The knowledge regarding early warning signs and preventive measures of suicide among caregivers of mentally ill patients from selected psychiatric hospitals.

Vilas T. Rathod
vilast1995@gmail.com
MGM Mother Teresa College of Nursing,
Aurangabad, Maharashtra

Kanwaljeet Kaur
kamalnamrit@gmail.com
MGM Mother Teresa College of Nursing,
Aurangabad, Maharashtra

ABSTRACT

Suicide is an act of taking once own life voluntary. The caregivers often come in contact with patients to finding the early warning signs and preventive measures of suicide among mentally ill patients. Objective of the study were 1) To assess the knowledge regarding early warning signs of suicide among caregivers of mentally ill patients. 2) To assess the knowledge regarding preventive measures of suicide among caregivers of mentally ill patients. 3) To find out the association between the knowledge of early warning signs of suicide among the caregivers of mentally ill patient with selected sociodemographic variables. 4) To find out the association between the knowledge of preventive measures of suicide among the caregivers of mentally ill patient with selected sociodemographic variables. Material and methods of study were tool was developed in the form of three section as demographic variable, general knowledge and early warning signs of suicide and preventive measures of suicide. The non-probability purposive sampling technique was used for selecting 150 caregivers from psychiatric hospitals. Result of the study indicated that findings of demographic variable reveals that, there was significant relationship found between knowledge on early warning signs of suicide with religion, residence, duration of care given by caregiver and there was significant relationship found between knowledge on preventive measures of suicide with diagnosis of the patient, religion, duration of care given by caregiver, History of suicide attempts in patient. The finding of the study reveals that maximum number of samples (62.7%) had average knowledge on early warning signs, (20%) had Good knowledge and (17.3%) had poor knowledge on early warning signs of suicide. And maximum number of samples (56%) had average knowledge on preventive measures, (21.33%) had good knowledge and (22.67%) had poor knowledge on preventive measures of suicide. The study concluded that caregivers have significant knowledge about the early warning signs and preventive measures of suicide among caregiver of mentally ill patients.

Keywords: *Knowledge, Early Warning Signs, Preventive Measures, Suicide, Caregiver, Mentally Ill Patients.*

1. INTRODUCTION

Suicide is an act of taking once own life voluntarily. The word suicide is derived from the two Latin words "Suicidium" which means "to kill oneself". Sir Thomas Browne was the first person who used the term suicide in his "Religio Medici" in 1642. Since past few decades this evil is increasing rapidly worldwide. Every year more than one million people commit suicide globally. Suicide is a type of deliberate self-harm and it is defined as a human act of self-intentioned and self – inflected cessation (death).

Nearly 800,000 people die by suicide in the world each year, which is roughly one death every 40 seconds. Suicide is the 2nd leading cause of death in 15-24 years globally and 10th leading cause of death worldwide. Psychological autopsies from the middle of the previous century and onwards have revealed that most people who have died by suicide have suffered from mental disorders. A recent figure suggests this number could be at least 90%. On the other hand, most people with mental disorders do not die by their own hand. The risk of suicide has been estimated to be 5–8% for several mental disorders, such as depression, alcoholism and schizophrenia.

In India the rate of suicide is rapidly growing every year which is alarming. According to WHO, in India suicidal rate (21.1%) is higher as compare to the other countries in the world. In India ranks 43rd in descending order of rates of suicide with a rate of 10.6% per one lakh reported in 2009. Every year more than 1 lakh person commit suicide in India which is 20% of suicide cases globally. In India in every 15 minutes 1 case of suicide is recorded. The last two decades the suicide rate has increased from 7.9 to 10.3 per

one lakh people. The majority of suicidein India are by those below the age of 30 years. The fact that 71% of suicides in India are by person below the ageof 44 years imposes a huge social, emotional and economic burden on our society.

2. NEED FOR THE STUDY

Human values are the features that guide people to take into account the human element when one interacts withothers human. They have many positive characters that create bonds of humanity between people and thus have value for all human beings. They are strong positive feelings for the human essence of the other.

