CHAPTER - II

REVIEW OF LITERATURE

The present chapter reviews the research related to the purpose of the study. The present study is planned to examine the relationship of suicidal potential with psychological, social and emotional capital. So, studies related to suicidal potential and related protective factors were collected through various sources i.e. university library, ICSSR library, online journal etc. Review presented in the chapter is not claimed as complete; but attempts have been made strictly to include the studies directly or indirectly relevant to the present study to make it comprehensive. The literature reveals that interaction of risk and protective factors appear significant in the outcomes and prevention of suicide and suicidal behaviour. The review of literature concerned the study has been presented under the following headings:-

1. Suicidal Potential and Psychological Capital
2. Suicidal Potential and Social Capital
3. Suicidal Potential and Emotional Capital

Suicidal Potential and Psychological Capital

Meadows, Kaslow, Thompson and Jurkovic (2005) conducted the study on protective factors against suicide attempt danger among African American women experiencing partner violence. Protective factors like hope, spirituality, coping, social support from family & friends, self-efficacy, and effectiveness of obtaining resources against suicide attempts were examined in educationally, economically, and
socially disadvantaged African American women who had experienced current intimate partner violence. They assessed 200 women i.e. 100 suicide attempters and 100 non-attempters. Results suggested that significant positive relation were found between all possible pairs of protective factors. Bivariate logistic regressions found that higher scores on each of the seven protective factors predicted non-attempter status; multivariate logistic regressions showed that higher scores on measures of hope or social support-family showed unique predictive value for non-attempter status. Further, the multivariate model accurately predicted suicide attempt 69.5% of the time. Partial support was found for a increasing protective model hypothesizing a linear relationship between the number of protective factors approved and decreased risk for suicide attempts.

Riolli, Savicki and Richards (2012) examined the influence of psychological capital on the well-being of undergraduate. Psychological capital is hypothesized to empower the students with the necessary metal strength to cope up with adverse circumstances, which leads to negative consequences. Psychological capital mediated between stress and indices of psychological well-being and physical well-being. Psychological capital buffered the impact of stress in the case of Psychological Symptoms and Health Problems so that the relationship between stress, suicide and negative outcomes reduced.

Zheng and Wang (2014) investigated the effects of social and psychological factors on the suicidal tendencies among Chinese
medical students. They assessed 540 students out of them 48 had a suicidal tendency to some extent. Results showed that the maximum rate of suicide was perceived for fourth-year students, monitored by the fifth-year, first-year, third-year, and second-year students. Female students and not satisfied students with their major had a higher rate of suicidal tendency. However, established coping strategies had a protective effect on suicide. The regression analysis showed that academic burden, grade, and introversion or extraversion was the most significant factors for the suicidal risk among Chinese medical students. The results supported to a multi-factorial approach to the understanding and prevention of suicide by college students.

Feng, Li and Chen (2015) discovered the impact of stress on suicidal ideation by investigating the mediating effect of self-efficacy and dispositional optimism. The effects of stress on suicidal ideation were investigated directly and indirectly among 296 patients with acute pesticide poisoning from four general hospitals. Results showed that stress has a direct consequence through suicide ideation. In addition, self-efficacy and dispositional optimism partially weakened the relationship between stress and suicidal ideation.

Donald, Dower, Correa velez and Jones (2006) investigated the effect of protective and risk factors among Australian adolescent and adults who attempts severe suicide. The sample for the study includes 475 participants of age group 18 to 24 years who admitted to a medical aid after suicidal attempt. Using a model of social-ecological protective factor that concern with how persons interrelate with their societal and ecological perception. Results showed that confidence in
solving the problems and locus of control act as a protective factor against suicidal attempts.

Evans, Marsh and Owens (2005) conducted an exploratory study seeks to better understand possible relationships between locus of control, environmental factors, and suicide risk among adolescents. The data derive from in-school surveys of eight-grade students led in 1998 and 1999 in Arizona, California, Nevada, and Wyoming. Results revealed that higher levels of suicide risk were associated with external locus of control orientation. Results were also found that there is a relationship between suicide risk and several environmental factors and preferences.

Pearce and Martin (2007) conducted a pilot study to investigate the relationship between locus of control and a range of suicidal behaviours. They assessed 200 male and 205 female students aged between 13 and 19 years (mean = 15, SD = 1), randomly selected from metropolitan state high school. They completed a questionnaire that included demographic details, the Nowicki-Strickland Locus of Control Scale for Children and suicide related questions. Results indicated that a considerable proportion of individuals in the sample have suicidal ideation. A smaller proportion has engaged in a range of more somber and overt self-destructive and suicidal behaviours. Further, a majority of attempters in the sample had not received medical attention ensuing their attempt. Results also showed a clear association between locus of control and suicidal behaviour, among who had engaged in suicidal behaviours characterized by a more external locus of control orientation. The finding suggested that the
locus of control construct is useful in identifying adolescents at risk of engaging in suicidal behaviour.

Goldney (1982) studied about locus of control in young women who have attempted suicide. Young women who attempted suicide scored in a significantly more external manner than a control group on a locus of control scale. However, for the suicide attempters, those whose attempt resulted in the most risk to life tended to score more internally than those whose attempt caused negligible physical harm. Results revealed that there was a significant correlation between locus of control and hopelessness, although not with depression. There was also a significant correlation between locus of control scores and a measure of perceived childhood stress.

Graham, Angela, Helen, Leigh, and Stephen (2005) conducted a study on perceived academic performance, self-esteem and locus of control as indicators of adolescent suicide risk. They assessed 2603 aged 13 years, 2485 aged 14 years, and 2246 aged 15 years school students from 27 South Australian Schools. Results showed that perceived academic performance, self-esteem and locus of control were significantly associated with suicidality. Further, logistic regression of longitudinal results suggested that perceived academic performance, over and above self-esteem and locus of control, in some instances, is a good long-term predictor of suicidality.

psychiatric unit. They assessed 92 African American females and 99 White females from hospitalized clinically depressed and both groups completed the Self-Esteem Rating Scale, Internal Control Index, and Suicide Risk Scale. Results indicated that there were no differences in locus of control and suicide risk between groups. In addition, even though there were differences in self-esteem between groups, so it was concluded that self-esteem was the best predictor of suicide risk within groups (White, \( R^2 = 42\% \); African American, \( R^2 = 19\% \)).

African American females possessed higher significant self-esteem than White females. For African American females age and self-esteem were positively correlated (\( r = .27, p = .01 \)). Finding suggested that clinically depressed females could benefit from treatment focusing on improving self-esteem within a milieu of multicultural sensitivity.

Shaheen and Jahan (2014) determined the relationships among stress, optimism and suicidal ideation in students. They assessed 200 adolescent students from Aligarh Muslim University, Aligarh, India. Significant moderating effects were also probed and plotted throughout simple slopes at plus-and-minus one standard deviation of the stress on the relationship between stress and suicidal ideation within each level of arbitrator variable i.e. high and low levels. The results revealed that there was significantly positive association between stress and suicidal ideation. A negatively significant correlation was found between optimism and suicidal ideation. Additionally, boys were more pessimistic and had more suicidal ideation as then girls. Hierarchical regression analyses found that
stress and optimism predicted suicidal ideation for total sample. Moreover, the stress and optimism interaction was revealed to further augment the prediction of suicidal ideation, after controlling the demographic variables. Results indicated that the relationship between stress and suicidal ideation was significantly more exacerbated for pessimistic as compared to optimistic adolescents.

Yu (2013) examined the role of optimism-pessimism as a unique predictor of suicide risk. They also examined an interactive model to utilize the possibility of pessimism being less maladaptive than optimism. Results of regression analyses showed that optimism/pessimism is a significant predictor of suicide risk. Furthermore, the addition of future orientation analyses showed that future orientation plays an additive role in predicting suicide risk. Finally, the interaction of optimism or pessimism and future orientation accounted for supplementary variance in both depressive symptoms and suicidal behavior above and elsewhere the two factors alone. Future orientation was revealed that there was moderate relationship of optimism-pessimism and maladjustment.

Chang, Yu, Lee, Hirsch, Kupfermann & Kahle (2013) examined an integrative model involving optimism/pessimism and future orientation as predictors of suicide risk (depressive symptoms and suicidal behavior) was tested in a sample of adult and primary care patients. Beyond the additive pressure of the two predictors of suicide risk, optimism/pessimism and future orientation were hypothesized to interact together to exacerbate suicide risk. Results indicated that optimism/pessimism was a vigorous predictor of
suicide risk in adults. Future orientation was found significant incremental validity to the prediction of depressive symptoms, but not of suicidal behavior. Noteworthy, the optimism/pessimism and future orientation interaction was found to significantly supplement the prediction of depressive symptoms and suicidal behavior.

O’Keefe (2012) investigated the relationship between hope and optimism as protective factors against suicidal ideation and suicide attempts amid AI/AN college students. Although epidemiological data continues to provide alarming statistics, there is a lack of research investigating the underlying factors associated with AI/AN suicidal behavior. It was hypothesized that hope and optimism would be negatively associated with suicidal ideation and suicide attempts; and optimism would have a stronger negative relationship than hope with suicidal ideation and suicide attempts, after controlling for symptoms of depression and substance use. Results did not support the hypothesis, as hope and optimism did not negatively forecast suicidal ideation and suicide attempts. Hope and optimism should continue to be examined within the context of suicidal ideation and behavior among AI/AN to generalize are the protective factors against suicidal ideation and behavior.

Sussie Eshun (1999) examined the cultural differences in responses to depressive mood, hopelessness, optimism and suicidal ideation among college students from Ghana and the United States. The results showed that, Ghanaian college students reported less
moods of hopelessness, \( t (179) = -3.365, p < .001 \), and were significantly more optimistic, \( t (208) = 6.609, p < .0001 \) than U.S. sample. Furthermore, the U.S. sample endorsed significantly more items on the suicidal ideation scale, \( t (207) = 2.121 \), than their Ghanaian counterparts.

Davidson, Wingate, Slish and Rasmussen (2010) hypothesized that hope would negatively predict burdensomeness, thwarted belongingness, and acquired capability to enact lethal injury; hope would negatively predict suicidal ideation; and the interpersonal suicide risk factors would be predictor of suicidal ideation. Results showed that hope negatively predicted burdensomeness and thwarted belongingness, but positively predicted assimilated capability to enact suicide. Contrary to our second hypothesis, hope did not forecast suicidal ideation, but interpersonal risk factors for suicide predicted suicidal ideation.

Wai1, Talib, Yaacob, Jo-Pei, Awang, Hassan and Ismail (2014) examined the Snyder’s theory of hope to understand suicidal risk among Malaysian adolescents who constituted 10% of the overall reported suicide cases. In this study 1441 adolescents were recruited through multistage cluster sampling. Results showed significant relationship between both agency and pathway thinking with risk of suicidal behavior. In a regression model, only agency thinking uniquely predicts adolescents’ suicidal risk. A highly motivated adolescent accomplishing a goal or plan has lower risk in suicidal behaviors. Thus, suicide prevention basically focusing on increasing
Alexandrino-Silva and Gomes (2009) assessed the presence of suicidal ideation, depressive symptoms and symptoms of hopelessness in three healthcare training programs. They applied Beck Scale for Suicidal Ideation, Beck Depression Inventory and the Beck Hopelessness Scale on Medical, nursing and pharmacy students to assess psychiatric symptomatology. The general response rates of the medical, nursing, and pharmacy students were 56%, 56% and 61%, respectively. There was no difference regarding the presence of suicidal ideation among medical, nursing and pharmacy students. There was also no difference regarding the presence of either depression or hopelessness in medical students in comparison to nursing and pharmacy students. In comparison to nursing and pharmacy students, significantly higher severity rate of hopelessness was observed among medical students. Although they did not observe significant differences regarding suicidal ideation and depression among the three healthcare program students. The finding suggested that the presence of suicidal ideation is indeed a source of concern that early identification of these symptoms is crucial in order to offer appropriate support and treatment and prevent deaths by suicide.

