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Multiple Factors Associated with Suicidal Ideation Among Indian Adults: A Review

Madan Lal Sharma[1*]
[1*]*Ph.D Research Scholar, Department of Psychology, Manipal University Jaipur, Dehmi Kalan, Jaipur, Rajasthan.*
Dr. Vineeth Kumar[2]
[2]*Associate Professor, Department of Psychology, Manipal University Jaipur, Dahmi Kalan, Jaipur, Rajasthan*

***Corresponding Author:** Madan Lal Sharma
Ph.D Research Scholar Department of Psychology, Manipal University Jaipur, Dehmi Kalan, Jaipur, Rajasthan.

Abstract

It is true that suicide is an increasing serious global public health issue currently, 9 deaths per One Lacs and 1 death every 40 seconds (WHO), and it has been increasing year by year globally as well as in India, 12 deaths per One Lacs (NCRB, 2022). And the age group between 18 to 45 is most vulnerable group where the suicide rate is nearly 33% of the total suicides. Suicide is an end outcome of complex interactions between environmental, sociological, biological, psychological, genetical factors. India has also been facing a high rate of suicide from last few years mainly in young adults age group. However, research in this area is limited and need more investigation and understanding about the more complex underlying factors contributing to suicide, such as social, demographic, cultural, psychological, psychiatric, environmental and economic factors to develop effective prevention strategies, and Covid-19 pandemic also causing increasing rates of suicide in India. Suicide is not an accidental phenomenon, it has precedents of suicidal ideation, suicidal thoughts, suicidal attempts and leading to completion. Therefore, suicide ideation is a leading precursor for suicide under influence of other psychosocial, psychological, socioeconomic, biological, psychiatric, and other environmental correlates. Present review paper is aimed to identify the various variables associated with suicidal ideation by review of existing literature available on suicide attempts, suicide and suicide ideation in Indian context.

Key Word: Suicide Ideation; Suicide; Psychosocial, Psychiatric, Biological, Socioeconomic, Social, Demographic; Environmental; Variables; Adults

Introduction:

Suicide is health as well as big social issue globally and in India also. Suicide ideation is precursor of the suicide or suicidal attempts or self-harm. Suicides happen to be impulsively in moments of extremity with a breakdown in the capacity to deal with life stressors and stresses, like economic issues in the family, break-ups in relationships, family disharmony, traumatic events or chronic pain or illness and interaction with other negatives affects in the external terrain.

There are various factors such as long illness, chronic diseases, unemployment, marital discord, family economic problem, adjustment issues in the family, abuse, poor academic performance, fear of failure, loss of loved one, grief or remorse conditions, depression, anxiety, Schizophrenias, personality disorders and other somatic issues. Other psychological and psychiatric illness, hopelessness, low self-esteem, poor coping strategies, exposure to traumatic events, domestic violence, previous suicide attempts, and other life stressing triggers, social isolation, or low integration under the broad category of social, psychological, demographic, psychiatric, biological, environmental, genetically and socioeconomic factors. The most vulnerable group turning to suicide among adults were of age 18 to less than 30 years' age group which were reported to be 34.6%, and of age 30 years to below 45 years' category were found to be 31.8% (NCRB, 2022).

Additionally, suicidal behaviour is strongly associated with experience of stressing event experiences of conflicts, violence, abuse, or death of loved one, disaster, and feelings of being alone. Other groups in the society such as migrants, indigenous people, refugees' lesbian, gay, bisexual, transgender, and intersex (LGBTI); and prisoners are also highly vulnerable who suffers discrimination, and hence suicide rates are also high among them. (WHO).

Suicide and Suicidal Ideation:

Suicide and suicidal thoughts, suicide is an act of harming oneself with the intent to commit suicide. However, suicide is usually preceded by suicidal thoughts, intentions, and plans (Silverman - Berman, 2014). Several recent studies have shown that depression, substance use disorders, anxiety, eating disorders and other mental health problems etc. are strongly correlated with suicidal ideation (Bachmann, 2018; Brådvik, 2018).

WHO has defined suicidal behaviour as a "range of behaviour that includes thinking about suicide (suicidal ideation), planning for suicide, attempting suicide, and committing suicide".

Suicidal ideation is a serious mental health concern. While it is a thought rather than an action, it requires careful attention and assessment. Suicide Ideation where a patient experiences thought of taking their own life, with no intent to act on those thoughts (Under ICD-10 Code R45.851).

Suicidal Ideation is self-destructive behaviour by the individual who attempts to kill himself or herself with an intent to one's own life. Suicidal behaviour is taken separately for diagnosis in DSM-5 on sixth axis. Suicidal ideation is a combination of suicidal thoughts and desires that later lead to suicide attempts in adolescents (O'Connor - Nock, 2014).

According to the three-stage theory of suicide (Klonsky-May 2015), there are several sociodemographic factors that can cause people to experience (emotional) pain and hopelessness in life combine to cause to have suicidal thoughts.

