



## Use of Suicidal Ideation Scale for Adolescents

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### ABSTRACT

Adolescence is one of the most stressful periods in development. Adolescents face a host of biological, social, and psychological stressors. Expectations of parents and teachers, peer pressure, interpersonal problems, academic stress, worries about the future, and home environment are some of the stressful issues faced by adolescents. These stressors could lead to mental health problems including adjustment disorder, anxiety, depression, and **suicide**. Educators in India are worried over an increasing figure – that of the rising suicide rate among Youth. Suicide attempts are relatively common during adolescence period. Suicide is the 3<sup>rd</sup> leading cause of death in young people aged 15-24 years and the 8<sup>th</sup> leading cause of death among the general population in the India. This paper summarizes the suicide ideation meaning, risk factors & Treatment for suicide ideation among adolescents & description of Suicidal Ideation Scale (S.I.S).

**Keywords :** Suicidal Ideation, Adolescents.

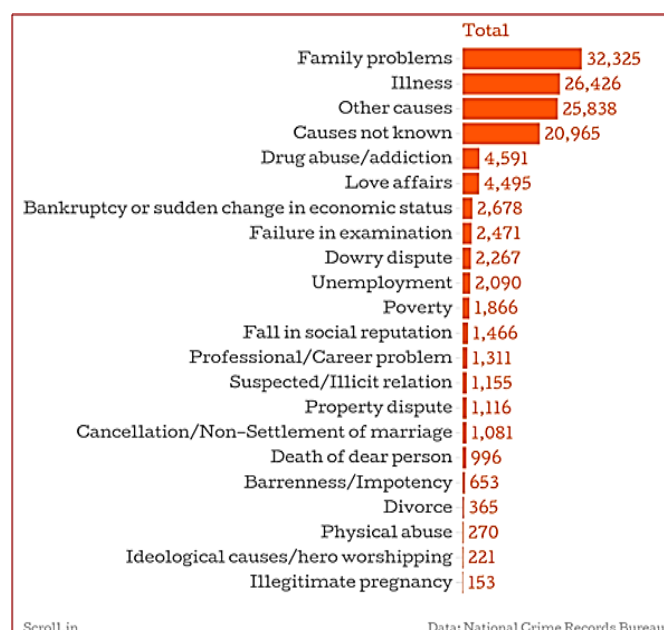
Suicide is a social and mental health problem, and is a leading cause of deaths, especially among adolescents. Adolescence is a period between childhood and adulthood. It is the time of rapid change and difficult challenges. This is the time when boys and girls daydreams about what they want to be, when they develop intense idealism and feel a new relationships with their friends.

Suicide of students has risen from 5.5% of all cases in 2010 to 6.2% in 2013. In the current scenario in India, According to National Crime Records Bureau, 2016, A general cause for concern is the stress from parents to do well in the national and state board examinations, specially for class 10<sup>th</sup> & 12<sup>th</sup>, As scores in these exams often decide college admissions and subsequent employment opportunities, students aged 16 to 18 are often subjected to under pressure at home to succeed. On the contrary, it must also be noted the parents'

over expectations on their academic achievements and criticisms on their underperformance could be contributing factors for suicidal behaviour. When they don't suicide becomes a way out. In 2015 alone, 2471 suicide was attributed to "failure in examination."(See images).Some students hang themselves, some jump into water, some students jump in front of running train, some consume poison, and some swallow sleeping pills.

Going by the latest data sent to the home ministry by all states 9474 students committed suicide in 2016 at the rate of more than one every hour.(www.timesofindia.com, 8th Jan. 2018)

Dangling Man (Saul Bellow, 1944) as the first novel of Bellow, when published, received accolades in the literary circles, and was considered as "one of the most honest pieces of testimony on the psychology of a whole generation who have grown up during the war."(Edmund Wilson 78) Reflecting Wilson's observation, Bellow, in the novel, is seen to have captured both, the prevailing anxiety arising out of the social disorder and the tormenting effect of this upheaval on an individual's sense of selfhood. Bellow, taking the instability, anxiety and dread from the society, has seemingly filled it into the mind of Joseph – the protagonist of the novel. The novel, then, appears to be about Joseph's triumph over the anarchy of the world, which is bent upon destroying his sense of self. Thus, the novel can be seen as quest of Joseph for his selfhood in a kind of spiritual barrenness of both - his self and the social milieu.



