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To Assess The Level Of Suicidal Ideation Among Young Adults

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Abstract -

In the present research study, an attempt has been made to assess the level of suicidal ideation among young adults. The study also tries to find the gender differences among the variable mentioned above. Dr. Devendra Singh Sisodia & Dr. Vibhuti Bhatnagar (2011) developed the Suicidal Ideation Scale (SIS- SDBV) to assess suicidal ideations in young adults was used in this present study. Sixty subjects were taken (30 male and 30 female), and the age of all subjects were between 19- 25 years for this study. Mean scores were computed and a t-test was applied to determine the differences between the groups.

The study results revealed that the mean score of female subjects is higher than the male subjects (female= 59.26, Male= 53.13), which suggests that female subjects have more suicidal ideation than male subjects. Male subjects showed greater scores variability than female subjects (Male= 20.64, Female=14.92), which has been reflected from their S.D. scores. T value is insignificant (t value= 1.3183), which indicates that the difference is not statistically significant. The mean scores of both subject groups suggest that they have shown the same level of suicidal ideation, i.e., an average level of suicidal ideation which means they are average in suicidal ideation.

Keywords –Suicidal Ideation, Young adulthood

Introduction –

Suicidal ideation, often known as suicidal thoughts, is contemplating or planning suicide. It might be anything from making a detailed strategy to having a fleeting thought. The final act of suicide was not included (Brazier, Y.; 2020). Suicidal ideation / Suicidal thoughts mean having thoughts, ideas, or ruminations about the probability of ending one's life. While dealing with mental or physical health issues, most people face suicidal thoughts. Suicidal thoughts are the main symptom of various problems. Most case of suicidal ideation does not progress to seek suicide (APA Dictionary of Psychology). However, family events, life events and mental disorders may increase the risk of suicidal ideation. ICD -11 defines suicidal ideation as thoughts or ideas concerning the possibility of ending one's life, ranging from believing one would be better off dead to think of complicated scenarios. The DSM-5 defines suicidal ideation as self-harming thoughts, including thinking or preparing of methods for causing one's death. During 2008–09; in the United States, an estimated 8.3 million adults aged 18 and above reported having suicidal thoughts than previous year. In 2014, 2.2 million people in the U.S. said having made suicide plans. Suicidal thoughts are also common among teenagers (Crosby, A. M. E., Han, B., MD, Ortega, L. M. A. G., Parks, S. P. E., &Gfroerer, J. B. (n.d)).

An individual who experiences suicidal thoughts may have following symptoms like feeling trapped or hopeless, feeling unbearable emotional pain, being preoccupied with violence, having frequent mood swings, talking about revenge or shame, experiencing changes in behavior or sleep patterns, increasing the use of drugs or alcohol, engaging in risky behavior, experiencing depression or panic attacks, impaired concentration, isolating themselves, usually talking about being a burden to others, saying goodbye to others as if it were the last time,

experiencing a loss of enjoyment in earlier enjoyable activities, expressing guilt and self-criticism, usually talking about suicide or dying, expressing regret about being alive.

Suicide ideation can come about when a person feels that they are unable to cope with a massive situation. Common factors that may increase the risk of suicidal ideation such as the family history of violence, history of child abuse, history of neglect or trauma, history of mental health issues, feeling of hopelessness, being associated with someone who has completed suicide, engaging in impulsive behavior, feeling of loneliness, no family or home support, not being able to access care for mental health issues, loss of work or friends and a loved one, having a physical illness, not seeking help due to stigma, stress due to discrimination and prejudice historical trauma, have attempted suicide before, experienced bullying, exposure to graphic or sensationalized accounts of suicide, exposure to suicidal behavior in others, experiencing legal problems, being under the influence of drugs or alcohol. Depression, schizophrenia, bipolar disorder, personality traits, traumatic brain injury, alcohol or drug dependence, borderline personality disorder, post-traumatic stress disorder are the conditions that has been linked to a higher risk of suicide ideation (Brazier, Y. ;2020).

