

# A Review on Suicidal Tendencies among Intermediate Students

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## Abstract:

The Purpose of the study is to review the suicidal tendencies among Intermediate Students. The review is conducted through books, journal, electronic literature etc. Personal Talk was done with eminent Psychologists in Hyderabad to get some valuable information .It was found that Intermediate students between the age group of 15 to 19 Years are prone to develop the suicidal tendencies which is very dangerous to lose the life of the Individuals. Hence this study recommends the students to overcome the suicidal tendencies by participating in group activities, sports activities, doing physical exercises etc. Key words: suicidal tendencies, group activities, physical exercises etc.

## Introduction:

India has one of the highest suicide rates for youth aged 15 to 29 in the world. Every hour one student commits suicide in India, with about 28 such suicides reported every day, according to data compiled by the National Crime Records Bureau (NCRB). A brewing concern for the country with the second highest population in the world (17.7% of the total world population).

In India the rate of suicide is growing rapidly year by year. According to World Health Organisation (WHO) in India suicide rate (21.1%) is higher compared to other countries. Every year more than one lakh lives are lost.

Suicide now ranks as the second leading cause of death (motor vehicle accidents being the major cause) among persons between 15 and 19 age group corresponding to the “teenage”. As we speak there is one suicide attempt every 3 seconds and one death by suicide every 1 hour. These statistics are alarming enough to take cognizance of the fact that mental health among teenage students is going to be the next crisis.

**Adolescence (Teenage) :** The age from 13 to 19 is popularly known as the “teenage”, in other words “Adolescence”. This period marks a time in the individual’s life, when it is difficult to consider him/her either as a child or as an adult. Hence usually referred to as ‘young adult’.Erikson refers to it as the “more or less sanctioned intermediary periods between childhood and adulthood”.

Among all the stages in human-life adolescence is a period of turmoil and conflict. A period of physical, physiological and psychological development during which maturity is attained.

The late teen (15 to 19) years of an adolescent student coincide with the years of education in college. The college age in life can be a difficult transition, with new independence, responsibilities and expectations. A distinct period in Psycho-Somatic development and one strikingly subject to the influence of biological, interpersonal and social forces..

### **College life (at +2 level)**

During the transition period a college student faces several problems that he/she has to successfully overcome to achieve an adult role. Problems vary in nature from person to person due to individual variations. The origin of the problem areas can be traced to either home, college, peers or society.

Some of the tasks which need much attention during the period are:

- b)Adjustment to bodily changes
- c)Emotional dependence
- d)Selecting and preparing for a vocation
- e)Establishing mature relationship with peers of both sexes
- f)Achieving appropriate sex roles
- g)Life philosophy
- h)Exhibiting society responsible behavior

If problems are allowed to accumulate, their total affect may lead a student to develop anxiety, stress, depression and mental illness, which in turn may lead to suicidal tendencies. The issue of student suicide also underlines the importance of understanding the individual dynamics. Students appear to be at greater risk of suicide than their non-student peers. However, the question is why they are more susceptible? and what are the reasons or characteristics in this particular age group (15 to 19 years) which put them at a higher risk of suicide than others?

Observations of and experiences with individuals during this ‘teen’ period of college life reveals that is a fairly distinct time during which the individual cannot be treated as a child and actually resents such treatment. Yet this same individual is by no means fully mature and cannot be classified as an adult. During this transition from childhood to adulthood the individual is referred to as an “adolescent”.

**Suicide is the second leading cause of death - following motor vehicle accidents - among teenagers and young adults.** On average, adolescents aged 15 to 19 years have an annual suicide rate of about 1 in 10,000 people. Among youths 12 to 16 year of age, up to 10% of boys and 20% of girls have considered suicide. Gay and lesbian adolescents are more likely to attempt suicide than their heterosexual peers. Suicide rates are 5 to 7 times higher among First Nations and Inuit teens.

**The teen years are an anxious and unsettling period as boys and girls face the difficulties of transition into adulthood.** It is a period in life that is often confusing, leaving teens feeling isolated from family or peers.

Unfortunately, some may at one point or another perceive suicide as a permanent answer to problems that are more often than not just temporary. The self doubts, confusion, and pressures to succeed or conform can come at a high price for troubled adolescents.

Girls generally attempt suicide more often than boys, but boys are about 4 times more likely to die from the suicide attempt. This is because the methods that boys choose - often using firearms or hanging - are more lethal than those chosen by girls, namely drug overdoses or cutting themselves.

### **Causes of Adolescent Suicide**

**Many troubling and difficult situations can make a teen consider suicide.** The same emotional states that make adults vulnerable to considering suicide also apply to adolescents. Those with good support networks (e.g., among family and peers, or extracurricular sport, social, or religious associations) are likely to have an outlet to help them deal with their feelings. Others without such networks are more susceptible during their emotional changes, and may feel that they're all alone in times of trouble.

