REFERENCES


A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*, 70(1), 44–55


Christchurch Health and Development Study, Christchurch School of Medicine, Christchurch, New Zealand (1996). Accepted: February 28; DOI: http://dx.doi.org.


Hirsch, J., & Ellis, J. (1993). Family support and other social factors precipitating suicidal ideation (*ERIC document reproduction service No. 373 276*).


National Crime Records Bureau (2013). Ministry of Home affairs, Govt. of India.


Smith K, Crawford S (1986) Suicidal behavior among “normal” high school students. Suicide Life Threat Behav 16: 313–325


Print and Electronic Media: Some Current Reports

Spl. Correspondence. IBN LIVE.INDIA, August 13, 2014.
Spl. Correspondence. The Hindu, Bangalore, October 14, 2014.
Spl. Correspondence. HT Campus Expert on April 10, 2015.
Spl. Correspondence. Amar ujala, September 6, 2015.
PERSONAL DATA SHEET

NAME…………………….. DATE…………………..
AGE…………………….
SEX…………………….
MARITAL STATUS………………
EDUCATIONAL QUALIFICATION………………………………………………
ADDRESS…………………………………………………………………………..

I hereby declare that I give my informed consent to participate in this research. I understand about the purpose and nature of the research. I give my full, free and voluntary consent for being enrolled in this research and I reserve my rights to withdraw from the research any time during the data collection. I understand that the information collected will be kept confidential and will be exclusively used for research purpose only.

SIGNATURE……………………
Name _____________________________

Age _____________________________ Grade _____________________________

Sex _____________________________ Date _____________________________

ABOUT MY LIFE

by William M. Reynolds

Side One Directions

On the back of this page are a number of sentences about thoughts that people sometimes have. You will be reading each sentence and deciding how often you have the thought the sentence describes. There are no right or wrong answers. Just remember to answer the way you really think.
**Side Two Directions**

Listed below are a number of sentences about thoughts that people sometimes have. Please indicate which of these thoughts you have had in the past month. Fill in the circle under the answer that best describes your own thoughts. Be sure to fill in a circle for each sentence. Remember, there are no right or wrong answers.

<table>
<thead>
<tr>
<th>Sentence</th>
<th>Almost every day</th>
<th>Couple of times a week</th>
<th>About once a week</th>
<th>Couple of times a month</th>
<th>About once a month</th>
<th>I had this thought before but not in the past month</th>
<th>I never had this thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I thought it would be better if I was not alive</td>
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<td>2. I thought about killing myself</td>
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<td>3. I thought about how I would kill myself</td>
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<td>4. I thought about when I would kill myself</td>
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<td>5. I thought about people dying</td>
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<td>6. I thought about death</td>
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<td>7. I thought about what to write in a suicide note</td>
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<td>8. I thought about writing a will</td>
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<td>9. I thought about telling people I plan to kill myself</td>
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<td>10. I thought that people would be happier if I were not around</td>
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<td>11. I thought about how people would feel if I killed myself</td>
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<td>12. I wished I were dead</td>
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<td>13. I thought about how easy it would be to end it all</td>
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<td>14. I thought that killing myself would solve my problems</td>
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<td>15. I thought others would be better off if I was dead</td>
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<td>16. I wished I had the nerve to kill myself</td>
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<td>17. I wished that I had never been born</td>
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<td>18. I thought if I had the chance I would kill myself</td>
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<td>19. I thought about ways people kill themselves</td>
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<td>20. I thought about killing myself, but would not do it</td>
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<td>21. I thought about having a bad accident</td>
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<td>22. I thought that life was not worth living</td>
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<td>23. I thought that my life was too rotten to continue</td>
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<td>24. I thought that the only way to be noticed is to kill myself</td>
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<td>25. I thought that if I killed myself people would realize I was worth caring about</td>
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<td>26. I thought that no one cared if I lived or died</td>
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<td>27. I thought about hurting myself but not really killing myself</td>
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<td>28. I wondered if I had the nerve to kill myself</td>
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<td>29. I thought that if things did not get better I would kill myself</td>
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<td>30. I wished that I had the right to kill myself</td>
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This inventory contains questions about your background and health, your work, and your relationships with friends and relatives. Please mark all your answers on the separate LISRES-A Answer Form. Do not write in this booklet.

On the first page of the Answer Form, please fill in your name, today's date, your sex, and your age. Then fill in your marital status (never married, married, separated, divorced, widowed, etc.), your education (number of years completed), your ethnic group (African-American, Asian, Hispanic/Latino, Native American, White, Other) and your current employment situation (full-time, part-time, both, not employed).

