

Psychological Intervention Impact on Suicidal Ideation in Young Adults

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Suicide is the most common cause of death in the world and ranks fourth among young people worldwide. The epidemiology of suicide and suicidal behavior among young people is described in this paper. The article highlights a number of clinical and community settings that are prime targets for the implementation of successful treatment programs and interventions aimed at drastically lowering the suicide rate among young people and discusses intersectionality as an emerging framework to guide research on prevention of suicide in young people. It gives a general overview of current methods for identifying and evaluating the risk of suicide in young people as well as the most popular screening instruments and assessment techniques. It discusses evidence-based suicide therapies that are universal, specific, and appropriate and emphasizes psychosocial interventions.

Keywords: suicidal behavior, suicidal ideation, prevention of suicide in young adults, psychotherapy

This paper explains psychologists' experiences delivering intensive psychotherapy for suicidal adolescents. In order to understand how these experiences fit with interventions which have empirical evidence. According to Gladding, no misconduct is the ethical rule addressing the counselor's obligation to "do no damage," which includes eliminating any current harm and preventing future harm. It is hardly surprising that suicide ethics and suicide prevention have received a lot of attention in the literature.

1. Informed consent
2. Risk Evaluation
3. Commitment to Treatment Statements against No-Suicide Contracts and
4. Breach of Sensitive Information and the need to protect

The Theory of Shneidman (1985) and Matthews (2012) approach was determined to be appropriate for the current study

because it highlights psychological risk factors relating to the suicidal individual. Suicide ideation is a risk factor that must be eliminated because suicide is concomitantly preceded by it (WHO 2015). Unattended ideation may develop into a suicide attempt. As a result, the current study aimed at investigating to the psychological risk factors for suicide that were seen in suicide ideators and to develop a psychological strategy to help the individual better handle difficult situations.

The word 'Suicide' firstly reckoned by "Sir Thomas Brown" in 1642 in his "Religiomedici". Failure was one of the major cause for suicidal. An individual cannot with stand the distance between nothingness or zero and Desire. Once an individual came to know how to build a bridge between the failures to success they will never fall into the thoughts of suicide. The thing is they only counted the barriers and never tried to build a bridge to reach their goals. They are constantly thinking about the Misfortune and troubles

during the journey to success. The strongest belief of “ I am not capable for this”, “I am Imperfect” or “I can't do this” echoed in the hearts of Frustration. Echoed in the hearts that was designated to frustration.

Suicide is unquestionably a serious global public health issue as well as a tragic personal tragedy. Suicide ranked as the eleventh leading cause of death in *The National Institute of Mental Health* (NIHM) data, the third most common cause of mortality for those between the ages of 15 and 24 and the second top cause of death. In the Globe, 10.6 out of every 100,000 people die by their own hands. There are about 30,000 suicides annually, or 86 per day, and every day, approximately 1900 people attempt suicide.

According to Shneidman, the father of suicidology, the psychological component, the problem-solving choice – the best solution to the perceived problem is the main trunk of suicide. It is not a disease but a self-destructive behaviour. It is the individuals' tortured and tunneled logic in a state of inner-felt, intolerable emotion. His definition implies that committing suicide involves a conceptualization of death; it is a combination of an individual's conscious intention and wish to be dead and his action to carry out that wish.

A suicidal crisis does not last for months or years; it simply lasts for a brief time, measured in hours or days. The psychological profile of a suicidal person would be that those who make plans to their own destruction while also harbouring fantasies of rescue and intervention. This is known as the ambivalent state of mind. He will thus be torn between the desire to die and the desire to live.

Suicide intervention is a proactive effort to stop someone from trying to knowingly kill their own life or lives. The majority of nations have some type of psychological well-being

rule that permits for the involuntary detention of individuals who indicate suicidal thoughts or intent for psychiatric treatment when their decision is considered impaired. These laws may give the police, the court, or a doctor the authority to order that a person be detained and taken to the hospital for cure. Several psychologically based characteristics of the suicidal have been noted by Leeners (1999):

- Finding a solution and achieving unconsciousness are the common motives and objectives of suicide.
- Intractable psychological suffering and unmet psychological needs are frequent stimuli and stressors in suicide.
- Hopelessness and helplessness are prevalent feelings in suicide. Ambivalence and restriction are prevalent cognitive and perceptual states in suicide.
- Expressing one's objective to commit suicide is a common action and interpersonal behaviour.

