

Factors Influencing Suicidal Ideation and Attempts Among Young Adults

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Abstract:

Suicide is one of the major causes of death in young adults worldwide, but it happens more frequently in teenagers than in younger ones. The research synthesizes findings from the viewpoints of social, psychological, and environmental aspects through a thorough analysis of the literature in order to better understand the intricate interactions between variables that contribute to suicidal ideation and attempts. Addressing youth suicide is a major concern in the field of public mental health. The goal of this study is to present a thorough analysis of the various aspects that impact suicidal thoughts and attempts. The study examines preventive and intervention tactics, highlighting the significance of early identification and efficient mental health support networks. Through integrating many viewpoints, this research aims to improve our comprehension of suicide risk factors, which will eventually guide the creation of focused interventions and regulations to prevent suicide, to lower the incidence of suicidal ideation and attempts among young adults. This abstract provides an overview of the key factors influencing suicidal ideation and attempts among young adults, drawing upon a comprehensive analysis of existing literature ranging from mental health disorders having numerous studies established a robust association between mental health disorders and suicidal ideation among young adults. Conditions such as depression, anxiety, bipolar disorder, and substance abuse significantly elevate the risk of contemplating and attempting suicide. Aside to that, psychosocial stressors, academic pressure, interpersonal conflicts, family dysfunction, and financial instability, can act as precipitating factors, intensifying feelings of hopelessness and despair. The increasing prevalence of social isolation and loneliness, exacerbated by technological advancements and changing social dynamics, has been identified as a potent contributor to suicidal ideation. A lack of social support and meaningful connections can amplify feelings of despair. Cultural attitudes and societal perceptions surrounding mental health issues and suicide can either exacerbate or mitigate the risk among young adults. Stigmatization and misconceptions may discourage individuals from seeking help. Among the common reasons would be gender. This plays a role in suicidal ideation and attempts, with research indicating that young adult males are more likely to complete suicide, while females are more prone to suicidal ideation. Understanding these gender-specific patterns is crucial for targeted prevention strategies.

Keywords: Suicide, suicide ideation, social factors, psychological factors, environmental factors, mental health, prevention

Introduction:

Suicide is the second leading cause of death among ages 10 to 34 and a major crisis among adolescents and young adults (National Center for Injury Prevention and Control (U.S.). Division of Violence Prevention, 2015). Although the causes for suicide are multifactorial, most cases are linked to psychopathology (Gould & Kramer, 2001). Suicide ideation is considered to be an important precursor to later attempted and completed suicide (Brent, Johnson, Bartle et al., 1993; Gili-Planas, Roca-Bennasar, Ferrer-Perez et al., 2001; Lewinsohn, Rohde, & Seeley, 1996; Reinherz, Giaconia, Silverman et al., 1995) and is of major public health significance. Suicidal ideation is the term used to describe ideas of self-destruction, such as the notion that life is unworthy of being lived, the desire to die, and detailed plans to take one's own life. It is typically an indicator of extreme mental pain and one of the best indicators of future suicide attempts and successful suicide attempts. Suicide is an individual act but once data are aggregated on a country level the changes from year-to-year are fairly small, there are usually no great fluctuations. Historically, doctors have not always acknowledged that they have an obligation to prevent suicide, partly because they shared the prevalent idea that most suicides were caused by moral crises, no concern of theirs and indeed suicide was a criminal matter until quite recently but more, perhaps, because a fatalism has characterized their attitudes to its prevention, even where the suicide was clearly suffering from mental illness (BM Barraclough, J Bunch, B Nelson, P Sainsbury). Suicide is the second most common cause of death among young people and the third greatest cause of death overall among people aged 18 to 30 (Anderson & Smith (2005) and Schwartz (2006). Suicide is characterized as a lethal self-harming act with some indication of a death wish (Turecki and Brent (2016). Each year, more than 800,000 individuals die by suicide in the world. By the year 2020, 1.5 million people are anticipated to have committed suicide. In 2015, there were 10.7 suicide deaths per 100,000 people, or around one death every 20 years. It's possible for suicide fatalities to go unrecognized or to be mistakenly labelled as coming from an accident or another source. Suicide attempts, also known as non-fatal suicidal behaviour, are significantly more common than actual suicide and are thought to occur between 10 and 20 times more frequently.

