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The Psychological Distress Caused by the Quarantine of COVID- 19 & Its Relationship to Suicide Preparedness

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COVID-19 coronavirus has become a serious public health threat worldwide. It also manifested itself in the social and economic spheres, doubts and rumors spread, the movement was restricted and quarantined. The negative effects of the epidemic on adolescents and their feeling of frustration, despair, pessimism, and psychological distress led many adolescents to think to end their lives as a result of this tragic reality. The study aimed to Identify the psychological distress among adolescents in light of the Covid-19 pandemic and think suicide. the differences in psychological distress and Suicide Preparedness. According to some demographic variables. the sample of adolescents, amounting to (181) Their ages ranged 15-17 years, in Baghdad City, Al-Rusafa Province. by (86) males and (95) females, to achieve the goals of the research, a Ronald C. Kessler scale was adopted to measure Psychological distress and building a measure to find suicide preparedness, the results of the research found that the individuals of the sample do not have psychological distress and are not ready to commit suicide, the results did not reach that individuals are willing to commit suicide or even think about it due to the imposed quarantine and that there are differences in psychological distress and willingness to commit suicide according to the gender variable for the benefit of the male sample, and that there are differences in psychological distress according to the number of brothers and in favour of those who have (4-more) brothers, while the results did not show the existence of differences according to the number of brothers in preparation for suicide, there are differences in psychological distress depending on the social status of the parents and in favour of the sample that separated The parents are separated from each other, while the results have found that there are no differences according to the social status of the parents (living together - separated) in

preparing for suicide and that there are differences in psychological distress and willingness to commit suicide depending on the presence of the parents alive or the death of one or both of them and in favour of those who lost both parents or One of them, and There is a correlation between psychological distress and preparation for suicide.

Key words: *COVID-19, Quarantine, Psychological Distress, Suicide Preparedness, Adolescents.*

Introduction

On January 30, 2020, the Director-General of the World Health Organization decided that a coronavirus (COVID-19) outbreak was a public health emergency of international concern (World Health Organization, 2019), To reduce transmission from person to person in areas where the COVID-19 virus is already spread, public health measures to achieve these goals may include quarantine, which involves restricting movement, or separation from the rest of the population, from healthy people who may have been exposed to the virus in order to monitor their symptoms Ensure early detection of cases. Many countries have the legal power to impose quarantine. Quarantine should only be implemented as part of a comprehensive package of response measures and contain public health, and according to Article 3 of the International Health Regulations (2005), you must fully respect the dignity of people, their human rights and fundamental freedoms (UNICEF, Institute of Development Studies, 2020), In the context of the current COVID-19 outbreak, the global containment strategy includes the rapid identification, isolation, and management of laboratory-confirmed cases either in a medical facility (World Health Organization, 2020), Or at home (World Health Organization, 2020 a).

These external events or pressures impose upon us the major life transformations- the transition to a new state, unexpected events such as diseases and epidemics, for example, Covid-19, family problems, economic and political conditions - impose on us psychological distress if there is no ability to meet the demands imposed by these transformations so that the individual feels that Unable to cope with this pressure. Psychological distress can lead to negative views of the person himself, the environment, and others. It can be considered as an inappropriate response to a stressful situation, which leads to a loss of interest in social activities and thus a feeling of frustration, despair, and pessimism, or is psychological discomfort that interferes with activities of daily life, and is used to describe unpleasant feelings or emotions that affect the level of individual performance. Studies show that adolescence and puberty are the most common starting period for major mental disorders (McGorry, Purcell, Goldstone, & Amminger, 2011; Ormel, Raven, van Oort, Hartman, Reijneveld, Veenstra et al., 2015). Has conducted Massee 2000 Qualitative and quantitative

studies of psychological disorder in people Que´be´cois French to develop culturally sensitive and multidimensional measures that are verified for use in assessing psychological distress. The data from the qualitative study led to the identification of six expressions of distress: frustration and pessimism towards the future, anguish, and stress, self-depreciation, social withdrawal and isolation, self-withdrawal (Massee´, 2000).