Emery, Steer and Beck (1981) studied the hopelessness is a mediating variable between depression and suicidal behaviors in heroin addicts. They assessed 191 addicts and administered the Hopelessness Scale, the Beck Depression Inventory, and the Suicide Contemplation Scale. Suicide plan was found to be significantly
linked with hopelessness, but not with depression.

Dyer and Kreitman (1984) conducted a study to find out the inter-relationships among depression, hopelessness and suicidal intent in para-suicide. They assessed 120 hospital-referred para-suicides and found that both depression and hopelessness were correlated with the degree of suicidal intent as measured on a Suicide Intent Scale, the association between depression and suicidal intent is dependent on that between hopelessness and suicidal intent.

Wetzel, Margulies, Davis, and Karam (1980) assessed Seventy-three inpatients who completed Beck's Suicide Ideator Scale, Beck's Hopelessness Scale and the MMPI Depression Scale. Results suggested that suicide intent was significantly more correlated hopelessness than depression. When the effect of hopelessness was removed statistically, there was no relationship between suicide intent and depression

Kazdin, Nancy, Esveldt-Dawson, Karen; Sherick, and Rosanna (1983) assessed 668 children and administered Hopelessness Scale for Children, Children's Depression Inventory, Depression Symptom Checklist, Bellevue Index of Depression, and the Self-Esteem Inventory. Results showed that who scored high on the Hopelessness showed significantly more severe depression and lower self-esteem than those who scored low on the hopelessness. Suicidal intent was more consistently correlated with hopelessness than with depression, a finding parallel to results obtained with adults. Overall, findings suggested that negative expectations toward oneself and the future
can be assessed in children and are correlated both to depression and suicidal intent.

Jain, Singh, Gupta and Kumar (1999) determined the relationship of depression, hopelessness and suicide intent in individuals attempting suicides. 79 patients were screened for the study and 56 patients were included (33 male & 23 female) of below 30 years of age (82.1%) from Northern India hospital emergency services between 1st Jan. '94 to 31st Dec. '94 with suicide attempt. Organophosphorus consumption and drug overdose was most common (75%) psychiatric illness was present in 57% cases, depression being most common 37.5%, 22 subjects showed mild to moderate suicide intent (39.28%) and 16% subjects showed hopelessness score above 9. Results showed that a highly significant correlation with each other i.e. suicidal intent, hopelessness and depression.

Cole and David (1988) examined the relations between hopelessness, depression, social desirability, and para-suicide. Multiple operationalization of each construct were used, and two college student populations were compared on the basis of one seeking treatment and one not seeking treatment. Results revealed that hopelessness related to para-suicide after controlling for depression and social desirability in the seeking-treatment group but not in the non-treatment group.

Petrie, Keith, Chamberlain and Kerry (1983) assessed 54 attempted-suicide patients and found that hopelessness was an
important variable in predicting suicidal behavior and ideation. Social desirability had no influence on hopelessness, and it is accomplished that the Hopelessness Scale is appropriate for use in suicide assessment.

Beck, Steer, Kovacs and Garrison (1985) studied on 207 patients hospitalized because of suicidal ideation. During a follow-up period of 5-10 years, 14 patients committed suicide. When all the data collected at the time of hospitalization, only the hopelessness scale and the pessimism item of the beck depression inventory related to pessimism predicted the eventual suicides. A score of 10 or more on the hopelessness scale correctly identified 91% of the eventual suicides. Taken in conjunction with previous results showing the association between hopelessness and suicidal intent, these findings indicate the importance of degree of hopelessness as a sign of long-term suicidal risk in hospitalized depressed patients.

Klonsky, Kotov, Bakst, Rabinowitz, and Bromet (2012) Assessed hopelessness and attempted suicide at multiple time-points over 10-years in a first-admission cohort with psychosis (n=414). Approximately 1 in 5 participants attempted suicide during the 10-year follow-up, and those who attempted suicide significantly higher at baseline on the Beck Hopelessness Scale. In general, a given assessment of hopelessness (i.e., baseline, 6-months, 24-months, and 48-months) reliably predicted attempted suicide up to 4–6 years later, but not beyond. Structural equation modeling indicated that hopelessness prospectively predicted attempted suicide even when controlling for previous attempts. Particularly, a cut-point of 3 or
greater on the beck hopelessness scale yielded sensitivity and specificity values similar to those found in non-psychotic populations using a cut-point of 9. Results suggested that hopelessness in individuals with psychotic disorders confers information about suicide risk above and beyond history of attempted suicide. Additionally, in comparison to non-psychotic populations, even relatively modest levels of hopelessness appear to confer risk for suicide in psychotic disorders.

Range & Penton (1994) investigated the relationship between hope, hopelessness, and suicidality among students. They assessed 206 undergraduate psychology students who completed the reasons for living inventory, the hopelessness scale, and the hope scale. Significant correlations indicated that, when hope increased than hopelessness decreased. Those who scored relatively more suicidal had relatively fewer feelings of hope (Agency and Pathways) and more hopelessness. Additional, scores on three Reasons for Living scales were significantly correlated in expected directions with hope and hopelessness scores. A multiple regression showed that scores on Survival, Coping Beliefs and the Hope subscale Agency accounted for 37% of the total variance in suicidality. It seems that in college students, survival and coping beliefs and hope rather than hopelessness or other reasons for living are mainly related to suicidality and suicide.

Tucker, Wingate, O’Keefe, Mills, Rasmussen, Davidson and Grant (2013) conducted a study on ‘Rumination and suicidal ideation: The moderating roles of hope and optimism’. 298
participants completed self-report measures of hope, optimism, rumination, and depression. Results established that both hope and optimism weakened the relationship between rumination and suicidal ideation, with the relationships between both subscales of rumination and suicidal thinking. Results suggested that a ruminative thinking style were most harmful when an absence of hope or optimism is present.

Mendonca and Holden (1996) investigated the relationship between hopelessness and suicidal intent for two categories of suicidal thoughts, and the associations of these two categories of thoughts with a range of symptoms were also examined. They assessed 97 patients with suicidal thoughts of a psychiatric hospital. In interviews, suicidal intent was assessed using the Beck Scale for Suicide Ideation, although psychological distress was assessed using both the Beck Hopelessness Scale and the Derogatis Symptom Checklist. Ideation items recitation the frequency, acceptance and duration of a wish to die were significantly correlated with feelings of hopelessness. On the other hand, items reflecting obsession with a method of self-harm showed only a weak correlation with hopelessness, while the relationship varied according to diagnosis. The analyses indicated that the primary predictor of suicidal intent was the patient's cognitive distortion, not hopelessness. They concluded that factors other than hopelessness appear to be pertinent for accepting suicidal ideation. Particularly, self-reported unusual thinking was found to be the most important predictor of various facets of suicidal intent.
Van Gastel, Schotte and Maes (1997) examined the relationships between suicidal ideation or suicidal attempts and presence of personality disorders, severity of depression, and sociodemographic factors in a population of depressed in-patients. They assessed 338 adult depressed psychiatric in-patients on Hamilton Depression Rating Scale, Beck Depression Inventory, and Zung Self-Rating Depression and Anxiety Scales. The items with the strongest predictive value for suicidal ideation were hopelessness, feelings of guilt, depressed mood, loss of interest and low self-esteem. These symptoms predicted 43% of the variance in suicidal attempts. None of the above predictors of suicidal ideation was related to suicidal attempts. Depressed patients with personality disorder attempted significantly more suicidal attempts and showed more suicidal ideation than depressed patients without personality disorder. No significant correlations were found between suicidal ideation or suicide attempts and gender, marital status, employment status or psychosocial stressors during the previous 6 months.

Khan (2011) examined the role of depression and hopelessness in suicide ideation on 200 adolescents i.e. 100 male and 100 female of age ranged 15-17 years. They completed Beck's suicide ideation scale, Beck's hopelessness scale and Beck's depression inventory. The study reveals that suicide ideation correlated with depression (r=.48, p<.01). The correlation between suicide ideation and depression remained significant for males even when the role of hopelessness was partialled-out. The relationship between suicide ideation and hopelessness (r = .53, p<.01) remained
significant after partialling -out the role of depression. Hopelessness as measured by Beck's hopelessness scale has emerged as a salient variable. The correlations pattern however, differed for male and female.

Hirsch, Conner and Duberstein (2007) concluded the study on optimism and suicide ideation among young adult college students. They administered Life Orientation Test-Revised and Beck Scale for Suicide Ideation on 284 college students (185 female and 99 male), ages 18 years and over. A hierarchical, multivariate regression was used to test the hypothesis that optimism is inversely associated with suicide ideation, after controlling for age, gender, depressive symptoms, and hopelessness. Results showed that optimism holds promise as a cognitive characteristic related with decreased thoughts of suicide in college students; a better understanding of its putative protective role among college students. Prevention programs organized to enhance optimism in the college setting might decrease suicide risk among college students.

Zhang, Law and Yip (2011) studied that psychological factors related with the occurrence and determination of suicidal ideation who considered as both a common antecedent and a significant risk factor for suicide attempt and completed suicide. A 12-month follow-up survey conducted on 997 respondents who participated in the baseline territory-wide survey of adult population in Hong Kong. A set of baseline psychological factors was considered as predictors of first onset and persistence of suicidal ideation. 12-month incidence (1.9%) and persistence (6.2%) rates were estimated. Respondents
with anxiety and lack of reasons for living were more expected to report a development of suicidal thoughts in the follow-up assessment, while defendants with higher level of average life distress and lower level of hope were at increased risk of enduring to have suicidal thoughts. Depression was found to partially mediate the effect of average life distress on persistent suicidality among baseline territory wide survey sample. It is of clinical value that depression partially arbitrated the effect of life distress on persistence of suicidality.

Uncapher, Gallagher-Thompson, Osgood and Bongar (1998) examined the role of hopelessness plays in geriatric suicidal ideation. The sample consist 60 institutionalized elderly male. Multiple regression analyses found that hopelessness was strongly related to suicidal ideation. The association between hopelessness and suicidal ideation was dependent on level of depression. Participants who reported moderate or higher levels of depressive symptoms were more expected to have suicidal ideation with increasing hopelessness, while hopelessness had little effect on level of ideation at mild or lower depressive symptom levels. Unlike earlier research on younger adults, hopelessness did not predict suicidal ideation better than depressive symptoms, even though the association between depression and suicidal ideation was stronger within higher levels of hopelessness.

