



A STUDY ON SUICIDAL IDEATION AND DEPRESSION IN ADOLESCENTS STUDENT

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ABSTRACT

The study of suicide and suicidal ideation in children, adolescents, and young adults takes gender into consideration. Despite the fact that women attempt suicide and purposefully hurt themselves. Women frequently commit non-fatal suicide, according to the World Health Organization (2014). Males are more likely than females to commit suicide via fatal means. Differences between the sexes also exist when it comes to suicide. Males are more likely than females to hold unbalanced opinions regarding suicide. Gender disparities influence suicidal behaviour in adolescents. Men are more likely to commit suicide, according to a recent study, but the causes of the high prevalence of attempted suicide in women are unclear. Men commit suicide at a rate that is four times higher than that of women, and they account for 77.9% of all suicides. As a result, women are more likely than men to have suicidal thoughts.

KEY WORDS: suicidal, adolescents, adults, children

INTRODUCTION

The frequency of student suicides in India is alarming to read about in the news media practically daily. Suicide among teenagers is a subject of growing concern in cultures all across the world. It is particularly regrettable that student suicide has increased significantly in India. Suicide is the second most common cause of death for young people between the ages of 15 and 24 in India, according to a 2013 report (Suicides in India, 2013: A Report by The Registrar General of India). Males in this age group murdered themselves in 25942 cases, while females in this age group killed themselves in 20693 cases. This article paints a depressing image of the young generation looking for answers to their issues in the final moments of life. The events that cause these young



brains to make such a significant decision have been identified as academic failure, a heavy course load, career uncertainty (Shandilya, 2013), failed relationships, child abuse, ragging, peer pressure, family disturbances (fast life, depression, and loneliness), and last but not least, an inability to handle life's demands. Emile Durkheim was the one who initially investigated suicide in order to shed light on its sociological implications. Suicide, in Durkheim's opinion, is arguably "the most personal act" a person can commit. This is especially true for those who utilise it as a way of escapist behaviour. Typically, those who attempt suicide do so in an effort to get attention, change others' opinions, or express intense emotions like love or rage. Despite the prevalence of failure and other life issues, there are differences in the number of students who commit suicide. However, the majority of adolescent suicide attempts are of low intent and lethality, and very few of these people genuinely wish to die. As we know, suicide is the result of a variety of suicidal tendencies that have existed for a long time and an action committed in the friction of a dark moment in the clutch of such impulses (Encyclopedia of Children's Health). Not every student who experiences academic failure or other issues dies by suicide. It depends on how well-equipped he or she is to handle the ups and downs of life. Mental toughness, ego strength, and self-esteem are a few traits that are essential from the perspective of an individual's resistance in both the best and worst circumstances.

CHARACTERISTICS OF ADOLESCENCE

Teenage years are crucial because they shape attitudes and behaviors. The environment that a person spends his or her adolescent years in has an impact on their personality and sense of self. Adolescence is a time of many changes, and these changes reflect both the past, which has left its mark, and the future. The teenager is confused about his thoughts at this age because he is neither a child nor an adult. Adolescence brings about a number of changes in attitude and conduct. There are five common changes that take place during adolescence. The first is emotional arousal, whose intensity is based on how quickly physical and psychological changes are occurring. The second is the quick changes. When sexually mature people go through these kinds of transitions, they struggle with self-confidence and shifting interests. Changes in their bodies, interests, and societal roles make up the third factor. It is hoped that these adjustments



will lead to new issues. The fourth is a change in interests and a shift in behavior patterns, and the fifth is ambivalence changes.

They no longer rely on their parents at this age. Problematic years include adolescence. There are two causes behind this. The first is that when they were young, their problems were usually resolved by their parents or school, leaving them unprepared to deal with issues on their own. Second, teenagers want to feel independent; they want the freedom to solve their own problems without assistance from their parents or teachers. A period of looking for one's own identity exists. Adolescent behavior is affected by the discovery of identity, according to Erickson (1968). Teenagers must first contend with many of the conflicts from their early lives because of the discovery of a new meaning of continuity and equivalence, even though they artificially choose well-meaning individuals to play the role of competitors and are prepared to impose permanent ideals as guardians for a final identity. Ego identity is the current manifestation of integration. They create their own concepts and goals in an effort to find the greatest solution to the issue at hand. Teenage years are a time of unrealism. The development of emotional traits in early adolescence is brought on by these excessive expectations, which they have not only for themselves but also for their families and friends. The age of adolescence marks the start of adulthood. Teen clichés are abandoned by adolescents, who are instead taken aback by how near to adults they are. They learn that acting and working like adults is not always sufficient. As a result, people start to emphasize actions associated with adult status, such as drinking, smoking, etc. They occasionally enjoy picking up negative habits and antisocial behavior during this process.

