

A social work study to investigate the relationship between mental health conditions, religion and suicide attempts

Mohammad Reza Iravani*

Department of Social Work, Islamic Azad University, Khomeinishahr Branch, Daneshjou Blvd, Iran

ARTICLE INFO

Article history:

Received June 5, 2011
Received in Revised form
August, 3, 2011
Accepted 5 August 2011
Available online
6 August 2011

Keywords:

Suicide attempts
Mental health care
Religious belief
Student suicide attempts

ABSTRACT

This paper performs an empirical investigation to study the relationship between different elements such as mental health conditions, believes and overall perception and suicide attempt. Our study covers all female and male students who study in a private university in Iran. There are about 400 students who participated in our survey and we distribute three questionnaires among them consist of various questions. The results indicate that there are strong negative correlations between suicide attempts and students' believes in God regardless of their genders. The survey also indicates that there is not any strong positive correlation between students' mental health care and religious believes. The results of the study show that there is not a meaningful difference between the health care of male students and female students on suicide attempts. The study concludes that there is a strong difference between suicide attempts between female and male students.

© 2012 Growing Science Ltd. All rights reserved.

1. Introduction

One of the main challenges among students who study in universities is to overcome on real-life problems, which may be the reason for having suicide attempts. According to Gould et al. (2003) there has been a decrease in the youth suicide rate during the past several years mainly because of the increase in antidepressants being prescribed for adolescents during the recent years. Youth psychiatric disorder, a family history of suicide and psychopathology, stressful life events, and access to firearms are some of the most important risk factors for youth suicide.

Adam and colleagues (1996) performed a study on adolescents in psychiatric treatment and verified the overlap between a history of suicidal behavior and specific attachment patterns. They reported that youth who had failed to resolve attachment-related trauma such as death of a parent, or abuse or separation from a parent would be more likely to have a history of suicidal behavior. They also predicted that preoccupied youth were more likely to have a history of suicidality. Results confirmed these predictions and reported that the preoccupied status, in interaction with unresolved-

* Corresponding author. Tel: + 989131943910
E-mail addresses: iravani@iaukhsh.ac.ir (M. R. Iravani)

disorganized attachment, was significantly associated with a history of suicidality, whereas dismissing attachment was associated with an absence of such history in youth.

Wallin and Runeson (2003) attempted to determine whether attitudes varied between students in the beginning and end of studies. They gathered the data from own attitudes on death and suicide and psychosocial circumstances from 63% of first and final year students. They performed a factor analysis on items to study the attitudes to suicidal patients. Final year students more often considered suicide to be an expression of psychiatric disease and thought that people trying to commit suicide were not responsible for their own actions. Muehlenkamp et al. (2009) presented a model for college suicide prevention American Indian students who were at higher risk for suicide compared with the general population. They offered a discussion of the barriers faced and solutions generated for implementing the program along with recommendations for disseminating this AI-specific prevention program to other universities.

Wong et al. (2011) performed similar study among Asian American students. They identified a core phenomenon of unfulfilled expectations as well as 2 broad themes associated with the core phenomenon: unfulfilled intrapersonal expectations and unfulfilled interpersonal expectations, comprising the subthemes of (a) family, (b) relationship, (c) cultural differences, and (d) racism. They discussed the issues in terms of implications for suicide-related clinical interventions and primary prevention attempts among Asian American college students. Xing et al. (2010) performed a national cross-sectional survey on family factors associated with suicide attempts among Chinese adolescent students. The purpose of the study was to determine the prevalence and associated family factors of suicide attempts among junior and/or senior high school students in an attempt to prevent measures of suicide in China. They selected 13,512 students from 32 junior and/or senior high schools in grades 7 to 11 in eight cities of China participated in a self-administered anonymous survey to report their frequency of suicide attempts during the past year. They asked for sociodemographic characteristics, tobacco, and alcohol use in the past 30 days and the information of the stressful family life events were gathered to evaluate the subjects' family characteristics. They concluded that suicide attempt was a remarkable public health issue among in-school adolescents in China. They also confirmed that adolescents with family problems commonly manifest suicide attempts, which highlights the significance of considering family environmental factors when assessing suicide risk.

Berdı Ozouni Davaji et al. (2010) studied the relationship between attachment styles and suicide ideation among Turkmen students in Iran. They studied adult attachment questionnaire (AAQ) (Hazan & Shaver, 1987) and beck suicide scale ideation (BSSI) in their study (Beck et al., 1979). The results of their study indicated that there were positive statistically significant correlation between adolescents unsecure attachment style with suicide ideation and negative statistically significant correlation between secure attachment style and suicide ideation. They concluded that attachment styles were important predictors of suicide ideation and Interventions designed to reduce suicide ideation may help reduce suicide ideation in adolescents.

