

Significance of Psychosocial Intervention programs for prevention of suicidal Behaviors

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Abstract- Suicide is an untimely and tragic loss of human life, all the more devastating and perplexing because it is a conscious volitional act. It occurs within a social, cultural, and familial context intertwined with human psychology. Given its proximate connection with mental health disorders, it is a public health concern. Suicide prevention is urgent owing to its repercussions for mortality and means of preventing self-harm. India has the dubious distinction of having the highest number of suicides in the world. The National Crime Records Bureau (NCRB) reports shows that 1.71 Lakhs people died by suicide in 2022. The suicide rate has increased to 12.4 per 1, 00,000, the highest rate ever recorded in India. But these figures are underestimated due to an inadequate registration system, the lack of medical certification of death, stigma and other factors. Unfortunately, 41% of all suicides are by young people below the age of 30. Suicide is the leading cause of mortality for young women in India.

A young Indian die by suicide every eight minutes, which is a loss to family, society, the economy and future of the country. Suicide in the young is a major public health problem in India. According to World Health Organization (WHO) suicide is a global burden and it is the third leading cause of death in the world. India accounts for a third largest in the world for female suicides yearly and nearly a fourth largest for male suicides. It is observed that “Stigma” has been surrounded by mental disorders and suicides meaning that people who take their own life or who attempt to suicide are not taking any help and thus they are not getting the desired help they need (Suresh Sharma & Rahul Kumar;). The present research papers investigate the underlying cause and significance of psychosocial intervention programs for preventing suicidal thoughts and behavior. A research survey conducted on 1100 college going students of Chhattisgarh to identifying the probable cause (Psychological, Sociological, Physiological & Situational), their thought patterns so at early stage we can prevent the student to attempt a suicide and arranging psychosocial intervention programs to elevate this problem. This research study conducted during January 2023 to March 2024. Different scales were used to collecting the data also

secondary data was used to support this research work. Data was analyzed through SPSS software, Descriptive statistic as well as Multiple Regression analysis was used to identify the probable cause related to suicidal ideation. Results revealed that the role of psychological, sociological, physiological and situational factors significantly predicts about the suicidal thought and behavior and for assessing the needs of psychosocial intervention programs to prevent from suicidal behaviors.

Suicide can be prevented but the majority of cases are not addressed properly due to the lack of awareness on this aspect as a public health issue. In spite of that, suicide considered to be a taboo in many societies and is not openly discuss among society members. As per the records, only 38 countries have included the national suicide prevention strategy. Thus, the community awareness and taboo break down is a vital component for countries to make a progress in the prevention of suicides. Government of India has taken an Initiative but it is necessary for NGO, health organization, school and colleges to conduct different psychosocial intervention program in different level of societies to reduce the suicidal rate in youth.

Keywords: Suicidal Ideation, Suicidal behavior, Psychosocial intervention programs

INTRODUCTION

Suicide is an important issue in the Indian context. More than one lakh (one hundred thousand) lives are lost every year to suicide in our country. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000. Among the geographically larger and more populous states, Kerala had the highest rate at 28.5 per 100,000 populations, followed by Chhattisgarh at 28.2, and then Telangana at 26.2. Maharashtra, Tamil Nadu, and Madhya Pradesh are the top three states in absolute numbers, collectively accounted for one-third of all suicides in the country

and had suicide rates of 18.1, 25.9, and 17.9 respectively.

Suicides do not occur due to a single reason. Nor do they take place in a vacuum, isolated from social, psychological, cultural, systemic and economic factors. An NCRB, 2005 report on suicide tends to misleadingly attribute deaths to a single cause. Nearly 75% of all suicides are attributed to the following causes. Family-related problems and distress caused due to physical and mental health conditions accounted for a little over 50% of all causes of suicide. Marriage and relationship related concerns combined

were reported to be the third cause of death. This was one of the only causes where the numbers of deaths by suicide among men were closely comparable to suicide deaths among women. And for dowry-related reasons, suicide deaths among women outstripped men. Alcohol and substance-use as well as economic and financial insecurity (debt, poverty and unemployment) were the reason for 14% of deaths by suicide each. Concerning, suicide deaths due to alcohol and substance-use saw the largest increase from 2021 to 2022, increasing by 10%.