Concrete definitions of adolescent terminology are particularly challenging to come by (Hine, 1999). It can be because numerous elements, such as age and incidental or pertinent impacts for adolescence, are crucial to take into account. The term "adolescence" has a relatively broad definition in Western societies. For instance, the United States defines adolescence as occurring between the ages of 13 and 24. Adolescence has been described in literature as a novel situation in western culture. It results from present social pressure, especially to culture (Hine, 1999). Western societies view adolescence as a stage of life when compared to other cultures.

Adolescence goes through a lot of physical changes at this time, including physical, biochemical, and cognitive, moral, and socio-emotional development.

PHYSICAL AND BIOLOGICAL DEVELOPMENT

Adolescents go through a lot of important physical and mental changes throughout this time. Adolescents are undergoing physical, emotional, and psychological changes at this time. According to Wolfe, Joffe, and Crooks (2006), puberty is one particular shift that takes place at this time. By definition, puberty is "the phase of transition from a state of reproductive immaturity to a condition of complete reproductive competence," according to Bancroft and Reinisch (1990). During puberty, adolescents go through a period of rapid physical growth and development, which raises their requirements for nutrients such as vitamins, minerals, proteins, and energy. Girls' breast buds, height, pubic hair, menstruation, and hip width all change as they approach puberty. When boys reach puberty, they develop pubic hair, a deeper voice, an increase in height, and more muscle mass (McNecly and Blanchard, 2010). Every person experiences these changes in a different way. Many young teenagers don't realize that puberty and sexual development are starting. Adolescents should be reassured that their personal growth and development is normal and can benefit from knowing about the progression of physiological changes. At this age, individuals acquire a variety of interests and eating patterns. They could start to experience eating issues at this age. While some teenagers participate in physical activities that shape their bodies to an extraordinary degree, others prefer sedentary hobbies like watching television or playing video games.

SUICIDE AND SUICIDAL IDEATION

Suicide is described as "self-inflicted death in which a person consciously, directly, and intentionally attempts to terminate their life" (Comer, 2002). Though not all suicidal thoughts result in an attempt or suicide, suicidal ideation typically precedes suicide. According to Edwin Schmeidman (1985), suicide is "Destruction was a conscious act that he performed, which is regarded as a different dimensional despair of a necessary individual action that identifies a problem and is used as a better solution. The act of suicide is not useless. Suicide is viewed as a

process in which the victim's desire is to die and this objective is achieved. Suicidal ideation is a mental state in which individuals consider taking their own life (Schlebusch, 2005). Nearly 90% of suicides include psychiatrically sick people who are also committing suicide (Black and Winokur, 1990).

SIGNS OF SUICIDE AMONG ADOLESCENTS

Youth suicide and suicidal ideation rates have been rising alarmingly in recent years. Parents should be aware of the warning signs of suicidal thoughts so that their children can be examined. There are numerous signs of depression and suicidal thoughts that can be treated with the right medications. These warning signs include alterations in eating patterns, separation from friends and family, changes in sleeping patterns, disruptions in routine activities, violent acts, disobedient behavior, fleeing, drug and alcohol addiction, unusual disregard for one's personal appearance, observable personality changes, declines in academic performance, difficulties concentrating, persistent melancholy, and complaints about physical symptoms. Complaints of being a nasty person, verbal cues like "nothing matters anymore," organizing affairs, such giving away or destroying cherished possessions, emerging from a depressive period suddenly cheery, and unexpected thoughts are some other additional indicators.

The literature on adolescent suicide included studies of youths who attempted suicide with a range of suicidal behaviors connected to actually committing or trying to commit suicide. And as a result, studying suicide behavior has become more challenging. Glaser (1978) and Hendin have offered several descriptions that are therapeutically helpful (1975). Young people who consider suicide have a fascinating variety of dynamic kinds, as outlined by Glaser. These include (a) those whose suicidal behavior is a coping mechanism to end perceived physical and psychological suffering brought on by depression, (b) those who are signaling a cry for help, displaying their depression more outwardly, and (c) those who are psychotic and experiencing a schizophrenic-like disorder, (d) and those who make the gesture as an impulsive act with the intention of achieving goals that may not be realistic.



