

Assessment of suicidal tendencies among depressive patients in Psychiatric Hospital in Baghdad City

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KEYWORDS

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ABSTRACT

Objectives: To assess suicidal tendencies among depressive patients, to identify the significant differences of depressive patients with regard to their gender, age, level of education, occupational status, marital status, place of residence, income.

Design: A descriptive analytical study starting from March to December 2023 such an assessment approach is applied to achieve the objectives of the study.

Methodology: A purposive non probability sample of 73 depressed patients from outpatient clinic in Ibn Rushd Hospital and Medical city in Baghdad Al- Rusafa.

The tool is constructed by relying on the construction of a questionnaire survey of global psychiatric Society (WPS), previous studies and related literature. A pilot study was carried out through the panel of experts and reliability of the questionnaire. Data was collected through a semi structured interview from 1\4\2023 to 30\4\2023. Data were analyzed through descriptive statistical data analysis approach (frequency, percentage and mean) and inferential statistical analysis (Cronbach alpha correlation coefficient and Chi- square test).

Results: This study showed the level of suicidal tendencies in depressive patients and showed the statistical differences between some of demographic characteristics of patients with suicidal tendencies. **Conclusion:** A moderate level of suicidal tendencies was observed among depressive patients, no (age, and level of education, marital status, residential area, and income) differences was noticed, gender and occupational status were affecting suicidal tendencies.

Recommendation: Family intervention programs should be started by mental health nurses to provide a adequate information regarding the nature of major depressive disorder, the need for long treatment, and to identify the early signs of suicidal tendencies. Social and financial support for chronically depressive patients living in the community who cannot get family and self support.

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1-INTRODUCTION

Depression is a chronic and disabling mental illness which is a major cause of suffering for patients. Generally, their behaviors are odd and sometimes harmful for themselves, such as committing suicide ⁽¹⁾. Major depressive disorder (MDD) is a mental disorder called clinical depression ⁽²⁾. Or

recurrent depressive disorder (ICD- 10) it is a chronic mental illness typified by episodes that remit and recur ⁽³⁾. Major depressive disorder occurs throughout the life span and is more common in woman, and the onset is between the ages 30-40 years, and may begin at any age. The highest suicide risks are found among MDD ^(4, 5). DSM-V diagnostic criteria consists

of nine symptoms, five of which must be present at least, and one the five must be depressed mood or loss of interest or pleasure. The other symptoms include significant weight decrease or increase, insomnia or hypersomnia, fatigue or loss of energy, indecisiveness or diminished ability to think or concentrate recurrent thought of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide ⁽⁴⁾. Most of depression patients have impairment in social functioning and this is known to cause distress not only to the patients themselves but also to the caregivers ^(6, 7). The present study attempt to assess suicidal tendencies among depressive patients, such an assessment may provide realistic information required for developing an accurate planning and intervention for depressed patients.

OBJECTIVES:

1. To assess suicidal tendencies among depressive patients.
2. To identify the significant differences of the depressive patients with regard to their gender, age, level of education, occupational status, place of residence, marital status, and income.

2-METHODOLOGY

A purposive non probability sample was conducted from March to December 2023 involving 73 patients from outpatient in Ibn-Rushd psychiatric hospital and medical city in Baghdad Al- Rusafa. The aim of the study was explained to all participants. The questionnaire is constructed by relying on the questionnaire

survey of global psychiatric Society (WPS), previous studies and related literature which consist of two parts, part one include 14 items concerning with demographic characteristics about the patients and part two include 22 items about suicidal tendencies. The overall items which were included in the questionnaire were (36). Reliability and validity of the questionnaire were determined through a pilot study and panel of experts. Data was collected through a semi structured interview from 1\4\2023 to 30\4\2023 within 15-20 minutes. Data were analyzed through descriptive statistical data analysis approach (frequency, percentage and mean) and inferential statistical approach (Cronbach alpha correlation coefficient and Chi- square test).

4-RESULTS

The finding revealed that 67.1% of the sample was female and 32.9% were male.

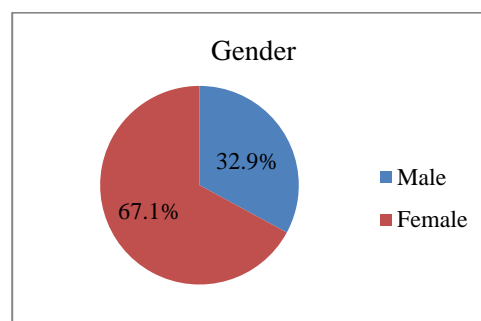


Figure 1: Gender of the sample

The result shows that 26 % of the sample was at age group 20-29 years, while 2.7% was at group of 70-79 years.