If a question does not apply to you, please write N/A (“Not Applicable”) in the margin next to that question on the answer form. If you do not wish to answer a question, please circle the number of that question to show that you have purposely skipped it. All your answers are strictly confidential.

Some items require a Yes or No answer and look like this: Y N.
For these items, circle the appropriate response:
Circle Y if your response is Yes.
Circle N if your response is No.

Some items require a different kind of response and look like this: DY MY MN DN.
For these items:
Circle DY if your response is Definitely Yes.
Circle MY if your response is Mainly Yes.
Circle MN if your response is Mainly No.
Circle DN if your response is Definitely No.

Some items ask about how often things happen and look like this: N S ST FO O.
For these items:
Circle N if your response is Never.
Circle S if your response is Seldom.
Circle ST if your response is Sometimes.
Circle FO if your response is Fairly Often.
Circle O if your response is Often.
A. PHYSICAL HEALTH

Items 1 - 26 in this section have two parts (a and b). For each of these items, answer part b only if you answer "Yes" to part a.

Have you had any of these medical conditions in the past 12 months? (Circle "Y" only if diagnosed by a physician.)

1a. Anemia (low blood) ........................................... If Yes: b. Did it start in the last year?
2a. Asthma or allergies ........................................... If Yes: b. Did it start in the last year?
3a. Arthritis or rheumatism ..................................... If Yes: b. Did it start in the last year?
4a. Serious back trouble ........................................ If Yes: b. Did it start in the last year?
5a. Chronic bronchitis .......................................... If Yes: b. Did it start in the last year?
6a. Cancer ............................................................ If Yes: b. Did it start in the last year?
7a. Diabetes .......................................................... If Yes: b. Did it start in the last year?
8a. Heart trouble ................................................... If Yes: b. Did it start in the last year?
9a. High blood pressure ......................................... If Yes: b. Did it start in the last year?
10a. Kidney trouble ................................................. If Yes: b. Did it start in the last year?
11a. Stroke .............................................................. If Yes: b. Did it start in the last year?
12a. Stomach or duodenal ulcer ............................... If Yes: b. Did it start in the last year?
13a. Other ............................................................. If Yes: b. Did it start in the last year?

Have you had any of these ailments in the past 12 months?

14a. Frequent cramps in the legs .............................. If Yes: b. Did it start in the last year?
15a. Pain in the heart or tightness or heaviness in the chest ............ If Yes: b. Did it start in the last year?
16a. Trouble breathing or shortness of breath ............... If Yes: b. Did it start in the last year?
17a. Swollen ankles ............................................... If Yes: b. Did it start in the last year?
18a. Pains in the back or spine ................................. If Yes: b. Did it start in the last year?
19a. Repeated pains in the stomach .......................... If Yes: b. Did it start in the last year?
20a. Frequent headaches ......................................... If Yes: b. Did it start in the last year?
21a. Constant coughing or frequent heavy chest colds .......... If Yes: b. Did it start in the last year?
22a. Stiffness, swelling, or aching in any joint or muscle ....... If Yes: b. Did it start in the last year?
23a. Getting very tired in a short time ....................... If Yes: b. Did it start in the last year?
24a. Trouble climbing stairs or getting outdoors ............. If Yes: b. Did it start in the last year?
25a. An injury that has caused you problems ................ If Yes: b. Did it start in the last year?
26a. Other ailments ............................................... If Yes: b. Did it start in the last year?
27. Were you hospitalized in the last year?

B. HOME/NEIGHBORHOOD

In the last year:

28. Did you lose your home through fire, flood, disaster, or a major catastrophe?
29. Did you move to a worse home?
Have any of these things happened to you or to your spouse or partner in the last year?

30. Car burglarized?
31. Home burglarized?
32. Personally assaulted?
33. Trouble with the law (other than minor traffic violations)?
34. Automobile accident?

(DY = Definitely Yes / MY = Mainly Yes / MN = Mainly No / DN = Definitely No)

The following questions have to do with your home:
35. Is it well kept up (e.g., painting, repairs)?
36. Is the amount of living space comfortable?
37. Is there enough heat in the winter?
38. Is it cool enough in the summer?
39. Is the inside lighting adequate?
40. Is it quiet enough?

The following questions have to do with your neighborhood (the two or three blocks around your home):
41. Are the houses in the neighborhood well maintained?
42. Are the streets clean and free of litter?
43. Is it safe to walk alone in the neighborhood at night?
44. In general, are the people who live near you (within one block of your home) good neighbors?

