A study of relationship between suicidal ideas, depression, anxiety, resiliency, daily stresses and mental health among Tehran university students

Nasrin Izadinia, Mohsen Amir, Reza ghorban Jahromi, Shabnam Hamidi

Department of Exceptional child Psychology, University of Tehran, P. O. Box 14155-6456, Tehran, Iran

Received January 6, 2010; revised February 9, 2010; accepted March 25, 2010

Abstract

The current study was conducted to explore the relationship between suicidal ideas, depression, anxiety, resiliency, daily stresses and mental health among university students. 265 students of Tehran University were studied. They were asked to answer the Beck’s depression and anxiety, suicidal ideation, mental health, daily stresses and resiliency questioners. Pearson correlation coefficient and stepwise regression analyses were used for the data analysis. Suicidal ideations had a significant and negative relationship with resiliency. Anxiety, depression, mental health and daily stresses had a positive relationship with suicidal ideations. Regression analysis revealed that depression had the most contribution in predicting suicidal ideations while anxiety, mental health, Resiliency, and daily stresses were the next contributing factors, respectively. These variables could predict 21 percent of suicidal ideations altogether. Psychological problems and mental health issues and other factors such as resiliency and daily stresses play an important role in suicidal ideations.

Keywords: Suicidal ideas; depression; anxiety; resiliency; daily stresses; mental health.

1. Introduction

Suicide is known as a fundamental general health problem in all over the world is a disturbance and serious problem for psychotherapists, psychologists and other specialists who are involved in youth’s welfare and psychological health problem (Levine, 2008). Suicide is also considered as the third major cause of death among the adolescents and youths (Waldvogel et al., 2008). The risk factors of this problem are psychological disorders and socio-biological factors. 1.5 of all of deaths in both males and females occur because of the self-stimulated injuries and is in the second order of the two major causes of death in 15-34 age level in a group of china and European countries and is the tenth cause of death in all age levels in all over the world (Murray & Lopez, 1996). The research which was done in Iran approved that the highest number of suicides occur in 15-25 age level (Ghalei & Behrouzi fard, 2006). Different factors increase the risk of attempting suicide among the youths which range from the lowest risk level factors to the highest ones and are put in categories such as personal, family, demographic,
social environment and daily stress factors. Low risk factors originate from small matters in family and educational environment and end in now-and-then feelings of sadness without the individual’s having depression previously. In addition those who are in the middle ground of risk for attempting suicide have some suicidal thoughts, usual depression symptoms, anxiety and temper control problems. Those who have the high risk for attempting suicide maybe exiled from their homes, have no meaning for continuing their life and think it would be better if they had died. They hate their family members and educational environment are often absentees in their classes (American academy of Paediatrics, 2000). Other factors which prepare the ground for attempting suicide are high tension and intensive stress. The university students are a young population and are faced with many problems such as separation from their families, entrance into a new environment and adaptation to educational standards that cause their high level of stress and depression. The researchers confirmed that university students are more exposed to stressor factors and girls experience stress more than boys and subsequently are more exposed to the danger of attempting suicide. Achar (2000) in a research concluded that 94.8% of university students who had thoughts of suicide had been so depressed in their educational year that they showed no motivation nor function and 94.4% of them believed that hopelessness is penetrated into the depth of their existence (Levine, 2008). The personality characteristics that have an association with suicidal thoughts in one way or another are low level of self-esteem, outside control, helplessness, impulsion, aggression and extroversion (Beautrais, 2003). More than 90% of those who had successful suicides had at least one psychological disorder at the time of death such as temper disorder, anxiety disorder and anti-social behaviors (Gould et al., 2003).

