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COMPARATIVE STUDY ON MENTAL HEALTH AMONG YOUTH (SUICIDE ATTEMPTERS AND CONTROL GROUP)

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ABSTRACT:

The present work aims to investigate the mental health (depression and hopelessness) among suicide attempters and the control group (both male and female). Purposive random sampling technique was employed for collection of data. The sample comprised of n=100 suicide attempters (experimental group) and n=50 non-suicide attempter (control group) in the age group of 20 to 30 years. Experimental group (suicide attempters) was taken from medicine unit of Government hospital, Jaipur, India. Whereas the control group (non-suicide attempter) was taken from slum and suburb areas of Jaipur city; care was taken that both the groups matched each other on educational and socio economic status. Findings revealed that there was positive correlation between depression and hopelessness of suicide attempter and the control group. Results also indicated that there was highly significant difference on depth of depression and hopelessness of suicide attempters and the control group. No significant gender difference was found on depth of depression and hopelessness between of suicide attempters and the control group.

Key Words: *Depression, Hopelessness, Mental Health, Suicide, Suicide Attempter.*

INTRODUCTION:

Definitions of mental health are changing. A person was considered to have good mental

health simply if he showed no signs or symptoms of a mental illness earlier. In recent years, there has been a shift towards, a more holistic approach to mental health. These realizations are prompting a new kind of focus on mental health that identifies components of mental wellness and mental fitness and explore ways to encourage them (Canadian mental Health Association, 2011). Mental health describes either a level of cognitive or emotional well-being or an absence of a mental disorder. Mental health is an expression of emotions and signifies a successful adaptation to a range of demands (About.com, 2006, Princeton University, 2007). Positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience (About.com, 2006).

There was hardly any research data available on mental health in India at the time of independence. ICMR, initiated projects on mental health research at a significant level from 1960. The first major mental health survey was undertaken under the aegis of ICMR in Agra, U.P. on a study sample of 29,468 in 1961. A series of epidemiological studies on psychiatric disorders were subsequently undertaken during 1960's and 1970's in all parts of the country. This was the beginning of ICMR task force projects on mental health research (ICMR, 2005).

Mental illness refers to the emotional problems and intense emotions that anyone in a crisis certainly experiences. Suicidal thoughts often accompany depression, and when depression interferes with normal daily functioning, it may be serious enough to be classified as a mental disorder (Mann, 2002). Suicide is often committed out of despair, or attributed to some underlying mental disorder which includes depression, bipolar disorder, schizophrenia, alcoholism and drug abuse (Hawton, Heeringen, 2009). Pressures or misfortunes such as financial difficulties or troubles with interpersonal relationships may also play a significant role in mental disorder ("www.uvm.edu", PDF). WHO estimated that 877000 deaths were due to suicide in the year 2002, the majority of which (85%) occurred in low- and middle-income countries. Family conflict may affect suicidal behavior regardless of ethnic background. However, the impact of family conflict on suicide may be particularly salient in Asian cultures due to the great emphasis on interdependence and family cohesion (Leong, 2008).

Although most people who are depressed do not kill themselves, untreated depression can increase the risk of possible suicide. It is not uncommon for depressed individuals to have thoughts about suicide whether or not they intend to act on these thoughts. Severely depressed people often do not have the energy to harm themselves, but it is when their depression lifts and they gain increased energy that they may have a feeling that dying would be better than living. Most people who feel hopeless have depression, and untreated depression is the number one cause for suicide (Singh and Joshi, 2011). Suicide is a preventable cause of death. After about two centuries of research in suicide prevention, the effectiveness of a number of interventions has been demonstrated and various risk factors have been placed in perspective.

Psychiatric disorders can lead to a decrease in socioeconomic status, the breakup of a marriage or significant relationship, failure to form meaningful relationships; separating the effect of psychosocial adversity from that of psychiatric illnesses can be difficult. Psychiatric illness can lead to psychosocial adversity, and both factors can combine to increase the person's level of stress and thereby potentially increase the risk for suicidal behavior (Mann, 2002).

Hopelessness, a no solution condition that leads to suicide attempts. Individuals who experience more subjective depression and hopelessness and in particular have severe suicidal ideation perceive fewer reasons for living. One possible explanation for the greater sense of hopelessness and greater number of suicidal ideations is a predisposition for such feelings in the face of illness or other life stressor. In a study on Kuwaiti students it was seen that pessimism, death obsession and anxiety were the best predictors of suicidal ideation (Abdel, Lester, 2002). This work was planned keeping in mind the importance of mental health in the present day, life demands. A comparative study on suicide attempters and non suicide attempters was proposed (experimental group and control group) among youth. Comparison on depth of depression and hopelessness among the two groups and gender difference was aimed in this research.

METHODOLOGY:

For the purpose of present research work a sample of (n=100); was taken for experimental group. Experimental group refers to the fresh reported cases of suicide attempters in the Medicine unit of SMS Hospital, Jaipur. These subjects belonged to different educational and socio-economic status. They were illiterates, literates, post-graduates, graduates, professionals etc. and were from lower SES to middle socio-economic status. The control group comprised of the sample size n=50. This sample was collected from the two slum areas of Jaipur city i.e. Baiji ki Kothi and Jhalana Doongri Kacchi Basti, these slum areas are situated in south east of Jaipur city. Both the groups were heterogeneous in ethnicity i.e. Rajputs, Sikhs, Brahmins, Jats, Bengali etc. Care was taken to match the groups on the basis of educational level and socio – economic status.