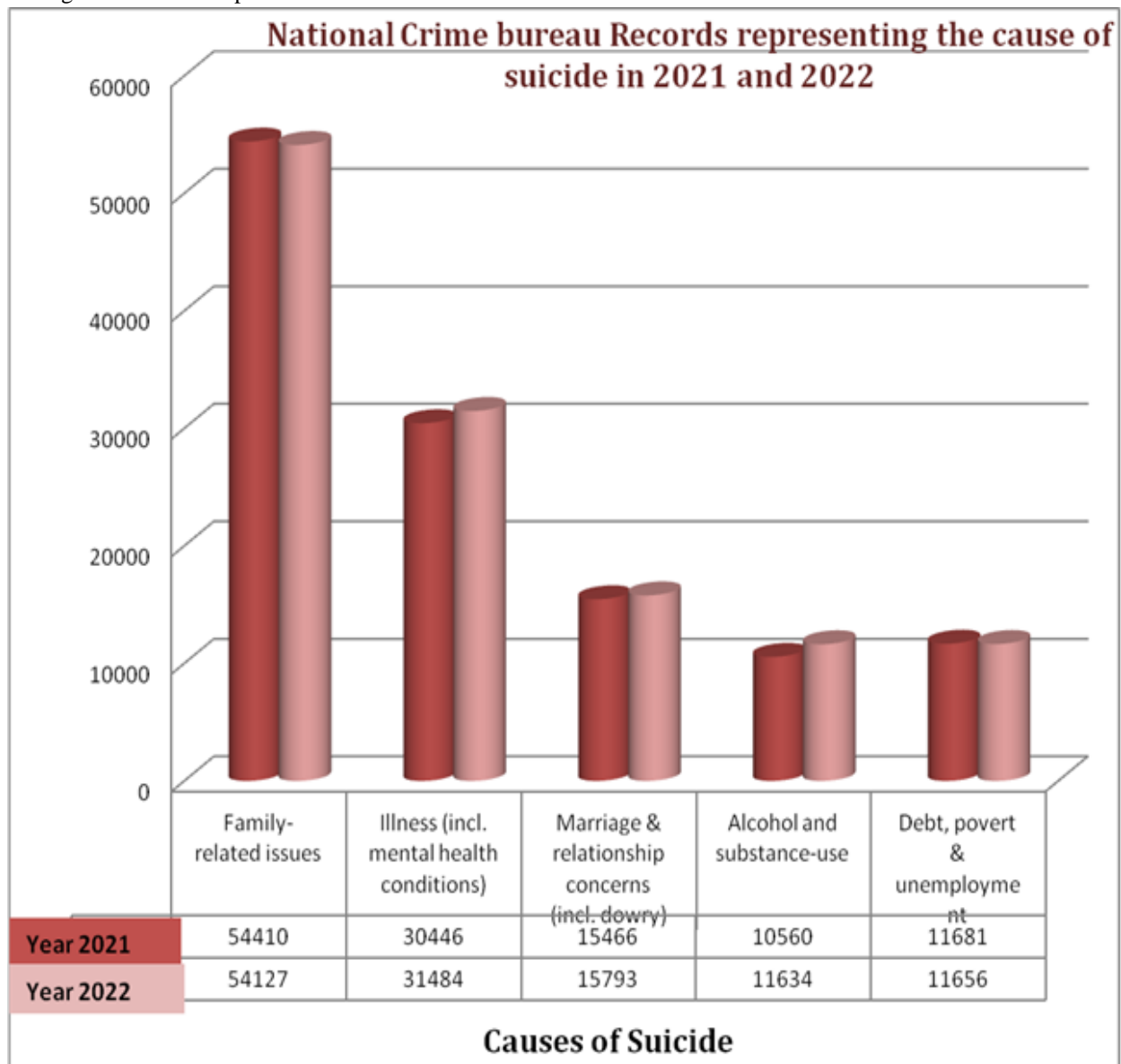


Figure: 1 National Crime Records Bureau: Accidental Deaths & Suicides in India (ADSI)

The majority of suicides (37.8%) in India are by those below the age of 30 years. The fact that 71% of suicides in India (National crime bureau record, 2005) are by persons below the age of 44 years imposes a huge social, emotional and economic burden on our society. The near-equal suicide rates of young men and women (Mayer, P. et al., 2002) and the consistently narrow male: female ratio of 1.4: 1 denotes that more Indian women die by suicide than their Western counterparts. Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) were the common methods used to commit suicide. (National crime bureau record, 2005). Two large epidemiological verbal autopsy studies in rural Tamil Nadu reveal that the annual suicide rate is six to nine times the official rate. (Joseph. A, et al., 1994; & Gajalaxmi, V. et al; 2007) If these figures are extrapolated, it suggests that there are at least half a million suicides in India every year. It is estimated that one in 60 persons in our country are affected by suicide. It includes both, those who have attempted suicide and those who have been affected by the suicide of a close family or friend. Thus, suicide is a major public and mental health problem, which demands urgent action.

Although suicide is a deeply personal and an individual action, suicidal behavior is determined by a number of factors included psychological, sociological, cultural, behavioral, situational and physiological. Esquirol wrote that “All those who committed suicide are insane” and Durkheim proposed that suicide was an outcome of social / societal situations; the debate of individual vulnerability *and* social stressors in the causation of suicide has divided our thoughts on suicide. Suicide is best understood as multidimensional, multi-factorial facets. Suicide is perceived as a social problem in our country and hence, mental disorder is given equal conceptual status with family conflicts, social maladjustment etc. (Etzersdorfer E, 1998) Researches in these field shows the reason for suicide is not known for about 43% of suicides while illness and family problems contribute to about 44% of suicides (Laxmi Vijay Kumar, 2007).

ROLE OF PSYCHOLOGICAL VARIABLES IN SUICIDAL BEHAVIORS

Suicide is a highly complex and multifaceted phenomenon, with many contributing and facilitating factors. It may be determined by the interaction between various factors, such as neurobiology, personal and family history, stressful events, and socio-cultural environment (Turecki G, et al., 2016). Given its being one of the most severe human behaviors, a distinct focus would be to identify the underlying psychological processes that may lead to suicidal ideation and behavior. The contributions of psychological factors both individual and social in suicidal behavior and suicide risk. A number of models have been proposed, with most emphasizing the interaction between predisposing and precipitating factors (O'Connor RC, et al., 2014 & Zalsman G, et al., 2016).

