

# International Journal of Psychology Research



ISSN Print: 2664-8903  
ISSN Online: 2664-8911  
Impact Factor: RJIF 5.24  
IJPR 2023; 5(1): 11-19  
[www.psychologyjournal.in](http://www.psychologyjournal.in)  
Received: 20-03-2023  
Accepted: 21-04-2023

**Arun Khanduja**  
Research Scholar, Department  
of Applied Psychology, Guru  
Jambheshwar University of  
Science & Technology, Hisar,  
Haryana, India

**Vijeta Singh**  
Assistant Professor,  
Department of Applied  
Psychology, Guru  
Jambheshwar University of  
Science & Technology, Hisar,  
Haryana, India

**Sahil Jilowa**  
Research Scholar, Department  
of Applied Psychology, Guru  
Jambheshwar University of  
Science & Technology, Hisar,  
Haryana, India

**Parveen Godara**  
Research Scholar, Department  
of Applied Psychology, Guru  
Jambheshwar University of  
Science & Technology, Hisar,  
Haryana, India

**Rakesh Kumar Behamni**  
Professor, Department of  
Applied Psychology, Guru  
Jambheshwar University of  
Science & Technology, Hisar,  
Haryana, India

**Corresponding Author:**  
**Arun Khanduja**  
Research Scholar, Department  
of Applied Psychology, Guru  
Jambheshwar University of  
Science & Technology, Hisar,  
Haryana, India

## Suicide ideation: Past, present and future

**Arun Khanduja, Vijeta Singh, Sahil Jilowa, Parveen Godara and Rakesh Kumar Behamni**

DOI: <https://doi.org/10.33545/26648903.2023.v5.i1a.40>

### Abstract

Suicide may be a small and simple word but it is considered as a very complex phenomenon. Even a single news of suicide shakes the soul of the listener to the core and the person is forced to think why and for how long. It leaves a terrible and far-reaching effect on the psyche of the whole society. The completion of any suicide depends on the three stages - thinking, planning, and attempting. Researchers have been trying to find the causes of suicide by various determinants of suicide. There is a list of innumerable causes of suicide available but it is difficult to say which one is the reason why a particular person committed suicide and can the same reason lead to suicide for other people as well. Even today the research is going on that which bio-psycho-social and geographical factors are responsible concerning age and gender.

**Keywords:** Suicide, ideation, planning, attempt, causes, gender

### Introduction

Suicide, an act which leads to ending one's own life; is a major public concern all across the world as it has become one of the leading causes of death in various nations. According to WHO (2019), 703,000 individuals commit suicide each year, and for every suicide, several other people attempt and many more have life-threatening thoughts. Suicidal deaths have a broad and deep impact on family, friends, as well as society. Shneidman (1969) [174], observes that the suicide victim "puts his psychological skeleton in the survivors' emotional closet". Suicide was the fourth cause of death worldwide for those aged 15 to 29 in 2019. NCRB data shows that India recorded 1.64 lakh suicides due to different underlying factors in 2021. Suicide attempts or self-inflicting injuries had a significant rise during the year 2022. Maharashtra is the state with the highest number of reported suicides. The figures are very alarming and a signal to take a major step in this direction.

Suicide is a noun formed from the Latin words 'caedes', which means murdering, and 'sui', which means oneself. Suicide is defined by the WHO as "an act with a lethal outcome, which the deceased had started and carried out to bring about desired changes, expecting or knowing a potential lethal outcome." According to Bursztein & Apter (2009) [171], "Suicidal behaviour can be defined as a set of diverse behaviours. It can involve actual suicide, gestures, self-cutting, or suicidal ideation, threats, or attempts". "Suicidal thoughts might range from vague ideas about the probability of ending one's life at some point to realistic and detailed plans to commit suicide" stated by Krysinska, & De Leo, (2008) [43]. From passive to active ideation and planning, it helps the person to walk on the path to suicide.

### The Past

The act of suicide is not a recent one in the history of human civilization. Baitha (2015) [3], found that texts written in religious books declare that "It is better to die than dishonour" – Bhagwat Geeta (2:34). If we look into the epic of Mahabharata, the old Parents of Kauravas and Pandavas' mother travelled to the wilderness, and exposed themselves to death in a forest fire. Except for Yudhisthir, the Pandavas and Draupadi ascended to the Himalayas, where they perished and nobody attempted to save them. Instead of killing themselves, they manufactured a circumstance where death was unavoidable. In Ramcharitmanas (1633), Sita ended up in her mortal body on Earth, and Rama dove into the Saryu River. These are some of the examples of suicide that have been mentioned in religious texts.

It looks like some believe that killing oneself will alleviate the sorrow that we are experiencing. Whereas, The Rig Veda advises obtaining age and health to fulfill one's obligations if someone kills oneself, means they lack the confidence to carry out their obligations or confront the outside world. This is a crime and a sin.

Jainism allows the mortal body to be sacrificed by starving which is referred to as Sandhara, also stated, this as the method of death chosen by Chandragupta Maurya (321–297 BCE). Once the required tasks have been completed, these are regarded as excellent and auspicious methods of surrendering the mortal body. The sati system that was prevalent in the past is like a sin and a crime. Contrary to this, it is seen as fortunate and honourable when someone sacrifices their life for justice.

