

A Study on the Impact of Psychosocial Factors on the Nature and Incidence of Suicide among Adolescent Students

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ABSTRACT

Adolescence is a time for existential confrontations and at this stage, the adolescent is philosophical, and often thinks of death in more abstract terms. This research is a study on the impact of psychosocial factors on the nature and incidence of suicide among adolescent students. The study was conducted using The Students Stress Inventory, Hamilton Anxiety Rating Scale (HAM-A), The Learned Helplessness Scale and The Suicide Behaviour Questionnaire Revised (SBQ-R) on a group of 10 male and female adolescent students whose age ranged from 13 to 17 years. The mixed research design was adopted using quantitative and qualitative analysis. The research findings reveal that all subjects of the group had moderate levels of stress, anxiety and helplessness. The students who participated in the study demonstrated suicidal ideation and behaviour. The correlation between stress and anxiety with suicide risk behaviour was high for the group of students. It is found that there was a low correlation between feelings of helplessness and suicide risk behaviour. The reports of the students who participated in the study throws light on social, economic and academic pressures which create stress and could make them contemplate attempting suicide.

Paper Type: Empirical Research

Keywords: Psychosocial factors, Suicidal Ideation.

1.INTRODUCTION

Suicide among adolescent students is a concerning and complex issue that demands a multifaceted understanding. One of our problems as adults is that we may forget many of our childhood experiences. As a consequence, we tend to underestimate the experiences of children. We underestimate their tremendous need to know and to make sense of the world and objects, events and people in it, including themselves and their relationship to this world. We question their intelligence and often fail to understand the depth of feelings they experience.

Adolescence is a period of human development that is considered as particularly vulnerable to psychopathology due to the fluidity and re-organization of the personality structure. Drew Westen, et.al.

(2008) [1]. All components of a personality is modified through a complicated interplay between internal forces and external experiences.

One of the main factors involved in the changes of adolescence is the increase in energy of the instinctual drives. Setting up of new sexual roles which are different for males and females is what helps make the transition from childhood sexuality into adult sexuality happen. Another important function that undergoes changes is the relationship of the youngsters to the people around them. During this period an important emotional break away from the family takes place; adolescents withdraw from their parents, separate from them and become more independent and autonomous.

Suicidal behaviour includes suicidal attempts, ideation and the act of committing suicides. Suicidal attempts are nonfatal acts of self-aggression, successful suicides are fatal ones. In their aim to establish new identity for themselves many adolescents may or may not be successful in achieving the goals they set for themselves. The need for approval from family and peer group is very essential for any adolescent, to feel accepted. With all these physical changes that they cope with and the emotional demands as well as academic pressure many adolescents are likely to feel insecure, anxious and helpless. When the attempts to reach their goals seem futile some adolescents may slip into depression and experience episodes of suicidal ideation. The incidence of suicide among adolescents is very high in modern times.

The psychopathology of the family, which may lead to adolescent suicidal behaviour includes early child abuse or neglect, suicidal behaviour by a family member, parental psychiatric disorders, particularly depressive disorders, family disruption and disorganization with the absence of one or both parents. Bergstrand and U Otto (1962) [2], Gabrielle et.al, (1982) [3], Christopher Williams and Christina M Lyons (1976) [4]. It has been proved that parental loss through separation or divorce may predispose a child or adolescent to attempt suicide, whereas parental loss through death may predispose one to succeed in committing suicide. Dorpat, et. al (1973) [5]

2.REVIEW OF LITERATURE

Psychosocial factors have a complex role to play in adolescent suicide. Numerous studies have emphasized the role of family dynamics in adolescent suicide. Research by Chris Hollis MRC (1996) [6] found a link between family discord and suicidal ideation among adolescents. Poor family communication and conflict can exacerbate feelings of isolation, making it crucial for parents and caregivers to maintain open supportive relationships.