EPIDEMIOLOGY OF SUICIDAL IDEATION

Suicidal thoughts are frequently experienced during stressful times. Suicidal ideation is regarded as a significant social issue. Approximately one million individuals commit suicide each year, while the "global" death rate is 16 per 100,000, or almost one death every forty seconds, according to WHO (2011). According to the Centers for Disease Control and Prevention (2013), there are 12.6 suicides per 100,000 people in the United States, which translates to 113 suicides a day or one suicide every 13 minutes. According to statistics on suicides, 23.8 percent of suicide decedents tested positive for antidepressants, 20.0 percent for opiates, including heroin and prescription painkillers, and 33.4 percent of suicide decedents tested positive for alcohol (Parks, Johnson, McDaniel, and Gladden, 2014).

Bangalore has been labeled the suicide capital of India by the National Crime Records Bureau (NCRB, 2010), with 1,778 cases. In India, almost 15 people commit suicide every hour, and 70% of suicide victims are married. When it comes to suicides, West Bengal ranks in second. In India, there were many suicides (37.8%) among the accidental deaths and suicides in 2005, and all of the victims were under 30 years old. It is a known truth that our society bears a heavy social, emotional, and financial burden as a result of 71% of suicides in India committed by people under the age of 44. According to a report published in Lancet (2012), 187,000 people committed suicide in India in 2010. In terms of "the most suicides on the earth," India had the most notable number of suicides in 2012. One individual commits suicide every 40 seconds. India has been dubbed the world's suicide capital in the WHO study "Preventing Suicide: A Global Imperative" from 2014. In terms of suicide rates, India was ranked 43rd, with a rate of 10.6 per 100,000 people in 2009. According to a different study from the National Crime Record Bureau (NCRB, 2013), the number of suicides jumped from 1,10,851 to 1,34,799 in 2003. Even if the issue is widespread, society and the government have for some reason undervalued and neglected it. Additionally, characteristics of death are continually changing as a result of suicide. It is an illustration of how complicated social and cultural evolution is. According to literature, Indian women found suicide to be a more common manner of dying than their counterparts in the

west. The three most common methods of suicide were determined to be poisoning (33 percent), hanging (38 percent), and self-immolation (9 percent) (Suicides in India, 2012).

Age is regarded as a crucial demographic indicator of suicidal ideation. The suicide rate among people aged 75 and older, regardless of gender, appears alarming. When compared to the suicide rate for people between the ages of 15 and 24, it is three times greater. Both sexes have it, although men seem to notice it more. Female suicide rates rise with age and reach their peak in middle age. Young adults in underdeveloped nations and minority groups, in particular, have the greatest rates of female suicide (Krug, Dehlberg, Mercy, Zwi, and Lozano, 2002). According to Grunbaum et al. (2004), 21.3% of women and 12.8% of males looked at the major suicide attempts in the previous 12 months. By Juan et al., numerous gender-related disparities were found (2010). They discovered that women have a higher suicide rate than men. Gender-specific patterns of early risk factors for suicide thoughts and developmental characteristics may exist in adolescence. For girls, early behavioral issues, family strife, and family perspective are to blame, but for boys, disappointments, poor social adjustment, and reliance are to blame.

RESEARCH METHODOLOGY

DESIGN

The goals of the investigation were achieved using a correlation study design. Suicidal ideation served as the dependent or criterion variable/factor in this study along with depression, self-esteem, family environment and its component variables (problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, general functioning), school environment and its component variables (school support, school belongingness, academic pressure, peer support, peer conflict, and socio-demographic factors). The variables/factors that were considered for the investigation, along with their measurements and constituent parts.

SAMPLE

Participants in the study were 400 adolescent pupils (both sexes), chosen using a non-random selective sampling process from the Haryana state districts of Hisar, Fatehabad, and Rohtak. Participants came from both public and private schools. Adolescent pupils made up of 200 males (100 from rural and 100 from urban areas) and 200 females (100 from rural and 100 from urban areas). The responders in the survey had ages ranging from 12 to 16 years old. The participant's age was 15.20 years on average (SD: 0.97). The majority of the participants came from lower-class, lower-middle-class, and middle-class backgrounds. These pupils' parents came from a variety of professions, including shopkeepers, farmers, laborers, service providers, and businesspeople.