The key factor contributing in suicidal behavior is unbearable mental pain (Shneidman ES., 1993). Several studies have focused on the importance of psychic as the primary facilitator of suicide ideation and behavior (Levi-Belz Y, et al., 2014 & 2018). Suicide can be seen as a behavior motivated by the desire to escape from unbearable psychological pain (Verrocchio MC et al., 2016 & Orbach I. 2003). Other psychological factors like personality traits, emotional characteristics, and deregulation also seem to play a role, with emerging importance to decision-making deficit among suicidal individuals (Gvion Y, 2015).

Szücs et al. focus on personality and suicidal behavior in old age in their systematic review. Their review of 31 scientific papers emphasized that maladaptive personality manifests in milder, sub threshold and more heterogeneous forms in late-life versus early-life suicide. Moreover, the inability to adapt to changes occurring in late life may explain the relationship between suicide in old age and higher conscientiousness. Obsessive-compulsive and avoidant personality traits were particularly associated with elderly suicide. Geraldo da Silva et al. group the main cognitive difficulties among individuals who attempt suicide. These include attention bias, impulsivity, and problem-solving and decision-making deficits. They suggest that in addition to anxiety and depressive symptoms, cognitive deficits in psychiatric patients comprise important therapeutic goals. Stein et al., found a sequential model in their longitudinal study among former prisoners of war (ex-POWs) in Israel. They observed that Post traumatic stress disorder symptoms facilitated experiencing

loneliness, and these worked in tandem to implicate suicidal ideation, even years following their captivity. They conclude that both PTSD symptoms and loneliness are important factors in ex-POWs' long-term suicidal ideation and risk.

Approximately 45% of individuals who die by suicide consult a primary care physician within 1 month of death, without declaring their suicide desires and ideation (Isometsa ET, et al., 1995). This finding highlights the fact that communication difficulties comprise a major focus of our understanding of suicidal behavior. In the Israeli MSSA (Medically Serious Suicide Attempters) project, Levi-Belz and colleagues showed that poor self-disclosure, together with several related factors, may facilitate more lethal suicide behavior (Levi Y, et al., 2008; Levi-Belz Y et al., 2013; Trakhtenbrot R, et al., 2016). These studies are representative of numerous endeavors to deepen our understanding of the psychology of suicide phenomenon.

ROLE OF SOCIOLOGICAL VARIABLES IN SUICIDAL BEHAVIORS

Research in the field of sociology demonstrated the role of sociological factors through theoretical explanation that why individual commit suicidal behavior. They have identified the associative factor which is related to sociological aspects of life. Research in this areas show the role of multiple sociological variables. Interpersonal factors also play a vital role in suicides. Emile Durkheim's (Durkheim E., 1897) work established the foundations of our understanding that suicide is also a social behavior having some cultural characteristics. Joiner's interpersonal theory of suicide (Van Orden KA, et al., 2010) highlights two major interpersonal structures—perceived burdensomeness and thwarted belongingness—as critical features that may lead to suicidal ideation and eventually to suicide. The interaction of mental pain, interpersonal factors, and impaired decision making is crucial for suicide risk assessment and research.

Emile Durkheim's remarked, "The bond that unites [individuals] with the [group] attaches them to life [and] prevents their feeling personal troubles so deeply (1951:209–210)." He continues that suffering

physically, psychologically, or spiritually, "does not exist for the believer firm in his faith or the man strongly bound by ties of domestic or political society". This collective belonging protects individuals from what Durkheim termed "egoistic" suicide, or suicides resulting from isolation and a lack of collective belonging. Integration, then, is borne of the recurring social relationships that require tending and care, and which are embedded in larger networks that form groups, communities, or perhaps, even nation-states. This includes being tied to families and neighborhoods (Bjarnason, 1994; Maimon and Kuhl, 2008; Maimon et al., 2010) as well as communities (Baller and Richardson, 2002). These relationships provide members with what sociologists call social capital, or tangible and intangible benefits built on membership (Coleman, 1988; Portes, 2014).

Nevertheless, a series of promising studies emerged following Phillips' work, which focused on the consequences of being exposed to a personal role model's suicidality (Tishler, 1981; Farberow et al., 1987; Niederkrotenthaler et al., 2012). With the growth of network analysis in the 21st century, suicide scholars in this burgeoning tradition began taking cues from network studies that found many social behaviors, like obesity and smoking, were socially "contagious," net of individual factors (Christakis and Fowler, 2007, 2008). It became apparent that the structure of a person's social network mattered, as longitudinal research found that adolescent exposure to friends of friends was associated with greater risks of suicidality (Baller and Richardson, 2009). Likewise, networks appear to have gendered effects, with girls being most at risk of suicidality when they have exceedingly small social networks or are immersed in exceedingly large ones (Bearman and Moody, 2004). Research in Indigenous communities has made important connections between the social, cultural, and geographic circumstances that delimits social networks within some indigenous communities to the intergenerational negative affect experienced and passed on due to discrimination and prejudice (Kral, 2012; Stevenson, 2014). In one community, for instance, youth associated suicide with belongingness; that is, to die by suicide was to express one's commitment to the group's expectations and its members (Niezen, 2009).

Sociologists Muller et al. (2020) shows in their recent researches that leveraged extremely unique longitudinal data linked to death records to examine how male adolescents' desired occupations translated into risk of suicide by mid-life when those occupations became unavailable due to economic declines in those occupations. The structural changes in the labor market interacted with cultural ideals for work and success, such that when worked declined, men who expected a reliable working-class job were more likely to die by suicide (and also drug overdose) than their peers.