Subjects of both the groups were approached individually, the experimental group i.e. suicide attempters were first contacted while they were in hospital and later on home visits were made, and the control group i.e. non-suicide attempters were contacted at their homes or workplace.

Beck's Depression Inventory (BDI) and Beck's Hopelessness Scale (BHS) were used to conduct this research work (Hindi version).

Help of resident doctors was taken to establish rapport and built confidence with the subjects in the hospital. In slum area, local leaders helped for the same. Subjects were told about aims and importance of the study. The scales were distributed among the subjects and explained to answer No time limit was given but were asked to give frank and honest answer to every item. Average time taken by the subject to fill each booklet was approximately 10 to 15 minutes. Various techniques of statistics that were applied to obtain the result for the present study are: Mean, Standard Deviation, Critical Ratio, Percentages and Chi-square.

RESULTS AND DISCUSSIONS

The results have been presented in four sections: Percentage Scores, Correlation Coefficient, Chi-square and Critical Ratio for level of significances.

PERCENTAGE SCORES

Figure 1 indicates the percentage profile of hopelessness and depression, 86% of samples showed signs of depression and 54% showed feeling of hopeless, hence indicating a higher percentage of depression level among members of control group.

Figure 1-Percentage Profile of depression and Hopelessness among Control Group

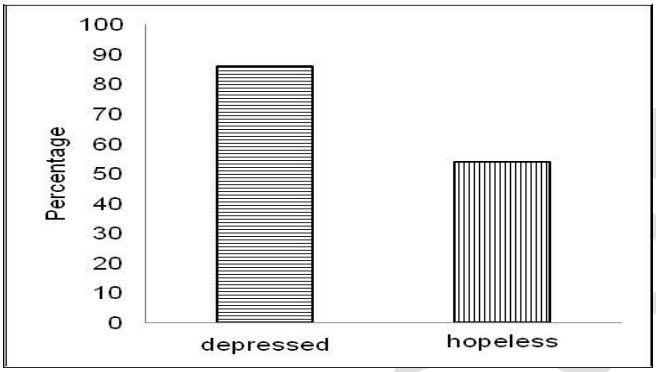


Figure 2 depicted the intensity-wise percentages of depression among the control group. Figure showed that 62% had severe depression, 14% had mild, 14% had normal and 10% had moderate depression level.

Figure 2-Intensity-wise Percentage of Depression among Control Group

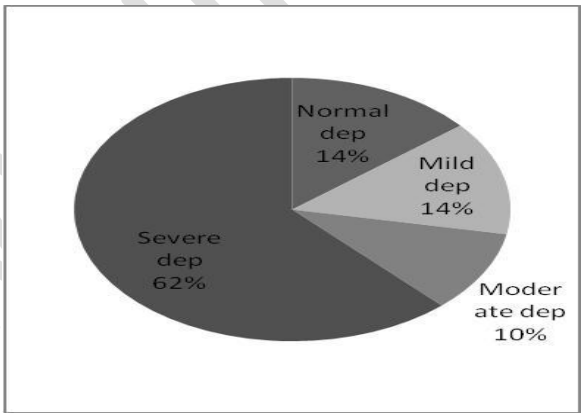


Figure 3 indicates the intensity-wise percentage of hopelessness in the control group, showing 46% normally hopeless, 40% were mildly hopeless, 10% moderate and 4% severely hopeless subjects.

Figure 3- Intensity-wise Percentage of Hopelessness of among Control Group

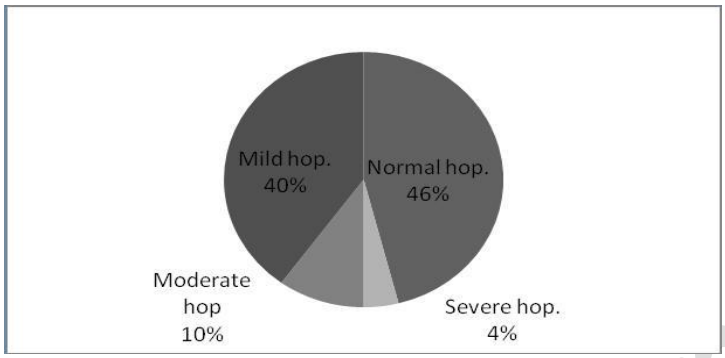
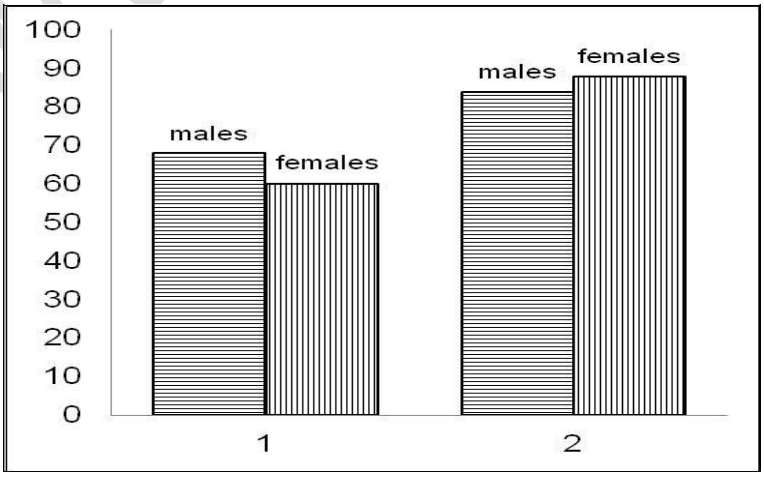