PROCEDURE

In order to determine how "depression, self-esteem, family environment, school environment, and socio-demographic characteristics impact suicide thoughts in adolescent pupils," the current study was done. In order to achieve this goal, five hundred (500) adolescent students from government and non-profit schools in the districts of Hisar, Rohtak, and Fatehabad in the state of Haryana underwent administration of the Child Depression Inventory, Self-esteem Scale, Family Assessment Device, School Environment Scale, Socio-Demographic Questionnaire, and Suicidal Ideation Scale (India).

The research goal and application of the current study were explained to the chosen participants, who were asked to respond truthfully and honestly because the information they supplied would be kept private and utilized exclusively for research purposes. To complete the questionnaires, the respondents were asked. When the subject was at ease and prepared for testing, the following general instructions were given to him or her: "I'm going to give you a set of tests, scales, questionnaires, and devices in which questions regarding your personal data, mental state and behavior (depression and suicidal ideation), personal, social, emotional, and family data are asked. Following the general testing guidelines, the chosen test, scale, or questionnaire was administered after making sure the individual understood the goal and method of response. By



giving the exams to every person in the identical way, we were able to obtain data from every subject. The exams, scales, and questionnaires for each individual took roughly 60 minutes to complete.

RESULTS AND DISCUSSION

The goal of the current study was to pinpoint the psychosocial factors that predict suicidal ideation in adolescent students. Four hundred (400) teenage children from the rural and urban Hisar, Fatehabad, and Rohtak districts of the state of Haryana received assessments for adolescent depression, self-esteem, family environment, school environment, and socio-demographic characteristics. There were 200 male adolescent students, 200 of whom were female. The data were examined using descriptive metrics such as means and standard deviations as well as inferential metrics such as the t-test and Pearson's correlation coefficient. To determine the specific function of the major variables in predicting suicidal thoughts, another Stepwise multiple regression analysis was conducted. Three sections of the results are discussed in this chapter. The means, SDs, and t-values of the criteria variables are provided in section 1, along with information on the impact of demographic characteristics on depression and suicidal thoughts.

In Table-1, the mean values and standard deviations for the entire sample of male and female teenagers are provided. T-test was used to determine the significance of the difference in mean scores caused by demographic parameters such as sex, area of residence, and family type.

TABLE 1 MEAN'S AND SD'S OF MALE, FEMALE AND ALL ADOLESCENT STUDENTS (N=400)

Variables	Male Adolescent Students (N=200)		Female Adolescent Students (N=200)		All Adolescent Students (N=400)	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Suicidal Ideation (Sui)	20.13	7.40	22.54	4.10	22.33	7.45
Depression (Dep)	14.94	6.63	16.53	4.17	17.73	4.23
Self-Esteem (Se)	20.34	7.23	15.01	7.43	18.50	7.54
Problem Solving (Ps)	11.70	3.56	10.91	2.86	11.43	3.27
Communication (Com)	13.97	3.81	10.92	2.91	11.44	3.44
Roles (Rol)	18.12	4.72	17.80	4.10	18.00	4.43
Affective Responsiveness (Ar)	14.85	3.92	12.46	4.17	14.64	4.13
Affective Involvement(Ai)	13.66	4.70	13.27	4.83	13.60	4.84
Behavior Control (Bc)	12.83	5.83	15.02	8.40	14.94	6.15
General Functioning (Gf)	24.43	7.20	23.71	6.13	23.93	7.77
School Support (Ss)	14.86	3.95	14.51	4.27	14.67	4.16
School Belongingness (Sb)	11.90	3.56	10.91	2.86	11.42	3.27
Academic Pressure (Ap)	18.64	3.94	20.40	2.84	19.64	3.59
Peer Support(Prs)	14.77	5.44	13.01	5.14	15.68	5.34
Peer Conflict(Pc)	12.33	6.10	15.41	5.50	16.12	5.00

TABLE -2 SUICIDAL IDEATION AND DEPRESSION IN MALE AND FEMALE ADOLESCENTS

Variables	1 (Male)			2 (Female)			t-value
	N	Mean	SD	N	Mean	SD	
Sui	200	20.13	7.40	200	24.54	4.10	6.90 ^{**}
Dep	200	14.94	6.63	200	18.53	4.17	4.27 ^{**}