The basic premise of a social psychological theory of suicide, then, rests on four key aspects of identity and emotion (Abrutyn and Mueller, 2016). First, persons whose identity is structurally and culturally embedded in a relationship, group, or broader social system will feel higher levels of commitment to the identity. Commitment depends on both intensive (intimate and affectual) and extensive (dense and numerous) social ties that evoke the identity (Stryker, 2008). Second, where commitment to an identity is high, the person will also be affectually attached to the bond itself (Lawler, 2002). Third, the more committed an individual is to an identity and attached to a bond, the more influence other members have on the feelings, thoughts, and actions of the individual. Fourth, where fewer alternative identities and bonds exist, subjectively and/or objectively, cultural regulation will be at its most powerful as continued commitment and attachment are more desirable than exclusion and isolation (Goffman, 1961).

ROLE OF PHYSIOLOGICAL VARIABLES IN SUICIDAL BEHAVIORS

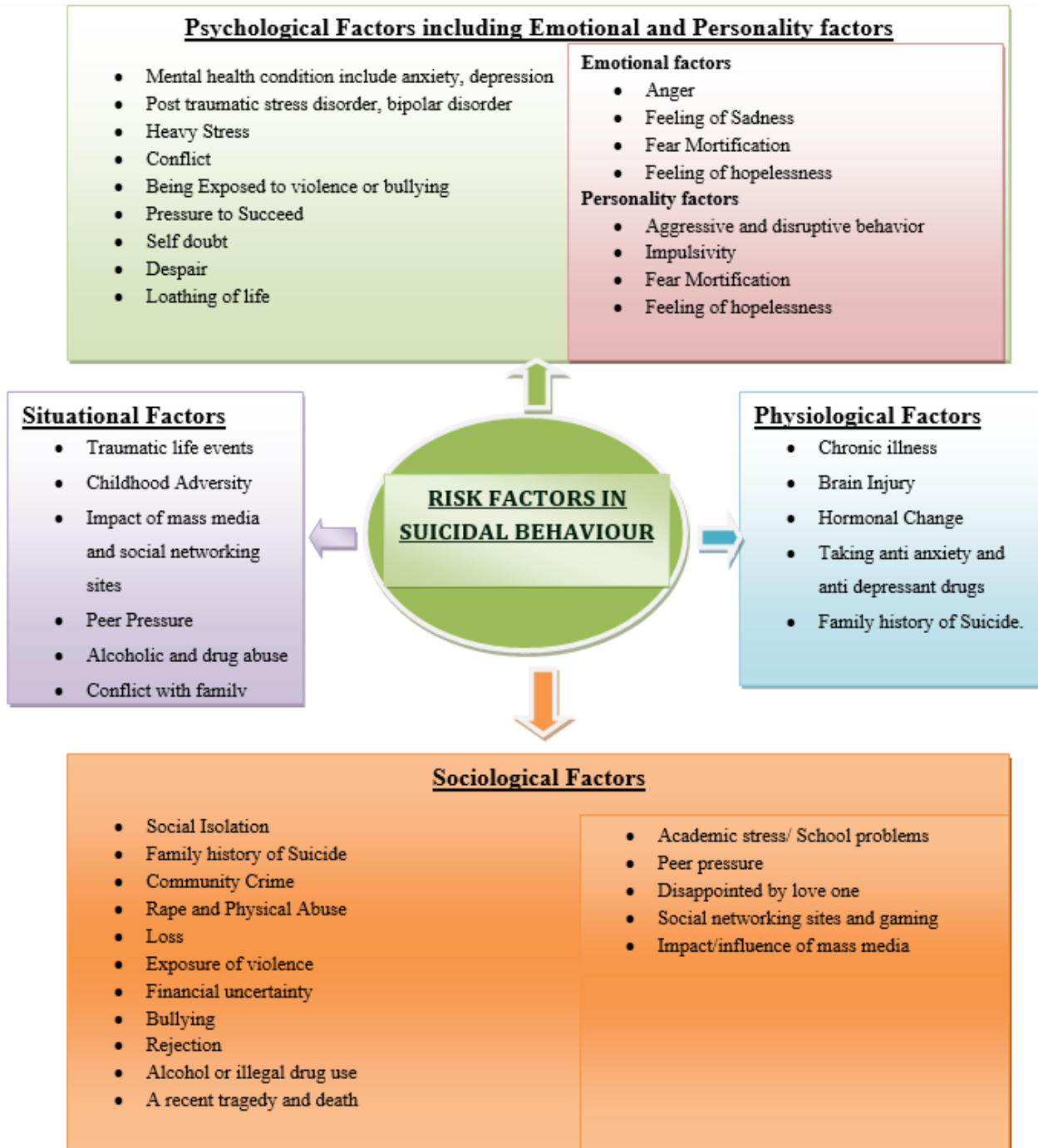
Studies linking suicidal behavior and molecular genetics are now trying to find specific genes that explain it. Some point to specific loci in chromosomes that play an important role in suicide. Others point to the importance of mental disorders and their heritability, which would link the two phenomena and could thus be explained. Others argue that behavioral factors such as impulsivity or aggressiveness could play a role in genetic factors.

