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Determinants of Suicidal Ideation among Persons with Hearing Impairment in Federal College of Education (Special), Oyo

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Abstract

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The study investigated the determinants of suicidal ideation among persons with hearing impairment. Depression, Anxiety and Stress were investigated as the determinants of suicidal ideation at Federal College of Education (Special) Oyo, Nigeria. One hundred respondents participated in the study. Two research instruments were used for data collection. Two research questions were raised to guide the study. Descriptive statistics of mean standard deviation and multiple regressions were used for data analysis. The results obtained indicate that Depression, Anxiety and Stress had a significant relationship on suicidal ideation. The second research question showed that females with hearing impairment are more prone to suicidal ideation. Based on the findings, it was recommended that the Nigerian government should provide mental health services for persons with hearing impairment and higher proportion of females should be encouraged to access mental health services to avoid suicidal ideation.

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Keywords: Depression; Anxiety; Stress; Suicidal Ideation; Hearing Impaired Persons.

1. Introduction

Suicidal Ideation among the hearing-impaired concerns thinking about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting to extensive thoughts, to detailed planning, role play (e.g. standing on a chair with a noose around the neck) and incomplete attempts which may be deliberately constructed to fail, or to be discovered or may be fully intended to result in death, but the individual survives. Most people who undergo suicidal ideation do not go on to make suicide attempts but it is considered a risk factor. Suicidal Ideation is generally associated with depression and other mood disorders. It seems to be associated with many psychiatric disorders.



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Traumatic life and family events may increase the risk of suicidal ideation. It can also be said that suicidal ideation has a borderline with personality disorder.

Healthy place (2009) gives two types of suicidal thoughts namely; Passive and Active suicide thoughts. Passive suicidal thoughts are those where the individual wishes that someone would kill him while active thoughts are those where the individual wishes to die and he plans his death. Research has shown that a large number of patients with borderline personality disorder have attempted suicide.

Nordquist (2014) indicated that Suicidal Ideation are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself. With regard to persons with hearing impairment, the majority who experience suicidal ideation do not carry it through, although some may attempt suicide. Some suicidal ideations can be deliberately planned to fail or to be discovered, while others might be carefully planned to succeed in death. Persons with hearing impairment who experience suicidal ideation and those who make suicide plans are obviously, at increased risk of suicide attempts, and people who experience all forms of suicidal thought and behaviour are at greater risk of complete suicide.

In the Australian National Survey of Mental Health and Well Being, suicidal ideation was predicted as follows: younger age, being currently unmarried, not being in the workforce, lifetime anxiety and substance use disorders, after controlling for depression as the strongest predictor of suicidal ideation (Kerry et al. 2014). Such predictors indicate the presence of mental disorder among people with suicidal ideation.

Mental health challenges or mental disorders for persons with hearing impairment can result from hearing loss. Hearing loss can also result in a variety of additional mental health-related complaints for people who are hard of hearing and for those who frequently interact with them. Matthews (2011) gives the following examples of mental health issues that can be caused or exacerbated by hearing loss:

- | | | |
|---------------|---|--|
| Emotional | - | depression, anxiety, guilt, anger |
| Cognitive | - | low self-esteem, worry, inattentiveness |
| Interpersonal | - | withdrawal, bluffing, argumentative |
| Behavioural | - | Self-limitation of activities, substance abuse |
| Physical | - | fatigue, stress reactions, eating disorders. |

Depression, stress and anxiety are among the psychological problems that are common among persons with hearing impairment. Steinberg and Darling (1994) mentioned that 50% of university students who consulted mental health services complained of difficulties in studying, anxiety, tension and depression. They reported that these conditions contributed to poor grades in their courses. Depression, anxiety and stress were found to be interrelated. Depression accounts for the largest proportion of the burden associated with all mental and neurological disorders and it is predicted to be the second leading cause of global burden of disease by 2020 (WHO, 2002). Rates of depression vary markedly between countries, and despite the high prevalence rate of depression, less than half the patients with depression related disorders are likely to be identified by their doctors in primary care settings. Comorbidity is associated with mental illness of increased severity, higher levels of disability and higher utilization of services.