A factor which helps the individual in encountering and adapting to difficult and stressful situations and secures him/her against pathological disorders and life problems is resiliency (Rutter, 1985). Resiliency is defined as the individual’s assurance of his/her abilities in overcoming stress, having coping abilities, self-esteem, emotional stabilities and personal characteristics which increase the social support from others. Resiliency prevents psychological problems among youths and adolescents and secures them against psychological effects of problematic events (Pinquart, 2009). Resiliency is defined as a source for overcoming tribulations and problems, resistance against stress and erasing its bad effects (Cicchetti & Gramzy, 1993). It is assumed that resiliency can assure and promote the individual’s mental health (Pinquart, 2009). Furthermore, the capacity of resiliency may change over time and may increase if there are supportive factors in the individual or environment (Harter, 2000). The result of a research which was done over 41 patients who attempted suicide proved that they had low self-resiliency in comparison to the patients who had never attempted suicide. These researches also confirmed the association of low resiliency with having suicidal thoughts and behaviors (Royet al., 2007).

So it is considered necessary for those who are in charge in the universities to teach the students resiliency skills and to diagnose and solve their mental problems. In order to promote mental health level and prevent their thinking about suicide and attempting it (Levine, 2008). This study seeks to survey the relationship between aforementioned variables and suicidal thoughts among the tehran university students.

2. Method

2.1. Participants

Statistical society of this study is all of bachelor students of Tehran University in the educational year of 2008 to 2009 from which 265 students with the mean age of 22/32 and standard deviation of 2/30 were chosen and surveyed by the method of at hand sampling. They were supposed to complete the questionnaires of General health Questionnaire(GHQ), The Beck Depression Inventory (BDI), Beck anxiety inventory (BAI), The Beck Scale for Suicide Ideation( BSSI) and Connor and Davidson’s Resiliency scale instrument.

2.2. Instruments

2.2.1. Mental health questionnaire

Mental health questionnaire is a screen questionnaire which was designed by Goldenberg in 1979. This questionnaire is constructed from items which are in the lowest levels of illness symptoms common among mental disorders and can distinguish mental patients from non-patient persons. This 28-item questionnaire has 4 subscales including bodily symptoms, anxiety and insomnia, social-functional insufficiency and depression each of which has
7 questions. In a study, reliability coefficient of the whole questionnaire is estimated at 0.72 by the method of test-retest reliability (Taghavi, 2001). In another research the internal consistency of the whole scale and subscales of bodily symptoms, anxiety and insomnia, social-functional insufficiency and depression are estimated at 0.93, 0.85, 0.81, 0.74 and 0.88 respectively.

2.2.2. Daily stress questionnaire

Daily stress questionnaire is constructed from 62 questions in a 5-point Likert scale which examine the amount of the individual’s dissatisfaction from stressor factors. Reliability coefficient of the questionnaire range from 0.84 to 0.89 in internal researches (Samari & Laeli, 2007). Its reliability and validity coefficients are also confirmed in other internal studies (Aghamohammadi et al., 2007).

2.2.3. Beck anxiety inventory (BAI)

Beck anxiety inventory is a 21-item questionnaire which examine the intensity of anxiety-related symptoms in a 4-point Likert scale from score 0 to 63. The purpose of the questionnaire is the examination of anxiety symptoms and its reduction of overlap with other depression factors and its psychometric specifications including reliability and validity are approved (Beck & Steer, 1993).

2.2.4. The Beck Depresion Inventory (BDI)

This scale is a 21-item questionnaire which detect the severity of depression symptoms in a 4-point Likert scale from score 0 to 63. This scale one of valid instruments for examining the severity of depression symptoms and its validity and reliability is confirmed in different studies (Beck et al, 1998).

2.2.5. Connor and Davidson’s resiliency scale (CD-RIS)

In this questionnaire Connor and Davidson’s scale is used for measuring the amount of resiliency (Beck, et al., 1998). Its designers believe that this instrument can separate tolerant from intolerant persons in clinical and non-clinical groups (Connor & Davidson, 2003). Each of the 25 statements of the questionnaire has 5 items which are Competence/personal stability, trusting the instincts/tolerating negative emotions/positive acceptance of the changes/secure relationships, control and spirituality which are scored based upon 5-point Likert scale (zero for completely incorrect and 5 for completely correct), the individual’s minimum score for resiliency in this scale is 0 and his/her maximum score is 100. Reliability and validity of this scale was calculated and confirmed in internal researches (Beck, et al., 1998; Connor & Davidson, 2003).