However, when suicidal thoughts prevent connection with other people or roles in life, they can lead a person to end their life. The concept of suicidal ideation has been studied for many decades. Suicidal ideation is considered an initial stage in the progression to more serious suicidal behaviour (Linehan - Nielsen, 1981). Suicidal ideation is essential for detecting and predicting suicide in adolescents, which in turn is essential for preventing suicidal behaviour in adolescents and adults. Suicide Ideation term, generally, used to label a variety of passive thoughts, wishes and imaginations regarding death, as well as active thoughts and plans aimed at ending death. Life, including how, when and where the suicide occurred (Harmer et al., 2022; Reynolds, 1988). Suicidal ideation appears to lead to self-harming behaviour and may ultimately lead to a suicidal act (Klonsky et al., 2016; Large et al., 2021). Nocka et al. (2008) examined that overall occurrence of suicidal ideation were ± 9.2%, attempts ± 2% plans 3.1%. Recent studies suggest that these phenomena are occurring more frequently. The overall prevalence of suicidal ideation ranged from 7.6% to 24.9%. It is found to be more common in younger people (Cheung et al., 2021).

Prevalence of Suicide: A Global Overview:

WHO data shows that every year 703,000 people commit suicide and many more attempt suicide worldwide. 1, people commit suicide every 40 second. Suicide is a world-wide phenomenon, and this occurs not only in rich high-income countries but also in other countries around the world. Underdeveloped countries with low- and middle-income group has reported more than 77% of the total worldwide suicides (Gupta – Basera, 2019; WHO, 2021b).

Countries with low- and middle-income groups exhibit higher rates of suicide among women, while high-income countries tend to have higher suicide rates among men compared to other high-income nations. Nevertheless, high-income countries overall have the highest age-standardized suicide rates. As per the World Health Organization (2021a), suicide ranks as the second leading cause of death for individuals aged 15 to 29, regardless of gender.

The prevalence of suicide-related deaths among individuals aged 15 to 29 ranks as the second and third most common cause of death globally for women and men, respectively. Among adolescents (15-19 years), suicides are the fourth largest cause of death worldwide. According to WHO (2021), the crude suicide rate (i.e. suicide deaths divided by inhabitants and multiplied by 100,000) is increasing worldwide.

Table 1 Global and other regions: Crude Suicide Rate (per 100,000 population)

Regional Divisions	Global	Europe	outh-East Asia	America	Western Pacific	Africa	Eastern Mediterranean
Crude Suicide Rate	9.00	12.76	10.07	9.64	8.73	6.90	5.85

Source: Global Health Observatory Data Repository, World Health Organization (2021).

Although current literature paints a bleak picture of suicide rates in the world and in India, research on the subject is inadequate in India.

Prevalence of Suicide: Indian Perspective:

The suicide scenario in India is equally grim. Suicide, a major social and mental health problem, has been a concern for Indian society for decades. Suicide is a conscious way of ending life that can occur at any time (Kim et al., 2019). It is a misfortune that in the long term affects not only the communities and the country, but also the families who remain there. The National Crime Records Bureau (NCRB, 2020) reported that in 2020, number of suicide cases compared to the previous year have been increased by a 10%. Suicide rates are increasing rapidly every year.

Table 2 The suicide rates between 2016 to 2020 in India

	2016	2017	2018	2019	2020
India	**10.3**	**9.9**	**10.2**	**10.4**	**11.3**

Source: National Crime Report Bureau, 2021

India's suicide rate in 2019 was 14.04 per lakh population, which ranks it 49th in the world, but the fact remains that India records the highest number of reported suicides annually. India ranks 49th globally in terms of suicide rate, amounting 14.04 suicides per lakh population in 2019 (WHO,2019). However, India does have a high number of suicides reported annually, with 1,39,123 deaths by suicide.

It is a place with a diverse mix of different cultures, communities, and religions. In India, suicide incidents and rates from 2016 to 2020 have been showing, the dismal situation regarding mental health and suicides in India.

As per, Swain et al. (2021), among adolescent girls and boys, suicide have been the third prominent cause of death.

Table 3 Suicide Rates During 2018 – 2022 in India along with Numbers and Growth of Population

Sl. No.	Year	Total Number of Suicides	Mid-Year Projected Population (in Lakh+)	Rate of Suicides (Col.3/Col.4)
(1)	**(2)**	**(3)**	**(4)**	**(5)**
1	2018	1,34,516	13233.8#	**10.2**
2	2019	1,39,123	13376.1#	**10.4**
3	2020	1,53,052	13533.9$	**11.3**
4	2021	1,64,033	13671.8$	**12.0**
5	**2022**	**1,70,924**	**13797.5$**	**12.4**

Source: National CrimeReport Bureau, 2022+ One Lakh = 0.1 million # Source: Report of the Technical Group on Population Projections (November 2019), National Commission on Population, Ministry of Health & Family Welfare.

*** Rate of Suicides = Incidence of suicides per one lakh (1, 00,000) of population.

In 2022, there is an increase of 4.2% suicides compared to 2021 in our country, amounting total of 1,70,924 suicides, and increased in suicide rates by 3.3% in 2022 compared to 2021.

Several studies have reported an increase in suicide rates among adolescents in various countries, including India, especially since emergence of the COVID-19 pandemic (Chen et al., 2022; Kim et al., 2022). Many demographic, interpersonal, and familial causes contributing to an adolescent suicide attempts (Gunduz et al., 2016). Demographic differences related to gender, race, ethnicity, the region in which the person lives (Bell et al., 2020), as well as psychological distress, depression, hopelessness (Lew et al., al., 2019), drug addiction, etc. prehistory. Among adolescents, violence plays a very important role in suicide attempts (Kim, 2021; Romanelli, 2022). A study of suicide cases in Tripura found-34.40% of people who committed suicide were between 15 and 24 years old (Bhattacharjee, 2011). Several recent studies have shown that suicidal ideation is an important predictor of suicide in adolescents (Liu et al., 2020; Morese - Longobardi, 2020).