Depression is a common emotional reaction to any loss, and hearing impairment can involve a number of losses. The primary loss involves the reduced ability to hear and communicate successfully or on equal terms, resulting in interpersonal difficulties. Another loss is related to status and career possibilities that may suffer from the perception that important work related skills are affected by the loss. Depressed, hard-of-hearing persons may experience fear, anger with themselves, self-reproach, self-loathing, guilt, incompetence, unworthiness, and sadness. They may see the future as negative and hopeless, with decreased initiative or energy to live an active life. At worst, thoughts of suicide can occur. The prejudices that are unfortunately often associated with hearing loss can exacerbate low self-esteem. Adults with hearing loss may be stigmatised as a nuisance, dim and troublesome. People who are hard of hearing may internalise such prejudices, and their self-esteem can take a severe beating. The resulting emotional strain can trigger a depressive exhaustion, more so if a solution cannot be found on how to overcome these issues. As it becomes more difficult to understand and respond in conversations, such people may increasingly isolate themselves and sink deeper into a depressive state, which may lead to suicidal ideation.

Persons with hearing impairment can also experience stress in terms of occupation and academic pursuit. Stress is the body reaction to changes that requires a physical, mental or emotional adjustment or response. Stress can come from any situation or thought that makes someone feel frustrated, angry, nervous or anxious. Ogunwale (2013), opines that everybody has to cope with changes not only with regard to individual behaviour but also organizational. Stress has become a worldwide phenomenon. Employees are generally working for longer hours as the rising levels of responsibilities require them to exert themselves even more strenuously to meet rising expectations about work performance. In such a scenario, persons with hearing impairment who cannot listen to many instructions at a time will be at a serious disadvantage. Being in such situations can severely affect a person's mental health.

For students, stress is mental distress with respect to some anticipated frustration associated with academic failure or even unawareness to the possibility of such a failure. Students with hearing impairment have to face many academic demands, for example, examinations, answering questions in the class, participating in group projects and so on. Omolara (2008) describes stress as the adverse psychological and physiological changes that occur in individuals as a result of their inability to cope with the demands made on them. Persons with hearing impairment experience stress due to interaction at the work environments. David and Trehub (1989) reported that the mental health of persons with hearing impairment may be influenced by many factors such as the onset of hearing loss, provision of mental health services, social factors and age.

Anxiety may also determine suicidal ideation among persons with hearing impairment. Egwuonwu and Olonade (2014) in their work indicated that self blame, anxiety and depression can determine suicidal ideation among tertiary students. Inder et. al (2014) reported that anxiety is one of the major determinants of suicidal ideation among persons with hearing impairment.

According to WHO (2008) gender is a significant determinant of mental well-being and mental illness that is closely related to the gaps caused by other important socio-economic factors such as income, employment and social position. Gender, in association with other factors, can be considered a

primary factor that can explain potential susceptibility and exposure to mental health risks and mental health outcomes.

In the overall prevalence of mental and behavioural disorders, there are significant differences in the patterns and symptoms of the disorders. These differences vary across age groups. In childhood, most studies report a higher prevalence of conduct disorders, for example with aggressive and antisocial behaviours, among boys than in girls. During adolescence, girls have a much higher prevalence of depression and eating disorders, and engage more in suicidal ideation and suicide attempts than boys. Boys experience more problems with anger, engage in high risk behaviours and commit suicide more frequently than girls. In general, adolescent girls are more prone to symptoms that are directed inwardly, while adolescent boys are more prone to act out. In adulthood, the prevalence of depression and anxiety is much higher in women, while substance use disorders and antisocial behaviours are higher in men. In the case of severe mental disorders such as schizophrenia and bipolar depression, there are no consistent sex differences in prevalence, but men typically have an earlier onset of schizophrenia, while women are more likely to exhibit serious forms of bipolar depression.

