A Study Of Depression And Suicidal Ideation Among Mizo-Population.

Naorem Binita Devi,
Teaching faculty member, Dept. of psychology, MZU;
E:Mail: naorembd@gmail.com; bininaorem@yahoo.com

Abstract:
An attempt has been made to find out the study of depression and suicidal ideation among Mizo-population. The hypothesis of the present study are depression would have significant role in predicting suicidal ideation among the participants; females are likely to have more depression than male counterparts; females are likely to have more suicidal ideation than male counterparts. To study such hypothesis, ninety-seven participants (both male and female) are randomly selected and included in this present study. The data are collected mainly different parts of Aizawl area. Participants are ranging age from 15-20 years and the participants are administered BDI-II to assess the depression and ASIQ to assess the suicidal ideation. Results are analyzed through linear regression, ANOVA, and descriptive statistics using SPSS Packages. Results indicated that depression emerged as the significant predictor variable of suicidal ideation, the multiple R is .41 and it accounted 17% of the variance in the 1st hypothesis. In the second hypothesis, females have more depression than the male counterparts. The mean of depression between male and females are 18.979 and 23.541 and their F values between groups (F=6.006) are statistically significant. In the Third Hypothesis, Females have more mean values than the male counterparts i.e., 16.536 and 29.208 respectively and theirs F-values between groups (F=8.055) are found statistically significant.

Keywords: Depression, suicidal ideation, ANOVA, Regression.

Researchers like Franko, Debra L.; Striegel-Moore, Ruth H.; Bean, Judy; Tamer, Robert; Kraemer, Helena C.; Dohm, Faith-Anne; Crawford, Patricia B.; Schreiber, George; Daniels, Stephen R. (Nov 2005) have started studying efforts to understand that depression in adolescent girls may result in negative consequences in young adulthood. The term depression covers a variety of negative moods and behaviour changes. Some are normal mood fluctuations and others meet the definition of clinical problems. The mood change may be temporary or long-lasting. It may range from relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively. Other researchers like Kinder, Leslie S.; Kamarck, Thomas W.; Baum, Andrew; Orchard, Trevor J. (Nov. 2002) have suggested that depressive symptomatology is a risk factor for the development of coronary heart disease (CHD) in patients with diabetes mellitus, although little is understood about mechanisms that may explain this association. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may also be present. Depressed mood is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions and a side effect of some medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression. The mood disorder (depression) includes disorders that have a disturbance in mood as the predominant feature. The mood disorders are divided into the depressive disorders (unipolar depression), the bipolar disorders, and the two disorders based on etiology—mood disorder due to a general medical condition and substance induced mood disorder. The depressive disorders (i.e., major depressive disorder, dysthymic disorder, and depressive disorder not otherwise specified) are distinguished from the bipolar disorders by the fact that there is no history of ever having had a manic, mixed, or hypomanic episode. The bipolar disorders (i.e., bipolar-I, Bipolar-II disorder, cyclothymic disorder, and bipolar disorder not otherwise specified) involved the presence (or history) of manic episodes, mixed episodes, or hypomanic episodes, usually accompanied by the presence (or History) of major depressive episodes. Major depressive disorder is characterized by one
or more major depressive episodes (i.e., at least 2 weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression. Dysthymic disorder is characterized by at least 2 years of depressed mood for more days than not, accompanied by additional depressive symptoms that do not meet criteria for a major depressive episode. Depressive disorder not otherwise specified is included for coding disorders with depressive features that do not meet criteria for major depressive disorder, dysthymic disorder, adjustment disorder with depressed mood, or adjustment disorder with mixed anxiety and depressed mood (or depressive symptoms about which there is inadequate or contradictory information). Bi-polar I disorder is characterized by one or more manic or mixed episodes, usually accompanied by major depressive episodes. Bi-polar-II is characterized by one or more major depressive episodes accompanied by at least one hypomanic episode. Cyclothymic disorder is characterized by at least 2 years of numerous periods of hypomanic symptoms that do not meet criteria for a major depressive episode. Bipolar disorder not otherwise specified is included for coding disorders with bipolar features that do not meet criteria for any of the specific bipolar disorders defined over here. Mood disorders due to a general medical condition is characterized by a prominent and persistent disturbance in mood that is judged to be a direct physiological consequence of a general medical condition. Substance-induced mood disorder is characterized by a prominent and persistent disturbance in mood that is judged to be a direct physiological consequence of a drug of abuse, a medication, another somatic treatment for depression, or toxin exposure. Mood disorder not otherwise specified is included for coding disorders with mood symptoms that do not meet the criteria for any specific mood disorder and in which it is difficult to choose between depressive disorder not otherwise specified and bipolar disorder not otherwise specified (e.g., acute agitation). From the Literature of You, Sungeum; Van orden, Kimberly A.; Conner, Kenneth R. (Mar. 2011) have reported that disrupted social connectedness is associated with suicidal thoughts and behaviours among individuals with substance use disorders (SUDs). From this study they sought to further characterize this relationship by examining several indices of social connectedness—(a) living alone, (b) perceived social support, (c) interpersonal conflict, and (d) belongingness. Multivariate results indicated that interpersonal conflict and belongingness were significant predictors of a history of suicidal ideation, and that belongingness, perceived social support, and living alone were significant predictors of suicide attempt. These results indicate the most consistent support for the relationship between suicidality and thwarted belongingness, and also support the clinical utility of assessing whether individuals live alone. Suicidal ideation is defined as the domain of thoughts and ideas about death, suicide and serious self-injurious behaviour and includes related to the planning, conduct and outcome of suicidal behaviour, particularly as the last relates to thoughts about the response of others (Reynolds, 1988a). Suicide is the third leading cause of death among young people; however the incidence of attempted suicide is much more. It has been observed that after puberty, rate of suicide increases with age until it stabilizes in young adulthood. This increase in suicide may be associated with the onset and increase in depressive and other disorders during adolescents as compare to childhood (Shaffer, Gould, Fisher, Trautman & Moreau, 1996) as well as greater suicidal intent with age (Brent, Baugher, Bridge, Chen & Chiappetta, 1999). As compare to adult males, adolescent males complete suicide at rates approximately five time higher than rates for adolescents females (Kochanek, Murphy, Anderson & Scott, 2004). The reason for the lower rates of death in females than in males is due to less lethal preferred method of attempt for suicide. The rate of suicide rose in the 1970’s-1990’s in youths between age ranges of 15 to 19 years. Suicidal ideation—specifically the thoughts and cognition about suicidal behaviours and intent-may be considered an early marker for the risk of more serious suicidal behaviour (Bonner and Rich, 1987; Fewcett, 1988; Linehan, 1981; Rich, Bonner, and Reimold, 1986). Suicidal ideation has been viewed as a basic component in the classification of suicidal behaviours (Pokorny, 1974; Reynolds, 1988a; Zubin, 1974).