Every year more than a million people commit suicide in India. In the decade from 1995 to 2005, growth was constant at 5%. However, the ratio of men to women has remained stable at around 1.4:1. There have been wide variations reported in rates of suicides across the country and regions. The southern states of Andhra Pradesh, Tamil Nadu, Kerala, and Karnataka have reported a suicide rate of 15, whereas states of northern India include Bihar, Jammu and Kashmir Punjab, and Uttar Pradesh has a suicide rate of 3. This trend of change has continued over the last 20 years. Reason being, the possible explanations behind, southern states have rates of

suicide are higher level of literacy, a better information reporting system, fewer external attacks, being high socioeconomic status, and higher expectations (Vijayakumar, L. 2008).
In India, people aged below 19 years and above 30 years are committing most of the suicides, nearly 37.8%. The other demographic factor, age, places a massive fiscal, social and psychological burden on social system, with the fact, that people under the age of 44 years committing suicide are 71% of total suicides in India. In Indian, young men and women suicide rates are almost equal between these two, and the consistently close relationship between men and women means that Indian women commit more suicide than the western women. In rural areas of Tamil Nadu, two large epidemiological studies were conducted using oral autopsies states that annual official rates of suicide are showing less than the actual which is six to nine times higher. Every year, there are at least 5 Lacs cases of suicides occurs in India, extrapolating these numbers of suicide found in study. It is predictable the one in 60 people commits suicide. This includes people who have attempted suicide, as well as people who have experienced the suicide of a close friend or a family member. Suicide therefore represents a serious concern about mental and public health problem that requires immediate attention and urgent action.

Methodology:

A literature review was conducted on suicide, suicide behaviour, suicide ideation, suicide thoughts, suicide attempts and accompanying risks, potential risk factors, characteristics of sample population and predictions thereof. Relevant articles that addressed environmental, family, social, and demographic characteristics, psychological, psychiatric, and other as risk elements for suicidal behaviour or suicidal ideation were studied and then summarized in a narrative review.
A total Nos.126 research papers, articles, and research repositories (Sodhganga), other research through electronic databases were studied for review such as Elsevier, PubMed, PsycINFO, EMBASE, Global Health, SodGoogle Scholar and IndMED (relevant database published in Indian journals). Indian Journal of Psychiatry and research were referred to deep dive in the subject under study. The relevant terms with combination in search were used (summary fields or suitable title) included “suicide” OR “suicide Ideation” OR “suicidal tendency” OR “suicidal thoughts” OR “suicide behaviour” OR “suicide attempts “etc. Some authenticated websites i.e WHO, NCRB, research thesis and newspapers containing suicide or suicide attempts articles were also examined. These abstracts were analysed, and the whole texts of the articles were obtained, then reviewed to get the information on suicide or suicide ideation, suicide behaviour, self-harm, or their equivalents to determine whether they meet the following eligibility criteria under review study. Articles published after Jan 2005 reporting the incidence or correlates of suicide and suicide ideation or suicide behaviour in all regions of India, regardless of gender and age range. The bibliographic indexes of the selected journal’s articles were manually sourced out to identify another suitable article for the topic under study.

Review of Literature:

Most published suicide research has attempted to identify the sociodemographic, psychosocial and psychiatric aspects of suicide attempts and suicide survivors. Some of the studies among them have also strived to identify the differences between characteristic of identified these two factors. Several studies were conducted in hospital settings and some outside also. The research methods used were diverse and ranged from psychological analyses to interviews and literature reviews. In his hospital study, Venkoba Rao (1965) described suicide attempts, the victims of which were predominantly men, and the age group most susceptible, ranging from 15 to 25 years old, has been pinpointed. Impairment in social cohesion is considered as an important risk variable. He found that 20% of offenders with suicide attempters had family history of mental illness or suicide attempts were present. Lal and Sethi (1975), in another hospital study reported that suicide attempts were more likely to be in women, who those were under the age 30 years, some of them were domestic workers or housewives, were married and 83.4% had less income level in per month terms. Women and less educated families were generally more likely to attempt suicide, while attempts of suicide were more likely to be in men with higher education and from homogeneous families. A study conducted by Badrinarayan (1977) also found that more cases of attempting suicide are likely to found in young people (aged 10 to 30). The main causes of these cases were due to interpersonal relationship disorders and mental illness. Venkoba Rao (1974) also identified a risk factor, extramarital affairs contributing for spouse's suicide attempt.
Tatini Ghosh and Anjana Bhattacharjee (2022) examine with a sample of 500 young people aged 16 to 18 (266 boys and 234 girls in Tripura). The study found that adolescents reported a high suicidal ideation rate of 9.6%. The gender of young people, the place of residence, the consumption of psychoactive substances and the family environment influence the occurrence of suicidal thoughts. The highest rates of suicidal ideation were observed in

boys (e.g. electronic volume. males), young people living in urban areas, people using psychoactive substances and young people living in difficult family environments.

Among boys (i.e., men), adolescents living in urban areas, drug addicted, and living in problematic home environments were observed the highest rates of suicidal ideation. However, some of the variables were not significantly correlated with suicidal ideation such as community, count of children in the family, family types and income of family unit. Nevertheless, high levels of suicidal ideation have been reported among non-tribal', only children, nuclear families, and youth from low- income families.

