Assessment of Suicidality Risk Factors and Its Management at Poison Control Center Cairo University (Adolescence suicidality)

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Abstract: This study aimed at assessing the suicidality risk factors and its management among adolescents. A descriptive correlational design was utilized in this study. Convenient sample consisted of 300 suicidal attempters was selected; who were admitted to Poison Control Center, Cairo University over a period of three months. Tools for data collection; Socio-demographic/medical data sheet, Perceived Social Support Scale, Beck Depressive Inventory Scale, Beck Suicidal Ideation Scale, Life Stressors questionnaire and Management questionnaire. Results revealed that most of attempters were female adolescents, showed a higher tendency to be single, unemployed, moderate education , resided urban areas, using drug self poisoning ,showed none previous attempts ,high suicidal ideation , moderate depression and the most prominent problems were family problems. Attempters found to have received low family support, high friend support and receive only medical management. Suicide attempters need social and emotional support from their significant others.

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1. Introduction

Suicide is a complex problem for which there is no single cause or single reason. It results from complex interaction of biological, genetic, psychological, social, cultural, and environmental factors. It is difficult to explain why some people decide to commit suicide while others, in a similar or even worse situation, do not **(Rihmer, 2007).** An important difference between those who attempt suicide and those who do not may be assigned to the effective use of coping skills or problem-solving skills **(Williams,et al 2005).**

According to **Cohen,et al (2000),** there is good evidence that social support plays an important role in mental health or substance use problems. Therefore, people who are clinically depressed report lower levels of social support than people who are not currently depressed. Specifically, people coping with depression tend to report fewer supportive friends, less contact with their friends, less satisfaction with their friends and relatives, lower marital satisfaction, and confide less with their partners. It is likely that lack of social support and feelings of loneliness can make people more vulnerable to the onset of mental illness like depression.

Suicide is a permanent solution to a temporary problem **(American Association of Suicidology, 2003).** It is considered more preventable than any other cause of death. All suicide persons are ambivalent about life and therefore are never 100% suicidal and approximately 80% of all potential suicide victims give some clue before exhibiting self destructive behavior **(Townsend, 2000; Shives & Isaac, 2002).**

If suicide does occur, the treating/caring psychiatric nurse has a role and a number of responsibilities and responses. He or she has a responsibility of informing the family, working with the staff, communicating with the proper authorities, and accurately documenting the event in the record. When dealing with a client who has suicidal ideation or attempts, the nurse's attitude must indicate unconditional positive regard not for the act but for the person and his or her desperation. The ideas or attempts are serious signals of a desperate emotional state. The nurse must convey the belief that the person can be helped and can grow and change **(Videbeck, 2011).**

2. Material and Method

A sample of convenience. All patients admitted to the Poison Control Center (NECTR), Cairo University Hospital had been recruited over three months (the actual duration of data collection was 6 months instead of 3 months) according to the following criteria: both sexes, all ages, intentional drug poisoning. After complete description of the study to the subjects, written informed consent was obtained.

Data were collected by using a socio-demographic data sheet; Perceived Social Support Scale. a 40 items, 20 items for perceived support from patient's friends and 20 items for perceived support from patient's families Life Stressors Questionnaire, assesses family problems, study problems, job problems, financial problems, emotional problems, health problems and personal problems; Beck's Suicidal Ideation Scale, consists of 19 items that evaluate three dimensions of suicide ideation; active suicide desire, specific plans for suicide, and passive suicidal desire; Beck's Depression Scale, contains 13 items designed to measure presence and degree of depression; and Management Tool, assesses medical, psychological, social management, presence of referral, and follow up.

3. Results

Socio-Demographic and Clinical Characteristics of the Studied Sample

Data from table (1) and figure (1) indicate that studied sample consisted of 300 suicide attempters, (74.3%) of the participants used drug for self poisoning as an attempt of suicide, while (25.7%) used pesticides. As regards the age (58.4%) were adolescents, (6% early adolescent, while 24.7%middle adolescent, and 27.7% late adolescent, 37.7% young and middle adulthood. Female represented (83%) of the sample.

Table (1): Distribution of the Studied Sample According To Their Diagnosis and Age (n=300).

Diagnosis	No.	%	Age	No.	%
Drug self poisoning	223	74.3	11>14	18	6
pesticide	77	25.7	14>17	74	24.7
			17>21	83	27.7
			21>40	113	37.7
			40>60	10	3.3
			More 60	2	0.6

Figure (1): Distribution of the Studied Sample According to Gender.

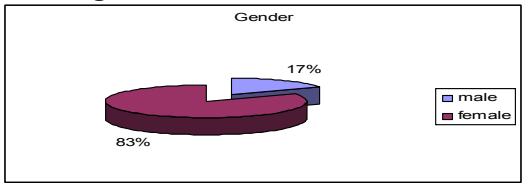

Table (2) shows that all the participants suffered from family problems and only (21%) of them hadn't family problems. About half of the participants (48%) had disputes with the parents.