The Genetic factors, an association has been found between genetic poly-morphisms and suicidal behavior. In addition, it has been found that the odds of suicide are ten times higher in those who have had family members who committed suicide. It is also estimated that approximately 43% of suicidal behaviour can be explained by genetics (Bond AE., 2022) Reviewing family history is important, as those children who have had parents who have committed suicide are up to four times more likely to take their own lives. Some studies point to the age of the child when a parent commits suicide, noting that the younger the age of the child, the greater the likelihood of suicide in the future. The reason for this is currently unknown. It could be a genetic issue or parental imitation (Fazel S, et al., 2020). In addition, reviewing family history may also involve parental neglect or physical or sexual abuse, which may increase the risk of children taking their own lives (Brundin L, et al, 2017). It is believed that those who suffered sexual or physical abuse in childhood may be the cause of suicide in 50% of cases in females and 30% in males (Capuzzi E, et al, 2020) which should also be taken into account.

The objective of the research study is to investigate the underlying cause of suicide and make a psycho-social intervention programs to prevent from suicidal behavior. There are so many variables that affect the suicidal behavior it is important for the important organizations of our societies to understand their responsibilities and take initiatives to control the suicidal rate day by day the rate has been increased in the all over the globe. Indian government had already taken initiative but the NMHP and DMHP have to work more in this direction. It is also necessary to seek attentions of health care providers to facilitate their services in this area.

OBJECTIVES OF THE STUDY

1. The objective of the research study is to investigate the underlying cause of suicide and make a psycho-social intervention programs to prevent from suicidal behavior.



RESEARCH QUESTION

The following research questions related to the relationship of psychological, sociological, physiological and situation variables in predicting suicidal behavior are addressed in the present research.

1. What are the aspects/components of psychological, sociological, physiological and

situation variables have to predict a suicidal behavior among teenagers and adults?

RESEARCH HYPOTHESIS

The research hypothesis is based on the theoretical structure of Suicidal theory by Durkheims et al., (1984) and Thomas Joiner interpersonal-

psychological theory of suicidal behavior. Following hypothesis will be made in the present study.

1. Psychological, sociological, physiological and situational variables will significantly predict a suicidal behavior among teenagers and adults.

METHODS

Participants: Participants for the present study were total sample of 1100 in which 533 are males and 567 are females are included from different colleges of Chhattisgarh, who are easily available and ready to fill the questionnaire related to demographic characteristic, Checklist for assessing the cause (Psychological, Sociological, Physiological and Situational Factors) of suicidal behavior and also related to warning and symptoms of Suicidal ideation. SBQ-R Suicide behavior questionnaire were used for assessing how promptly they are engaged in Suicidal act and behavior. Before filling the questionnaire consent form was filled by the participants that they are willing to participate in the research work and assure them there response will be kept confidential.

Measures: The following measures are used in the study

1. Checklist related to Physiological, Psychological, Sociological and Situational risk factors are made using theoretical explanation given by theorists and relevant research work done in this area shown in Table 2, 3, 4, 5, 6, and also checklist of warning sign and symptom of suicidal behavior, and the ways to use the suicidal attempt checklist were used for collecting data.
2. SBQ-R Suicide behavior questionnaire- Revised developed by Osman et al., (1999) revised was used to assessing Suicidal behavior.

PROCEDURE:

On the bases of convenient sampling the colleges of Chhattisgarh were selected then contacting with the students of college. The data was collected by the Post graduation students of Department of psychology, Kirodimal Govt. Arts & Science College Raigarh, Chhattisgarh during January 2023 to March 2024. Then the questionnaire were given to them which is related to demographic characteristic, Checklist for assessing the cause (Psychological, Sociological, Physiological and Situational Factors) of suicidal

behavior and also related to warning and symptoms of Suicidal ideation. SBQ-R Suicide behavior questionnaire were used for assessing how promptly they are engaged in Suicidal act and behavior. Before filling the questionnaire consent form was filled by the participants that they are willing to participate in the research work and asked them in understanding any question please ask and try to fill the questionnaire as soon as possible and assure them there response will be kept confidential after filling the questionnaire by the participant checking it whether the respondent given all the answers of this questionnaire or not.

Analysis of Data:

The sample characteristic such as age, gender, religion, educational qualification, residence, type of family, father occupation were analyzed through using descriptive statistics (Number, percentage, mean and Standard deviations). Multiple regression analysis was used to predict the role of different variables (Psychological, Sociological, Physiological and situational) in provoking the suicidal behavior. Data analysis is done by using SPSS software version 27.

Results:

The results of the study proved the hypothesis that psychological, sociological, physiological and situational variables will significantly predict a suicidal behavior among teenagers and adults. Results of multiple regression analysis revealed in Table 2 Psychological factors was found significant predictors of score on the measures of suicidal behavior, $R=0.49$, $R^2 = 0.25$, $F(8, 1091) = 45.05$, $P < .001$ explaining 25% of variance in the score of criterion variables.

In regard to the contribution of associative factors of Psychological factors in suicidal behavior, role of Mental health conditions include anxiety and depression ($b=0.92$, $\beta= 0.27$, $t = 7.78$, $P < .001$), Post traumatic stress disorders and bipolar disorder ($b=1.06$, $\beta= 0.21$, $t = 6.53$, $P < .001$), Heavy Stress ($b=1.65$, $\beta= 0.28$, $t = 10.23$, $P < .001$), , Being exposed to violence or bullying ($b=0.43$, $\beta= 0.86$, $t = 2.96$, $P < .001$), Self doubt ($b=0.68$, $\beta= 0.25$, $t = 3.10$, $P < .001$) and Loathing of life ($b=0.89$, $\beta= 0.25$, $t = 5.48$, $P < .001$) were found statistically significant on the scores of suicidal behavior.

