

論 文 要 旨

自殺未遂者の家族における
メンタルヘルス状態の経時的変化

Changes in Mental Health of Family
Members of Suicide Survivors

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Purpose

Families of suicide attempters are significantly affected by the shock of the attempt and require timely provision of care. However, support for family members has not been established.

The purpose of this study was to examine the mental health status of the family members of suicide attempters and observe changes in their mental health over a period of one and a half years, in order to guide the direction of support for family members. We believe that this clarification of the changes in mental health of the family members of suicide attempters will lead to a better understanding of their mental status and also help provide suggestions for the establishment of support methods.

Methods

I. Research design

A qualitative descriptive research method was employed to clarify the mental health status of family members of suicide attempters and observe changes in their mental health. Quantitative data were used as supportive data for qualitative analysis.

II. Definition of terms

Attempted suicide: A state of self-harm with the intention of committing suicide or with the understanding that the act is lethal, resulting in survival without death.

Mental health status: It refers to the mental and behavioral problems that may affect the mental and physical health, social life, and quality of life of the family members of suicide attempters, such as stress, strong worries, and anxiety.

III. Study participants

Participants in the study included family members of suicide attempters who agreed to participate in the "Multidisciplinary Assertive Case Management Intervention" (Action-J) at W General Hospital.

IV. Data collection methods:

1. Data were collected through interviews. An unstructured interview lasting 60 minutes was scheduled, in which family members were asked to speak freely about their concerns, problems, and psychological situation. The interview was not recorded in consideration of the family's state of mind, but notes were made with their consent immediately after the interview. Totally, a minimum of seven interviews were conducted: the first interview, the first month after the first interview, second month, third month, sixth month, first year, and one and a half year; more interviews were conducted if deemed necessary.
2. Assessment of family mental health and measurement of emotions toward suicide attempters. The 8-Item Short-Form Health Survey (SF-8) was used to assess mental health, and the Family Attitude Scale (FAS) was used to measure the family members' feelings toward the suicide attempters. Measurements were taken at five time points: first month, third month, sixth month, first year, and one and a half year later.

V. Methods of analysis

1. Methods of analysis: Data from the interviews. 1) Data from each interview were coded for each participant. The same analysis was conducted for each interview after the second interview, and the contents that appeared in the previous interview were given the same name. 2) The categories of all participants were sorted in terms of similarity, and themes expressing the mental health status of the family members of suicide attempters were generated. 3) For each participant, we identified the interview sessions at which those themes appeared.

2. Mental health assessment and emotion measurement: 1) The SF-8 produced a physical summary score (PCS) and a mental summary score (MCS), and judged that the health level worsened when the cutoff value was less than 50 points of the national standard value. 2) The expression of negative emotion toward suicide attempters was judged as high when the FAS cutoff value was 60 points or more.

VI. Ethical considerations

The study was conducted with the approval of the Ethics Committee of the Faculty of Nursing and Social Work, Graduate School of Nursing and Social Work, Hokkaido University of Medical Science (Approval No. 16N036034) and the cooperating institution (Approval No. 28-2-39).

Results

I. Overview of study participants:

The study participants were three women in their 60s: Mrs. A (wife of Patient D), Mrs. B (daughter of Patient D), and Mrs. C (daughter of Patient E). The average duration of each interview was 60 minutes, ranging from 45 to 80 minutes.

II. Data from Interviews

1. Data from the interviews: totally, 11 categories were extracted for Mrs. A, 14 for Mrs. B, and 17 for Mrs. C. The data were used to determine the number of interviews conducted with the family members of suicide attempters. From these, themes of mental health status held by family members of suicide attempters were generated. "Difficulty accepting suicide attempt" indicated a difficulty in accepting a suicide attempt, and appeared in most of the interviews for Mrs. C. "Negative feelings toward the patient" indicated negative feelings toward the patient, and appeared in most of the interviews for Mrs. B. Similarly, negative feelings toward the patient, although initially suppressed, appeared intermittently after the first month for Mrs. B and from 2 to 18 months for Mrs. C. "Regret for one's own attitude" referred to regret for not confronting the patient before the suicide attempt, and appeared intermittently in all interviews for Mrs. A and in the 9th month for Mrs. C. "Regret for one's own attitude" was observed in all interviews for Mrs. A, and intermittently in the 9th month for Mrs. C. "Concerns arising from the patient-family member relationship" represented

