

Beyond Despair: Delving Deep into The Complex Threads of Suicidal Thoughts and Understanding Their Multifaceted Nature

Harshita Pant

¹Nims University, Jaipur, Rajasthan, BSc. Clinical Psychology

NIMS Institute of Humanities and Social Sciences, NIMS University, Jaipur Delhi Highway (NH11 - C), Jaipur, 303121, Rajasthan, India

Abstract

Understanding suicidal thoughts requires a delicate examination of their multifaceted nature across different demographics. Through an online survey of 100 students in urban areas of Jaipur and Hyderabad, this study aimed to explore the complex threads of suicidal ideation, focusing on age and gender dynamics. Utilizing the Positive and Negative Suicide Ideation (PANSI) scale, the research assessed risk and protective factors associated with suicidal behavior. Findings revealed an equal gender distribution and an average age of 20.12 among participants. Contrary to hypothesized gender differences, statistical analysis showed no significant variance in risk levels across gender for the PANSI, PANSI-NSI, and PANSI-PI scales. However, age emerged as a significant factor, particularly influencing non-suicidal self-injury behaviours among younger age groups, as evidenced by the PANSI-NSI scale. Prevalence rates varied across scales, with the PANSI demonstrating the highest prevalence of symptomatic individuals.

Through a synthesis of empirical research, theoretical frameworks, and clinical insights, this paper elucidates the complex interplay of risk factors and protective factors, highlighting the importance of tailored interventions and prevention strategies. This paper emphasizes the need for personalized interventions and prevention strategies. Ultimately, our goal is to foster understanding and support for individuals grappling with suicidal thoughts, no matter their age or gender.

Keywords: suicidal behaviour, gender and age differences in suicide ideation, suicide prevention, interventions, PANSI scale, risk and protective factors, prevalence rate.

BEYOND DESPAIR: DELVING DEEP INTO THE COMPLEX THREADS OF SUICIDAL THOUGHTS AND UNDERSTANDING THEIR MULTIFACETED NATURE.

"We may encounter many defeats but we must not be defeated." - Maya Angelou

Suicidal ideation, or suicidal thoughts, is the thought process of having ideas, or ruminations about the possibility of completing suicide. It is not a diagnosis but is a symptom of some mental disorders, use of certain psychoactive drugs, and can also occur in response to adverse life events without the presence of a mental disorder.

Suicidal ideation is associated with depression and other mood disorders; however, many other mental disorders, life events and family events can increase the risk of suicidal ideation. Mental health

researchers indicate that healthcare systems should provide treatment for individuals with suicidal ideation, regardless of diagnosis, because of the risk for suicidal acts and repeated problems associated with suicidal thoughts. There are a number of treatment options for people who experience suicidal ideation.

Definitions

The ICD-11 describes suicidal ideation as "thoughts, ideas, or ruminations about the possibility of ending one's life, ranging from thinking that one would be better off dead to formulation of elaborate plans".

The DSM-5 defines it as "thoughts about self-harm, with deliberate consideration or planning of possible techniques of causing one's own death".

The U.S. Centres for Disease Control and Prevention defines suicidal ideation "as thinking about, considering, or planning suicide".

Offering support to someone experiencing suicidal thoughts or mental health challenges involves several important steps. First, listen to them without judgment, providing a safe space for them to express their feelings. Validate their emotions and express genuine concern for their well-being.

If you suspect suicidal thoughts, ask directly and gently about their intentions. Encourage them to seek professional help and offer assistance in finding resources. Stay connected and check in on them regularly, while also ensuring their immediate safety by removing access to means of self-harm if necessary. Provide practical support with tasks and responsibilities, and remember to prioritize your own well-being throughout the process. By offering compassionate support, you can help your loved one feel valued and supported during difficult times.

Research Objectives

The primary purpose of the current study was to

- To assess the prevalence of suicidal thoughts using the PANSI scale.
- To examine the association between demographic factors and suicidal thoughts.
- To explore the differences in suicidal thoughts across age groups.
- To investigate gender differences in suicidal thoughts.

Sample

The sample area of the study will be the urban areas of JAIPUR and HYDERABAD. An online survey was conducted from 100 students (50 males & 50 females) enrolled in various different universities across JAIPUR and HYDERABAD.