Nordentoft, Jeppesen, Abel, Kassow, Petersen, Thorup, Krarup, Hemmingsen and Jorgensen (2002) conducted a study with aims to identify predictive factors for suicidal behaviour and to examined the
effect of integrated treatment on suicidal behaviour and hopelessness. They assessed 341 patients with a first-episode schizophrenia-spectrum disorder. Results showed that during the one year follow-up period there is 11% attempted suicide. It was associated with female gender, hopelessness, hallucinations and suicide attempt reported at baseline, with the two variables being the only significant ones in the final multivariate model. Hallucinations and suicide attempts were the most significant predictors of suicide attempt in the follow-up period.

Huen, Ip, Ho and Yip (2015) investigated whether hope can moderate the association between hopelessness and suicidal ideation. Hope, hopelessness, and suicidal ideation were measured on 2106 participants through a population-based household survey. Confirmatory factor analyses showed that a measurement model with separate, associated second-order factors of hope and hopelessness provided a good fit to the data and it was significantly better than that of the model collapsing hope and hopelessness into a single second-order factor. Negative binominal regression showed that the effect of hopelessness on suicidal ideation was lower in individuals with higher hope than participants with lower hope. Hope and hopelessness are two distinct but correlated constructs. Hope can act as a resilience factor that buffers the influence of hopelessness on suicidal ideation. Inducing hope in people may be a promising avenue for suicide prevention.

Beck, Brown, Berchick, Stewart and Steer (1990) determined the relationship between hopelessness and ultimate suicide a replication study with psychiatric outpatients. They administered
Beck Hopelessness Scale on 1,958 psychiatric outpatients. A scale cutoff score of 9 or above identified 16 i.e. (94.2%) of the 17 patients who eventually committed suicide, therefore replicating a previous study with hospitalized patients. The high-risk group identified by this cutoff score was 11 times more to be expected to commit suicide than the rest of the outpatients.

Weber, Metha and Nelsen (1997) observed association among suicide behavior as the dependent variable and aloneness, worry, hopelessness and depression as its sources in a sample of one eighty five college students taken from University of Southwestern. Study resolute which risk factors seems to have maximum relationship with suicide ideation between students of college. Results found the strongest relationships among suicide ideation and depression followed by suicide ideation and loneliness, suicide ideation and hopelessness.

A study done by Silverman, Meyer, Sloane, Raffel, and Pratt (1997) investigated the risk factors of suicide in students of graduate and undergraduate courses in ten campuses of university during 1980 to 1990. They hypothesizes that identifying risk factors for suicide would promote the expansion and efficient intervention implementation programs for students who are at greater suicide risk. Results revealed that students 25 and over have a significantly higher suicidal risk than younger students. Women have rates roughly half those of men throughout their undergraduate years, graduate women have rates not significantly dissimilar from their male counterparts.
Elliott and Frude (2001) conducted a study to find out the relationship between level of hopelessness and negative events of life and coping strategies, among a sample of eighty people aged eighteen and above years who consumed self-poisoned in Wales. Study revealed that hopelessness was a robust forecaster of suicidal risk. Moreover they found that problem focused managing strategies had adverse relationship with suicidal attempt and greater patients recorded on the higher level of hopelessness.

Konick and Gutierrez (2005) examined risk factors-negative life events (NLE), hopelessness, and depressive symptoms-believed to commonly impulsive suicide ideation in college students. To assess the risk factors researcher administered four self-reported questionnaire related to study measures on three hundred forty five undergraduate students. Results showed that depressive symptoms and hopelessness as predictors of suicide ideation in college students. However, NLE impacted suicidal thoughts throughout hopelessness and depressive symptoms. Interestingly, depressive symptoms exerted a stronger influence on suicide ideation than hopelessness. Hopelessness also served as a partial mediator in the relationship between NLE and depressive symptoms; though depressive symptoms fully mediated the association between negative life events and hopelessness.

Roy, Sarchiapone and Carli (2007) examined the resilience in relation to attempting suicide. For this 100 abstinent substance dependent patients were interviewed about attempted suicide. They completed Connor-Davidson Resilience Scale. The results revealed
that patients who had attempted suicide (N=41) had significantly lower resilience scale scores than patients who had no attempted suicide (N=59). It suggested that low resilience may be a risk factor for suicidal behavior. Longitudinal studies between suicide attempters, including measures of depression, may further evaluated the possible significance of resilience to suicidal behavior.

Mills and Kroner (2008) examined a series of interactions between a prior history of suicidal behavior and cognitions permissive of suicide, and the variables of hopelessness and depression in the relationship with suicidal ideation in 2 samples of incarcerated offenders. Results indicated that both a prior history of suicidal behavior and cognitions permissive of suicide interact with hopelessness and depression in a multiple regression equation with the outcome of suicidal ideation. The results indicated that certain suicide-related variables are multiplicative in their relationship.

Chang, Chen, Hui, Chan, Lee and Chen (2014) examined the prevalence of suicidal ideation and its relationships with clinical factors, neuro-cognitive factors and psychological factors in first-episode psychosis (FEP) patients. The sample included eighty nine Chinese patients aged between fifteen to twenty five years. A comprehensive set of assessments examining pre-treatment illness characteristics, neuro-cognitive function, symptom severity, and psychological factors were used. Results showed that approximately 42% of patients expressed suicidal ideation after service entry. Regression analysis found that suicidal ideation was significantly
linked with past suicide attempt, depressive symptoms, emotion expressivity, hopelessness, attentional impulsiveness, future expectation, internal and external locus of control, and the likelihood of endorsing fear of social approval and survival and coping beliefs as reasons for living. Final multivariate model showed that previous suicide attempt, depression, less severe diminished expression, greater degree of hopelessness and lower level of internal locus of control independently predictor of suicidal ideation.

Bahamin, Taheri, Moghaddas, Sohrabi, and Dortaj (2012) conducted a study to examine the effects of hardiness training on suicide ideation, quality of life and Plasma Levels of Lipoprotein (a) in patients with depressive disorder. The study includes 24 patients chosen randomly and divided into two groups as experimental and control groups. They were assessed on Beck Depression Inventory (for suicidal ideation), quality of life (SF-36) and Plasma Levels of Lipoprotein (a) (Immunoturbidimetric method). Then the experimental group was trained in a hardiness training program for 10 sessions lasting than with assignments, while the control group did not receive any treatment. Finally, the dependent variables were measured through post-test. Analysis of covariance was applied to analyze the data of pre-test and posttest. Results revealed that there was a significant difference between the suicide ideation and the quality of life of the both groups. Though, there is no significant difference was found between the plasma levels of lipoprotein (a) in the two groups of the study. Results revealed that training in hardiness can decrease suicide ideation and increase quality of life. Therefore, it would be helpful for hardiness training program as an
additional package for reducing the risk of suicide and increase the quality of life among patients with depressive disorder.

Birdie (2015) explored the relationship between Personality Type A/B, optimism and Locus of control among suicide attempters. They assessed 35 suicide attempters aged 20-30 yrs from Medicine Unit of Sawai Man Singh Hospital, Jaipur. Data were collected by using Gmelch’s “Can you type your behavior Scale” and Pareek’s Asufa inventory. Results revealed that majority of the suicide attempter’s personalities were tending toward Type A, and has internal locus of control and average optimism. Significant correlation was found between Type A and locus of control but non-significant with optimism. Significant gender differences were found in males and females on personality Type A.

Abdollahi and Talib (2015) examined the associations among hardiness, spirituality, and suicidal ideation in Iranian individuals with substance abuse. They assessed 450 individuals who seeking substance abuse treatment at 10 addiction treatment centers in Tehran, Iran. Structural equation modeling (SEM) suggested that, as expected, spirituality and hardiness were positively associated with each other. It also revealed that spirituality and hardiness were negatively associated with suicidal ideation for the sample. Spiritually and hardiness explained 46% of the variance in suicidal ideation. The participants with low level of spirituality and low levels of hardiness were more likely to report suicidal ideation. Further the study reported that there was a moderating effect of gender, such that greater hardiness predicted a lower likelihood of suicidal ideation for
male but not for female. The findings of the study reinforce the importance of spirituality and hardiness as protective factors against suicidal ideation in individuals with substance abuse, as well as the particular role of hardiness for men.

Abdollahi, Talib, Yaacob, and Ismail (2015) examined the relationship among problem-solving skills appraisal, hardiness, and suicidal ideation in university students. They also examined problem-solving skills appraisal including the three components of problem-solving confidence, approach-avoidance style, and personal control of emotion as a possible intermediary between hardiness and suicidal ideation. They assessed 500 undergraduate students from Malaysian public universities. Structural Equation Modelling estimated that undergraduate students with lower hardiness, poor problem-solving confidence, external personal control of emotion, and avoiding style were related with higher suicidal ideation. Problem-solving skills appraisal partially mediated the correlation between hardiness and suicidal ideation.

Vance, Struzick, and Burrage (2009) conducted a study and showed that several predictors of suicidal ideation found in older adults and adults with HIV are the same; synergistically, those aging with HIV may be at risk for suicidal ideation. Hardiness provides insight into mitigating suicidal ideation and accentuating successful aging with HIV. Some individuals may have resilient characteristics that counteract the detrimental effects of aging with HIV whereas others may require some guidance to cope with the effects that lead to
suicidal ideation. Therefore, hardiness emerged as protective factor for suicidal ideation.

Abdollahi, Talib, Yaacob and Ismail (2014) conducted a cross-sectional study to examine the hardiness as a potential mediator between perceived stress and suicidal ideation in undergraduate students. The participants were 500 undergraduate students from Malaysian public universities. They completed the Personal Views Survey, the Perceived Stress Scale, and Beck Scale for Suicidal Ideation. Structural equation modeling estimated that undergraduate students with low levels of hardiness were more likely to report suicidal ideation. As expected, hardiness partially mediated between perceived stress and suicidal ideation. Results demonstrated that lower hardiness and greater perceived stress significantly predicted the suicidal ideation among undergraduate students. These findings reinforce the importance of hardiness as a protective factor against perceived stress and suicidal ideation among students.

MacDermott (2010) conducted the research on psychological hardiness and meaning making as protection against sequelae in Veterans of the war in Iraq and Afghanistan. He explored both psychological hardiness and finding meaning in trauma as factors that can decrease the risk of pathology. Particularly when deployment-related stressors are high, these protective processes may be crucial in development of hope and resilience. The Veterans of the wars in Iraq and Afghanistan were at an increased risk of suicide. Mental health professionals must seek to detect and understand the presence of risk and so that early intervention and treatment can prevent long-term
suffering and suicide. Results concluded that a traumatized individual may interact with the meaning-making process in one of three ways: searching for and finding meaning in the trauma, searching for and never finding meaning in the trauma, and never searching for meaning. These three styles may have a direct effect on a veteran's sense of hope or hopelessness, which likely will strongly influenced suicidal tendencies and mental health.

Johnson, Gooding, Wood, and Tarrier (2010) examined whether positive self-appraisals buffered individuals from suicidality in the face of stressful life events. The sample included 78 participants who reported experiencing some degree of suicidality in life time. They completed a battery of questionnaires including measures of suicidality, stressful life events and positive self-appraisals. Results showed that positive self-appraisals moderated the association between stressful life events and suicidality. For these reporting moderate or high levels of positive self-appraisals, raised occurrence of stressful life events did not produce increases in suicidality. These results supported that positive self-appraisals may confer resilience to suicide.