2.2.6. The Beck Scale for Suicide Ideation (BSSI)

The Beck Scale for Suicide Ideation is a 19-item self-report instrument. This questionnaire is prepared for the purpose of detecting and measuring the severity of opinions and behaviours and planning for committing suicide. The items of this scale examine issues including death wish, active and inactive suicidal tendencies, time and frequency of suicide ideation, the feeling of having self-control and the extent of the individual’s readiness for attempting suicide. The reliability and validity of the questionnaire is corroborated in different studied which used it (Kumar & Steer, 1995; Beck et al., 1999; Gregory et al., 2000).

3. Results

Finding show the correlation among research variables. Correlation coefficient between resiliency and thoughts of suicide are negative and significant (p<0.05, r=-0.219). The factors of daily stress (p<0.05, r= 0.207), anxiety (p<0.01, r= 0.280), depression (p<0.01, r= 0.310) and mental health (p<0.05, r=0.262) also correlate positively and significantly with thoughts of suicide. The step by step regression analysis is used for surveying the predictive role of depression, anxiety, mental health, daily stress and resiliency in the dependent variable. According to result, in the first step of regression analysis, 9% variance of suicidal thoughts is explained by depression and in the second step in which anxiety actor enters 13% variance of dependent variable is explained. By adding mental health factor in the third step 16% variance of suicidal thoughts and in the fourth and fifth step, by entering resiliency factor 18% and by adding daily stress to these 5 variables 21% variance of the suicidal thoughts are explained.(R2=0.21, f=24/53, p<0/001).
On the other hand, based upon standard regression coefficients $B$ it can be asserted that depression with the standard coefficient of 0.19 has the largest share in predicting thoughts of suicide and after that the factors of anxiety, mental health, resiliency and daily stress are predictive factors in thoughts of suicide.

4. Discussion

Surveying the gained results shows that depression and thoughts of suicide positively and significantly correlates with each other. It means that by increasing this factor the suicidal thoughts also increases which is in line with the result of the previous researches (Gould, et al., 2003; Wagner, 1997; Pinquart, 2009). The researchers believe that depression by affecting the individual’s daily performance and social relationships increase the emergence of these thoughts and even attempting suicide (Levine, 2008). Furthermore, the other results of the study suggest that anxiety, daily stress and mental health have positive and significant correlation with the thoughts of suicide which corresponds to the result of previous researches (Levine, 2008; Waldvogel, et al., 2008; Philips et al., 2002) . It can be assumed that the existence of stressor factors can affect individual’s mental health and anxiety and apply its effects on thoughts and action of suicide (Philips et al., 2002).

Another result of this study was the negative correlation of resiliency and thoughts of suicide which is in line with the result of other researches. It means that individual’s resiliency reduction increases the possibility of suicidal thoughts (Rutter, 1985; Lee & Cranford, 2008). Resiliency is an important factor in preventing common psychological disorders and it seems that it apply its effect by this way in increasing the thoughts of suicide because by the reduction of this factor in every person the risk for emergence of other mental disorders increases and subsequently thoughts of suicide may follow. On the other hand, researchers asserted that those who have a high level of resiliency do not suffer from psychological disorders in spite of encountering dangers and serious problems (Pinquart, 2009; Cicchetti & Gramzy, 1993). They reported the very low level of this factor in those who attempted suicide (Rutter, 1985).

The importance of mental disorders and problems in the emergence of suicidal thoughts is undoubtable. Thus it is necessary for psychologists and psychotherapists to pay more attention to those factors. Therefore, evaluation of and knowledge about psychological problems of individuals who are at risk e.g. university students who face different problems such as educational stress and adaptation to a new environment is necessary. Viewed from another perspective paying more attention to resiliency factor can be very helpful for those who are in charge in the universities.

References