Psychological Tools & Scoring

The first part of the questionnaire was based on demographic information such as age, gender, occupation, etc. The second part of the questionnaire contained the questions related to both Positive and Negative Ideations related to Suicidal Thoughts in individuals.

Positive and Negative Suicide Ideation (PANSI) (Osman, Gutierrez, Kopper, Barrios, & Chiros, 1998)

The PANSI assesses the frequency of negative risk and protective factors that are related to suicidal behavior. The scale is a 5 point Likert – type scale which includes –

- 1 = None of the time
- 2 = Very rarely

- 3 = Some of the time
- 4 = A good part of the time
- 5 = Most of the time.

Positive ideation (the protective factor) includes items 2, 6, 8, 12, 13 and 14

Negative ideation (the risk factor) includes items 1, 3, 4, 5, 7, 9, 10 and 11

The internal consistency reliability estimates of the 2 subscales, the PANSI-Negative (alpha = .96) and the PANSI-Positive (alpha = .89).

Results

Table 1: Summary of baseline demographic characteristics of the students.

Variable		Number	%
Gender	Male	50	50
	Female	50	50
Age (in years)	18	5	5
	19	14	14
	20	21	21
	21	22	22
	22	15	15
	23	10	10
	24	10	10
	25	3	3

Table 1 shows the demographic variable information for N = 100. For this research purpose, a total population of 100 was filtered based on the research requirements.

Table 2: Students’ responses based on PANSI scale For PANSI – NSI,

Item	Responses options, n(%)				
	None of the time	Very Rarely	Somet imes	Good part of the time	Most of the time
PANSI-NSI					
Seriously considered killing yourself because you could not live up to the expectations of other people	53(53)	29(29)	17(17)	1(1)	0(0)
Felt hopeless about the future and you wondered if you should kill yourself?	53(53)	21(21)	15(15)	4(4)	7(7)
Felt so unhappy about your relationship with someone you wished you were dead?	54(54)	22(22)	13(13)	6(6)	5(5)
Thought about killing yourself because you could not accomplish something important in your life?	62(62)	21(21)	13(13)	3(3)	1(1)
Thought about killing yourself because you could not find a solution to a personal	65(65)	23(23)	8(8)	1(1)	3(3)

problem?					
Thought about killing yourself because you felt like a failure in life?	60(60)	21(21)	14(14)	3(3)	2(2)
Thought that your problems were so overwhelming that suicide was seen as the only option for you?	68(68)	22(22)	9(9)	0(0)	1(1)
Felt so lonely or sad you wanted to kill yourself so that you could end your pain?	61(61)	23(23)	9(9)	4(4)	3(3)

For PANSI – PI,

Item	Responses options, n(%)				
	None of the time	Very Rarely	Somet imes	Good part of the time	Most of the time
PANSI-PI					
Felt that you were in control of most situations in your life?	7(7)	15(15)	34(34)	21(21)	23(23)
Felt hopeful about the future because things were working out well for you?	10(10)	14(14)	32(32)	25(25)	19(19)
Felt excited because you were doing well at school or at work?	4(4)	6(6)	27(27)	33(33)	30(30)
Felt confident about your ability to cope with most of the problems in your life?	7(7)	10(10)	17(17)	36(36)	30(30)
Felt that life was worth living?	7(7)	14(14)	15(15)	28(28)	36(36)
Felt confident about your plans for the future?	5(5)	9(9)	29(29)	26(26)	31(31)

Table 3: Overall (Mean and SD scores)

N – 100	Mean (age)	Median (age)	Standard Deviation (SD)
Total - 100	20.12	21	1.999

Table 4: Chi-square test is applied to check whether the difference is statistically significant or not for gender

Scale	Gender	Low risk	High risk	P-value
PANSI	Male	8 (16)	42 (84)	0.999
	Female	8 (16)	42 (84)	
PANSI-NSI	Male	14 (28)	36 (72)	0.822
	Female	13 (26)	37 (74)	
PANSI-PI	Male	12 (24)	38 (76)	0.499
	Female	15 (30)	35 (70)	

*Based on the results of the chi-square tests, there is insufficient evidence to suggest a statistically significant difference in risk levels between males and females for any of the scales tested. The p-values for the comparisons between gender and risk levels (low risk vs. high risk) for the PANSI, PANSI-NSI, and PANSI-PI scales were 0.999, 0.822, and 0.499, respectively. These p-values are all above conventional significance levels ($\alpha = 0.05$), indicating that we fail to reject the null hypothesis. Therefore, we conclude that there is no statistically significant difference in risk levels between males and females across these scales.

