

ROLE OF SOCIAL SUPPORT AND SELF-ESTEEM ON SUICIDAL BEHAVIOUR AMONG PSYCHIATRIC PATIENTS IN MAKURDI

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Abstract

The study examined the role of social support and self-esteem on suicidal behavior among psychiatric patients in Makurdi. 104 respondents (male 74 (71.2%) and female 30 (28.8%)) were purposively selected among psychiatric patients at the Federal Medical Centre, Makurdi. A correlation research design was employed for the study. The Multidimensional Scale of Perceived Social Support, the Rosenberg Self-Esteem Scale and the Suicidal Behavior Questionnaire-Revised were used for data collection. Three hypotheses were formulated and tested using Pearson correlation and independent t-test. The first hypothesis found a significant relationship between social support and suicidal behavior ($r(df=102)=.18; p<.05$), the second hypothesis indicated a significant relationship between self-esteem and suicidal behavior ($r(df=102)=.18; p<.05$). Significant differences were found in the level of self-esteem ($t(df=102)=2.99; p<.05$) and suicidal behavior ($t(df=102)=1.43; p<.05$) between psychiatric patients with high and low social support. Based on the findings, recommendations were made among others for mental health professionals to put into consideration consequences of mental illness and formulate effective strategies to enhance psychiatric patient's social support and self-esteem to lessen risk potential to suicide.

Keywords: Social Support, Self-Esteem, Suicidal, Psychiatric

Introduction

People have taken their own lives in countries around the world for many centuries. Notions of what suicide means and what to do about it have varied, but at the present time the rates of suicide and suicide attempts in adolescents and young people, are of concern. Recently, however, knowledge and strategies have become available to approach suicide as a preventable public health problem with opportunities to save many lives.

Suicide is one of the most tragic issues in mental health and has traditionally been studied as an outcome of specific psychiatric disorders. Completed suicide, suicide attempts, and suicidal ideation are all too prevalent. Worldwide, suicide is thought to account for around one million deaths per year (World Health Organization, 2002) and it is ranked as the 10th leading cause of death (Palmer, Pankratz & Bostwick, 2005). Completed suicide can be viewed as the end-point of a spectrum of suicidality that also includes behaviors such as suicide attempt, self harm and suicidal thoughts, which have been found to increase risk for later completed suicide (Mann, Waternaux, Haas & Malone, 1999). When these are considered, the full extent of the problem may be even more pervasive, with suicide attempt rates up to 10 times higher than that of completed suicides (Palmer, Pankratz, & Bostwick, 2005).

Psychiatric problems constitute a major risk for suicidal ideation and behaviors. However, existing evidences also indicated that no single determinant is either necessary or sufficient to bring about suicide. Rather, suicidality is a nonlinear and multi-causal phenomenon and behind it, there is a complex mechanism of interaction between individual's intra-psychic and environmental factors (Laukkanen, Honkalampi, Hintikka, Hintikka, & Lehtonen, 2005).

Among these factors, self-esteem is found to be the one that leads to suicide. Self-esteem is the evaluative aspect of the self-concept that corresponds to an overall view of the self as worthy or unworthy (Baumeister, 1998). This is embodied in Coopersmith's (1967) classic definition of self-esteem: The evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds toward himself. It is generally believed that there are many benefits to having a positive view of the self. Those who have high self-esteem are presumed to be psychologically happy and healthy (Taylor & Brown, 1988; Branden, 1994) whereas those with low self-esteem are believed to be psychologically distressed and perhaps even depressed and may develop suicidal tendency or ideation (Tennen & Affleck, 1993). Having high self-esteem apparently provides benefits to those who possess it. They feel good about themselves, they are able to cope effectively with challenges and negative feedback, and they live in a social world in which they believe that people value and respect them. Although there are negative consequences associated with having extremely high self-esteem (Baumeister, 1998), most people with high self-esteem appear to live happy and productive lives. By contrast, people with low self esteem see the world through a more negative filter, and their general dislike for themselves colors their perceptions of everything around them.

Empirical researches also consistently support these reports, for instance, Hidaka, Operario, Takenaka, Omori, Ichikawa and Shirasaka (2008) studied prevalence rates of attempted suicide and explored individual, interpersonal, behavioral, and psychological risk factors associated with attempted suicide in general community sample of youths. For males, attempted suicide was independently associated with so many factors including low self-esteem. For females being younger, experience of school bullying, history of drug use, and history of smoking were significant correlates of attempted suicide.

