal difficulties, social isolation, and physical ailments (including hypochondriacal preoccupation), commonly are reported or observed in young people who attempt suicide. These precipitating factors often are cited by youths as reasons for attempting suicide. Suicide ideation is considered as an important precursor for later attempted and completed suicide (Brent, Johnson, 1993. Roca-Bennasar, 2001). The progression from suicidal ideation to self-harm and then to suicide is by no means absolute. Self-harm may escalate and this may be a marker for subsequent suicide. Suicide risk among self-harm patients is hundreds of times higher than in the general population (Owens et al., 2002). The risk of suicide attempt is significantly increased in those with suicidal ideations and planning.

Lack of social support from family and friends is an important correlate of suicide ideation for adolescents, adults, and college students (O'Attilio, Campbell, Lubold et al., 1992; Harris & Molock, 2000; Harter, Marold, & Whitesell, 1992; Marion & Range, 2003; Mireault & de Man, 1996; Prinstein, Boergers, Spirito et al., 2000; Stravynski & Boyer, 2001). In college students, higher levels of social support appear to exert a protective effect against suicidal behaviors by increasing self-efficacy (Thompson, Eggert, & Herting, 2000) or by reducing stress (Clum & Febbraro, 1994; Schutt, Meschede, & Rierdan, 1994; Yang & Clum, 1994). On the other hand, social disconnection and isolation, or "failed belongingness," might be critical influences on suicide behaviour (Joiner, 2005).

Suicide ideation among college students may have a unique etiology because of developmental transitions that occur in college and young adulthood, including changes in family relationships, peer contexts, and increased opportunities for alcohol and drug use. Other heritable factors such

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as a tendency toward impulsive aggression appear to influence suicidal behaviours. For example, in one sample of 424 healthy college students, nearly half of the suicide attempters failed to meet lifetime criteria for depression (Levy & Deykin, 1989).

Nevertheless, considering the well-known linkages of suicide ideation with both social support and depression, surprisingly few studies have focused on the interrelationships of these three issues (Reifman & Windle, 1995; Stoelb & Chiriboga, 1998). To our knowledge, no studies have examined the extent to which suicide ideation, in the absence of depression, might be associated with low social support. All adolescents with symptoms of depression should be asked about suicidal ideation, and an estimation of the degree of suicidal intent should be made.

Suicidal thoughts or comments should never be dismissed as unimportant. Adolescents must be told by paediatricians that their plea for assistance has been heard and that they will be helped. Episodic despondency leading to self-destructive acts can occur in any adolescent, including high achievers. These adolescents may believe that they have failed or disappointed their parents and family and perceive suicide as their only option. Other adolescents may believe that suicide is a better option than life as they experience it. Intervention should be tailored to the adolescent's needs. Adolescents with a responsive intact family, good peer relations and social support, hope for the future, and a desire to resolve conflicts may require only brief crisis-oriented intervention (Hodgman 1982).

In contrast, adolescents who have made previous attempts, exhibit a high degree of intent to commit suicide, show evidence of serious depression or other psychiatric illness, are abusing alcohol and other drugs, and have families who are unwilling to commit to counseling are at high risk and may require psychiatric hospitalization.

From the above information it is clear that suicide behaviour among adolescents needs check and interventions and is an important need of the hour to prevent suicide behaviour among adolescents, which is the third leading cause of death among adolescents Worldwide. The present study in its endeavour tried to find the difference in social support and its contributions to suicide risk behaviour among adolescents.

**Aim:** To study the difference in social support among low, mild-moderate, severe suicidal ideation and attempted suicide adolescents.

**Objective:** To find the difference in social support among adolescents with low, mild-moderate, severe suicidal ideation and attempted suicide adolescents.

**Hypothesis:** Adolescents with low, mild-moderate, severe suicide ideation and attempted suicide will differ significantly on social support.

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### *Variables:*

#### **Dependent variables**

1. Adolescence with low suicidal ideation
2. Adolescence with mild-moderate suicidal ideation
3. Adolescents with severe suicide ideation
4. Adolescents with attempted suicide

#### **Independent variable**

1. Social support

## **METHODOLOGY**

### *Sample*

*Table 1: showing the sample size for different groups of suicidal tendency:*

<b>Groups</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
L S I	30	30	60
M S I	30	30	60
S S I	30	30	60
A S	30	30	60
Total	120	120	240

(Low Suicide Ideation=L S I, Mild-Moderate Suicide Ideation=M S I, Severe Suicide Ideation=S S I, and Attempted Suicide=A S).

A sample of 60 each from low, mild-moderate, severe suicidal ideation and attempted suicide will be taken from college going students of different colleges and different general hospitals age ranging from 16-19yrs from Bangalore city.