Figure 4 depicted the percentage scores of depression and hopelessness among males and females of control group. Bar graph indicated that as compared to females (60%) males (68%) were more hopeless. Females of control group (88%) were more depressed as compared to males (84%). We can interpret that males are more hopeless while females are more depressed. Ayub (2009) has pointed out that the adult females are more pessimistic and hopeless than males, while Girgin (2009) remarked that males are more hopeless than females.

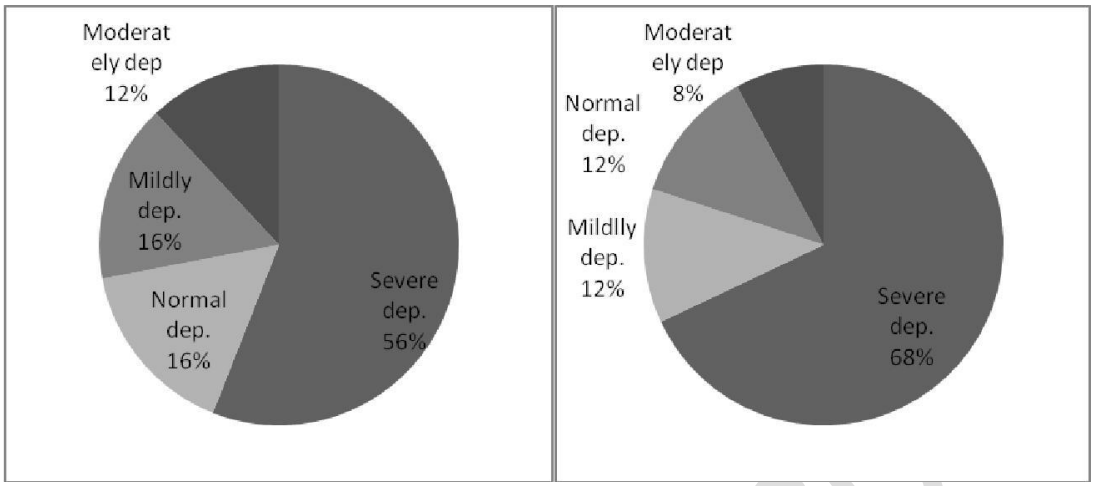
Turning Point (2000) stated that it is mostly women who suffer from depression. This is sometime due to hormonal changes, especially before periods or after menopause. Also there can be other family problems like uncaring husband, abusing in-laws or misbehaved children.

Figure 4- Percentage of Depression and Hopelessness among Males and Females among Control Group



1=Hopeless, 2=Depressed

Figure 5- Gender Difference on Intensity of Depression among Control Group



Males ***Females***

Figure 5 depicted gender difference on intensity of depression among control group. Figure above shows that 56% of males were severely depressed, 16% of them were normally and equal number that is 16% was mildly depressed and 12% were moderately depressed. In case of females, 68% were severely depressed, 12% were mildly, and 12% were normally while only 8% were moderately depressed. Franklin, 2003 in his study mentions that higher incidence of depression in females begins during adolescence, when roles and expectations change dramatically. The stresses of adolescence include forming an identity, confronting sexuality, separation from parents, and making decisions for the first time, along with other physical, intellectual, and hormonal changes.

These stresses are generally different for boys and girls, and may be associated more often with depression in females. Men and women differ in their expression of emotional problems. In adolescence, boys are more likely to develop behavioral and substance abuse problems, while girls are more likely to become depressed.

Figure 6 indicated gender difference on intensity of hopelessness among control group. Figure revealed that 44% of males had mild depression, 32% had normal, 20% had moderate and only 4% had severe depression. Females were also almost equal i.e. 40% on mild and normal depression, 16% had moderate and only 4% had severe depression.