Adolescents are highly influenced by their peer groups. Research by Mitchell. J. Prinstein et. al, (2008) [7] revealed that association with peers who engage in self-harm behaviours can significantly increase the risk of suicidal ideation and attempts. The influence of peers and the school environment is vital in understanding and preventing suicide among adolescents.

The presence of mental health conditions such as depression and anxiety is a well-established risk factor for adolescent suicide. With the advent of social media and increased technology use, adolescents face new challenges. Research by Twenge J.M. (2017) [8] has shown a correlation between excessive screen time and the rising rates of depression and suicide. These platforms can amplify feelings of social isolation and lead to negative psychosocial outcomes. Bullying both in physical and cyber forms has been linked to suicidal behaviours among adolescents. Research by Sameer Hinduja and Justin. W. Patchin (2010) [9] indicates that victims of bullying may turn to self-harm and suicide as a way to cope with the psychological distress caused by bullying.

Coping mechanism play a crucial role in mitigating or exacerbating the risk of attempting suicide. Research by Melanie. F. Midkiff. et.al (2018) [10] suggests that teaching healthy coping strategies and emotional regulation skills can be an effective preventive measure.

The impact of helplessness on the nature and incidence of suicide is a complex and critically important topic that has garnered significant attention in the fields of psychology, education and public health. Helplessness is a psychological concept characterized by a belief that one has no control over their circumstances. It can be categorized into two primary types; learned helplessness, as described by psychologist Martin E.P Seligman (1967) [11] is a condition in which individuals believe they are powerless to alter or avoid negative outcomes, even when they possess the means to do so. This learned sense of helplessness can lead to depressive symptoms and ultimately, suicide ideation among adolescents. Situational helplessness refers to a temporary or acute feeling of helplessness resulting from specific life circumstances. Among adolescents, common situational stressors such as academic pressure, bullying and family conflicts can trigger these feelings, further escalating the risk of suicidal thoughts and actions.

Several factors contribute to the development of helplessness among adolescents such as, the pressure to excel academically, especially in cultures with high academic expectations can lead to feelings of inadequacy and helplessness. Preventive measures include, implementing mental health education in schools to raise awareness and reduce the stigma surrounding mental health issues. Developing support systems include counselling services, crisis hotlines and peer support groups assist adolescents in distress. Identifying at risk individuals early and providing appropriate mental health interventions is helpful to address their feeling of helplessness are some of the preventive measures which could be adopted both by parents and teachers.

Depression among adolescent students is a pressing concern. It is a common mental health disorder among adolescents, and its association with suicide is well established. Depression is a potent risk factor for suicidal ideation and attempts. The persistent feelings of sadness, hopelessness and despair that characterize depression can lead adolescents to consider suicide as a way to escape their emotional pain. Gender disparities in depression and suicide rates exist among adolescent students. Research suggests that females are more likely to experience depression, but males are more likely to die by suicide. This could be due to variations in the emotional distress and the methods chosen for self-harm. Early detection of depression and appropriate intervention strategies are crucial. Schools, parents and healthcare providers play essential roles in recognizing the signs of depression and providing support and treatment. Effective mental health education and destigmatization of seeking help are paramount. The advent of social media has introduced new challenges. Cyber bullying and the unrealistic social comparisons facilitated by these platforms can worsen depressive symptoms and contribute to suicidal thoughts.

Anxiety disorders, such as generalized anxiety disorder, social anxiety disorder and panic disorder are common among adolescents. It's estimated unto 31.9% of adolescents experience an anxiety disorder. It is associated with an increased likelihood of suicide attempts. Adolescents with anxiety may resort to self-harm or overdose in an attempt to cope with their emotional pain. The combination of anxiety and depression can lead to more lethal suicide attempts, as anxiety can reduce inhibitions and enhance impulsivity.