According to Carson (2011), the majority of suicide victims have conflicting feelings about ending their lives. In times of extreme psychological distress incapable of perceiving anguish, when people are alone their problems clearly, they frequently make this irreversible choice and they carefully consider possible options.

Youth suicide

The increase in youth suicide in recent years is one of the most concerning social issues Richard J. Gerrig in 2006 stated that adolescence suicide rarely occurs at the end on verge of getting; of rather, it usually of a period of internal conflict and external distress. Teen suicide is a tragedy that has an impact on the victim's family, friends, and the larger community in which they lived. Parents, friends, and medical professionals

frequently view suicide as a personal failure on their part for failing to recognize the warning signs.

Teenagers who report attempting suicide typically get little family support. Compared to non-attempters, they also report much more physical or sexual abuse (Garnetski and Arends, 1998). According to several studies (Wilson, Stelzer, Bergman, Kral, Inayatullah, and Elliot, 1995; Yang and Clum, 2000), when adolescents experience adversity in their daily lives, a lack of problem-solving abilities causes depression, which can result in suicidal behavior. Numerous Western studies have identified a link between life events like inter-personal losses, disputes with parents and boyfriends/girlfriends, and academic difficulties as risk factors for the development of suicidal ideation. (Woodward, Fergusson and Horwood (2002), Borowsky and Ireland (2001), King and Apter (2003).

Students Suicide

A pupil's feeling and attitudes changing is a crucial sign that they may be considering suicide. The student typically experiences a marked decline in self-esteem, becomes depressed and reclusive, and exhibits a decline in basic grooming. These symptoms are accompanied by a severe lack of interest in academic pursuits. Usually, at least one other person is informed of the students' distress, frequently in the form of subtly expressed suicidal cautions.

To provide protection against suicide, certain intervention strategies need to be identified and reinforced. Reductions in the risk of suicide and suicidal ideation are associated with coping skills. In both youth and adults, the following factors are frequently mentioned as protective: a life partner or fiancé, kids, finances, a job, family, friends, good life occurrences, hope, and a sense of purpose in life.

Antidepressants are advised for patients with depression even though they may not

directly reduce the risk of suicide in adults because they are frequently successful in treating major depressive disorder. There is proof that long-term lithium medication prevents suicide in people with major depressive disorder or bipolar disorder. Suicidal thoughts are significantly reduced by shock therapy or Electro Convulsive Therapy (ECT). Based on the patient's history and current symptoms, a treatment strategy is chosen. A quick-acting therapy like ECT may be used as the first line of treatment when a patient is actively attempting suicide even while being treated in a hospital ward.

Despite the fact that antidepressants might not directly the family should be involved in the suicidal person's ongoing care because they can positively affect to prevention strategies and find solutions to risk factor issues. Healthcare professionals should assist families as well as the suicidal person in order to combat the stigma that exists in society perceived stigma and suicide.

The cultural identity of the suicidal person should also be taken into consideration because it can help with comprehension of coping skills and real concern techniques. Being a representative of an oppressed minority group may also have its risks. Traditional Aboriginal healing methods that encourage a shift in perspective, a correlation to culture, and emotional responses may be beneficial for Aboriginal people.

An essential part of managing suicide risk is psychotherapy, particularly cognitive behavioral therapy. Cognitive therapy can reduce repeat suicide attempts by 50%, according to a 2005 randomized controlled trial by Gregory Brown, Aaron Beck, and other researchers. (en.wikipedia.org/wiki/Suicide_intervention).

