

Association between support system and suicidal ideation among individuals with severe psychiatric disorders

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ABSTRACT

Background: Individuals with psychiatric disorders are particularly vulnerable to loneliness, which can exacerbate their symptoms and hinder recovery. A lack of a strong support system is frequently linked to an increased risk of suicidal ideation. Social support plays a crucial role in the prognosis and treatment outcomes of psychiatric disorders. Given its significance, this study examines the association between the support system and suicidal ideation among individuals with severe psychiatric illness. **Methods:** The study employed a cross-sectional, hospital-based observational design. A total of 110 participants diagnosed with severe psychiatric illness based on ICD-10 criteria were included. A self-prepared checklist was used to collect demographic details, while the Social Support Questionnaire and the Beck Suicidal Ideation Scale were administered to assess social support and suicidal ideation, respectively. **Results:** The participants had a mean age of 33 years, with 67% being male. Overall, 66.37% of the participants exhibited some degree of suicidal ideation. Regression analysis indicated that social support accounted for 20% of the variance in suicidal ideation ($R^2 = 0.20$, $p < .001$), demonstrating a significant association between the two variables. A weaker social support system was associated with an increased risk of suicidal ideation. **Conclusion:** Social support system having a strong association to control suicidal ideation in persons with psychiatric illness suggests providing social support and care that can be one effective approach to improving suicide prevention worldwide.

Keywords: Severe mental illness, social support, suicide

INTRODUCTION

Social support is one of the protective factor which refers to subjective availability of external assistance from social connection and care. It is also characterized by instrumental, informational, and emotional support that can be looking for various sources such as family members and friends. Suicidal ideation and attempts were found higher, among individual with psychiatric illness and literature suggested that support system was a defending factor among individual with suicidal ideation. By enhancing social support among families and

friends suicide attempts can be protected among individuals with severe psychiatric disorders and suicidal ideation, globally. World Health Organization (WHO) define suicide as “the injury with degrees of lethal intent and that act may be defined as a suicidal act with fatal outcome”. Around the world, the intent selfharm is the most important health care issue faced by the health care professionals.^[1] Suicide is a major concern in current scenario, Indian suicide data reported that 10.8 per 100,000 population.^[2] In India suicide cases have been estimated less

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due to under reporting and improper documentations.^[3] Enhanced support system among the family and friends of an individual with severe psychiatric disorders can protect suicidal attempts worldwide. One survey reported that individuals with schizophrenia and bipolar disorders 19 % individuals attempted or threatened within the year^[4] 10-13 % individuals with schizophrenia have completed suicide.^[5]

One meta-analysis revealed that almost 5% of persons with bipolar disorder and schizophrenia committed suicide. Suicide rate in severe psychiatric disorders is 7 to 10 times higher comparison to the general population.^[6] One longitudinal study shows that individuals with schizophrenia have 4 % suicide rate. One 10 years longitudinal study conducted in France with 3,470 individuals found that total 141 suicides during that period. Suicide rate was around 16% higher when comparing with the general population.^[7] Global suicide mortality rate approx 1.4%, as present suicide is one major concern in health department all over the world. The most vulnerable groups in psychiatric disorders are depression, substance abuse and psychosis having most significant risk factors to commit suicide.^[5] Most of the people who end their life having psychiatric disorders revealed by psycho-social analyses from the center of the previous year.^[8] Suicide risk among several mental disorders like schizophrenia, depression, and alcoholism is estimated to 5-8 %.^[9,10]

Social support work as key source of enhancing psychological health.^[11] Poor support systems contributed the less chances of recovery and increased chances of relapse in psychiatric illness.^[12] One study reported that better support system enhanced the recovery rate of women with major depressive disorder in a shorter time.^[13] Psychiatric problems represented all over the world, however in Asian region impulsivity plays a significant role. Data suggested that suicidal rate among individual with mental illness is higher.^[14] Suicides in the Indian context results with rates running from 9.5% to 24.9 %.^[15]

Literature suggested that approx 24% individuals committed suicide with psychiatric illness, in which individual with Schizophrenia,

Mood disorders and substance abuse having 18% prevalence.^[16] Research reported that support system play a crucial and authoritarian part in plummeting the unconstructive consequences of stressful situation and depressive feelings which cause suicidal act or feelings.^[17]

Aim of the current study was to assess the association between social support and suicidal ideation among severe psychiatric disorders.