Srivastava et al. (2004) reported specific risk factors for suicide attempts such as occurrence of a stressing event in life in last six months, unemployment, any physical illness, and the experience of idiopathic pain. Narang et al. (2000), a study carried out on Ludhiana, found that married women and single men were more prone to suicidal attempts. However, they did not consider family type, economic situation, and education level as important variables but a significant number of them have been diagnosed with adjustment and mood disorders.

Bagadia et al. (1979) in a study of 521 patients who admitted with suicidal behaviour and reported low levels of intent, 2% of them ranging the duration of suicidal ideation ranged from more than a year, reported an impulsive act in 17% of them. 18% attempting suicide, while several women (76.1%) did so. Suicide attempts were made in the presence/nearness of other people. In 7% of the cases found to be having previous attempts, with (2.4%) made more than one attempt. The most common psychiatric factors were depression (39.73%), schizophrenia (24.4%) and hysteria (14%). Gupta and Singh (1981) were also confirmed these results, who stated mental disorders were present in 62% of cases, of which 58% had abnormal personality. Mahla et al. (1992) examined cases of attempted self-immolation and concluded that 28% of the sample people had mild or moderate suicidal intentions and the hopelessness variable were scored high on16% of them.

In one of the studies by Khan et al. (2005), using the psychological autopsy method, considered the two most important causes of suicide, one of them found presence of mental illness and another one people having stressful life events in their life. Badrinarayana (1980) stated in one of his studies, a significant positive association between suicidal ideation and depressive symptoms of illness, and parental deprivation in early stage of life, positive family history of suicide and recent mourning demise in the family.

Srivastava and Kulshreshtha (2000) mentioned a positive association between the level of depression, being married, working, being a man, being treated in a psychiatric hospital for more than one month duration of an illness, and age up to 35 years old years. Ananda et al. (1983) on suicidal intentions who identified three distinctive groups for the study, namely as non-communicators (31.9%), partial communicators (32.6%), and strong communicators (35.9%).5%). Ponnudurai et al. (1986) reported in his study that 23.25% of the sample had considered suicide and that 91.9% of them were under 30 years old.10.42% of the sample had suicide were found a strong association with alcohol consumption.

In his comparative study, Suresh Kumar (2004), discovered that significantly younger individuals who had committed suicide were more likely to be unemployed than those who had attempted suicide. He found such other correlates as marital status, religion, and place of residence, but education was no indifference.

Palaniappan et al. (1983) examined the biological aspect in relationship between suicidal thoughts and biogenic amines. They found inverse relationship between the levels of 5HIAA (5-Hydroxy Indole Acetic Acid) and serotonin [(5HT),5-Hydroxytryptamine] with suicidal ideation. Rao and Devi (1987) mentioned in his article and substantiate that from genetic studies is Mono Amine and psychopharmacological tests indicate a possible biological predilection and a factor causing suicidal behaviour.

Another study taking psychosocial and clinical variables impacting suicide attempts among adolescents, Kumar, Sudhir et al. (2004) compared potential risk variables in adolescents and adults who had attempted suicide and reported that adolescents had significantly higher scores than Depression, hopelessness, life-threatening events, and life stressing events.

Sharma et al. (2008) found incidences of suicidal behaviour in adolescents' students is quite high, almost 16% had been reported suicidal thoughts and suicide attempted cases were 5%. Women were comparatively considered 6% more at risk. The presence of models who drank and smoke was seen as increasing risky behaviour.

In their 1983 study on depression and suicidal behaviour among older adults, Rao Venkoba and Madhvan,T (1983) found that the risk of suicide is twice as high among older adults who attempt suicide compared to younger individuals. They also noted that a lack of social integration, rather than social integration itself, was a contributing factor to depression in the elderly.

Venkoba Rao et al. (1989) conducted a study on100 burn victims' female admitted to Madurai Medical College, reported that of these were suicide attempts, 70%, 25%, accidental, 3% homicide, and 2% unclassified attempt. He found that marital and interpersonal problems have been the most common cause of suicide attempts, followed by mental or somatic illnesses.

Jakub et al. (2002), in a comparative study of patients with epileptic seizures and bronchial asthma, stated that epileptic seizure patients diagnosed with major depression were 34% compared to 13. 3% of asthma patients who were diagnosed for depression. Among epilepsy group, 16% had made at least one suicide attempt in the past year and other 20% of the group were currently having suicidal thoughts.

The study by Latha and Bhat (2005) found that only 9.2% of terminally ill cancer patients reported severe suicidal thoughts, with 3.8% of those patients having a history of major depression. Causal factors, including pain, awareness of their diagnosis, and understanding of the disease, were identified as contributing to depressive states in these patients.

The research findings suggest that suicidal thoughts and the desire to die are closely linked to the presence of a mental disorder. According to a two-year follow-up study on suicide attempts conducted by Gupta et al. (1992), it was found that 51.8% of the individuals who attempted suicide had schizophrenia and depression, 42% had a psychological personality disorder, 23.5% had a history of childhood neurotic symptoms, and 32% had a past of substance abuse.

Chakraborthy (2002) conducted a study on the Indian Army to ascertain the age of suicide attempters, revealing that the age was significantly higher than that reported in western countries. Isolation and inability to relate have been identified as crucial factors for suicide attempts. In their study, Chavan et al. (2002) emphasized the vulnerability of migrants, with psychological autopsies showing that nearly 58% of suicide attempters are migrants from other regions of India, predominantly men and young individuals aged 20 to 28 years. Psychosocial stress was identified in 61% of respondents, mental illness in 34% and only 16% sought treatment before taking the risk.