Table (2): Distribution of the Studied Sample According To Family and Job Problems (n=300)

Items	No	%
Family Problems		
Disputes with parents	144	48
Family Disputes	51	17
Disputes with husbands	58	19.3
Nothing	63	21

As observed in table (3), (67.3%) of the participants had low family social support, while (32.7%) had high social support. As regards friend social support less than two thirds (64.3%), of the participants have high friend social support, while more than third (35.6%) had low friend support.

Table (3): Distribution of the Studied Sample According To Family and Friend Support (n=300).

Family Support	No.	%
Low support	202	67.3
High support	98	32.7
Friend Support	No.	%
Low support	1o7	35.6
High support	193	64.3

Table (4) reveals that (68%) of adolescent participants has low support from family, while (32%) have high support. In relation to young adulthood participants (67.2%) have low support, while (32.7%) have high support. As regards older adult participants, half of the sample (50%) has low support and the other half (50%) have high support. All the elder participants have low support.

Table (4): Distribution of the Studied Sample According To Age Groups and Family Social Support (n= 300)

Social Support / Age	Low Support		High Support	
	No.	%	No.	%
11-<22 years (Adolescence)	119	68	56	32
22-<40 years Young Adulthood	76	67.2	37	32.7
40-<60 years Older Adulthood	5	50	5	50
Over 60 years Elderly	2	100	0	0

Table (5) reveals that the most prominent problem for adolescents in relation to family problems is the disputes with parents (64%).As regards to young adulthood participants; the most prominent problem is disputes with husband (36.2%), and then disputes with parents (25.7%).

Table (5): Distribution of the Studied Sample According To Age Groups and Family Problems (n= 300).

*Family Problems / Age	Adolescence		Young Adulthood	
	No.	%	No.	%
Disputes with parents	112	64	29	25.7
Family disputes	28	16	20	11.4
Disputes with husbands	9	5	41	36.2
No Family problems	35	20	26	23

Table (6) shows that the most prominent problems for adolescents and young adult were the same ordering family problems, personal problems, then emotional problems.

Table (6): Distribution of the Studied Sample According to Age Groups and Stressful Life Events (n= 300)

*Stressful Life Events / Age	Adolescence		Young Adulthood	
	No.	%	No	%
Family problems	140	80	87	77
Job problems	1	.6	14	12.4
Study problems	45	25.7	3	2.7
Financial problems	20	11.4	28	24.8
Emotional problems	76	43.4	53	47
Personal problems	106	60.6	74	65.5
Health problems	12	6.9	3	2.7

Table (7) documents the presence of a highly statistically significant negative correlation between family social support and number of previous suicidal attempts where r=-.205**at p=.000. There is a statistically significant positive correlation between family social support and education, where r=.117*at p=.042. However, there is no statistical significant correlation between family social support and gender, marital status, age, job, and residence.

Table (7): The Correlation between Family Support and Socio-Demographic Data

Study Variables	Family Support	
	r	p
Number of previous suicidal attempt	-.205**	.000
Education	.117*	.042
Gender	-.036	.277
Age	.024	.675
Marital status	-.085	.141
Job	.025	.670
Residence	-.023	.690

Table (8) indicates that there are statistically significant positive correlations between suicidal ideation and depression, and also between family support and friend support. While there are statistically significant negative correlations between suicidal ideation and family support and friend support. There are highly statistically negative correlations between depression and family support and friend support.

Table (8): The Correlation between Suicidal Ideation, Depression, Family Support and Friend Support

Items	Suicidal ideation	Depression	Family support
Depress -ion	.478**	------	------
Family support	-.258**	-.308**	------
Friend support	-.162**	-.165**	.218**

3.1. Qualitative Data of Stressful Life Events

Table (9-a) reveals that the most prominent problems among the respondents is that, disharmony (18.7%). The next one is concerned with mysterious relations (15%). The third problem was mistrust (12%). The next problem was over control\dominant family (7%). The other problems were mother fiancée relations (0.6%), problems with stepmother/father (0.6%), fiancée problems (1.3%), or miscellaneous problems (3.3%).

Table (9-a): Distribution of the Studied Sample According to Family Problems (n= 300)

Family Problems/ Problems with Parents	No.	%
Disharmony	56	18.7
Mistrust	36	12
Mysterious relations \promiscuous relation	45	15
Dominant\over control family	21	7
Mother fiancée relation	2	0.6
Stepmother/father	2	0.6
Fiancée problems	4	1.3
Miscellaneous problems	9	0.3

* Responses are not mutually exclusive.

Table (9-b) reveals that the most prominent problems were bad treatment from family members (6.7%). The next problem was a difference of opinions with the brothers (3%) and (2.3%) mistrust between sisters, or over control from one of the family members. The other problems were taking drugs, sexual harassment from brother, problems because of the fiancée.

