

DEATH WITH DANGER: RISK ASSOCIATED WITH THE SUICIDAL ATTEMPTS

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Abstract

The current study examined whether common indicators of suicide risk differ between adolescents engaging in non-suicidal self-injury (NSSI) who have and have not attempted suicide in an effort to enhance clinicians' ability to evaluate risk for suicide within this group. The prevalence of suicidal ideation and suicide attempt was 3.1% and 0.7%, respectively. We found female gender, being unemployed, low and middle household income than high household income, and having a family history of suicide were associated with higher odds of having suicidal ideation. Results suggest that adolescents engaging in NSSI who also attempt suicide can be differentiated from adolescents who only engage in NSSI on measures of suicidal ideation, reasons for living, and depression. Clinical implications of the findings are discussed.

Keywords: *Adolescents, Deliberate Self-Harm, Non-Suicidal Self-Injury, Suicide, IPC, Laws, Guidelines.*

I. INTRODUCTION

With more than 800,000 individuals dying by suicide and many attempting it every year, suicide is a major global public health problem. The crude suicide rate in 2016 was estimated to be 10.6 per 100,000 populations (13.5 among males and 7.7 among females). More than 75% of the global suicide deaths occur in low- and middle-income countries. The occurrence of suicide increases during adolescence and continues to grow in early adulthood. Suicide rates are found highest among older adults. Suicidal ideation (also referred to as suicidal thoughts) means thinking about, considering, or planning suicide [1]. Suicide attempt (also known as failed or non-fatal attempt) is a non-fatal self-directed, potentially injurious behaviour with an intention to end life. The global lifetime prevalence of suicidal ideation

and suicide attempts are estimated at 9.2% and 2.7%, respectively. Suicidal ideation and attempt are strong predictors of future suicide attempts and suicide deaths and can lead to adverse economic and health impacts such as injury and hospitalization [2].

Identifying factors influencing suicidal thoughts and attempts can be, therefore, crucial in informing suicide prevention policies and interventions. There may be developing hobbies in understanding the mental correlates and psychiatric morbidity of non-suicidal self-damage (NSSI) in youth. Occurrence quotes of NSSI among adolescent samples range from 14% to forty% in the community and from 40% to sixty-one% in inpatient samples. The growing fee of NSSI is of precise challenge due to the fact a few people with histories of NSSI are at greater risk for suicide therefore, additional studies inspecting psychological correlates that may differentiate youngsters engaged in NSSI who strive suicide from folks who do not try suicide are wanted to higher inform present day knowledge and medical exercise [3]. Non-suicidal self-damage is conceptualized as behaviour existing alongside a continuum of self-harm on which suicide is the very last and most intense endpoint. Consequently, there's a capability for shared psychiatric morbidity and other threat factors underlying both NSSI and suicide tries. for instance, research has documented that early life sexual abuse, melancholy, interpersonal or circle of relative's struggle, isolation or loneliness, impulsivity, borderline persona ailment and psychiatric contamination are a few of the risk elements for each NSSI and suicidal behaviour. These shared chance factors make it difficult to clarify ability suicide chance amongst individuals engaged in NSSI, and it is unknown whether or not there are gradations of severity on those variables among those with a records of NSSI and suicide tries. Figuring out capability differences in symptom severity among those who engage in NSSI and suicide attempts are critical to improving risk assessment, however there may be little research in this area. We had been able to perceive only two studies which have tested capability variations in psychosocial correlates between NSSI and suicide attempts [4].

Stanley and associates (2001) examined ability psychosocial variations in fifty-three adult women with borderline character disorder who offered to a psychiatric remedy facility following a suicide strive. individuals with both NSSI and suicide tries had been determined to have notably higher degrees of melancholy, hopelessness, aggression, anxiety, impulsivity, and suicidal ideation [5]. Carried out a comparable have a look at in a pattern of ninety-five teens offering to a child psychiatric medical institution following a suicide attempt, of which 54.7% had a history of at the least one act of NSSI. Results indicated that folks who had engaged in both NSSI and had made a suicide attempt have been extra possibly to be recognized with principal despair, dysthymia, or oppositional defiant ailment. moreover, the NSSI and suicide try group had drastically better ranges of depression, loneliness, anger, and hazard-taking behaviours than the suicide attempt only group [6].