Pietrzak, Russo, Ling and Southwick (2011) studied suicidal ideation in treatment-seeking Veterans. They also examined the role of coping strategies, resilience, and social support in suicidality. They assessed 167 Veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) for seeking behavioral or primary care services completed a survey containing measures of psychopathology, combat exposure, pain, psychological resilience, social support, and cognitive
coping strategies. 36 respondents reported 21.6% contemplating suicide in the two weeks prior to completing the survey. Compared to suicide non-contemplators, suicide contemplators scored higher on measures of self punishment, worry, and cognitive behavioral avoidance strategies, and lower on measures of psychological resilience and post deployment social support. Results revealed that a positive depression screen, and higher scores on self-punishment and cognitive social avoidance coping were positively associated with suicidal ideation, while higher scores on measures of psychological resilience i.e., positive acceptance of change were negatively related to suicidal ideation. Results also revealed that a positive screen for depression or PTSD significantly diminished the protective effect of post deployment social support on suicidal ideation through moderator analysis.

Mosqueiro, Rocha, Sul, Alegre, and Brazil (2015) conduct a study on intrinsic religiosity, resilience, quality of life, and suicide risk in depressed inpatients. A sample of 143 depressed patients was prospectively evaluated in an inpatient psychiatric treatment in South Brazil. High Intrinsic Religiosity (HIR) and Low Intrinsic Religiosity (LIR) patients were compared across socio-demographic information, clinical measures, religiosity, resilience and quality of life. Results showed that, intrinsic religiosity was associated with resilience, controlling for covariates. Intrinsic religiosity was found to be associated with resilience, quality of life, and fewer previous suicide attempts among depressed inpatients.
Hirsch, Wolford, LaLonde, Brunk, and Parker-Morris (2007) examined the moderating effect of explanatory style on the relationship between negative life experiences and suicide ideation in a college student sample. A total of 138 participants (73% female) were recruited from a rural, Eastern college and completed a self-report psychosocial assessment. Results revealed that optimistic explanatory style mitigates the influence of negative and potentially traumatic life events on thoughts of suicide, above and beyond the effects of hopelessness and depression. Optimistic explanatory style was associated with reduced suicide ideation, whereas pessimistic explanatory style was associated with increased thoughts of suicide.

Bergen, Martin, Richardson, Allison, and Roeger, (2003) conduct a research to investigated relationships between self-reported sexual abuse, depression, hopelessness, and suicidality in a community sample of adolescents. They assessed 2603 students from 27 high schools in Australia on the questionnaire including measures of depressive symptoms (Center for Epidemiologic Studies Depression Scale), hopelessness, sexual abuse, and suicidality. Data analysis included logistic regression. Results showed that Sexual abuse is associated with suicidality, both directly and indirectly through hopelessness and depressive symptoms in the model developed. Hopelessness is associated with high suicide risk only, whereas depressive symptoms are associated with high suicide risk and attempts.

Kobayashi, Fujita, Kaneko1, and Motohashi (2015) conduct a study to examine the relationship between self-efficacy and suicidal
ideation. The community-based household survey using a self-administered questionnaire was conducted in a rural area of Japan, Happo Town, in Akita Prefecture with community residents aged 30 and over at two respective time points by local health volunteers. The baseline survey was conducted in 2010 with a response rate of 88.9% (n = 6044). Among them, 3812 residents met the inclusion criteria for the follow-up survey in 2012 where the response rate was 75.3% (n = 2869). Exposure variables to suicidal ideation included demographic details, depression and self-efficacy. Results revealed that a total number of 2105 participants (76.4%) without suicidal ideation in the baseline study were enrolled into the follow-up study, and 8.2% of them had developed suicidal ideation. These participants with suicidal ideation were significantly less likely to be married/cohabitant; they had worse subjective health, poorer self-perceived economic status, stronger depressive mood, and lower self-efficacy scores. The odds ratio of the self-efficacy scores at follow-up survey for participants who had developed suicidal ideation were about 2 times lower than at baseline (95% confidence interval = 1.53 - 3.06). After adjusting for all confounding factors, the association was still significant (OR = 1.66, 95% CI = 1.15 - 2.42).

Barmola (2013) conduct a study to examine the gender differences on psychological capital in adolescents. A sample of 100 adolescent (50 male and 50 female) was selected randomly from a public school at Jaipur, (Rajasthan, India). Results revealed that there is no significant gender difference on overall psychological capital but significant gender difference was found on hope (t=2.77, p < .01) a measure of psychological capital. Therefore it can be concluded that
there is gender difference only in terms of hope among adolescents than the other dimensions.

Sun and Stewart (2007) conducted a cross-sectional study on age and gender effects on resilience in children and adolescents. Surveys were administered to 1109 male and 1163 female students to assess self-perception of resilience and associated protective factors. Results shows that female were found to be more likely to report higher levels of communication, empathy, help-seeking and goals for future and aspirations. They also report more positive connections with parents, teachers and adults in the community, and peers in school and outside school, as well as sense of autonomy experience. The interaction between age and gender is significant for empathy and help-seeking, and for adult support at home, at school and in the community, peer support at school and outside schools, and autonomy experience.

Kwok and Shek (2010) conducted a study to explore the relationship of hopelessness, parent adolescent communication and suicidal ideation among Chinese adolescents in Hong Kong. The study consists 5,557 Chinese secondary students in Hong Kong. Results showed that suicidal ideation was positively related to hopelessness, but negatively related to parent-adolescent communication. Mother-adolescent communication generally had a stronger association with adolescent suicidal ideation as compared to father-adolescent communication. It was further found that the linkage between hopelessness and adolescent suicidal ideation was stronger under a low parent-adolescent communication condition,
thus suggesting the moderating effect of parent-adolescent communication on the effect of hopelessness on suicidal ideation.

**Social Capital and Suicidal Potential**

Mignone and O’Neil (2005) presented a model of plausible mechanisms linking social capital to suicide risk factors among First Nations Communities Youth. The model assimilated several components of social capital. The plausible impact of social capital on protective and risk factors of suicide among youth is explored. Studies on the effect of community social capital on suicide mortality are inconsistent. Numerous studies showed that communities with high social capital have lower suicide rates (Islam et al., 2006).

Moodley (2009) examined the association between bonding family social capital and bonding peer social capital with adolescent suicide risk. They included 259 adolescent learners from a school in the Durban Metropolitan area. The results showed that adolescents categorized as being ‘at risk’ i.e. had suicide ideation and attempt suicide had lower mean bonding family social capital and peer social capital then those adolescents categorized as ‘not at risk’ i.e. did not have suicide ideation and attempted suicide. These results indicated that supportive family and peer networks can serve as a protective buffer against adolescent suicide risk.

Kim and Jung (2012) examined the effect of social capital on suicide rates of 31 regions in Gyeonggi-do (Koren) between 2003 and 2008 with a fixed effect analysis controlling for region-specific effects. Community sociological and economical characteristics like
per capita regional GDP, divorce rates, birth rates, and the average size of household, poverty rates are also included in the aggregate level analysis. Focusing on the positive side of social capital, they estimated social capital with voluntary group participation rates of the citizen. Results suggested that social capital has positive effects on community suicide rates. It implied that policies which focus on the stimulation of the social capital could decreases the suicide rate with the help of civil community.

Kunst, Hooijdonk, Droomers and Mackenbach (2013) determined whether the geographic variations in suicide mortality across the Netherlands were related with community social capital. They included 3507 neighborhoods with 6207 suicide deaths in the period in 1995–2000. For each neighborhood, they measured perceived social capital using information from interview surveys, and measured structural aspects of social capital using population registers. Associations with mortality were determined using regression analysis with control for confounders at individual level (age, sex, marital status, country of origin) and area level (area, income, population density, religious orientation). Results showed that suicide mortality rates were linked to the measure of perceived social capital. Mortality rates were 8 % higher in areas with low social capital. According to stratified analyses, the difference was found to be significantly higher among men 12% than women 1%, larger among those aged 0–50, 18% than older residents (−2 %), and larger among the unmarried 30 % than the married (−2 %). Associations with the structural aspect of social capital were in the same direction, but weaker, and not statistically significant.
Additional, the study showed that there is a modest effect of community social capital on suicide mortality rates. This kind of effect may be restricted to specific population groups such as younger unmarried men.

Kim and Chang (2014) examined the influence of social capital on suicidal tendencies among Korean youth. A number of social capital indicators are conceptualized and measured in analyzing the roots of suicidal tendencies among Korean youth, specifically participation in voluntary organizations, friendship network size, frequency of interaction with close friends, quality of network members (number of “delinquent” friends), degree of intimacy with parents, and neighborhood trust. Results showed that voluntary organizational membership, intimacy with parents in provisos of time spent jointly, frequency of interaction and communication with close friends, and neighborhood fear are significantly correlated with suicidal thoughts and suicide attempts.

Matlin, Molock and Tebes (2011) studied the relationship between suicidality and depression in milieu to the role of family and peer support and community connectedness among African American adolescents. The 212 African American adolescents accomplished in-school surveys on three types of social support like family support, peer support, and community connectedness. The survey revealed that depressive symptoms and suicidality, as measured by reasons for living, and a cognitive measure of suicidal risk. Regression analyses were used to examine the direct and moderating associations between types of social support and suicidality. The results showed that
increased family support and peer support are linked with decreased suicidality, and peer support and community connectedness moderated the correlation between depressive symptoms and suicidality.

Nazarzadeh, Bidel, Ayubi, Asadollahi, Carson and Sayehmiri (2013) conducted a meta-analysis to found the social-related factors of suicide. A total of 2,526 articles were retrieved through the initial search strategy, producing 20 researches from 16 provinces for analysis. Results showed that the most frequent cause of attempted suicide among 20 analyzed articles were family conflict, (32%), Other related factors included marital problems (26%), economic constrains (12%) and educational failures (5%). The analysis revealed that sample size significantly affect the heterogeneity for ‘family conflict’. Social factors like family conflicts and marital problems have an obvious role in Iranian suicidology.

Okamoto, Kawakami, Kido and Sakurai (2013) studied the relationship between area-based social capital and suicide rate among 20 administrative municipalities of Tokyo. Social capital was measured based on previous survey which has 28 % response rate. Gender-specific age-adjusted suicide rates averaged over 5 years, socio-demographic, and other area characteristics were obtained from national statistics. Results showed that there was no significant correlation between social capital variable and suicide rate. The analyses revealed the significant negative relationship between social trust and suicide rate for men. Cross-sectional ecological study
revealed that area-based social trust was connected with decreased suicide rates for men in Tokyo.

Kelly, Davoren, Mhaoláin, Breen and Casey (2009) conduct an ecological investigation of the relationship between social trust as one component of social capital and national suicide rates in 11 European countries with 22,227 participants. Results showed that there was an inverse correlation between social trust and national suicide rates after controlling intervening variables i.e. gender, age, marriage rates, standardized income and reported sadness. The higher the social trust denotes the lower was the suicide rate. Multilevel analysis revealed social capital may have a protective effect against suicide and suicidal behaviour.