**Apart from the normal pressures of teen life, specific circumstances can contribute to an adolescent's consideration of suicide.** It's especially difficult when adolescents are confronted with problems that are out of their control, such as:

- divorce

- a new family formation (e.g., step-parents and step-siblings)
- moving to a different community
- physical or sexual abuse
- emotional neglect
- exposure to domestic violence
- alcoholism in the home

### **Review of related Literature**

**Peltzer and Pengpid (2017)** assessed suicidal ideation and associated factors in school-going adolescents in the Association of Southeast Asian Nations (ASEAN) member states. It was found that loneliness was correlated with suicidal ideation along with other variables such as females, older age (14 or 15 years), living in a lower middle-income nation, having no friends, loneliness, bullying victimization, having been in a physical fight in the past 12 months, lack of parental or guardian support, tobacco use/ substance abuse and having a history of alcoholism.

**Raj Kishore Ram , Suprakash Chaudhury, Biswajit L Jagtap (2018)** Studied the impact of education and gender on suicidal ideation and to examine the inter-correlation between various dimension of suicidal ideation The study is based on two hundred college students selected by two groups (gender-male and female) and level of education (Undergraduate and Postgraduate) using stratified random sampling to collect data from various colleges and PostGraduate Department of Ranchi University. After obtaining informed consent, socio-demographic details were recorded. Suicidal ideation was determined by administering the Adult Suicidal Ideation Questionnaire on the sample. Results: The prevalence rate of severe and moderate suicidal ideation is significantly more in undergraduate and female students as compared to post graduate and male students.: It is recommended that awareness cum educational program to the university students should be given focusing on girls and undergraduate students.

**Schlozman & Tedder (2019)** explored that Depression and suicidal thoughts are two of the most frightening things a person can face in their lifetime. Depression has long been linked to suicidal thoughts and suicide attempts. Unfortunately, acting on those suicidal thoughts is a far too common scenario for many across the world, including students. In fact, suicide is the second-leading cause of death for those between the ages of 15 and 24. Depression is quite common in fact, between 30 and 70 percent of suicide victims suffer from major depression or a related disorder.

### **Methodology:**

The Data is collected through books, Journals and electronic literature available online. Personal Talk was done with the eminent Psychologists in Hyderabad.

### **Discussion:**

Teen suicide is when a child ends their own life. It can be impulsive or planned. However, not all suicide attempts lead to death. In fact, it doesn't always mean your child wants to die. It could be their way of calling for help.

Suicidal tendencies don't just appear out of the blue: People usually display a number of warning signs when things seem so wrong in their lives that they've simply given up hope. Because adolescence is such a turbulent time, it may be difficult to distinguish the signs that lead to suicide from the changing, sometimes uncertain but otherwise normal behaviour of teens.

### **Behaviour changes to watch for are:**

- withdrawal from family and peers
- loss of interest in previously pleasurable activities
- difficulty concentrating on schoolwork
- neglect of personal appearance
- obvious changes in personality
- sadness and hopelessness
- changes in eating patterns, such as sudden weight loss or gain
- changes in sleep patterns
- general lethargy or lack of energy
- symptoms of clinical depression
- violent actions, rebellion, or running away
- drug and alcohol use
- symptoms that are often related to emotional state (e.g., headaches, fatigue, stomach aches)
- loss of ability to tolerate praise or rewards

**Depression** is a main cause of suicide. It's a complex illness that can cloud judgment. But it's important to remember that depression is no one's fault. It's a medical condition affected by chemicals in the brain, which can influence moods and thought processes. It changes their thoughts, feelings, and choices. When an adolescent thinks they will never be happy again, death is not the answer. It may take time, but professional treatment will help.

Many factors can cause depression. Usually, it's a mix of things.

Certain events are hard to deal with, such as death, breakups, moving, and bullying. It's natural to feel overwhelmed or helpless. Issues like illnesses, trouble in school, and self-esteem also have an effect.

Another big factor is genetics. Teens are at greater risk of depression or other mental disorders if family members have them, too. Dealing with your own depression or mental disorder could make it harder to detect warning signs in your teen. Also, children tend to model the behavior of adults they know.

Your teen could have ongoing, or chronic, depression. They also might have episodes, or a mix of both types.

Depression can exist with other issues. Some teens turn to substance abuse to try and cure or escape real world problems. Alcohol and most drugs also are depressants. They alter your thoughts and choices. Other mental health conditions may be associated with suicidal thoughts. These include anxiety, attention-deficit/hyperactivity disorder (ADHD), and bipolar disorder. These problems require care to prevent these thoughts.

Some teens will try to hide depression or thoughts of suicide. They might withdraw or act out. This can make it hard to notice warning signs. It's important to keep an open and ongoing dialogue with your teen. Ask, listen, and tell. When asked, a lot of children will open up. Talk to them to know their issues and concerns. Maybe they are scared to talk about it, or don't have someone to listen. Tell them you care and that there are options for help.

