

Perceived Social Support and Life Satisfaction among Adolescents Taking Treatment from Psychiatric Medical Institution at Tiruchirappalli

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ABSTRACT

Background: Suicide is a complex public health problem worldwide. The current study aimed to assess life satisfaction and perceived social support among adolescents who attempted suicide.

Methodology: A cross-sectional study of 50 adolescents who sought treatment from a psychiatric hospital for attempted suicide at Trichirappalli was recruited for the study using consecutive sampling. Assent was taken from the adolescents and consent from their parents who met the inclusion and exclusion criteria. The tools used for the analysis were a socio-demographic data sheet, life satisfaction and perceived social support.

Results: The results revealed that all the respondents were adolescents, the majority (64%) were males, and 20 % were married. 36 % of adolescents belonged to a low-income group. The majority (52%) of them reported having a low level of life satisfaction, and 60% reported having a higher level of Perceived social support.

Conclusion: The results from the current study revealed that the adolescents had poor life satisfaction, which resulted in attempting suicide and poor social support. Future studies should look at preventive aspects, improve life satisfaction, and develop support systems to prevent suicide among adolescents.

Keywords: Adolescents, Suicide, Social Support, Life satisfaction.

(Paper received – 9th January 2022, Peer Review completed – 9th February 2022)

(Accepted – 18th February 2022)

INTRODUCTION

Suicide is amongst the pinnacle three reasons for demise amongst adolescence worldwide. Suicide is a world epidemic, with the World Health Organization (WHO) estimating that there are roughly 800,000 suicides annually, accounting for 1.4% of all deaths, making suicide the 18th main reason for dying [1]. India ranks tenth with an overall suicide rate of 97.4/million, with about 114/million in adult males and 80/million females [2]. India ranks 43rd in the order of rates of suicide, with a rate of 10.6/100,000 reported in 2009 (WHO suicide rates). There is a large variant in suicide rates inside the country. Kerala, Karnataka, Andhra Pradesh, and Tamil Nadu have a suicide rate of >15, whilst in the Northern States of Punjab, Uttar Pradesh, Bihar and Jammu, and Kashmir, the suicide rate is <3. This variable sample has been secure for the closing 20 years. Higher literacy, a higher reporting system, decreased external aggression, more excellent socioeconomic status, and greater expectations are the viable explanations for the more excellent suicide rates in the southern states [3]. The study found that subjects' characteristics, such as low social and instrumental support, were associated with the likelihood of suicidal ideation and behaviour [4].

The lack of competencies may be significant in undermining self-esteem and hindering the development of supportive affiliations. As a result, they also tend to report low life satisfaction. Attachment style also influences an individual's social interactions that, in turn, determine his perception of social support [5]. The researcher has stated that in adulthood, a secure attachment style may be defined as one wherein the individual has confidence in the availability of attachment figures in times of need and is comfortable with closeness, interdependence, and trust [6]. The avoidant style is characterized by insecurity in others intentions and a preference for emotional distance. In contrast, the anxious ambivalent attachment style portrays a strong desire for intimacy and insecurity about others responses to this desire and high fear of rejection. Studies have shown that individuals classified as securely attached display less emotional distress and negative affect in interpersonal relationships [7]. These individuals tend to choose social support strategies more often and have relationships characterized by more positive affect and greater longevity. With this, a brief review was conducted. The researcher reported that a central construct within positive psychology is life satisfaction. Whereas adult life satisfaction has been studied, the life satisfaction of children and youngsters has only received attention more recently. This article presents an assessment of the extant lookup on formative years lifestyles satisfaction. Empirical research (n = 141) on pleasure in early life is reviewed. The small assessment print how happiness in adolescence relates to a range of vital emotional, social, and behavioural constructs. Evidenced by the evaluation are the prerequisites that foster refined lifestyles pride and the implications of excellent existence pleasure amongst youth. [8].

Mahanta and Aggarwal (2013) study the effects of perceived social support on students' life satisfaction. Gender differences of perceived social support and life satisfaction among the participants were also investigated [9]. The Perceived Social Support scales by Procidano and Heller and the Satisfaction with Life Scale (SWLS) by Diener, Emmons, Larsen, & Griffin (1985) were administered [10]. The results showed no gender difference in perceived social support from family, but a significant difference was found in perceived social support from friends. Also, female students reported higher satisfaction than male students. Finally, the findings revealed that the higher the levels of perceived social support from family and friends, the higher the life satisfaction. In light of these findings, educators, counsellors, psychologists, and researchers will develop strategies to increase students' perception of social support, thus increasing their life satisfaction. The study has explored the role of social support and found that social support is associated with a decreased likelihood of a lifetime suicide attempt. Social support is a highly modifiable factor that can improve existing suicide prevention programs worldwide. Identifying elements at the back of suicidal tries can assist mental health professionals and policymakers for early diagnosis, intervention, treatment, as nicely as designing effective suicide prevention strategies [11].