Most people who have suicidal thoughts do not go on to make suicide attempts, but suicidal thoughts are considered a risk factor. Suicidal ideation also knows suicidal thoughts is thinking about or having an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning; Suicidal ideation is generally associated with depression and other mood disorders. One study found that 73% of patients with borderline personality disorder have attempted suicide, with the average patient having 3 to 4 attempts. Currently, there are a number of treatment options for those experiencing suicidal ideation.

#### ❖ What is Suicidal Ideation?

*Suicidal ideation*, or suicidal thinking, is the contemplation of ending one's own life. These types of thoughts may arise in people who feel completely hopeless or believe they can no longer cope with their life situation. Suicidal ideation is a common medical term for thoughts about suicide, which may be as detailed as a formulated plan, without the suicidal act itself. According to *American Psychiatric Association (2003) Suicidal*

**ideation, means thinking about or planning it does not include the final act of suicide.**

▪ **Suicidal Ideation Symptoms :**

A person who is experiencing or could experience suicidal ideation or thoughts may show the following signs or symptoms. (*Halgin Richard P & Susan Whitbourne, 2006*)

- ✓ Feeling or appearing to feel trapped or hopeless.
- ✓ Having mood swings, either happy or sad.
- ✓ Talking about suicide or dying, revenge, guilt, or shame.
- ✓ Experiencing changes in personality, routine, or sleeping patterns.
- ✓ Engaging in risky behaviour, such as driving carelessly, taking alcohol & drugs.
- ✓ Getting hold of a gun, medications, or substances that could end a life.
- ✓ Experiencing anxiety, depression, panic attacks and impaired concentration.
- ✓ Increased isolation.
- ✓ Saying goodbye to others as if it were the last time.

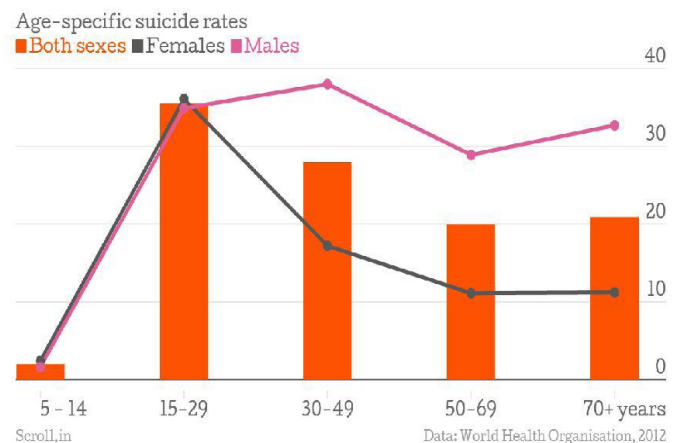
▪ **Related Factors Of Suicidal Ideation:**

**1. Gender:** Men commit suicide more than three times as often as do women, a rate that is stable over all ages. Women, however, are four times as likely to attempt Suicide as are men.

**2. Method of Suicide :** The higher rates successful suicide for man is to the method they use. Men use firearms, hanging, or jumping from high places. Women are more likely to take a overdose of substances or poison, but they are beginning to use firearms more often than in the past. The use of guns has decreased as a method of suicide in those states with gun control laws.

**3. Age Group :** Suicide is the third leading cause of death for the 16 to 23 years old age group (*Garland and Zigler, 1981*). According to **World Health Organization (WHO, 2012)** the significance of the midlife crisis is underscored by suicide rates. Among male & female, suicides peak after age 15-29; among both gender, the greatest number of completed suicides occurs after age 30-49. The elderly attempt suicide less often than do younger people but are successful more often. The elderly account for 25% of suicides, although they make up only 10 % of the total population. The suicide rate is rising most rapidly in young people. For males 15 to 24 years old, the rate increased 40 % in 2012. The suicide rates for females in the same age group showed only a slight increase. In this way suicide is the third leading cause of death in the 15 to 29 years old age group. Attempted suicide in the age group number between 1 million and 2 million annually. We can see figures.

