The role of family functioning in suicide risk

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INTRODUCTION

Family functioning is defined as the adaptability to changes and the flexibilty, cohesion and communication skills within the family (Echarri et al., 2018). The way these elements combined with each other can be more or less balanced and dysfunctional, as conceptualized in the Circumplex Model (Olson et al., 1979; 2006).
Many studies have examined the association between family and suicide risk. Results showed that suicide attempters report higher levels of family dysfunction than nonsuicidal individuals (McDermut et al., 2001; Berutti et al., 2016).

METHODS

This cross-sectional study is based on a sample of 100 inpatients at the Psychiatric Unit of Sant'Andrea Hospital, with a psychiatric diagnosis (evaluated with SCID I) and with suicidal ideation and/or suicide attempts. Patients were evaluated using the Family Adaptability and Cohesion Evaluation Scales (FACES-IV; Olson et al., 2011) which measures 8 different factors as conceptualized by Olsen's model (*balanced flexibility, balanced cohesion, disengaged, enmeshed, rigid, chaotic, communication, satisfaction*), the Family Functioning Style Scale (FFSS; Deal, Trivette & Dunst, 1988) and the Columbia-Suicide Severity Rating Scale (C-SSRS; Posner et al., 2008). FACES-IV and FFSS's scores have been compared with the respective normative groups.

Significant differences regarding FACES-IV scores: balanced cohesion, balanced flexibility, communication and satisfaction scores were lower in the clinical sample (See Table 1) than the normative group (See Table 1), while disengaged, enmeshed, rigid, and chaotic scores were higher in the clinical sample (See Table 1) than the normative group (See Table 1).

FFSS scores also showed significant differences between the two groups: specifically, all 5 subscales (commitment, cohesion, communication, competencies and coping strategies) scores are lower in the patients group (See Table 2) than the normative sample (See Table 2).

DIMENSIONS	NORMATIVE DATA M (Sd)	CLINICAL SAMPLE M (Sd)	test t	p
Cohesion	26.97 (5.10)	24.13 (6.39)	- 4.908	<.001
Flexibility	25.67 (4.53)	22.36 (6.09)	-6.009	<.001
Disengagement	16.80 (4.91)	19.62 (5.51)	5.667	<.001
Enmeshment	16.64 (4.48)	17.80 (4.88)	2.643	.009
Rigid	20.87 (4.65)	20.69 (5.91)	-0.320	0.749
Chaotic	16.99 (4.76)	19.23 (5.18)	4.808	<.001
Communication	36.2 (9.0)	28.86 (9.39)	-7.475	<.001
Satisfaction	37.9 (8.5)	26.91 (9.32)	-13.068	<.001

Table 1. Comparisons between clinical and normative groups FACES-IV

	NORMATIVE DATA M (Sd)	CLINICAL SAMPLE M (Sd)	test t	p
Commitment	3.51 (.85)	3.10 (1.04)	-4.282	<.001
Cohesion	3.85 (.92)	3.33 (1.07)	-5.367	<.001
Communication	3.22 (.96)	2.87 (1.03)	-3.714	<.001
Competence	3.49 (.84)	3.15 (.97)	-3.879	<.001
Coping strategies	3.44 (.70)	2.93 (.91)	-6.146	<.001

Table 2. Comparisons between clinical and normative groups FFSS

Correlational analysis showed several significant associations between family functioning and suicide ideation: in particular, there are negative correlations between lifetime suicidal ideation and Cohesion Dimension (r= -,222; p<.05) and Flexibility Dimension (r= -,286; p<.01) of the FACES-IV.

Moreover, there are negative correlations between lifetime suicidal ideation and Communication Dimension (r= -,205; p<.05), Competencies Dimension (r= -,189; p<.05) and Coping Strategies Dimension (r= -,264; p<.01) of the FFSS

Correlations		FACES-IV Cohesion Dimension	FACES-IV Flexibility dimension	FFSS Communication	FFSS Competencies	FFSS Coping strategies
Lifetime suicidal ideation	Pearson	**-,222***	**-,286****	**-,205***	**-0,189**	**-,264****
	Sign. (two-tailed)	0,027	0,004	0,041	0,06	0,008
	N	100	100	100	100	100

** 0,01 (two-tailed).
* 0,05 (two-tailed).

Table 3. Correlations FACES-IV, FFSS, C-SSRS suicidal ideation

CONCLUSION

- Family functioning is worse in psychiatric patients compared to the general population and, higher suicidal ideation is associated with lower indicators of an healthy family functioning in a psychiatric sample.
- Family environment isshould be considered a key factor in the management of patients with suicide risk and should be a target for focused treatments for suicide prevention.