Assessment of the quality of life among suicide survivors and the risk factors in the West Bank.

Prepared by: Mohammad Jameel Naim Miri

Supervisor: Dr. Salam AL-Khatib

Abstract

Suicide is the leading cause of death, accounting for 1.4% of all deaths worldwide. Because of the continuing increase in suicide attempts of survivors throughout the world, the Arab world, and Palestine, this study aimed to assess the quality of life and the extent of the trend of trying to end one's life among suicide survivors among people in the West Bank who were registered in the Palestinian Family Protection program from 2014-2018. It also aimed to identify the risk factors leading to the suicide attempt in order to highlight the protective factors against this phenomenon among the Palestinians.

The researcher used the descriptive approach. Purposive sampling was used in targeting the sample of (100) respondents of both sexes distributed in (20) centers in the West Bank. The researcher used the Quality of Life Index prepared by the World Health Organization in the year (1996) and Arabized and developed by Ahmed (2008). The statistical analysis of the data was carried out using the descriptive statistics through the SPSS program, and by extracting the numbers, percentages, frequencies, computational averages, standard deviations of the study sample, and their responses to the quality of life test. The following analytical statistical tests were used: T-test (independent T-test), LSD test, One-Way Analysis of Variance (ANOVA), which was also used to calculate the stability of the Cronbach alpha test.

The study found that the lowest quality of life for individuals who survived suicide according to demographic variables was in the southern West Bank (Mean 2.30). In terms of the place of residence, the lowest quality of life was among the villagers (mean 2.28), and the lowest quality was between the ages of (18-24) years (Mean 2.12) . Suicide among females compared to males by 3:1. it was also found that the lowest quality of life was among the widows (Mean 2.28), and those with a preparatory level of education (Mean 2.26) and low monthly income between 110-2000 NIS (Mean 2.28).

The study found a number of risk factors that contributed to the suicide attempt, such as chronic diseases, accounted for (21%) of the study participants. Fifty-four percent of the participants suffered from psychological problems. Psychological problems were respectively (35.2%) for depression, (29.9%) for anxiety, (16.6%) for psychological stress, (7.4%) for frustration, (7.4%) for schizophrenia, (1.9%) had obsessive compulsive disorder and eating disorders. It was found that the largest number of participants in the current study were registered at the Ministry of Health's clinics, accounting for (23.1%), (20.1%) were registered at UNRWA clinics, (15.4%) were visitors of a private doctor's clinic, (12.8%) of the sample population were visitors of the Center for Victims of Torture and the Center for Training and Guidance for Children and Families in Bethlehem, (7.7%) of the participants were treated at Halhul Center for Mental Health, (5.1%) were registered at Klalit Clinic in Jerusalem, and the lowest proportion of the sample, (2.6%) were registered at the Mental Health Clinic in Qalandia Refugee Camp. The study also found that the treatment methods used by the participants were varied; the most was psychotropic medication, used by (35.9%) of the participants, followed by individual counseling, which accounted for (33.3%) of the participants, then family counseling, chosen by (17.9%) of the participants, followed by (10.3%) who took part in therapeutic groups, and finally the lowest rate, (2.6%), took part in ventilation groups. The treatment period for the study participants that was the highest was one year, which was chosen by (58.9%) of the participants, followed by (15.1%) who continued treatment for three years, then (10.3%) who continued treatment for two years, followed by (5.1%) of the participants who continued treatment for five years, and (5.1%) of the participants who continued treatment for ten or more years. The smallest number of participants, (2.6%), continued treatment for six to eight years. The study also showed that the majority of participants, (61%), did not receive psychiatric treatments and services, and the smallest proportion, (39%), attended treatment services. This is possibly because they believed that the psychological treatment was ineffective for solving their psychological problems; to avoid social stigma of mental illness; lack of information about places that provided such services and low socio-economic status which was considered the main reason for not seeking treatment. In addition to their belief that their problems were caused by magic. Furthermore, the study revealed high level of feelings of sadness and despair among the participants, repeating suicidal attempts for more than once, the link between the presence of suicide ideation and suicide plan with the suicide attempts. It also found that alcohol use and drug addiction were not risk factors for the attempts as the study found that (86%) of the participants did not use alcohol and addictive drugs.

The results of the study found that the level of quality of life was low (Mean 2.23) and its indicators with mean averages as follows: General Health Quality Index (Mean 2.32), Family Relations Quality Index (Mean 2.30), Mental Health Index (Mean 2.35), Professional Satisfaction Index (Mean 2.33) among individuals who have attempted suicide in the past, which confirms that suicide attempt negatively affects the quality of life of individuals. Accordingly, the study recommends the need for providers to play an

effective role to deliver psychological services focused on change and improvement in quality of services. These steps may contribute to reducing or preventing a suicide attempt from occurring again. The study concluded that there are multiple risk factors for a suicide attempt, such as personal, social, economic, and service factors. The understanding and knowledge of psychologists and decision-makers in these factors will contribute to a comprehensive and more effective assessment of the risks of suicide as well as the development and delivery of prevention and treatment programs to prevent suicide attempts.