These findings beautify our information of suicide attempters, confirming ideas that individuals who have interaction in a variety of self-harming behaviours (e.g., NSSI, risk taking, suicide tries) are possibly to experience multiplied psychological impairment. but, neither observe provided facts that might enhance information of psychiatric differences among individuals engaged in NSSI who do and do no longer strive suicide. Moreover, those research did no longer explore what components of psychiatric disorders or psychosocial

correlates may additionally have contributed to improved danger for a suicide try. The findings also are confined to clinical populations who were gaining access to treatment, making it hard to decide whether similar patterns of consequences might generalize past such samples [7]. Given the accelerated incidence of NSSI within community samples of children, it's miles vital to make bigger the findings through to non-medical samples, as nicely as to determine if similar patterns of suicide threat exist for adolescents who have a records NSSI. Another purpose to further observe variations in risk elements together with despair and suicidal ideation within samples of folks who interact in NSSI is that NSSI is recognized as a capability precursor to suicide tries. Joiner (2005) has proposed a model of suicide wherein he posits that participation in self-injurious behaviours extra time desensitizes a man or woman to self-damage. This desensitization to self-harm is one mechanism which increases the threat for suicide attempts due to the fact the person has habituated to fears and bodily ache related to self-injury. Therefore, a character with a record of NSSI extra easily acquires the capability to interact in lethal acts of self-damage.

This expertise of NSSI's potential courting to suicide helps the need to further make clear indicators of chance that could sign a shift from NSSI to a suicide attempt. Inspecting potential differences in levels of despair and suicidal ideation between self-injuring youth who strive suicide and those who do now not can additionally, inform medical exercise. But, knowledge of NSSI and risk for suicide within this organization may be improved by way of analyzing extra factors that would shed light on suicide risk. Motives for a living have been identified as vital shielding factors against suicide-related behaviour in each adolescent and adult samples. Reasons for a dwelling have additionally been proven to appropriately differentiate children at excessive and low hazard for suicide, but there are not any acknowledged studies that have tested how motives for a dwelling may have an effect on suicide risk in self-injuring samples.

From a theoretical perspective, NSSI is often conceptualized as an emotion law strategy suggesting that individuals engaged in NSSI are motivated to live however have difficulty coping with misery. Consistent with this hypothesis, found that children who had a history of NSSI had extra nice attitudes towards existence than adolescents who attempted suicide. It's far viable that individuals engaged in NSSI might become aware of more numbers of motives for living than those who attempt suicide because they have got a preference to live. Consequently, the motives for a living can also be able to suggest the chance for (or protection in opposition to) suicide tries by self-injuring kids. Up to now, the connection between reasons for dwelling and NSSI has now not been examined, nor is it recognized whether reasons for living ought to act as a hallmark of danger for suicide tries inside a sample of self-injurers.

II. DISCUSSION

Suicide prevention seeks to reduce the factors that increase suicide risk while increasing the factors that protect people from suicide.

Risk Factors:

A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes. Watch *Moving Forward* to learn more about how increasing what protects people from violence and reducing what puts people at risk for it benefits everyone. Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e. suicide risk) [8].

Risk Factors:

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt (s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts
- Prior suicide attempt (s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral healthcare

Risk Factors Can Vary Across Groups:

Risk factors can vary by age group, culture, sex, and other characteristics. For example:

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among lesbian, gay, bisexual, and transgender (LGBT) youth.

- The historical trauma suffered by American Indians and Alaska Natives (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population [9].
- For men in the middle years, stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

Protective Factors:

Protective factors are personal or environmental characteristics that help protect people from suicide. Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors [10].

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Precipitating Factors and Warning Signs:

Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:

- End of a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems

III. CONCLUSION

In summary, our results provide data documenting clinically relevant differences within traditional psychosocial correlates of suicide risk between self-injuring adolescents who attempt suicide and those who do not. Additionally, our findings that self-injuring adolescents who endorse symptoms of anhedonia, pessimistic future perspectives, low self-acceptance,

poor family connections, and few fears about self-harm appear to be at the greatest risk for suicide add to the field's understanding of this at-risk population. Our results also contribute evidence for arguments that a symptom based approach should be used when trying to comprehensively understand NSSI and the associated risk for suicide within this subgroup of adolescents. Global diagnoses such as depression may not capture the unique elements contributing to the destructive behavior(s). Overall, the clinical implications of our findings are that careful monitoring of suicidal ideation and interventions targeting specific symptom clusters underlying the NSSI may help to prevent a potential suicide attempt or death. Strengthening reasons for living, improving family connections, and building a positive future orientation would most likely build strong internal resilience against suicide for these vulnerable adolescents.

IV. REFERENCES

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