

Research Paper

Role of Social Support and Mental Pain in Suicidal Ideation among Women from Drug Afflicted Families

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ABSTRACT

The responsibility of caring for family members suffering from substance use disorders has a profound negative impact on the psychological and social lives of women. Punjab is one of the states in India where the drug menace has reached almost to every household. This study examined the predictive roles of perceived social support and mental pain (psychological pain) on suicidal ideation among wives and mothers of men with substance use disorder in Punjab, India. Using a cross-sectional quantitative design, a sample of women (N=209, aged 25–45 years) was recruited across four districts in Punjab (Bathinda, Barnala, Mansa and Patiala). Data were collected using the Beck Scale for Suicide Ideation (1979), the Orbach and Mikulincer Mental Pain Scale (2014), and the Multidimensional Scale of Perceived Social Support (MSPSS, 1988). Stepwise multiple linear regression analysis revealed that perceived social support significantly and negatively predicted suicidal ideation, accounting for 47.5 percent of the variance in the first step. The addition of mental pain in the second step significantly improved the model, accounting for an additional 8.1% of unique variance. Together, perceived social support and psychache accounted for 55.6% of the total variance in suicidal ideation ($R^2=.55$, $p<.001$). These findings underscore the critical need for targeted psychosocial interventions that reduce internal psychological distress and establish accessible community support networks for female caregivers in addiction-afflicted households.

Keywords: *Substance Use Disorder, suicidal ideation, mental pain, perceived social support, Punjab, women*

Drug abuse has become a curse for Punjab state in India particularly involving illicit opioids like high-grade heroin ("Chitta") is severely affecting lives. Punjab recorded 106 drug-overdose deaths in 2024, making it the second-highest state nationally after Tamil Nadu (Sharma et al., 2016; NCRB, 2026). Reports in this regard have shown that it can be obtained on door to door which further make it challengeable to tackle the menace (The Indian Express, June 26). The easy availability of synthetic drugs has disintegrated families and pushed them further back socio-economically, moreover, the use of opioids and intravenous drugs has led to rising mortality rates particularly among men (Ambekar et al., 2016; Chavan et al., 2019). Although policy and research measures often focused upon treatment and harm reduction approaches for people with diagnosed SUD (substance use

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disorder), but there has been very little research on the mental health outcome on their close family relatives or members (Bukten et al., 2011; Basu and Avasthi, 2015). In cultural fabric of Punjab where the burden of domestic chores already weighs heavily on women, and on top of that, the responsibility of dealing with an addict is largely challenging specifically to wives and mothers (Singh, 2010; Dhillon, 2021). Caregiving burden, self-blaming and social stigma attached to the heroin usage become a significant cause of long-term stress (Gopal, 2025; Kumar, 2025)

The emotional fallout or the distress manifests into mental pain which means an intense psychological pain associated with the feelings of confusion, helplessness, anguish, shame, and ongoing grief (Elrassas et al., 2025; Ahmad and Bala, 2025). Further, the social stigma associated with substance abuse often alienates these women eroding their social support systems similarly escalated emotional distress escalate can turn into escape in form of thinking of suicide or the risk of suicidal thoughts among female caregivers increases significantly (Martins et al., 2022; Tomawis et al., 2024; Monari et al., 2024). Investigating the combination of internal aspects like mental pain or psychache and external factors (perceived social support) on suicidal thoughts in this population is essential. These statistical insights will help in designing better interventions and psychoeducation programs that are directly linked to the family and specific family members of drug-afflicted families in Punjab.

Hypotheses

1. Suicidal ideation would be negatively associated with Perceived social support among women from drug afflicted families.
2. Suicidal ideation would be positively associated with mental pain among women from drug afflicted families.
3. Perceived social support would be negatively associated with mental pain among women from drug afflicted families.
4. Perceived social support would negatively predict suicidal ideation among women from drug afflicted families
5. Mental pain would positively predict suicidal ideation among women from drug afflicted families

METHODS

Participants

The sample comprised 209 women (N=209) who were either wives or mothers of men undergoing treatment for or actively experiencing substance use disorder. Successful completion of class 12 was the minimum educational qualification for the women participating in the study. Se Participants were recruited from four major districts in Punjab i.e. Bathinda, Barnala, Mansa and Patiala. The sample was restricted to women aged 25 to 45 years (M=34.82, SD=5.64). This age restriction was implemented as an exclusion criterion to control for potential confounding psychological and physiological variations associated with perimenopause, menopause, aging-related and age-correlated somatic comorbidities.

Measures

- Beck Scale for Suicide Ideation (BSI; Beck & Steer, 1991): The scale is a self-report, has 19 items that detects the suicidal ideation among the individuals. Every item has 3 sub- items containing scoring of 0, 1 and 2. High score represents

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escalated or higher suicidal ideation in individual. The assessment tool is highly usable for measuring suicidal tendencies among clinical and non-clinical populations (Kelia et al., 2023; Jeon et al., 2026).