Table -1 Characteristics of Sample

	N (1100)	%	M	SD
Age				
17 to 20	598	54.4		
21 to 25	451	41.0	1.50	0.58
25+	51	4.6		
Gender				
Male	533	48.5	1.52	0.50
Female	567	51.5		
Educational Qualification				
Graduation	846	76.9	1.23	0.42
Post Graduation	254	23.1		
Stream				
Arts	493	44.8		
Science	438	39.8	1.80	0.93
Commerce	69	6.3		
BCA	100	9.1		
Residence				
Rural	609	55.4		
Urban	391	35.5	1.54	0.66
Semi Urban	100	9.1		
Religion				
Hindu	712	64.7		
Muslim	44	4.0	1.92	1.30
Sikh	69	6.3		
Christianity	275	25		
Type of Family				
Nuclear	777	70.6	1.29	0.46
Joint	323	29.4		
Father Occupation				
Government	252	22.9		
Businessman	246	22.4	2.39	0.92
Agriculture	527	47.9		
Others	75	6.8		
Number of brother & Sisters				
Single	142	12.9		
2	578	52.5		
3	143	13	2.49	1.09
4	169	15.4		
4+	68	6.2		

Table: 2Results of Multiple Regression Analysis predicting scores on the measures of Suicidal behavior from different associative factors of Psychological causes related to Suicide

Psychological Factors	Suicidal Behaviors		
	b	β	t
Mental health condition include anxiety, depression	0.92	0.27	7.78***
Post traumatic stress disorders, bipolar disorder	1.06	0.21	6.53***

Heavy Stress	1.65	0.28	10.23***
Conflict	0.72	0.13	0.47
Being exposed to violence or bullying	0.43	.086	2.96***
Pressure to succeed	0.09	0.02	0.49
Self doubt	0.68	1.17	3.10***
Loathing of life	0.89	0.25	5.48***
	R= 0.49		
	R ² = 0.25		
	F (8, 1091)=45.05***		

Table 3 showed that Emotional factors was found significant predictors of score on the measures of suicidal behavior, $R=0.64$, $R^2 = 0.42$, $F (4, 1095) =25.80$, $P<.001$ explaining 42% of variance in the score of criterion variables. In regard to the contribution of associative factors of Emotional factors in suicidal behavior, role of Anger ($b=2.01$, $\beta=0.40$, $t=7.08$, $P<.001$), Feeling of Sadness ($b=1.44$, $\beta=0.23$, $t =4.06$, $P<.001$) were found statistically significant related to the scores on the measures of suicidal behavior.

Table 4 shows the Personality factors was found significant predictors of score on the measures of suicidal behavior, $R=0.87$, $R^2 = 0.75$, $F (4, 1096) =72.22$, $P<.001$ explaining 75% of variance in the score of criterion variables. In regard to the contribution of associative factors of Personality factors in suicidal behavior, role of Aggressive and disruptive behavior ($b=0.86$, $\beta=0.29$, $t=7.84$, $P<.001$) and Impulsivity ($b=2.63$, $\beta= 0.13$, $t =4.09$, $P<.001$) were found statistically significant to the scores on the measures of suicidal behavior.

Table: 3 Results of Multiple Regression Analysis predicting scores on the measures of Suicidal behavior from different associative factors of Emotional causes related to Suicide

Emotional Factors	Suicidal Behaviors		
	b	β	t
Anger	2.01	0.40	7.08***
Feeling of sadness	1.44	0.23	4.06***
Fear Mortification	0.53	0.06	1.40
Feeling of hopelessness	0.38	0.06	1.44
	R= 0.64		
	R ² = 0.42		
	F (4, 1095) =25.80***		

Table: 4 Results of Multiple Regression Analysis predicting scores on the measures of Suicidal behavior from different associative factors of Personality factors causes related to Suicide

Personality Factors	Suicidal Behaviors		
	b	β	t
Aggressive and disruptive behavior	0.86	0.29	7.84***
Impulsivity	2.63	0.13	4.09***
Perfectionism	0.33	0.01	0.37
	R= 0.87		
	R ² = 0.75		
	F (3, 1096) =72.22***		

Table: 5 Results of Multiple Regression Analysis predicting scores on the measures of Suicidal behavior from different associative factors of Sociological cause related to Suicide

Sociological Risk Factors	Suicidal Behaviors		
	b	β	t
Social Isolation	0.21	0.04	1.31***
Family history of suicide	0.04	0.08	0.27
Community Crime	0.22	0.06	1.93***
Rape and Physical Abuse	0.21	0.06	2.07**
Loss	0.48	0.11	3.36***
Exposure of violence	0.51	0.14	4.46***
Financial uncertainty	0.29	0.08	2.41**
Bullying	0.27	0.06	1.96**
Rejection	0.13	0.04	1.24**
Alcohol or illegal drug use	0.16	0.04	1.49**
A recent tragedy & death	0.16	0.04	1.49**
Academic stress/School problems	0.49	0.14	4.76***
Peer pressure	0.51	0.14	4.85***
Disappointed by love one	0.19	0.02	0.48
Social networking Sites & gaming	0.28	0.07	1.97**
Mass media influence	0.18	0.02	0.46
			R= 0.27
			R ² = 0.73
			F (16, 1083) =5.36***