Figure 6- Gender Difference on Intensity of Hopelessness among Control Group

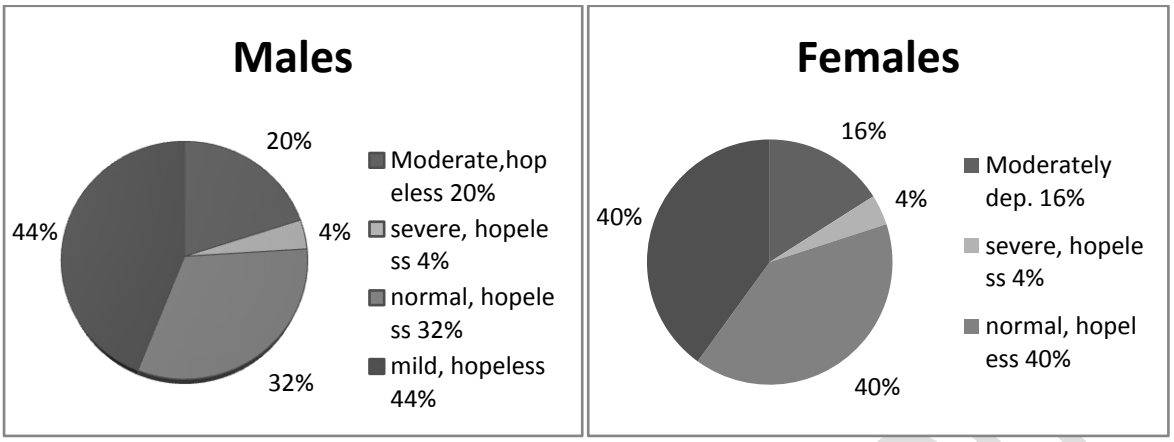


Figure-7 Percentage of Depression and Hopelessness among Experimental Group

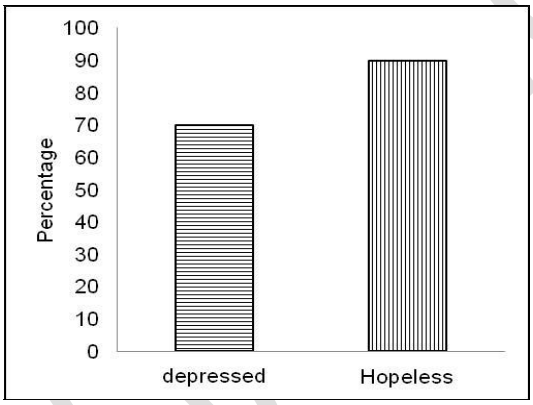


Figure 7 showed the percentage score of depression and hopelessness of structured experimental group. In structured experimental group 70% of subjects were depressed while 90% were suffering with the feeling of hopelessness. Beck (1972) found that only certain components of depression like negative outlook, anhendonia and retardation, were related to suicide intent, but hopelessness was found to be a better predictor of suicidal intent in attempted suicide than other aspects of depression.

Figure 8 showed the intensity-wise percentage of depression of structured experimental group, indicated that 30% of the subjects were mildly, 30% were normally depressed, 15% had moderate depression and 25% were severely depressed.

Figure 8- Intensity-wise Percentage of Depression among Experimental Group

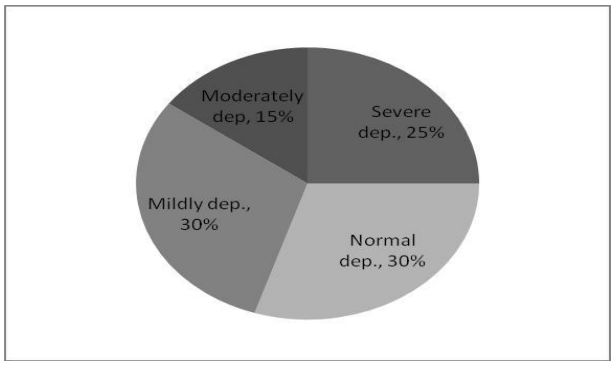


Figure 9 below revealed the intensity-wise percentage of hopelessness among the subjects of group. 35% of the subjects were mildly hopeless, 35% were moderately hopeless, 20% were severely and only 10% were normally hopeless.

It is of special importance to understand the mechanisms involved in the development of depression and anxiety in adolescents, not only because of the high rates of prevalence of these disorders all over the world, (Costello, 2005) but also because this co-occurrence often increases the likelihood that adolescents will develop feelings of hopelessness (Becker-Weidman, 2009) which is known to have links with suicidal ideation and suicidal behaviors (Hankin, 2001: Thompson, 2005: Brozina, 2006).

Figure 9- Intensity-wise Percentage of Hopelessness among Experimental Group

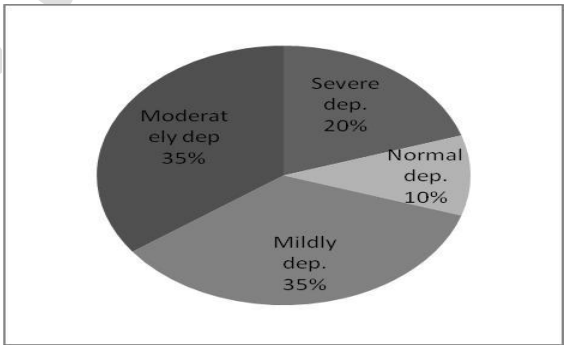


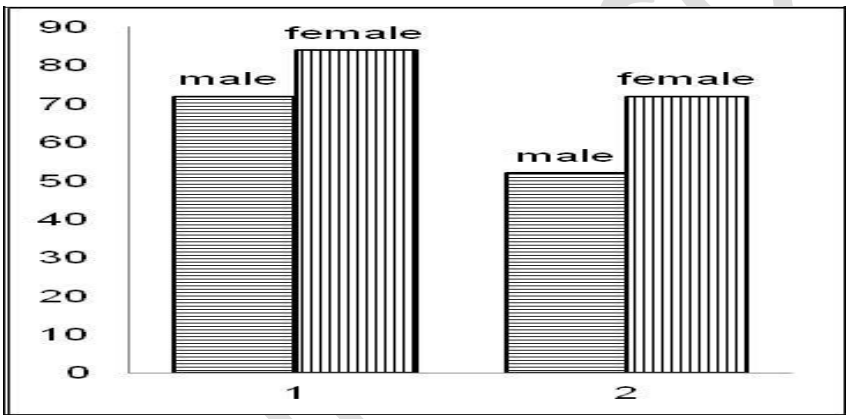
Figure 10, below indicated the percentage scores of depression and hopelessness among males and females of the experimental group. Percentage score of females on hopelessness was 84% while male scored 72%. Similarly, females scored 72% on depression scale while

males scored 52%. It can be interpreted that females had a higher feeling of hopeless and depression as compared to males.