### *Inclusion Criteria*

1. College going adolescent boys and girls age ranging from 16-19yrs will be considered.
2. Adolescent boys and girls referred as attempted suicide for the first time will be considered for the study.

### *Exclusion Criteria*

1. Adolescents with physical disability will not be considered.
2. Adolescents with physical illness and with past history of psychological treatment like psychotherapy and counseling will not be considered.
3. Adolescents with previous history of attempted suicide will not be considered.
4. Married adolescents will not be considered.

### *Tools used*

1. **Modified Scale for Suicide Ideation (MSSI; Miller, 1991):** The MSSI is an 18-item structured interview that assesses severity of suicidal ideation over a 48-hour period,

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including intent, competence to attempt suicide, and amount of talking/writing about death. The measure is a modified version of the original Scale for Suicidal Ideation (Beck, Kovacs, & Weissman, 1979). Each question is rated on a 4-point scale and responses are summed to derive a total score. Severity ranges on the MSSSI are as follows: 0–8 = none/low, 9–20 = mild/moderate, 21+ = severe. Each item is comprised of four statements rated on a 4 point scale, ranging from 0-3, on the basis of escalating intensity. Total scores may thus range from 0-54. Research has shown that the scale possesses good internal consistency (.94), adequate test-retest reliability (.65), and high inter-rater reliability (.99)

2. **Social Support Questionnaire (Sarason, Levine, Bashman, & Sarason, 1983):** The SSQ contains two scales: (a) SSQ-N, number of social support network members and type of member (b) SSQ-S, satisfaction with social support. On the SSQ-N sub scale, participants were instructed to list all the individuals whom they can count on for help or support. The SSQ contains 27-items about how satisfied the participant in the support from the network in the SSQ-N. Research has shown that the SSQ has favourable psychometric properties and has been shown to have a strong internal reliability with reported  $\alpha$  coefficients of .97, .90, and .83.

### *Analysis of Results*

Data was analyzed using one way ANOVA and Post Hoc's tests. The findings on social support questionnaire for different groups of suicidal tendency are discussed below.

**Table 2 shows the Mean, SD, F and P values on social support for LSI, MSI, SSI AND AS**

		N	Mean	S D	F	P
<b>SSQ_Network</b>	<b>LSI</b>	60	4.66	1.640	49.596	.000
	<b>MSI</b>	60	2.86	.878		
	<b>SSI</b>	60	2.19	.790		
	<b>AS</b>	60	2.73	1.230		
	<b>Total</b>	240	3.11	1.501		
<b>SSQ_Satisfaction</b>	<b>LSI</b>	60	4.72	4.058	4.139	.007
	<b>MSI</b>	60	4.69	.783		
	<b>SSI</b>	60	3.17	3.773		
	<b>AS</b>	60	3.84	1.058		
	<b>Total</b>	240	4.11	2.903		
<b>SSQ_Total</b>	<b>LSI</b>	60	9.3833	4.61042	17.040	.000
	<b>MSI</b>	60	7.5487	1.42544		
	<b>SSI</b>	60	5.3533	3.86700		
	<b>AS</b>	60	6.5688	1.60784		
	<b>Total</b>	240	7.2135	3.50168		

(Low Suicide Ideation=L S I, Mild-Moderate Suicide Ideation=M S I, Severe Suicide Ideation=S S I, and Attempted Suicide=A S).

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Table 2 shows the Mean, SD, F and P value for the sample on social support network, social support satisfaction and overall total social support for all four groups. For subscale of social support network the mean scores for four adolescent groups of low suicide ideation, mild-moderate suicide ideation, severe suicide ideation and attempted suicide were 4.66, 2.86, 2.19, and 2.73 respectively. The results indicate that in terms of rank order the adolescents with low suicide ideation has perceiving better social support network of the four groups, followed by the adolescents with mild-moderate suicide ideation and further followed by the adolescents with attempted suicide. The least social support network of the four groups is perceived by the adolescents with severe suicidal ideation. The F value on social support network for four groups being 49.596 is significant at .01 levels indicating significant difference between the four groups. Table 3 shows the Post hoc's Scheffe's test which was done to compare significant differences between each of the groups for social support network (significant at 0.05 level). The results reveal that adolescents with low suicide ideation had significantly better social support network compared to the all the other adolescent groups with mild-moderate suicide ideation, severe suicide ideation and attempted suicide; apart from this the adolescents with mild-moderate suicide ideation had significantly better social support network compared to the adolescent group with severe suicide ideation. There was no significant difference in social support network between adolescent groups with severe suicide ideation and attempted suicide; and between adolescent groups with mild-moderate suicide ideation and attempted suicide.