It remains unclear the origin of the concept of psychological distress. It is often included in the context of stress, tension or stress, frustration, and tension. Whether psychological distress is a phenomenon or a disorder, it can lead the teenager to think about ending his life as a result of this tragic reality. Perhaps suicide is the most severe form of behavioral expression of this, which is a source of serious concern for public health. She appreciates (WHO) That by 2020, 1.53 million people will kill themselves and more people will try 10-20 to do that (Bertolote & Fleischmann, 2002). The results of many studies also found that suicide is the leading cause of death among adolescents and young adults around the world (Bridge, Goldstein, & Brent, 2006; Bridge, Horowitz, Fontanella, Grupp-Phelan, & Campo, 2014; Haegerich, Dahlberg, Simon, Baldwin, Sleet, Greenspan, et al. 2014; Wasserman, Cheng, & Jiang, 2005), The results of studies have also been obtained (Eskin, 2012, Eskin, Kaynak-Demir, & Demir, 2005; Eskin, Voracek, Steiger & Altinyazar 2011; Skala, Kapusta, Schlaff, Unseld, Erfurth, Lesch et al. 2012; Toprak, Cetin, Guven, Can & Demirtas, 2011; Zhang, Wang, Xia, Liu, & Jung, 2011), Until suicidal thoughts and attempts are common events in young population groups. Psychological distress or depression include the stronger risk factors for suicidal behavior in adolescent Categories (Garlow, Rosenberg, Moore, Haas, Koestner, Hendin, et. al 2008). Suicide behavior is a global cause of death and disability. Suicide world wide is the 15th leading cause of death, accounting for 1.4% of all deaths (World Health Organ, 2014), In total. More than 800,000 people die by suicide every year. Where the estimated annual death rate according to the global age of 2012 is 11.4 per 100,000, and the World Health Organization expects that this percentage will remain constant until 2030 (World Health Organ, 2014), (World Health Organ, 2013). In addition to suicide deaths, suicidal thoughts and non-lethal suicide attempts also deserve attention. Globally, suicide rates are around 9.2%, suicide thinking, and attempted suicide 2.7% (Nock et al, 2008a). Empirical evidence indicates that the prevalence of psychological distress in adolescents is higher than the general population in Sri Lanka and Australia (Kuruppuarachchi, Kuruppuaracbchi, Wijerathne, & Williams, 2014; Stallman, 2010). A more severe form of psychological distress is depression. Although rare during childhood, the rate of depression increases during adolescence and adulthood. (Thapar, Collishaw, Pine, & Costello, Thapar, 2012), (Costello et al, 2011). Scientific evidence also indicates that a suicide attempt poses a major risk to premature deaths (Ostamo & Lönnqvist,2001), Hence, non-fatal suicidal behaviors deserve due research attention, as are suicidal deaths (Eskin et al, 2016).

Psychological distress refers to the unique and comfortable emotional state experienced by the individual in response to a specific psychological pressure or urgent need that results in temporary or permanent harm to the person (Ridner, 2004). As for the definition (Nock et al,2008) Suicide has an action whose consequences are death in which the victim is aware of potential death or the intended changes to end his life (Nock et al, 2008).

Quarantine is defined as the separation and restriction of movement or activities of people who are not ill who are believed to have been infected, for the purpose of preventing disease transmission. People are usually isolated in their homes, but may also be isolated in community facilities. The quarantine can be applied to an individual or group of people exposed in a large public gathering or persons believed to have been exposed in transportation during international travel. Examples of this application include closing local or community borders or setting up a barrier around a geographical area with a strict application to prohibit movement to and from the area.

The current research aims to identify: psychological distress among adolescents, predisposition to suicide in adolescents, depending on the gender variable (male, female). A number of brothers. social status. The loss of one or both parents. The correlation between adolescence and psychological readiness for suicide.

Theoretical Framework

Psychological Distress

The presence of psychological distress has been known for thousands of years. Kovacs and Beck (1978) state that the 3,900-year-old Egyptian manuscript provides an accurate picture of the person with pessimism, loss of confidence in others, and unable to carry out the daily tasks of life and seriously consider suicide. These historical descriptions correspond to some of the so-called psychological distress phenomena. Understanding psychological distress has been controversial for many years. The main disagreement was that psychological disturbance revolves around the meaning of the concept, and what is really meant is that the person has a mental disorder. There are three basic questions that must be answered in the context of psychology and psychiatry when trying to understand behavior, what types of behavior are seen as abnormal, whether by professionals or laypeople? and what are the different patterns or forms of disturbing behavior? and how Can one understand seemingly illogical or irrational behavior to troubled people? These are important questions that affect those seen as suffering from mental disorders, as well as how to explain malaise and how the treatment is carried out (Mabitsela, 2003).