conflicts and concerns about the relationship between the patient and family members, and appeared in the 16th month for Mrs. A and in the 1st month or later for Mrs. B. “Concerns arising from the patient-family member relationship” was a reflection of the patient's regret for not confronting the patient prior to the suicide attempt. “Distress arising from the relationship with relatives” indicated distress about the relationship with relatives, which was further aggravated by the suicide attempt, and appeared in the 1st, 3rd, and 18th months for Mrs. A, and in the 2nd and 6th month for Mrs. B. “Distress arising from the relationship with relatives” indicated distress about the relationship with relatives, which was further aggravated by the suicide attempt. The “reappraisal of the patient's stressful situation” indicated the patient's reappraisal of the situation before the suicide attempt, which appeared intermittently until the 16th month in Mrs. A, the first time in Mrs. B, and from the 4th to the 12th month in Mrs. C. The “reappraisal of the patient's stressful situation” indicated the patient's reappraisal of the situation before the suicide attempt. The “awareness of positive aspects of the patient” indicated an attitude of focusing on the positive aspects of the patient, which appeared intermittently from the 2nd to 18th month in Mrs. A, from the 1st to 18th month in Mrs. B, and after the 6th month in Mrs. C. “Positive change in own involvement” indicated a change in the patient's perception and positive attitude toward their own thoughts and involvement, which appeared intermittently from the 3rd month for Mrs. A, from the 6th month for Mrs. B, and from the 3rd month for Mrs. C. “Positive change in own involvement” indicated a change in the patient's perception and positive attitude toward his own thoughts and involvement. The “reduction of burden caused by suicide attempt” indicated that the sense of burden caused by the suicide attempt was reduced over time and through changes in the environment; it appeared intermittently after the 3rd month for Mrs. B, and after the 10th month for Mrs. C. “Positive change in patient-family member relationship” indicated that the relationship between the patient and family members underwent a positive change; it appeared intermittently after the 1st year for Mrs. A and after the 3rd month for Mrs. B.

2. Mental health evaluation and emotion measurement: (1) SF-8: PCS was 45 at the first time and 3 months for Mrs. A, and almost 50 after 6 months for Mrs. B. PCS was 47 at the first time and 6 months, and almost 50 or more thereafter for Mrs. C; 50 or more for Mrs. A and not more than 50 for Mrs. B. MCS was not more than 50 for Mrs. A. MCS was not more than 50 for Mrs. C. Mrs. B's MCS was low in the 1st and 3rd months and was 47 or higher in the 6th month and thereafter, but never 50 or higher. (2) FAS: Mrs. A and Mrs. B scored 67 and 60 points, respectively, for the first time, but Mrs. C did not score above the cutoff of 60 points.

Discussion

The extracted themes were categorized into negative attitudes/negative emotions and

positive attitudes/positive emotions. The themes included “the impact of the suicide attempt that cannot be wiped away,” “negative feelings toward the patient,” “negative feelings toward oneself,” and “deterioration of family relationships triggered by the suicide attempt.” Focusing on the changes over time in positive attitudes/positive emotions, it was found that “the impact of the suicide attempt that cannot be removed” continued to persist. In contrast, regarding negative attitudes/negative emotions “negative feelings toward the patient” were “neutralized” by the appearance of a positive attitude, and “negative feelings toward myself” were “overcome” by “positive changes in my relationship” that “changed the way I felt” and “my sense of values.” The “deterioration of family relations triggered by the suicide attempt” was interpreted as a change in which both the suicide attempter and family members were seen to approach each other, resulting in a “convergence” of the relationship.