Besides low self-esteem, other risk factors that are found to be related to suicide in psychiatric patients that this study wants to investigate is having no social support. Social support is described as the mechanism through which the health and well-being is promoted among social relationships (Cohen, Gottlieb, & Underwood, 2000). Social support is the comfort given to us by our families, friends, coworkers and others (*Onyishi, Okongwu & Ugwu, 2012*). This comfort can be in the form of resources provided by others to assist us (*Onyishi, Okongwu & Ugwu, 2012*). Social support can be instrumental, tangible, informational and emotional. Social support for psychiatric patients is conceptualized as coming from three sources including family, friends and significant others (Edwards, 2004; *Onyishi, Okongwu & Ugwu, 2012*). These sources of support could help an individual cope with varying life challenges. Most people turn to social resources in an effort to contain stressful events in life (Kraus, 2004; Malinauskas, 2010). In this case, support network is an indication of social integration and the more one is integrated, the more one can cope with the effects of mental illness.

Elliott and Smith (2006) postulated that humans beings actually are social animals that are naturally planned to perform better when in supportive networks. He further extended that improving relationships can help boost one's mood, increase ability to handle stress, and generate well-being. Whereas, unavailability of a strong social support network, makes an individual become socially isolated, lonely, withdrawn, and probably self-deprecating (Thase & Lang, 2004).

It is estimated that having diagnosis of psychiatric illness is a serious risk factor to suicide especially when self-esteem is lost and with little or no availability of social support (Noll & George, 2007; Troister, Links, & Cutcliffe, 2008). Similarly among those who are diagnosed as having psychiatric illness, the poorer social support and social exclusion/rejection are significant factors to increase the risk of suicide (Siris, 2001). People with psychiatric illness experience hopelessness and suicidal ideation as a result of living with the consequences of having psychiatric illness. The experience and expectation of ongoing exacerbations of psychotic phenomena, coupled with social isolation and stigmatization may converge to result in suicidal behavior (Hewitt, 2009).

The availability of social support is a mechanism that bears potential to prevent suicide related behavior. However, in contrast, the absence of a social network or a perceived absence of a social network in a person's life could compound psychosocial difficulties, increase feelings of isolation and eventually result in self-harm or in suicide (Mclaughlin, 2007). Furthermore, Hawton (1993) suggested that suicidal behavior may have resulted when young men become less integrated with society and less supported by those around them. It seems that having family, friends and significant others to socialize with, talk to or call upon in times of difficulty is a buffer against the effects of stressors in a person's life (Cohen & Wills, 1985). Rodriguez (2001) emphasized that the risk of suicide usually rises by social isolation, it is important to motivate psychiatric patients to vigorously relate himself with other people to get strong supportive relationships, especially with family members, friends, and other social groups. The increase risk of suicide may perhaps be counterbalance by making available a sufficient level of social support (Joiner, 2002). Others also suggested that social support through friends, family, school, or religious organization provides a buffer that moderate against suicide risk (Cochran & Rabinowitz, 2000; Mclaughlin, 2007). Ego strength, self-esteem, family stability and support can be important in coping with stress and reduce suicide risk potential among suicidal psychiatric patients (Jurich, 2008). To take care of suicidal out patients, it is crucial to encourage family and friends to manage a substantial amount of support for psychiatric patients (Slaby, 1998). If a suicidal patient appeared as having lack of social support he should always be recommended for hospitalization (Cochran & Rabinowitz, 2000; Sadock & Sadock, 2007). The possibility exists, as well, that the development of a therapeutic alliance may, by serving as a reliable social support; itself serve as a barrier against patients acting on suicidal impulses (Reinecke & Didie, 2005).

It has been suggested that discovering prospects to enhance social support for psychiatric population is fundamental (McCorkle, Rogers, Dunn, Lyass & Wan, 2008) and truly supportive relationships reinforce a positive evaluation (self-esteem) and are protective of mental health (Newton, 1988). Research indicates that relationships help to establish and sustain a person's self-esteem in areas to which he is highly committed (Newton, 1988). Researchers have also emphasized that people who commit suicide often have problems of social integration despite the presence of many people in their social network; lack of social support is suggested to be one of the etiological factors of suicide among psychiatric patients (McCorkle, Rogers, Dunn, Lyass & Wan, 2008).