### **Conclusions and Recommendations:**

Depression is treatable. According to the U.S. Preventive Services Task Force (USPSTF), children between the ages of 12 and 18 should be tested for depression. Ask your child's doctor to test your teen as part of his or her annual physical exam. This is even more important if you believe your teen is at risk of suicide.

Two common tests your doctor may use are the Patient Health Questionnaire for Adolescents (PHQ-A) and the Beck Depression Inventory (BDI). These tests measure type, start, length, and range of symptoms. They aren't meant to be the only way to diagnose depression. Your doctor should also consider your teen's behavior and history.

Medical care is critical to treat thoughts of suicide and suicide attempts. It can also help address the causes, such as depression. Treatment will vary based on elements, such as:

Age, Family history, Mental health state and history, Type of disorder

Presence of other disorders or conditions

Current medicine list

It's common for doctors to create an integrated care plan. This includes a mix of medicine, therapy, and education. Your doctor will closely manage the type, dosage, and effects for best results. Recovery time for suicide attempts and depression varies. Some forms of depression can return. Your teen might always have it and need treatment on an ongoing basis.

Education is an important part of treatment. The more your teen learns, the better the likelihood that your teen will respect and follow their doctor's orders. Kids don't realize how common depression is. It can comfort your child to know they aren't to blame and can get better. It also helps reduce guilt.

Include everyone in your teen's treatment plan. Set up support plans with teachers and coaches. Inform family members and friends' parents as well. Your teen needs support from all areas. On top of everything, make sure your teen is okay with the treatment plan. They need to agree and feel safe in order to succeed.

It's essential that you take suicidal behaviour or previous attempts seriously and get assistance quickly. Aside from professional treatment, a suicidal teen needs to know there are people who care, and who are available to talk to. Good support means listening to what's troubling somebody without passing judgment on his or her feelings. A person should be reassured that there are always solutions to problems or ways other than suicide for coping with them. Giving an adolescent the chance to open up and talk about his or her feelings will help relieve some of the distress of those intense emotions, and make that person feel less alone.

Don't hesitate to bring up the subject of suicide, and to ask direct questions. Somebody who hasn't considered ending their life isn't going to adopt the idea simply because the possibility has been raised. On the other hand, for individuals who are thinking about suicide, your concern will only be reassuring. At the same time, people can take the opportunity to open up about their distress.

Some parents may find that their adolescent child resists their advances and isn't willing to confide in them. When teens insist their parents just "don't understand," it might be a good idea to suggest they talk to a more objective or emotionally neutral person. This can include other family members, religious leaders, a school counsellor, a coach, or a trusted doctor.

Restricting access to firearms and ammunition is also an important preventive measure. Weapons kept in the home increase the risk that suicide attempts will be successful, by giving a suicidal adolescent the means to take their own life.

### Getting Treatment

It is very important to seek professional help for the adolescent who may be suicidal-counselors at schools or counselors at crisis centres can help ensure that a distressed teen receives the needed assistance..The vast majority of adolescents who commit suicide have depressive symptoms, recognition and evaluation of clinical depression - a treatable medical condition - is essential. Physicians, including psychiatrists, provide both one-on-one counseling and medical treatment for the biochemical causes of depression.

Psychological counseling will help a teen develop effective mechanisms for coping with problems. These will be of value long after adolescence has ended, when a person has to face many of the stresses routinely encountered during adulthood.

### Emergency Assistance

Telephone counseling and suicide helpline services, available in most cities and regions, can be found in the telephone book. They offer counseling for a crisis situation, and can provide the immediate support an adolescent may need to survive a low point.

Another place to go during a crisis or in a suicidal state is the emergency ward of a hospital. Receiving the aid of trained professionals will help an adolescent deal with the emotional roller coaster that often leads to suicide. Short-term and long-term care can minimize the risk of committing suicide and help people find alternative solutions to coping with extreme distress.

Effective clinical care for mental, medical, and chemical health. ▪ Access to a variety of interventions and support, at the least restrictive environment. ▪ Connectedness to other people such as family, neighbors, community, and even culture. ▪ Support from ongoing medical, mental and chemical health care relationships. ▪ Skills in problem solving, conflict resolution,



coping, and healing. ▪ Cultural and religious beliefs that discourage suicide and support instincts for self preservation

Recognize your personal warning signs: What thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing? Write these down in your own words. Use your own coping strategies: List things that you can do on your own to help you not act on urges to harm yourself. Contact family members or friends who may help to resolve a crisis: Make a list of people who are supportive and who you feel you can talk to when under stress

Every Junior college should have a dedicated suicide prevention cell with an emergency helpline number provided to all the students of their college. On campus counselors should be made accessible to students and assessment kits to recognize risk students should be administered annually or once in 6 months so as to be able to provide timely help and prevent a teen from progressing towards suicide. Hence this study recommends the students to overcome the suicidal tendencies by participating in group activities, sports activities, doing physical exercises etc

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