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## An analysis of patients' sociodemographic characteristics, suicidal intent, and hopelessness in relation to attempted suicide

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### Abstract

**Introduction and Background:** Worldwide, suicide is one of the top killers, making it a major concern in public health. Age, gender, socioeconomic situation, and mental diseases are some of the sociodemographic and psychological variables that impact suicide attempts. The purpose of this research is to examine the demographics, suicidal ideation, and feelings of hopelessness among patients who have tried suicide.

**Materials and Methods:** Over the course of one year from March 2022 to February 2023, researchers Department of Psychiatry, United Institute of Medical Sciences, Near Prayagraj Airport, Prayagraj, Uttar Pradesh, India, performed a cross-sectional study. We used a selective sampling technique to enrol 150 patients who had been hospitalized after an attempt at suicide. Structured interviews and the Beck's suicide Intent Scale (SIS), a validated measure for evaluating the seriousness of suicide ideation, were used to gather data. Using Beck's Hopelessness Scale (BHS), one can gauge the depth of despair. The following sociodemographic factors were documented: age, gender, marital status, degree of education, profession, socioeconomic situation, and mode of suicide attempt.

**Results:** Of the 150 patients, 98 were female (65%) and 52 were male (35%). The age bracket of 18-30 comprised 42% of the total patient population. After self-harm/cutting (22%, n=33) and hanging (14%, n=21), poisoning (56%, n=84) was the most common form of suicide attempt. There was a strong relationship between feelings of hopelessness and suicide ideation. Suicidal intent ratings were substantially higher in patients with a history of prior suicide attempts (28%, n=42) as compared to first-time attempters.

**Conclusion:** The study found that suicidal ideation was more common among young adults, women, the jobless, and people from lower socioeconomic backgrounds. It is possible to drastically cut down on suicide attempts and deaths caused by them by establishing initiatives to prevent suicide, raising public awareness about mental health issues, and expanding access to mental health services.

**Keywords:** Suicidal Intent, hopelessness, attempted suicide, mental health, suicide prevention

### Introduction

One of the top killers on a global scale, suicide is a major issue in public health around the world. The World Health Organization reports that 700,000 individuals die each year from suicide attempts, and even more people try but fail. Attempts at suicide are important warning signals for future suicidal thoughts and behaviors because they reveal underlying psychological anguish. Biological, psychological, social, and environmental variables all have a role in the complicated and multi-faceted problem of suicide, which is getting more and more attention<sup>[1-3]</sup>.

There is a robust correlation between suicide behavior and sociodemographic variables such as age, gender, education level, marital status, occupation, and socioeconomic status. Suicide attempts are more common among young adults, according to the research. This is especially true for those who are dealing with issues like unemployment, financial hardship, or social isolation. Suicidal ideation and behavior are also greatly exacerbated by mental health issues including major depressive disorder, anxiety, schizophrenia, and drug misuse. Identifying and addressing these risk factors at an early stage is crucial<sup>[4-6]</sup>.

The assessment of suicide risk relies heavily on two crucial psychological constructs: suicidal purpose and hopelessness. According to Beck's Suicidal Intent Scale (SIS), suicidal intent is the level of seriousness and resolve that underlies a suicide attempt. There is a

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correlation between higher intent ratings and the use of more deadly methods as well as an increased risk of repeated attempts. Conversely, a pessimistic view of life and its prospects is indicative of hopelessness, which in turn is a risk factor for suicide ideation and activity. A common tool for gauging the intensity of this mental health condition is Beck's Hopelessness Scale (BHS). Suicide attempts and actual suicide are more common among those who score high on measures of hopelessness, according to research [5-7].

Efforts to prevent suicide must prioritize research into the complex relationships among sociodemographic factors, suicidal ideation, and despair. Healthcare providers can use this information to pinpoint patients at high risk and provide them with timely interventions like psychotherapy, social support programs, and crisis counseling. Furthermore, these findings aid in the creation of community-based mental health programs and the creation of policies [6-8].

Psychological characteristics, suicidal ideation, and despair among patients with a history of suicide attempts are the focus of this research. The study aims to improve mental health treatment practices and suicide prevention efforts by identifying important risk factors and psychological traits. The results will be useful in developing suicide prevention programs that specifically target at-risk populations, ultimately leading to lower suicide rates and better lives for such people [7-9].