In Greek philosophy, some denied suicide from 1200 BCE to 323 BCE and were more worried about the effects of suicide on the community Laios *et al.*, (2014) [44]. Also, several people agreed with it, acknowledging a person's right to end his or her life to prevent suffering from personal problems.

Shakespeare (1564-1616), portrayed the society of the Elizabethan era in his plays as an accurate reflection of contemporary culture. Both the church and the government during this time had a severe stance on suicide, seeing it as a sin that was associated with extreme sorrow and devilish pride. Long after Shakespeare's demise, the word "suicide" first entered the English language. Before that, it was known as "self-murder," was considered a murder offense, was against the law, and those who survived suicides were punished. The label "self-murder" emphasises the shame associated with such an act. For a suicide victim to get a Christian burial, it was crucial to keep their reason of death a secret.

History has examples of people who researched suicide without mentioning particular events. It was treated by doctors as abnormal behaviours associated with the onset of mania and melancholy, two mental illnesses. They believed that an imbalance of the humours in the brain's organ of logic leads to malfunction, which, in turn, leads to insanity and, ultimately, to suicide, either because of an overabundance of black bile in melancholy or yellow bile in mania (Rehman *et al.*, 2019) [70].

### Suicide during the 19<sup>th</sup> and 20<sup>th</sup> Century

As Britain ruled India, the IPC (Indian Penal Code), which serves as the country's constitution, was created in England. The IPC 1860's Section 309 declares that suicide is a crime. Instead of demonstrating compassion when someone makes an unsuccessful suicide attempt, society labels that person a criminal and sends them to jail.

In general, we may argue that suicide was common in antiquity for a variety of reasons. The techniques of suicide resembled modern ones. Both men and women frequently used poison, but hanging was also highly prevalent among both sexes. While it was common for men and warriors to murder themselves by stabbing themselves with a sword, falling from a height to reach the grave was not uncommon.

Based on psychoanalysis, every person has a suicidal tendency that varies from person to person in terms of magnitude and severity. This potential is formed in early childhood by the individual's worries, anxieties, disappointments, love, and hatred. The propensity for

suicide is mild among those who are raised in environments where there is no guarantee of rewards, but no matter how mild it is, it may worsen to the point where self-murder becomes a possibility. Suicide can have a variety of psychological, social, physical, and biological causes (Leenaars & Balance, 1984) [46]. Beck *et al.* (1985) [91] correctly predicted that 91% of suicides were motivated by depression. Suicide as "a death due to a change in the victim's behaviour, positive or negative, which he knows the result of" defined by Durkheim, (1897) [92]. Durkheim underlined social integration as one of the key causes of this. People experience intense peer pressure to stand out, which has a high suicide rate among them. Lack of perceived parental support or availability is also associated with adolescent attempted suicide (Fergusson & Lynskey, 1995; Yuen *et al.*, 1996) [28, 88]. According to Young *et al.* (1996), hopelessness is characterized as pessimism for the future and is a major predictor of all signs of suicidal thought and activity. It was also discovered that individuals receiving treatment for substance abuse had previously engaged in suicidal thoughts and behaviour (Darke *et al.*, 2004; Johnsson & Fridell, 1997; Tiet *et al.*, 2006) [22, 35, 79]. In addition, it is stated that participation in SUD treatment positively decreases suicide attempts. But even after treatment, they show a great risk (Darke *et al.*, 2004) [22]. Sadness and hopelessness, defeat and entrapment, separate suicidal people and predict suicide ideas and attempts over time (Gilbert & Allans, 1998; O'Connor, 2003 & Taylor *et al.*, 2011) [33, 58, 78].

Individuals with a recent history of suicidal conduct pay selective and intense attention to cues that are associated with suicide. This bias outperforms other indicators, such as the existence of a mood condition, in predicting future suicide attempts (Becker *et al.*, 1999) [7].

### The Present- 21<sup>st</sup> century

Suicide is common with the presence of violent behaviour within the family (Conner *et al.*, 2001) [19]. Conner *et al.* 2000 [20] & Dumais *et al.* 2005 [24], also found a relationship between suicide behaviour and aggression in persons. Ilgen *et al.* 2010, claimed that aggression towards a partner rather than a non-partner is more strongly associated with suicidal thoughts.

Suicide is impossible in a social vacuum. Qin *et al.* (2002) [69] discovered that a family history of suicide raises the chance of suicide. And exposure to the suicidal behaviours of relatives or friends is another factor that facilitates suicide (Madge *et al.*, 2008; Nanayakkara *et al.*, 2013) [48, 56]. Compared to fathers' suicidal behaviour, maternal suicidal behaviour has a stronger correlation with offspring suicidal behaviour. Compared to teenagers or adults, the young are more impacted by parental suicidal behaviours (Geulayov *et al.*, 2012) [31].