Table 5: For age

Scale	Age	Low risk	High risk	P-value
PANSI	18-19	4(21.1)	15(78.9)	0.291
	20-21	8(18.6)	35(81.4)	
	22-23	1(4)	24(96)	
	24-25	3(23.1)	10(76.9)	
PANSI-NSI	18-19	5(26.3)	14(73.7)	0.016
	20-21	18(41.9)	25(58.1)	
	22-23	2(8)	23(92)	
	24-25	2(15.4)	11(84.6)	
PANSI-PI	18-19	6(31.6)	13(68.4)	0.933
	20-21	12(27.9)	31(72.1)	
	22-23	6(24)	19(76)	
	24-25	3(23.1)	10(76.9)	

*For the PANSI scale, the comparison between age groups and risk levels yielded a p-value of 0.291, suggesting no statistically significant difference in risk levels among different age groups.

In contrast, for the PANSI-NSI scale, the analysis revealed a p-value of 0.016, indicating a statistically significant difference in risk levels across age groups.

However, for the PANSI-PI scale, the comparison showed a p-value of 0.933, suggesting no statistically significant difference in risk levels among various age groups.

Table 6: Prevalence

Scales	N	n	Prevalence (95% CI)
PANSI	100	84	84 (75.3, 90.6)
PANSI-NSI	100	73	73 (63.2, 81.4)
PANSI-PI	100	73	73 (63.2, 81.4)

Discussion

The study sheds light on the prevalence and correlates of suicidal ideation among urban students in Jaipur and Hyderabad. While gender did not significantly predict suicidal thoughts, age emerged as a significant factor, with younger individuals exhibiting a higher prevalence. These findings underscore the need for age-specific interventions and support mechanisms tailored to the unique risk profiles of youth populations. Furthermore, the use of comprehensive assessment tools like the PANSI scale provides valuable insights into the multifaceted nature of suicidal ideation, highlighting the importance

of early detection and targeted intervention strategies. Overall, the study emphasizes the importance of addressing suicidal ideation among urban students through targeted and comprehensive approaches that consider demographic, psychological, and social factors.

Conclusion

Results of the chi-square tests examining the relationship between age groups and risk levels across three scales (PANSI, PANSI-NSI, and PANSI-PI), significant conclusions can be drawn regarding the influence of age on risk assessment in mental health contexts.

Firstly, the analysis revealed no statistically significant difference in risk levels among age groups when measured by the PANSI scale ($p = 0.291$), suggesting that age may not be a decisive factor in determining risk according to this scale. However, a contrasting picture emerged with the PANSI-NSI scale, where a significant difference in risk levels across age groups was observed ($p = 0.016$). This implies that age may play a discernible role in shaping risk perceptions, particularly concerning non-suicidal self-injury behaviours.

In contrast, for the PANSI-PI scale, no statistically significant difference in risk levels among age groups was detected ($p = 0.933$), mirroring the findings for the PANSI scale. These nuanced results underscore the importance of considering the specific measurement tools employed when exploring the interplay between age and risk levels.

While age may not emerge as a significant factor in risk assessments according to certain scales like PANSI and PANSI-PI, its association with risk levels on the PANSI-NSI scale signifies a deeper, more complex interplay. Such findings emphasize the necessity for tailored interventions and nuanced support mechanisms within mental health frameworks, ensuring that interventions are sensitive to the diverse needs and risk profiles of individuals across different age groups.

By comprehensively understanding the nuances of age-related variations in risk perception, mental health practitioners and policymakers can develop targeted strategies that not only enhance risk assessment accuracy but also facilitate the delivery of more effective and personalized mental health interventions.

The prevalence rates for three different scales, namely PANSI, PANSI-NSI, and PANSI-PI, were examined in the study. Among these scales, PANSI demonstrated the highest prevalence, with 84% of participants exhibiting symptoms. On the other hand, both PANSI-NSI and PANSI-PI showed the same prevalence rate of 73%. These findings imply that the PANSI scale captured a higher proportion of symptomatic individuals compared to PANSI-NSI and PANSI-PI, which displayed similar prevalence rates.

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