- **Mental Pain Scale** (Guimaraes et al., 2014): It is a 24-item modified and psychometrically sound version of Orbach and Mikulincer's (2003) original Mental Pain Scale. It is a self-rating 5-point Likert scale consisting 5 dimensions i.e. Emotional flooding, Helplessness, Emptiness, Irreversibility, and Confusion. The scoring is range is from 1 corresponding to 'strongly disagree' to 5 corresponding to "strongly agree". High score on the scale corresponds to high mental pain in the participant. The scale is psychometrically sound. (Meerwijk et al., 2019).
- **Multidimensional Scale of Perceived Social Support** (Zimet et al., 1988): The measure has twelve items that assesses the three dimensions, or subscales, i.e. "friends, family and significant others". The seven-point Likert scale, ranging from "very strongly agree" to "very strongly disagree also provide composite score for total perceived social support to the individual. The scale is psychometrically sound. (Zimet et al., 1990; Osmic et al., 2024)

Procedure

Data collection process was adopted after obtaining the ethical clearance. Participants were approached through rehabilitation centres, and de-addiction facilities and non-governmental organizations across the four selected districts for the study. After explaining the study's purpose, the informed consent was attained from all of the participants. The questionnaires were administered individually in private settings to ensure psychological safety and data accuracy.

Statistical analysis

Table 1: Descriptive statistics for the study variables

Variable	M	SD	N
SI	17.28	5.27	209
PSS	2.85	0.78	209
MP	68.44	9.95	209

Note. SI = Suicidal ideation, PSS = Perceived social support, MP = Mental pain, M = mean; SD = standard deviation; N = 209.

Table 2: Pearson Correlations Among Suicidal Ideation, Mental Pain, and Perceived Social Support

Variable	1	2	3
1. Suicidal ideation	—		
2. Mental pain	.64**	—	
3. Perceived social support	-.68**	-.60*	—

Note. N = 209. Values represent Pearson's *r* correlations. All correlations were statistically significant at $p < .001$ (one-tailed)

Table number 1 demonstrating descriptive analysis of the research variables i.e. suicidal ideation have mean score of 17.28 (SD = 5.27), psychological pain score of 68.44 (SD = 9.95), and perceived social support score of 2.85 (SD = 0.78). Whereas, overall, Pearson correlation have found significantly associated among all three variables of the study i.e. suicidal ideation was found positively correlated with mental pain and negatively associated

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with perceived social support. Similarly mental pain was revealed a significant negative correlation with perceived social support confirming all the corresponding hypotheses in the relational context.

Table 3 Stepwise Regression Analysis Predicting Suicidal Ideation

Model	R	R ²	Adjusted R ²	SE	ΔR ²	F Change	df1	df2	p
1	.68	.47	.47	3.82	.47	187.38	1	207	< .001
2	.74	.55	.552	3.52	.081	37.50	1	206	< .001

Note. R = multiple correlation coefficient; R² = proportion of variance explained; ΔR² = change in explained variance; ΔF = change in F statistic; SE = standard error of the estimate. The dependent variable was suicidal ideation

In the stepwise regression table number 3 above, perceived social support entered first and it has explained 47.5 percent of the variance in suicidal ideation (R² = .47, $p < .001$). Whereas, in the second step, the other variable of the research study i.e. mental pain significantly contributed in the model, demonstrating a further 8.1 percent of the variance. The final model explained 55.6 percent variance in suicidal ideation.

Table 4 Coefficients for the Stepwise Regression Predicting Suicidal Ideation

Model	Predictor	B	SE	β	t	p
1	Constant	30.58	1.00	—	30.36	< .001
	PSS	-4.66	0.34	-.68	-13.69	< .001
2	Constant	13.37	2.95	—	4.52	< .001
	PSS	-3.18	0.39	-.471	-8.05	< .001
	MP	0.19	0.03	.35	6.12	< .001

Note. B = unstandardized regression coefficient; SE = standard error; β = standardized regression coefficient. The dependent variable was suicidal ideation. PSS = Perceived social support, MP = Mental pain

The analysis of coefficients of stepwise regression presented in the table number 5 have indicated that, perceived social support in the first step of the analysis significantly and negatively predicted the suicidal ideation ($\beta = -.68$, $p < .001$), shown that when perceived social support is increased it lowers the lower suicidal ideation. In the second step, mental pain has significantly and positively predicted the suicidal ideation ($\beta = .35$, $p < .001$), whereas, perceived social support persisted as a significant negative predictor ($\beta = -.47$, $p < .001$). Therefore, accepting the hypothesis number 4 and 5. Thus, in the final model, both perceived social support and mental pain were significant predictors of suicidal ideation, with perceived social support exhibiting the stronger standardized effect.

DISCUSSION

Overall, the findings highlight the psychological vulnerability that may be experienced by wives living with a partner who has substance use problems. Psychological pain appears to be associated with greater suicidal ideation, whereas perceived social support appears to be associated with lower suicidal ideation and lower psychological pain. These findings suggest the importance of strengthening social support networks and addressing psychological distress among wives of persons with substance use. Interventions focusing on emotional support, coping resources, family-based services, and accessible psychological care may be particularly relevant for this population. Nevertheless, because the study is based on

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correlational and regression analyses, the findings should be interpreted as relationships among variables rather than evidence of causal effects.

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Conflict of Interest

The author(s) declared no conflict of interest.

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