Additionally, an attempt is made to figure out the mental processes that some people use to choose to terminate their lives. Suicidal individuals may have deficiencies in or malfunction in a variety of cognitive functions. A relationship between suicidal behaviour and deficits in both interpersonal problem-solving and coping is found (Pollock & Williams, 2004) [67]. Suicidal individuals have rigid or inflexible cognitive processes, which leads them to believe that there is no other course of action. Cognitive rigidity was first noted in a study by Neuringer, (1964) [57]. Subsequent research by Marzuk *et al.* (2005) [49] and Miranda *et al.*

(2012) [53] demonstrated that the presence of depression was not responsible for this effect and that cognitive rigidity and poor decision-making prospectively predicted suicidal thinking.

Suicide is displacement, which is the desire to murder someone who has thwarted the individual and turned the other cheek (Briggs, 2006) [14]. The introjected thing is killed in suicide, which atones for guilt. Suicide satisfies the ego and calms the superego. Because of the robust evolutionary impulse for self-preservation that is profoundly ingrained in minds, relatively few people can attempt suicide (Joiner *et al.*, 2012) [36]. The people who can ignore their basic need to survive typically experience a great deal of emotional suffering throughout their lives, which has successfully desensitized them to intentional self-harm.

The purpose of one's existence is a crucial aspect of life. Galfalvy *et al.* (2006) [30] & Zhang, *et al.* (2011) [90] claimed those who have little reasons to live are more likely to consider and attempt suicide. Suicidal thoughts might occur when people find themselves in hopeless or stressful situations and are unable to escape them (O'Connor, 2003; Pollock & Williams, 2001) [58, 68].

Perfectionism is linked to suicidal thoughts and suicide attempts (O'Connor, 2007; Roxborough *et al.*, 2012) [59, 72]. Perfectionism which is encouraged by society, lays overly high expectations of oneself, particularly when this leads to the internalization of self-criticism. The social aspect of perfectionism escalates suicide risk by encouraging a sense of social distance. According to O'Connor *et al.* (2010) [62], perfectionistic views can combine with other variables (such as adverse life experiences, adversities, and cognitions) to inhibit recovery from a suicide ideation.

Suppression moderates the relationship between emotional reactivity and the prevalence of self-harming ideas and behaviours. Suicidal ideation and attempts are both connected with a propensity to repress undesired thoughts. Suicidal conduct and agitation are related (Najmi *et al.*, 2007) [55]. Bostwick & Rackley, (2007) [11] and Busch *et al.*, (2003) [18] discovered that 79% of the 76 patients who committed suicide while being treated in a hospital had experienced acute anxiety or agitation just before their death. According to Swann (2013) [93], agitation may be a mechanism that raises the risk of suicide conduct. Among those with a strong propensity for suicide, agitation particularly can predict suicide attempts. High levels of emotional instability and introversion are associated with the suicidal process (Batterham 2012; Fergusson *et al.*, 2006; and Walls *et al.*, 2010) [5, 27, 82].

Interpersonal pressures including relationship issues, legal issues, and financial loss are also associated with suicide (Agerbo, 2008) [1]. Divorce also works as a dangerous factor for suicide. In his sample, suicidal ideation was reported by (6.1%), and suicide plan or attempt was (1.5%) in the past year. The effects of separation on suicidality were strongest instantly after separation, with a nearly three-times increase in ideation and an eight-times increase in plans/attempts in the two years after separation, gradually diminishing subsequently (Batterham *et al.*, 2014) [6].

Facing unfavourable life circumstances, highly optimistic have a lower probability of suicidal behaviour. O'Connor *et al.* (2013) [58] found that despair did not substantially predict further suicide attempts. Recent conflicting results imply that while despair plays a significant role in the emergence of suicidal thoughts, other variables can be more effective in

the prediction of actual suicide attempts or causalities. The risk of suicide rose by 10% for every 7% rise in the incidence of severe depressive illness. In contrast to those who reported low restrictive emotionality, those who reported high restrictive emotionality had 11 times the amount of heightened depressive symptoms, 3 times the amount of serious suicidal thoughts, and more than twice the amount of reported suicide attempts (Khandula *et al.*, 2023) [37],

Rumination, which is the repetitive attention to one's distressed feelings, is also found related to suicidal thoughts and attempts Morrison & O'Connor, (2008) [60]. There is a difference between reflective rumination, in which a person considers the causes and remedies of his or her symptoms, and brooding rumination when a person focuses only on his or her symptoms. Brooding rumination is linked to an increased risk of suicidal thoughts and attempts (Walls, 2010; Morrison & O'Connor, 2008) [82, 60]. Furthermore, ruminating has been linked to a rise in depressive symptoms, a sense of pessimism, and poor problem-solving abilities. Feelings of being a burden on someone.

Suicide is also associated with bullying and victimization, whether it occurs in person or online Klomek *et al.*, (2009) [39]. Suicide is impacted by how it is portrayed and modeled in the media (Pirkis & Nordentoft, 2011) [66]. According to Daine *et al.*, (2013) [21], there are both bad and good consequences of the internet on suicide conduct, such as a deterrent to getting assistance or a source of support. Research by O'Connor, (2014) [94] revealed that approximately 20% of teenagers admitted that the internet or social networking sites had an impact on their choice to injure themselves. Social networking sites had a role in their choice to damage themselves. Social media platforms like chat rooms and discussion forums can pose a danger for vulnerable populations since they can have an impact on their choices to commit suicide (Biddle *et al.*, 2008; Becker & Schmidt, 2004; Dunlop *et al.*, 2011) [10, 8, 25].