Cutlip (2009) determined the relationship between social capital and suicide. The negative binomial regression is used to examined the effect of six community social capital measures on race, gender, and age specific suicide rates among U.S. counties of 100,000 residents from urban and counties of 1,000 to 25,000 residents from rural. The results indicated many variations among social groups. Urban areas were found to be more responsive to community social capital than rural areas; even though not all social capital variables had the effect of reducing suicide rates. In the early analyses, bonding and bridging social capital are linked with reductions in suicide more often among whites, whereas only bonding social capital was linked with reductions in black suicide. In urban counties, 3 of the 5 social capital indices were associated with reductions in suicide across
social groups and age categories. However, in rural counties, the association is only maintained among rural whites.

Helliwell (2007) studied the beneficial effects of social capital and well-being on suicide prevention. Results revealed that more social capital and higher levels of trust are related with lower national suicide rates, just as they are related with higher levels of subjective well-being. Thus social capital does appear to improve well-being, whether measured by higher average values of life satisfaction or by lower average suicide rates.

Peter, Roberts and Buzdugan (2008) conducted a multivariate analysis to determined suicidal ideation among Canadian youth. They developed a multivariate model incorporating various socio-demographic, social-psychological and social-environmental factors in an attempt to predict suicidal ideation. They assessed 1,032 youth aged between 12 to 15 years from the National Longitudinal Study of Children and Youth–Cycle Five (2003). Results revealed that significant relationship between suicide ideation and socially-based measures. In particular, ability to communicate feelings, negative attachment to parents and guardians, taunting/bullying or abuse, and presence of deviant peers were significant predictors of suicidal ideation.

Springer, Parcel and Baumler (2006) examined the relationship between perceived parental support and suicide with different levels of relationship for male and female adolescents. After using the
Youth Risk Behaviour Survey on 1007 males and females from 16 schools in El Salvador, results found that male students who reported low parental social support were significantly more likely to report suicidal ideation. While significant relationship between suicide ideation and low school social cohesion was found for females.

Poortinga (2006) conducted Health Survey in England (2000-2002) to determine the personal levels of social support contributed to a better self-reported health status. Research results suggested that social capital could be a significant predictor of health outcomes such as lower suicide rates. According to outcomes the aggregate social trust variable was significantly correlated to self-rated health before and after controlling for differences in socio-demographics and individual levels of social support. These results showed that bonding social capital collectively contributes that people's self-rated health over and above the beneficial effects of personal social networks and support.

Borowsky, Ireland and Resnick (2001) identified the risk and protective factors for suicide attempts among black, Hispanic, and white male and female adolescents. They analyzed 13110 students in grades 7 through 12 completed 2 in-home interviews, an average of 11 months apart from National Longitudinal Study of Adolescent Health conducted in 1995 and 1996. Results showed that perceived parent and family connectedness was protective against suicide attempts for black, hispanic and white girls and boys, with odds ratios ranging from 0.06 to 0.32. For girls, emotional well-being was also protective for all of the racial/ethnic groups while a high grade point
average was an additional protective factor for all of the boys. Cross-cutting risk factors included previous suicide attempt, violence victimization, violence perpetration, alcohol use, marijuana use, and school problems, somatic symptoms, friend suicide attempt or completion, other illicit drug use, and a history of mental health treatment predicted suicide attempts among black, Hispanic, and white females. Results revealed that the presence of protective factors reduced the risk of a suicide attempt by 70% to 85% for each of the gender and racial/ethnic groups, including those with and without identified risk factors.

Morano, Cisler and Lemerond (1993) conducted a study to examine the risk factors for adolescent suicidal behaviour. They assessed 20 adolescent serious suicide attempters and 20 non-attempters matched on depression scores. They were asked about their family support, perceived hopelessness, and loss preceding hospitalization. Attempters and non-attempters were comparable according to psychiatric status, gender, age, race, and socioeconomic status. Results revealed that loss and low family support were potent predictors of an adolescent's suicide attempt. Suicide attempters also reported more hopelessness than non-attempters. The influence of recent loss on serious suicide attempts, especially when paired with a perceived lack of family support and hopelessness, provides evidence for a stress-vulnerability model of adolescent suicide behavior.

Hall-Lande, Eisenberg, Christenson and Neumark-Sztainer (2007) investigated the association among psychological health, social isolation, and protective factors in adolescents. Feelings of
social isolation may influence psychological health in adolescents, but
protective factors such as family and school connectedness, and
academic achievement may also play an important role in
psychological health. The study included a sample of 4,746
adolescents from 31 middle and high schools. Participants responded
to 221 survey questions regarding peer relationships, school
connectedness, psychological health, family relationships, and
academic achievement. Results revealed that social isolation was
related with an increased risk for depressive symptoms, suicide
attempts, and low self-esteem. On the other hand, protective factors
influenced the relationship between social isolation and psychological
health.

Kerr, Preuss and King (2006) examined the gender-specific
associations with psychopathology in relation to suicidal thoughts
whom have social support from family and peer among adolescent.
They assessed 220 suicidal adolescents (152 female and 68 male)
during a psychiatric hospitalization. Regression analyses found that
family support was negatively related to hopelessness, depressive
symptoms, and suicidal ideation in female. Peer support was
positively linked with depressive symptoms and suicidal ideation in
male. Across gender, more peer support was correlated with more
externalizing behavior problems; while, family support was
negatively related to these problems and to alcohol and substance
abuse. Paralleling normative findings, age was positively connected
with peer support, and females perceived more peer support than did
males. Specifically, perceived social support relates to psychiatric impairment differentially by gender, and normative, age-related variations in perceptions of social connectedness are detected even among highly impaired adolescents.

Springer, Parcel, Baumler and Ross (2006) examined the relationship between perceived parental social support and perceived social cohesion with preferred youth risk behavior outcomes included physical fighting, victimization, suicidal ideation, substance use, and sexual intercourse. A sample of 930 public secondary school students of both sex studying in central region of El Salvador was assessed on questionnaire comprised closed-ended items of parent/school relationships and risk behaviors based on the United States Center for Disease Control and Prevention's Youth Risk Behavior Survey. In regression analyses, female students who perceived low parental social support were significantly more about to report engaging in all suicide risk behaviors. Female students with perceptions of low school social cohesion were more likely to report suicidal ideation, binge drinking, and drug use. Perceptions of parental social support and school social cohesion held fewer but still significant relations across risk behaviors for male students. Male students who reported low parental social support were significantly more likely to report suicidal ideation, drug use and physical fighting, while male students with low perceived school social cohesion were more likely to report physical fighting but less likely to report binge drinking. The study also revealed that supportive social associations in the family and school may exert a protective effect against a number of youth suicide risk behaviors.
Marion and Range (2003) examined the buffers association with suicide ideation in African American women. African American women have lower suicide rates than other women and men in the United States. They hold suicide buffers including social support, religiosity, negative attitudes regarding suicide acceptability, and African American culture. They assessed 300 African American female college students on the measures of suicide ideation and suicide buffers. Regression analysis showed that three variables accounted for a significant and unique portion of the variance in suicide ideation: family support, a view that suicide is unacceptable, and a collaborative religious problem-solving style.

Clark, Robinson, Crengle, Fleming, Ameratunga, Denny, Bearinger, Sieving and Saewyc (2011) explored the risk and protective factors linked with suicide attempts among Maori youth as well as the potential for family connection to reduced suicide attempts. They assessed 1702 young people aged 12–18 years. A logistic regression and a multivariable model were developed to identify risk and protective factors associated with suicide attempt. Risk factors from the logistic regression for a suicide attempt in the past year were depressive symptoms (OR = 4.3), having a close friend or family member commit suicide (OR = 4.2), being 12–15 years old (reference group: 16–18 years) (OR = 2.7), having anxiety symptoms (OR = 2.3), witnessing an adult hit another adult or a child in the home (OR = 1.8), and being uncomfortable in NZ European social surroundings (OR = 1.7). Family connection was linked with fewer suicide attempts (OR = 0.9), but this factor did not moderate the association between depressive symptoms and suicide attempt (χ2 =
Family connection acts as a compensatory mechanism to reduce the suicide attempts risk for students with depressive symptoms, not as a moderating variable.

Shiferaw, Fantahun and Bekele (2006) assessed the differential vulnerabilities of preparatory school adolescents to psychosocial problems with reference to their living arrangement and parental attachment. A comparative cross-sectional study was conducted on a sample of 667 (512 male and 155 female) using a pre-tested and structured questionnaire. Results showed that approximately a quarter of the students reported feeling of sadness which made them stop performing some regular activities. Six percent of the adolescents also reported having attempted suicide in the 12 months preceding the study. The study found that lower family connectedness and having a living arrangement separate from both biological parents (or living with friends, relatives or alone) were related with increased odds of having a depressive symptom after controlling for observed covariates. Suicide attempts reported in the 12 months preceding the study were that linked to having a history of suicide attempt in the family or among friends, female gender and sexual activity but not with family connectedness. The results indicated that the burden of psychosocial concerns including depressive symptoms, suicidal thoughts and suicide attempts are high and living with both biological parents and good parent-teen connectedness are associated to better psychosocial health.

Pillay and Wassenaar (1997) studied that having conflicting relationship between parents and an adolescent showed a more
occurrence of self-destructive behavior. In addition research done by Engelbrecht and Van Vuuren (2000), Aspalan (2003) found that family disorganization and disturbance items as a forerunner to suicide and suicidal behavior. Stressed associations among parents and youngsters have been recognized as causing considerable increase of tension in youths.

Similarly, a study done by Weber, Mehta, and Nelsen (1997) reported that it is necessary to know the appraisal of risky aspects linking to suicide among college students. Research also found that the protective factors such as allure towards life, continued continuation and surviving values, moral objection or fear to commit suicide, and feeling of being responsible in family that can reduce the probability of suicidal incidents. And assessed the risk factors related to suicide attempt and completion of suicide among college students.

Vang (2013) examined the role of psycho-socio-cultural factors in suicide risk among youth. They assessed 165 Mong/Hmong youth between the ages of 18-25 years from three academic institutions of California. Results showed that 59% youth have had passing thoughts of suicide. There was a significant association between ethnic identity, depression, intergenerational family conflict, and spiritual beliefs. In addition, ethnic identity and intergenerational family conflict were significant determinant of depression. Depression and having a belief in Mong/Hmong traditional spiritual and healing practices were predictors of suicide related risk.

Moody and Smith (2013) explored the suicide protective factors among trans adults. It was hypothesized that social support
from friend and family, optimism, reasons for living, and suicide resilience are protective factors among trans individuals. A sample of self-identified 133 trans Canadian adults was recruited from LGBT and trans LISTSERVs. Social support from friends and family, and optimism are negatively significant predictor of suicidal behavior after controlling for age with 33 % of variance. Reasons for living and suicide resilience accounted for an additional 19% of the variance in participants of suicidal behavior after controlling for age, social support from friends and family, and optimism. Of the factors mentioned above, perceived social support from family, one of three suicide resilience factors i.e. emotional stability, and one of six reasons for living like child-related concerns negatively significant predictor of participants’ suicidal behavior.

Hovey (2000) studied the association among acculturative stress, depression and suicidal ideation. The study included 114 Mexican immigrants aged 17-77 year old. According to multiple regression analyses, results revealed that acculturative stress significant predictor of depression and suicidal ideation and that family support, social support, religiosity, agreement with the decision to migrate, and expectations for the future were significant predictors of depression and suicidal ideation. Results also revealed that stress considerably anticipated hopelessness and suicide ideation and found that support of family, socially support, being religious and future expectations were major leading factors of hopelessness and suicide ideation. Overall results revealed that adult Mexican immigrants having raised levels of acculturative stress may be at
opportunity of experiencing critical levels of suicide ideation and depression.