Given that suicide rates have risen by 60% in Malaysia during the last 45 years, suicidal behaviour is undoubtedly a reason for increasing concern there. In addition, Malaysia has a higher suicide rate than its neighbours, Singapore (10 per 100,000) and Thailand (7.3 per 100,000), at about 12 per 100,000. Self-inflicted injuries are also a major global public health concern, accounting for 1.4% of the global illness burden in 2002 and predicted to rise to 2.4% by 2020. An estimated 30,000 friends or family members in Malaysia were thought to suffer either directly or indirectly as a result of suicide acts each year.

Problem Statement:

There are few problems statement that can be conducted in this study. There are some factors influencing suicidal ideation and attempts contributing to this alarming trend of suicide. Social factors can bring up suicidal ideation among young adults. This is stated because family dynamics, peer relationships and societal influences can be brought up leading a person to suicide. Family dynamics such as suicidal behaviour has been linked to family violence, abuse, and neglect, particularly in young adults. Suicide is frequently preceded by a variety of issues in relationships with close family members. Negative thoughts and a breakdown of family harmony can result from factors including conflict within the family, a lack of warmth within the family, and problems in the parent-child dynamic. Family members may not even be

aware that a loved one is battling with suicidal thoughts. Peer relationships also plays an important role in the social factors where friends become abusive. Over time, depressed symptoms and an increased risk of suicide are linked to negative experiences like bullying, including verbal, physical, and cyberbullying. Notably, it's critical to differentiate between various forms of bullying, such as those that are physical and those that occur online, as these forms of bullying may or may not be associated with depressive symptoms (Wang et al., 2011). When a person cannot handle the amount of negative experience towards themselves, they tend to commit suicide.

Societal influence can approach from media in many different applications. For example, cyberbullying can occur through the media by blackmailing them with their personal photographs or information data. By getting too attached to the media and influencing themselves into the societal world can bring to a dangerous background if a person is not aware what they going into. The second factor is psychological factor. There is a correlation between certain mental health disorders and a higher suicide risk. This is where suicidal thoughts are frequently the result of a combination of bad life experiences and mental illness. Suicidal thoughts can arise from symptoms such as extreme depression, negative thoughts, extreme anxiety, and psychosis. According to research, there are individuals who take their own life because they feel they have no other way to stop their suffering rather than because they genuinely want to die. A feeling of helplessness and the belief that things would never get better may come over certain people. Individuals who do commit suicide may feel hopeless and turn to suicide as a way out. An individual psychological factor may tend the individual to suicide by their mindset. Major psychological elements including stress, anxiety, and sadness are some of the ones linked to suicide ideation. The majority of research on the connection between psychological variables and suicidal thoughts and suicide is predicated on the data from psychiatric autopsies performed on suicide victims. One of the key psychological variables linked to suicidal thoughts and suicide is depression. Evidence from the psychiatric autopsy revealed that some individuals had depression at the time of their attempted or actual suicide.

Next, the environmental factor. A suicide or suicide attempt is frequently preceded by stressful life events. Negative life experiences such as house loss, academic failure, unemployment, financial hardships, and bankruptcy are frequently cited by suicide victims. These negative life experiences are significant because they serve as a trigger for suicidal thoughts and behaviours. If an individual is unable to balance their basic needs in their life such as work stress, unable to pay debts and minor failures, it will intend a person to commit suicide and give up in life.