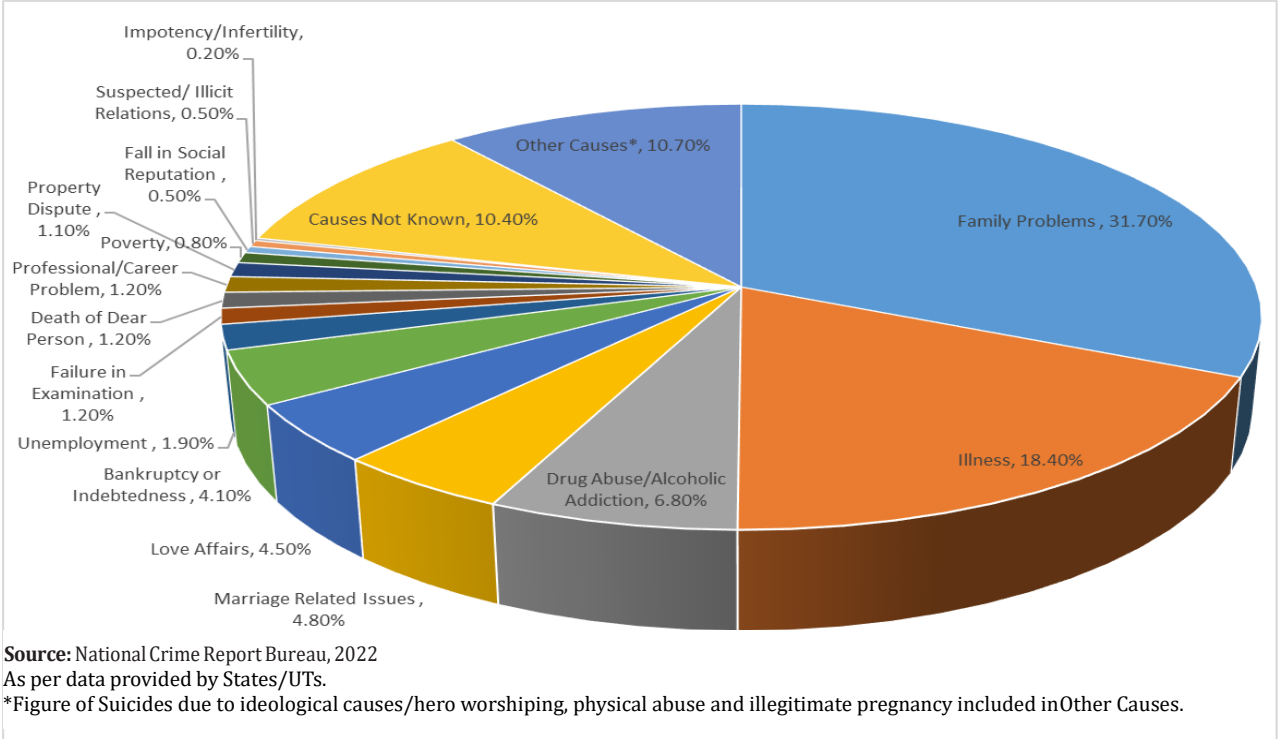
Behere, and Behere (2008) examined farmer suicides in Vidarbha region, used a psychological autopsy method and identified caused of suicides as chronic debt, economic collapse, inability to repay, debts accumulated over the years, leading to complications, depression, alcoholism and family conflict etc. The compensation after suicide helps the farmer, the family repays the debt, the outflow of grain and the increase in the cost of agricultural inputs and the decrease in the prices of agricultural products.

A cross-sectional study of 50 suicide cases using the psychological autopsy method found that 72% of the urban population, 54% of low-income people, 24% consulted a doctor or psychiatrist, and 94% experienced stressful life events and triggers in 84% (Khan, F et al., 2005). Another study conducted between 2000 and 2002 in a rural development area with a population of 108,000 found that the male-to-female ratio was 1.5:1 and that suicide rates among men increased with age. Women suicide rate peaks in young and older age, for women the maximum value is +; more suicides among young women than among men; 77% suffered from chronic stress; 23% experienced acute triggering events (A, Muliyil JP et al., 2006; Mohanty S. et al., 2007) found an almost equal ratio of men to women in their four-year retrospective study. The most common age range was 21 to 30 years; rural areas 50%; married 71%; mentally ill 6%; Suicides previously 14%; alcohol consumption 22%; financial burden 37%; and marital discord 35%. Chavan et al. (2008) examined in a study in northwest India on 101 suicide cases using a psychological autopsy method and found that 60% of them were between 20 and 29 years of age: Men 57.4%, single 57. 4%. unemployed 55.4%, and low-income 50.4%, city dwellers residential 70.2%; Alcohol or drug abuse 24%, psychosocial 60.3%, psychiatric illness in 34% cases, interpersonal 47.5% and financial stressors found in 8.9% cases.

Parkar SR, Dawani V, and Weiss MG (2009) conducted a study in Mumbai and discovered that the predominant age group was between 21 and 28 years. They observed that younger women were more prevalent, while older men were more represented. Additionally, they found that women had lower educational attainment. Furthermore, 36% of the participants had already made such attempts. The study identified substance use by oneself or others, unfulfilled needs.