**Objective of the Study:**

1. To study the mean, standard deviation of the male and female in the present study;
2. To compare the Male and Female of the present study using F-statistics;
3. Depression is the predictor variable of suicide in Mizo-population.

**Hypothesis of the study:**
1. Depression would have significant role in predicting suicidal ideation among the participants.
2. Females are likely to have more depression than male counterparts;
3. Females are likely to have more suicidal ideation than the male counterparts.

**Method**

**Participants**
The participants were of 97 Mizo-people of male (49) and females (48) residing in Aizawl, with age ranging from 15-20 yrs.

**Instrument**
Following tests were used in the study:
1. BDI-II
2. ASIQ

The depression Inventory-second edition (BDI-II) is developed by Aaron T. Beck; Rober A. Steer; Gregory K. Brown (1996). It is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. The 21 depressive symptoms and attitudes chosen by Beck et al. (1961) for inclusion in the BDI were based on the verbal descriptions by patients and were not selected to reflect any particular theory of depression. These items were: Mood; Pessimism; Sense of failure; Self-dissatisfaction (anhedonia); Guilt; Punishment; Self-dislike; Self-accusations; Suicidal ideas; Body image change; Work difficulty; Insomnia; Fatigability; Loss of appetite; Weight loss; Somatic preoccupation; and Loss of libido. In general, the BDI-II requires between 5 and 10 minutes to complete. The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63.

**ASIQ: (Adult Suicidal Ideation questionnaire):**
The ASIQ is a self report measure designed to assess a specific aspect of suicidal behaviour-thoughts about suicide. It was designed to provide a reliable and valid estimate of an individual’s current level of suicidal ideation. It measures one aspect of suicidal behaviour-suicidal ideation. It consists of 25 items. Each item measures a specific suicidal behaviour or thought. The respondent rates each ASTQ item on a 7 point scale which assesses the frequency of occurrence with past month. The scale ranges from 0 (“I never had this thought”) to 6 (“almost every day). The raw ASTQ total score is obtained by summing the point values of the item responses.

**Procedures:**
The selected samples for the present study collected from different parts in Mizoram and administered BDI-II and ASIQ. The test was conducted in individual setting.

**Scoring of Test:** Hand scoring was done by using prescribed scoring keys for different tests.

**Statistical Analysis:**
Data can be analyzed quantitatively. The obtained data were processed to obtain the following information:
1. Mean and standard deviation of the males and females of all variables included in the study;
2. F-statistics for the comparisons of the male and females for all the variables.
3. Depression is the predictor variable of suicidal ideation of all the variables included in the Mizo-population.

**Result:**

**Table: I**

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>Standard error</th>
</tr>
</thead>
</table>

Mean, standard deviation of male and female on Mizo population on depression and suicide.
### Discussion:
The present study was discussed as follows:

From the result table-I, the mean value of depression between male and female are found 18.979 and 23.541 respectively and F value between groups (F=6.006) are found significant (from table II). The females have higher depression than the male counterparts in the present study. The mean value of suicidal ideation between male and female are found 16.536 and 29.208 respectively and F-value between groups (F=8.055) are found significant (from table-II). The females have higher suicidal ideation than the male counterparts.

From result table-III, it is evident that depression emerged as the significant predictor variable of suicidal ideations in Mizo population, the multiple R is .41 and it accounted 17% of the variance. The results clearly demonstrate that those Mizo-population who are having depression report greater level of suicidal ideation. In the present study, depression is found to have significant role with suicidal ideation. In a supported study Mehta et.al. (1997) found that gifted students experiencing significantly fewer life change events and suicidal ideation among the entire sample was significantly and positively related with level of depression and with levels of past and recent stress. In the present study, depression is to have a significant role with suicidal ideation.

### Conclusion:
From the present study, the investigator has concluded that it is very important to understand such variables in our day to day life. It gives a foundation to understand the mental health i.e., depression and suicidal ideation and its correlates between male and female in this population. So i, an investigator would like to suggest to do replication study expanding more data and more variables to acquire more knowledge in this area.

### Acknowledgement:
B.S. Vanalalvena ,for data collection (batch 2015-2017).

### References: