CHAPTER-2

REVIEW OF RELATED LITERATURE
This chapter deals with the review of literature relating to suicidal ideation, suicidal attempts and suicidal deaths also. Suicidal ideation and suicidal deaths are regarded as the major treats to individual life and also to the family of affected people. This is of course the reason that suicidal ideation is attracting the attention of scholars, psychologists, psychiatrists, social workers and the government also all over the world. As a result of it several studies have been conducted in this area of research. But as the survey of literature reveals, majority of the related studies have been conducted in the context other than ours. No doubt some studies have been carried out in our context also but the number and coverage of such studies are very limited. It become obvious from the survey of the literature as given here. That’s why this study was planned and conducted by the present researcher.

The review of suicidal deaths and suicidal attempts makes it clear that suicidal ideation or suicide attempt is a major public health problem (World Health Organization, 1990; Cantor and Neulinger, 2000). Suicidal ideation is associated with increased likelihood of mental disorders (e.g. Malone et al., 1995; Gould et al., 1998; Kessler et al., 1999), psychiatric co-morbidity (e.g. Kessler et al., 1999; Roy-Byrne et al., 2000), impairment in social and occupational functioning (e.g. Lish et al., 1996; Ofson et al., 1996), and suicide behaviour (e.g. Petronis et al., 1990; Gould et al., 1996; Borges et al., 2000) Suicide attempts are the strongest
risk factor for suicide completion (Rich et al., 1988; Brent et al., 2002; Nordentoft et al., 2002), and are independently associated with high rates of psychiatric morbidity (e.g. Kessler et al., 1999).

Some researchers have reported that season is also one of the correlates of suicide. According to Phillips and Wills (1987), suicides are lower than average between Thanksgiving and Christmas. On the other hand, more suicides take place at New Year’s than on any other day. A “Monday effect” also exists with higher suicide rates occurring on the first day of the work week (McCleary et al., 1991).

De Leo et al., (2002) assessed predictive factors for repeated attempted suicide and complete suicide in a 1-yr follow up on a sample of elderly European suicide attempters (aged 60-87 years). From 1990 to 1993, 63 subjects completed the 1st interview and were re-contacted after 1 yr. At follow-up 8 subjects had taken their lives and 7 had repeated at least 1 suicide attempt. In comparing repeaters and non-repeaters, differences emerged in terms of death of the father in childhood and for mean Suicidal Intent Score. At the end of the follow-up period, repeaters reported a more frequent desire to repeat suicidal behaviour and judged their mental health and social assistance received to be worse. Suicides and non-repeaters different in relation to death of father during childhood and number of contacts with general practitioners (GPs). The study confirms the high risk of repetition of suicidal behaviour in the elderly. In old age suicidal ideation is often sustained over long period of time and requests for help are addressed to relatives and GPs. An interesting
finding is the more frequent death of the father during childhood among repeaters.

Dhossche, et al., (2002) used data from an epidemiological study to examine self-reported suicidal ideation in adolescence as a predictor of suicidal ideation and psychiatric diagnoses at 8-yr follow-up. Suicidal ideation was reported by 41 (4.5%) of 912 adolescents aged 11-18 yrs and by 19 (2.5%) of 795 young adults aged 19-26 yrs. Most parents of adolescents with positive self-reported did not report suicidal ideation in their child. Suicidal ideation in adolescents and young adults was associated with other psychiatric problems. Adolescent self-reported suicidal ideation was not a predictor of suicidal ideation or any major psychiatric disorder 8 yrs later. In males suicidal ideation in adolescence was associated with specific phobia at follow-up. Findings show that adolescents and young adults with self-reported suicidal ideation had high rates of psychiatric problems. Adolescent self-reported suicidal ideation did not predict suicidal ideation or any major psychiatric disorders (i.e., depressive disorders, substance use disorders, or psychotic disorders) at follow-up.

According to Ruddell and Curwen (2002) the U.K. government’s health strategy included a target for reducing the population suicide rates by 15% over an 8-yr. Period. This thrust has been carried forward in subsequent work embodied in the ninth standard of the National Service Framework for Mental Health. A crucial aspect in reducing suicide rates in the accurate assessment of those who may be at risk to enable
appropriate interventions to take place. While any person who wants to end his or her own life may find a way to do so, it is most important for the clinician to approach any potential suicide with the conviction that any potential suicide with the conviction that it is possible to prevent at least some suicides.

Lee & Stimpson (2002) critically explore Freudian and post-Freudian understandings of suicide, although due to limitations of space it is not comprehensive. Several examples drawn from clinical practice are then considered in relation to the theoretical ideas previously discussed. The paper then moves on to reconsider psychodynamic approaches to suicidal clients from a Levinasian ethical position. The possibility that suicide may be a logical part of what it is to be human rather than an indication of mental illness, is advanced.

McAuliffe, et al., (2002) examined whether problem-solving ability could be used to identify repeaters of parasuicide. Findings are presented from the follow-up part (N=35) of a larger investigation (N=146) of non-consecutive hospital-treated cases of parasuicide, interviewed by the National Suicide Research Foundation in Ireland as part of the WHO/EURO Multicentre Study on Suicidal Behaviour. The median interval from initial to followup interview was 15 months. The European Parasuicide Study Interview Schedule (EPSIS II) was used in the follow interview. Within this schedule, responses to a questionnaire measuring habitual problem solving style were analysed. Repeaters scored significantly lower than non-repeaters on the following problem-solving
dimensions. Active handling, comforting cognitions and seek social support. Repeaters scored significantly higher on the passive reactions dimension. A logistic regression model including these four problem-solving dimensions correctly identified 79% of the repeaters and 82% of the non-repeaters.

Eskin (2003) investigated whether or not more adolescents in Turkey than in Sweden disclose their own suicidal thoughts to someone, to whom adolescents disclose their suicidal thoughts, what reactions such disclosures produce, and reasons for not disclosing suicidal feelings among 966 Swedish (aged 15-23 yrs) and 956 Turkish (aged 14-20 yrs) high school students. A questionnaire was used to collect information about different aspects of suicidal disclosures. More Turkish than Swedish adolescent suicide ideators disclosed their thoughts. More Turkish than Swedish students believed also that young people thinking about and planning suicide tell others of their plans and thereby ask for help. An majority of adolescents in both groups revealed their thoughts to peers. The social reactions to suicidal disclosures in both samples were mainly positive. The two most common reasons for not disclosing in both groups involved interpersonal hopelessness. Adolescents who disclosed their past suicidal thoughts to someone reported having lower current suicidal ideation than those who had not. More Turkish than Swedish adolescents reported having disclosed their own suicidal thoughts to someone in their social milieu.
Goodwin et al, (2003) conducted a study to determine the association between major depression and suicidal ideation and the role of physical illness in this link among primary care patients. Method: More than 3000 randomly selected primary care patients at eight sites across the United States completed the PRIME-MDPHQ a screen for mental disorders for use in primary care. Physicians independently diagnosed physical illnesses. Multiple logistic regression analyses were used to determine the relationship between PRIME-MD depression. Physical illness and suicidal ideation, even among patients without major depression [Odds ratio 1.9 (1.04, 3.4)]. There was evidence of statistical interaction between pulmonary disease and depression in increasing the odds of suicidal ideation. Specifically, patients with pulmonary disease without depression, those with depression without pulmonary disease, and patients with both pulmonary disease and depression had significantly increased odds of suicidal ideation with odd ratios of 1.9 (1.04, 3.4), 7.4 (5.6, 9.7), and 9.6 (5.1, 18.0), respectively. Conclusions: These data suggest that some physical disorders may be associated with increased suicidal ideation in primary care.