In the last year:
45. Did you build your home or do a major remodeling of it?
46. Did you move to a better home?

C. FINANCES

Have any of these things happened to you in the last year:
47. Did you take on a large mortgage, loan, or financial obligation?
48. Has your financial situation gotten worse?
49. Have you gone on welfare?
50. Were you involved in a civil lawsuit (noncriminal)?

(DY = Definitely Yes / MY = Mainly Yes / MN = Mainly No / DN = Definitely No)

Do you have enough money to afford:
51. Good medical and dental care when you (your family) need it?
52. Leisure activities and entertainment?
53. Furniture or household equipment that needs to be replaced?
54. The kind of car you need?
55. A large, unexpected bill (over $500) for auto repair, etc.?
56. Adequate food and clothing?
57. Has your financial situation improved in the last year?
58. Have you gone off welfare in the last year?
59. What is your total annual family income (your earnings plus those of others who live with you)?

Circle the number on the answer form that corresponds to your income range.

1 = less than $20,000  4 = $30,000 - $34,999  7 = $50,000 - $59,999
2 = $20,000 - $24,999  5 = $35,000 - $39,999  8 = $60,000 or more
3 = $25,000 - $29,999  6 = $40,000 - $49,999
D. WORK

In the last year:

60. Did you change to a worse job?
61. Were you laid off?
62. Were you fired?
63. Did you stop working or quit for reasons other than retirement?
64. Were you demoted at work?
65. Did you find out that you were not going to get an expected promotion at work?
66. Did you suffer a business loss or failure?
67. Did you take on a greatly increased workload?
68. Did you start regular work for the first time?
69. Did you return to work after not working for a long time (after at least 3 months)?
70. Did you change to a better job?
71. Were you promoted?
72. Did you have a significant success at work (other than a promotion)?
73. Did you start a business or profession?
74. Did you expand a business or professional practice?

If currently not employed, and you have not held a job in the last month, go to SECTION E (SPOUSE/PARTNER).

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

How often does each of these things happen in your current job?

75. Does your supervisor criticize you over minor things?
76. Do you have conflicts with your coworkers?
77. Do you have conflicts with your supervisor?
78. Is there constant pressure to keep working?
79. Does there seem to be a rush or urgency about everything?
80. Are there unpleasant physical conditions on your job, such as too much noise or dust?
81. Do you talk with your fellow employees about your work problems?
82. Are your coworkers friendly toward you?
83. Do you get adequate recognition for your contributions at work?
84. Are responsibilities at work clearly defined?
85. Is your work really challenging?
86. Can you use your own initiative to do things?

E. SPOUSE/PARTNER

87. Have you been separated in the last year?
88. Have you been divorced in the last year?
89. Have you been widowed in the last year?

If you were in a relationship in the last year:

90a. Did your relationship change for the worse in the last year?
   b. If Yes: Did you separate for more than 2 weeks?
91. Was your engagement broken in the last year?
92. In the last year, did you stop seeing someone you had been seeing exclusively?
93a. Does your spouse or partner have any medical conditions or ailments, such as cancer, heart trouble, arthritis, high blood pressure, severe shortness of breath, constant coughing, or frequent colds?
   b. If Yes: Did it begin in the last year?

94a. Does your spouse or partner have any problems with emotions or behavior, such as depression, excessive drinking, severe memory problems, or trouble with the law?
   b. If Yes: Did it begin in the last year?

95. Was your spouse or partner hospitalized in the last year?
96. Have you been married in the last year?
97. Did you become engaged in the last year?
98. Did you start seeing someone exclusively in the last year?

If you were in a relationship in the last year:

99a. Did your relationship change for the better in the last year?
   b. If Yes: Did you get together after a separation of more than 2 weeks?

If you do not currently have a spouse or partner, go to Section F (CHILDREN).

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

How often does each of these things happen with your spouse or partner?
100. Does he or she disagree with you about important things?
101. Is he or she critical or disapproving of you?
102. Does he or she get on your nerves?
103. Does he or she get angry or lose his or her temper with you?
104. Does he or she expect too much of you?
105. Can you count on him or her to help you when you need it?
106. Does he or she cheer you up when you are sad or worried?
107. Do you confide in him or her?
108. Do you share mutual interests or activities with him or her?
109. Does he or she really understand how you feel about things?
110. Does he or she respect your opinion?

F. CHILDREN

Have you or your spouse or partner experienced any of these events in the last year?
111. Became pregnant and were sad about it?
112. Had an abortion?
113. Had a miscarriage?
114. Had a stillbirth?
115. Had a premature infant?
116. Found out that you cannot have children?
117. Experienced the death of one of your children?
118. Became pregnant and were happy about it?

If you do not have any living children or stepchildren, go to Section G (EXTENDED FAMILY).

119a. Do any of your children have any medical conditions or ailments, such as cancer, heart trouble, arthritis, high blood pressure, severe shortness of breath, constant coughing, or frequent colds?
   b. If Yes: Did it begin in the last year?

120a. Do any of your children have any problems with emotions or behavior, such as depression, excessive drinking, severe memory problems, or trouble with the law?
   b. If Yes: Did it begin in the last year?
121. Were any of your children hospitalized in the last year?
122. How many children or stepchildren do you have living with you now?

The following questions are about the children living with you now. If you do not have any children or stepchildren living with you now, go to item #128.

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

How often do any of the children living with you now:
123. Misbehave or disobey you?
124. Have bursts of anger or moodiness?
125. Act stubborn or have temper tantrums?
126. Make demands on you?
127. Get upset over small things?

The following questions are about your current relationships with your children.

How often do any of your children:
128. Disagree with you about important things?
129. Get on your nerves?
130. Get angry or lose their temper with you?
131. Expect too much of you?
132. Are any of them critical or disapproving of you?
133. Can you count on them to help you when you need it?
134. Do they cheer you up when you are sad or worried?
135. Do you confide in one or more of them?
136. Do you share mutual interests or activities with them?
137. Do they try to understand how you feel about things?
138. Do they respect your opinion?

G. EXTENDED FAMILY

The following questions ask about your mother or stepmother. If you have both a mother and stepmother, refer to the person with whom you have the most contact.

139a. Is your mother (or stepmother) living?
   b. If No: Did she die in the last year?

If your mother/stepmother is not living, go to item #154.

140a. Does your mother/stepmother have any medical conditions or ailments, such as cancer, heart trouble, arthritis, high blood pressure, severe shortness of breath, constant coughing, or frequent colds?
   b. If Yes: Did it begin in the last year?

141a. Does your mother/stepmother have any problems with emotions or behavior, such as trouble with the law, depression, excessive drinking, or severe memory problems?
   b. If Yes: Did it begin in the last year?

142. Was she hospitalized for any reason in the last year?

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

When you spend time with your mother/stepmother, how often:
143. Does she disagree with you about important things?
144. Is she critical or disapproving of you?
145. Does she get on your nerves?
146. Does she get angry or lose her temper with you?
147. Does she expect too much of you?
148. Can you count on her to help you when you need it?
149. Does she cheer you up when you are sad or worried?
150. Do you confide in her?
151. Do you share mutual interests or activities with her?
152. Does she really understand how you feel about things?
153. Does she respect your opinion?

The following questions ask about your father or stepfather. If you have both a father and stepfather, refer to the person with whom you have the most contact.
154a. Is your father (or stepfather) living?
    b. If No: Did he die in the last year?

If your father/stepfather is not living, go to item #169.
155a. Does your father/stepfather have any medical conditions or ailments, such as cancer, heart trouble, arthritis, high blood pressure, severe shortness of breath, constant coughing, or frequent colds?
    b. If Yes: Did it begin in the last year?
156a. Does your father/stepfather have any problems with emotions or behavior, such as trouble with the law, depression, excessive drinking, or severe memory problems?
    b. If Yes: Did it begin in the last year?
157. Was he hospitalized for any reason in the last year?

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

When you spend time with your father/stepfather, how often:
158. Does he disagree with you about important things?
159. Is he critical or disapproving of you?
160. Does he get on your nerves?
161. Does he get angry or lose his temper with you?
162. Does he expect too much of you?
163. Can you count on him to help you when you need it?
164. Does he cheer you up when you are sad or worried?
165. Do you confide in him?
166. Do you share mutual interests or activities with him?
167. Does he really understand how you feel about things?
168. Does he respect your opinion?

The following questions are about your relatives other than your spouse, children, or parents.

Have any of the following events occurred in the last year?
169. A relative died?
170. A relative moved to a distant place?
171. A serious conflict with a relative?

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

When you spend time with your relatives how often:
172. Do any of your relatives disagree with you about important things?
173. Are any of your relatives critical or disapproving of you?
174. Do any of your relatives get on your nerves?
175. Do any of your relatives get angry or lose their temper with you?
176. Do any of your relatives expect too much of you?
177. Can you count on any of your relatives to help you when you need it?
178. Do any of your relatives cheer you up when you are sad or worried?
179. Do you confide in any of your relatives?
180. Do you share mutual interests or activities with any of your relatives?
181. Do any of your relatives really understand how you feel about things?
182. Do any of your relatives respect your opinion?

