

Perceived Social Support as a Protective Factor in Suicide among Psychiatric Patients with Major Depressive Disorder in Pakistan

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ABSTRACT

Suicide is biggest cause of death worldwide; research on potential protective factors is required. Therefore, we investigated role of perceived social support as a protective factor. Particularly, we hypothesized that perceived social support is associated with suicide ideation among depressed patients and explored gender difference in suicide ideation and perceived social support among depressed patients. A purposive convenient sample of 100 diagnosed depressed outpatients were recruited from different psychiatric units of Rawalpindi and Islamabad. The age range of sample was between 18 to 50 years. Suicide ideation of depressed patients were measured by Beck scale of suicidal ideation (BSSI) developed by Beck, Kouacs & Weissman (1970) whereas perceived social support was measured by Provision of Social Relations (PSR), developed by Tuner, Frankel, and Levin (1983). Result of current study suggests that perceive social support is associated with less likelihood of attempting suicide among depressed patients ($r = -.46, p < 0.05$) and there are no significant gender difference in suicidal ideation and perceived social support among male and female patients with depression ($p > 0.05$). Our study suggests that social support could be protective factor against suicidal thoughts among depressed patients.

Keywords: *Suicidal Ideation, Perceived Social Support, Depressed Patients.*

Mental disorders are universal influencing people of all ages, countries and societies. Rapid increase in mood disorders have been remained a great challenge across different countries. The prevalence of mood disorder with a 12- month prevalence is 6%, (Kessler et al., 2009). Depression is one of such mood disorder, characterized by substantial and persistent low mood (Rytwinski, Avena, Echiverri-Cohen, Zoellne & Feeny 2014). It causes physical, emotional, cognitive symptoms such as disturbed appetite, sleep, and somatic pains, lack of interest and energy, worthlessness, helplessness as well as emotional discomfort. Depression impairs individual personal, social and occupational life (DSM-5) and may lead to suicidal

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ideation (Bennett & Shepherd, 2013; Hochberg et al., 2013). Depression and suicide intent are serious global mental health challenges, it causes disability-adjusted life years (DALYs) results from mental, neurological, and substance-use disorders in low- middle-income and high-income countries (LMICs), whereas suicide causes one million deaths every year worldwide (WHO, 2011).

Suicide is significant outcome of depression, therefore it is crucial to understand different levels of suicide among depressed patients. Potter et al. (2004) explained a model of suicide, primarily individuals experience suicidal ideation, then they plans and prepares themselves for suicide, thinks in details about death, methods of committing suicide, consequences of suicide and all possible prospects associated with suicide (Potter, Silverman, Connorton & Posner, 2004). Though, there are some suicides which are not preplanned. However, suicidal ideation is significantly associated with depression, and one of the most serious discourse for the individual safety (Roesch & Jessica, 2015).

According to study by Center for Disease Control and Prevention (CDC) suicide is the 10th most important cause of death, every years 37,000 individual's die because of suicide (CDC, 2009). It has been found that patients with suicide attempts have high risk of committing suicide within the first year of their suicidal attempt (Hawton, Zahl & Weatherall, 2003). About 8.5 million individuals committed suicide in the last year, half of them had major depression. Suicidal ideation and depression are associated in several ways for instance both have same variables such as stress and anxiety (Hou & Ng, 2014). Individual's socioeconomic status, educational level, life style intensified these variables (Pedersen et al., 2014).

Social support play an important role in development and maintenance of depression. Social support is a kind of assistance or protection that one can notice, feel and accept (Wang, 2014; He, Guan, Kong, Cao & Peng, 2014). It is an important external source of help in one's life, influences person physical, emotional, and psychological health. Social support is closely associated with cause, intervention and prevention of depression (Peng, Miao & Xiao, 2013; Thoits, 2011; Thoits, 2011). A good source of social support protect individual from psychological distress and helps in maintaining good emotional well-being (Maulik, Eaton & Bradshaw, 2011).

Perception of availability of social support from significant and social network serve as a protective factor against physical as well mental illnesses as individual sense that he will be supported in hour of difficulty (Langford, Browsher, Maloney & Lillis, 1997; Pietras, Witusik, Panek, Szemraj & Górski, 2011). It has been suggested that perceived social support negatively correlated with suicidal thoughts and psychological distress in chronic illnesses (Ceyhan et al, 2014) and is also related with their better response to treatment plans and quality of life.

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Family support helps the individual in adapting illness (Shor, Roelfs & Yogev, 2013). Perception of family support protect the individual from possible psychopathological effects result from their disease. Furthermore, family members in the time of illness assist the individual in different way such as preparing meal, managing medication as well as providing emotional support. A solid body research has confirmed that higher level of social support is related with lower level of depression (Tezel , Karabulutlu & Sahin, 2011; Baider , Ever-Hadani, Goldzweig , Wygoda & Peretz , 2003), whereas lack of social support causes higher rate of suicide in chronic disease such as cancer and renal disease patients (Abram, Moore & Westervelt, 1971).