Gudjonsson, Sigurdsson, Sigfusdottir and Asgeirsdottir (2013) examined that depressed mood and anger as probable mediators between family conflict or violence and sexual abuse, on the one hand, and suicidal ideations and suicide attempts. The results revealed that the quantifiable greater effects of an argumentative family atmosphere on depressed younger children. Result analysis found that children from quarrelsome family climate and depression wounded have greater possibility of suicide ideation by 27-fold, after compare to non-depressed children living in a harmonious family climate and atmosphere. Results provide evidence that significant increasing impact of quarrelsome family atmosphere and symptoms of depression collectively on suicide ideation between younger children. Results showed that a quarrelsome family atmosphere may play a vital role for child mental health.

Wilson, Stelzer, Bergman, Kral, Inayatullah and Elliot (1995) examined the Problem solving, stress, and coping in adolescent suicide attempts. They compared 20 adolescents who had made suicide attempts with 20 non-psychiatric adolescent on the measures of problem solving, stress, and coping. Results showed that suicidal group did not show evidence of "rigid" thinking or of deficits in the ability to generate solutions to standardized interpersonal problems. Although suicidal patients were able to generate as many adaptive strategies as control subjects for coping with their own most severe
recent real-life stressor, they actually used fewer. They were also more likely to identify maladaptive behaviors as ways of coping.

Perez-Smith, Alina, Spirito and Boergers (2002) determined the role of neighborhood factors in predicting hopelessness among adolescent whom are attempters of suicide. They assessed Forty-eight adolescent’s suicide attempter, on the measures of hopelessness and depression. Family socioeconomic status (SES) was designed based on family demographics and characteristics of neighborhood. Results revealed that adolescents who lived in neighborhoods with weak social networks reported higher levels of hopelessness, after controlling intervening variables like SES and depression. These findings suggested that environmental situation may play an important role in the emotional status of adolescents who attempt suicide.

Wagner, Silverman and Martin (2003) conducted a study to compare suicidal adolescents with normal adolescents and found that impact of family and parental nurturing are the most considered variables associated with youngster suicide. Unhealthy family relations and more interpersonal conflict with parents and family with no affection and care were found in family of suicidal adolescents as compared to normal adolescents.

O’Donnell, Wardlaw and Stueve (2004) conducted a study on risk and resiliency factors influencing suicidality among urban African American and Latino youth. They included 879 urban adolescents with mean age 17 years from deprived families as a sample. All youth resided in economically deprived neighborhoods;
69% were African American, 16% Latino, and 15% reported mixed or other ethnicity. In the past year, 15% had seriously suicide attempt; 13% had made a suicide plan, 11% had attempted suicide at least once and 4% reported multiple attempts. Results revealed that risk factors significantly related with suicidal ideation for female, those having basic needs unmet and engaging in same-gender sex, and depression.

Husler, Blakeney and Werlen (2005) conducted a cross-sectional research in Switzerland with sample size of one thousand twenty eight on youth ‘at risk’ such as school withdrawal and substance users to use a model of risk and protective factors on youth such as mental sickness, suicide incidence, smoking habits, consumption of cannabis and alcohol and relations in family. For girls healthy communication in families and extraordinary parental communication were modest protective factor against suicide.

Kidd, Henrich, Brookmeyer, Davidson, King and Shahar (2006) conducted a longitudinal study to determine that the impact of social relationships on suicidal attempts among adolescents in United State of America. The sample size of nine thousand one hundred forty two students with mean age sixteen was included in the study. Hierarchical logistic regression analysis revealed that significant negative relationship among parent, peer, and school relations and suicide attempts. After reanalyzing data from the National Longitudinal Study of Adolescent Health, it was found that parent relations were the most consistent protective factor, and among boys with previous suicide attempts, school relations increased the effects
of parent relations when peer relations were low. Results showed that the suicidal behavior as a component of interactive social processes in the design of clinical interventions.

Owen, Dempsey & Jones (2015) conducted a qualitative investigation into the associations between social factors and suicidal thoughts and acts experienced by people with a bipolar disorder diagnosis. They conducted a semi-structured interview on 20 participants of bipolar disorder. The interview focused on the effects of social factors upon participants ‘experiences of suicidality (suicidal thoughts, feelings or behaviours). Results showed that social or interpersonal factors which participants identified as protective against suicidality included, 'the impact of suicide on others' and, 'reflecting on positive social experiences'. Social factors which triggered suicidal thoughts included, 'negative social experiences' and, 'not being understood or acknowledged'. Social factors which worsened suicidal thoughts or facilitated suicidal behaviour were, 'feeling burdensome,' and 'reinforcing negative self-appraisals'. The results highlight that the importance of considering the social context in which suicidality is experienced and incorporating strategies to buffer against the effects of negative social experiences in psychological interventions which target suicide risk in bipolar disorder.

Kleiman, Riskind, Schaefer and Weingarden (2012) examined the moderating role of social support on the relationship between impulsivity and suicide risk. They assessed 169 undergraduates who completed self-report measures of impulsivity and social support.
Suicide risk was assessed using an interview measure. Results showed that social support moderates the relationship between impulsivity and suicide risk, such that those who are highly impulsive are less likely to be at risk for suicide if they also have high levels of social support. Social support can be a useful buffer to suicide risk for at-risk individuals who are highly impulsive.

Congdon (2013) investigated the impact of socioeconomic variables on small area variation in suicide outcome in England. Social capital and other major risk factors for suicide, namely socioeconomic status and social isolation, are modeled as latent variables that are measured by observed indicators or question responses for survey subjects. They analyzed the Adult Psychiatric Morbidity Survey (2007) and included 7,403 English subjects. Results showed that social capital varies significantly by geographic context variables (neighborhood deprivation, region), and this impacts on the direct effects of these contextual variables on suicide risk. In particular, area deprivation is not confirmed as a distinct significant influence. The model develops a suicidality risk score incorporating social capital, and the success of this risk score in predicting actual suicide events is demonstrated. Social capital as reflected in neighborhood perceptions is a significant factor affecting risks of different types of self-harm and may mediate the effects of other contextual variables such as area deprivation.

Langille, Asbridge, Kisely & Rasic (2012) examined the protective associations of social capital with suicidal behaviours of adolescents in Nova Scotia, Canada. They assessed 1,597 students of
10–12 grade at three high schools on the measures of social capital included perceptions of trustworthiness and helpfulness of others at school, frequency of religious attendance and participation in extracurricular activities. Logistic regressions analysis showed that females reporting more social capital were more protected from suicide attempt relative to males with similar levels of social capital. They provided initial evidence of protective associations of individual level social capital with adolescent suicidality. Results suggest that among adolescents low social capital as measured by perceptions of trust and helpfulness of others at school may be a warning sign for suicidality, particularly for females. It may be helpful to inquire of young people how they perceive the trustworthiness and helpfulness of their school environment as a measure of how supportive that environment might be to them when they are facing challenges to their mental health.

Lai, and Shek (2010) examined perceived hopelessness, family functioning and suicidal ideation among Chinese adolescents. For the study on 5,557 students of Hong Kong were assessed on study measures. Results reported that suicidal ideation was positively related parent-adolescent communication. Compared with father-adolescent communication, mother-adolescent communication generally had a stronger association with adolescent suicidal ideation. It was further found that the linkage between hopelessness and adolescent suicidal ideation was stronger under a low parent-adolescent communication condition, thus suggesting the moderating effect of parent-adolescent communication on the effect of hopelessness on suicidal ideation.
Maimon, Browning, and Brooks-Gunn (2010) found in review of literature that suicide rate during the last 50 years increased dramatically among American adolescent of age range between 14-25 years. To examine the joint effects of mental health, family, and contextual-level predictors on adolescents' suicidal behaviors. They conduct a study 990 youth from the Project on Human Development in Chicago Neighborhoods (PHDCN) to examine the effect of informal social controls on adolescents' suicide attempts. Results showed that neighborhood-level collective efficacy and family level integration and social control independently affect suicide attempts. Overall, results from multilevel log it models support the Durkheim an expectation that family attachment reduces the probability that adolescents will attempt suicide. The effect of collective efficacy is interactive in nature. Specifically, they found that collective efficacy significantly enhances the protective effect of family attachment and support on adolescent suicidal behaviors.

Martikainen, Mäki and Blomgren (2004) analyzed that how area characteristics affect suicide mortality and assessed whether the effects of individual socio-economic characteristics vary in socio-economically different areas. Data taken from the 1990 census records of 15–99-year-old Finns linked to death records in 1991–2001 including 13,589 suicides. Area characteristics were obtained for 85 functional regions. The results showed that hypotheses of interaction between individual and area socio-economic status for suicide mortality are not supported. However, area socio-economic characteristics, family cohesion and voting turnout are consistently related to suicide. The effects of median income and income
inequality are less consistent. Adjusting for individual level variables partly attenuate these associations and it indicate that improving the areas people live in may prevent suicide.

Ritter (1990) studied social competence and problem behavior of youth at high risk and low risk for suicide among adolescents. They used Youth Self-Report and Profile of Achenbach and Edelbrock (1987) and the Suicide Ideation Questionnaire (SIQ) of Reynolds (1987). They assessed 70 adolescents (47 female and 23 male) aged 13-18 years to examine the competence and problem behaviour. Results showed that high-risk subjects reported greater clinical levels of problem behavior than did low-risk subjects, except on the SIQ, which did not differentiate between the 2 groups. Few differences were reported for competencies. Certain gender-related influences were noted, and age played a significant role in self-reports of boys, but not in those of girls.

Asarnow, Carlson, and Guthrie (1987) conducted a study on coping strategies, self-perceptions, hopelessness, and perceived family environments in depressed and suicidal children. They evaluated factors associated with depression and suicidal behavior in 8–13-year-old child psychiatric inpatients. Major differences were found in the correlates of depression and suicidal behavior. Suicidal behavior was associated with a tendency for children to perceive their families as low in control and cohesiveness and high in conflict. Suicidal children also spontaneously generated significantly fewer cognitive mediational strategies for coping with stressful life events than non-suicidal children. Depression was associated primarily with
variables reflecting negative cognitive biases. However, this negative bias was not generalized across all situational contexts.

Forman and Kalafat (1998), Studied the association between adolescent substance use/abuse and suicidal behaviors to Promoting resilience against self-destructive behavior in youth. Sample included in the study 1,458 youth aged 9–17. Results showed that suicide attempts were strongly associated with alcohol abuse and dependence, followed by frequent cigarette smoking. The associations remained significant even after controlling for depression. The associations between substance use/abuse and suicidal ideation were no longer significant after controlling for depression.

De Wilde, Kienhorst, Diekstra, and Wolters, (1994) conducted a study on social support, life events, and behavioral characteristics of psychologically distressed adolescents at high risk for attempting suicide. They assessed four groups of adolescents, one group consisting of suicide attempters and depressed adolescents showing problematic psychological scores and high risk for attempting suicide, and three other groups with lower risk and other psychological characteristics. Results revealed that the high-risk group distinguished itself from the psychologically most "normal" group by reporting less support and understanding from siblings and relations outside the family. A possible explanation is that these subjects, due to the turmoil in their families, relied more on persons outside their families.