Several different theoretical perspectives on psychological distress were presented:

The medical model is the dominant or dominant worldview of pathology in the world. According to the medical model, mental distress is considered a disease in the same category as any other physical disease, and this model uses a similar model to determine the psychological distress used by medical practitioners. In other words, psychological distress is a form of neurological disorder responsible for impaired thinking and behavior and requires treatment and medical care (Carson, Butcher & Mineka, 1996).

Theory of Personal Relationships

The theory attributes psychological difficulties to patterns of dysfunctional interaction, as it confirms that we are social beings, and much of what we are is the product of our relationships with others. Mental distress is described as unsatisfactory behavior observed in the relationship caused by unsatisfactory relationships from the past or present. Psychological distress is determined when studying the different patterns of personal relationships of a person. According to this perspective, psychological distress is alleviated through personal therapy, which focuses on relieving problems within relationships and helping people achieve more satisfying relationships by learning to interact with others (Carson, Butcher & Mineka, 1996).

Psychodynamic Theory

The traditional psychological analysis model looks at "psychological distress" from a view within the psyche. It stresses the role of unconscious processes and defense mechanisms in determining natural and abnormal behavior. Early childhood experiences are imperative in modifying the character at a later time. In other words, expressing symptoms today is an extension of past conflicts. Therefore, psychological distress in a person's life may be described as an attempt to overcome the current difficulties using childhood defense mechanisms, which may seem incapable of adaptation and are socially inappropriate for the present situation (Mabitsela, 2003) (Box, 1998).

Cognitive Theory

According to the cognitive paradigm, biased negative perception is an essential process in psychological distress (Barlow & Durand 1999) and this process is reflected when depression patients usually have a negative view of themselves, their environment, and the future, they perceive themselves as being of no value, incompetent, and incompetent Loving and inferior (Weinrach,1988).

Self-Contradiction Theory

Higgins (1987) introduced a global concept of self-consisting of three domains (real, ideal, and must). A true self refers to a representation of the traits that an individual (or others) believe he possesses. An ideal self refers to describing the traits that an individual desires (or Others) or hope that the individual owns it, and it reflects the aspirations of the individual. While "must" refers to the representation that the individual (or others) believes that the individual must own, and the Self-Contradiction Theory (SDT) predicts that psychological distress arises due to contradictions Between the true self and the self (the ideal must), the greater the contrast, the greater the pressure. The true and ideal self is to generate feelings associated with depression (for example, disappointment and sadness). By contrast, the contradictions between the real and the self must produce feelings related to excitement (such as fear, insomnia). The rationale for this distinction is that The ideal real paradox represents the absence of positive results, while the real paradox must represent the presence or threat of negative outcomes (Higgins, 1987). The constant contrast between the ideal self and the real self must lead to negative emotional consequences. When congruence is not achieved, special and differential treatment predicts specific psychological outcomes (depression or anxiety) based on self-inconsistent counselor (Marcussen,2006).

Preparedness to Suicide

There are major gaps in knowledge that limit our ability to understand and reduce suicide, and it is necessary to better understand the feet from suicidal thinking to attempt suicide. The vast majority of suicidal risk factors that are cited often predict the threat to suicidal thinking, not to those who are at risk of attempting suicide or dying suicide. Suicide predisposition seems to be an important factor, but there are unknown factors that explain when and why individuals move from suicidal thoughts to suicidal, it must be identified and understood (Klonsky & May 2015). Thinking about suicide along with other factors (such as access to Lethal methods, planning, and impulsivity) predict and explain progress from thinking to suicide attempts. Adopting a framework, in theory, will greatly help improve knowledge to understand suicide behavior.

Thomas Joiner 2005 presented his personal theory of suicide and suggested interpretations of the desire to commit suicide and suicide, the theory states that the combination of perceived burdens and weak affiliation (despair over these perceptions) creates the desire to commit suicide, while the ability to act based on the desire to commit suicide requires One has to overcome death and pain fears that are a natural part of a suicide attempt (Joiner, 2005).

