International Journal of Applied Research

Anjani Devi N
Assistant Professor,
Department of Mental Health,
Nursing, Narayana College of,
Nursing, Nellore,
Andhra Pradesh, India

Rajeswari H
Professor and HOD,
Department of Mental Health,
Nursing, Narayana College of,
Nursing, Nellore,
Andhra Pradesh, India

Bhopal Chandra V
Tutor, Department of
Pharmacology, Narayana
Medical College, Nellore,
Andhra Pradesh, India

Somesula Suchitra
Assistant Professor,
Department of Mental Health,
Nursing, Narayana College of,
Nursing, Nellore, Andhra
Pradesh, India

Lalitha N
Assistant Professor,
Department of Mental Health,
Nursing, Sree Narayana
Nursing College, Nellore,
Andhra Pradesh, India

Kalavathi B
Assistant Professor,
Department of Mental Health,
Nursing, Sree Narayana
Nursing College, Nellore,
Andhra Pradesh, India

Smitha PM
Professor, Department of
Mental Health, Nursing,
Narayana College of, Nursing,
Nellore, Andhra Pradesh, India

Correspondence Author:
Anjani Devi N
Assistant Professor,
Department of Mental Health,
Nursing, Narayana College of,
Nursing, Nellore, Andhra
Pradesh, India

Prevalence of anxiety and depressive symptoms among first degree relative's suicidal attempter's patients in tertiary care hospital at Nellore

Anjani Devi N, Rajeswari H, Bhopal Chandra V, Somesula Suchitra, Lalitha N, Kalavathi B and Smitha PM

Abstract
Emotion is a complex psycho physiological experience of an individual's state of mind as interacting with biochemical and environment influences in human, Emotion fundamentally involves physiological arousal, expressive behaviors and conscious experience. A quantitative descriptive approach was used for the present study and descriptive research design was used. The study was conducted in Narayana medical college & Hospital, Nellore. The sample for the present study includes First degree relatives of suicidal attempters who fulfill the inclusion criteria and simple random sampling technique was used for selecting subjects. The sample size selected for the study was 30 First degree relatives of suicidal attempters. Hamilton anxiety Hamilton depression scale it consisted of 14 items related anxiety depression questions and collected the data. The data was obtained from First degree relatives of suicidal attempters for about 30 minutes. Finally, the data was analyzed using descriptive and inferential statistics. Level of depressive symptoms 22 (73.33%) are having mild, 1 (3.33%) are having moderate, 0 (0%) are having sever. Whereas among Level of anxiety symptoms7 (23.33%) are mild, 0 (0%) are having moderate, 0 (0%) are having sever. The study concluded that there was more prevalence of depressive symptoms among first degree relative's suicidal attempter's patients in NMGH at Nellore.

Keywords: Prevalence of anxiety, depressive symptoms and relative's suicidal attempter's patients

Introduction
Emotion is a complex psycho physiological experience of an individual's state of mind as interacting with biochemical and environment influences in human, Emotion fundamentally involves physiological arousal, expressive behaviors and conscious experience. Emotion is associated with mood temperament, personality disposition &motivation. Motivation is direct and energized behavior while emotion provides the effective component to positive (or) negative behaviors.
Over 90% of people who die by suicide have a mental illness at the time of their death and the most common mental illness is depression. There are several causes and not just one for suicide. Many people die by suicide due to several negative life experiences.
Strictly speaking, suicidal means wanting to take one's own life or thinking about suicide without actually making plans to commit suicide. However, the term suicidal ideation is often used more generally to refer to having the intent to commit suicide, including planning how it will be done.
Anxiety can range from a feeling of unease at its mildest to a panic attack at the most severe and of the spectrum, characterized by an overwhelming sense of apprehension the expectation that something bad is happening or will happen.
Depression is one of the most common mental disorders experienced by people. Depression is not only prevalent disorder but it is also a pervasive problem. Depression is perhaps the most frequent cause of emotion suffering in life which significantly decreases quality of life of adults.
Care giving does not cause anxiety and depression. Everyone who provides, care experiences the negative feelings that go for anxiety and depression. But in an effort to provide care, caregivers often under emotional experiences which can strain even the most capable person.