Spirito, Hart, Overholser and Halverson (1990) examined the relationship among depression, social skills, and suicidal behavior in a sample of 41 adolescents hospitalized in a general medical setting.
following a suicide attempt. They compared 40 non-suicidal psychiatrically hospitalized adolescents. Children's Depression Inventory (CDI) and Matson Evaluation of Social Skills with Youngsters (MESSY) were administered. The suicide attempters and psychiatrically hospitalized patients were not found to differ on either the CDI or MESSY. However, multiple regression analyses revealed the factor scores of the MESSY to be related to depression in both patient groups. The data provide support for the relationship between social skills and depression which lead to suicide and suicidal behaviour.

Yang and Clum (1994) conducted a study to test both a stress-problem-solving model and a stress-social support model in the etiology of depressive symptoms, hopelessness, and suicide ideation for a group of Asian international students in United States. Problem-solving skills and social support were hypothesized as two mediators between life stress and depressive symptoms, hopelessness, and suicide ideation. The results from a series of stepwise regression analyses and a path analysis support the hypotheses, indicating that these models generalized to a sample of Asian international students. The roles of social support and problem-solving skills in depressive symptoms and hopelessness are discussed. The results also suggest that hopelessness may serve as a cognitive factor directly affecting depressive symptoms and indirectly affecting suicide ideation.

O’Connor, Warby, Raphael and Vassallo (2004) assessed suicide risk comprehensively in relation to changeability, confidence, common sense and corroboration. The aim of study was to provide
clinicians with a standardized conceptual map for the assessment of suicide risk. A MEDLINE search was conducted for publications dealing with ‘suicide’ and ‘suicide risk assessment’ from 1980 to 2002. The recommendations from sentinel event reviews conducted in a NSW area mental health service in the period 1999-2002 were reviewed. In results a framework is proposed for the assessment of suicide risk. This framework promotes a reflective style of practice, encouraging clinicians to evaluate their assessment and its limitations. Risk assessment is always undertaken as part of a full clinical assessment and an evaluation of the person's current predicament and psycho-socio cultural context. The concepts of changeability, assessment confidence, common sense and the importance of corroboration are incorporated in the framework. Mental health clinicians can be guided by the proposed a framework for suicide risk assessment and documentation.

Clum and Febbraro (1994) examined whether stress, social support, and interpersonal problem-solving appraisal/skills were predictive of level of suicidality within a chronic suicidal college sample. Results revealed that problem-solving confidence was found to be a significant predictor of severity of suicide ideation. Besides that both perceived problem-solving skills and social support mediated the relationship between stress and level of suicide ideation. Only one of the two perceived problem-solving skills interactions was in the expected direction. The study provided support for the importance of problem-solving confidence and the interaction of stress and social support in the prediction of suicide severity. Unlike
previous studies, this study did not find problem-solving skills/deficits to mediate the stress-suicidality relationship.

Emmerik (2006) examined gender differences in the creation of hard and soft social capital in a sample of 352 female and 486 male faculty members. Men were shown to be more effective in creating hard social capital, but, unexpectedly, women were not found to be the emotional specialists they often are thought to be. Moreover, multilevel analyses indicated that men were more effective in using emotional intensity of ties to create hard social capital, and they were also more effective using team-related resources to create both hard and soft social capital.

Chang (2010) conduct a research on interpersonal factors and suicidal ideation in Asian American college freshmen. He assessed 224 college freshmen (149 women and 75 men) participants at Time 1, and 94 of them (62 women and 32 men) returned usable data at Time 2. Results showed that although all three interpersonal factors at Time 1 predicted current ideation, none of them predicted ideation at Time 2. However, once participants were stratified into groups by acculturation levels, different patterns emerged: The suicidal ideation of highly acculturated individuals was more closely tied to feelings of social disconnectedness.

Stevović, Jašović-Gašić, Vuković, Peković & Terzić (2011) conduct a study to determined the gender differences in suicides committed in Podgorica between 2000 and 2006, including socio-demographic variables (e.g. age, marital status, education etc.), methods of and motives for committing suicide. They assessed 220
males and 83 females who committed suicide. Results showed that
the incidence of suicide in males was found to be higher than in
females (2.6 to 1). Females were older than males. Females had
completed elementary education more frequently, and they were
single or divorced or widows. Males had completed secondary
education more frequently and they were married. There was a
significant difference in suicide rates between the genders during the
reporting period. Suicide rates increase with age in both genders.
Males chose firearms, hanging, strangulation and suffocation and
jumping. Females chose hanging, strangulation and suffocation,
jumping and drowning as the most frequent methods of suicide. The
most frequent motive for suicide in both gender groups was physical
illness. The second most frequent motive was mental illness.
Emotional and financial difficulties were motives which were more
common in males, whereas family problems appeared to be motives
two times more frequent in females. K. Hi

Oordt, Jobes, Fonseca and Schmidt (2009) investigated
whether training in an empirically-based assessment and treatment
approach to suicidal patients administered through a continuing
education workshop could meaningfully impact professional
practices, clinic policy, clinician confidence, and beliefs post training
and 6 months later. At the 6 month follow-up they found that 44% of
practitioners reported increased confidence in assessing suicide risk,
54% reported increased confidence in managing suicidal patients,
83% reported changing suicide care practices, and 66% reported
changing clinic policy. These results suggest that a brief and
carefully developed workshop training experience can potentially
change provider perceptions and behaviors with a possible impact on clinical care therein.

**Suicidal Potential and Emotional Capital**

Rahgozar and Motahari (2011) examined the inhibitory role of emotional intelligence in committing suicide. They assessed 30 normal subjects as well as 30 subjects with a suicide trial record on the measures of Bar-One's emotional intelligence questionnaire. The results reported that overall emotional intelligence and its different components included skills of problem solving, happiness, independence, resistance to psychological stress, self-flourishing, emotional self-awareness, self-actualization, interpersonal relations, optimism, self-regard, impulse control, flexibility, social responsibility, empathy, self-assertiveness, flexibility between people with suicide trial record group was lower than normal group. The study provides the evidence that EI is a protective role in committing suicide. Therefore with enhancing emotional components among people will be able to decreases the subsequent occurrence of such kind of behavior problems.

Aradilla-Herrero, Tomás-Sabado & Gómez-Benito (2012) analyzed the relationships between death attitudes and perceived emotional intelligence. They assessed 243 nursing students on the measures of fear of death, death anxiety, death depression, death obsession, and emotional intelligence. The results found that students' scores on fear of death of others decreased significantly across the nursing degree program and increased significantly on emotional clarity dimension of emotional intelligence. The multiple linear
regression analyses confirmed the predictive value of emotional intelligence (attention, clarity, and mood repair) regarding levels of fear of death of others.

Cha and Nock (2009) examined emotional intelligence as a protective factor for suicidal behaviour. They included 54 adolescent’s aged 12 to 19 years as sample from local psychiatric clinics and the community. The constructs were assessed using self-report, structured interviews, and performance-based tests. Results found that emotional intelligence was a protective factor for both suicidal ideation and attempts. Specifically, childhood sexual abuse was strongly predictive of these outcomes among those with low El, weakly predictive among those with medium El, and completely unrelated among those with high El. Follow-up analyses revealed that the protective effect of El was driven primarily by differences in strategic El (i.e., ability to understand and manage emotions) but not experiential El (i.e., ability to perceive emotions and integrate emotions into thoughts). Thus, the study provides preliminary evidence that emotional intelligence is a protective factor for suicidal ideation and attempts.

Carmona-Navarro and Pichardo-Martinez (2012) studied the influence of emotional intelligence on suicide behaviour among nursing professionals. The participants were assessed on the questionnaire which reflects their attitude toward suicide and emotional intelligence. The results showed an adverse attitude towards suicidal behavior. The moral dimension of suicide makes the differences between mental health and emergency professionals.
Possessing a higher degree of mental health training and a high level of emotional intelligence is associated with a more positive attitude towards patients with suicidal behavior. Development of emotional skills are essential for care delivery to patients with suicidal behavior.

Vijayakumar (2010) did review of 44 articles on suicides published in IJP. She found that suicide rate has increased by 43% but the male female ratio has been stable at 1.4: 1 during last three decades. Majority of suicide (71%) in India are by persons below the age of 44 years, which imposes a huge social, emotional and economic burden. The review revealed that suicidal behaviours are much more prevalent than what is officially reported. Poisoning, hanging and self immolation (particularly women) were the methods to commit suicide. Physical and mental illness, disturbed interpersonal relationships and economic difficulties were the major reasons for suicide. A social and public health response in addition to a mental health response is crucial to prevent suicidal behaviour in India.

Moayed, HajiAlizadeh, Khakrah and Theshnizi (2014) examined the level of emotional intelligence in suicide commeters. This case control study was conducted on two groups on 50 participants who attempted suicide and 50 others. The participants were assessed on Bar On questionnaire. The findings showed that the overall emotional intelligence score was significantly lower among participants of the suicide group as compared to the control group. Emotional intelligence was significantly lower in participants who attempted suicide.
Mahajan, Mahajan and Singh (2014) studied the relationship between emotional intelligence and coping strategies in the adolescents in age group of 16-19 years who present with Deliberate Self harm (N-30). The DSH was assessed with self-harm inventory for emotional intelligence and coping strategy, Mangal emotional intelligence inventory (MEII) as ways of coping questionnaire were used respectively. Result showed that emotional intelligence and four areas defining emotional intelligence falls in the description of poor emotional intelligence and patents used maladaptive coping styles more commonly. It was also found that as total emotional intelligence and intra-personal management component of emotional intelligence increase, there was significant increase in use of adaptive coping strategies. Coping styles seem to mediate the role between low emotional intelligence and self-harm.

Hodas (2010) studied whether the presence of emotional intelligence is protective against suicidal behaviors in youth with a history of childhood sexual abuse. The experimental group constituted of 54 youth with a mean age of 17.3 years. All the participants had expanses either suicidal ideation or or had made a suicide attempt within the previous year. The control group consisted of 23 youth, matched in terms of age, sex, and race/ethnicity, without suicidality in the past year. The participants completed the Childhood Trauma Questionnaire, the Mayer □ Salovey □ Caruso Emotional Intelligence Test: Youth Version, and the Self □ Injurious Thoughts and Behaviors Interview for suicidal ideation and attempts. As
expected, childhood sexual abuse (CSA) was significantly correlated with suicidality – both ideation and attempts. In addition, overall emotional intelligence (EI) was found to significantly diminish the link between prior sexual abuse and the presence of suicidality during the prior year. For youth with high EI, there was no relationship found between CSA and suicidality, which included both suicidal ideation and attempts. In turn, for participants with low EI, there was no moderation of the association of prior CSA with suicidal ideation and suicide attempts. The findings provide preliminary evidence that emotional intelligence is in fact a protective factor for suicidal ideation and attempts.

Ciarrochi, Deane and Anderson (2000) examined the relationship between stress and three important mental health variables, depression, hopelessness, and suicidal ideation. They assessed 302 participants in a cross-sectional study. The participants were assessed on life stress, objective and self-reported emotional intelligence, and mental health measures. Results revealed that stress was associated with greater reported depression, hopelessness, and suicidal ideation among people high in emotional perception (EP) compared to others; and greater suicidal ideation among those low in managing others' emotions (MOE). Both EP and MOE were shown to be statistically different from other relevant measures, suggesting that EI is a distinctive construct as well as being important in understanding the link between stress and mental health.