H. FRIENDS AND SOCIAL ACTIVITIES

Do not include parents, relatives, or spouse or partner as friends when answering these questions.

Have any of the following events occurred in the last year?
183. A friend died?
184. A friend moved to a distant place?
185. A serious conflict with a friend?

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

How often:
186. Do any of your friends disagree with you about important things?
187. Are any of your friends critical or disapproving of you?
188. Do any of your friends get on your nerves?
189. Do any of your friends get angry or lose their temper with you?
190. Do any of your friends expect too much of you?
191. How many clubs and organizations (e.g., church groups, union, PTA, bowling team) do you belong to?
   (0, 1, 2, 3, or more than 3)
192. How many close friends do you have, people you feel at ease with and can talk to about personal matters? (0, 1, 2, 3, or more than 3)

(N = Never / S = Seldom (less than twice a year) / ST = Sometimes (several times a year) / FO = Fairly Often (once or twice a month) / O = Often (every week))

193. How often do you attend religious services?
194. How often are you in touch with the friend or friends to whom you feel closest?

(N = Never / S = Seldom / ST = Sometimes / FO = Fairly Often / O = Often)

How often:
195. Can you count on your friends to help you when you need it?
196. Do your friends cheer you up when you are sad or worried?
197. Do you confide in any of your friends?
198. Do you share mutual interests or activities with your friends?
199. Do your friends really understand how you feel about things?
200. Do your friends respect your opinion?
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- Attended Workshop on “Enhancing Success and flourishing in Women” organized by Women Study Centre M.D. University, Rohtak.
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I hereby declare that the information furnished above is true.

Date: ...............  
Place: ...............  
Signature of the candidate
Suicidal Ideation among Students of Professional and Non-Professional Courses: A Health Threat

Muni Ram* and NovRattan Sharma**

ABSTRACT

Suicidal ideation often occur as a response to a situation that the person views as overwhelming, such as social isolation, death of loved one, hopelessness, academic and parental pressure, serious physical illness, financial problem, guilt feeling, loving affair, alcohol consumption and negative life events. Suicidal ideation has become a threat to general health status of the public and there is a need to understand its spread. The present study was planned to assess and compare the suicidal ideation among the students of professional and non-professionals courses. The sample of the study involved 300 college students (150 professional and 150 non-professionals) between the age ranges of 16 to 24 years. The students were assessed with Suicidal Ideation Questionnaire (Reynolds, 1987). The data were analyzed by using statistics-mean, SD and t-test. The results showed that (i) Professional and non-professional group of students differ significantly on suicidal ideation. (ii). Male and female students of professional group differ significantly on suicidal ideation. (iii). Male and female students of non-professional group differ significantly on suicidal ideation. The educational institute needs to take appropriate psychological steps to deal effectively with the increasing suicide ideation among students.

Key Words: Social isolation, suicidal ideation, suicidal behaviour

Health is a multi-dimensional concept many factors contribute to its outcome. Thinking of an individual directly affects the psycho-social health. Suicidal ideation is a first threatening sign of serious suicidal behavior. It is particularly defined as the domain of ideas and thoughts about suicide or death and serious self-injurious

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behavior. It consists of thoughts which are closely related to the conduct, planning, and outcome of suicidal ideation, particularly as the last relates to thoughts about the response of others. Researchers have focused on suicidal behavior as a distinct form of psychological disturbance and a domain of suicidal behavior. There are lots of factors that may contribute to suicidal ideation of an adolescent, including daily hassle, personal and societal factors as well as the interaction amongst these variables. Furthermore, suicide or purposeful self-harm, an event considered as more of a cultural or social fact is recently recognized as a community health problem in most of the nations.

Individuals attempt to resolve the issue of identity versus role confusion throughout the period of teenage. Teenagers reply the question “Who am I” in order to set up uniqueness in context to communal, sexual, philosophical as well as occupational realms. According to Lock and Steiner (1999) adolescents frequently face substantial strain in the diversity of circumstances because adolescents challenge to counterfeit the identity. For instance, the altering sexual roles of male and female may strengthen confusion in identity. In adding, ecological stresses i.e. stress in parents for educational attainment, relatives ‘agility, drug accessibility and pressure of peer may steer to depression (Capuzzi, 1994). Suicides appear after pressure; intellectual irresponsibility and emotionless attachment act together and overcome capability of individuals to manage as well as to reason undoubtedly. Extra pressure associated to parents was reported significantly in adolescents who had committed suicide. Generally in adolescents, complaints related to mood disturbance are found (Archer and Slesinger, 1999).

