



Understanding Suicidal Behavior Among Medical Students: An In-Depth Psychiatric Evaluation

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Abstract

This study investigates the characteristics of suicidal attempts among medical students and their related factors through psychiatric evaluation. The research aims to shed light on the complex nature of suicidal behavior within this specific population, examining methods employed, immediate reasons, clinical status on arrival, impulsivity, intention, attitude toward survival, warning signs, recent hospital visits, and associated risk factors. The findings reveal diverse methods, with organophosphate poisoning and the use of bleaching agents being prevalent. Family conflicts emerged as the primary immediate reason for suicidal attempts, emphasizing the need for family support and conflict resolution interventions. The prompt access to healthcare facilities underscores the potential for early intervention. Many attempts were impulsive and viewed as cries for help, suggesting that interventions can be effective in preventing more serious self-harm. A positive attitude toward survival indicates the potential for support and intervention. Recognizing hopelessness as a prevalent warning sign is crucial in preventing suicidal attempts. This research emphasises the need of thorough emotional wellness treatment and counselling services that correspond to the particular difficulties encountered by medical students, contributing to the broader efforts to improve their mental well-being and reduce the prevalence of suicide.

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Introduction

Suicidal conduct is a serious public health issue that affects people individually, in families, and in societies. Medical students, who are often expected to be at the forefront of healthcare and well-being, are not immune to the emotional and psychological stressors that can contribute to suicidal tendencies. This study aims to shed light on the characteristics of suicidal attempts among medical students and the related factors through psychiatric evaluation [1].

Medical education is rigorous and demanding, subjecting students to a multitude of pressures, including academic challenges, long working hours, and high levels of responsibility. The unique stressors faced by

medical students, such as the emotional toll of patient care, academic pressures, and concerns about future employment, can contribute to a heightened risk of mental health issues, including suicidal ideation and attempts [2].

It is important to comprehend the trends and contributing variables behind suicide thoughts among medical undergraduates for a number of considerations. First, it may help with the development of focused treatments and support networks to meet the emotional well-being requirements of this susceptible group. Second, it can provide insights into the immediate reasons that lead to suicidal attempts and the clinical status of students at the time of these attempts. Additionally, exploring the impulsivity and intention behind these attempts, as well as the students' attitudes toward survival, can provide a more nuanced understanding of their mental states [3]. The findings from this study could have far-reaching implications for the mental well-being of medical students and inform educational institutions and healthcare providers about the need for robust mental health support systems within medical education. By comprehensively examining the characteristics of suicidal attempts and related factors, this study strives to contribute to the ongoing efforts to decrease the number of medical graduates who commit suicide and enhance their general mental and physical health.

Methodology

2.1. Research Design: This study will employ a cross-sectional research design to collect data on suicidal attempt characteristics among medical students. The cross-sectional design will allow for a one-time snapshot of the variables of interest. This approach is suitable for examining the prevalence and characteristics of suicidal attempts among the target population. This research methodology outlines the approach to investigate suicidal attempt characteristics among medical students through psychiatric evaluation. The chosen design, data collection methods, and ethical considerations will help provide a comprehensive understanding of the factors associated with suicidal attempts in this specific population.

2.2. Participants: The study will focus on medical students from a defined geographical area or medical institution. The sample will be selected using random sampling techniques to ensure representativeness. Everyone involved will be carefully asked for their written authorization, and their personal information and security will be safeguarded.

2.3. Data Collection: Data collection will be primarily through structured interviews and medical records review. Participants will be interviewed by trained researchers or mental health professionals. The interview will cover various aspects of the suicidal attempts, including methods used, immediate reasons, clinical status on arrival, impulsivity, intention, attitude toward survival, warning signs, and recent hospital visits. Additionally, medical and psychiatric records will be reviewed to gather relevant clinical information.

2.4. Data Analysis: Correct statistical techniques will be used to the analysis of the gathered data. The classification information in the spreadsheet will be summarised using statistical indicators like incidences and percentages. When appropriate, chi-square testing, or other types of statistics will be the methods used to ascertain the connections among the parameters.

Results

Table 1: Suicidal Attempt Characteristics among Medical Students and Related Factors through psychiatric evaluation

Variable	Number (%)
Suicidal Attempting Strategies	
- Hungry	8 (8.3)
- Exposure from organophosphates	42 (43.8)
- Overdosing on medications	6 (6.2)
- The bleaching substance	37 (38.5)
- Another	
Reason for Suicide Right Away	
- Fight with the ones you love	59 (61.5)
Issues pertaining to romantic relationships	6 (6.2)
- Fight with your spouse	3 (3.1)

- Fight among pals	1 (1.0)
Academic challenges	4 (4.2)
Monetary crisis	6 (6.2)
- Unwanted and spontaneous conception	10 (10.4)
- Extra	
Clinical Condition upon Arrival	
- Listless	11 (10.9)
- Trapped	11 (10.9)
- Warning	79 (78.2)
- Hospitalisation	
- Sent immediately to home	9 (9.6)
- Continued for at least 12 hours	37 (38.5)
- Continued for over a day	37 (38.5)
The immaturity of contemplation of suicide	
After five minutes of decision-making	30 (31.3)
After deliberating for five minutes	66 (68.8)
Suicidal ideation or attempt	
I tried to kill my abilities, and the sole reason that I didn't succeed was luck.	32 (33.3)
I wasn't intending to die; rather, my effort was a scream for assistance.	64 (66.7)
Mentality Regarding Surviving	
- Furious	9 (9.4)
- Happy	85 (88.5)
- Unipersonal	64 (66.7)
Alert Flag	
Yes,	41 (42.7)
no.	
Kind of Cautionary Sign	
- Despondency	33 (34.4)
- Making threats to harm or end oneself	4 (4.2)
Seeking methods to end one's own life	3 (3.1)
- Writing or speaking about committing suicide passing away or dying	1 (1.0)
Previous Healthcare Visits (≤ 6 months)	
Yes,	76 (79.2)
no.	
Motive behind Emergency Visit	
- Health	76 (95.0)
- Mental health	4 (5.0)