Shrivastava (2003) notes that suicide is a much neglected public health issue in India. Most worrying is the problem of suicide among youth, which constitutes an alarming 30% of all recorded suicides. This chapter examines Prerana, a program that deals with suicide among youth and other high risk groups by providing direct intervention and indirect supportive health promotion services, delivered by psychiatrics, doctors,
counselors and trained volunteers – both within school and college campuses as well as in areas where the youth reside.

According to Conner, et al., (2003) preliminary data indicate that age, gender, and mood disorder moderate the association of alcohol dependence and suicide. The purpose of this study was to evaluate potential moderators of the relationship between alcohol independence and suicide and medically serious suicide attempts by using case-control data gathered in the Canterbury region of New Zealand for the Canterbury Suicide Project. Data on 193 suicide decedents, 240 medically serious suicide attempters, and 984 community controls, all age 18 and over, were gathered by using psychological autopsy methodology. Multinominal logistic analyses were used to compare the two case groups to control on demographic and diagnostic variables. Moderating effects were evaluated based on significant statistical interactions of predictors with alcohol dependence. The association of alcohol dependence and suicide (but not medically serious attempts) was amplified with increased age. Neither mood disorder nor gender moderated the relationship between alcohol dependence and suicide. Increased age amplified the association of mood disorder and suicide, whereas decreased age strengthened the association of mood disorder and medically serious suicide attempts.

Esposito and Clum (2003) examined the relative importance of diagnostic and psychosocial factors in the prediction of adolescent suicidal ideation. Seventy three high school students exhibiting emotional disturbance in the school were studied.
Femina (1996) opine that the suicide rate increase with age for adolescents, particularly males. It is very rare in childhood, especially under 12 years of age. Attempts suicide is a far more frequent phenomenon in adolescence, where young women are affected about three times more commonly the young men (Diekstra, 1989).

On the whole women commit a greater number of suicidal (Fatal and non-fatal) acts than men (Lester, 1990). However fatal suicidal behaviour is more common in men by a factor of about 2:1. Men are three times more likely then women to die from suicide (McIntosh and Jewell, 1986). Men’s suicide mortality rate reaches its highest level in late life, whereas women’s suicide mortality rate decreases after midlife. The gender differential in therefore most pronounced in late adulthood and smallest in midlife (45-54 years).

Suicidal behaviour in women is typically non-fatal. A multi-centre study of non-fatal suicidal behaviour in selected European catchment areas in 1989 revealed that women were more likely to engage in acts of non-fatal suicidal behaviour than were men in all areas except one (Platt et al., 1992). Women’s patterns of suicidal behaviour do appear to differ from those of men. The reasons for suicidal behaviour are also often assumed to vary by gender. Women’s suicidal acts are often conceptualized as symptomatic of individual psychopathology and believed to arise frequently in response to relationship difficulties. By contrast men’s suicidal acts are typically described as understandable, rational responses to social or physical problems.
Ho, Ting-Pong (2003) examined the suicide rates within a year of discharge from psychiatric inpatient care in Hong Kong. Discharges from all psychiatric hospitals or psychiatric wards in general hospitals in Hong Kong from 1997 through 1999 were followed up for suicides and "undetermined" causes of deaths by record linkage with the Coroner's Court until their deaths or December 31, 2000. The suicide rates (11000 person years at risk) and standardized mortality ratios (SMRs) were calculated. 21,921 patients (aged over 15 yrs) met the criteria. 280 patients committed suicide within 1 yr of discharge; 85 suicides (30%) occurred within 28 days after discharge. The SMRs for suicide in the 1st 28 days after discharge were 178 for females and 113 for males. These rates were 4.0 times higher for females and 4.6 times higher for males than the rate in the rest of the year. Young adults had higher SMRs than the elderly. No specific diagnoses had higher suicidal risk than others. Calculations including undetermined causes of deaths gave similar results. Findings suggest that the immediate post discharge period carries a high risk of suicide for psychiatric patients. The high risk groups are young adults and females. No diagnostic appears to carry a particularly high risk.

Nuggent and Mong (2003) conducted a study to investigate the validity of missing information on a client background questionnaire as an indicator of suicidal thinking. Methods' Responses on a client background questionnaire and on the Multi-Problem Screening Inventory were obtained for 406 male and female Ss (mean age 33.6 yrs). Analyses were then conducted to test the relationship between missing client information
on the background questionnaire and the severity of suicidal ideation results. Results suggested that missing information on education, income and/or number of persons living with the respondent were valid indicators of the severity of suicidal thinking and that the relationship between depression and severity of suicidal ideation, and between aggression and severity of suicidal ideation, may be stronger for clients who fail to report their income than for those who do. Conclusion: Missing information on take forms may be useful as both an early screening tool for suicidal thinking as an important information when conducting in depth suicide risk assessment.

According to Rujeseu et al., (2003) neurobiological studies implicate serotonergic dysfunction in suicidal behaviour. Tryptophan Hydroxylase (TPH) the rate limiting enzyme in the biosynthesis of serotonin, plays a vital role in serotonin metabolism. Thus, variations in the TPH gene have been regarded as prime candidates in the susceptibility to suicidal behaviour. The most widely studied genetic variations in the TPC gene, which are located in intron 7, yielded conflicting results in individual studies on suicide-related behaviour. We performed a meta-analysis on a total of 898 patients and 1179 control subjects, in addition to our local association study in 147 consecutively recruited suicide attempters and 326 healthy control subjects. We observed a non-significant higher frequency of the TPH intron 7 A218 allele in our local local group. The metaanalysis showed a weak yet highly significant increase in the frequency of the A218 allele and an over-representation of
A-carriers in Caucasian suicide attempters/victims. Because this variation does not seem to alter functional properties of the TPH gene or protein, functional variations remain to be identified and subsequently tested for association with suicide-related behaviour.

Murphy et al., (2003) observed 175 bereaved parents for 5 yrs following 3 types of violent death: accidents, homicides and suicides. The results show that the incidence of suicidal ideation (SI) among the study parents was 137 (n=34) over the 5 yrs and 9% (n=24) at the initial data collection 4 MO after the death of an adolescent or young adult child. Comparisons of study parents grouped by the presence or absence of SI showed that, after corrections was made for the number of t-tests conducted, statistically significant differences on 3 of 4 outcome variables remained (mental distress, depression and posttraumatic stress disorder [PTSD], but not acceptance of the child’s death).

An analysis by Singh (2003) of the suicidal deaths in eastern U.P. and some other parts of the country for the last six months reveals that family quarrels happen to be the most important cause of suicidal death followed by poverty and debt. Another analysis indicates that 4 to 6% suicidal deaths occur owing to depression (mood disorder) and person with psychotic problems also are more likely to commit suicide.

Tomori and Zolar (2000) conducted a study on a representative sample of 3,687 Slovenian high school students (aged 14-19 yrs) of whom 238 (137 girls and 101 boys) had already attempted suicide. Both suicide attempters and non-attempters were assessed by questionnaire consisting
of W. Zung's (1965) Depression Scale, M. Rosenberg's (1965) Self-esteem Scale, socio-demographic data, information on suicide attempt, suicide ideation, family relations, and substance abuse. Statistical analyses indicated the groups differed in the levels of self-esteem, emotional reaction to family problems running away from home and substance abuse. The differences in the level of depression frequency of suicide ideation, family suicide occurrence, smoking and alcohol use were significant.

According to Gutierrez, et al., (2000) experiencing sexual and/or physical abuse at any point in one's life can be quite traumatic. In addition to the immediate effects of the abuse, numerous long term consequences have been identified, including an increased risk of developing psychological disorders and attempting suicide. The authors sought to determine if a relationship exists between abuse experiences, attitudes about life and death, and suicidal ideation by surviving 644 college women between the ages of 18 and 24. Participants completed packets containing standardized abuse questionnaires the Multi-Attitude Suicide Tendency Scale, and the Adult Suicidal Ideation Questionnaire. The authors concluded that abuse plays a role in how these young women think about life and death. Specifically, less repulsion by death and more repulsion by life were reported by women with more significant abuse histories. In addition, these same women endorsed higher level of current suicidal ideation. It was also determined that women who had experienced more abuse tended to have been in therapy for longer period of time.
Implications of this study for mental health professionals working with suicidal young adults discussed.