A number of studies has focused on the gender difference in suicide ideation and perceived social support in western cultures, but in eastern countries specifically in Pakistan no such studies have been conducted. Additionally, earlier researches have addressed psychological well-being, resilience and negative life event of depressed patients, however relationship between suicide ideation and perceived social support among depressed patients have not been yet studied in the cultural background of Pakistan. Hence, current study aimed at examining the association between suicidal ideation and perceived social support. Accordingly, it was hypothesized that (1) suicide ideation is negatively associated with perceived social support among depressed patients depressed, (2) Female depressed patients would score higher on suicidal ideation score when compared to male, and Male depressed patients would score higher on social support scale when compared to female depressed patients.

METHODOLOGY

Sample

In the present study, purposive convenient sampling was applied. A sample of 100 diagnosed out patients of major depressive disorder were recruited from different psychiatric units of Rawalpindi and Islamabad. Age range of the patients were between 18 to 50 years. Inclusion criteria included consent to participate in study, duration of diagnosis (more than one month) and age range 18 to 50 years, whereas exclusion criteria included any psychiatric illness other than depression. Demographic characteristics of the participants are presented in the table 1.

Instruments

- 1. Demographic.** Demographic information were collected in term of their gender, age, education, marital status, monthly income and family structure.
- 2. Beck Scale of Suicidal Ideation (BSSI).** In the current study suicidal ideation of depressed patients were assessed by Beck scale of suicidal ideation developed by Beck, Kouacs and Weissman (1970). It has nineteen items, rated on 3 point scale ranged from 0 (always) to 2 (never). Higher Scores shows presence of higher level of suicidal ideation.

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- 3. Provision of Social Relations (PSR).** Provision for social relation scale was used to measure the perceived social support of the participants received from family and friends. It is originally developed by Tuner, Frankel, and Levin (1983). It has 15 items rated on 5 point like scale ranged from 1 “very much like my experience” to 5 “not at all like my experience”.

Procedure

A cross sectional study designed was applied in the current study. After ethical approval from National University of Modern Languages Islamabad, Pakistan (NUML) and higher authorities of psychiatric unit of Rawalpindi and Islamabad, patients were approached in their respective places. They were informed about purpose of study, confidentiality of information and willingness. They were assured that data will be only used for research purpose and they can withdraw study at any time. After giving informed consent, participant were presented with questionnaire. They were encouraged to ask question if something they could not understand well. The whole survey took 15 to 20 minutes.

Statistical Analysis

Statistical package for social sciences (SPSS) 18 was used to analyze the data. For demographic variables frequencies and percentages are tabulated. Correlation coefficient was used to measure the association between perceived social support and suicidal ideation among patients with depression. Independent t-test was used to analyses the gender difference in suicidal ideation and perceived social support among male and female depressed patients.

RESULTS

In existing research data was normally distributed and both scales were reliable in measuring suicidal ideation and perceived social support among patients with depression (Table 1). Correlation analysis showed perceived social support was negatively associated with suicidal ideation ($r = -.46, p < 0.05$).

We next studied whether there were gender differences in perceived social support and suicidal ideation among patients with depression. Results showed that there were no statistically significant differences between suicide ideation and perceived social support among male and female depressed patients ($p > 0.05$) (Table 3).

Table No. 1 Mean, Standard Deviation, Alpha reliability coefficient of Back scale of suicide ideation and provision for social relation scale among patients with depression (N=100).

Scales	No of items	M	SD	Alpha Coefficient
BSS	19	40.26	6.21	.82
PSR	15	39.31	5.90	.75

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Table 1 shows that Back scale of suicide ideation and provision for social relation scale are reliable instruments in measuring suicide ideation and perceived social support among patients with depression.

Table No. 2 *Frequencies, percentages, demographic variables of depressed patients (N=100).*

Variable	F	%
Age (Years)		
18-29	49	49%
30-40	37	37%
41-50	14	14%
Gender		
Male	43	43%
Female	57	57%
Education		
Uneducated	35	35%
Metric	24	24%
Intermediate	19	19%
Graduate	13	13%
Post Graduate	9	9%
Monthly Income		
10,000-25000	47	47%
25000-50,000	36	36%
Above 50,000	17	17%
Family Structure		
Nuclear	48	48%
Joint	52	52%

Table No.3 *Mean, standard deviation and t-test of suicidal ideations and perceived social support among male and female depressed patients (N=100).*

Variable	Male		Female		t(98)	P
	M	SD	M	SD		
Suicide Ideation	27.33	8.54	29.43	9.18	-2.21	.14
Perceived social support	52.24	5.71	51.61	6.48	.39	.57

Table 3 shows that there are no significant gender differences in the suicide ideation and social support among depressed patients. The results are not statistically significant at 0.05 level of significance ($p>.05$).