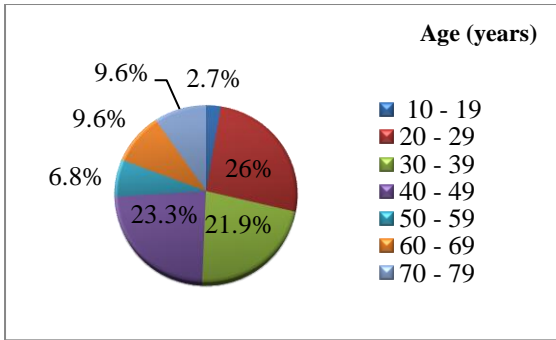


Figure 2: Age group of the sample

The results indicated that the majority of the sample 46.6% was college or institute graduate, while 4.1% of them were primary school graduate.

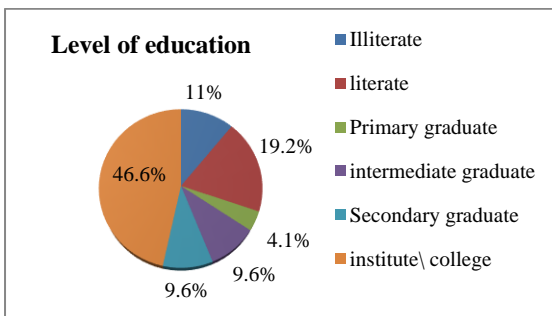


Figure 3: Level of education

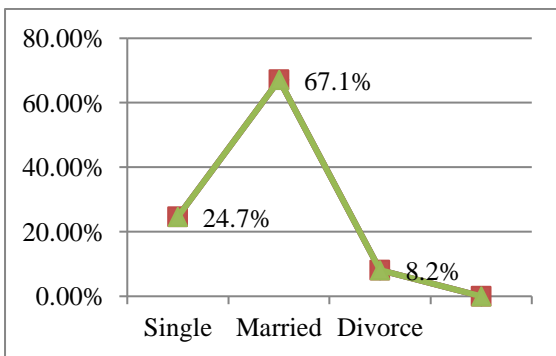


Figure 5: Marital status

The result revealed that 67.1% of the sample was married while only 8.2% were divorce.

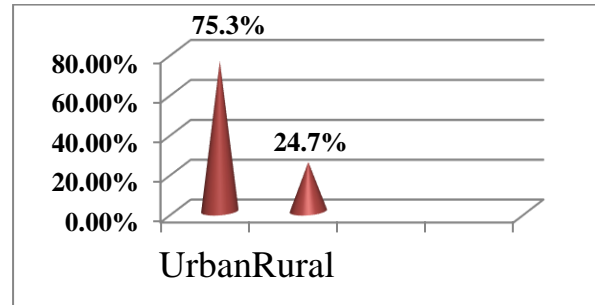


Figure 6: Place of residence

The finding indicated that 75.3% of the sample was live at urban area while 24.7% were live at rural area

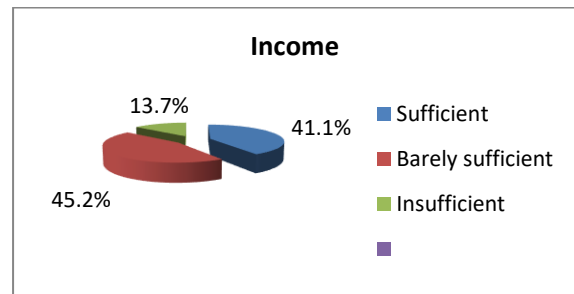


Figure 7: Income

The finding demonstrates that 45.2% of the sample had barely sufficient income, while only 13.7% had insufficient income.