In contrast to low social support, high levels appear to buffer or protect against the full impact of mental (stress, depression, hopelessness etc.) and physical illness. The relationship between good

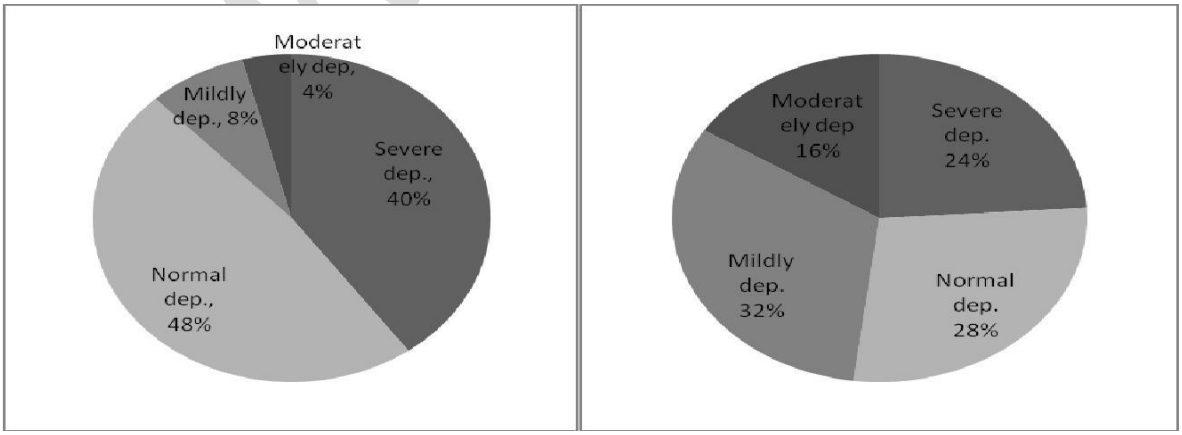
social support and superior mental and physical health has been observed in diverse populations, including college students, unemployed workers, new mothers, widows and parents of children with serious medical illness (Resick, 2001).

Figure 10- Percentage Profile of Depression and Hopelessness among Males and Females among Experimental Group



1=Hopeless, 2=Depressed.

Figure 11- Gender Difference on Intensity of Depression among Experimental Group



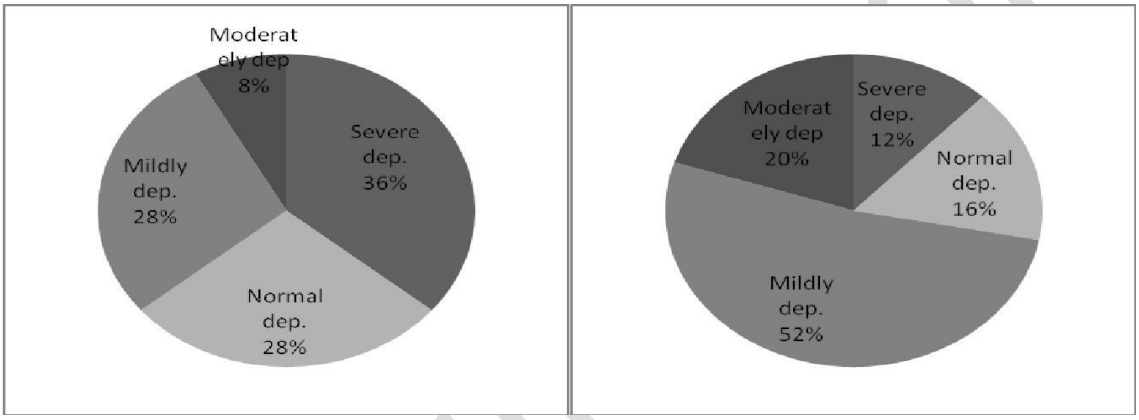
Males **Females**

Figure 11 depicted the gender difference on intensity of depression in experimental group.

Males (40%) had severe depression, 4% were moderately, 8% were mildly and 48% were normal level of depression. Similarly, 32% of females were mildly, 28% were normally, 24% severely and only 16% were moderately depressed.

Figure 12 showed gender difference on intensity of hopelessness on experimental group. Figure indicated that 28% of males had normal and mild hopelessness, 36% had severe hopelessness and only 8% had moderate hopelessness. Similarly 52% of females were mildly hopeless, 20% were moderately hopeless, 16% had normal hopelessness and 12% were severely hopeless.