Survey results indicates from the WHO (2015) and the National Crime Records

Bureau (2014) that suicide rates have risen globally over time. The largest estimated number of suicides occurs in India. According to WHO (2015), Tamil Nadu, a state in southern India, had the second-highest number of suicides in the nation. This highlights the necessity of conducting research on suicide prevention in the state of Tamil Nadu. No matter the sample, research on suicide has shown that psychological factors like loneliness, hopelessness, low self-esteem, or a lack of life skills are what lead to suicidal thoughts or attempts.

Another defense strategy is living in a society where contemplating suicide is accepted as a natural human emotion and receiving mental health care is not stigmatized. Strong anti-suicide campaigns and the encouragement of help-seeking behavior in Sri Lanka have resulted in a decline in the suicide rate.

People who are really embedded into their families and communities have a strong support system to fall back on during times of difficulty. Experiences that are enriching and have positive effects are thought to be significant safety factors against suicide. Attachments to with one's relatives, companions, and classmates have consistently been linked to less destructive behavior.

Healthy family relationships and the perception of being compared by friends and teachers, among both boys and girls, were found to be protective factors in a study conducted in Brazil by Anteghni, Fonseca, Ireland, and Blum (2001). In a similar vein, Blum, HalconBeuhring, Pate, Campell-Forrester, and Venema's (2003) survey of adolescents in nine Caribbean nations found convincing evidence that relationships with family and peers have proven to be the best protective factors.

The rate of suicide is lower when those who have attempted suicide are given ongoing support. It includes working with the attempters' families as well as providing emotional support to individuals and groups. Studies have also shown that suicide rates have decreased as a result of social interventions and ongoing communication between families and healthcare professionals. These ongoing individuals and families consistent assistance given to has a protective effect as well. A non-violent dispute resolution method, adequate problem-solving abilities, and conflict resolution techniques all significantly lower the risk of suicide.

The use of sublimation as a form of ego and self-defense was found to be a protective factor against suicide and suicidal ideation in a study on adolescents conducted by Apter, Gothelf, Offer, Ratzoni, Orbach, Tyano and Pfeffer (1997) in Israel.

Strong traditional and spiritual beliefs are regarded as one of the preventive factors to prevent suicide because they lower suicidal ideation and support self-protection. Suicidal behavior is more inhibited by the fact that suicide is not acceptable and is often viewed as a sin in many religions, including Islam, Christianity, and especially Catholicism. According to Manian's 2003 analysis, Latin American countries that are primarily Catholic and Muslim seem to tolerate one another openly.

The results showed that religious activities lower the rate of para-suicide, but the survival benefit might not last into the month of Ramadan. According to a study conducted in India by Vijay Kumar in 2002, religion is a powerful deterrent to suicidal behavior. Additionally, it was demonstrated that, in comparison to controls, suicide attempters had lower levels of religious belief, as well as changed their religious affiliation and rarely attended a place of worship.

Social institutions such as spiritual settings, youth centers where people can gather to discuss and resolve conflicts and issues, and crisis centers. Suicide rates are decreased by offering people a place to go during difficult times at intervention centers. It was demonstrated in a study conducted by Marecek and Ratnayake (2001), where intervention consisted of providing emotional support, financial assistance, and a forum for women to connect and support one another. In the villages that had accepted the intervention after four years, there had been a decrease in suicidal rates, as opposed to other areas where there had been a 6% increase at the same time. Similarly, in India, where 2.1% of suicides among students result from exam failure, helpline centers are accessible.

Successful implementation of public and social policies related to alcohol use. All of these elements, including family rules, urbanization, pesticide use, social security, and welfare, help to lower the incidence of suicide in society. It is evident from the risk and protective factors mentioned above that these factors are crucial in relation to suicide and suicidal ideation. Because suicide is an act of self-destruction, it is a serious and

important issue to understand its causes and effects. Suicide has always been a topic of curiosity and has caused significant harm to society. As has been held since antiquity, mental health, material wealth, social circumstances, and thinking have a significant impact on irritability and suicidal ideation. The two omnipresent aspects of life that influence someone's behavior are their way of thinking and their social environment.

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