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Original Research Article

A Study on Caregiver's Knowledge on Early Warning Signs of Suicide in Mentally Ill Patients in a Selected Hospital Mangalore

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ABSTRACT

Many of mentally ill patients are committing suicide due to various factors. The health care professionals are mainly focusing on preventing the suicidal incidence among mentally ill patients. Caregivers of mentally ill patients have an important role in preventing suicidal incidence. The adequate knowledge of caregivers on perceiving the warning signs of suicide can prevent the incidence of suicide in mentally ill patients. The present study aimed to assess the caregivers' knowledge on early warning signs of suicide in mentally ill patients and find the association between the knowledge and the demographic variable of the caregivers. Methodology: A structured knowledge questionnaire was used and 64 caregivers participated in the study by simple random sampling technique. The data was analyzed using descriptive and inferential statistics. Results: The findings of the study demonstrated that majority of the caregivers 44% had good knowledge and there is no significant association between the knowledge and demographic variables.
Key Words: Knowledge; Care givers; Suicide; Early warning signs; mentally ill patients

INTRODUCTION

Suicide is the tragic and ultimately loss of human life, all the more devastating and perplexing because it is a conscious volitional act. Death is a tragedy and suicide is the ultimate tragedy. There is no one reason why a person commits suicide. For many it is a response to loss, separation and despair. For some it represents relief from helpless existence and hopeless future. For some it may be an impulsive act or a revenge for rejection. Suicide can be a response to disordered thinking, ataxic static or cognitive distortion. It is also difficult to explain why certain people take this decision while others in similar or even worse situation do not. Suicide is the result of a complex interaction of biological, genetic, psychological, social, cultural and environmental factors. [1]

According to a recent WHO report, about 450 million people are affected by mental, neurological and behavioral problems in their lives and among these 873,000 people die of suicide every year with mental illnesses. People with mental disorders usually suffer from social isolation, poor quality of life and has an increased change for mortality (WHO report, 2005). Mental illnesses have been found to be precipitated with chronic conditions of cancer, cardiovascular diseases, diabetes and AIDS. Although cost effective treatment methods for mental disorders do exist; according to the WHO, the obstacles to effective treatment of mental illness include, lack of recognition of

the seriousness of mental illness and lack of understanding of the benefits of mental health services WHO had figured most poorly developed economies devote less than 1% of their health expenditure on mental health needs of people. [2]

Major depressive disorder (MDD) and bipolar disorder as mood disorders, are the most common psychiatric disorders associated with completed suicide and suicide attempt. Epidemiologic studies report that 15% of individuals in the community with a lifetime diagnosis of MDD and 29% of those with bipolar disorder acknowledge a suicide attempt at some point in their lifetime. [3]

A study was conducted to investigate the correlates of impulsive and non-impulsive suicide attempts in 154 hospitalized patients with alcohol dependence. Lifetime suicide attempts were reported by 43% of the patients, 62% of whom scored high on impulsiveness. The only significant factor that distinguished patients making impulsive suicide attempts from patients making non-impulsive suicide attempts and with no suicide attempt was a higher level of behavioral impulsivity. [4]

The investigators, from their personal experience in nursing profession have witnessed many patients who were diagnosed as having depression, making suicidal ideation and attempts. So the caregivers should have adequate knowledge regarding prevention of suicide. The above studies reveal that depression is a major cause for suicide. Hence, the investigator was motivated to take up this study.

Objectives

1. To assess the knowledge about early warning signs of suicide among caregivers of mentally ill patients.
2. To find the association between the knowledge about early warning signs of suicide among the caregivers of mentally ill patients.

MATERIALS AND METHODS

Research design: Descriptive research design

Research settings: This study was conducted in psychiatric department of the Father Muller Medical College Hospital in Mangalore, Karnataka- India.

Population: The target populations in the study were caregivers of mentally ill patients admitted in Father Muller Psychiatric hospital.

Sampling technique and sampling size: 64 caregivers of mentally ill patients were selected by using simple random sampling technique.

Instruments

Part A: Baseline proforma

Part B: Structured knowledge questionnaire: The questionnaire consists of 25 statements. Each statement were developed with the option 'yes' 'no' and 'don't know'.

Validity of the tool: It was assessed by obtaining opinion from 7 experts included one psychiatrist, one Psychologist and two assistant professors and three lecturers from psychiatric department.

Reliability of tool: It was estimated following split half method. The computed reliability score r=0.8. Thus tool was found to be reliable.

Data Collection Process: The data was obtained after getting the ethical clearance from the institution ethics committee. Written permission was obtained from the consent authority for conducting study. Prior to the data collection, the investigators familiarized themselves to the subjects and explained the purpose of the study to them. The subjects were made comfortable and the investigators assured confidentiality of their response, and written informed consent was obtained from each of the subjects. After giving necessary instructions to the subject investigator administered structured knowledge questionnaire along with baseline proforma to assess their knowledge regarding early warning signs of suicide in mentally ill patients. The time taken to response was 10-15 minutes. The data collected was complied for analysis.

Statistical Analysis:

Data was analyzed using descriptive and inferential statistics.

Demographic data was analyzed in terms of frequency and percentage.

Chi-square test was used to find out the association of knowledge and demographic variables.

RESULTS

The findings of the data was analyzed in the following headings

Section 1: Description of the Baseline Characteristics

Table I A: Frequency and percentage distribution of the sample characteristics N=64

Sl.no.	Variables	Frequency	Percentage
1	Age in years		
	a. 18-30	25	39.1
	b. 31-40	14	21.9
	c. 41-50	12	18.8
	d. >50	13	20.3
2	Gender		
	a. Male	41	64.1
	b. Female	23	39.5
3	Education		
	a. Illiterate	4	6.2
	b. Formal education	31	48.2
	c. PUC	20	31.2
	d. Graduate	9	14.1
4	Duration of care given to the patient		
	a. < 1 year	27	42.2
	b. <5years	18	28.1
	c. 5-10 years	13	20.3
	> 10 years	6	9.4
5.	Religion		
	a. Hindu	39	60.9
	b. Christian	16	25
	c. Muslim	9	14.1
6.	Residence		
	a. Urban	23	35.9
	b. Rural	41	64.1
7.	Incidence of attempt suicide in patient		
	a. Yes	15	23.4
	b. No	49	77
8.	Previous information on early warning signs of suicide in mentally ill patients		
	a. Yes	29	45.3
	b. No	35	54.7
9.	Source of information on suicide		
	a. Television	18	28.1
	b. Books	6	9.4
	c. Others	5	7.8
	d. No information	35	54.7

Section 2: Knowledge of Caregivers on Recognition of Early Warning Signs of Suicide among Mentally Ill Patients

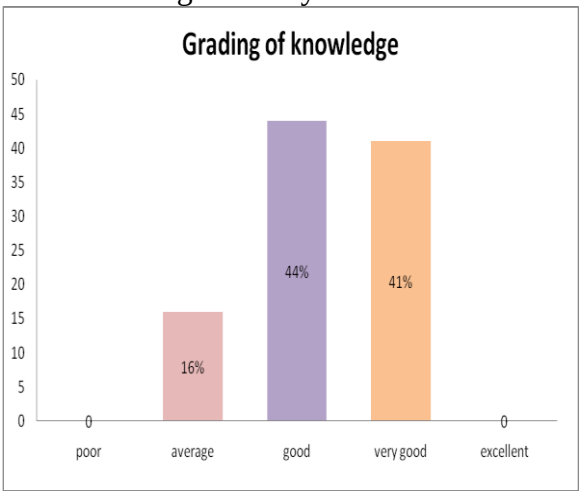

Figure 1: Bar Diagram Showing Distribution of Subjects According to the Grading of Knowledge Level.

The data in table 2 and figure 1 shows that (41%) of the subjects among caregivers had very good knowledge, 44% had Good knowledge and 16% had Average knowledge, while no subjects scored poor or excellent.

Section III: Association between the knowledge scores and selected baseline characteristics of caregivers with their knowledge on recognizing the early warning signs of suicide.

The section III deals with the analysis and interpretation of data collection from 64 subjects to evaluate the association of selected baseline characteristics and

knowledge level, in terms of descriptive and inferential statistics.

To test the statistical significance, the following null hypothesis was stated.

H_{01}: there will be no significant association between the knowledge scores of caregiver on early warning signs of suicide among mentally ill patients with selected baseline characteristics.

Table III: Chi Square test showing the association between knowledge score of caregivers and selected baseline characteristics.

Sl No	Variables	Knowledge score		X^2	df	P value
		<Median	>median			
1	Age in years					
	18-30	9	16			
	31-40	7	7	2.41	3	0.49
	41-50	6	6			
	>50	8	5			
2	Gender					
	Male	18	23	0.40	1	0.52
	Female	12	11			
3	Education					
	Illiterate	0	4			
	Formal education	15	16	5.60	3	0.13
	PUC	12	8			
	Graduate	3	6			
4	Duration of diagnosing mental illness in your patient					
	< 1 years	0	4			
	< 5 years	15	16	5.60	3	0.13
	5-10 years	12	8			
	>10 years	3	6			
5	Religion					
	Hindu	0	4			
	Christian	15	16	5.60	3	0.13
	Muslim	12	8			
6	Residence					
	Urban	13	10	1.34	1	0.24
	Rural	17	24			
7	Have you come across any incidence of attempted suicide in your patient					
	Yes	7	8	0.90	1	0.63
	No	23	25			
8	Previous information on warning signs of suicide					
	Yes	13	16	0.08	1	0.76
	No	17	18			

The data in table II shows that the Chi- Square value computed between the knowledge score and selected baseline characteristics of caregivers such as age, gender, education religion, residency, years of care given, previous information and source were not significant at 0.05 level. Therefore the research hypothesis is rejected and null hypothesis was accepted.

DISCUSSION

Knowledge of caregivers on recognition of early warning signs of suicide among mentally ill patients.

The study findings shows that (41%) of the subjects among caregivers had very good knowledge, 44% had Good knowledge and 16% had Average knowledge, while no subjects scored poor or excellent. The study findings contradict the other findings of the study which was conducted on evaluation of knowledge level about suicide and stigmatizing attitudes in university students toward people who commit suicide in which majority of the students had intermediate level suicide knowledge. [5]

CONCLUSION

The findings of the study indicated that knowledge among caregivers on recognizing early warning signs of suicide among mentally ill patients was good. Through imparting knowledge regarding same area, psychiatric suicide can be prevented by providing help and support.

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