Suicidal Ideation: A Systematic Review

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Abstract: Suicide is the one of the major way of increasing the death rate. This paper review is dealing with suicidal ideation and behavior. The current study is the review of various articles, among these some are predictor to suicidal ideation, some factors show correlation and some are domains. This review paper focuses on the various causes and their effects in leading suicides among different section of society.

Keywords: Suicide, Suicidal ideation, Suicidal behavior, Suicidal attempt.

Introduction

Suicide is derived from a Latin word ‘Suicidium’ which means the “act of taking one’s own life”. Suicide is an act of causing harm or killing to self intentionally. According to WHO, every year around 800,000 people attempts suicide which means one person is dying every 40 seconds. It is the second leading cause of death among young people, teenager girls and third leading cause among teenage boys. Klonsky, May & Saffer (2016) discussed about the suicidal ideation and attempts. They found in their studies that mental disorder has strong correlation with suicides and mostly people die by suicide has mental disorder. Study by Shanfelt, Balch, Bechamps, Russell, Satele, Rummans, Swartz et al (2009) found suicidal ideation among American surgeons which is independently related to three domains of burnout and depression such as Emotional exhaustion, depersonalization and low personal accomplishment. Even Garlow, Rosenberg, Moore, Haas, Koestner, Hendin, Nemeroff (2007) investigated about the suicidal ideation and depression among undergraduate college students and that there is a strong relationship between severity of depressive symptoms and suicidal feelings and actions. Fabbrocini, Cacciapuoti and Monfrecola (2018) found that moderate-severe acne has an extensive impact on the adolescents and adult health related quality of life. They affect the social and emotional functioning, relationships, daily and leisure activities, sleep as well as school or work related activities. Goodman (2006) showed in his study that affected adolescent experience more social isolation, dissatisfaction with their facial appearance, embarrassment, social consciousness and social inhibition with feelings of anxiety and stress. He further revealed that suicidal ideation was found in 5.6% of acne patient assessed in different dermatological disease states. Cotterill and Cunliffe (1997) revealed that sixteen patients (seven males and nine females) have committed suicide after presenting with dermatological problems. He further revealed that facial scarring in males and facial complaints in females may cause depression and at risk of suicide. Also Gupta, Schork, Gupta, Kirkby, Ellis (1993) found that the psoriasis is associated with depressive disorder and case report of completed suicide. As per the results it can be understand that they are related to each other.

Darvishi, Farhadi, Haghtalab, Poorolajal (2015) investigated about alcohol use disorders on suicidal thought and behaviour and found that alcohol use disorder are increasing the risk of suicidal ideation, attempts and completed suicide. Schilling, Aseltine, Glanovsky, James, Jacobs (2009) recognized the use of alcohol while sad or depressed as a marker for suicidal behavior in adolescents who didn't report ideating before an endeavour, and henceforth, may not be identified by current techniques for evaluating suicide risk. Discoveries from this investigation ought to give further stimulus for alcohol screening among clinicians
beyond that spurred by concerns about alcohol and substance use. King, Stone, Flisher, Greenwald, Kramer, Goodman, Lahey, Shaffer, Gould (2001) identified independent psychosocial and risk behavior correlates of suicidal ideation and attempts. Low parental monitoring and risk behaviors such as smoking, physical fighting, alcohol consumption, and sexual activity are independently related with expanded risk of suicide ideation and ideations, other than psychotic disorder and socio demographic details.

Silva, Santos, Soares, Pardono (2014) promotes the prevalence and factors affecting suicidal ideation among Brazilian adolescents. They consider three models with outcomes for their findings. Adolescents had considered suicide; adolescents have planned and attempted the suicide. By considering these models they concluded that suicidal ideation was related with female sex, inclusion in fights, and unlawful drug use. Holt, Kantor, Polanin, Holland, DeGue, Matjasko, Misty et al (2015) found the association between bullying and suicidal ideation or behavior through meta analysis. By considering three predictors ( bullying victimization, bullying perpetration, and bully/victim status) and two outcomes ( suicidal ideation and suicidal behavior). As per the result they concluded three predictor independently associated with suicidal ideation and behavior.

Liu, Mustanski (2012) found that the General and LGBT (lesbians, gay, bisexual and transgender) specific risk factors both remarkably add to likelihood of suicidal ideation and self-harming in LGBT youth, which may, partially, represent the higher danger of these phenomena. Liu & Miller (2014) found in their study that negative life events are related to suicidal ideation and behavior. Positive life events are inversely related to suicidal ideation and behavior. Cheng, Yan, Fancher, Tonya, Ratanasen, Milin, Conner et al (2010) examines the role of cultural relevant factors and socio demographic details like gender, age, years of education, household poverty and nativity status in suicidal behavior among Asian Americans. The result revealed that female gender, family conflict, perceived discrimination and the presence of lifetime depression or anxiety disorder were positively correlated to suicidal ideations and attempts. Finding also revealed the contributions to suicide risk of cultural factors and gender differences contrasts in Asian Americans.

Discussion

Suicide has become worldwide problem nowadays. According to WHO latest report, in South-East Asian regions, India has highest suicide rates of 16.5 suicides per 100,000 people. Also the suicide rates of females are third highest among Indians. It has been found that males attempt more suicides than females due to familial pressure, peer pressure and unemployment and females due to low self esteem, body distortion and poor mental health. Studies have found that the suicides are more twice in developed countries than underdeveloped countries. It has been found that suicides are prevalent in older adults due to mental disorders such as depression, anxiety etc whereas in young adolescent, its common due to unfavourable college environment, bullying, fighting, low parenteral monitoring. Smoking, substance abuse and alcohol consumption has been found to be common cause of suicides among young adolescents.

Mental disorders are the most common cause for major suicides worldwide. Either its male or female, mental disorders such as depression, anxiety, emotional exhausation, low personal accomplishment lead to suicidal attempts. From the above studies, it has been found that undergraduate students are more prone to suicidal attempts. The causes were relationship break ups, emotional imbalances, leisure activities, social isolation, and dissatisfaction with their facial appearance, embarrassment, social consciousness and social inhibition with feelings of anxiety and stress. Facial problems in females and facial scarring in males reduces their confidence level, resulting in social isolation and depression. Inappropriate management lead to suicidal attempts and ultimately suicides.

Negative outlook to life and negative life events have led many people into depression. Without proper assistance and support, such people consider ending of life as a best solution. Some studies show that suicidal attempts are common in lesbians, gays, bisexual and transgender because of societal rejection, pressure and criticism led them to kill themselves.
There is no such section or segment of society unaffected from stress, depression and suicidal attempts. Either its mental disorders, alcohol, bullying, social rejection or negative life events. Major section is attempting suicide for one or more reason. People have to accept themselves as they are and reach for assistance and support without hesitation. Mental health practitioners are available worldwide to help people out of any situation and conditions. As life has many ups and down, everybody face one or another challenges in life but the one who fights and cope with it becomes winners. Society should accept the third gender without any shame or resistance as they are also the part of God’s creation and hold the right to live their life without social rejection or torture.

Atlast, as per the law of Indian Constitution, Article 21, everybody has a right to live their life, “No person shall be deprived of his life or personal liberty except according to a procedure established by law”.

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