Table 5 represented the Sociological factors was found significant predictors of score on the measures of suicidal behavior, $R=0.27$, $R^2 = 0.73$, $F (4, 1095) =5.36$, $P<.001$ explaining 73% of variance in the score of criterion variables. In regard to the contribution of associative factors of Sociological factors in suicidal behavior, Social Isolation ($b=2.01$, $\beta= 0.40$, $t =7.08$, $P<.001$), Community Crime ($b=0.22$, $\beta= 0.06$, $t =1.93$, $P<.005$), Rape and Physical Abuse ($b=0.21$, $\beta= 0.06$, $t =2.07$, $P<.005$), Loss ($b=0.48$, $\beta= 0.11$, $t =3.36$, $P<.001$), Exposure of violence ($b=0.51$, $\beta= 0.14$, $t =4.46$, $P<.001$), Financial uncertainty ($b=0.29$, $\beta= 0.08$, $t =2.41$, $P<.005$), Bullying ($b=0.27$, $\beta= 0.06$, t

$=1.96$, $P<.005$), Rejection ($b=0.13$, $\beta= 0.04$, $t =1.24$, $P<.005$), Alcohol or illegal drug use ($b=0.16$, $\beta= 0.04$, $t =1.49$, $P<.005$), A recent tragedy & death ($b=0.16$, $\beta= 0.04$, $t =1.39$, $P<.005$), Academic stress/School problems ($b=0.49$, $\beta= 0.14$, $t =4.76$, $P<.001$), Peer pressure ($b=0.51$, $\beta= 0.14$, $t =4.85$, $P<.001$), Social networking Sites & gaming ($b=0.28$, $\beta= 0.07$, $t =1.92$, $P<.005$), were found statistically significant in predicting suicidal behaviors in teen and adults. The hypothesis of study stated that sociological factors will account for a significant amount of variance in suicidal behavior among teens and adult.

Table: 6 Results of Multiple Regression Analysis predicting scores on the measures of Suicidal behavior from different associative factors of Physiological causes related to Suicide

Physiological Causes	Suicidal Behaviors		
	b	β	t
Chronic illness	0.45	0.13	4.26***
Brain Injury	0.60	0.18	5.81***
Hormonal Change	0.70	0.18	5.97***

Anti anxiety and antidepressant drugs	0.81	0.22	7.02***
Family History of Mood disorder	0.52	0.14	4.93***
	R= 0.31		
	R ² = 0.10		
	F (5, 1094) =24.53***		

Table 6 revealed the Physiological factors was found significant predictors of score on the measures of suicidal behavior, R=0.31, R² = 0.90, F (5, 1094) =24.53, P<.001 explaining 10% of variance in the score of criterion variables. In regard to the contribution of associative factors of Physiological factors in suicidal behavior, chronic illness (b=0.86,

$\beta = 0.29$, t =7.84, P<.001), Brain Injury(b=0.60, $\beta = 0.18$, t =5.81, P<.001), Hormonal change (b=0.70, $\beta = 0.18$, t =5.97, P<.001), anti anxiety and anti depressant drugs (b=0.81, $\beta = 0.22$, t =7.02, P<.001) and family history of mood disorder (b=0.52, $\beta = 0.14$, t =4.93, P<.001) were found statistically significant related to the scores on the measures of suicidal behavior.

Table:7 Results of Multiple Regression Analysis predicting scores on the measures of Suicidal behavior from different associative factors of Situational causes related to Suicide

Situational Causes	Suicidal Behaviors		
	b	β	t
Traumatic life events during childhood and adulthood	0.12		
Childhood adversity	0.07	0.02	0.68
Impact of mass media and social networking sites	1.40	0.42	12.43***
Peer Pressure	0.64	0.17	5.20***
Alcoholic and drug abuse	0.45	0.13	3.99***
Conflict with family member and friends	0.38	0.11	3.71***
	R= 0.37		
	R ² = 0.14		
	F (5, 1093) =29.19***		

Table 7 revealed the situational factors was found significant predictors of score on the measures of suicidal behavior, R=0.37, R² = 0.14, F (5, 1093) =29.19, P<.001 explaining 14% of variance in the score of criterion variables. In regard to the contribution of associative factors of situational factors in suicidal behavior, Impact of mass media and

social networking sites (b=1.40, $\beta = 0.42$, t =12.43, P<.001), Peer pressure (b=0.64, $\beta = 0.17$, t =5.20, P<.001), Alcoholic and drug abuse (b=0.45, $\beta = 0.13$, t =3.99, P<.001), and conflict with family members and friends (b=0.38, $\beta = 0.11$, t =3.71, P<.001) were found statistically significant related to the scores on the measures of suicidal behavior.

Table:8 Responses of participates on assistance taken to prevent from suicidal behavior in teenager/Adolescences &Adulthood

	N	%
What to do if you experience Suicidal Ideation? You could reach out to a:		
a.) A family members or friends	924	84
b.) A crisis counselor	251	22.8
c.) Doctor or therapists	382	34.7
d.) Spiritual Leaders	138	12.5
e.) Online Social groups	805	73.2

The table 8 revealed that 84% participants reported that in case of suicidal thoughts they approach to family members and friend, 22.8 % reported they are taking help of crisis counselors, 34.7 % reported that

they consults to doctors and therapists, 12.5% reported they approach to spiritual leaders and 73.2% reported they contacted with online friends in case of suicidal thought or ideation.