Young adulthood is a distinguishable developmental period between the ages of 18 and 25 years. Essential developmental tasks allow the young adult to engage in self-exploration and identity formation (Higley, Elena.; 2019). Young adulthood is a development period that spans the ages of 18 to 26, is a stage in life when young people are usually expected to become financially self-sufficient, form romantic relationships and become parents, and assume responsible roles as productive and engaged members of society.

The lifetime prevalence was 43%, while 8% had planned suicide, and 1.4% had attempted suicide. The study also stated that suicidal ideation in medical school was due to lack of control, personality trait, single marital status, adverse life events and mental distress, i.e., anxiety and depression (Tyssen, R., et al.;2001). A study found that 50% of students experience burnout, and 10% experience suicidal ideation among medical students. The study also stated that recovery from burnout is associated with less suicidal ideation (Dyrbye, L. N., et al.; 2008). A study estimated that 6% of first year students had current suicidal ideation. The study also stated that depressive symptoms, low social support, affective Dysregulation, and father-child conflicts are the factors associated with suicidal ideation (Arria, A., O'Grady; et al.; 2009). Another study concluded that lesbian, gay, and bisexual young adults who reported higher level of family rejection were 8.4 times more prone to say having attempted suicide (Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. 2009). According to Ribeiro, J. D., et.al (2012), symptoms of insomnia, depression, hopelessness, PTSD diagnosis, anxiety, and drug and alcohol abuse were associated with suicidal ideation. The annual prevalence of mental health is 36.2% among suicidal young adults. The study also claimed that most suicidal attempts among young adults with major depressive episodes remained high and unchanged (Han, B., Compton, W. M., Blanco, C., Colpe, L., Huang, L., & McKeon, R. 2018). According to Bernert, R. et al.; (2017), the variability in sleep timing, insomnia, and nightmares can increase the risk of suicidal ideation. Another study found that 43% of college students was found to have experienced some

level of suicidal ideation during previous year. The study findings indicate that problem of youth suicide may involve a more significant percentage of young people than previously thought (Rudd, M. D. ;1989).The study discovered that symptoms of depression among males who stutter were stable over time, depressive symptoms among females who stutter increased with age. Males who do not stutter and males who stutter were significantly more likely to report the feeling of suicidal ideation (Briley, P. M., Gerlach, H., & Jacobs, M. M.; 2021).

Methods –

▪ **Objectives**

- (1) To determine the level of Suicidal Ideation of young adults aged between 19-25 years.
- (2) To see the comparison between male and female subjects aged between 19-25 concerning suicidal ideation.

▪ **Hypothesis**

- (1) There will be no significant level of suicidal ideation among young adults aged between 19- 25.
- (2) There will be no significant gender differences between male and female subjects aged between 19 -25 concerning suicidal ideation.

▪ **Sample**

This study is being conducted by using the purposive sampling method. The sample would include 30 male and 30 female subjects ranging between 19 to 25 years. Statistical analysis will be computed on the collected data, and the results will be tabulated.

▪ **Inclusion Criteria**

1. A subject who is meeting the age criteria; 19- 25years.
2. A subject is comfortable with English or Hindi.
3. A subject has smart phones and good internet accessibility.

▪ **Exclusion Criteria**

1. No subject has been taken whose age is not matching the set age criteria.

▪ **Tool**

The Suicidal Ideation Scale (SIS-SDBV) developed by Dr. Devendra Singh Sisodia & Dr. Vibhuti Bhatnagar (2011) was used to assess suicidal ideations among young adults. It consists of 25 statements, among which 21 are positive, and 4 are negative, and each statement has five responses (Strongly Agree, Agree, Uncertain, Disagree and Strongly Disagree). For scoring, each positive item is scored as 5 to 1 for strongly agree to disagree responses, respectively strongly. For negative item, the scoring is reversed that is 1 to 5 for strongly Agree to disagree responses, respectively strongly. The tables given in the manual were used to score and interpret the result. The reliability of the scale is 0.78 and 0.81 by using the test-retest method and internal consistency method. The scale shows high content validity through external criteria and the coefficient