The Three-Step Theory of Suicide (ST3)

The 3-stage theory of suicide dates back to Klonsky & May 2015, which has the ability to understand suicide prediction, suicidal behavior, and suicidal thinking. The 3rd theory of suicide use uses a framework for thinking, and according to 3ST the development of suicidal thinking passes through three steps, the first stage (the development of suicidal thinking) this stage begins with pain, regardless of its source, and we mean by it psychological or emotional pain (not physical pain), then Various sources of pain in daily life can all lead to a decreased desire for life, and sources of pain can play such as physical suffering (Ratcliffe et al. 2008), social isolation (Durkheim, 1879), fatigue and low affiliation (Joiner2005), and defeat (O'Connor, 2011), Negative Perceptions of Self (Baumeister 1990), as well as many ideas Other curiosity, emotions, sensations, and experiences, a role in suicidal thinking, and pain alone will not cause suicidal thinking. If a person has hope that his condition can improve and that the pain can end, the individual will strive to reduce the pain rather than consider suicide, For this reason, despair is also required to develop suicidal thinking, and the 3rd theory asserts that the combination of pain and despair is what brings suicidal thinking a shortcut, this principle is consistent with some recent research findings, which have found that suicide attempts are driven by extreme pain and despair more than other factors, including In that exhaustion, frustration now Water, willingness to help or communicate, and impulsivity; these results were repeated in both clinical and non-clinical samples, and in both adults and adolescents. (May & Klonsky 2013, May et al, 2016), The list of the 42 variables for suicidal thinking included factors such as problems Sleep, agitation, abandonment of property, family conflict, separation from social activities, anger and hostility, and guilt or shame, were the two most common factors that precede suicide attempts and suicide are attributed to pain and despair, specifically emotional misery or pain and feelings of despair about the future (Klonsky, May & Saffer, 2016).

The second stage (strong thoughts vs. moderate thoughts) According to 3ST, the second stage occurs towards fatal suicidal behavior when the pain exceeds bonding. The term interconnection is used in its broad sense. It can mean contact with other people as well as interest, role, project, or any sense of purpose or meaning that keeps an individual going on. ST3 states that a person with pain and despair thinks about suicide and will have a moderate idea of it only if the bonding remains greater than the pain (for example, sometimes I think I may be better off with death), however, thinking becomes strong with suicide (on, for example, I would like to kill myself if given the opportunity) if the pain overwhelms any feeling of connection and communication. However, if both pain and despair exist, and interdependence diminishes due to pain, the individual will experience strong ideas and actively think about ending his life, the primary role of interconnectedness is to protect against suicidal thinking escalating in those at risk due to pain and despair, although disorder Interconnection can contribute directly to pain and despair, it is not seen as necessary to

develop pain or despair, or to develop suicidal thinking. From a 3ST perspective, many people with suicidal thinking do not experience disruption of association, many people with an association disorder do not develop suicidal thoughts (Klonsky & May 2015), and recent research supports the second phase of 3ST that interconnectedness is the most Related to suicidal thinking (Klonsky, May & Saffer, 2016).

Stage Three (Moving from Thinking to Attempts) Joiner (2005) notes that the fear of death is a powerful instinct that makes it extremely difficult to attempt suicide, even if suicide thinking is strong, and therefore, individuals can only attempt suicide if they develop the ability to overcome This barrier. The 3rd theory mentions this point but it expands it in two ways, Joiner emphasizes the acquired ability, which is developed and increased through experiences with painful and provocative events that increase one's tolerance to pain, injury, and death, and the 3ST theory expands three categories of variables that contribute to suicide: tendencies: Acquisition, and action, tendencies refer to the relevant variables with which we are born, for example, some individuals are born with a higher or lower pain sensitivity (Young, Lariviere & Belfer, 2011). A person born with a lower pain sensitivity will have a higher ability to carry out a suicide attempt. The concept of inclination is supported by recent research by Joiner Et al. Indicating that suicide ability is largely hereditary (Smith et al, 2012), and the second variable in suicide ability, acquisition, which means that getting used to experiences associated with pain, injury, fear, and death can That over time leads to a higher ability to attempt suicide, and finally, procedural variables are concrete factors that make attempting suicide easier. There are many types of procedural factors, for example, that a person with knowledge of and access to lethal means, such as a firearm, can act on suicidal ideas much more easily than a person who cannot be aware of and cannot reach lethal means, and the results that It states that anesthesiologists and other medical professionals have high suicide rates (Swanson, Roberts & Chapman, 2003), these individuals have easy access to the necessary medications and extensive knowledge of how to end a person's life without pain, which makes their procedural ability unusually high, and individuals who They have a suicidal idea Priority will not commit suicide, but their attempts were convinced that they have the ability to do so (Klonsky, May & Saffer, 2016).