Table 1: Assess suicidal tendencies among depressive patients

No.	Items	Always	Sometimes	Never	M.S	C.S
		F	F	F		
1.	You have a desire to live	26	30	17	1.88	Moderate S.
2.	You have the desire to die.	27	27	19	1.89	Moderate S.
3.	You desire both death and life in the same amount.	31	26	16	1.79	Moderate S.
4.	You have an urgent desire to commit suicide	18	32	23	2.07	Moderate S.
5.	You want to commit suicide (latent)	31	25	17	1.81	Moderate S.
6.	How suicidal thoughts are in your mind (the desire to commit suicide).	24	31	18	1.92	Moderate S.
7.	You repeat these thoughts	33	23	17	1.78	Moderate S.
8.	You think you will implement your suicidal thoughts someday	17	20	36	2.26	Moderate S.
9.	Think you are able to control your suicide thoughts	39	26	8	1.58	Mild S.
10.	There is a deterrent to the implementation of the idea of suicide	55	11	7	1.34	Mild S.
11.	You think there is reason to think about suicide	37	16	20	1.77	Moderate S.
12.	You have a plan or a certain way to commit suicide	24	14	35	2.15	Moderate S.
13.	The possibilities are available to fulfill your desire to commit suicide	45	8	20	1.66	Mild S.
14.	You are able to carry out your suicide thoughts	13	22	38	2.34	High S.
15.	You have a physical order to make an expected suicide attempt	17	13	43	2.36	High S.
16.	I wrote a note about suicide.	9	4	60	2.70	High S.
17.	You have a sense of what will happen to you or your family after your death	47	9	17	1.59	Mild S.
18.	Spoke with a relative or acquaintance about your desire to commit suicide.	28	19	26	1.97	Moderate S.
19.	Thought of fire as an account on the day after.	50	6	17	1.55	Mild S.
20.	You think that suicide brings shame on you or your family.	46	6	21	1.66	Mild S.
21.	Believes that suicide is contrary to moral principles	43	11	19	1.67	Moderate S.
22.	You believe that there is a person who understands your desire to commit suicide and encourages you.	4	3	66	2.85	High S.
	Total	664	382	560	1.93	Moderate S.

(2.34- 3) high significant; (1.67-2.33) moderate significant; (1-1.66) mild significant

The results indicated that the sample has moderate significant level of suicidal tendencies (mean of scores = 1.93).

Table 2: Statistical differences of depressive patients' age with suicidal tendencies

Age (years)		Always	Sometimes	Never	Total
10 – 19	F	2	5	0	7
	%	2.7	6.8	0	9.5
20 – 29	F	6	12	1	19
	%	8.2	16.4	1.4	26.0
30 – 39	F	3	9	4	16
	%	4.1	12.3	5.5	21.9
40 – 49	F	3	13	1	17
	%	4.1	17.8	1.4	23.3
50 – 59	F	1	4	0	5
	%	1.4	5.5	0	6.9
60 – 69	F	0	3	4	7
	%	0	4.1	5.5	9.6
70 – 80	F	0	2	0	2
	%	0	2.7	0	2.7
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0

Chi – sq= 19.728 df=12 p≤ 0.05 Sig = 0.072

The results indicated that there are no significant differences in depressive patients' age with suicidal tendencies at $p \leq 0.05$.

Table 3: Statistical differences of depressive patients' gender with suicidal tendencies

Gender		Always	Sometimes	Never	Total
Male	F	4	13	7	24
	%	5.5	17.8	9.6	32.9
Female	F	11	35	3	49
	%	15.1	47.9	4.1	67.1
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0
Chi – sq= 7.237		df= 2	p≤ 0.05	Sig = 0.027	

This table depicted that there are a significant differences in depressive patients' gender with suicidal tendencies at $p \leq 0.05$.

Table 4: Statistical differences of depressive patients' level of education with suicidal tendencies

Level of education		Always	Sometimes	Never	Total
Illiterate	F	2	6	0	8
	%	2.7	8.2	0	10.9
Read and write	F	5	9	0	14
	%	6.8	12.3	0	19.1
Primary graduate	F	0	2	1	3
	%	0	2.7	1.4	4.1
Intermediate graduate	F	2	4	1	7
	%	2.7	5.5	1.4	9.1
Secondary graduate	F	0	5	2	7
	%	0	6.8	2.7	9.5
College \ Institute	F	6	22	6	34
	%	8.2	30.1	8.2	46.5
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0
Chi – sq= 9.663		df= 10	p≤ 0.05	Sig = 0.471	

The finding of this table reveals that there are no significant differences of depressive patients' level of education with suicidal tendencies at $p \leq 0.05$.

Table 5: Statistical differences of depressive patients' occupational status with suicidal tendencies

occupational status		Always	Sometimes	Never	Total
Employed	F	4	15	7	26
	%	5.4	20.6	9.6	35.6
Unemployed	F	11	33	3	47
	%	15.1	45.2	4.1	64.4
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0
Chi – sq= 24.979		df= 8	p≤ 0.05	Sig = 0.02	

The result shows that there are significant differences of depressive patients' occupational status with suicidal tendencies at $p \leq 0.05$.