Cheng, et al., (2000) examined the individual and combined effects of psychosocial and psychiatric risk factors in a representative sample of suicides. A case control psychological autopsy was conducted among 113 consecutive suicides and 226 living controls matched for age, gender, ethnicity and area of residence in Taiwan. Five major risk factors (loss event, suicidal behaviour in first degree relatives, major depressive episode, emotionally unstable personality disorder and substance dependence) were found to have independent effects on suicide from multivariate conditional logistic regression analysis. Effective intervention and management for loss events and major depressive episode among emotionally unstable Ss with a family tendency of suicidal behaviour frequently also comorbid with alcohol or other substance dependence, may prove to be most effective for suicidal prevention in different populations.

Suicide is not limited to people with severe mental illness only. However, elevated suicide rates are found for most categories of psychological disorders (Black & Winokur, 1990), and retrospective evaluations of suicide victims indicate that the vast majority experienced some type of mental illness around the time of their suicide (Henriksson et al., 1993). Suicide rates are highest for people with mood disorders, especially depression (Fig. 2.1). Alcohol and drug disorders and also correlated with an elevated incidence of suicide. Ahtough the correlations
between demographic factors and suicide rated are interesting, demographic factors have little practical value in predicting suicide at the individual level (Garland & Zigler, 1993).

Fig 2.1: Suicide and Mood Disorders (Black & Winokur, 1990)

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Bhatia et. al., (2000) investigated the psychosocial profiles of suicide ideators, attempters, and completers (aged <15-45 + yrs) in the departments of psychiatry and forensic medicine of a tertiary care teaching hospital in India. 260 ideators and 58 attempters reported marital, educational and occupational status, and completed the suicidal Intent Questionnaire (S.C.Gupta et. al., 1983); postmortem examination's were conducted for 55 completers. Results show that ideators and completers were predominantly male whereas attempters were predominantly male whereas attempters were predominantly female. Over 60% of Ss were married. The majority of Ss were aged 26-35 yrs and were employed or were Lousewives. For suicidal ideators, mixed anxiety and depressive disorder was the most common psychiatric diagnosis, followed by schizophrenia and major depression. Among suicide attempters, adjustment disorder with depression was the most common diagnosis.

According to Stravynski and Boyer (2001) some links between loneliness and different manifestations of suicidal conduct have been reported in variety of subgroups (e.g. college students, the elderly, psychiatric patients). The authors tested this hypothesis by using the results of a population-wide survey of Ss aged 15 yrs and older in Quebec. Strong associations among suicide ideation, parasuicide and different ways of being lonely and alone defined either subjectively (i.e. the feeling) or objectively (i.e., living alone or being without friends), were observed. Moreover, prevalence of suicide ideation and parasuicide
increased with the degree of loneliness. Only minimal differences between men and women were found.

Koivumaa-Honkenen, et. al., (2001) Investigated whether self-reported life satisfaction predicted suicide over a period of 20 yrs (1976-1995) in adults unselected for mental health status. A nationwide sample of 173 18-64 yrs old from the Finnish Twin Cohort responded to a health questionnaire that included a life satisfaction scale that covered 4 items: interest in life happiness, general ease of living and feeling of loneliness. "Dissatisfied" Ss were compared to "satisfied" Ss. Dissatisfaction at baseline was associated with a higher risk of suicide throughout the 20 yrs follow-up period. The association was somewhat stronger in the 1st decade than in the 2nd. A dose response relationship was also found. Men with the highest degree of dissatisfaction were 24.85 items as prone to commit suicide as satisfied men during the 1st 10 yrs of the follow-up period. Throughout the entire follow-up life dissatisfaction still predicted suicide after adjusting for age, sex, baseline health status, alcohol consumption, smoking status, and physical activity. Ss who reported dissatisfaction at baseline and again 6 yrs later showed a high suicide risk compared to those who repeatedly reported satisfaction.