This argument has led to the present study which is to investigate social support and self-esteem as predictors of suicidal behavior among psychiatric patients in Makurdi. Based on this, the following hypotheses were stated:

- i. There will be a significant relationship between social support and suicidal behavior among psychiatric patients.
- ii. There will be a significant relationship between self-esteem and suicidal behavior among psychiatric patients.
- iii. There will be significant difference in the level of self-esteem and suicidal behavior between psychiatric patients with high and low social support.

Method

Design

The study used correlational analysis to discover the statistical relationships between social support and self-esteem on suicidal behavior among psychiatric patients.

Participants

The sample for this study consisted of 104 psychiatric patients (respondents) who were selected through a process of purposive sampling from the psychiatric unit of the Federal Medical Center Makurdi. A demographic distribution of the respondents by sex showed that 74 (71.2%) were male while 30 (28.8%) were female. Respondents' age ranges from 18 to 40 years of age.

Measures

Three research instruments were adopted to generate data for the study. They include:

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) is 12- items brief scale of social support developed by Zimet, Dahlem, Zimet and Farley (1988). Addressing the subjective assessment of social support adequacy, it was designed to measure perceptions of social support provided from three specific sources: Family, Friends and Significant Other. It is a 7-point rating scale ranging from Very Strongly Disagree (1) to Very Strongly Agree (7). The range of possible scores is 12-84. Study by Kazarian and McCabe (1991) has obtained a stable internal coefficient for overall scale of 0.87 for the university sample and 0.88 for the psychiatric sample. Subscale alphas ranged from 0.87 to 0.94 for university students and from 0.80 to 0.91 for psychiatric patients.

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-items scale that was originally designed to measure the global self-esteem. It has a 4-point Likert-type response format and each of the ten items has four possible responses: Strongly Agree, Agree, Disagree, and Strongly Disagree. The scores can range from 0 to 30, with the higher scores indicating high level of self-esteem and lower

score indicating low level of self-esteem. The Rosenberg Self-Esteem Scale has been determined to have very high reliability. For the present study Cronbach's alpha obtained is .87 indicating good internal consistency.

Suicidal Behaviors Questionnaire-Revised (SBQ-R)

Developed by Osman, Bagge, Gutierrez, Konick, Kopper and Barrios (2001), this four item questionnaire measures past history of suicidal thoughts and behaviors, recent suicidal thoughts and future likelihood of suicide attempt. Questions include “Have you ever thought about or attempted to kill yourself?” and “How often have you thought about killing yourself in the past year?” Total scores indicate where an individual lies on the continuum of suicidality (range = 3-18). SBQ-R scores have been found to distinguish between suicidal and non-suicidal individuals in samples of high school students ($d = 2.91$), undergraduate students ($d = 2.56$), adolescent psychiatric inpatients ($d = 2.56$) and adult psychiatric inpatients ($d = 1.86$) (Osman et al., 2001).

Research Procedure

To administer the questionnaire to participants at the hospital, the researchers obtained permission from the head psychiatric unit of the Federal Medical Center. Also, to ensure rapid and efficient administration, the researchers solicited the assistance of psychologists in the psychiatric unit. However, the instrument was administered only to those psychiatric patients who were identified to be stable with complete insight and oriented to time, place and persons. In addition, participants' consent was sought first and obtained before administration of the questionnaires. For some patients, the researchers and the psychologists who were assisting the researchers had to read the items on the questionnaire and also interpret it for them to understand and state which of the options applied to them. On a whole, it took the researcher four weeks to gather data from 104 participants.

Method of Data Analysis

Pearson correlation and independent t-test were used to analyze data collected for the study.

Results

Hypothesis 1: It stated that there will be a significant relationship between social support and suicidal behavior among psychiatric patients.

Table 1: Pearson Correlation Showing the Relationship between Social Support and Suicidal Behaviour

Variables	N	r	df	P	Remark
Social support	104	.18	102	.018	sig
Suicidal behaviour					

The result on table above indicates that a significant relationship exist between social support and suicidal behaviour ($r=.18$; $df=102$; $P<.05$). The hypothesis was confirmed.

Hypothesis 2: There will be a significant relationship between self-esteem and suicidal behavior among psychiatric patients was what this hypothesis predicted.

Table 2: Pearson Correlation Showing the Relationship between Self-Esteem and Suicidal Behaviour

Variables	N	r	df	P	Remark
Self-esteem	104	.23	102	.029	sig
Suicidal behaviour					

The result of this hypothesis equally indicates that a significant relationship exists between self-esteem and suicidal behaviour ($r=.18$; $df=102$; $P<.05$). The hypothesis was accepted

Hypothesis 3: There will be significant difference in the level of self-esteem and suicidal behaviour between psychiatric patients with high and low social support.