MATERIALS AND METHODS

Study was approved by AVBIMS-Dr RML Hospital Ethics Committee. Study was cross sectional hospital based observational study design. Total 110 participants were recruited for the study with the help of convenience sampling method at Centre of Excellence in Mental Health AVBIMS-Dr. RML Hospital New Delhi. Three major psychiatric disorders: schizophrenia, major depressive disorder and bipolar affective disorders according to ICD-10,^[18] were taken. Participants aged between 21-60 years, with duration of illness more than six months. Participants having co-morbidity of chronic medical illness, substance abuse and common mental disorders and refusing to give written informed consent were excluded from the study. A self prepared checklist was used to assess sociodemographic variables, social support questionnaire^[19] and Beck suicidal ideation scale^[20] administered in the study to assess social support and suicidal ideation, respectively. Details of tools used in the study:

1) *Self prepared checklist* used for assessing participants name, age, gender, education, and other socio-demographic information.

2) *Social Support Questionnaire (SSQ)*: Nehra, Kulhara, and Verma^[19] adapted it into Hindi to assess perceived social support among individuals in the Indian context. The scale consists of 18 items rated on a four-point scale, measuring various dimensions of social support, including emotional, instrumental, and informational support. The Hindi adaptation was developed to ensure cultural relevance and linguistic clarity for Indian populations. The scale demonstrated acceptable reliability ($r = 0.59, p < .01$).^[19]

3) *Beck Suicidal Ideation Scale (BSS/BSI)*: It was developed by Beck, Kovacs, and Weissman,^[20] is a 19-item self-report questionnaire designed to assess the severity of suicidal ideation. Each item is rated on a 3-point scale (0–2), yielding a total score ranging from 0 to 38, with higher scores indicating greater suicidal intent. The scale evaluates suicidal thoughts, plans, and intent, with scores categorized as minimal (0–5), mild (6–9), moderate (10–18), and severe (≥ 19). The first five items serve as a screening tool, and individuals scoring 0 on all these typically do not complete the full scale. The BSS demonstrates high reliability, with Cronbach’s alpha ranging from 0.84 to 0.89, and strong inter-rater reliability ($r = 0.83–0.98$), making it a psychometrically sound tool for assessing suicide risk.^[20]

Statistical Analysis: Statistical package of social science (SPSS) 21 version was used for data interpretation. Descriptive analysis was done for the demographics variable, for assessing the level of suicidal ideation to each variable, the frequency was used. Regression analysis was administered to evaluate the relationship between social support and suicidal ideation.

RESULTS

Table 1 shows socio-demographic profile of participants. The mean age was 33.17 ± 11.31 years. More than half (60.9%) participants were male and similarly 57% participants were married. Participants were educated 35% at Highr-secondary, 23% were graduate. Total 67% of participants belong to an urban area and 55% of them live with joint family. The majority of the participants 52% diagnosis with bipolar affective disorder, 25% were diagnosed with schizophrenia, and 23% were diagnosed with depression.

Table 2 presents the scatter of suicidal ideation scores among the individuals with psychiatric disorders (Schizophrenia, Depression and Bipolar Disorder). As a whole 66.37% were having some degree of suicidal ideation. Further the result shows that 9 (32.1%) respondents with schizophrenia, 6 (24%) with depression, and 22 (38.6%) with bipolar disorder had no suicidal

ideation. Mild suicidal ideation was scored by 10 (35.8%) respondents with schizophrenia, 11 (44%) with depression, and 17 (29.8%) with bipolar disorder. Moderate suicidal ideation was scored by 5 (17.8%) respondents with schizophrenia, 5 (20%) with depression, and 12 (21.1%) with bipolar disorder. Severe suicidal ideation was scored by 4 (14.3%) respondents with schizophrenia, 3 (12%) with depression, and 6 (10.5%) with bipolar disorder.

Table 1 Socio-demographic details of the participants

Variable	N=110(%)
Age	
Mean±SD	33.17±11.31
Gender	
Male	67(60.9)
Female	43(39.1)
Marital Status	
Married	57(51.8)
Unmarried	43(39.1)
Separated	10(9.1)
Education	
Primary	14(12.7)
Secondary	22(20.0)
Higher-Secondary	35(31.8)
Graduate	23(20.9)
PG	16(14.6)
Residence	
Urban	74(67.3)
Semi-urban	19(17.3)
Rural	17(15.4)
Family Type	
Nuclear	61(55.5)
Joint	49(44.5)
Diagnosis	
Schizophrenia	28(25.5)
Depression	25(22.7)
Bipolar Disorder	57(51.8)