Another calamity, Covid-19 was a global pandemic and India such a populated country equally affected, and the life of people become difficult, and people feel mental distress. People suffering from mental disorder caused by Covid19. During the lock down other than mental health issues people financial situation, stress due to work and related issues in healthcare and unemployment due to lockdown majorly contribute to the suicide of a certain percentage of people in India (Dsouza DD, et al., 2020). Nationwide lockdown caused more than 300 deaths due to mental disorders, of which loneliness and fear of being a positive COVID-19 claimed almost 30% of people committed suicide. (The Economic Times, May 4, 2020). In the same study conducted by economic times found 300 suicide deaths due to various factors as loneliness and fear of testing +ive for Covid-19 (19th March to 2, May 2020) claimed 80 highest suicides alone. Other leading cause was starvation and financial distress.

Suicides During 2022 in India: Various Causes and Percentage Share



Source: National Crime Report Bureau, 2022
As per data provided by States/UTs.
*Figure of Suicides due to ideological causes/hero worshiping, physical abuse and illegitimate pregnancy included in Other Causes.

As per the NCRB data published family problems in 31.7% and Illness 18.4% were reported the significant causes of suicides of total suicides during 2022. Other factor also causing suicide were drug abuse or Alcoholic Addiction 6.8%, marriage related issues 4.8%, love affairs 4.5%, bankruptcy or indebtedness 4.1%, unemployment 1.9%, failure in examination 1.2%, professional or career problem 1.2%, death of dear one 1.2% and property dispute 1.1% identified.

Goyel et al. (2020) stated in his case report, first suicide case in India described that a 50-year-old man from Andhra Pradesh `died on 12th Feb 2020 as informed by the Doctor stating that he had some viral infection which he wrongly correlated to Covid-19, and he believed that he would infect the family and quarantine himself and commit suicide by hanging himself. He was so much preoccupied with media coverage on Covid-19 and became excessively fearful.

Another case of suicide attempts due to Covid-19, a 52 and 40 years old male attempted suicide due to development of mental health complications, i.e. anxiety, excessive worries, and refusal to eat in distress on isolation with a preoccupied thought of being infected. Later, about 10-12 weeks, he started having suicidal ideations more often and finally shot himself with his gun to avoid the painful death due to Covid-19 as he thought (Sahoo et al.2020).

Another case report by Rani et. al (2020) found that cases of male 60 years old, who attempt suicidal due to withdrawal symptoms of an Alcohol dependence arising out of unavailability of liquor or alcoholic drinks during the Covid-19 lockdown conditions. Similar, case report by Ahmed et al. (2020) 23 males died due to no accessibility of alcohols during Covid-19 times.

Similarly, many reports were published and some studied were also conducted to get the data on suicidal ideation, self-harm thoughts and associated risk factors related to pandemic and their relationship with suicidal ideation and self-harm or suicide. Studies observed that perils related to COVID-19 associated binding limitation such as lockdown and physical and social distancing interventions, and found people having high level of food insecurity, belonging to high risk of Covid-19 infection, high perceived stress, psychiatric illness, loneliness, alcohol withdrawal symptoms, fear of contamination, financial hardship and lack of access to educational and entertainment resources and poor care of Covid-19 affected patients and worldwide presence of suicidal thoughts and self-harm tendencies among people seems to be playing a role as potential factors. But the evidence is not consistent across studies as some of the pre-existing factors pooled up to cause the suicide ideation or completes suicides due to pandemic.

Results:

The studies which referred in the review paper were conducted in various parts of the country and used various methods of sampling in different settings. In most of the studies, verbal autopsy method used (i.e deceased's family informants and other associates were interviewed)

Suicide does not happen instantly, there is interaction between the individual and the family context (violence, adjustment problems, loss, disharmony in the family) which gives birth to risk factors and those arising due to the interaction between the individual and his wider environmental context (financial burden, legal proceedings, work related and other stressful life events, influence, and social support). In several studies found that suicide behaviour increases with the age as the individual experiences more life stressors but this very in gender. Though, males have higher rate of suicide than females' counterparts but in young age comparatively more in women (Bastia at el.,2009). Several other studies have suggested that younger women comparatively have high suicide rates than younger men and older men reported higher suicide rates than old women. Most studies reported that married people committed suicide more than unmarried (Mohanty, 2007 & Bastia 2009). But in other two studies found that unmarried people shown the higher proportion of suicide (Khan et al., 2005 & Chavan at al., 2008). Prevalence of psychiatric illness or psychiatric disorders have been prominent factors in suicide including depression, anxiety, and other ranging from 5% to 25%. Suicide decedents are more in the Urban areas compare to rural only 10 %, in one other study found 50% from rural area (Mohanty, S at el.,2009). It is also found that low socioeconomic status reported in 50% to 60% suicide victims or suicidal behaviour (Parkar et al.,2006). Other psychosocial and psychological common stressors were found in suicidal attempters such as negative family environment, marital disharmony, difficulties in interpersonal relations especially with spouse or other family members, extra marital affairs, loss of loved one, financial burden, academic failures or higher expectations, long term debts, work related problems, bullying. Lack of social support, social disconnect, loneliness, hopelessness, low self-esteem, weak coping skills and other psychological or psychosocial stressors considered as the independent risk factors for suicide and suicidal behaviour. The other factors presence with mental illness contributing suicide are emotional abuse, prior experience of physical violence and chronic illness or somatic pain have been prominent risk factors for suicide and suicide behaviour.

Abuse:

Suicide or suicidal behaviour or ideation appears to be elevated level associated with several specific conditions such as alcohol abuse in one's spouse or self-consumption and addiction, drug dependence and substance abuse could be as independent in few cases and more associated with other life stressing events.