WHO (2002), found out that a large number of studies provide strong evidence that gender based differences contribute significantly to the higher prevalence of depression and anxiety disorders in girls and women when compare to boys and men. The feeling of a lack of autonomy and control over one's life is known to be associated with depression. Socially, gender determines norms, roles and responsibilities place women, far more frequently than men, in situations where they have little control over important decisions concerning their lives. Globally, and there is a strong association between being sexually abused in childhood and the presence of multiple mental health problems later in life.

It is also reported that mental health complaints of many people who are hard of hearing are due to the communication problems related to their hearing loss. Helping this group of people to learn strategies for preventing and reducing communication breakdown will accomplish two things. First, it will increase treatment accessibility, i.e. they will understand more of what is being said during treatment sessions. Second, it will allay that portion of their distress that is related to their communication difficulties.

2. Statement of the Problem

Persons with Hearing Impairment are engaging in risky behaviours, seeming to be unable to experience pleasurable emotions from normally pleasurable life events, seeming to have severe remorse and can even be signing that he wants to kill himself, or expressing regret about being alive. Thus, there is need to investigate how the problems can be ameliorated. Undoubtedly, this is a problem worthy to be investigated to promote integration of persons with Hearing Impairment to the society. Literature on Suicidal Ideation on persons with hearing impairment is not easy to come by. Hence, researcher feels like investigating the study among persons with Hearing Impairment.

3. Purpose of the Study

The broad objective of this study is to examine the extent to which depression, anxiety and stress determine suicidal ideation among persons with hearing impairment. Specific objectives are:-

1. Investigated the relationship between independent variables (depression, anxiety and stress) to the determinants of the dependent variables. (Suicidal Ideation).
2. To determine whether males with hearing impairments are more prone to depression, anxiety, stress and suicidal ideation compared to their female counterparts.

4. Significance of the Study

It is a fact from the studies conducted so far, on suicidal ideation that deaf individuals are having psychiatric disorder and sometimes encountering difficulties in accessing mental health services and so it is important for the researcher to examine Depression, Anxiety and Stress as the risk factor that can cause suicidal ideation which will make them access mental health services in their community. The study is meant to serve as an eye opener for persons with hearing impairment to know the variables that will inform them on their mental health condition.

Further, the study is significant to inform the society that person with hearing impairment can have depression, anxiety, stress and suicidal ideation. Those identified having Depression, Anxiety, Stress will be referred to clinic in their community. The study would serve as a data bank for future; researcher and policy formulation by government.

5. Scope

This is limited to Federal College of Education (Special), Oyo.

6. Research Questions

1. Is there a relationship between depression, anxiety and stress on Suicidal Ideation in participant with hearing impairment?
2. Do females with hearing impairment experience more/a greater extent of depression, anxiety and stress compared to males with hearing impairment?

7. Methods

7.1 Design

This study adopted a descriptive research of correlation type to investigate the determinants of suicidal ideation among persons with hearing impairment.

7.2 Population

The population involves persons with Hearing Impairment.

7.3 Sample and Sampling Techniques

The sample comprised 100 persons with hearing impairment in Federal College of Education (Special) Oyo. The sample consists of 47 males and 53 females. A purposive sampling technique was used for the selection of the sample.

7.4 Instruments

The following instruments were used:

- a) Depression Anxiety Stress Scale (DASS) (University of New South Wales)
- b) Suicidal Behaviour Questionnaire revised by Osman et al. (2001).

7.5 Data analysis

Data collected were analysed using descriptive statistics of mean, standard deviation and multiple regression at 0.05 level of significance.

8. Results

Research question one:-

Table 1 – The relationship between depression, anxiety and stress on suicidal ideation.