Suicide rates among adolescents vary across counties, and it is a global issue. Some regions report higher incidence due to factors like cultural stigma or lack of mental health resources. Adolescent

suicide is often underreported, partly due to the stigma surrounding suicide and the misclassification of deaths. Stress may manifest as self-harming behaviours, which can serve as a precursor to suicidal attempts. Many adolescents turn to substance abuse as a coping mechanism for stress which increases the likely hood of suicide. Prolonged stress can contribute to the development of mental health disorders such as depression and anxiety, which are strongly associated with suicidal behaviour. Adequate access to mental health services is essential. Adolescents should be encouraged to seek help when they are stressed or experiencing emotional distress.

3.METHODOLOGY

Aim: The aim of the study was to determine the impact of psychosocial factors on the nature and incidence of suicide among adolescent students.

The objectives of this study were:

1. To examine the factors which influence suicidal behaviour among adolescent students.
2. To provide suitable support to manage the factors that influence suicidal ideation and behaviour.
3. To identify adolescents who are at high risk and provide psychological counselling.

Sample: The researcher conducted this study on 10 male and female adolescent students who were studying in VIII to 1X grade of high school and XI and XII grade of higher secondary education. Their age group ranged from 13 to 17 years. The sample was selected using the purposive sampling technique.

Research Design: The researcher has adopted the mixed research design using quantitative and qualitative analysis.

Test used for the study: Four questionnaires were used to determine the factors which influence suicidal behaviour and also to identify adolescents in the high-risk group.

The Students Stress Inventory: This scale was developed by Mohammed Aziz Shah Bin Mohamed Arip, DurrahNadiyahBintiKamaruzaman, AzilaBintiRoslan and AshiraBinti Ahmad in 2016. The scale consists of 40 items, each item requires the subject to indicate the response on a four point rating scale. The test consists of 4 subscales namely; Physical Stress, Interpersonal Relationship Stress, Academic Stress and Environment Stress.

The responses of the subject was scored by determining the sum of the ratings for each subscale as well as the sum of the ratings for the entire scale to reflect total stress experienced by the subject. The scale is reported to have high content validity and the Cronback's alpha values for the subscales are greater than 0.7. The scale also has high overall reliability co-efficient of .857.

Hamilton Anxiety Rating Scale – (HAM – A): This scale was developed by M. Hamilton in 1959, to measure the severity of anxiety symptoms. It is still widely used today in both clinical and research settings. The scale consists of 14 items each defined by series of symptoms which measures both psychic anxiety and somatic anxiety. Each item is scored on a scale of 0 (not present) to 4 (severe) with a total range of 0-56, where less than 17 indicates mild severity and 25-30 moderate to severe.

The Learned Helplessness Scale: This scale was developed by Francis Ward in 1988. It is a self-report questionnaire with 20 items that requires the subject to indicate the response on a four point Likert Scale to assess learned helplessness ideation. The scores range from 20 to 80 with higher scores indicating higher learned helplessness.

The Suicide Behaviour Questionnaire Revised (SBQ-R). This questionnaire was developed by Osman A, Bagge CL, Guitierrez PM, Konicki C, Kooper B.A, Barrios FX in 2001. This self-report questionnaire is designed to identify risk factors for suicide in children. The SBQ-R has 4 items, each

tapping a different dimension of suicidality. Responses can be used to identify at risk individuals and specific risk behaviours. A score of 3-6 reflects a negative screening for suicide risk, and a score of 7-18 reflects a positive screening for suicide risk.

4. ANALYSIS OF RESULTS

In this study the researcher assessed the levels of risk behaviour of students to attempt suicide. The levels of stress, anxiety, feelings of helplessness were also assessed and attempt was made to correlate these factors with suicide risk taking behaviour.

Table- I: Showing mean scores of the group indicating the levels of stress, anxiety, helplessness and suicidal behaviour.