**AGE PARTICULAR SUICIDE RATES (World Health Organization, 2012)**





**4. Psychiatric Disorders:** There are several psychiatric disorders that appear to be co-morbid with suicidal ideation or considerably increase the risk of suicidal ideation. The following list includes the disorders that have been shown to be the strongest predictors of suicidal ideation. It should be noted, however, that these are not the only disorders that can increase risk of suicidal ideation. The disorders in which risk is increased the greatest include: Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Post Traumatic Stress Disorder (PTSD), Personality Disorder, Schizophrenia, Substance use Disorder etc.

**5. Life Events:** Life events are strong predictors of increased risk for suicidal ideation. Furthermore, life events can also lead to or be co-morbid with the previous listed psychiatric disorders and predict suicidal ideation through those means. Life events that adults and children face can be dissimilar and for this reason, the list of events that increase risk can vary in adults and children. The life events that have been shown to increase risk the greatest are unemployment, death of family members and friends, unplanned pregnancy, previous suicide attempts, community

violence, Exposure and attention to suicide related images or words.

#### 6. Relationships with parents and friends :

According to a study conducted by *Ruth X. Liu* of San Diego State University (2005) a significant connection was found between the parent-child relationships of adolescents in early, middle and late adolescence and their likelihood of suicidal ideation. The study consisted of measuring relationships between mothers and daughters, fathers and sons, mothers and sons, and fathers and daughters. The relationships between fathers and sons during early and middle adolescence show an inverse relationship to suicidal ideation. Closeness with the father in late adolescence is "significantly related to suicidal ideation". Liu goes on to explain the relationship found between closeness with the opposite sex parent and the child's risk of suicidal thoughts. It was found that boys are better protected from suicidal ideation if they are close to their mothers through early and late adolescence; whereas girls are better protected by having a close relationship with their father during middle adolescence.

An article published by *Zappulla and Pace (2010)* found that suicidal ideation in adolescent boys is exacerbated by detachment from the parents when depression is already present in the child. Lifetime prevalence estimates of suicidal ideation among nonclinical populations of adolescents generally range from 60% and in many cases its severity increases the risk of completed suicide.

- **Passive vs. Active Suicidal Ideation:**

For adolescents, thoughts of suicide can range from fleeting thoughts of suicide to making actual plans to end their life. For this reason, mental health professionals discuss suicidal ideation in terms of being either passive or active.

- ✓ Passive suicidal ideation about suicide includes experiencing vague ideas about

committing suicide. Suicide is viewed as a possible way to end the pain, but usually, no action is taken.

- ✓ Active suicidal ideation is when a teen experiences persistent thoughts of suicide and continues to feel hopeless. When the ideation is active, a teen begins to take steps to carry out a suicide attempt.

**\* Development of the suicidal ideation scale (S.I.S):**

Suicidal is a true, universal and generally occurring social incident. Examples of suicide are available from every society and of every period of time, right from the ancient period to the modern era. Suicide is a process of ending own life by own decision. Scientifically suicide is a psychological problem. When research behind it is analyzed, we realize that it was not so serious to kill oneself.

- Developed By :

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- Scoring :

| Statement | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
|-----------|----------------|-------|-----------|----------|-------------------|
| Positive  | 5              | 4     | 3         | 2        | 1                 |
| Negative  | 1              | 2     | 3         | 4        | 5                 |

- Norms :

Norms for the scale are available for all the age groups. These norms should be regarded as reference point for interpreting Suicidal Ideation scores.