Table 3: Independent t-test showing difference in the level of self-esteem and suicidal behaviour between psychiatric patients with high and low social support

Variables	SSP	N	mean	SD	t	df	P	Remark
Self-esteem	high	67	41.90	23.57	2.99	102	.014	Sig
	Low	37	33.43	13.17				
Suicidal beh.	High	67	29.81	14.81	1.43	102	.023	Sig
	Low	37	19.58	10.50				

The result on table 3 shows that there is a significant difference in the level of self-esteem ($t=2.99$; $df=102$) = $P < .05$, two tailed) and suicidal behaviour ($t = 1.43$; $df = 102$) = $P < .05$) between psychiatric patients with high and low social support. From the table, it can be observed that high social support for self-esteem had a mean score of ($X = 41.90$, $SD = 23.57$) while low social support for self-esteem had mean score of ($X = 33.43$, $SD = 13.17$). High social support on suicide behaviour had a mean score of ($X = 29.81$, $SD = 14.81$) and low social support on suicide behaviour had a mean score of ($X = 19.58$, $SD = 10.50$). The hypothesis was also confirmed.

Discussion

The results of the present study disclosed that the two independent variables examined, separately relate to suicide behaviour among psychiatric patients. The relationship between social support, self esteem and suicidal behavior was confirmed. Findings of this study indicate that social support is significantly related to suicidal behaviour. This finding is consistent with the work of researchers such as Cohen and Wills (1985); Barrera (1986); Sarason and Gurung (2001) who found a significant relation between social support and suicidal behaviour. Equally, Cresswell, Kuipers and Power (1992); Lakey and Cohen (2000); Corrigan and Phelan (2004) all found a significant positive relationship between social support and suicidal behaviour. In the similar context, Cresswell, Kuipers and Power (1992); Corrigan and Phelan (2004) found perception of adequate social support among patients with psychiatric disorders to be particularly associated with numerous psychological remuneration, including increased self-esteem, reduce suicide behaviour, feelings of empowerment, quality of life, and recovery (as a course that includes hope and goal orientation) from psychological suffering.

Finding of the study further indicate that self-esteem is significantly related with suicidal behaviour . This is in line with the work of Hidaka, Operario, Takenaka, Omori, Ichikawa and Shirasaka, (2008) who found a significant relationship between self-esteem and suicidal behavior. Similarly, Wilburn and Smith (2005) also found a significant relationship between self-esteem and suicide behaviour. Furthermore, de Man and Gutierrez (2002) also found a significant relationship between self esteem and suicidal behavior. In addition, this finding also tallied with the finding by McGee, Williams and Nada-Raja (2001) who found individual characteristics such as feelings of hopelessness and low self-esteem to act as generative mechanisms, linking early childhood family characteristics to suicidal ideation in early adulthood.

Furthermore, the finding of this study indicate that significant differences exist between psychiatric patients with high social support and those with low social

support on self-esteem and suicidal behavior. This finding agrees with the finding by Sharaf, Thompson and Walsh (2009) who evaluated research data in multiple ways and their finding reflects negative association of suicide risk with a number of protective factors such as, self-esteem, family support, and peer support.

The findings obtained in the present study propose prospective ways for developing effectual therapeutic and preventive plans for psychiatric patients to increase their social support, improve their self-esteem and reduce likelihood of suicide. The findings of this study offer important suggestions to mental health professionals, health agencies, community caretakers, and NGOs. Social support and self-esteem has been associated with impaired recovery and suicide in patients with mental illnesses. The findings in this study support the assumption that social support and self-esteem is related to suicidal behavior. This suggests that clinicians should therefore take into consideration the construct of self-esteem and develop effective therapeutic interventions to help improve patients' social support and self-esteem; this may intervene in suicidal behavior. Social support networks can be integrated while planning preventive programs.

There is need for effective social welfare services or training programs which focus on mental health problems and bringing awareness among general population. Mental health awareness campaigns via both electronic and print media certainly are a supplementary strength to eliminate the erroneous beliefs regarding mental health problems and to bring awareness for their treatment and management.

Conclusion

The study focuses on social support, self esteem and suicidal behavior among psychiatric patients in Federal Medical Center Makurdi. Findings of the study indicate that a social support and self-esteem significantly relate with suicidal behavior and that significant difference exists between participants with high support and those with low social support on self-esteem and suicidal behavior.

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