Table 6: Statistical differences of depressive patients' marital status with suicidal tendencies

Marital status		Always	Sometimes	Never	Total
Single	F	3	12	3	18
	%	4.1	16.4	4.1	24.7
Married	F	9	33	7	49
	%	12.3	45.2	9.6	67.1
Divorce	F	3	3	0	6
	%	4.1	4.1	0	8.2
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0
Chi – sq= 3.976		df= 4	p≤ 0.05	Sig = 0.409	

The result reveals that there are no significant differences of depressive patients' marital status with suicidal tendencies at $p \leq 0.05$.

Table 7: Statistical differences of depressive patients' residential area with suicidal tendencies

Residential area		Always	Sometimes	Never	Total
Urban	F	13	33	9	55
	%	17.8	45.2	12.3	75.3
Rural	F	2	15	1	18
	%	2.7	20.6	1.4	24.7
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0
Chi – sq= 9.663		df= 10	p≤ 0.05	Sig = 0.471	

The finding depicted that there are no significant differences of depressive patients' residential area with suicidal tendencies at $p \leq 0.05$.

Table 8: Statistical differences of depressive patients' income with suicidal tendencies

Income		Always	Sometimes	Never	Total
Sufficient	F	3	22	5	30
	%	4.1	30.1	6.8	41.1
Barely sufficient	F	10	20	3	33
	%	13.7	27.4	4.1	45.2
Insufficient	F	2	6	2	10
	%	2.7	8.2	2.7	13.7
Total	F	15	48	10	73
	%	20.5	65.8	13.7	100.0
Chi – sq= 4.594		df= 4	p≤ 0.05	Sig = 0.332	

The result demonstrated that there are no significant differences of depressive patients' income with suicidal tendencies at $p \leq 0.05$.

4-DISCUSSION

Regarding the demographic characteristics of the sample, the analysis clearly indicated that (67.1%) of the sample was female and (32.9%) were male, this results agrees with finding of (8,9) who found that women are more likely than men for depression (male 10% and female 20%).

Concerning age group the result shows that 26% of the sample was at age (20 -29) years old. In regard to the level of education nearly half of the sample (46.6%) had institute or college qualification. Regarding marital status, the present study findings shows that the majority of the sample 67.1% was married, And as the

investigator's point of view the stressful life events are a big cause of depression, as for samples' occupational status, the present study indicates that more than half of them (64.3%) are unemployed. Concerning residential area, the majority (75.3%) of the sample was from urban areas, and (24.7%) were from rural areas, and as the investigator's point of view this may be due to that the depressed patients who live in urban area are reviewing psychiatric hospitals for treatment more than depressed patients who live in rural areas, for two reasons: Because the nature of life in the urban is a stressful life, While the rural life devoid somewhat from the problems and pressures. The second reason is that the population of the urban more than rural residents, As well as the rural patients do not go to hospitals for treatment because of the distance, while urban residents easier access to mental health services and receive care and treatment. Regarding the income of the sample, the finding of the present study indicated that (45.2%) had barely sufficient income. Recent study reported similar findings (Siu, et al., 2016)⁽¹⁰⁾ found the patients with major depressive disorders were mostly females in the middle of twenty to thirteen and were from urban residential area. While Morhy (2006) reported that the incidence of depressive disorder is higher in women than in men by a ratio of 2:1. The results of the present study goes with the findings of Jassim (2009)⁽¹¹⁾ in Sulaimani City who found that most of the patients were females, and married; similar findings were reported by Mohammed (2012)⁽¹³⁾ in Sulaimani City who found that most patients with major

depressive disorder are in age of twenties or more and unemployed.

Regarding assess level of suicidal tendencies among depressive patients, as show in table (1) the findings indicated that the sample has moderate significant level of suicidal tendencies (mean of scores = 1.93). The American Psychiatric Association (2013)⁽⁴⁾ reported that the possibility of suicidal behavior exists at all times during major depressive episodes. The finding of this study goes with Klonsky, et al., (2012)⁽¹⁴⁾ who found that suicidal behavior closely correlates with major depressive disorder and asserted that the effective treatment of depression and adherence to medication result in a rapid reduction of suicide.

Concerning patients characteristics with suicidal tendencies, the finding revealed that patient's age level of education, marital status, place of residence, and income are non significant differences noticed at $p \leq 0.05$ (table 3,4,6,7,8). This result partially agrees with the finding of a study conducted in Malaysia which found that there was a non – significant relation between patient's age, marital status, and level of education, residential area, with suicidal behavior (Zamzam et al., 2012)⁽⁶⁾, the finding also goes in line with the study carried out by Chiu – Yueh and Yun – Fang (2015)⁽¹⁵⁾ who reported that better household income was negatively correlated with burden and quality of life. Also the study finding shows that the gender were affecting suicidal tendencies at $p \leq 0.05$ (table 2, 5), the finding of this study goes with (keck,2010 and Vitaliano, 2004) (8,9) who found that there is a relationship between

suicidal thought and gender of the depressive patients. And also the result of this study indicated that there are significant differences of depressive patients' occupational status with suicidal tendencies at $p \leq 0.05$, these findings are generally corresponding to the findings of a study conducted by Ohaeri, et al., (2009) ⁽¹⁶⁾ in Saudi Arabia high depressive patients' occupational status significantly correlating with employment of the patients.