Literature Review:

Suicide has become the major cause of death worldwide (Kapur & Gask 2009). Suicidal conduct is a leading cause of mortality and disability worldwide. Suicide accounts for 1.4% of all fatalities globally, making it the fifteenth most common cause of death as of WHO in 2014. Suicide ideation needs to be taken into consideration while thinking about suicide. Deliberate self-harming in order to end one's life is known as suicide. Suicide is an isolated act, but when statistics are combined at the national level, there are often minimal annual variations. A suicide attempt occurs when someone harms themselves with the intention of ending their life but does not die as a result of such actions. Though not all suicide ideation results in an attempt or successful suicide, it usually occurs before suicide. Suicidal people are blinded by feelings of hopelessness, solitude, and self-loathing and are only able to see death as the only way out of

their suffering. However, the majority of suicidal individuals are extremely torn about taking their own life even though they only want the misery to stop. Suicide deaths could go unreported or be mistakenly categorized as accidents or other causes of death. Sometimes suicide is not acknowledged or reported, due to its sensitive nature and the taboo that still surrounds it (De Leo, D. 2015). Suicide rates vary between different regions, and underestimation of suicide rates is common due to under-reporting, lack of epidemiological data and misclassification (Heeringen K van 2009).

Many studies find a strong link between previous suicide attempts, or a history of self-harm, and suicide (Cooper, J., Kapur, N., Webb, R., Lawlor, M., Guthrie, E., Mackway-Jones, K., & Appleby, L. 2005). Suicide in children under five is a rare occurrence. The majority of research on youth suicide, including this brief overview, focuses on school-age children (7–12 years old) and adolescents (13–20 years old). These young people are by nature vulnerable to mental health problems, especially during the years of adolescence (Orbach, I. 2003). Young people's suicidal thoughts and suicide are linked to a number of risk and protective variables. The risk variables are classified as either personal or familial risk factors, and the protective ones as either environmental or personal protective factors (Gutierrez and Osman 2008). The choices that young people make regarding their schooling, living arrangements, social group, and other significant life paths are concrete. Developing their own identities, gaining self-worth, becoming more independent and responsible, forming new, close relationships, and other issues are among the many problems they must face. Their own psychological and bodily processes are also ongoing and constantly altering in the interim. They are nevertheless impacted by continual, dynamic psychological and physiological processes. In addition, they frequently face high and perhaps excessively high expectations from important peers and relatives. Such situations inevitably provoke a certain degree of helplessness, insecurity, stress and a sense of losing control (Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... & Viner, R. M. (2016). The author has decided to research on 3 main factors on suicide behavioural such as social factors, psychological factors and environmental factors.

An unsuccessful attempt to end one's life is referred to as an attempted suicide. Nine times out of ten people who try suicide and are successful will not later commit suicide. The literature on suicidology (Owens 2002) has proved this point quite thoroughly where review of the literature compiled 90 studies that tracked individuals who attempted suicide and required medical attention over time. Many studies find a strong link between previous suicide attempts, or a history of self-harm, and suicide (Cooper, J., Kapur, N., Webb, R., Lawlor, M., Guthrie, E., Mackway-Jones, K., & Appleby, L. 2005). Suicide in children under five is a rare occurrence. The majority of research on youth suicide, including this brief overview, focuses on school-age children (7–12 years old) and adolescents (13–20 years old). These young people are by nature vulnerable to mental health problems, especially during the years of adolescence (Orbach, I. 2003). Young people's suicidal thoughts and suicide are linked to a number of risk and protective variables. The risk variables are classified as either personal or familial risk factors, and the protective ones as either environmental or personal protective factors (Gutierrez and Osman 2008).

Social factors can be brought up by peer relationships, family dynamics and societal influences. As for peer relationships, young adult's lives are significantly influenced by their peers. Adolescents who are more satisfied with their peer relationships tend to be happier (Demir, Ozdemir, & Weitekamp, 2007). Young adults who experience bullying, believe their friends are cruel and useless, and argue frequently

are more likely to consider suicide and attempt it (Cui, Cheng, Xu, Chen, & Wang, 2010). The mechanics underlying this discovery have generated a great deal of controversy. Many suicide instances are also linked to poor communication within the family, not just with the child or with the child's issues but also in general between family members. Relationships with parents undergo normative, developmental shifts as youth strive for autonomy (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996). If a young adult is going through a rough time and wants to share their problem to a family member but there is lack of family support, it can eventually make a person to go in depression and lead them to suicide.