Table 2: Suicidal ideation level among the participants

Variables	Schizophrenia (n=28)	Depression (n=25)	Bipolar Disorder (n=57)
Normal	9 (32.1)	6(24.0)	22 (38.6)
Mild	10 (35.8)	11(44.0)	17 (29.8)
Moderate	5 (17.8)	5 (20.0)	12 (21.1)
Severe	4 (14.3)	3 (12.0)	6 (10.5)

Table 3 Regression Analysis of Suicidal ideation scale and Social Support

Variables	β	Std. error	R ²	Beta	t	p
Social Support	.383	.073	.202	.449	5.228	.001
Association: Suicidal Ideation						

Table 3 shows that the multiple linear regression analysis indicated that social support accounted for 20% of the variance in suicidal ideation ($R^2 = 0.20$, $p < .001$), demonstrating a significant association between the two variables. It also suggests that other factors contribute significantly to suicidal ideation. The social support systems increase risk of suicidal ideation at a significant level.

DISCUSSION

Demographic characteristics of the individuals in our research shows that average age of the participants were 33.17 ± 11.31 years. The occurrence of a psychiatric illness mostly determines the threat for self harm behavior and attempts of suicide were present in all age groups of individuals with psychiatric illness.^[21]

Approximately 10% of cases of person with schizophrenia end their life by suicide.^[2,22] Suicidal risk factor of person with schizophrenia in starting phase of illness having history of multiple attempts.^[23-25] Literature suggested mostly chances of suicide was starting 10 years of individual with schizophrenia.^[2] Current study shows that 68% of person with schizophrenia having suicidal ideation or thoughts.

One epidemiological study conducted by NIMH in community, identified that the danger feature for suicidal act among the different populations. Being female with psychiatric disorder, separated or divorced individuals, and having poor socioeconomic conditions, these all are due to poor social support systems that increased the risk of suicidal behavior and attempts. An individual having lifetime psychiatric illness or comorbidity of other disorders also increased the risk of suicidal thoughts and attempts ^[21] in our study results shows that individuals having poor social support have higher suicidal ideation. A

similar finding shows in a study with 44% of individuals having mild level suicidal ideation.^[26]

Person with bipolar disorder are 20-30% do more suicidal behavior than the general population. Over the 5 years course of illness, 1 in 5 individual having mood disorders (depression) attempted suicide ^[27] similarly current study shows that 30% of individuals having mild level suicidal ideation and found between 30% of individuals moderate to severe level suicidal ideation and thoughts. Suicide is relatively common among individuals with bipolar affective disorders as 4%-19% individual commit suicide, even 20%-60% of individual try to commit suicide at least once in their lifespan.^[28]

Hopelessness is one of the cognitive symptoms of depression which is the major mediator to establish the association between depressive disorder and suicidal ideation and behavior.^[29] As currently suicidal issue among individual with psychiatric illness is a worldwide concern to explore protective factors in this condition. Strong evidence present social support is one of the preventing factors which can work to reduce suicidal ideation and thoughts. Good support system reduced suicidal behaviour and attempts among individual with depressive disorders.^[30] Individuals with severe depression have higher suicidal ideation and act.^[32] One study showed that 14% of the participants had suicidal ideation and 11 % had a history of suicidal attempts.^[33] One previous study conducted in China found that 17% of participants had suicidal ideation.^[34] In our study 12% of participants have severe level suicidal ideation. Social support is one of the important defending features to control suicide in community. Support system found by the family members, relatives, friends, neighbors, and colleagues. Individual’s personal relationship also may provide social support that helps emotional wellbeing and buffer the negative life events.^[35]

Suicidal thoughts are linked to 20% of the social support score at the ($p < 0.001$) level, according to the results of the regression analysis. Poor social support systems

significantly raised the probability of suicidal thoughts. In another study found that the relationship among subjective and objective support in family and suicidal ideation in young adults were examined.^[36]

CONCLUSION

This study highlights the significant role of social support in mitigating suicidal ideation among individuals with severe psychiatric illness. While a strong support system can reduce suicidality, the presence of mental health conditions may also hinder social interactions and access to support networks. Regression analysis indicated that social support accounted for twenty percent of the variance in suicidal, demonstrating a strong association between the two variables. These findings underscore the need for targeted interventions, such as community-based support programs, peer counseling, and family psychoeducation, to enhance social connectedness and reduce suicide risk. Future research should explore longitudinal effects and consider additional psychosocial factors influencing this relationship.

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Ethical considerations: Taken

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