No. of subjects	Phy.	Int.PR	Aca.	Envt.	Total Stress	Anxiety	Helplessness	Suicidal Risk Behaviour
10	20.3	19.2	21.7	23.8	85	22.5	38.9	5.9

Phy -Physical Stress; Int.PR-Interpersonal Relationship Stress; Aca-Academic Stress; EnvntEnvironmental Stress

The results of the group on the 4subtests indicate that the subjects have been experiencing moderate levels of stress, anxiety and helplessness. The students have also demonstrated moderate levels of suicidal risk behaviour although they have not attempted it. The students seem to have experienced more stress due to environmental factors such as the home environment where they may not have sufficient space for adequate physical activity and privacy to concentrate on academics and the geographical location of the school being far away from home. This is followed by stress due to physical factors which can be well understood as they are all adolescents undergoing a lot of hormonal changes affecting their physique. The tendency to be preoccupied with ones skin, hair, height and weight was some of the physical factors that these students reported was responsible for their obsessions related to their physical appearance. This was followed by the levels of academic stress as the expectations from family and school was high that they perform well and obtain good grades. Although one may say their interpersonal relations is a very important factor during adolescence, the stress due to interpersonal relations for this group of students is lessor compared to the other factors assessed by this stress inventory.

Table – 2: Showing the correlation between suicide risk behaviour with stress, anxiety, helplessness.

Suicide Risk Behaviour						
Total Stress	Phy.	Int.PR	Aca.	Envt.	Anxiety	Helplessness
0.71	0.66	0.91	0.83	-0.70	0.84	0.15

Phy - Physical Stress; Int.PR- Interpersonal Relationship Stress; Aca-Academic Stress; EnvntEnvironmental Stress

The results of the subjects in Table –II indicate that there is a high correlation between total stress and suicide risk behaviour. Stress due to interpersonal relations shows very high correlation with suicide risk behaviour, $r = 0.91$. There is a high correlation between academics and suicide behaviour also, as indicated with r score of 0.83. There is moderate correlation between stress due to physical factors and

suicide risk behaviour. It is interesting to note that there is negative correlation between stress due to environmental factors and suicide risk behaviour. This indicates that better the environment lower is the suicide risk behaviour and the more impoverished the environment, higher the suicide risk behaviour. There is a high correlation between anxiety and suicide risk behaviour, $r = 0.84$. The correlation between the feelings of helplessness and suicide risk behaviour is very low which indicates that students rarely experienced or understand the feeling of helplessness when compared to understanding the experience of stress and anxiety.

During the course of collecting data from the students the researcher engaged the students and encourage them to express their views related to suicide and whether they had ever contemplated attempting it. While interacting with the students the researches could identify many problems the adolescents were facing. Many were staying in rural areas and the financial background of the families was not adequate to meet the educational needs of the students. This creates a lot of stress in the students and their family. Some of the students reported that their parents were separated and some indicated that though they lived together as a family there was lot of conflicts between parents which lead to fractured relationships between family members. Some students indicated temper issues with parents and although some parents were caring and considerate, they had a very difficult nature to adjust with. Few students admitted that they engaged in suicidal ideations although they have not attempted committing suicide. The male students reported more violent suicidal ideation such as jumping of the building, or getting killed on the railway track whereas female suicidal ideation involved preoccupation with slashing the wrist or hanging themselves. A student expressed the need to talk to anyone who would listen to the problems and feelings they were experiencing. This indicated the need for offering counselling services more regularly to these adolescents. A feeling of helplessness was also reported when these students felt there is no one to talk to and no solutions to their problems. The researcher then concluded that there is a pattern related to home environment, academic stress, financial problems that could be responsible for leading these adolescents to consider suicide.

5.CONCLUSION

1. The findings indicate that all subjects of this group had moderate levels of stress, anxiety and helplessness.
2. None of the students who participated in this study demonstrated suicidal risk behaviour.
3. The correlation between stress and anxiety with suicide risk behaviour is high for this group of students.
4. There is a low correlation between feeling of helplessness and suicide risk behaviour as indicated by the results of this group.
5. The subjective reports of the students who participated in the study clearly indicate social, economic and academic pressures which create stress and could make them consider attempting suicide.

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