According to literature, lack of parents/no availability, bad contact among members of family, family clashes, more expectation of parents regarding success as well as obvious family pathology are usually measured important hazardous aspects for suicide. Suicide ideation relates with psychosocial suffering, drugs consumption, pressure of family and unclear school objectives (Thompson, 1994).

Causative Factors for Suicide: Suicidal ideation often occur as a response to a situation that the person views as overwhelming, such as social isolation, death of loved one, hopelessness, academic and parental pressure, serious physical illness, financial problem, guilt feeling, loving affair, alcohol consumption and negative life events. Juon, Nam and Ensminger (1994) analyze causative factors of suicidal ideation in 9886 high school Korean youngsters study revealed that students who reported feeling a soaring level of tension concerning scholastic achievement and higher education were more possibility to have severe feelings about suicide ideation than those students who did not face academic stress. Similarly, in Singapore, educational hurdles were also found to be one of the predictors of suicide behavior among a population of adolescent suicide attempters as well other factors. School troubles accounted for 11% of youths who attempted suicide in Singapore. In adding to students putting enormous stress on themselves
to do extremely well in school, they were also aware of the requirement to fulfill familial obligations and live up to the desires of parents and teachers. Taken together, experimental facts towards scholistic pressure and in particular academic expectations is contributing to suicidal behavior in youth especially in East Asia.

Toero, Negy Sawaguchi and Sotonyi (2001) found that there is positive correlation between academic pressure in school/colleges and suicidal ideation. It denotes that in exam time numerous suicidal cases are appeared and stress level of the students are also high at that time. In this age academic performance is highly valued for them and if they do not reach the level of their expectancy that could leads to suicidal ideation. Unhealthy surroundings in schools, i.e. stress for academicals achievement and related stress for Grade-twelve students in finding employment after completion of schooling, is associated with enhancement of alcohol consumption between youngsters (Coker and Borders, 2001; Kwon Hoo, 2002). The consumption of alcohol as well as new substances act as a threat factor in suicide ideation, which ultimately prompts the adolescent to self-injurious performances (Gilliland and James, 2001).

**Suicide ideation in adolescents:** During the adolescent period many changes also occurs like, cognitive, physical, biological and emotional. Due to these changes there are changes in role and responsibility as well. In order to manage these changes students have to face with problems and conflicts (Asari, 2002). In adolescents period, students are not able to adjust their self due to their changes creates stress and tension. If students face this stress and tension in early stages, it may lead them towards the mental pressure (Newman, 2005).

When the student is joining the college for first time then he has to leave his family and friends. He has to face a new and unknown challenging environment which is not easy for him. In this new environment there are many significant development issues for him. As compared to school, college life has more social and academic pressure. There are numbers of stressors identified in the students like too many assignments, lack of pocket money and competition with other students. These all above stressors leads a student’s towards the suicide ideation. Students have poor relationship with other students, teachers, family members, inadequate resources and semester system in exam to perform academic performance disorganized the students and less able to cope up thus resulting in stress related problems. (Mishra and McKeen 2000; Polychronopoulou and Divaris, 2005; Erkutlu and Chafra, 2006).

**Rational of the study:** Reynolds and waltz (1986) findings suggest that adolescents frequently find themselves under tremendous stress. Problems most often occur when stressors at home, school, and with peers occur within a context of minimal social and emotional support. These problems are further exacerbated when there is a lack of coping strategies, or when behavioural deficits or dysfunctions exist. Furthermore, those adolescents are at greater risk for suicide...
when they are experiencing major negative life events, having a lot of “hassles”,
and have little social support. Realizing suicidal ideation as a health threat, present
study was planned to assess the suicidal ideation among the students.

The main objectives of the study are:

1. To assess and compare the Suicidal ideation of male and female students
   of Professional and Non-Professional courses.
2. To assess and compare the Suicidal ideation of male and female students
   of Professional courses.
3. To assess and compare the Suicidal ideation of male and female students
   of Non-Professional and courses.

The proposed Hypotheses of the study are:

1. There would be no significant difference between students of Professional and Non-Professional courses at the level of suicidal ideation.
2. There would be no significant difference between male and female students of Professional courses at the level of suicidal ideation.
3. There would be no significant difference between male and female students of Non-Professional courses at the level of suicidal ideation.