That resulting feeling of anger, anxiety, sadness, isolation, exhaustion& then guilt for leads a heavy toll.

Unfortunately feelings of anxiety, depression are often seen as a sign of weakness rather than sign that something is out of balance Comments such as "snap out of it or it all in your head" are not helpful and reflect a belief that mental health concerns are not real. Anxiety & depression, economical disturbances, occupational burden will be more to the caregivers, their mental health states as decline automatically develop the anxiety & depression to the caregivers& their participation in caring of the patients is also decreased.

Caregivers of suicidal patients experience anxiety in different ways the type and degree of symptoms vary by individuals and can change over time.

Methodology
The methodology of research indicates the general pattern for organizing the procedure of getting valued and reliable data for an investigation. This deals with methodology adopted for the study. The research approach, research design the setting the population, sampling technique developing and description of tools data collection procedure and the plan for data analysis.

Research approach: A quantitative approach is adopted for this study.

Research design: The study is descriptive in nature

Setting of study: The study conducted at Narayana medical college general and super speciality hospital, Nellore. NMGH is situated at a distance of 1/4KM away from NCON urban are located in chinathareedy pallem. In NMGH totally 1450 bed hospital all facilities available, knowledge skill practices nurses are available. Study conducted on Emergency ward, ICU, burns ward, step down ward, admitted the suicidal attempters and the first-degree relatives

Population: The population of this study includes the first-degree relatives of suicidal attempters.

SAMPLE: First degree relatives of suicidal attempters who fulfill the inclusion criteria.

Sample size: A sample of 30 first degree relatives

Sample technique: The samples selected by using non probability convenient sampling technique.

Inclusion criteria
- First degree relatives of suicidal attempters staying for 6 months period
- Who can understand Telugu.

Development of the tool: With the help of extensive review from various text book, journals and websites, the tool was developed to assess the level of anxiety and depression in first degree relatives among suicidal attempters.

Investigator obtained permission from medical director of NMGH at Nellore. After getting content validity from the medical, nursing experts, the pilot study was conducted in NMGH at Nellore.

Description of tool
Part-I: Socio demographic variable such as age, education, occupation, income religion, type of family, family history of suicide.

Part-II: Hamilton anxiety Hamilton depression scale it consisted of 14 items related anxiety depression question.

Score interpretation
A structured interview scale was used to assess the anxiety and depression symptoms of first degree relatives among suicidal attempters. It consists of 14 items question each correct answer was given a score of one to 5 answer was given a score of zero.

The total score given was
- 10-13 mild depression.
- 14-17mild to moderate.
- >17 moderate to severe.
- 14-17 mild anxiety.
- 18-24 moderate anxiety.
- 25-30 severe anxiety.

Data collection procedure
The data collection procedure was done for a period of 6weeks. Permission was obtained to conduct study from the Narayana Medical College and general hospital medical superintend, nursing superintend. The sample was informed by the investigator about the nature and purpose of the study and then consent was obtained. Information is collected through clinical data and check list. Clinical data mainly consists of details about the type of anxiety and depression.

Data analysis
The data was analyzed in terms of objectives of the study by using descriptive tool and inferential statistical method.

The descriptive data was assessed by using Mean, Median, and Standard Deviation. Inferential statistics was done by using chi square.

Results
Presentation of data
The data was organized and presented under the following sections.

Section-I
Frequency and percentage distribution of socio demographic variables of anxiety and depressive symptoms among first degree relative's suicidal attempters patients

Section-II
Level of anxiety and depressive symptoms among first degree relatives suicidal attempters patients

Section-III
Mean and standard deviation of anxiety and depressive symptoms among first degree relatives suicidal attempters patients

Section IV
Association between the anxiety symptoms among first degree relatives suicidal attempters patients.
Association between the depressive symptoms among first degree relatives suicidal attempters patients.