The study by Wojnar *et al.*, (2009) [86] also found a relationship between suicidal ideation and substance use disorder and revealed that 33% of patients reported suicidal ideation within the two weeks. Recently Ledden *et al.*, (2022) [45] also found that alcohol use significantly disrupts day-to-day functioning as well and there is a positive relationship between alcohol use and suicide-related outcomes like suicidal thoughts and suicidal attempts.

The presence and continuous addition of one or more and growing physical problems (such as hypertension, cancer, and respiratory diseases) are strongly related to suicidal conduct (Scott *et al.*, 2010 & Webb *et al.*, 2012) [73, 84].

Suicidal behaviour is likely inherited along with a person's propensity for mental problems and tendency towards violent and hasty behaviours (Barzilay *et al.*, 2015) [4]. Impulsivity is proposed as "a more significant indicator of suicide attempt than the presence of a specific suicide plan" (Bryan & Rudd, 2006) [15]. It is thought to assist the changeover from suicidal ideations to attempts (Klonsky & May 2015) [40]. Giegling *et al.* (2009) [32]; Gvion & Apter, (2011) [95] also found that when impulsivity is reported by the subject himself then it is significantly correlated with suicide. It is more evident in young people than in older people (McGirr *et al.*, 2008 & O'Connor *et al.*, 2012) [50, 61]. People, aggressive-impulsive behaviour may be the underlying cause of a family history of suicide and new suicide attempts by probands (Brent, *et al.*, 2009, 2015 &

Melhem *et al.*, 2007) [12, 51]. Its link to suicide risk is less clear-cut and consistent than first believed, and its impact may be less immediate (Brezo *et al.*, 2006, Watkins & Meyer, 2013) [13, 83].

Miller *et al.* (2015) [52] suggested that perceptions of school support are independently and negatively associated with SI even after controlling for MDD diagnosis and sex. Moreover, this relationship is particularly strong among adolescents who also report perceptions of lower parent support.

Klonksky & May, (2015) [40] Three-Step Theory (3ST) of Suicidal Ideation entails strong vs. mild suicidal ideation and the progression from ideation to attempt. Suicidal thoughts are a necessary step before a suicide attempt.

Low income has also proved as a threat to suicidal thoughts and attempts. But Wetherall *et al.*, (2015) [85] found that social status, rather than absolute income, which may be obtained with money, is more significant in understanding suicide. This shows that the alliance between income and suicide outcomes may be explained by psychological rather than material variables.

Alfonso-Sánchez *et al.* (2019) [2] for the MIND/COVID project reported that 8.4% of people who had 30-day STBs, (4.9%) were with just passive suicide thoughts. Reported active suicidal thoughts without a plan or attempt was (0.8%) and with an attempt or plan was (2.7%) 6 of the totals also disclosed attempts. Thirty-day STB was found significantly higher among persons with pre-existing anxiety and mood disorders (STB ranged was 13.5% to 22.3%; plan or attempt ranged was 4.8% to 9.6%) and in subjects who were hospitalised for COVID-19 (STB (12.6%); plan or attempt = (8.1%). Additionally, STB was more prevalent between the ages of 18 and 29 who were unmarried, didn't have to care for any children, and interacted frequently with COVID-19 patients.

Sadness and anxiety frequently co-occur with STB among students. It's interesting to see that STB has self-esteem as one of its primary indicators (Macalli *et al.*, 2021) [47]. COVID-19 outbreaks were accompanied by a high

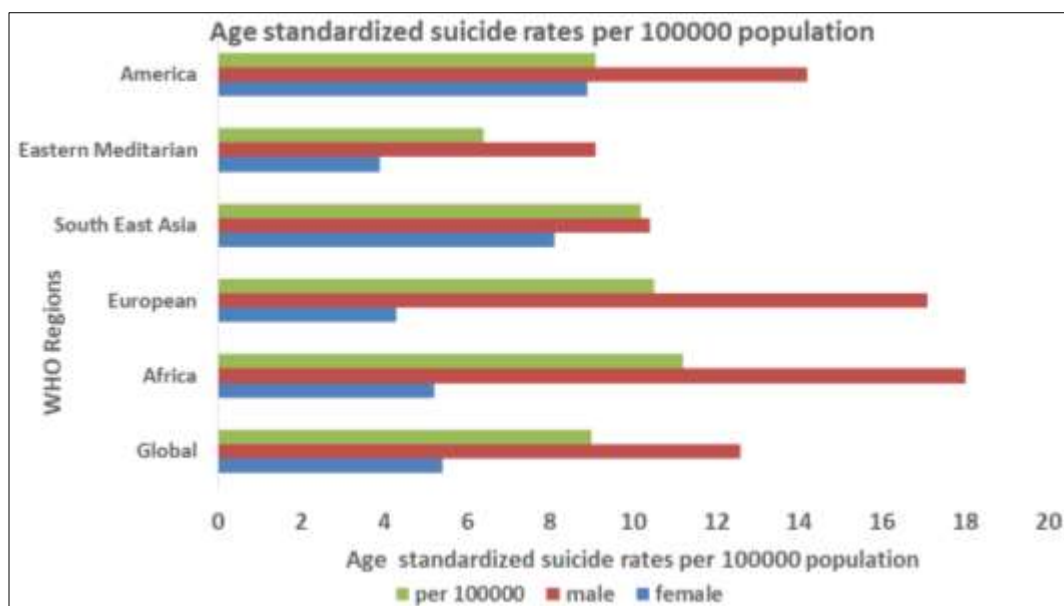
prevalence of anxiety, sleep problems, and depression among healthcare professionals (Muller *et al.*, 2020; Pappa *et al.*, 2020; Vindegaard & Benros, 2020) [54, 65, 81]. Direct contact with corona patients also resulted in psychological distress and post-traumatic stress disorder (Kisely *et al.*, 2020) [38]. These damaging factors are well-known risk factors for suicidal ideas and actions (Franklin *et al.*, 2017). This segment of the population already has a high risk for suicidal ideation (Tyssen *et al.*, 2001) [80] and suicide (Dutheil *et al.*, 2019) [26] under normal working conditions. These results might help in future studies if we find an increased rate of suicidality in them.