In this paper, we present a study to examine the impact of different factors on as mental health conditions, believes and overall perception and suicide attempt. The study focuses on all students who study in different fields in a private university located in Khomeinishahr, Iran. The organization of this paper first presents the structure of the study in section 2 and discusses the findings in section 3. Finally, concluding results are presented at the end to summarizes the contribution of the paper.

2. The proposed study

The proposed study of this paper consists of three different questionnaires, which are as follows,

2.1. Religious belief: The first one examines religious belief and consists of 26 questions in four categories.

2.1.1 The basic religious belief: This part of questionnaire examines how much a person believe in resurrection day.

2.1.2 The experience of belief: This part of questionnaire explains people's experiences as well as feeling towards spirituality. For instance, sometimes we feel we are getting close to God.

2.1.3 The consequence of belief: This part of questionnaire involves with the fact that people may get look for the implementation of what they believe. For instance, people may be interested in asking country official for forcing people to cover their hair.

2.1.4 The practicing aspect of belief: This part is more concerned with practicing aspects of the religion. For instance, fasting during the special month of Ramadan, praying in group, etc.

We use Likert (1932) scale from 1 to 5 for all our questions associated with all parts of the survey.

2.2 Mental health care questionnaire: This questionnaire consists of 15 different questions, where each question is asked in five different scales from very low to very high.

2.3 Beck Suicide Scale Ideation (BSSI): This 19-item scale is designed to assess prior suicide ideation and behavior, frequency of suicide ideation, threats of suicide, and likelihood of attempting Suicide someday. Note that this test has been widely implemented in several investigations with adolescents and young adults.

3. The results

In this study, we have distributed 400 questionnaires among all students who were studying in the proposed private school. Since we selected all population, we did not have to use any sampling approach. There were 198 women and 202 men in this survey, which means male and female were almost equally participated in our survey. In this survey, 81.8 percent of the participants were single and 18.2 percent were married. In our survey, we asked about their financial affordability and the results are summarized in Table 1 as follows,

Table 1

Financial circumstances of the survey participants

Affordability	Frequency	Percentage
Weak	1	0.3
Average	156	39
Good	195	48.8
Very good	48	12
Sum	400	100

Next, we examine different relationships between suicide attempts and other factors.

3.1. The relationship between suicide attempts and religious belief among female and male students

The first hypothesis is to see whether there is any negative relationship between suicide attempts and religious belief among female and male students. The correlation ratios is calculated as -0.305 with p-value=0.001, which means there is a strong negative correlation between these two factors.

3.2. The relationship between suicide attempts and religious belief among female students

The second hypothesis is to see whether there is any negative relationship between suicide attempts and religious belief among female students. The correlation ratios is calculated as -0.169 with p-value=0.017, which means there is a strong negative correlation between these two factors.

3.3. The relationship between suicide attempts and religious belief among male students

The third hypothesis is to see whether there is any negative relationship between suicide attempts and religious belief among male students. The correlation ratios is calculated as -0.397 with p-value=0.007, which means there is a strong negative correlation between these two factors.

3.4. The relationship between suicide attempts and mental health case among female and male students

The fourth hypothesis is to see whether there is any positive relationship between suicide attempts and mental health care among female and male students. The correlation ratios is calculated as 0.2 with p-value=0.001, which means there is a correlation between these two factors. In other words, with an increase in people's health care, there will be less chance of committing suicide.

3.5. The relationship between suicide attempts and mental health case among female students

The fifth hypothesis is to see whether there is any positive relationship between suicide attempts and mental health care among female students. The correlation ratios is calculated as 0.157 with p-value=0.027, which means there is a correlation between these two factors. In other words, with an increase in people's health care, there will be less chance of committing suicide among female students.

3.6. The relationship between suicide attempts and mental health care among male students

The six hypothesis is to see whether there is any positive relationship between suicide attempts and mental health care among male students. The correlation ratios is calculated as 0.261 with p-value=0.001, which means there is a correlation between these two factors. In other words, with an increase in people's health care, there will be less chance of committing suicide among male students.

3.7. The relationship between religious belief and mental health care among male and female students

The seventh hypothesis is to see whether there is any relationship between religious belief and mental health care among female and male students. The correlation ratios is calculated as -0.072 with p-value=0.152, which means there is not a good evidence to believe there is a correlation between these two factors.