Table:9 Responses of participates on warning sign/symptoms of suicidal behavior in teenager/Adolescences &Adulthood

	N	%
Warning signs associated with suicide can include:		
Changes in eating or sleeping habits	992	90.2
Frequent or pervasive sadness	955	86.8
Withdrawal from friends, family, and regular activities	1075	97.7
Frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.	940	85.5
Decline in the quality of schoolwork	992	90.2
Preoccupation with death and dying	382	34.7

Table 9 shows the responses of participants on the warning sign and symptoms of suicidal behavior. 90.2 % reported the alarming signs of suicidal behavior are change in eating and sleeping patterns and habit, 86.8% participant says frequent and pervasive sadness, 86.8%, 97.7% says they are withdrawal from friends, family and regular activities, 85.5% reported them frequently complaints about physical symptoms often related to emotions. 90.02% says decline in the quality of schoolwork and 34.7% says preoccupation with death and dying.

Table 10 revealed the respondent responses on probable action and involvement in attempting suicidal behavior 11.63% says they have buy weapons for committing suicide, 21.91% says they collects pill, 37.27 respondent says give away their valuables, 52.55% reported they say goodbye to their family members and friends, 45.27 % says search online ways to kill themselves and 49.18% respondent says take dangerous risk as driving, railway tracks etc.

Table: 10 Responses of participates on probable action and involvement in attempting suicidal behavior

	N	%
Someone with severe suicidal ideation have:		
Buy a weapon	128	11.63
Collect or save pills	241	21.91
Give away their valuables	410	37.27
Say goodbye to their friends and family	578	52.55
Search online way to kill themselves	498	45.27
Take dangerous risk as driving	541	49.18

Thus the results of the study proved the hypothesis that psychological, sociological, physiological and situational variables will significantly predict a suicidal behavior among teenagers and adults.

DISCUSSION

Suicides among young people continue to be serious Issues. Suicide is the second leading cause of death for children, adolescents, and young adults age 15-to-24-

year-olds. The suicide rate among adolescents in the all over the globe has increasing dramatically in the recent years and has been accompanied by considerable changes in youth suicide, especially among young girls. Therefore, we need a good understanding of the risk factors contributing to suicidal behavior in youth. The conceptual framework for suicidal behavior that links clinical and psychological risk factors to the underlying neurobiological, neuropsychological abnormalities

related to suicidal behavior might predict to help in identifying the treatment strategies. Researches shows that developmental, biological factors and psychological or clinical may have causal relevance to the changes associated with suicidal behavior. In this way several perspectives in suicidal ideation and attempts to explain the relationship between various neurobiological, genetic, and clinical observations in suicide research, offering a comprehensive hypothesis to facilitate understanding of this complex outcome. Unraveling the knowledge of the complex interplay of psychological, physiological, sociological, situational and clinical risk factors is highly essential, concerning the development of effective prevention strategy plans for suicidal ideation and suicide.

The majority of children and adolescents who attempt suicide have a significant mental health issues, usually depression. Among younger children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity. Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems. Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriately treated with a comprehensive treatment plan.

Adolescents are of major concern; the underlying causes or reasons could be increased usage of social media use, peer-pressures, depression, and anxiety. In 2017, 6241 suicidal deaths were reported in individuals aged 15–24 years, among those 5016 males and 1225 females (Curtin and Heron, 2019; Miron et al., 2019). Based on the standpoint of public health and mental health issues, suicidal ideation is one of the main issues to address through current preventive methods in adolescents (Miron et al., 2019). Suicide is a complex behavior with multiple factors associated with social isolation, mental illness, alcohol abuse, substance use disorder, family-related events (Esposito-Smythers et al., 2011; Ganz and Sher, 2009). Therefore, it is most important to gain insight into the possible risk factors that contribute to suicidal behavior in adolescents. In this research we tried to focus on the most important

risk factors such as Physiological, sociological, psychological and situational factors contributing in suicidal ideation and plan a psychosocial intervention programs to control the rate of suicide in youth.

CONCLUSION

Youth suicide constitutes a major public mental health issue. Young people and especially adolescents are by nature a vulnerable group for mental health problems. Psychological, sociological, physiological and situational factors jointly contributed in risk factors for suicidal ideation. Hence this information would greatly help us in understanding the progression of the disease, early diagnoses, interventions that specifically address issues like impulsivity, aggression, reduced positive effect, lack of social interaction, increased negative thoughts, poor distress tolerance, and family interactions in suicidal adolescents. This information will facilitate generating treatment strategies that are more effective in reducing suicidal thoughts and behaviors in adolescents. Each suicide is the result of a complex dynamic and unique interplay between numerous contributing factors, and individual efforts to predict and prevent suicide tend to fail. On the other hand, our knowledge of risk factors is increasing substantially.

Mental disorders, previous suicide attempts, specific personality characteristics, emotional factors, cognitive factors, genetic factors and family processes in combination with triggering psychosocial stressors, exposure to inspiring models and availability of means of committing suicide are key risk factors in youth suicide. The only way forward is to reduce these risk factors and strengthen protective factors as much as possible by providing integrated and multi-sector (primary, secondary and tertiary) prevention initiatives. Key prevention strategies can be based on population i.e. mental health promotion, education through Seminar, workshop, quiz, awareness by campaigns on mental health promotions, careful media coverage, limited access to means of committing suicide as well as targeting high-risk subgroups example specific school-based programs by NGO and DMHP, NMHP, educating gatekeepers in different domains, providing crisis hotlines and online help, detecting and coaching dysfunctional families, even focusing on individuals identified as suicidal ideation. To increase successful attempts to address youth

suicide in the future, further unraveling of the complex suicide process must be accompanied by sustained and substantial efforts in scientifically underpinning and reevaluating ongoing and new prevention strategy plans, and this is largely a matter of policy priorities and commitment.

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