According to Richardson *et al.* (2022) [71], women have and disclose suicidal thoughts and attempts more than men. And it depends on a variety of circumstances, such as mental illness, hospitalisation, lack of a degree, being unmarried, and childhood hardship. Self-disclosure of any mental disorder and hardships of childhood are some characteristics that contribute to suicide more in men than women. fluid vulnerability theory has also emphasized that pre-existing risk factors differentiate people who consider suicide and those who attempt suicide, as these people can be characterised as having relatively permanent 'chronic' suicide risk (Bryan & Rudd, 2016; Zatti *et al.*, 2017) [16, 89].

The COVID-19 pandemic has had an effect on people's mental health and general well-being all over the world. Knowles *et al.*, (2022) [41] discovered that stressors like domestic violence, economic problems, isolation, apprehensions, hopelessness, and above all food insecurity and many more contributed to the relationship between COVID-19 stress and suicidal thoughts. Median suicide risk was reduced by 43% as yearly median family income increased (Kandula *et al.*, 2023) [37].

### Prevalence

WHO has provided data and it is found that there is a huge number of suicides worldwide. Differences in age-standardized suicide rates can be seen across WHO regions.



**Fig 1:** Age-standardized suicide rates (Per 100,000 population) WHO, (2019)

**Future:** Speaking about suicide makes people uncomfortable. They thus opt to ignore the subject.

However, suicide is indeed a severe public health issue that must be addressed at the individual, community, and global

levels. To get rid of or lessen the size of this serious problem in society, there is a huge need for tackle this issue seriously at global level as well as individual level. It is necessary to work with psychiatrists, psychologists, counsellors, NGOs, and most importantly, family. Suicide is associated with a variety of mental problems therefore a "blanket approach" is not acceptable. Suicide can be stopped, but to do so, several societal sectors-including those involved in health, education, labour, agriculture, business, justice, law, defence, politics, and the media-must coordinate their efforts. Since no one strategy can influence an issue alone, these efforts must be extensive and interconnected.

The current trends and statistics are very alarming and require immediate attention towards suicide prevention. The WHO has recommended several preventative strategies to be used to lower the number of suicides globally following an analysis of the causes of suicide. WHO (2019) recommended the following precautions:

- There ought to be restrictions on the availability of dangerous drugs, weapons, and other items.
- Media outlets ought to cover suicide sensibly.
- To prevent people from leaping from high areas, barriers should be there.
- It is important to acquire and maintain socio-emotional life skills.
- Acknowledging that suicide intent should be understood and early detection, evaluation, care, and follow-ups of people who are impacted by suicidal activity are all necessary.

The multisectoral collaboration, awareness-raising, capacity-building, financial support, surveillance, monitoring, and evaluation are crucial basic pillars that must work hand in hand with this.

Suicide was still considered a crime a few years back. Section 309 of the Indian penal code which made attempting suicide a punishable offence but after Mental Healthcare Act (2018) decriminalized suicide and Section 115 of this act states to provide mental health support and rehabilitation to the concerned individual. This has changed the legal scenario but dealing with the issue at societal level is still a big challenge as the views of public have not changed at large. The government's allotment of funds for mental healthcare needs to be increased. There is need to increase the number of psychiatrists, counsellors and mental health practitioners. There is need for awareness campaigns and workshops for individuals of all ages. Family environment also plays an important role in building thoughts and beliefs of an individual. Various researches have shown that warmth and care given by the family and parents enhances mental health (Singh *et al.*, 2018; Singh *et al.*, 2021)<sup>[75, 77]</sup>, life satisfaction (Behmani & Singh, 2018)<sup>[9]</sup>, self-esteem (Krauss *et al.*, 2020) and decreases suicide attempts and ideation (Singh & Behmani, 2018)<sup>[75]</sup>. Friends and social circle also need to remain positive and provide adequate social and emotional support to the individual when required. Individuals need to have positive mind-set towards life so that they deal with challenging situations. People at levels need to provide their best efforts to prevent the increasing number of suicides.