METHODOLOGY

Sample

A total of 300 subjects (168 males & 132 females) participated in present study to fulfill the requirement. Participation of the subjects in the present study was voluntary and informed consents were obtained from all the subjects. All subjects were of the age between 16 to 24 years and from professional and non-professional courses institutions. 150 students were selected from professional courses and 150 students were selected from Non-Professional courses institutions. The sample was selected on the basis of availability. Data were gathered from various districts of Haryana i.e. Hisar, Rohtak, Ambala and Panchkula.

Tools: Following tool was used for the purpose of data collection.

Suicidal Ideation Questionnaire – The scale for suicidal ideation was developed by William M. Reynolds (1987). The Suicide Ideation Questionnaire (SIQ) does provide a measure of the seriousness of suicidal thoughts in adolescents. The Senior High School Version of SIQ consists of 30 items, the respondent rates the SIQ items on a 7-point scale which assesses the frequency with which the cognition occurs. This test takes five to ten minutes to complete. The SIQ is designed to provide a reliable and valid estimate for identify individual’s current level of suicidal ideation or suicidal risk. The SIQ does provide probability estimates of risk for completed suicide or suicide attempts. Given the variability in individuals, personalities, self-control, motivations, numbers of stressors and family and support structures, subscribing a numerical probability for suicide is
Suicidal Ideation among Students of Professional...

not a realistic possibility. The scale assesses the extent of suicidal thoughts and their characteristics as well as the subject’s attitude towards them. SIQ has been found to psychometrically potent tool to assess suicidal ideation across the world.

Procedure

The data was collected in small group i.e. only 25 to 30 students participated in one session. The subjects were contacted personally in their respective educational institutions for data collection after obtaining permission from the institute authorities. At the first, the investigator approached the subjects in various institutions and a good rapport was established for creating congenial environment to make them comfortable and to extract authentic information from them. The selected subjects were requested to answer frankly and honestly as the information provided by them was to be kept confidential and would only be used for research purposes. When the subjects were comfortable and ready to answer then after obtaining consent of the subject to act as respondent, firstly following instructions were given: “you will be given one questionnaire in which there are some personal questions regarding your personal data and you have to respond on the basis of your preference. Please read questions carefully before filling the information. The questionnaire i.e. Suicidal Ideation Questionnaire (SIQ) will take five to ten minutes to complete and you have to fill it rapidly. Success of present work directly depends upon your valuable cooperation and sincerity”. The test was administered by following instructions specified in the test manual.

Statistical Analysis

For analysis of the scores descriptive statistics (mean, SD), t-test were computed for the scores of the entire sample. The scores of these groups (professional/non-professional, male/female) were analyzed by computing mean, SD, and t-test statistics with the help of SPSS 16.0 version.

RESULTS AND DISCUSSION

Suicidal ideation is considered as an important variable among male and female students of professional and non-professional courses. To see significance of mean difference on suicide, two groups (professional and non-professional) were formed and compared with each other to see the suicidal ideation level among students. In order to check the significance of mean difference, t-test was used.

Table 1-Mean, SD (Standard Deviation) and t-value of Suicidal Ideation among students for professional and non-professional group.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>300</th>
<th>Group-I (professional, n=150)</th>
<th>Group-II (non-professional, n=150)</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>VARIABLE</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>42.20</td>
<td>39.62</td>
<td>29.26</td>
<td>28.22</td>
</tr>
</tbody>
</table>

**p<0.01
On suicide ideation, the mean score of professional subjects was found to be 42.20 and SD score was found 39.62, on the other hand the mean score of non professional group was 29.26 and SD 28.22. The present results indicated that professional group has more suicide tendency as compare to non professional group. The statistical analysis (t= 3.26, p<.01) also indicate that there is a significant difference between professional and non – professional group means. The professional students are showing significantly higher suicide tendencies. The proposed first hypothesis is rejected on the basis of present results. Zhang, Yu and Zhao (2012) conducting a study on medical professional and found that 24.5 percent of medical students have experienced suicidal ideation at one point of time. Agarwal, Rakesh and Chahar (2007) conducted a study on engineering students and found that in India students of engineering and management course are experiencing overload position, unoccupied and self-detachment. All these reports concluded that professional students have more adjustment problems in comparison to non-professional group. Probably the reason may be lack of social support, loneliness specific personality factors cumulative hardships and many more difficulties contributing to poor emotional adjustment of the professional students. The present results indicated that students of professional group have more suicide tendency as compare to non professional group. On the basis of results the first hypothesis is rejected. There is clear evidence that students of professional courses experienced more suicidal ideation as compared to non-professional students.

On the attainment of first objective, the researcher compared the suicidal ideation of male and female students of professional courses.