R = 0.357

R square = 0.209

Adjusted R square = 0.205

Table 1. The relationship between depression, anxiety and stress on suicidal ideation

<i>A.1. Model</i>	<i>A.2. Sum squares</i>	<i>of</i>	<i>A.3. DF</i>	<i>A.4. Mean Square</i>	<i>A.5. F</i>	<i>A.6. S.g</i>
<i>A.7. Regression</i>	<i>A.8. 849.862</i>		<i>A.9. 3</i>	<i>A.10. 283.287</i>	<i>A.11. 24.78</i>	<i>A.12. .000</i>
<i>A.13. Residual</i>	<i>A.14. 1086.045</i>		<i>A.15. 95</i>	<i>A.16. 11.432</i>	<i>A.17.</i>	<i>A.18.</i>
<i>A.19. Total</i>	<i>A.20. TOTAL</i>		<i>A.21. 98</i>	<i>A.22.</i>	<i>A.23.</i>	<i>A.24.</i>

Table 1 shows that the multiple correlation coefficient (R) indicating the relationship between depression, anxiety and stress on suicidal ideation in participants with hearing impairment is 0.357, while the adjusted R square is 0.205. This implies that depression, anxiety and stress accounted for 20.9 percent variance in suicidal ideation of participants with hearing impairment. Further, verification

using regression analysis of variance (ANOVA) produced $F(3,95) = 24.78, p < 0.05$. This implies that depression, anxiety and stress does have a relationship with suicidal ideation of participants with hearing impairment.

Table 2. Depression, Anxiety and Stress and suicidal ideation experience of male and female participants with hearing impairment

<i>A.25. Gender</i>	<i>A.26. N</i>	<i>A.27. Df</i>	<i>A.28. Mean x</i>	<i>A.29. S.D</i>	<i>A.30. Critical</i>
<i>A.31. Male</i>	<i>A.32. 47</i>	<i>A.33. 98</i>	<i>A.34. 33.57</i>	<i>A.35. 3.47</i>	<i>A.36.</i>
<i>A.37. Female</i>	<i>A.38. 53</i>	<i>A.39.</i>	<i>A.40. 49.63</i>	<i>A.41. 5.13</i>	<i>A.42.</i>

Table 2 shows that the mean score of male participants with hearing impairment is 33.57 and the mean score of female participants with hearing impairment is 49.63. The mean of female participants is greater than the mean of male participants. This implies that the female participants experienced greater depression, anxiety, stress and suicidal ideation than the male participants

9. Discussion

The results obtained from Table 1 indicate that depression, anxiety and stress does have a significant relationship with suicidal ideation. This means that suicidal ideation can indeed be determined by depression, anxiety and stress. This indicates that each of these independent variables had a significant relationship with the dependent variable that is suicidal ideation. These findings corroborate the result of research carried out by Slade et al. (2007) which showed that (young) age, being unmarried, not being in the workforce, anxiety and substance use disorder after controlling for depression are the strongest predictors of suicidal ideation. The indication is that feeling of a lack of autonomy and control over one’s life, anxiety about the future and mental distress especially associated with academic failure determines suicidal ideation.

The result obtained from the data for the second research question showed that females with hearing impairment are more prone to suicidal ideation than their male counterpart. This implies that females with hearing impairment experience more depression, anxiety, stress and suicidal ideation than males with hearing impairment. The results obtained is in line with the findings of World Health Organization (WHO 2002) that reported a higher prevalence of depression and anxiety disorders in girls and women than boys and men. Busari (2011) also reported that stress also contributes to major health hazards and problems both physical and mental stress related disease.

Generally speaking, Slade et al. (2007) reported that anxiety disorder was strongly associated with increased odds of lifetime suicidal ideation. They added that gender related psychiatric disorder and psychological distress are associated with suicidal ideation. This implies persons with hearing impairment in this study do exhibit depression, anxiety, stress and suicidal ideation.

10. Conclusions and Recommendations

The result showed that persons with hearing impairment in this study do exhibit depression, anxiety, stress and suicidal ideation and that the females with hearing impairment experience more depression, anxiety, stress and suicidal ideation compared to their male counterparts.

Recommendations are as follows: (1) the Nigerian government should provide mental health services to persons with hearing impairment. (2) Persons with hearing impairment should be encouraged to access mental health services to recognise the predictors and hence avoid suicidal ideation. (3) Social interpersonal communication activities should be included in school curriculum. (4) Suicidal Ideation can be prevented if persons with hearing impairment access mental health services early and promptly.

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