Ahmadian, Nezam, Badvee and Homayouni (2009) compared the emotional intelligence (EI) components in suicidal patients and
non-clinical samples. EI component differences would likely be obtained on variables including problem-solving, happiness, stress-tolerance, self-actualization, interpersonal relationship. A total sample of 60 participants including 30 patients (12 male and 18 female) who had recently (in the past three days) attempted suicide, and 30 non-clinical participants completed the bar-on EI questionnaire. The results indicated that there are significant differences among groups on the EI levels. The two groups were differentiated on problem-solving ($T=-2.316$ df=58, $p<.05$), happiness ($T=-3.065$ df=58, $p<.05$), stress-tolerance ($T=-2.011$ df=58, $p<.05$), and self-actualization ($T=-2.579$ df=58, $p<.05$).

Valois, Zullig and Hunter (2015) investigated the relationships between suicide ideation, suicide behavior and emotional self-efficacy among adolescent. The sample consisted of 3,836 adolescents with an age range of 12–18 from South Carolina. It was hypothesized that the low levels of emotional self-efficacy would be significantly associated with higher levels of suicide ideation and suicide attempts. Results showed that all suicide variables were significantly related to emotional self-efficacy in the unadjusted models for the four race/sex groups. In adjusted models, suicide ideation, planning a suicide attempt, attempting suicide and a suicide attempt resulting in injury were associated with reduced emotional self-efficacy for black females. For white males, suicide ideation, attempting suicide and a suicide attempt resulting in injury were associated with reduced emotional self-efficacy. Suicide ideation for black males was associated with reduced emotional self-efficacy. No significant associations were established for white females.
Abdollahi and Talib (2015) study was to design examined the relationships between brooding, reflection, emotional intelligence (assessed by performance-based test), and suicidal ideation. They also explored the mediation role of emotional intelligence on the relationships between brooding and reflection with suicidal ideation. They also studied moderating role of suicidal history on the relationships between brooding, reflection, and emotional intelligence with suicidal ideation among Iranian depressed adolescents. They assessed 202 depressed adolescent inpatients from five public hospitals in Tehran, Iran and completed measures of depression, rumination, emotional intelligence, and suicidal ideation. Structural equation modelling estimated that depressed adolescent inpatients with high levels of brooding and reflective rumination, and low levels of emotional intelligence were more likely to report suicidal ideation. Moreover, emotional intelligence partially mediated the relationships between brooding and reflective rumination with suicidal ideation. Suicidal history moderated the relationships between brooding, reflection, and emotional intelligence with suicidal ideation. Results indicated that emotional intelligence as an influencing factor against the deleterious effects of rumination styles and suicidal ideation.

Swain and Domino (1985) conduct a study on attitudes toward suicide among mental health professionals. The suicide opinion questionnaire (SOQ) and the recognition of suicide lethality (RSL) scale were administered to 141 mental health professionals. The sample representing seven groups: family practice physicians, psychiatrists, psychologists, psychiatric nurses and aides, social workers, crisis line workers, and clergy. The results indicated
significant differences among groups on 5 of the 15 SOQ factors, on a clinically derived empathic understanding scale, and on the RSL. Major findings of the study included (a) the complexity of attitudes towards suicide; (b) substantial differences between clergy and other mental health professionals; (c) differences between physicians and psychologists on attribution of manipulative motivation to suicide attempts; (d) a relationship between attitudes and personal familiarity with suicide; (e) an ordering of professional groups on the Empathic Understanding Scale reflecting psychological, medical, or religious training; (f) group differences on the recognition of suicide lethality signs; and (g) a relationship between knowledge of lethality and several attitudinal factors.

Mueller and Waas (2002) studied the role of empathy on attitudes, evaluation and responsiveness among college student’s perception of suicide. They assessed 334 college-age students aged 18-19 years to investigating the role of empathy in perceptions of and responsiveness toward a hypothetical friend exhibiting symptoms associated with suicide risk. They found that high-empathy participants viewed both affective and behavioral characteristics associated with suicide risk as more serious, and they were more likely to provide direct assistance and talk with the troubled peer. Gender of participant and type of symptom displayed also emerged as important factors in participants' evaluations. These findings underscore the importance of considering social-cognitive factors that may influence perceptions of at-risk behaviors.
Stiluon, McDowell and Shamblin (1994) examined the adolescent attitudes toward suicide. The Suicide Attitude Vignette Experience (SAVE scale) and several other instruments were administered to 198 twelfth-grade students. The SAVE scale consists of 10 vignettes which describe different situations leading to attempted suicide. The target figures described in the 10 vignettes are alternately male and female. There are two forms of the SAVE scale which include identical themes with the sex of the target figures reversed. Factor analyses of the SAVE scale revealed three factors for both forms: sympathy, empathy, and agree. Significant correlations on Form A were found between the total sympathy scores and self-concept, depression, and death concern; between total empathy scores and death concern; and between total agree scores and depression and self-concept. On Form B significant correlations included only total agree scores with depression and self-concept. Sex differences were found for total sympathy with females scoring higher. Also, females sympathized, empathized, and agreed more with female target figures than with males, and more than males did with either female or male target figures. In addition, students who were high on death concern and religiosity agreed with suicidal actions significantly less often than did those who were low on death concern and religiosity.

Benjaminsen, Krarup and Lauritsen (2007) conducted a comparative study of personality, parental rearing behaviour and parental loss in attempted suicide. They assessed 30 psychiatric patients aged ranged 18-29 who had attempted suicide. They were compared with 2 matched control groups, one consisting of Non-Suicidal psychiatric patients and the other of normal subjects. The
instruments used to assess were the Eysenck Personality Questionnaire (EPQ), the Lazare-Klerman-Armor Trait Scale (LKAS), the Narcissistic Personality Inventory (NPI) and the Own Memories of Child-Rearing Experiences (EMBU). Results showed that patients admitted for suicide attempts differed significantly from normal on several personality dimensions, whereas suicide attempters did not have personality characteristics that made them substantially different from Non-Suicidal psychiatric controls. The suicide attempters had experienced significantly more negative and less positive parental rearing factors than normally, but no difference was found between suicidal and Non-Suicidal patients for own memories of parental rearing patterns. Parental loss due to divorce had occurred significantly more often among suicide attempters than among both Non-Suicidal psychiatric patients and Normal people.

Fugate (2005) examined the relationship of empathy, cognitive development and personal suicide behaviours. The purpose of study was to expand the search for factors that relate to the ability of paraprofessionals to make effective verbal responses to someone who is considering suicide. Earlier research suggested that external variables such as training and experience were important factors in determining suicide counseling ability. However, it appeared that some individuals were better able to benefit from these outside experiences because of preexisting internal variables. The present research survey designed to examine how the suicide counseling skill of paraprofessional residence hall staff was related to demographic variables (gender, age, number of months in college, and number of months as a staff member), internal variables (level of empathy, level
of cognitive development, and personal suicide behaviors), external variables (amount of counseling training, amount of suicide intervention training, and suicide intervention experience), and a combination of demographic, internal, and external variables. A total of 212 paraprofessional residence hall staff members completed a survey, which included the Suicide Intervention Response Inventory-II, the Interpersonal Reactivity Index, the Learning Environment Preferences, the Suicide Behaviors Questionnaire, and demographic questions. Data were analyzed using correlations and regression equations. Results indicated a significant positive association between suicide counseling skill and gender, age, suicide intervention training, and length of staff member employment. No significant association was found between suicide counseling skill and the internal variables of empathy, cognitive development, and personal suicide behaviors. Demographic variables were the most significant predictors of the suicide counseling skill of residence hall staff members, with women, older staff members, and more experienced staff members demonstrating better skills. The findings reinforced the importance of suicide intervention training, specifically in preparing residence hall staff members as possible suicide interventionists.

Mueller (1999) studied the relationship between empathy level and perceptions of suicide as well as willingness to help a gender consistent adolescent peer. They included 334 participants, consisting of 182 male and 152 female, aged 18 - 19 years old, in the study. Participants first read about a target peer who exhibited either behavioral or affective symptoms of suicide risk. Participants were then asked to write an open-ended description of the peer and
complete questionnaires related to their perceptions of how serious the target peer's problems were, willingness to help the peer, and general attitudes about suicide. Results reported that the participants high in empathy were more likely to view the peer's problems as serious, had less negative attitudes toward suicide, and were more willing to help the peer. Women were found to have less negative attitudes toward suicide and were more willing to help than men. In addition, it was found that adolescents were more likely to view the peer's problems as serious and were more willing to engage in certain types of help-giving behaviors in the behavioral scenario than in the affective scenario.

Wielkiewicz (2010) conduct a study to extend research to examine empathy as a possible moderator for Joiner's Interpersonal-Psychological Theory of Suicide. They assessed levels of dispositional empathy as a possible moderator for the perceived burdensomeness and thwarted belongingness from Joiner's theory. Empirical support strongly suggests these variables predict suicidal ideation. Because Joiner's variables of thwarted belongingness and perceived burdensomeness require an individual to attempt to understand how others feel about them, levels of dispositional empathy may affect how a person interprets the variables. Due to few reports of suicidal ideation, analyses were conducted with a measure assessing reasons for living. It suggested that empathy was significantly associated with reasons for living. However, empathy did not moderate the interaction between perceived burdensomeness and thwarted belongingness, as predicted.
Jadin, Vermaelen and Blavier (2014) examined suicidal adolescents’ empathy skills, interpersonal capacities and to investigate the quality of their social relationships. They assessed 120 adolescents aged ranged 13 to 17. Statistical analyses showed that social relationships and empathy skills are significantly different among the three groups (non-depressed adolescents, depressed adolescents and suicidal adolescents). Indeed, the clinical group obtained lowest scores in different tests, i.e. suicidal adolescents had a lower social intelligence, lower empathy skills than depressed schooled adolescents who reached themselves lower results than non-depressed schooled adolescents. If depression has an impact on social and empathy abilities, they pinpointed a specific effect of suicide attempt on empathy and perceived quality of relationships with peers and family. Results revealed that gender influenced the effect of suicidal behaviors on empathy capacities; there was no significant differences in the empathy score for boys among the three groups whereas suicidal girls had significantly less empathic abilities than two control groups.

Toussaint and Webb (2005) conduct a research on gender differences in the relationship between empathy and forgiveness. Participants were selected from 127 community residents who completed self-report measures of empathy and forgiveness. The results showed that women were more empathic than men, but no gender difference for forgiveness was apparent. However, the association between empathy and forgiveness did differ by gender. Empathy was associated with forgiveness in men but not in women.
Ahmad, Bangash and Khan (2009) conducted a research on emotional intelligence and gender differences. They investigated Emotional Intelligence among male and female. The research sample was comprised of one hundred and sixty subjects (N = 160) who were categorized in two groups. They were eighty males (n = 80) and eighty females (n = 80) from North West Frontier Province (N.W.F.P.) Agricultural University Peshawar, Pakistan. Emotional Quotient Inventory (EQ-i) by Bar On (1997) was used in the study. Results shows that males have high emotional intelligence as compare to females (t=4.522, p < .01).