Suicide ranks among the most tragic events in human life, causing a great deal of serious psychological distress among the relatives of the victims at the family level as well as great economic problems for the whole society ina statistical sense. The fact is that suicide is the tenth leading cause of death for all ages in most of the countries (WHO 1998). On an average it can be estimated that during one year approximately 4, 00,000 people commit suicide around the world. This amounts to an average of one death every 40 seconds and an attempt every three seconds.

In India, the commonest mode of committing suicide is by ingestion of poisons about (35%) followed by hanging(25%), drowning (9%), jumping in front of a train (4%) and burning (12%) car crash (25%) Fire arms (12%), jumping from height (1.5%)

The worldwide mentally ill people are die due to suicide around 800000 people per year. In India around 135000(17%) every year due to suicide. Since 1987 up to 2018 the rate is increased from 7.9 to 10.3 per 100000 mentallyill people.

These factors are prompted to be consider ways that therefore as a result investigator felt the need to do a study on a study to assess the knowledge regarding early warning signs and preventive measures of suicide among caregivers of mentally ill patients from selected psychiatric hospitals.

3. PROBLEM STATEMENT

"A study to assess the knowledge regarding early warning signs and preventive measures of suicide among caregiver of mentally ill patients from selected psychiatric hospitals."

4. OBJECTIVES

- To assess the knowledge regarding early warning signs of suicide among caregivers of mentally ill patients.
- To assess the knowledge regarding preventive measures of suicide among caregivers of mentally ill patients.
- To find out the association between the knowledge of early warning signs of suicide among the caregiversof mentally ill patient with selected sociodemographic variables.
- To find out the association between the knowledge of preventive measures of suicide among the caregiversof mentally ill patient with selected sociodemographic variables.

5. ASSUMPTION

There may be some knowledge regarding early warning signs and preventive measures of suicide oncaregiver of mentally ill patients.

6. ETHICAL ASPECTS

- Permission was obtained from concerned authority.
- Consent was taken from the sample.
- Confidentiality was maintained.

7. RESEARCH METHODOLOGY

Research Approach: Quantitative research approach
Research Design: Descriptive research design.
Setting of the Study: The setting of present study is in selected psychiatric hospitals at Aurangabad.
Population: -
Target Population: It comprises the caregiver of mentally ill patients.
accessible population: includes caregiver of mentally ill patients from selected psychiatric hospitals at Aurangabad.
Samples: caregiver of mentally ill patients.
Sampling Technique: Non probability purposive sampling.
Sample Size: - The sample size comprises of 150 caregivers of mentally ill patients.

Criteria for sample selection:
Inclusion criteria:
- Able to understood Marathi/English language.
- Willing to participate in the study.
- Available during the time of data collection.
- Who are above 18 years of age.
- Who are staying with the patient from past 3 month.
- Who are in blood relation, spouse/ parents/ sibling.
Exclusion criteria:

- Caregiver who are undergoing treatment of psychiatric illness.

Description of Tool:
Self administered knowledge questionnaire – self administered knowledge questionnaire is a structured questionwhich consists of three parts.
Section A- Demographic Variables
Section B- It consists of self-structured knowledge questionnaire. It consists of 15 items for assessing the knowledge regarding general information and early warning signs of suicide among caregivers of mentally ill patents.
For correct answer score- 1 For incorrect answer score- 0
Section C- It consists of self-structured knowledge questionnaire. It consists of 15 items for assessing theknowledge regarding Preventive measures of suicide among caregivers of mentally ill patients.
For correct answer score- 1 For incorrect answer score- 0

8. ORGANIZATION OF THE FINDINGS
The data collected from the caregiver of mentally ill patients has been organized and presented under the followingheadings.
Section – A: Distribution of sample according to their demographic Variables.

Section - B: Knowledge score of Early warning signs of suicide

Section - C: Knowledge score of Preventive measure of suicide

Section - D: Association of knowledge Regarding early warning signs of suicide among caregivers of mentally illpatients with selected demographic variables.