**Materials and Methods**

Over the course of one year from March 2022 to February 2023, researchers Department of Psychiatry, United Institute of Medical Sciences, Near Prayagraj Airport, Prayagraj,

Uttar Pradesh, India, performed a cross-sectional study. The study comprised 150 patients who had made an attempt at suicide. Purposive sampling was used to choose participants, guaranteeing that all eligible patients who satisfied the inclusion requirements were taken into account. Patients who were admitted to the psychiatric hospital or emergency room after attempting suicide were included in the study.

**Inclusion Criteria**

- Individuals aged 18 years and above who attempted suicide.
- Patients who were medically stable and able to provide informed consent.
- Patients with a history of intentional self-harm, including poisoning, self-injury, hanging, or drug overdose.

**Exclusion Criteria**

- Individuals below 18 years of age.
- Patients who were unconscious, critically ill, or under intensive medical care.
- Cases of accidental poisoning or injury, which were not classified as suicide attempts.
- Individuals unwilling to participate or those who did not provide consent.

**Results**

In all, 150 patients who made suicide attempts were a part of the research. Sociodemographic profile, suicide purpose, and levels of hopelessness are the three parts of the data that are provided with their respective statistical relationships.

**Table 1:** Sociodemographic Profile of the Patients

Variable	Categories	Frequency (n=150)	Percentage (%)
Gender	Male	52	34.7%
	Female	98	65.3%
Age Group (Years)	18-30	63	42%
	31-50	57	38%
	>50	30	20%
Marital Status	Single	72	48%
	Married	60	40%
	Divorced/Widowed	18	12%
Education Level	No Formal Education	15	10%
	Primary School	33	22%
	Secondary School	57	38%
	Higher Education	45	30%
Employment Status	Unemployed	68	45.3%
	Daily Wage Worker	42	28%
	Student	27	18%
	Professional	13	8.7%
Socioeconomic Status	Lower Class	83	55.3%
	Middle Class	57	38%
	Upper Class	10	6.7%
Previous Suicide Attempt	Yes	42	28%
	No	108	72%

Women made up the bulk of the participants (65.3%), and those between the ages of 18 and 30 made up the largest age bracket (42%). The majority (55.3%) belonged to a lower socioeconomic class, and 48% were unmarried. Among the

individuals who took part, 45.3% were unemployed. Nearly a quarter of the patients had attempted suicide in the past.

**Table 2: Methods of Suicide Attempt**

Method Used	Frequency (n=150)	Percentage (%)
Poisoning (Drug/ Chemical)	84	56%
Self-harm/Cutting	33	22%
Hanging	21	14%
Drowning	6	4%
Firearm/Other Methods	6	4%

The methods of self-harm or cutting accounted for 22% of suicide attempts, poisoning for 56%, and hanging for 14%.

Less common methods included drowning and rifle use, both accounted for 4%.

**Table 3: Suicidal Intent and Hopelessness Scores**

Variable	Mean ± SD	Range	Interpretation
Beck's Suicidal Intent Scale (SIS)	13.5 ± 3.8	7 - 21	Moderate to High Intent
Beck's Hopelessness Scale (BHS)	9.8 ± 4.2	3 - 20	Moderate to Severe Hopelessness

With an average SIS score of 13.5 ± 3.8, 63% of patients showed moderate to high levels of suicidal intent. Nearly

half (47%) of the subjects exhibited moderate to severe despair, as indicated by the mean BHS score of 9.8 ± 4.2.

**Table 4: Correlation between Suicidal Intent and Hopelessness**

Correlation Variables	r-value	p-value	Significance
Suicidal Intent (SIS) & Hopelessness (BHS)	0.62	<0.001	Strong Positive Correlation
Previous Suicide Attempt & SIS	0.54	<0.01	Moderate Positive Correlation
Unemployment & Hopelessness	0.49	<0.05	Moderate Positive Correlation

Suicidal intent was shown to be strongly correlated with hopelessness ( $r = 0.62, p < 0.001$ ), suggesting that people who scored higher on the despair scale also exhibited stronger suicidal intent. Suicidal intent scores were moderately correlated with previous suicide attempts ( $r = 0.54, p < 0.01$ ), indicating that those with a history of suicide attempts had significantly higher levels of intent. Suicidal despair may be influenced by financial and social instability, as there was a moderate correlation between unemployment and hopelessness ( $r = 0.49, p < 0.05$ ).