In some other cases, sexual abuse, or childhood molestation, childhood trauma could lead to suicidal behaviour accompanied by other familial factors in adolescent or young age. Drinking and smoking are the key risk variables correlating with suicidal behaviour in conjugation of psychological or psychosocial factors and other psychiatric risk factors.

Facilitating factors:

Social adjustment disorders prior to a suicide attempt are one of the most significant risk factors for the repetition of suicidal behaviour. Several indicators of poor social adjustment, social separation, social rejection, and social deprivation are associated with suicidal behaviour in young adults and more commonly in adolescents.

Impaired relationships between children or adolescents and family members, poor social skills, poor leisure skills etc. Various factors that "despair" being negative attitude towards one's ability "Hopelessness" factors, low self-esteem, and a sense of responsibility for negative events, are consistently linked to suicide. Inappropriate copying of styles such as impulsivity or catastrophism would also influence the suicidal behaviour. The presence of pain and understanding the diagnosis of a chronic disease cause long-term depression, which is a risk factor.

Stressful Life Events:

Suicide or suicide thoughts and suicide ideation are not a sudden phenomenon in one's life, it has several precedents of stressful life events. The prevalence of current stressful life events was very common, accounting for up to 80% of suicides, homeless, natural calamities, academic disappointments, financial difficulties, bankruptcy, indebtedness, unemployment, and long legal proceedings are common negative life events of people who experience the ideas of escaping by suicides to commit suicide. The difficulties, of these unwanted life events is that they act as a catalyst for the suicide process. Patients with suicidal ideation found that a high rate of stressful life events was a significant risk factor for additional suicide attempts. Even stress related to life events in preschool and childhood traumas increases the risk of future suicidal behaviours in adults such as bullying, rape or other traumatic events.

It has been suggested that early and chronic stressors associated with life events that cause family instability, such as moving, instability in employment or unemployment, death, loss of loved ones, and illness of a significant other, increase the risk of suicidal behaviours in children in future life adult ages. Furthermore, legal, and disciplinary problems for long time were correlated with high risk of suicide, even when mental disorders were considered jointly.

Social Integration:

Durkheim meticulously examined the subject of suicide and found that the concept of "anomie," or the lack of strong social connections within a community's social system, serves as a substantial factor in suicides. Individuals residing in disadvantaged or unsanitary areas, as well as those living alone, tend to display higher rates of suicide. This occurrence serves as a noteworthy illustration of social fragmentation as a potent predictor of suicidal behaviour.

Poor networking, social separation, isolation and loneliness, helplessness are factors that determine a person's social orientation and the absence of which leads to suicidal thoughts. Isolation and inability to relate to the conditions and subject. Parental deprivation under psychosocial becomes a risk factor for suicidal behaviour. Person being unsocial experiences the massive thoughts of varied failures, future worries and past negative childhood events which does not allow them think liberally and finding the solutions with help of the other family members, nearer and dearer. And thus the social disconnect brings more complexity in thoughts and doings which can further lead to finding the solution in thoughts of self-harm or suicidal thoughts.

Mental Illness:

Prevalence of psychiatric illness or psychiatric disorders in suicide decedents varied from 5% to 25%. Presence of psychiatric disorders i.e depression, schizophrenia, epilepsy, personality disorders, anxiety among few elevate the risk of suicide and suicidal behaviour. Adjustment disorder or other alcohol or drug dependence associated with psychiatric or psychological disorders elevate the risk of suicidal behaviour among adults who are very prone to life stressing events and psychological problems arising out of the other social difficulties leading to increased risks of suicide or suicidal ideation.

Discussion:

Summarizing the review, key risk factors for suicidal behaviour have been identified under the category of negative life stressing events such as physical and sexual abuse and loss of beloved ones in recent or past which causing huge impact on individual emotions. Other important risk factors include family disorders, or a lack of communication and domestic violence could be because of marital or family disharmony. Furthermore, an earlier family history of suicide has an independent significant impact on suicide and/or suicide attempts, as does parental psychopathology. Another controversial aspect is whether psychosocial risk factors act independently of one another in suicide and/or suicide attempts.

Various social and environmental factors were examined, as well as family factors and mental illnesses. Common circumstances associated with suicide are psychological stress or other underlying illness, identifiable mental health issues, or mal adjustment or difficulties in adjustment with family members and people around are the prior to suicide or suicidal attempt.

Severe long distress or a life threatening, often centred on the collapse of an emotional and supportive healthy relationship; distressed or disappointed family or family environment and childhood situation; who they come from socially and educationally disadvantaged backgrounds. The following factors are indirectly or directly responsible for suicide or suicidal behaviour such as unemployment, debt, being single, lack of social support, mental illness, and history of previous attempts.

Reported psychosocial, psychological, and psychiatric factors independently and/or in conjugation of each other influence suicide risk and suicide behaviour. It was suggested that the magnitude of impact of psychosocial factors is akin to the impact size of mental disorders previously reported.

Though, not any single risk factor or jointly with any other stated above factors can definitively or to some extent identify future suicidal behaviour in suicide attempts, several risk factors can jointly cause to suicidal behaviour. Take an example, if a person who has an active psychological disorder such as either mood disorders or substance use disorders experiences a stressful event, due to the underlying illness either of loss, humiliation, problems with the law or at school, etc. often, or an acute mood change due to anxiety, despair, anger that leads to suicidal thoughts. In these conditions, a key attribute (e.g., impulsivity) or absence of social support or social isolation may cause suicidal ideation which may further lead to an actual suicidal act.