Section - E: Association of knowledge Regarding Preventive measures of suicide among caregivers of mentallyill patients with selected demographic variables.

Section – A: Distribution of sample according to their demographic Variables.

Table No 1: - Distribution of respondents according to demographic variables N=150

Sr. No	Demographic Variables	Frequency	Percentage
1.	Age in years		
	a) 18-27	14	9.4%
	b) 28-37	53	35.3%
	c) 38-47	52	34.7%
	d) Above 48	31	20.6%
2.	Gender		
	a) Male	99	66%
	b) Female	51	34%
3.	Diagnosis of the patient		
	a) Schizophrenia	38	25.3%
	b) Depression	59	39.4%
	c) Bipolar disorder	32	21.3%
	d) Other	21	14%
4.	Relationship of caregiver with patient.		
	a) Parents	34	22.6%
	b) Siblings	41	27.4%
	c) Spouse	64	42.7%
	d) Children	11	7.3%
5.	Religion		
	a) Hindu	98	65.3%
	b) Muslim	29	19.4%
	c) Christian	21	14%
	d) Other	2	1.3%
6.	Residence		
	a) Urban	101	67.3%
	b) Rural	49	32.7%
7.	Type of family		
	a) Nuclear	58	38.7%
	b) Joint	92	61.3%
8.	Income of the family per month (in Rs).		
	a) Less than Rs 15000	57	38%

	b) 15001-30000	75	50%
	c) 30001-45000	14	9.3%
	d) 45001 and above	4	2.7%
9.	Educational status of caregiver.		
	a) Illiterate	5	3.3%
	b) Primary education	26	17.4%
	c) Secondary education	68	45.3%
	d) Graduation	45	30%
	e) Post-graduation and above	5	4%
10.	Occupational status of caregiver.		
	a) Daily wages	58	38.7%
	b) Agriculture	8	5.3%
	c) Private employee	58	38.7%
	d) Government employee	12	8%
	e) Businessman	14	9.3%
11.	Duration of care given by caregiver		
	a) 3 months to 1 year	6	4%
	b) 1 year to 3 year	8	5.3%
	c) 3 year to 5 year	16	10.7%
	d) Above 5 year	120	80%
12.	History of suicide attempt in patient		
	a) Yes	6	4%
	b) No	144	96%
13.	Family history of suicide		
	a) Yes	0	0%
	b) No	150	100%
14.	Source of information on suicide		
	a) Mass media		
	b) Health professional	63	42%
	c) Friends and relatives	40	26.6%
	d) No information	35	23.3%
	e) Others	11	7.4%
		1	0.7%

Data presented in the table no.1 shows the distribution of respondents according to their age, gender, diagnosis of the patient, relationship of caregiver with patient, religion, residence, type of family, monthly income, educational status of caregiver, occupational status of caregiver, duration of care given by caregiver, history of suicide attempt in patient, family history of suicide, source of information on suicide.

Age: the maximum (35.3%) are in the age group of 28-37 years and the minimum (9.4%) are in the age group 18-27 years.

Gender: the maximum samples are (66%) in Male and minimum samples are (34%) in Females.

Diagnosis of the patient: The maximum Patient is (39.4%) is having Depression and minimum patient (14%) in others (PTSD, Anxiety Disorder, OCD, Alcohol Abuse, panic Disorder).

Relationship of caregiver with patient: the maximum samples (42.7%) were Spouse and minimum samples is (7.3%) were Children.

Religion: the maximum sample is (65.3%) belongs to Hindu Religion and minimum is (1.3%) seen in others (Sikh).

Residence: the maximum Number of samples were (67.3%) from urban area and minimum Numbers of samples were (32.7%) from Rural area.

Type of family: the maximum (61.3%) were from Joint family and minimum (38.7%) were from Nuclear family.

Monthly Income: the maximum (50%) samples have Rs.15001-30000 and the minimum (2.7%) have Rs. 45001 and Above.