Suicidal Ideation scale was developed by using **likert technique – 5 points scale** with an aim to measure suicidal ideation. Suggestions were invited from experts from different fields such as psychology, sociology, human development, family relations and psychiatry. This scale consist **25 items** with five alternative options like – **“Strongly agree”, “Agree”, “Uncertain”, “Disagree”, “Strongly Disagree”**. The scale consists of **21 positive statements** and **4 negative statements**.

| Response         | Item No.  | Total |
|------------------|---|-------|
| Positive         | 1,2,3,4,5,6,7,8,9,10,12,14,15,16,17,19,20,21,22,23,25 | 21    |
| Negative         | 11,13,18,24   | 04    |
| <b>Total :25</b> |   |       |

| Scores  | Interpretation              |
|---------|-----------------------------|
| 25-30   | Very low suicidal ideation  |
| 31-45   | Low suicidal ideation       |
| 46-105  | Average suicidal ideation   |
| 106-120 | High suicidal ideation      |
| 121-125 | Very high suicidal ideation |

▪ **Reliability :**

The reliability of the suicidal ideation scale was determined by

(A) Test – Retest Method: **0.78**

(B) Internal Consistency Method: **0.81**

▪ **Validity :**

Besides face validity as all the items of the scale are concerned with the variable under focus, the scale has high content validity. The scale was validated against the external criteria and coefficient obtained was 0.74.

▪ **Use of the scale :**

The importance of giving special attention to mankind has grown considerably in recent year. Emotional needs, beliefs, attitudes, value patterns and their problems are equally complex and changing as the society changes in which they live. The scale can be used for screening individuals who suffer from alarmingly high scores of suicidal ideation. The scale gives a quick measure of suicidal ideation for experimental, clinical and counselling purposes. It is a self administering test. It is eminently suitable for group as well as individual testing.

❖ **Prevention of suicidal ideation :**

Early detection and treatment are the best ways to prevent suicidal ideation and suicide attempts. If signs, symptoms, or risk factors are detected early then the individual might seek treatment and help before attempting to take their own life.

In a study of individuals who did commit suicide, 91% of them likely suffered from one or more mental illnesses. This emphasizes the importance of early detection; if a mental illness is detected, it can be treated and controlled to help prevent suicide attempts. Another study investigated depression symptoms in adolescents early as 9<sup>th</sup> class is a predictor of suicidal ideation. There are three (3) steps to prevent suicide:

✓ **Ask :**

If you think someone might be suicidal, ask them directly "Are you thinking about suicide?" Don't be afraid to do this, it shows you care and will actually decrease their risk because it shows someone is willing to talk about it. Make sure you ask directly and unambiguously.

✓ **Listen and stay with them :**

If they say 'yes', they are suicidal, listen to them and allow them to express how they are feeling. Don't leave them alone. Stay with them or get someone else reliable to stay with them.

✓ **Get help :**

Get them appropriate help. Call a any time. If you can get in straight away visit a GP (General Practitioner) or psychologist. Even if the danger is not immediate they may need longer term support for the issues that led to them feeling this way.

❖ **Treatment of suicidal ideation :**



Treatment of suicidal ideation can be problematic due to the fact that several medications have actually been linked to increasing or causing suicidal ideation in patients. Therefore, several alternative means of treating suicidal ideation are often used. The main treatments include: therapy, hospitalization, outpatient treatment, and medication or other modalities.

▪ **Psychotherapy :**

Psychotherapy can often be beneficial for people who are experiencing chronic suicidal ideation and behaviour. However, when individuals are at risk of suicide it is essential that they receive a higher level of care, such as hospitalization or intense in-patient or out-patient treatment. Weekly psychotherapy is simply insufficient to protect those who are in crisis and adequately address their risk. Once an individual is no longer in crisis, therapy to treat the underlying causes of suicidal ideation or behaviour is typically recommended. The psychotherapy model considers hopelessness to be the strongest contributing factor to suicidal ideation, and a large part of crisis intervention and post crisis counselling aims to restore hope.

▪ **Jeevan Aastha Helpline - Gujarat:**

Gandhinagar Police has taken a remarkable initiative by launching Telephonic Counselling Helpline- "Jeevan Aastha" under Suraksha Setu Project. This helpline aims at Suicide Prevention and Mental Health Care.

- ✓ **24/7, 365** days availability of service.
- ✓ Helpline number **18002333330** is toll free.
- ✓ Confidentiality is maintained thoroughly.
- ✓ Issues like suicidal thoughts, addiction, depression, stress, anxiety, phobia, low self-esteem, academic difficulties, career

conflicts, relationship issues etc. are addressed.

- ✓ It has a three layered functioning i.e. telephonic counselling by counsellors, face to face counselling through senior counsellor and expert intervention.

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