Figure 12- Gender Difference on Intensity of Hopelessness among Experimental Group



Males **Female**

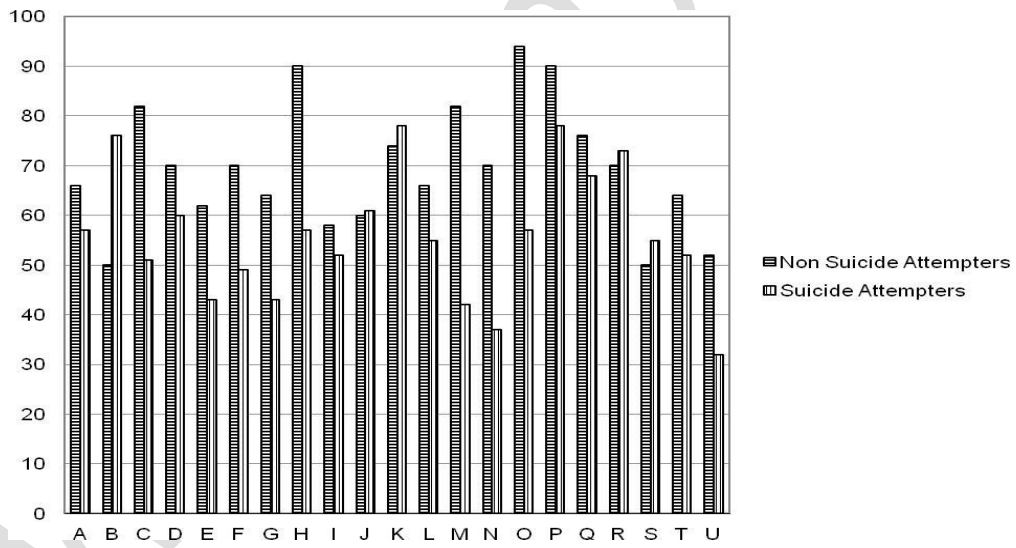
Figure 13 depicted percentage profile of complete BDI characteristics of suicide attempter and non-suicide attempters. Figure represents that 76% suicide attempters were pessimistic and 78% were irritable. Crying spells, loss of appetite and weight loss was more in suicide attempters as compare to non-suicide attempters while there was marked variation in percentage of non-suicide attempters on sense of failure, self-accusation, indecisiveness, body image and work inhibition. Non-suicide scored more on the above areas. Surprisingly graph indicated that non-suicide attempters scored more on majority of depressive characteristics but they did not attempt suicide. The reason behind this can be that non-suicide attempters are more optimistic, have better family support system, better emotional balance and coping styles e.g. physical exercise, yoga, music, art etc. Non-suicide attempters were, may be more ready for counseling or modulation in lifestyles and may not be very rigid in norms of behavior.

Family conflict may affect suicidal behavior regardless of ethnic background. However, the

impact of family conflict on suicide may be particularly salient in Asian cultures due to the great emphasis on interdependence and family cohesion (Leong et al., 2008).

Akiskal, (1996) has proposed that deregulation of temperament is the fundamental pathology, underlying mood disorders, and its presence in individuals reflects in increased predisposition for developing affective disorders. Moreover, specific affective temperament types (depressive, cyclothymic, hyperthymic, irritable and anxious) have a strong relationship with suicidal behavior (Kochman, 2005).Another study regarding affective temperaments in suicide attempters indicated that compared to control suicides attempters scores significantly higher on four of the five affective temperaments containing a more or less depressive component (Rihmer, 2007).

Figure 13- Percentage Profile of BDI Characteristics among Suicide and Non Suicide Attempters



A=Mood, B=Pessimism, C=Sense of failure, D=Lack of satisfaction, E=Guilt feeling, G=Self hate, H=Self-accusation, I=Self punitive wishes, J=Crying spills, K=Irritability, L=Social with drawl, M=Indecisiveness, N=Body image, O=Work inhibition, P=Sleep disturbance, Q=Fatigability, R=Loss of appetite, S=Weight loss, T=Somatic preoccupation, U=Loss of libido

CORRELATION COEFFICIENT

Table 1

Correlation between Depression and Hopelessness among Control group and Experimental Group

Group	N	Variables	r	p	N.S/S/H.S*
Control group	50	Depression	0.63	0.01	H.S
		Hopelessness			
Unstructured Experimental group	100	Depression	0.72	0.01	H.S
		Hopelessness			

*N.S Non-significant, S. Significant, H.S. Highly significant

Table 1 showed correlation between depression and hopelessness of control and experimental group. The value of correlation coefficient (r) was positive and highly significant at 1% level in both the groups, showing that if there is a rise in depression, the feeling of hopelessness for both control group and unstructured experimental group also increases.

Table 2 ***Correlation between Depression and Hopelessness among Females belonging to Control group and Experimental Group***

Group	N	Variables	r	p	N.S/S/H.S*
Control group (females)	25	Depression	0.61	0.01	H.S
		Hopelessness			
Unstructured Experimental group (females)	25	Depression	0.65	0.01	H.S
		Hopelessness			

*N.S Non-significant, S. Significant, H.S. Highly significant

Table 2 revealed the correlation between depression and hopelessness among females of control group (non-suicide attempter) and experimental group (suicide attempters). The value of correlation coefficient was positive and highly significant at 1% level in both the groups, which indicates that with an increase of depression there will be an increase on level of hopelessness.