Table 2-Mean, SD (Standard Deviation) and t-value of suicidal ideation for male and female students in Professional group.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>Total N=150</th>
<th>Male, n=84</th>
<th>Female, n=66</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>33.00</td>
<td>36.03</td>
<td>53.90</td>
<td>41.12</td>
</tr>
</tbody>
</table>

**p<.01

On suicide ideation, the mean score of male subjects was found to be 33 and SD score was found 36.03 on the other hand the mean score of females’ sample 53.9 and SD 41.12 respectively. The present results indicated that female have more suicidal tendency as compare to male students in professional group. On the basis of mean differences, female students of professional courses explored more suicidal ideation as compared to male students. Mean comparison on the basis of t- test also indicate that female students of professional courses have shown significantly higher suicide ideation scores. Nisbet (1996) conducted a study to assess whether a ‘model of social support’ can assist in lowering the suicidal rate in black females, however findings suggested that females had greater suicidal attempt as compare to males. Mazza and Reynolds (1998) conducted...
Suicidal Ideation among Students of Professional...  

the longitudinal study to investigate the relationship of psychological and social-environmental factors with adolescent suicidal ideation in student. Findings indicate that daily hassles and negative life event for male and social support and depression for female were a significant factor related to suicidal ideation. In another current study by Akhtar and Alam (2015) revealed that there is no significant difference in suicidal ideation as far as gender is concerned. On the basis of present results the second hypothesis is rejected. There is clear evidence that female students of professional courses experienced more suicidal ideation as compared to male students.

The third and final objective of the study was to compare the male and female students of non-professional courses on suicide ideation.

Table 3: Mean, SD (Standard Deviation) and t-value of suicidal ideation for male and female students in Non-Professional group.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>Male, n=84</th>
<th>Female, n=66</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>20.9</td>
<td>26.01</td>
<td>40.2</td>
</tr>
</tbody>
</table>

On suicide ideation, the mean score of male subjects was found to be 20.9 and SD score was found 26.01 on the other hand the mean score of females’ sample 40.2 and SD 27.3 respectively. The present results indicated that female have more suicidal tendency as compare to male students in non-professional group also on the basis of mean differences. The statistical treatment to the data highlighted the significant mean differences in suicide ideation scores of male and female students of non-professional courses. Hyun, Karen, and Eun (2006) examined the role of different gender in suicide ideation. As a result of the multivariate analysis most important factors leading to suicide ideation in females were depression hostility, sexual direction, and self-respect. Fernando, Ostbye, Woods and Abeyagunawardana (2007) compared the prevalence of suicide ideation and deliberate self-injury in youngsters’ males and females on high school children using a self-report, anonymous questionnaire in the local language. Results concluded that females reported suicidal ideation at least once in their lifetime more frequently than males (12.1% vs. 6.5%). Furthermore, twenty-two (3.7%) females and 13 (3.5%) males reported that they had deliberately sought to harm themselves at least once in the 12 months preceding the survey. Sulaiman, Hassan, Sapian and Abdullah (2009) found in their study that females students experience stress differently compared to the male students. This may be because female students tend to be more emotional and sensitive toward what is happening in their surrounding. Skinner and McFaul (2012) in a longitudinal study published by the Canadian Medical Association Journal, which looks at suicides by boys and girls over a thirty year period (1980-2008), there has been a modest decline.
in suicide for boys aged 10-19 years and a slight rise for girls in the same age range. Girls have always attempted suicide more frequently than boys; however, there is reason to believe that girls are increasingly using more lethal means like hanging, when attempting suicide which could account for the increase in suicidal deaths. A survey conducted by a Mental health organization in 150 educational institutions in New Delhi found that 40% of students feel overwhelmed by exams. Another study conducted by a non-governmental organization with 850 students found that 57% were depressed and 9% had considered committing suicide as a result of academic stress (Maheshananda, Bera, Gore, Bhogale, Kulkarni, Thakur, 2012). On the basis of findings the third hypothesis is rejected. There is clear evidence that female students of non-professional courses experienced more suicidal ideation as compared to male students. In this way, all the three objectives are attained and the corresponding null hypotheses are rejected. The findings further emphasized that some immediate steps may be taken up in all the educational institutions otherwise it will be a very serious threat to general health of students.

**CONCLUSIONS**

Present paper focused on to assess and compare suicidal ideation among male and female students of professional and non-professional courses. On the basis of present findings it may conclude that professional students expressed more suicidal ideation as compared to non-professional as well as female students in both type of courses shows greater suicidal tendency as compared to males.

**REFERENCES**