DISCUSSION

Current research aimed at exploring relationship between suicidal ideation and perceived social support among depressed patients. Results showed that suicidal ideation are negatively associated with perceived social support. Patients with higher level of social support

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experience lower levels of suicidal ideation. Social support and healthy relationships are positive factors that moderate the depression (Pereira-Lima & Loureiro, 2015). Social support is kind of assistance for individual to experience more self-control in the hour of trouble (Albrecht & Adelman, 1987).

Meta-analysis records shows that good social support network enhance self-efficacy and self-esteem of the individuals and decrease the development of the depression (Kossek, Pichler, Bodner & Hammer, 2011; Barth, Schneider & Känel, 2010; Lee, Dickson, Conley & Holmbeck, 2014). Another study found that patients who complaint of suicidal thoughts also reported less family attachment which aggravate their symptoms of depression, whereas higher level of family attachment buffered the suicidal thoughts among chronic illness (Demi, Bakeman, Sowell, Moneyham & Seals, 1998). Among all types of positive social support, emotional support is most important kind of support which buffer the negative emotions, which are directly associated with heath (Shor, Roelfs & Yogeve, 2013). Strong family networking is a vital source of emotional support and it is crucial in interventions of the patients with depression.

In the current study, male and female depressed patients did not significantly differ in suicidal ideation and perceived social support. Result showed that male and female depressed patients equally experience suicidal ideation in contrast to findings of Harriss and Hawton, (2005), and Kumar, Mohan, Ranjith and Chandrasekaran,(2006), who found that men experience more suicidal intent in comparison to female and fail in their suicidal attempts frequently, whereas women consider suicide as a way of communication for their psychological distress. Result of the current study are also in contrast with the finding of Khan and Reza, (1998) and Aghanwa, (2004), they confirmed the gender differences in suicide attempts, but most of studies had retrospective design. Some studies reported that there are no significant gender differences in suicide intent score (Niméus, Alsén, & Traskman-Bendz, 2002), whereas other studied found that male have higher scores on suicide intent (Haw, Hawton, & Houston, 2003).

Kumar et al (2006) found in their study that suicidal intent was higher among men as compare to women, however depression was similar among both gender and also reported that plant poisoning method of suicide and self-immolation was higher among women(Kumar, Mohan, Ranjith & Chandrasekaran, 2006). It has been found that in most of the countries rate of suicide attempt is higher in women, whereas rate of successful suicide is higher among men (Voros, Osvath & Fekete , 2004).

Finding of current study further showed that male and female depressed patients receive similar social support from their family and friends. Social support provides feeling of love, care and understanding in negative psychological condition such as depression and reduces the risk of suicide. Consistent with our results, Soman, Bhat, Latha, and Praharaj (2015) and Turner (1999) also did not find gender difference in perceived social support from family

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members. However, in contrast to it, another study found that female with depression have larger and close social networks (Ross & Mirowsky, 1989; Kendler, Myers & Prescott, 2005). It has been reported that women have wider social networks and affiliation style in comparison to men because they need more assistance to support their psychological health. Although function of the family varies across different culture. A possible explanation of absence of gender differences in suicidal ideation and perceived social support could be that both male and female are experiencing suicidal thoughts of same intensity because of depression and receiving equal attention from their families due to their illness. In Pakistan family networking system is very close which help individual to deal with their problems of life effectively with more positive attitude.

In spite of clinical significance of current study, it also have some limitations. Firstly, data for current study was collected from few cities of Pakistan, hence small sample of size of the study reduce its generalization. Secondly, self-reported questionnaire were used which can cause biased response. We suggest that longitudinal study should be conducted in future to elucidate the association between suicidal ideation and social support and to investigate whether social support is protective factor of depression.

Current study would help mental health professions, psychiatrist, psychologist and social workers in developing different assessment and interventions strategies for reducing suicidal ideation and improving level of perceived social support for depressed patients. Family play important role in rehabilitation of these patients. Understanding of family support in the cultural context of Pakistan would help caregiver and policy makers in planning effective psychosocial management plans for such patients so that their living standers and quality of life can be improved. Religious and optimism based intervention could also be effective for such patients in dealing with their suicidal thoughts and rehabilitation.

CONCLUSION

Positive factors such as higher level of perceived social support protect the individual from suicidal ideation and thus reduces depression. No gender differences were observed in suicidal thoughts and perceived social support among depressed patients. Results of current study suggest that social support could be protective factor of depression.

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Authors' contributions

Bibi were responsible for the conception and design of the study. Bibi and Khalid were responsible for the acquisition of data. Bibi analyzed and interpreted the data. Bibi and Khalid drafted the article. Bibi revised the article critically for important intellectual content.

Competing interests

The authors declare that they have no competing interests.

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