Cyberbullying among young adults (offenders and victims) is associated with a markedly increased risk of suicidal thoughts, attempts, and completions (Baiden, P., & Tadeo, S. K. 2020). Notably, suicide is a comparatively uncommon occurrence, despite a substantial association between bullying (online or at school) and suicidality. However, it appears that both cyberbullying and school bullying raise the probability of suicidal thoughts and attempts, which are unquestionably risk. As for the mental health purpose, most studies agree that suicide is closely linked to mental disorders (Bridge, J. A., Goldstein, T. R., & Brent, D. A. 2006). Research indicates that between 47 and 74% of suicide risk is related to mental health. The most common disorder in this situation is affective disorder. In 50–65% of suicide cases, criteria for depression were discovered; these cases tended to include females more than males. There are correlations between anxiety disorders and suicide as well, but it is challenging to determine the impact of mood and substance addiction disorders, which are often frequently present in these cases. One of the most prevalent mental disorders in general practice is anxiety (McDowell AK, Lineberry TW, Bostwick JM 2011). Anxiety disorder which comes from mental health stress will eventually make a person to cause a negative behaviour without their own consent.

Methodology:

The research procedure is described in this chapter. It offers details on the research methodology that was employed as well as an explanation for that methodology. The author explains the selection of the research design and the rationale behind it for this specific study. The methods utilized to conduct this study are presented, as well as a description of the instrument that was used to collect the data. In particular, how the author decided what kind of data to gather whether qualitative or quantitative data, from whom to gather it, how to gather it as data collection method, and how to analyse the data analysis techniques.

One reason why the author decided on this is because it is to help prevent suicide. Interventions and support networks can be improved by having a better understanding of the elements that lead to suicidal thoughts and actions. Factors influencing suicidal ideation and attempts among young people suicide is a major global public health concern. In order to create plans for lessening the effects of suicide on communities, the author might look into the frequency, contributing factors, and trends of suicide. In this chapter 2, the author has discussed about Suicides Attempts, Factors in Suicide Among Young Adults, Social factors of suicide which includes peer relationships, family dynamics and societal influences, psychological factors of suicide such as mental health problems and individual psychological factors, Environmental factors of suicide such as environmental stressors and socio-economic conditions, and preventing suicide. The next chapter known as Chapter 3 as Methodology is where my google survey and data collection of participants would be collected.

Discussion:

The author draws conclusions from the data and offers suggestions for future research. However, to find an information and receive accurate data, there are policies and procedures which has to undergo many paperwork progressions. Government should support and give access to the future researchers to receive an accurate data it is because the author has struggled to receive accurate data from some websites. The data the author shared in this research study could be more accurate if there were access of flexible data. In order to make sure that the problems people face now may be solved by future generations, this is crucial for future study. As a result, the study's discussion based on the study's findings will be covered in this chapter.

To improvise what can be done based on the research conducted, the author has concluded that suicides can be avoided. There is much that can be done on an individual, societal, and governmental level to prevent suicide. Even while it's widely known that mental illnesses particularly depression and alcoholism and prior suicide attempts are linked to suicide, especially in affluent environments, many suicides occur spontaneously at times of crisis.

Below the discussion are based on the author's individual ideas and experiences earned during the survey. Nevertheless, the author has also reviewed other articles as a guide to expand the recommendations for future research and as a solution for the correct research.

Conclusion:

The author has concluded with the possible reason on suicide prevention and recommendation about suicide. Adolescent life is challenging, and some young adults are unable to handle the pressure. Several factors can influence an adolescent to take their own life. Through all these challenges and findings of young adults, there is always a way to come out from suicidal thought and to continue living a bright life.

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