Methods

Participants

The current sample of the research reached (181), consisting of teenagers between 15 and 17 years of age and both sexes, in Iraq, Baghdad City, Al-Rusafa Province. They were randomly chosen by (86) males and (95) females.

Psychological Distress Measure

Ronald C. Kessler's measure of psychological distress was adopted (10) items and response alternatives followed the five-step gradient (all the time, most of the time, some time, little time, nothing of time) and the degree from five to one, the maximum score is 50 It indicates severe psychological distress, the minimum score is 10 indicating that there is no psychological distress.

Scale of Suicide Preparedness

Paragraphs of the scale are (12) item, and the alternatives to the response follow the five-year scale (they always apply to me, they apply to me sometimes, they apply to me to some extent, they apply to me rarely, they never apply to me).

Stability of Scales

The Alpha Cronbach method: The coefficient of persistence in this way was for the measure of psychological distress (0.83), and for the measure of readiness for suicide (0.79), Table (1).

Table 1: Participants and procedure

Characteristics	N	%	Alpha
Gender			
Male	86	46.96	
Female	95	53.03	
Psychological Distress			0.83
Predisposition To Suicide			0.79

Results

Identify psychological distress and prepare for suicide in adolescents, depending on the type (male, female). the number of brothers. Parent status (living together, separated). Parent life (alive, one or both dead). And. The correlation between adolescence and psychological readiness for suicide. The results of the statistical analysis of the data showed that the mean of the psychological distress scores has reached (28.10) with a standard deviation of (7.60), the hypothetical mean was (30), and the mean of the scores for the suicide preparedness scale has reached (28.34) with a standard deviation of (9.02), As for the hypothetical mean, it reached (36) and for the purpose of knowing the significance of the difference between them, the T-test was used for one sample, where the T-test the psychological narrow scale (3.35) and the suicide preparedness scale (11.41). Gender: The results of the statistical analysis

showed that the mean for male adolescents on the psychological distress scale has reached (28.27) with a standard deviation of (8.20), the mean for female adolescents has reached (27.96) with a standard deviation of (7.05), and the mean for the measure of suicide preparedness for male adolescents has reached (29.59) with a standard deviation of (9.85), and the mean arithmetic for female adolescents has reached (27.21) with a standard deviation of (8.09). Preparing for suicide (1.78). Number of brothers: The results of the statistical analysis showed that the mean of the measure of psychological distress for adolescents who had (1-3) of brothers reached (27.84) with a standard deviation of (6.95), and the mean of adolescents who had (4- or more) of brothers reached (28.40) with a deviation A mean standard was (8.31), and the mean for the suicide preparedness measure for adolescents who had (1-3) of brothers reached (27.03) with a standard deviation of (8.98), and the mean for adolescents who had (4- or more) brothers reached (29.82) With a standard deviation of (8.89), and for the purpose of knowing the significance of the difference between them, the T-test was used for two independent samples, as the T-test to measure psychological distress (0.49) and the scale of readiness to suicide (2.09). Parent's social status (live together, separately): it appeared that there were differences in psychological distress according to the social status of the parents and in favor of the sample in which the parents separated from each other, while the results concluded that there were no differences according to the social status of the parents (living together - separate) in preparedness for suicide. life for parents (alive, one or both of whom are deceased): results indicated that there are differences in psychological distress depending on the presence of the parents alive or the death of one or both of them and in favor of those who lost both parents or one of them, as indicated The results also include differences in readiness to suicide and in the interests of those who lost both parents or one of them. To find the correlation between psychological distress and preparation for suicide, a Pearson correlation coefficient was used, and the correlation coefficient between them was (0.56), and when testing the statistical significance using the T-correlation coefficient test, it appeared that the T-correlation value (9.01), and this means that there is a statistically significant relationship between psychological distress and suicide preparedness Table 2.