**Limitation of review:** Literature mirrors as well as gives a positive direction to society. To some extent, a review of the

literature gave insight into the burning issue of suicide, its causes and prevalence of suicidal intent, and more to suicide attempts and commit. But data represented here is just reported cases of suicide, though many more unreported are left behind. So, more studies at grass root levels are required.

### Future implication

The present review may render help readers, researchers, sociologists, psychologists, counsellors, psychiatrists, and policy-makers in influential positions to consider how important it is to think about suicide and take all the necessary steps to reduce and eradicate suicide in society. Otherwise, the future is dark and the day is not far when suicide will become the world's number one cause of death. In the future, the combination of artificial intelligence and predictive analytics has the potential to recognize at-risk individuals and offer them targeted support. To detect early indications of suicidal ideation, AI systems can scan large datasets, including social media posts, electronic health records, and behavioral patterns. Inconspicuous changes in language, behavior, or online activity that can indicate distress can be found using predictive analytics. AI can also help in early intervention as people who are expressing suicidal thoughts online or through text messages can get immediate support and resources from chatbots and virtual mental health aides driven by AI. Healthcare professionals can be alerted by predictive models to patients who are at high risk, allowing for proactive interventions. With all these advantages there are many challenges and ethical considerations related to the AI and predictive analysis model. There are many privacy and data security concerns, privacy issues are raised by the collection and analysis of personal data for suicide risk assessment. It's crucial to strike a balance between privacy and interference. Biasness is also seen in AI-driven models especially those trained on unfair or biased datasets, which may be skewed and produce inaccurate risk evaluations.

It is challenging to make definite predictions of suicidal thoughts because it is a complicated, multifaceted issue that depends on various factors. However, there are a few significant developments and factors that may influence how suicide ideation develops in the future:

1. **Stigma Reduction and Mental Health Awareness:** There is a rising global awareness of mental health issues, and initiatives to lessen the stigma associated with mental health are gaining traction. This would encourage more people to seek support for their emotional challenges, hence lowering the prevalence of untreated suicidal ideation.
2. **Access to Mental Health Services:** Expanded availability of mental health services, particularly telehealth and online information, may make it simpler for people to seek professional assistance when they are considering suicide. Early intervention and assistance may result from improved mental health services and infrastructure.
3. **Youth Mental Health:** Addressing young people's suicidal ideation is crucial for the future since youth mental health is a serious concern. The prevalence of suicidal thoughts among teenagers and young adults may be decreased with the use of preventive programs and support from educational institutions and communities.

4. **Socioeconomic issues:** Suicide thoughts may be influenced by economic and social issues such as unemployment, poverty, and social isolation. Actions taken to address these issues and offer economic possibilities and social support will have an impact on the future trajectory.
5. **Crisis Intervention:** Helplines and crisis intervention programs are essential for giving those who are contemplating suicide instant aid. These services might evolve in the future, becoming more approachable, responsive, and efficient.
6. **Initiatives for worldwide Mental Health:** Governments and international organizations are becoming more aware of the significance of mental health as a worldwide issue. Global cooperation in the fight against suicide and mental illness may produce better results.
7. **Preventive Education and Awareness:** Ongoing efforts to raise awareness of suicide prevention and warning signals among the general public may result in earlier identification and intervention when people have suicidal thoughts.

### Conclusion

This thorough investigation of suicidal ideation, including its historical development, current difficulties, and prospects, demonstrates the complex character of this important public health concern. Several crucial insights have been attained by a thorough research of the past, a review of the current environment, and consideration of probable future events.

The historical viewpoint highlights the steady progress in identifying the importance of these concerns while illuminating the changing society's views about mental health and suicide. However, it is important to recognize that despite improvements in our understanding, suicidal thoughts continue to be a major problem. Lessons learned from the past highlight the significance of ongoing initiatives to de-stigmatize mental health issues, enhance access to care, and implement proactive prevention measures.

In conclusion, suicide ideation continues to be a serious issue around the world that demands our continuous dedication to prevention and intervention. The integration of historical understanding, present-day conditions, and long-term goals highlights the value of a comprehensive strategy. As a society, it is our responsibility to keep removing obstacles to mental health treatment, promoting empathy, and funding extensive preventative programs. The future of suicide ideation depends on our capacity to adapt, draw lessons from the past, and pave a course toward a more sympathetic and encouraging world-one in which every person, no matter their circumstances, can find hope and assistance when they most need it.