3.8. The relationship between religious belief and mental health care among female students

The eighth hypothesis is to see whether there is any relationship between religious belief and mental health care among female students. The correlation ratios is calculated as -0.142 with p-value=0.042, which means there is not a good evidence to believe there is a correlation between these two factors.

3.9. The relationship between religious belief and mental health care among male students

The ninth hypothesis is to see whether there is any relationship between religious belief and mental health care among male students. The correlation ratios is calculated as -0.001 with p-value=0.989, which means there is not a good evidence to believe there is a correlation between these two factors.

3.10. The relationship between religious belief among male and female students

The tenth hypothesis is to see whether there is any relationship between religious belief between male and female students. Table 2 summarizes the results of our survey.

Table 2

The relationship between religious beliefs' of male and female students

Gender	Average	Standard deviation	t-student	p-value	Degree of freedom
Female	95.24	8.50			
Male	92.31	13.40	2.62	0.001	398

As we can observe from Table 2, the statistical test confirms that there is a significant difference between male and female's religious believes.

3.10. The relationship between mental health care among male and female students

The tenth hypothesis is to see whether there is any relationship between mental health care between male and female students. Table 3 summarizes the results of our survey.

Table 3

The relationship between mental health care's of male and female students

Gender	Average	Standard deviation	t-student	p-value	Degree of freedom
Female	31.37	11.24			
Male	32.84	8.05	1.50	0.132	398

As we can observe from Table 3, the statistical test does not confirm that there is a significant difference between male and female's mental health care.

3.11. The relationship between suicide attempts among male and female students

The tenth hypothesis is to see whether there is any relationship between suicide attempts between male and female students. Table 4 summarizes the results of our survey.

Table 4The relationship between *suicide attempts* of male and female students

Gender	Average	Standard deviation	t-student	p-value	Degree of freedom
Female	2.95	4.56			
Male	3.07	4.76	0.246	0.806	398

As we can observe from Table 4, the statistical test does not confirm that there is a significant difference between male and female's suicide attempts.

4. Conclusion

In this paper, we have presented an empirical study to investigate the relationship between different elements such as mental health conditions, believes and overall perception and suicide attempts. Our study has covered all female and male students who studied in a private university in Iran. There were about 400 students, who participated in our survey and distributed three questionnaires among them with different questions. The results indicated that there are strong negative correlations between suicide attempts and students' believes in God regardless of their genders. The survey also indicated that there was not any strong positive correlation between students' mental health care and religious believes. The results of the study showed that there was not a meaningful difference between the health care of male students and female students and the study concludes that there is a strong difference between suicide attempts between female and male students.

Acknowledgment

The present study was financially supported by a grant awarded by Islamic Azad University and the author would like to thank the officials for the financial support.

References

- Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicide intention: the scale for suicide ideation. *Journal of Consulting Clinical Psychology*, 47, 343 – 352.
- Berdi Ozouni Davaji, R., & Valizadeh, S., & Nikamal, M. (2010). The relationship between attachment styles and suicide ideation: the study of Turkmen students, Iran. *Procedia - Social and Behavioral Sciences*, 5, 1190-1194.
- Gould, M. S., Greenberge, T., Velting, D.M., & Shaffer, D. (2003). Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), 386-405.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511-524.
- Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1996). Adolescent suicide ideation and attempts: prevalence, risk factors, and clinical implications. *Clinical Psychology: Science and Practice*, 3, 25- 46.
- Likert, R. (1932). A Technique for the Measurement of Attitudes. *Archives of Psychology*, 140, 1– 55.
- Muehlenkamp, J.J., Marrone, S., Gray, J.S., & Brown, D. L. (2009). A College Suicide Prevention Model for American Indian Students. *Professional Psychology: Research and Practice*, 40(2), 134-140.
- Wallin, U. & Runeson, B. (2003). Attitudes towards suicide and suicidal patients among medical students. *European Psychiatry*, 18(7), 329-333.
- Wong, Y.J., Koo, K., Tran, K.K., Chiu, Y.C., & Mok, Y. (2011). Asian American college students' suicide ideation: A Mixed-Methods Study. *Journal of Counseling Psychology*, 58(2), 197-209.
- Xing, Y.Y., Tao, F.B., Wan, Y.H., Xing, C., Qi, X.Y., Hao, J.H., Su, P.Y., Pan, H.F., & Huang,L. (2010). Family factors associated with suicide attempts among Chinese adolescent students: A national cross-sectional survey. *Journal of Adolescent Health*, 46(6), 592-599.