**Table 3 showing scores on Scheff's test for suicidal tendency groups on social support network.**

Group of S I	N	1	2	3
S S I	60	2.19		
A S	60	2.73	2.73	
M S I	60		2.86	
L S I	60			4.66

For subscale Social Support Satisfaction the mean scores for four adolescent groups of Low suicide ideation, Mild-moderate suicide ideation, severe suicide ideation and attempted suicide, were 4.72, 4.69, 3.17 and 3.84 respectively as shown in table 2. The results indicate in terms of rank order that the adolescents with low suicide ideation has perceived better social support satisfaction followed by mild-moderate suicide ideation, and further followed by attempted suicide adolescents. The least mean score obtained is by severe suicide ideation adolescents indicating the least perception of social support satisfaction by this group. The 'F' value on social support satisfaction for four groups being 4.139 is significant at .01 level indicating significant difference between the four groups. Table 4 shows the post hoc's scheffe's test which was done to compare significant difference between each of the groups for social support satisfaction (significant at 0.05 level). The results reveal that adolescents with low suicidal ideation had significantly perceived better social support satisfaction compared to mild-moderate, severe suicide ideation and attempted suicide adolescents. Apart from this there was

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no significant difference between low suicide ideation group, mild-moderate suicide ideation and attempted suicide adolescents and also between attempted suicide adolescents and severe suicide ideation on social support satisfaction.

**Table 4 showing scores on Scheffe's test on Social Support Satisfaction for all four groups of suicidal tendency.**

Groups	N	1	2
S S I	60	3.17	
A S	60	3.84	3.84
M S I	60		4.69
L S I	60		4.72

For total on social support the mean value for low suicide ideation, mild-moderate suicide ideation, severe suicide ideation and attempted suicide adolescents are 9.38, 7.54, 5.35 and 7.21 respectively as shown in table 2. According to the rank order, low suicidal ideation adolescents feel better social support satisfaction and network followed by mild-moderate suicide ideation and further by attempted suicide adolescents. The least mean score is obtained by severe suicide ideation adolescents indicating less satisfaction with social support and network. The 'F' value on total social support being 17.040 is significant at .01 level indicating significant difference between four groups. Table 5 shows the post hoc's scheffe's test scores on social support total score to show the significant difference between the four groups. Findings show significant difference between low suicidal ideation and mild-moderate suicide ideation and severe suicide ideation on total social support. Also shows no significant difference between severe suicide ideation and attempted suicide adolescents and also between attempted suicide and mild-moderate suicide ideation adolescents.

**Table5. Scheffe's Score on Overall Total Social Support for all Four Groups.**

Suicidal Tendency Group	N	1	2	3
S S I	60	5.353		
A S	60	6.568	6.568	
M S I	60		7.548	
L S I	60			9.383

When we compare this study's findings with other research studies we find the studies by Peltzer (2008) where it was found that adolescents with low suicide risk perceived significantly more parental support, peer support, teacher support and personal support compared to adolescents with high suicide risk, conducted at Cape Town, South Africa, supporting this study. One more study by Rachel (2007) where a comparison was made between severe and mild suicidal ideation adolescents and the role of family, peer and school as their support system was studied. Findings suggest importance of interrelationships of support systems to overcome suicide risk factors partly supporting this study. Not many studies have found to find the difference between

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different categories of suicidal tendency. There was not a single study found on finding the difference on social support system across low, mild-moderate, severe suicidal ideation and attempted suicide adolescents in the Indian context. So the present study also found the significant difference among adolescents with Low, Mild-Moderate, Severe suicide ideation and Attempted suicide adolescents. Severe suicidal ideation adolescents perceive less satisfaction from the social support and network from the other groups of suicidal tendency.

### SUMMARY AND CONCLUSION

The objective of the study was to find the difference in social support among adolescents with Low, Mild-Moderate, Severe suicidal ideation and Attempted suicide adolescents. Findings revealed significant difference between all four groups of suicidal tendency. Severe suicidal ideation adolescents differed significantly from the other groups. Across the groups severe suicidal ideation adolescents had perceived less satisfaction and support from their social network. Whereas Low suicidal ideation adolescents have perceived more satisfaction and support from their social support network compared to other three groups. This could be attributed to their problems/conflict in the family members, demanding parents, broken family, rejection from peers, low socioeconomic status, lack of coping strategies and working parents. Screening college students routinely for suicidal behaviour will help to identify and to prevent suicide risk at the earliest. Family and peer interventions can be made use of to deal with suicidal behaviour adolescents.

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