Table 2: Means, standard deviations, T, for the measured variables

Variables	Psychological Distress	Predisposition To Suicide
N=(181)	*M* = 28.10	28.34
	SD = 7.60	9.02
	T = 3.35	*T* = 11.41
	Sig = .001	*Sig* = .000
Gender		
Male **N=(86)**	*M* = 28.27 *SD* = 8.20	29.59 9.85

Female **N=(95)**	*M* = 27.96 *SD* = 7.05	27.21 8.09
	T = 0.27	*T* = 1.78
	Sig = .533	*Sig* = .068
Number of Brothers		
(1-3) Brothers **N=(96)**	*M* = 27.84 *SD* = 6.95	27.03 8.98
(4- and more) Brothers	*M* = 28.40 *SD* = 8.31	29.82 8.89
N=(85)	*T* = 0.49	*T* = 2.09
	Sig = .040	*Sig* = .989
Parent's Social Status		
live together **N= (168)**	*M* = 27.94 *SD* = 7.20	27.96 8.61
Separately **N= (13)**	*M* = 30.23 *SD* = 11.78	33.31 12.75
	T = 1.04	*T* = 2.07
	Sig = .024	*Sig* = .019
Life For Parents		
Alive **N= (149)**	*M* = 27.87 *SD* = 7.03	27.78 8.32
Both of them or one of them died **N= (32)**	*M* = 29.22 *SD* = 9.90	30.97 11.57
	T = 0.91	1.82
Pearson Correlation	*Sig* = .076	*Sig* = .007
(Psychological Distress & Preparation For Suicide)	0.56	
	Sig = .000	

Discussion

The Covid- 19 pandemic complicated the lives of many adolescents with a sense of pessimism or suffering from stress in addition to psychological distress, which plays an important role in the development of various types of mental disorders such as anxiety, depression and mood disorders, which reflects negatively on all aspects of life. The current sample of the study did not have psychological distress and was not prepared to commit suicide, despite the quarantine effects of Covid- 19, and this result can be explained in relation to psychological distress according to the theory of self-contradiction, which holds

that psychological distress arises because of the contradictions between the real self and the self-evidence (ideal and self). The theory also indicates that the less the contrast, the lower the pressure. In general, low variations between the actual self and the ideal self-generate balanced, connected feelings. And the research sample did not show such contradictions, which does not lead to discrepancies between the actual self and the ideal self that generate feelings related to depression and distress and thus a reflection on the lack of willingness to commit suicide. As the three-stage theory holds, individuals cannot attempt suicide unless they develop the ability to overcome this barrier. Joiner emphasizes the acquired ability, which is developed and increased through experiences with painful and provocative events that increase one's tolerance to pain (Joiner, 2005).

There were also differences among adolescents according to gender (male-female) with regard to the variable of psychological distress, as the results indicated that males outperform females with psychological distress as well as willingness to commit suicide, and this result is consistent with the findings of a study Massee 2000, From the evaluation of individuals to the sources and difficulties of life that lie on the shoulders of the individual to coexist with distress in his daily life and the resulting feeling of frustration and pessimism towards the future, anguish and stress, self-depreciation, social withdrawal and isolation, and because of the factors of distress, depression, and pessimism, which is what It reflects on the loss of meaning to life and thus the perception that the end of life is tantamount to comfort and salvation for a teenager. The results of the research also indicate that there are differences between adolescents in terms of the number of brothers, and according to the findings of the study, it appeared that there are differences in psychological distress according to the number of brothers and in favor of those who have (4-more) of the brothers. While the results did not show differences according to the number of brothers in preparing for suicide. This is evident by looking at the fact that families with a number of children greater than 4 or more, whether male or female, the feeling of sick adolescent’s neglect and lack of interest enhances the understanding of the psychological and social suffering associated with the distress, and generates a sense of psychological distress.

The results of the research indicated that there are differences between adolescents in terms of the social status of the parents, it appeared that there are differences in psychological distress according to the social status of the parents and in favor of the sample that the parents separated from each other, while the results concluded that there were no differences according to the social status of the parents (live together- separate) In preparation for suicide. This can be seen from the fact that adolescents who watch their parents go through a divorce stage exacerbate the problem of adolescents to the separation of one of the parents by divorce and preoccupation with caring for their children.

The results indicated that there are differences in psychological distress depending on the presence of the parents alive or the death of one or both of them and for the benefit of those who lost either parents or one of them. Adolescents who have lost both parents and one of them are more likely to experience depression or psychological distress. The results concluded that there is a correlation between the psychological distress and the predisposition to suicide in adolescents, and this result is consistent with the results of studies (Garlow, Rosenberg, Moore, Haas, Koestner, Hendin, et. al 2008), Which indicated that psychological distress or depression include the strongest risk factors for suicidal behavior in adolescent groups, who suffer from a high level of stress that leads to psychological distress and plays an important role in the development of different types of mental disorders such as anxiety, depression and mood disorders, which reflects negatively on all aspects of life Suicide thinking and preparation then becomes a savior of these disturbances.

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