Section-I

Frequency and percentage distribution of socio demographic variables of anxiety and depressive symptoms among first degree relative's suicidal attempter's patients

- Age15 (50%) are between 30-45 years, 15 (50%) are between 46-60 years of age.
- Gender 25 (83%) are male, 5 (17%) are female.
- Type of family30 (100%) are nuclear, 0 (0%) are joint.
- Residency 15 (50%) are urban, 15 (50%) are rural.
- Religion 9 (30%) Hindu, 15 (50%) are Muslim, 6 (20%) are Christian.
- Family income per month5 (17%) 4000-7000, 9 (30%) are 7001-10000, 11 (37%) are 10001-15000, 5 (17%) are above 15001.
- Type of relationship 7 (23%) are mother, 5 (17%) are father, 12 (40%) are brother/sister, 6 (20%) are son/daughter.

Section-II

Level of anxiety and depressive symptoms among first degree relatives suicidal attempters patients

Level of anxiety and depressive symptoms	Mild	Moderate	Sever	Total
Depression	22 (73.33%)	1 (3.33%)	0 (0%)	30
Anxiety	7 (23.33%)	0 (0%)	0 (0%)	(100%)

Table No: 1 Shows that with regard to Level of depressive symptoms22 (73.33%) are having mild, 1 (3.33%) are having moderate, 0 (0%) are having sever. Whereas among Level of anxiety symptoms7 (23.33%) are mild, 0 (0%) are having moderate, 0 (0%) are having sever.

Section-III

Mean and standard deviation of anxiety and depressive symptoms among first degree relative's suicidal attempters patients

Sample categories	Mean	Standard deviation
Depression	2.63	0.7
Anxiety	3.73	0.58

Table No: 2 shows that mean value of depression is 2.63 and standard deviation is 0.7 and the mean value of anxiety is 3.73 and standard deviation is 0.58.

Section IV

Association between the depressive symptoms among first degree relatives suicidal attempters patients

- In association with age the calculated value is 1.37 and the table value is 5.99 the calculated value is lesser than the table value. So there is no significance.
- In association with gender the calculated value is 1.01 and the table value is 5.99 the calculated value is lesser than the table value. So there is no significance.
- In association with residence the calculated value is 1.37 and the table value is 5.99 the calculated value is lesser than the table value. So there is no significance.
- In association with religion the calculated value is 11.57 and the table value is 9.49 the calculated value is greater than the table value. So there is significance.
- In association with family income per month the calculated value is 6.95 and the table value is 12.59 the

calculated value is lesser than the table value. So there is no significance.
- In association with type of relationship the calculated value is 6.26 and the table value is 12.59 the calculated value is lesser than the table value. So there is no significance.

Association between the anxiety symptoms among first degree relatives suicidal attempters patients

- In association with age the calculated value is 5.05 and the table value is 5.99 the calculated value is lesser than the table value. So there is no significance.
- In association with gender the calculated value is 2.64 and the table value is 5.99 the calculated value is lesser than the table value. So there is no significance.
- In association with residence the calculated value is 5.05 and the table value is 5.99 the calculated value is lesser than the table value. So there is no significance.
- In association with religion the calculated value is 2.27 and the table value is 9.49 the calculated value is lesser than the table value. So there is no significance.
- In association with family income per month the calculated value is 7.49 and the table value is 12.59 the calculated value is lesser than the table value. So there is no significance.
- In association with Type of relationship the calculated value is 5.71 and the table value is 12.59 the calculated value is lesser than the table value. So there is no significance.