Educational status of caregiver: the maximum samples (45.3%) were having secondary education and the minimum (3.3%) were Illiterate.

occupational status of the caregiver: the maximum (38.7%) were working on Daily wages and private employee and minimum (08%) were working as Government employee.

Duration of care given by caregiver: the maximum respondent (80%) were having above 5 years and minimum (4%) were have 3 months to 1 year.

History of suicide attempts in patients: the maximum samples (96%) have No history and minimum samples(4%) have history of suicide in Yes.

Family History of suicide: the maximum samples (100%) were as No and the minimum sample (00%) is seen inYes.

Sources of Information: the maximum (42%) respondent got information through Mass Media and the minimum(0.7%) respondent got information from other sources.

**Section- B: knowledge score of early warning signs of suicide**
This section deals with the analysis and interpretation of the data regarding knowledge score of early warningsigns of suicide being summarized using frequency and percentage
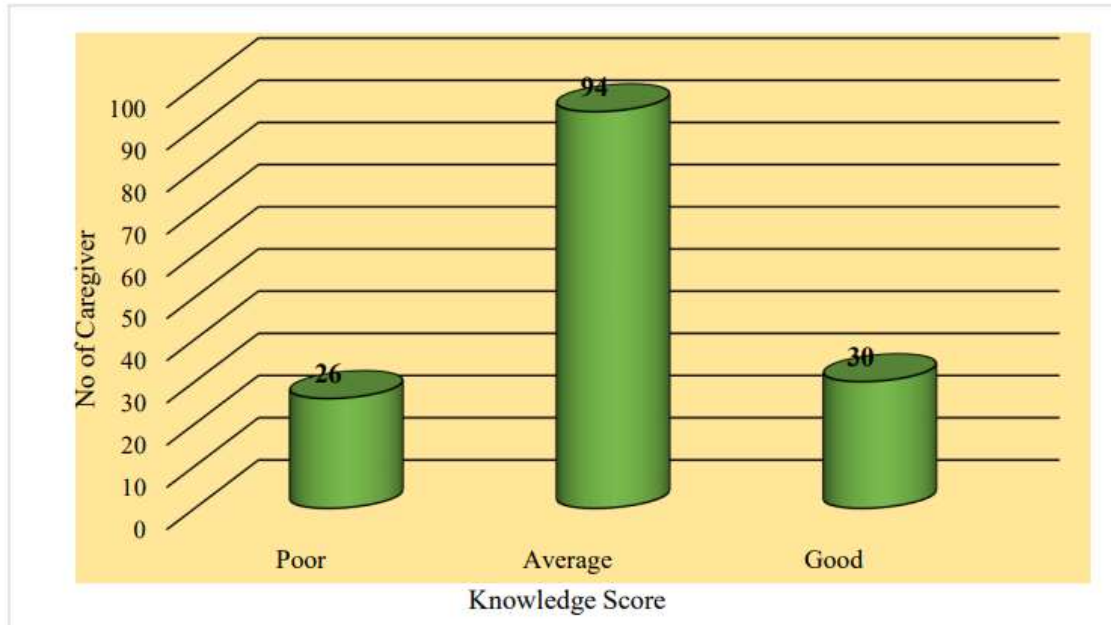
Graph No: - 1 Distribution according to knowledge score of early warning signs of suicide

The above **Graph no. 1** shows that maximum number of samples (62.7%) had average knowledge on earlywarning signs, (20%) had good knowledge and (17.3%) had poor knowledge on early warning signs of suicide.