Table 3

Correlation between Depression and Hopelessness among Males from Control and Experimental Group

Group	N	Variables	r	p	N.S/S/H.S*
Control group	25	Depression	0.69	0.01	H.S
		Hopelessness			
Experimental group	25	Depression	0.79	0.01	H.S
		Hopelessness			

*N.S Non-significant, S. Significant, H.S. Highly significant

Table 3 depicted the correlation between depression and hopelessness among males of control and experimental group (non-suicide attempter and suicide attempters respectively). The value of correlation in both the cases was positive and highly significant at 1% level. The result reveals that an increase in depression causes the rise in hopelessness for both control and experimental group.

Numerous epidemiological studies have reported that poor social support is associated with the onset and relapse of depression (Paykel, 2001), and seasonality of mood disorder (Michalak, 2003).

CHI-SQUARE

Table 4

Relationship between Degree of Hopelessness among two Groups

Range	Control n=50	Experimental n=100	X2	N.S/S/H.S*
Normal Hopelessness	23	10	13.39	S
Mild Hopelessness	20	35		

Moderate Hopelessness	5	35		
Severe Hopelessness	2	20		

*N.S Non-significant, S. Significant, H.S. Highly significant

Table 4 revealed the relationship between degree of hopelessness of non-suicide attempter and suicide attempters. The value of chi-square (x2-13.39) was significant at 5% level. Result shows that majority of non-suicide attempters were normally hopeless followed by mild hopelessness. Very few non-suicide attempters were severely hopeless. In case of suicide attempters, most of them were mildly hopeless followed by moderate hopelessness and then severe hopelessness. Less number of cases was normally hopeless in case of suicide attempters.

Studies of various patient groups, including the elderly and general medical patients, have found that hopelessness is correlated more highly with measures of suicidal ideation and intent than is the severity of depressive symptomatology (Cooper-Patrick, 1997).

Table 5

Relationship between Degree of Depression among two Groups

Range	Control n=50	Experimental n=100	X2	N.S/S/H.S*
Normal Depression	7		24.89	H.S
Mild Depression	7			
Moderate Depression	5	30		

Severe Depression	31	30		

*N.S Non-significant, S. Significant, H.S. Highly significant

Table 5 shows the relationship between degree of depression of non-suicide attempter and suicide attempters. The value of chi-square (x2-24.89) was highly significant at 1% level. Here it is clear that very few non-suicide attempters were falling in normal to mild depression, whereas a higher number of non suicide attempters were falling in the category of severe depression. On the contrary, in the experimental group a higher number of subjects ranged in normal and mild level of depression followed by severe depression.

A study conducted in India in a tertiary care hospital on 373 subjects reported that in suicidal ideators, mixed anxiety and depressive disorders were the most common psychiatric diagnosis followed by major depression and schizophrenia. Among suicide attempters, adjustment disorder with depression was the most common diagnosis (Bhatia, Aggarwal and Aggarwal, 2000).

CRITICAL RATIO

Table 6 ***Difference between Groups on Depth of Depression***

Group	N	Mean	S.D.	C.R.	p	N.S/H.S*
Control	50	27.82	11.63	3.31	0.01	H.S.
Experimental	50	19.00	14.83			

*N.S. Non-significant, H.S. Highly significant

Table 6 indicated the difference between control and experimental group on depth of depression. The mean value for control group was 27.82 and for experimental group were 19.00. The critical ratio (3.31) was highly significant at 1% level. These scores indicate that

subjects belonging to control group differ with subjects of experimental group on depression. From above result it is surprising to know that subjects belonging to control group are more depressed than those belong to experimental group. Figure 1 also shows similar results, indicating that depth of depression was high in control group in relation to hopelessness.

Table 7 ***ifference among Males of two Groups on Depth of Depression***

Group	N	Mean	S.D.	C.R.	N.S/H.S*
Control	25	26.68	11.71	1.71	N.S.
Experimental	25	19.80	16.42		

*N.S. Non-significant, H.S. Highly significant

Table 7 depicted the difference between males of control and experimental group on depth of depression. The mean difference between two groups was found to be non-significant. The critical ratio was 1.71. No difference is found between groups on degree of depression. It can be said that males generally cope up with problems and make better adjustments.

Table 8 ***Difference among Females of Two Groups on Depth of Depression***

Group	N	Mean	S.D.	C.R.	p	N.S/H.S*
Control	25	28.96	11.43	3.31	0.01	H.S.
Experimental	25	18.20	13.00			

*N.S. Non-significant, H.S. Highly significant

Table 8 revealed the difference between females of control and experimental group on depth of depression. The value of critical ratio was 3.31. The mean value among control group

(female) was 28.96 and of structured experimental group were 18.20. The mean difference was highly significant at 1% level. The difference between the two groups on degree of depression shows that females belonging to control group are more depressed than those belong to structured experimental group.