Discussion

The aim of the present study is study to determine the prevalence of anxiety and depressive symptoms among first degree relative's suicidal attempters patients in NMGH at Nellore''

The present study supported by Chessick CA (2009) conducted a study, Suicidal ideation and depressive symptoms among bipolar patients as predictors of the health and well-being of caregivers. Patients (N =500) participating in the Systematic Treatment Enhancement Program for Bipolar Disorder and their primary caregivers (N =500, including 188 parental and 182 spousal caregivers) were evaluated for up to one year as part of a naturalistic observational study. Caregivers' perceptions of their own physical health were evaluated using the general health scale from the Medical Outcomes Study 36-item Short-Form Health Survey. Caregivers' depression was evaluated using the Center for Epidemiological Studies of Depression Scale. I conclude that most of the care givers stay in hospital may develop some stress related symptoms like anxiety and depression symptoms. In my study Level of depressive symptoms 22 (73.33%) are having mild, 1 (3.33%) are having moderate, 0 (0%) are having sever. Whereas among Level of anxiety symptoms 7 (23.33%) are mild, 0 (0%) are having moderate, 0 (0%) are having sever.

Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia Prevalence of depression and its associated factors among primary caregivers of patients with

severe mental illness in southwest, Ethiopia Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia

The present study supported by Habtamu Derajew (2017) [2] conducted a study Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia. Conducted descriptive analyses, logistic regression analysis was finally used for bivariate and multivariable analysis. Result. The overall prevalence of depression among primary caregivers of patients with mental illness was 12 (19%). Out of those caregivers with depressions, 11.3, 3.5 and 4.2% had moderate, moderately severe and severe types of depression respectively. The prevalence of depression among female primary caregivers was 25% (n = 40). Being single (aOR 2.62, 95% CI = 1.07, 6.41), giving care more than six hours per day (aOR 3.75, 95% CI = 1.51, 9.33) and caring for a patient who had more than once episodes of suicidal attempts (aOR 1.48, 95% CI = 1.07, 3.42) were positively associated with depression among caregivers of patients with mental illness. Conclusion we found that the prevalence of depression among primary caregivers was high.

Summary

A quantitative descriptive approach was used for the present study and descriptive research design was used. The study was conducted in Narayana medical college& Hospital, Nellore. The sample for the present study includes First degree relatives of suicidal attempters who fulfill the inclusion criteria and simple random sampling technique was used for selecting subjects. The sample size selected for the study was 30 First degree relatives of suicidal attempters. Hamilton anxiety Hamilton depression scale it consisted of 14 items related anxiety depression questions and collected the data. The data was obtained from First degree relatives of suicidal attempters for about 30 minutes. Finally, the data was analyzed using descriptive and inferential statistics.

Conclusion

The study concluded after completion of the study to determine the prevalence of anxiety and depressive symptoms among first degree relatives suicidal attempters patients in NMGH at Nellore. It was inferred that there was more prevalence of depressive symptoms among first degree relatives suicidal attempters patients in NMGH at Nellore.

Reference

1. Chessick CA, Perlick DA, Miklowitz DJ, Dickinson LM, Allen MH, Morris CD *et al*. STED-BD Family Experience Collaborative Study Group. Suicidal ideation and depressive symptoms among bipolar patients as predictors of the health and well-being of caregivers. Bipolar Disord. 2009; 11(8):876-84.
2. Derajew, Habtamu, Tolessa, Daniel, Feyissa, Garumma *et al*. Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia. BMC Psychiatry. 2017; 17:88-95.
3. Johnesivam. Angry Is Not an Emotion; A Disturbance in Emotion. Wordpress online, 2018. Available from https://onemantrust.wordpress.com/2018/02/28/angry-is-not-an-emotion-a-disturbance-in-emotion.
4. Kevin Caruso. Suicide Causes. Suicide online, 2019. Available from http://www.suicide.org/suicide-causes.html.
5. Family Caregiver Alliance. Caregiver Depression: A Silent Health Crisis, 2019. Available from https://www.caregiver.org/caregiver-depression-silent-health-crisis.