Section - C: knowledge score of preventive measure of suicide
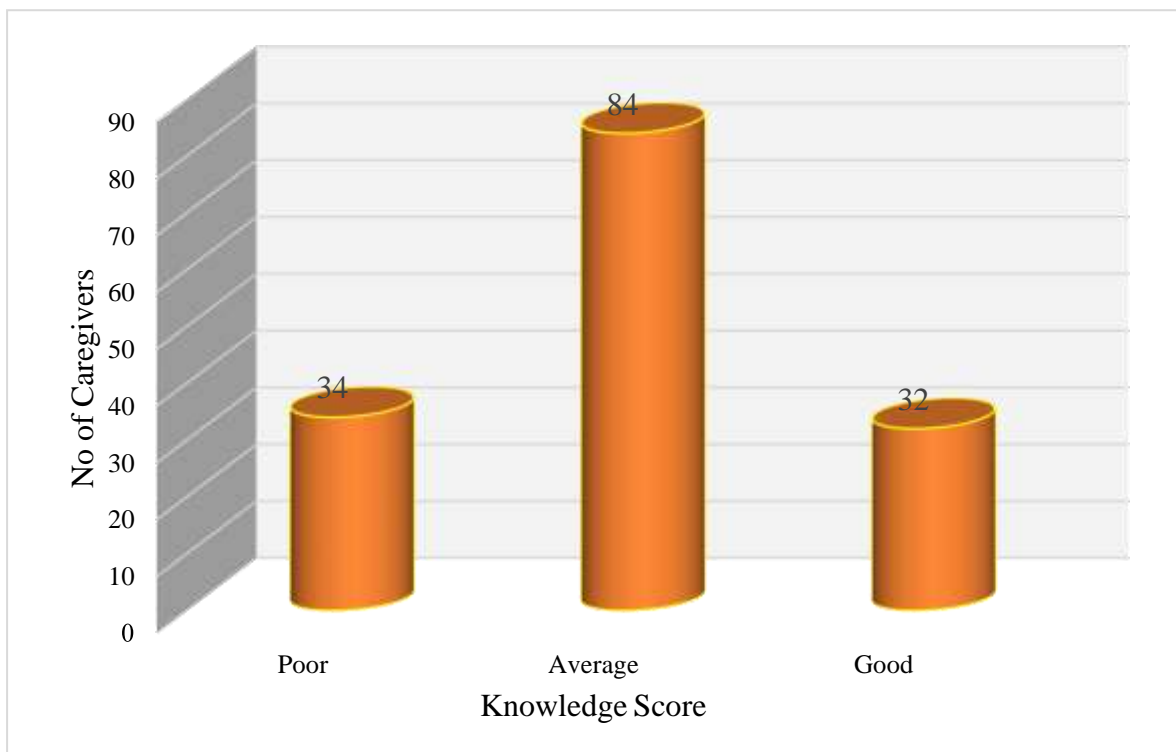
Graph No: - 2 Distribution according to knowledge score of preventive measure of suicide
The above **Graph no. 2** shows that maximum number of samples (56%) had average knowledge on preventivemeasures, (21.33%)

had good knowledge and (22.67%) had poor knowledge on preventive measures of suicide.

Section - D: association of knowledge regarding early warning signs of suicide among selecteddemographic variables.
The result of the study revealed that there is significant association was Religion ($\chi^2$21.8), Residence ($\chi^2$6.43) andDuration of care given by caregiver ($\chi^2$28.7).

Section - E: association of knowledge regarding preventive measures of suicide among caregiverof mentally ill patients with selected demographic variables.

The result of the study revealed that there is significant association was Diagnosis of the patient ($\chi^2$23.1), Religion($\chi^2$17.9), Duration of care given by caregiver ($\chi^2$18.9), and History of suicide attempt in patient ($\chi^2$13.2).

9. DISCUSSION
The research study findings have been discussed with relevance to the objectives and with other research studyfindings.

In this research study that maximum number of samples (62.64%) have average score on knowledge, (20%) haveGood knowledge and (17.33%) have poor knowledge on early warning signs of suicide.

In this research study that maximum number of samples (56%) have average knowledge, (21.33%) have goodknowledge and (22.67%) poor knowledge on preventive measures of suicide.

10. CONCLUSION
The findings of the study indicated that caregivers have knowledge about the early warning signs and preventivemeasures of suicide among caregiver of mentally ill patients.

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