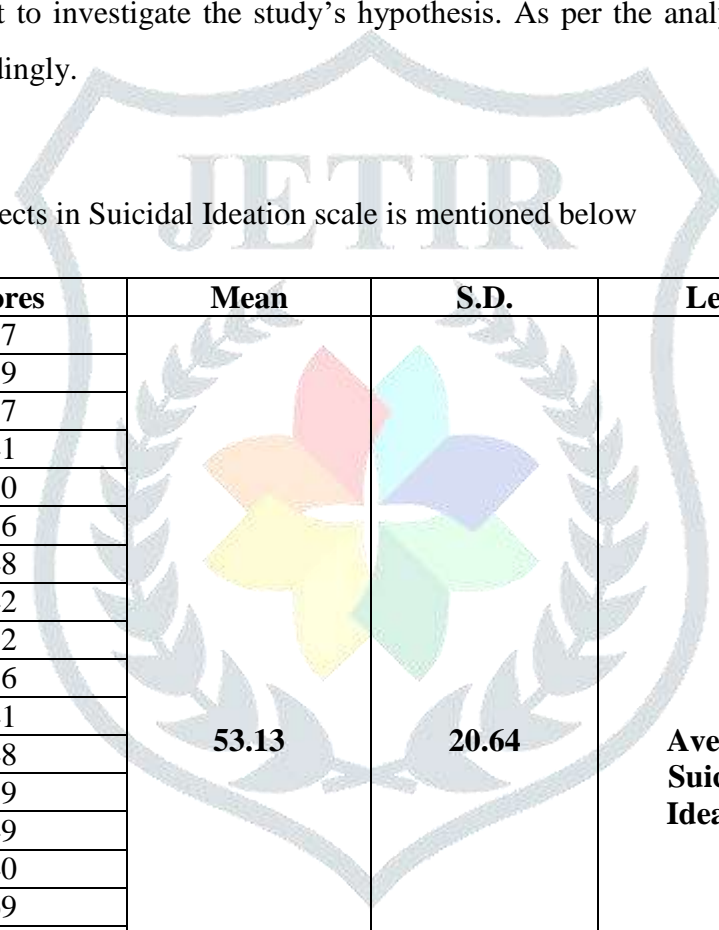
obtained is 0.74. Therefore, the instrument used for the study is reliable and valid to measure the suicidal ideation among young adults ranging between 19-25 years.

▪ Procedure

Thirty male subjects and 30 female subjects were selected to assess suicidal ideation among young adults for the present study. The Suicidal Ideation Scale (SIS-SDBV) developed by Dr. Devendra Singh Sisodia & Dr. Vibhuti Bhatnagar (2011) was used on the subjects. Due to the pandemic, situation data were collected through online mode with the help of Google forms. Along with the tools, socio-demographic data were collected by using standardized questionnaires. Responses were collected, and according to the scoring mentioned in the manual, scoring was done. Statistical techniques applied were mean, standard deviation, and T-test to investigate the study's hypothesis. As per the analysis, results were interpreted and discussed accordingly.

Result & Discussion –

Table 1: Score of male subjects in Suicidal Ideation scale is mentioned below

Sr.No	Scores	Mean	S.D.	Level
1	57	 53.13	20.64	Average Suicidal Ideation
2	39			
3	57			
4	41			
5	90			
6	56			
7	48			
8	42			
9	92			
10	36			
11	41			
12	48			
13	39			
14	49			
15	40			
16	69			
17	38			
18	44			
19	48			
20	44			
21	43			
22	41			
23	37			
24	33			
25	109			
26	35			
27	58			
28	54			
29	58			
30	108			

The above Table no.1 is shows the mean score for young male adults is 53.13, and the S.D. score is 20.64. The scores of young male adults indicate that they show an average level of suicidal ideation.