### References

1. Agerbo E. High Income, Employment, Postgraduate Education, and Marriage: A Suicidal Cocktail among Psychiatric Patients: Correction; c2008.
2. Alfonso-Sánchez JL, Martín-Moreno JM, Martínez IM, Martínez AA. Epidemiological study and cost analysis of suicide in Spain: over 100 years of evolution. *Archives of Suicide Research*; c2019.
3. B, MK. Suicides in Ramayana and Mahabharata. Blog; c2015.
4. Barzilay S, Feldman D, Snir A, Apter A, Carli V, Hoven CW, *et al.* The interpersonal theory of suicide and adolescent suicidal behavior. *Journal of Affective Disorders*. 2015;183:68-74.
5. Batterham PJ, Christensen H. Longitudinal risk profiling for suicidal thoughts and behaviours in a community cohort using decision trees. *Journal of affective disorders*. 2012;142(1-3):306-314.
6. Batterham PJ, Fairweather-Schmidt AK, Butterworth P, Calear AL, Mackinnon AJ, Christensen H. Temporal effects of separation on suicidal thoughts and behaviors. *Social Science & Medicine*. 2014;111:58-63.
7. Becker ES, Strohbach D, Rinck M. A specific attentional bias in suicide attempters. *The Journal of nervous and mental disease*. 1999;187(12):730-735.
8. Becker K, Schmidt MH. Internet chat rooms and suicide; c2004.
9. Behmani RK, Singh V. Influence of parenting style on life satisfaction of the adolescents: A review. *IAHRW International Journal of Social Sciences Review*. 2018;6(2):226-230.
10. Biddle L, Donovan J, Hawton K, Kapur N, Gunnell D. Suicide and the Internet. *Bmj*. 2008;336(7648):800-802.
11. Bostwick JM, Rackley SJ. Completed suicide in medical/surgical patients: Who is at risk? *Current Psychiatry Reports*. 2007;9(3):242-246.
12. Brent DA, Emslie GJ, Clarke GN, Asarnow J, Spirito A, Ritz L, *et al.* Predictors of spontaneous and systematically assessed suicidal adverse events in the treatment of SSRI-resistant depression in adolescents (TORDIA) study. *American Journal of Psychiatry*. 2009;166(4):418-426.
13. Brezo J, Paris J, Turecki G. Personality traits as correlates of suicidal ideation, suicide attempts, and suicide completions: A systematic review. *Acta Psychiatrica Scandinavica*. 2006;113(3):180-206.
14. Briggs S. Consenting to its own Destruction: A Reassessment of Freud's Development of a Theory of Suicide. *The Psychoanalytic Review*. 2006;93(4):541-564.
15. Bryan CJ, Rudd MD. Advances in the assessment of suicide risk. *Journal of clinical psychology*. 2006;62(2):185-200.
16. Bryan CJ, Rudd MD. The importance of temporal dynamics in the transition from suicidal thought to behavior. *Clinical Psychology: Science and Practice*. 2016;23(1):21-25.
17. Bursztein C, Apter A. Adolescent suicide. *Current opinion in psychiatry*. 2009;22(1):1-6.
18. Busch KA, Fawcett J, Jacobs DG. Clinical correlates of inpatient suicide. *Journal of Clinical Psychiatry*. 2003;64(1):14-19.
19. Conner KR, Cox C, Duberstein PR, Tian L, Nisbet PA, Conwell Y. Violence, alcohol, and completed suicide: a case-control study. *American Journal of Psychiatry*. 2001;158(10):1701-1705.
20. Conner KR, Duberstein PR, Conwell Y. Domestic violence, separation, and suicide in young men with early onset alcoholism: Reanalyses of Murphy's data. *Suicide and Life-Threatening Behavior*. 2000;30(4):354-359.