Lewinsohn et. al., (2001) conducted a study in order to examine associations of age, gender and psychological factors during adolescence with risk of suicide attempts between ages 19 and 23 yrs. Initial assessments were conducted with 1,709 adolescents (aged 14-18 yrs) between 1987 and 1989. One year later, 1,507 participants returned for a Review of Related Literature
second assessment. A subset of participants (n=941; 57.2% women) had a third diagnostic assessment after turning 24 (between 1993 and 1999). Information on suicidal behaviour, psychosocial risk factors and lifetime psychiatric diagnosis was collected at each assessment. Gender differences in suicidal attempts were observed.

Goodwin et al. (2004) conducted a study with twin goals to determine the association between parental and offspring suicidal ideation and suicide attempts among adult offspring in a general community sample and (2) to examine the extent to which this association can be explained by mediating processes of mental disorders. Data were drawn from the National Co-morbidity Survey (n=8098), a representative household sample of adult aged 15-14 in the United States. The relationship between suicidal ideation and suicide attempts among adult off spring and suicidal ideation and suicide attempts in their parent, compared with those in parents not characterized by suicidal ideation or suicide attempts, were calculated using multiple logistic regression analyses. Analyses were adjusted for differences in socio-demographic characteristics and for mental disorders. Results showed that parental suicidal ideation was associated with a significantly increased likelihood of suicidal ideation [OR=1.7 (1.2, 2.5)] and suicide attempt [OR=1.4 (0.9, 2.1)] among off spring. Parental suicide attempt was associated with increased dds of suicidal ideation [OR=2.0 (1.4, 2.9)] and suicide attempt [OR=2.2(1.4, 3.4)] among offspring. Comorbid mental disorders contributed to the strength of these associations, but with the exception of...
the link between parental suicidal ideation and offspring suicide attempt, all remained statistically significant even after adjustment. These data provide initial evidence of familial linkages (parent-offspring) of suicidal ideation and behaviour among a sample of adults representative of the US population. The data suggest that comorbid mental disorders contribute to these associations but do not completely account for them. The findings are consistent with and extend results from family, clinical and high-risk studies suggesting that a familial risk of suicidal ideation and suicidal behaviour occurs in the general population. A number of other studies have also reported an association between suicidal behaviour (Suicidal ideation and suicidal attempt) in parents and suicide behaviour (Suicidal ideation and suicide attempt) in offspring (e.g. Egeland and Sussex, 1985; Beautrais et al., 1996; Brent et. al., 2002). Results of several family studies based on probands with a history of suicide attempt in psychiatric treatment settings (e.g. Wender et al., 1986; Brent et al., 1996, 2002; Statham et al., 1998; Chenge et al., 2000) have shown linkages between family histories of suicide and suicide attempt and increased risk of suicide behaviour among family members. This relationship has also been documented in population samples (Beautrias et al., 1996; Fergusson et al., 2003). For example, a recent study showed that family histories of suicide and suicide attempt were associated with increased vulnerability to suicide behaviour in a community based sample of young persons in New Zealand (Fergusson et al., 2003). Only two recent studies (i.e. Qin et al., 2002; Runeson and Asberg, 2003) have shown familial risk of suicide completion in population based data. Qin et al., (2002) found that family
history of completed suicide was a risk factor for suicide, independent of
the effect of family history of mental disorders in a population-based
study in Denmark. Similarly, Runeson and Asbery (2003) found evidence
of familial clustering of suicide in the general population by examining
rates of suicide in family members of suicide victims and comparison
subjects who died of other causes in Sweden. This study found 9.4% of
deaths in relatives of suicide victims compared with 4.6% in victims of
other death causes.