**Discussion**

This study examines the demographics, suicidal ideation, and despair levels of patients who attempted suicide in great detail. There is a strong correlation between suicide behaviour and a number of socioeconomic, psychological, and societal variables, according to the results [9-11]. Male patients made up the bulk of the study population, whereas the majority of participants were young adults. This is consistent with worldwide patterns, where females are more prone to suicidal ideation and behaviour, but males are more likely to actually take their own lives since they have access to more deadly means. Given the large number of young adults, it's reasonable to assume that they are especially susceptible to problems like financial insecurity, relationship problems, academic or occupational demands, and mental anguish [11-13].

Among the factors that were shown to contribute to suicide attempts, unemployment stood out, affecting over half of the individuals. This exemplifies the mental toll of financial instability, which may cause depression and a lack of control over one's situation. Financial hardship was already a risk factor, but the fact that a large percentage of participants were from lower socioeconomic backgrounds just added to it. Numerous individuals in the study had a history of suicidal ideation or behaviour, suggesting that the risk of recurrence is substantial for those who had tried suicide in the past [13-15].

Suicide attempts most often involved poisoning, while cutting and hanging were the second most common methods of self-harm. This result agrees with research done in underdeveloped nations, where self-poisoning is prevalent due to the easy availability of pesticides, medicines, and common home chemicals. Research shows that women are more likely to try suicide with less violence than men, who commonly employ means like weapons or hanging. This is consistent with the higher proportion of female participants, who tended to use non-violent ways including poisoning and cutting [16-18].

The majority of patients exhibited moderate to high suicidal intent, according to the assessment using Beck's Suicidal Intent Scale. According to Beck's Hopelessness Scale, a large percentage also displayed moderate to severe pessimism. According to the robust positive link between suicidal intent and hopelessness, those who scored higher on the hopelessness scale were more committed to attempting suicide. As previously stated in the psychiatric literature, this further supports the idea that hopelessness is a significant predictor of suicide conduct. Suicidal intent scores were substantially higher among people who had attempted suicide before, highlighting the need for ongoing assessment and treatment of people with a history of self-harm [17-19].

This study's results are in line with those of other studies done in different regions of the world. Young adults and those from low-income backgrounds are more vulnerable, according to studies conducted in Asia and Africa. Suicide attempts in Western countries are primarily driven by mental health conditions and easy access to firearms, while socioeconomic suffering is still a significant factor. Suicide attempts are more common among people who score high on measures of hopelessness, according to similar research [20-22].

Research like these shows that suicide prevention efforts need to be comprehensive. Someone at danger must be identified as soon as possible, especially if they have a

history of attempts and a high hopelessness score. It is possible to intervene earlier if primary care physicians and emergency rooms routinely evaluate patients for suicidal thoughts. People can gain emotional support and coping skills through increased access to mental health services like counselling and crisis intervention. Another possible strategy to lessen the impact of suicide risk factors is social and economic assistance programs that work to alleviate unemployment and financial hardship. One way to reduce impulsive suicide attempts is to ban the sale of drugs and pesticides, which can limit access to fatal measures [23-25].

It is important to note that there are limitations to this study, even though it did provide valuable insights. Due to the study's hospital setting, the results may not be generalizable to the community at large, especially to individuals who do not seek help after attempting suicide. There is a risk of underreporting or recollection bias when data is based on self-reports of suicide thoughts or actions. Furthermore, underlying mental illnesses like schizophrenia, anxiety, or depression were not evaluated in the study, which would have provided additional context for the tendencies that were found. To better understand the persistence of suicide attempts and the efficacy of therapeutic tactics, a longitudinal study following patients over time would be most beneficial [25-27].

### Conclusion

The study concludes that economic, psychological, and sociodemographic factors all interact intricately to influence suicidal behaviour. People from poorer socioeconomic backgrounds, young adults, women, and the jobless are at a higher risk of suicide attempts. Mental health assistance, economic empowerment programs, and stronger regulation of access to dangerous drugs are all necessary responses to the high association between despondency and suicidal ideation. Reducing the number of suicide attempts and improving mental health can be achieved by addressing these determinants through a mix of interventions at the policy, social, and psychological levels.

### Funding

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### Conflict of Interest

None

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