Summing up, an integrative perspective is important for understanding risk factors for suicide in person and individuals how they get affected. In order to comprehend this, the clinician must thoroughly scrutinize the interplays between the individual and the wider environmental framework, as well as the interactions between the individual and the family at a micro level.
Need to have comprehensive understanding about the individual's psychological or pathological states and biological vulnerability, it is crucial for businesses to take into account psychosocial risk factors like acute or chronic stressors, social negative events, and factors contributing to suicide within a global context. It is therefore clear from the literature that young people are highly prone to suicidal risk and it is found high among young people. Since suicidal ideation represents the first stage of suicide risk, it is imperative that prevention programs and interventions focus on this factor. When examining the connection between personality and suicidal ideation, one can find several conflicting studies. Furthermore, few studies attempt to assess the relationship between reasons for living and suicidal ideation.
Low socioeconomic status, mental illness occurrence and interpersonal stressors are the significant risk factors causing suicide. Several studies found that there are less evidences to arrive on conclusions about substantial role of, marital status, education or employment and place of residence as a potential risk variable for suicide.

Conclusion:

This review study examines that suicide is growing and alarming concern to public health system in India. Though, there is less quality information available about suicide in India, NCRB data is only the case where police have recorded the data. But suicidal ideation or non-reportable self-harm data will not be directly available and its only possible through various studies**.** Present review study is conducted to bring all the psychosocial variables at one platform and their varying impact on an adult's population at suicide risks. Thus, Suicide is an emerging and serious public health issue in India and alarming every year which cause huge loss to self, families, social system, and country.
Review study summarizes recognized various risk factors for suicidal behaviours in various age groups, income groups, genders across the country. It turns out that various psychosocial, demographic, socioeconomic, psychiatric, and environmental characteristics represent an essential element in assessing suicide risk.
These factors need to be understood in a global context, including psychological disorders and biological vulnerability along with psychosocial and socioeconomic. However, other risk factors are prominent in our country, there should be to relate to social structure and specific life stressors. As seen the suicide among young women is more than that of young men in India. As the medical and social system approach warrant suicide is preventable so integration of public health system with social framework and interventions across multiple levels in the country from individual level to family and community with entire health care system must be established and promoted. Via more education and legal levers could be key steps in modifying the Suicidal attitude of the people. Various evidence-based and low-cost interventions can reduce the risk to help prevent suicide.
Initial prevention should focus on decriminalisation, restriction access to suicide causing chemical agents and monitoring the adolescent and young people social integration and social skill enhancement by a public and community health system through mental heal and life skill development programs.

Implications:

Suicide is critical issue in the country and its suicide rates are increasing year by years before 2005 Table 2 data (NCRB 2022) and Table WHO. The suicide rate was quite stable during 1995-2005 but since after it is increasing year wise except 2017 which was less compared to 2016. The study said, from 2020 to 2022, the situation has been very alarming and becomes the cause of concern which should be immediately addressed. Suicide data shows that it occurs across the communities, age group 18 to 45 young adults are more vulnerable that needs to be focused upon as our young generation is at more risk who are the future assets of the country. That alarms us to reach to root causes and demands prompt preventive measure to control the suicides. Gender wise, the young and older women are on peak of suicide compared to men.

Any suicide does not occur instantly, and before this the person come across various distressing contributing factors which are either biological, social, psychological, psychiatric, socioeconomic or some environmental factor to which the person cannot develop the internal coping mechanism and prolonged excess distress leads to think that only suicide is the way to escape and commits suicide. Hence, review study highlights that our health care system and social system should be made robust against the distressing factors for identification and prevention.

In view of our study results which highlights the multiple factors contributing to suicidal ideation or suicidal behaviour are drug abuse or dependence, alcohol addiction, financial hardship, family disharmony and psychiatric

illness due to the life distressing events have been the leading cause behind the suicide and suicide ideation. The Prolonged chronic illness, i.e. cancer or somatic pain, failure in examination, work related stress, extra marital affairs, social disconnects, isolation, grief affects and traumatic events in the life are the 2nd common factors induce suicidal behaviour and suicides. These all factors need to be properly identified at early stage among the people through assessments mechanism and need to apply the inventions in early stage so that the risk can be minimised in outset. Recently, the Covid-19 pandemic gone, in some of the report and studies found that people without having the infections preoccupied with the thoughts of having been infected and may cause to other family members and went on to suicide or suicidal attempts in such situation community based interventions should be designed to help people in crisis as crisis interventions because natural calamity or disaster can come at any time in any area. More education awareness programs and counselling sessions needed to address psychological and social problems of the people who are very susceptible to develop the internal coping mechanism and educate them to take medical or mental health professionals support without any stigma. This can be implemented through schools, community-based rehabilitation programs and mega camps at different offices and panchayats levels in rural and urban areas.

Since the suicide cases are increasing over the years, hence besides the prevention programs, some regular assessment programs must be done through the public health system with help of the NGOs or other non-Govt. agencies for the early detection of people at higher risks of suicide or developing the suicidal ideation and to further develop the appropriate inclusion to reduce risks of suicidal thoughts, self-harm, suicidal behaviours, and suicides. And accordingly, medical and the mental health care professionals, care givers and allied health care professionals should be skilled to available to reduce the risk of mental health issues.

More research should be carried out on regular basis using reliable and valid measure and deep analysis for the identification of vulnerable age groups and risk factors associated with suicidal ideation, suicidal behaviour, suicidal attempts, self-harm are precedents of suicide.

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