Adolescence is reported to be a major risk factor for suicidal deaths
and suicidal ideation (Diekstra & Garnefski, 1995). Recent years have
seen a surge in adolescent suicide. Suicide among 15 to 24 years olds has
increased dramatically since 1960, whereas it rose only slightly in a
general population during this time. Despite these increase, only a small
minority of adolescents commit suicide (Meehan et al., 1992). Here you
can see that even with this steep increase, the incidence of suicide in the
15-24 age group is about the same as or lower than that for any older age
group.

Actually the suicide crisis among teenagers involves attempted
suicide more than the completed suicide. Experts estimate that when all
age groups are lumped together, suicide attempt outnumber actual suicidal
deaths by a ratio of about 8 to 1 (Cross & Hirschfeld, 1986). However, the
ratio of attempted to completed suicides among adolescents is much
higher than that for any other age group: anywhere from 50:1 to 200:1
(Garland & Zigler, 1993). Suicide attempts by adolescents tend to be
desperate cries for attention, help and support. Gay and lesbian youth are much more likely to attempt suicide than their heterosexual peers. Experts estimate that 33% of homosexual youth have attempt suicide, compared to 13% of their heterosexual peers (Hershberger & D Augelli, 2000). These high rates are not a result of homosexuality per se but are linked to other factors associated with psychological distress such as lack of social support, high stress, and so forth (Goldfried, 2001).

Girls are more likely to attempt suicide and boys are more likely to complete suicide (Garland & Zigler, 1993). That's because girls use methods that are less lethal (overdosing on sleeping pills, for instance), whereas boys elect methods with a small likelihood of survival (shooting or hanging). White adolescents have higher suicide rates than African American and Hispanic youth. Sadly, Native American adolescents have a suicide rate that is more than twice the national average a finding that is likely rooted in extreme poverty and a sense of hopelessness about the future (Strick land, 1970.

Paulson and Everall (2001) investigated processes related to adolescents becoming suicidal and overcoming suicide. 10 adolescents (12-19 yrs) who reported having been suicidal completed interviews. Results show that Ss were at greater risk for suicidal behaviour when experiencing.

1. Major negative life events, such as divorce, death or extreme difficulty in school.

2. Many daily stresses that contributed to feeling overwhelmed and
3. Few or no social support.

Ss reported that teacher's negative reaction often made it move difficult to cope with suicidal thoughts and feelings, whereas supportive teacher's reactions eased the pain of their distress. Factors helping to overcome suicidal tendencies include:

1. Developing feeling of self efficacy and personal worth through increased coping and problem solving skill.

2. Increased social support.

3. Feeling accepted despite experienced difficulties.

Deman et. al. (2002) conducted a study in which undergraduate university students (aged 18-24 yrs) participated in a study of relationship between suicidal ideation and level and (in) stability of self-esteem, while controlling for the possible effect of depression self esteem and (i) stability of self esteem, suicidal ideation and depression were measured using M. Rosenberg's (1965) self esteem scale, the scale for suicidal ideation and the Beck Depression Inventory (A.T. Beck et al., 1961), respectively. Results of correlation analyses and an analysis of covariance show that suicidal ideation was significantly related to level of self esteem but not to (in) stability of self esteem. An interaction effect shows that for individuals with high self esteem, variation in s-e stability did not have a significant moderating influence, whereas for those with low self esteem, stable s-e appear to be a protective factor.
Taylor et. al. (2004) conducted a study to examine social determinants mental disorders and attempted suicide in Australia. Data from 1997 Australian National Survey of Mental Health and well being (N=1064) were used to estimate the association between above factors. The findings suggest social causation of mental disorders and suicide attempts.

The review of researches presented here make it obvious that this area of research has attracted the attention of the researchers to a great extent. But the variables covered in the present study as the antecedents of suicidal ideation have generally not been tapped. Thus there may be various moot questions in this field of research which need scientific and empirical clarification.