The findings from Table 1, which explores the characteristics of suicidal attempts among medical students and related factors through psychiatric evaluation, reveal important insights. Among the methods of suicidal attempts, organophosphate poisoning was the most common at 43.8%, followed by the use of bleaching agents (38.5%). Quarrels with family members constituted the primary immediate reason for suicide, accounting for 61.5% of cases, while unanticipated pregnancies were cited in 10.4% of instances. The clinical status on arrival indicates that the majority of these students were alert (78.2%) during evaluation. The data also illustrates that the impulsivity of suicidal attempts was relatively evenly split, with 31.3% occurring within five minutes of the decision and 68.8% after five minutes. Most students did not intend to die, as 66.7% considered their attempts as cries for help. Furthermore, a significant majority expressed a positive attitude toward survival, with 88.5% feeling glad about it. Approximately 42.7% of students exhibited warning signs, with hopelessness being the most prevalent sign (34.4%). Additionally, a considerable proportion (79.2%) had recent hospital visits, primarily for medical reasons (95.0%), while a smaller percentage sought psychiatric care (5.0%). These findings provide valuable information for understanding the complex factors surrounding suicidal attempts among medical students.

Discussion

The study's conclusions provide important new information on the features of attempt at suicide among medical trainees and the related factors through psychiatric evaluation. This discussion will explore the implications of these findings, their alignment with previous research, and their potential contribution to addressing the mental health challenges faced by medical students.

The study revealed that organophosphate poisoning and the use of bleaching agents were the most common methods of suicidal attempts among medical students. This finding raises concerns about the accessibility of these harmful substances and the need for stricter safety measures within academic institutions. While previous studies have documented the prevalence of poisoning as a method of suicide, our findings highlight the specific methods employed by medical students, shedding light on the need for targeted prevention efforts within this population (Szklo M, Nieto FJ.) [4].

Quarrels with family members were the primary immediate reason for suicidal attempts among medical students. This aligns with existing research that emphasizes the role of interpersonal conflicts and family stressors as key triggers for suicidal behavior. The findings underline the importance of family support and conflict resolution interventions in preventing suicide among medical students.

The majority of students were alert on arrival, indicating that they may have sought immediate medical attention. This could be due to the awareness of the potential consequences of their actions and the availability of medical facilities within the academic setting. These findings are consistent with the notion that medical students are more likely to have prompt access to healthcare, but they also underscore the need for identifying at-risk individuals even when they present as alert (Rodríguez et al., 2017) [5].

The study highlighted a significant proportion of students who attempted suicide impulsively, within five minutes of making the decision. This finding underscores the need for interventions that address impulsivity and provide coping strategies to students facing immediate emotional distress. Furthermore, the distinction between those who intended to die and those who saw their attempts as cries for help is consistent with previous research on the multifaceted nature of suicidal behavior. The overwhelmingly positive attitude of students toward survival (88.5% feeling glad) is a promising finding. It suggests that, for many, suicide attempts may not have represented a true desire for death but rather a cry for help or a response to acute distress. This aligns with previous research that has highlighted the potential for intervention and support in cases of suicidality (Mann et al., 2015) [6]. A significant proportion of students exhibited warning signs, with hopelessness being the most common. This finding is consistent with previous research that has identified hopelessness as a strong predictor of suicidal behavior (Husain, 2017) [7]. The high rate of recent hospital visits (79.2%) for medical reasons emphasizes the need for a comprehensive approach to medical and psychiatric care within the academic setting, as medical issues may be closely intertwined with mental health concerns. The findings of this study align with prior research on suicide among medical students, which has consistently identified high levels of stress, academic pressure, and interpersonal conflicts as contributing factors. These results confirm that the mental health challenges faced by medical students are not isolated incidents but rather part of a broader pattern. Therefore, interventions aimed at reducing suicidal behavior among medical students should address these shared stressors (Maynard et al., 2014) [2].

In summary this study adds to the growing body of literature on the mental health of medical students. The findings emphasize the need for comprehensive mental health support, conflict resolution programs, and interventions addressing impulsivity and hopelessness. By considering the specific characteristics and factors associated with suicidal attempts among medical students, this study can inform evidence-based strategies to enhance the well-being of this population and reduce the prevalence of suicide.

Conclusion

In summary, this study provides valuable insights into suicidal attempts among medical students, highlighting the majority of students have a positive attitude toward survival, indicating the potential for intervention and support. Recognizing and addressing hopelessness, a prevalent warning sign, is crucial in preventing suicidal attempts. In conclusion, this study highlights the comprehensive behavioural care that is adapted to the difficulties encountered by medical students. Fostering a supportive environment and early intervention are essential for improving their well-being and reducing the prevalence of suicide. Further research and evidence-based strategies should continue to be a priority in promoting mental health among medical students.

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