CONCLUSION

Depressive patients were predominantly in twenty to twenty nine years old, female, institute and college educated, married, unemployed, live in urban area, have barely sufficient income. A moderate level of suicidal tendencies was observed among depressive patients, no (age, and level of education, marital status, residential area, and income) differences was noticed, gender and occupational status were affecting suicidal tendencies.

RECOMMENDATIONS

1. Family intervention programs should be started by mental health nurses to provide a adequate information regarding the nature of major depressive disorder, the need for long treatment, and to identify the early signs of suicidal tendencies.
2. Social and financial support for chronically depressive patients living in the community who cannot get family and self support

REFERENCES

1. Cap, J., Whittington, C. Bower, P.: What is the role of consultation – liaison psychiatry in the management of depression in primary care? A systematic review and meta-analysis. **Gen Hosp Psychiatry**,

- May- Jun Vol.32, No. (3), 2010, Pp. 246-254.
2. Morrison, B., and Valfree, A.: **Mental Health and Psychiatric Nursing**. 4th ed., Lippincott, USA, 2010, P. 102.
3. Johnston, M.: Plasticity in the developing brain: implication for rehabilitation, *DevDisabl Res Rev*. 15, (2), 2009, Pp. 94-101.
4. American Psychiatric Association: **Diagnostic and statistical manual of mental disorders** (5th ed.). Arlington, A: American Psychiatric Publishing. 2013.
5. Bhattacharjee, A., Deb, S.: suicidal tendencies among depressive patients. **Journal of the Indian academy of applied psychology**, Vol. 33, No. (2), July, 2007, Pp. 213 – 218.
6. Zamzam, R., Midn, M., Hooi, L., Yi, E., Ahmed, S.: Schizophrenia in Malaysian Families: A study on Factors Associated with QoL of Primary Family Caregiver. *Int J. Ment Health*, 5, (1), 2012, p. 16.
7. Kazi, T., Naidoo, S.: Dose religiosity mediate suicidal tendencies. A south study of Muslim tertiary students, *J. Reliq health*, US. National library of medicine, National institute of health. Vol. 55, No. (3), June 2016, Pp. 1010 – 1023.
8. Keck, M.: **Depression: How arise? And how it is processed? What is its relationship to stress and stress.** Switzerland, Edition (10 2010) p. 1-12.
9. Vitaliano, P., and Zhang, J.: Is care giving a risk factor for illness. *Current Directions in Psychological Science*, 2004, Vol. 13 No. (1) pp 17-26.
10. Siu, A., Bibbins – Domingo, K., Grossman, D.: **US Preventive Services Task Force**, (USPSTF), 2016.
11. Morhy, C.: **Comperhensive Psychiatric Nursing**. Washington Company, USA, 2006, Pp. 229.
12. Jasim, A.: Assessment of behavioral characteristics of patients with Major

- depressive disorder and its relationship with some socio demographical Variables, University of Sulaimani, Unpublished Thesis, 2009.
13. Mohammad, T.: Effectiveness of Psycho – educational program on Negative Self – Concept and Suicidal Ideation for Patients with Major Depressive Disorder in Psychiatric Department in General Teaching Hospital in Sulaimani. University of Sulaimani, Unpublished Dissertation, 2012.
 14. Klonsky, E., Kotov, R., Bakst, S.: Hopelessness as a predictor of attempted suicide among first admission patients with psychosis: a 10 – ear cohort study. *Suicide and life – threatening behavior*, (1), 42, 2012, Pp. 1 – 10.
 15. Chiu – Yueh, H., and Yun – Fang, T.: Factors of caregiver burden and family functioning among Taiwanese family caregivers living with schizophrenia. *Journal of Clinical Nursing*, June, Vol. 24, Issue 11 -12, 2015, Pp. 1546 – 1556
 16. Ohaeri, U., Awadalla, W., and Farah, A.: Quality of life in people with epilepsy and their family caregivers: An Arab experience using the short version of WHO Quality of Life Instrument, *IJMPS*, Vol. 30, No.(10), 2009.