TABLE -3 SUICIDAL IDEATION AND DEPRESSION IN RURAL-URBAN ADOLESCENTS

Variables	1 (Rural)			2 (Urban)			t-value
	N	Mean	SD	N	Mean	SD	
Sui	200	20.44	7.64	220	22.24	7.26	.30
Dep	200	17.72	4.27	200	15.76	4.11	.07

TABLE-4 SUICIDAL IDEATION AND DEPRESSION IN ADOLESCENTS FROM JOINT AND NUCLEAR FAMILIES

Variables	1 (Nuclear)			2 (joint)			t-value
	N	Mean	SD	N	Mean	SD	
Sui	200	26.04	4.97	200	16.64	3.87	26.43 ^{**}
Dep	200	20.14	4.63	200	15.34	2.95	15.50 ^{**}

** Significant at .01 level

* Significant at .05 level

According to the findings, female students had considerably more suicidal thoughts than male pupils. The t-ratio is 6.91, and at the 0.01 level, it is significant. In a similar vein, female students have higher rates of depression than male students. The t-ratio is 4.29, and at the 0.01 level, it is significant. Since depression and suicidal ideation are typically twice as common in women as in

men, the results are thus going in the predicted direction. Thus, the study's findings are consistent with prior studies that found that females had higher levels of depression and suicide ideation. According to Table-3, the mean scores for suicidal ideation and depression are 20.44 and 17.72 for rural students, respectively, and 22.24 and 15.76 for urban students. The 0.30 and 0.09 t-ratio indicates no statistical significance. This demonstrates that there are no substantial differences between rural and urban students in terms of suicide ideation and depression. According to the study's findings, adolescents living in urban and rural settings are both at risk for depression and suicide thoughts. Thus, the study's findings support those of other studies (Springer et al., 2006; Eric et al., 1994), which found no differences between rural and urban adolescents in terms of depression and suicidal ideation. The means and SDs for depression and suicidal thoughts among students from nuclear families and joint families are shown in Table-4. Students from nuclear families performed better ($X=26.04$) than students from joint households ($X=16.64$), with the mean difference being statistically significant ($t=26.43$, $p.01$). Similar to this, kids from nuclear families performed better on depression tests than students from joint households ($X=20.14$), and this difference is statistically significant ($t=15.50$, $p.01$). The higher rate of suicidal thoughts and depression in nuclear families may be due to the fact that there are more choices for sharing difficulties and more social support in mixed families than there are for nuclear families. As a result, the study's findings are consistent with other studies (Shivaswamy et al., 2012; Dervic et al., 2007) that found nuclear families to have greater levels of depression and suicide ideation. Overall, the findings in this section show that female adolescents exhibit higher levels of depression and suicide thoughts than their male counterparts. Teenagers in nuclear homes are more likely than those in blended families to experience depression and suicide thoughts.

CONCLUSION

Described by Passer, Smith, Atkinson, Mitchell, and Muir in 2003 "Suicide is defined as "willful self-immolation." Various sorts of suicide perpetrators, including death seekers, death initiators, death ignorers, and death darers, were described by Edwin Shneidman (1963, 1981, 1993). Evidently, those who crave death want to commit suicide. They have given it a lot of thought. They may have suicidal thoughts for a very long period. They prepare to give up their

belongings, write a will, and purchase a gun and other things during this time. Death initiators are people who know they want to pass away but feel as though they are hastening an unavoidable death. People who view their death as the start of a brand-new, better existence is known as death ignorers. Suicide occurs among people with serious illnesses. These mass suicides by members of religious organizations, such as the 1997 deaths of 39 members of the Gate cult of heaven, frequently fall under this category. Death enthusiasts have conflicted feelings about dying. They may pass away, but that does not mean they will. More often than not, they could desire attention or the ability to make someone else feel guilty. In children and young teens, suicide is uncommon (Shafar and Piacenetini, 1994). The suicide rate starts to rise quickly at the age of 15. Major risk factors for suicide across all age groups include mood disorders, schizophrenia, and substance misuse (Shaffer et al., 1996). Currently, homicides and accidents are the two biggest causes of mortality among children, adolescents, and adults, with suicide coming in third (U. S. Bureau of the Census, 1999).

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