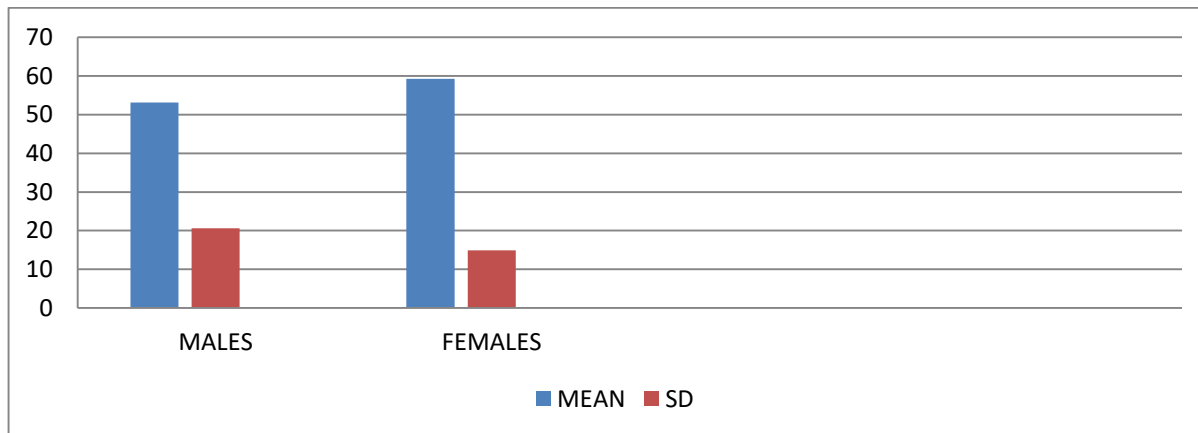
Table 2: Score of female subjects in Suicidal Ideation scale is mentioned below

Sr.No	Scores	Mean	S.D.	Level
1	37	59.26	14.92	Average Suicidal Ideation
2	45			
3	55			
4	65			
5	58			
6	55			
7	87			
8	44			
9	66			
10	40			
11	41			
12	36			
13	60			
14	59			
15	63			
16	53			
17	54			
18	84			
19	80			
20	76			
21	91			
22	65			
23	50			
24	54			
25	76			
26	59			
27	73			
28	41			
29	58			
30	53			

The above Table no.2 shows the mean score for young female adults is 59.26 and S.D. score is 14.92. The scores of young female adults indicate that they show an average level of suicidal ideation.

Table 3: Comparative Analysis of male and female subjects in suicidal ideation scale is mentioned below

Males	Females	t- value	p-value	Remark
Mean = 53.13	Mean =59.26	1.3183	0.1926	not statistically significant
S.D.= 20.64	S.D. = 14.92			



The Table mentioned above & Figure no.3 show the comparative analysis between male and female young adults regarding suicidal ideation. The mean for the young male adults is 53.13, and S.D. is 20.64, as well as the mean for young female adults is 59.26, and S.D. is 14.92. The obtained t- value is 1.3183; this is not statistically significant.

Discussion –

The study results indicate that both groups' mean scores showed an average level of suicidal ideation. However, the mean score of the female subjects is higher than the mean score of male subjects. The S.D. scores indicated that male subjects' score are more variable than of female scores. T-Value has been found insignificant; suggesting that the difference is not statistically significant. It also reflects that male and female young adults have shown the same level of suicidal ideation, i.e.; an average level of suicidal ideation. Among this level female subjects have shown greater suicidal ideation under the same level. After analyzing the data, it is found that the difference is not statistically significant among male and female young adults.

Conclusion –

Based on the study's outcomes, it can be stated that there is no statistically significant comparative difference between the scores of male and female individuals. In this case, the null hypothesis has been accepted. The mean scores of both groups indicate that they belong to an average level of suicidal ideation. In this study, suicidal ideation of both male and female subjects has been studied in which female subjects have scored higher than the male subjects.

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