Table 9

Gender difference on Depth of Depression among Control Group

Group	N	Mean	S.D.	C.R.	N.S/H.S*
Males	25	26.78	11.71	0.67	N.S.
Females	25	28.96	11.43		

*N.S. Non-significant, H.S. Highly significant

The mean difference between two groups was found to be non-significant, indicating no gender difference on depth of depression. (Table 9)

Table 10

Gender Difference on Depth of Depression in Experimental Group

Group	N	Mean	S.D.	C.R.	N.S/H.S*
Males	25	19.80	16.42	0.38	N.S.
Females	25	18.20	13.00		

*N.S. Non-significant, H.S. Highly significant

Table 10 revealed gender difference on depth of depression among experimental group. The value of critical ratio was 0.38. The mean difference was found to be non-significant. Males and females of experimental group do not differ on degree of depression.

Table 11

Difference between Control Group and Experimental Group on Depth of Hopelessness

Group	N	Mean	S.D.	C.R.	p	N.S/H.S*
Control	50	7.28	4.12	2.81	0.01	H.S.
Experimental	50	9.86	5.02			

*N.S. Non-significant, H.S. Highly significant

Table 11 showed the difference between control and experimental group on depth of hopelessness. The mean value among the control group was 7.28 and the mean value of experimental group was 9.86. The value of critical ratio (2.81) was highly significant at 1% level. Subjects of two groups differ significantly on feeling of hopelessness. The subjects belonging to experimental groups were more hopeless than subjects of control group. These observations predict that suicide ideation have a higher association with hopelessness than with any other symptom of depression.

Individual who are demoralized are conscious of there own failure and are unable to meet the expectations of others. When their anxiety levels increase, they are likely to develop feelings of hopelessness and a desire to die (Figueiredo, 1993). The validity of distinction between depression and demoralization is further supported by research showing that suicidal ideation is differentially associated with hopelessness and depression. Studies in adolescents have also shown that depression and hopelessness are independent predictors of suicidal ideation (Clarke and Kissane, 2002: Shahar, 2006)

Table 12

Difference between Males of Control Groups and Experimental Group on Depth of Hopelessness

Group	N	Mean	S.D.	C.R.	N.S/H.S*
Control	25	7.80	4.10	1.81	N.S.
Experimental	25	5.75	5.75		

*N.S. Non-significant, H.S. Highly significant

Above table 12, depicted the difference between males belonging to control and experimental group on depth of hopelessness. The value of critical ratio was 1.81. The mean difference between two groups was found to be non-significant and hence, no difference is found between two groups on degree of hopelessness.

Table 13 ***Difference between Females of two Groups on Depth of Hopelessness***

Group	N	Mean	S.D.	C.R.	p	N.S/H.S*
Control	25	6.76	4.03	2.26	0.05	S.
Experimental	25	9.36	4.11			

*N.S. Non-significant, H.S. Highly significant, S. Significant

The difference between females of control and structured experimental group on depth of hopelessness has been shown in Table 13. The value of critical ratio was 2.26. Mean difference between two groups was found to be significant at 5% level. Mean score of

experimental group (9.36) was more than mean score (6.76) of control group. It can therefore be interpreted and understood that females of experimental group have higher feeling of hopelessness than those belonging to control group.

Table 14

Gender difference on Depth of Hopelessness among Control Group

Group	N	Mean	S.D.	C.R.	N.S/H.S*
Males	25	7.80	4.14	.90	N.S.
Females	25	6.76	4.02		

*N.S. Non-significant, H.S. Highly significant

Table 14 indicated the sex difference on depth of hopelessness of control group. The value of critical ratio was .90. The differences between mean values were found to be non-significant, hence no gender difference was found between males and females of control group.

Table 15

Gender Difference on Depth of Hopelessness among Experimental Group

Group	N	Mean	S.D.	C.R.	N.S/H.S*
Males	25	7.80	10.36	0.70	N.S.
Females	25	9.36	4.11		

*N.S. Non-significant, H.S. Highly significant

Table 15 revealed the sex difference on depth of hopelessness of experimental group. The value of critical ratio was 0.70. Mean difference between two groups was found to be non-

significant. That indicates that both females and males have same degree of hopelessness.

CONCLUSION AND IMPLICATIONS

Mental health is a state of well-being in which the individual realizes his or her own abilities, to cope with the normal stresses of life, so as to work productively and contribute to himself or herself, family and community. Mental illness associate and refers to the emotional dilemma, and intense emotional torment that one experiences during crisis. Suicidal thoughts often accompany depression, and when depression interferes with normal daily functioning, it may be afflictive enough to be classified as a mental disorder.

In this fast changing materialistic society, people undergo with lot of physical stress, emotional burden and lifestyle pressure. The 20th century has been referred as age of stress and anxiety. The changing life style in modern times has increased the frequency of mental complexities and complications in the society. People are running towards accessible materialistic gains. They want to get maximum ameliorate in less time. Failing to get desired goals cause impaired mental health. This is especially true for young adults, who take help of drugs, alcohol and ultimately may commit suicide to cope up with the stress level.

Suicide ideation is related to higher depth of hopelessness among suicide attempters. Maximum numbers of suicide attempters are high on hopelessness, whereas, non-suicide attempters were found to be high on depression. Feeling of hopelessness is being considered as the biggest indicator of suicide. Depressive reaction can lead the individual to communicate his feelings of discouragement and despair. While hopelessness causes meaningfulness, worthlessness, lower self-esteem, pessimism, self hatred and devaluation etc. and is greater predictor of attempted suicide.

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