METHODOLOGY

The aim was to study life satisfaction and social support among adolescents who attempted suicide. The information used to be collected from a psychiatric medical institution at Tiruchirappalli, where 50 adolescents were admitted who attempted suicide. A descriptive research design was adopted to study life satisfaction and social support, and the sample was selected using convenience sampling. The researcher used a semi-structured interview schedule and the Life Satisfaction Scale [10] and Berlin Social Support Scale for data collection [12]. The data were coded and analyzed using Statistical Package for Social Science (SPSS 24).

RESULTS

Table 1 Socio-Demographic variables

Sr. No	Variable	Category	N	%
1	AGE	14 – 16	14	28.0
		17 – 19	36	72.0
2	Gender	Male	32	64.0
		Female	18	36.0

3	Religion	Hindu	44	88.0
		Christians	2	4.0
		Muslim	4	8.0
4	Domicile	Village	30	60.0
		Urban	20	40.0
5	Family type	Nuclear family	47	94.0
		Joint family	3	6.0
6	Education	Illiterate	11	22.0
		Primary	9	18.0
		Middle school	14	28.0
		High school	16	32.0
7	Marital status	Married	10	20.0
		Unmarried	40	80.0

Table 1 shows that the majority (72%) of the respondents are between 17-19 years old, the majority (64 %) were males, and 88% of the participants were Hindus. The majority (80%) of them were unmarried. 94% of the participants belonged to a nuclear family. Only 32% of the respondents were educated up to high school.

Table: 2 Life Satisfaction

Variable	Category	N	%
Life satisfaction	Low	26	52.0
	High	24	48.0

This table shows that 66 % majority of the respondents reported having low-level life satisfaction.

Table 3: Social support

Sr. No	Variable	Category	N	%
1	Perceived available social support	Low	20	40.0
		High	30	60.0
2	Need for support	Low	17	34.0
		High	33	66.0
3	Seeking for social support	Low	23	46.0
		High	27	54.0
4	Actually receiving social support	Low	20	40.0
		High	30	60.0

Table 3 shows that 60% of the respondents revealed high levels of perceived social support. The majority (66%) felt a need for social support, 54% felt a need to seek social help, and only 40% received social support.

DISCUSSION

The majority of the respondents had been in their late young adults, and most of them who tried suicide have been males. These results may be unique to this setting as in other studies, and females were more in the number who attempted suicide. But none the less these results are consistent with findings from Mahant and Agarwal [9]. The results also revealed that the adolescents' life satisfaction was low. This could also explain why they would have attempted suicide. These results are consistent with the findings of Proctor [8], which shows that life satisfaction is related to various other important emotional, social, and behavioural constructs. Thereby being one of the causes for attempting suicide.

Social support is a necessary construct associated with adolescents who attempt suicide. It can serve as a life changer in this regard. It was seen that most of the respondents say that they need social support and that the perceived and actual support that they receive varies. However, there is a need to get support from friends or family. Peer assistance was positively related to depressive signs and suicidal ideation among males. Across gender, different peer guide was related to more significant externalizing conduct problems; whereas, household help was once negatively associated with these issues and alcohol/substance abuse. Paralleling normative findings, age was positively related to peer support, and ladies perceived extra peer assistance than males. Results prolong the preceding lookup on social aid to suicidal kids and develop the literature using analyzing extra-familial help, and a broader vary of applicable psychopathology. Perceived social support relates to psychiatric impairment differentially by using gender, and normative, age-related editions in perceptions of the social guide are detected even amongst exceedingly impaired adolescents. Clinical implications and instructions for the future lookup are discussed.

Relationships between perceived lifestyles satisfaction, terrible intellectual health, suicide ideation, and suicide behaviours had been examined. In a statewide pattern of thirteen to 18-year-old public excessive college students (n = 4,758) using the self-report CDC Youth Risk Behavior Survey (YRBS). Adjusted logistic regression analyses and multivariate fashions built one by one (via SUDAAN), published that negative intellectual fitness (past 30 days), negative mental/physical fitness (past 30 days), serious suicide consideration (past 12 months), planning for suicide (past 12 months), tried suicide (past 12 months) and suicide try requiring clinical care (past 12 months) have been appreciably associated to decreased lifestyles satisfaction[13]. Also, variations throughout gender and race had been demonstrated. Measures of existence delight as an aspect of complete assessments of adolescent intellectual health, suicide ideation, and suicide conduct in fieldwork, research, and program-evaluation efforts ought to be considered.

CONCLUSION

Despite the findings from the current study, one must reflect upon these findings with caution as, firstly, the sample is drawn from one particular study setting, thereby decreasing its generalizability to other similar settings. Secondly, other indicators could have been assessed that could have served as a cause for the attempted suicide, and lastly, the study design could have been more robust. Nevertheless, the study revealed that the adolescents had poor life satisfaction and poor social support, which resulted in their attempting suicide. Future studies should look at preventive aspects, improve life satisfaction, and develop support systems to prevent suicide among adolescents.

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