Table (9-b): Distribution of the Studied Sample According to Family Conflicts (n= 300)

*Family Problems/ Family Conflicts	No.	%
Over control	4	1.3
Different opinions	9	3
Bad treatment	20	6.7
Mistrust	8	2.6
Miscellaneous	9	3
Taking drugs	3	1
Sexual harassment from brother	2	.6
fiancée problems	3	1
Failure in the study	1	.3

*Responses are not mutually exclusive.

4. Discussion

This study is concerned with the suicidality among adolescents which is considered among the most vulnerable and important sector of the population. The results of this study revealed many important issues each of which has the same value to be analyzed in relation to other factors personal and non personal. getting red of once own life is not easy, except when the person has no any other resolution to his/her own perceived problems. As regard the methods which were used by the adolescents to get rid of their life the majority used a self poisoning drug and only few who used pesticides, this supported by **Eid et al. (2005),** this might be explained that the drugs are available allover the drug stores as well as at home, it has no odors and easily handled specially in the urban area moreover, the self poisoning drugs could be used in privacy so that no body can notice or try to rescue the adolescents.

Analyzing the motive behind suicidality among adolescents, and asking question why adolescents try to suicide? The results of this study indicated that nearly two third of the studied sample suffer from low family support which is a must at any age in general and at that age in specific. **Van Engeland (1990)** reported that the adolescents is a period which is full of changes physical, emotional, psychological each of these changes needs a lot of support and explanation from the family and any delay or negligence will lead to such devastating results as not all of the adolescents go through this period safely .Moreover the results indicated a high friends support but because it did not substitute the parent support and did not be valued as the family support it was not enough to prevent the occurrence of attempt suicide.

Family relation in the Egyptian culture is very crucial in each person's life as it has a direct effect on their performance and how they perceive their life, The more stable the family relation the more peaceful the life will be, this was supported by **Rashed & El Desoky (2007).** Results of this study showed that the majority of the studied sample suffers from family problems which vary from with the parent among adolescents, with husbands among young adults to with family disputes among the old adults. These results can be explained that the inability to handle the family problems is mainly concerned with the misunderstanding and misconception of the family circumstances **(Farhangdoost, 2011).** The lack of trust and support among the family members made it difficult to sort out the problems and to find alternatives and in case of inability to handle at least there will be support that minimize the hazard of any catastrophes

When analyzing the family issues in relation to the amount of support the results of this study shows that all age groups regardless of their age suffer from low family support. This low support were either from the parent, form the husband or family problems.

Stressful life events plays a crucial role among the leading factors for the suicide among the adolescents and young adults which varies from family problems, study problems, emotional problems and personal problems. From these results it could be seen that the family is still the main core of the dilemma that faced the studied sample whether they are adolescent or adults, theses results supported by **Taha (2007).** The gender might be playing a role in this case as most of the sample are female, the dependency financially and emotionally on the family could be among the issues that overload the studied sample to free to decide their own self without the interference of the family. Also culturally it isn't acceptable to decide independently

specially in case of being female single or married without the family approval, even when this decision is concerned with own personal life. Therefore some could be submissive, some could cope and compromise others can't do either and go for suicide to gain primary and secondary benefits and be excused from the committed mistakes.

The low family support in this study was correlated with the number of previous suicidal attempt which means neither the family nor the studied sample got the point or learn from the previous incidents that means the lack of harmony between the family members to the extent that, the studied sample can tolerate getting rid of their life than the family rigidity. The same results were recorded by **Rashed (2007).**

The results of this study indicated a very striking information which is that most of the studied sample suffers from depression which is not treated or discovered before, that answer the question of why only these sector has suicidal attempts while all of other individual at the same age groups are living under similar circumstances. This was in accordance with what **Penden et al. (2005)** put forward. This result has drawn the attention for the importance of a close family relation to support and help each other to discover the emotional problems and ask for help from the specialist to avoid losing a valuable human being; this was supported by **American Academy of Pediatrics (2000).**

It could also be seen that the studied sample suffer from the disharmony, lack of listening, mistrust among the family members made it difficult for them to express themselves freely which consequently overload the sufferers. The previous circumstances lead the adolescents in this study to have mysterious relation and more to a promiscuous relation because of a lack of honest advice, the mistrust and the lack of support. Therefore it be said that one problem lead to another, it does not mean that there is no hope, but it highlight the many constraints from the results of study could be considered as a bases for planning to over come such a phenomena among the adolescents in specific and other age group in general.

5. Conclusion

It was concluded that the most prominent problems were family problems among different age groups. Adolescents received low social support from family and high from friends. Suicide`s attempters need social and emotional support from their significant others to maintain their ability to decide, work, interact, to change their view toward life, and cope with stressors positively to decrease their tendency to suicide.

6. Recommendations

- A psychologist and counselor should be assigned for each school to assess and identify adolescents at risk.
- Educational programs, in general places as clubs or cultural palaces and media to raise awareness of general population especially families for early detection and how to take precautions.
- Psychiatric consultation should be carried out for suicidal attempters and their families at emergency departments, Poison Control Centers and in general hospitals all over Egypt.

-Periodical survey for population at risk for the early detection of any suicidal ideation.

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