21. Daine K, Hawton K, Singaravelu V, Stewart A, Simkin S, Montgomery P. The power of the web: A systematic review of studies of the influence of the internet on self-harm and suicide in young people. *PloS one*. 2013;8(10):e77555.
22. Darke S, Ross J, Lynskey M, Teesson M. Attempted suicide among entrants to three treatment modalities for heroin dependence in the Australian Treatment Outcome Study (ATOS): prevalence and risk factors. *Drug and alcohol dependence*. 2004;73(1):1-10.
23. Desai PB, Sallekhana, Nishidhi. *Journal of Karnataka University (Social Science) Dharwad*. 1970;6:1-7.
24. Dumais A, Lesage AD, Lalovic A, Séguin M, Tousignant M, Chawky N, *et al*. Is violent method of suicide a behavioral marker of lifetime aggression?. *American Journal of Psychiatry*. 2005;162(7):1375-1378.
25. Dunlop SM, More E, Romer D. Where do youth learn about suicides on the Internet, and what influence does this have on suicidal ideation?. *Journal of child psychology and psychiatry*. 2011;52(10):1073-1080.
26. Dutheil F, Aubert C, Pereira B, Dambun M, Moustafa F, Mermillod M, *et al*. Suicide among physicians and health-care workers: A systematic review and meta-analysis. *PloS one*, 2019, 14(12),
27. Fergusson DM, John Horwood L, Ridder EM. Abortion in young women and subsequent mental health. *Journal of Child Psychology and Psychiatry*. 2006;47(1):16-24.
28. Fergusson DM, Lynskey MT. Suicide attempts and suicidal ideation in a birth cohort of 16- year-old New Zealanders. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1995b;34:1308-1317.
29. Franklin JC, Ribeiro JD, Fox KR, Bentley KH, Kleiman EM, Huang X, *et al*. Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological bulletin*. 2017;143(2):187.
30. Galfalvy H, Oquendo MA, Carballo JJ, Sher L, Grunebaum MF, Burke A, *et al*. Clinical predictors of suicidal acts after major depression in bipolar disorder: a prospective study. *Bipolar Disorders*. 2006;8(5p2):586-595.
31. Geulayov G, Gunnell D, Holmen TL, Metcalfe C. The association of parental fatal and non-fatal suicidal behaviour with offspring suicidal behaviour and depression: a systematic review and meta-analysis. *Psychological medicine*. 2012;2(8):1567-1580.
32. Giegling I, Olgiati P, Hartmann AM, Calati R, Möller HJ, Rujescu D, *et al*. Personality and attempted suicide. Analysis of anger, aggression and impulsivity. *Journal of psychiatric research*. 2009;43(16):1262-1271.
33. Gilbert P, Allan S. The role of defeat and entrapment (arrested flight) in depression: an exploration of an evolutionary view. *Psychological medicine*. 1998;28(3):585-598.
34. Ilgen MA, Burnette ML, Conner KR, Czyz E, Murray R, Chermack S. The association between violence and lifetime suicidal thoughts and behaviors in individuals treated for substance use disorders. *Addictive behaviors*. 2010;35(2):111-115.
35. Johnsson E, Fridell M. Suicide attempts in a cohort of drug abusers: A 5-year follow-up study. *Acta Psychiatrica Scandinavica*. 1997;96(5):362-366.
36. Joiner TE, Ribeiro JD, Silva C. Nonsuicidal self-injury, suicidal behavior, and their co-occurrence as viewed through the lens of the interpersonal theory of suicide. *Current Directions in Psychological Science*. 2012;21(5):342-347.
37. Kandula S, Martinez-Alés G, Rutherford C, Gimbrone C, Olfson M, Gould MS, *et al*. County-level estimates of suicide mortality in the USA: a modelling study. *The Lancet Public Health*. 2023;8(3):e184-e193.
38. Kisely S, Warren N, McMahon L, Dalais C, Henry I, Siskind D. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *bmj*, 2020, 369.
39. Klomek AB, Sourander A, Niemelä S, Kumpulainen K, Piha J, Tamminen T, *et al*. Childhood bullying behaviors as a risk for suicide attempts and completed suicides: a population-based birth cohort study. *Journal of the American academy of child & adolescent psychiatry*. 2009;48(3):254-261.
40. Klonsky ED, May AM. The three-step theory (3ST): A new theory of suicide rooted in the “ideation-to-action” framework. *International Journal of Cognitive Therapy*. 2015;8(2):114-129.
41. Knowles JR, Gray NS, O’Connor C, Pink J, Simkiss NJ, *et al*. The role of hope and resilience in protecting against suicidal thoughts and behaviors during the COVID-19 pandemic. *Archives of Suicide Research*. 2022;26(3):1487-1504.
42. Krauss S, Orth U, Robins RW. Family environment and self-esteem development: A longitudinal study from age 10 to 16. *Journal of personality and social psychology*. 2020;119(2):457.
43. Kryszka K, De Leo D. Suicide on railway networks: epidemiology, risk factors and prevention. *Australian & New Zealand Journal of Psychiatry*. 2008;42(9):763-771.
44. Laios K, Tsoukalas G, Kontaxaki MI, Karamanou M, Androustos G. Suicide in ancient Greece. *Psychiatrike= Psychiatriki*. 2014;25(3):200-207.
45. Ledden S, Moran P, Osborn D, Pitman A. Alcohol use and its association with suicide attempt, suicidal thoughts and non-suicidal self-harm in two successive, nationally representative English household samples. *BJPsych open*. 2022;8(6):e192.
46. Leenaars AA, Balance WD. A predictive approach to suicide notes of young and old people from Freud's formulations with regard to suicide. *Journal of clinical psychology*. 1984;40(6):1362-1364.
47. Macalli M, Orri M, Tzourio C, Côté SM. Contributions of childhood peer victimization and/or maltreatment to young adult anxiety, depression, and suicidality: a cross-sectional study. *BMC psychiatry*. 2021;21(1):1-9.
48. Madge N, Hewitt A, Hawton K, Wilde EJD, Corcoran P, Fekete S, *et al*. Deliberate self-harm within an international community sample of young people: comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *Journal of child Psychology and Psychiatry*. 2008;49(6):667-677.
49. Marzuk PM, Hartwell N, Leon AC, Portera L. Executive functioning in depressed patients with suicidal ideation. *Acta Psychiatrica Scandinavica*. 2005;112(4):294-301.

50. McGirr A, Renaud J, Bureau A, Seguin M, Lesage A, Turecki G. Impulsive-aggressive behaviours and completed suicide across the life cycle: a predisposition for younger age of suicide. *Psychological medicine*. 2008;38(3):407-417.
51. Melhem NM, Brent DA, Ziegler M, Iyengar S, Kolko D, Oquendo M, *et al*. Familial pathways to early-onset suicidal behavior: Familial and individual antecedents of suicidal behavior. *American Journal of Psychiatry*. 2007;164(9):1364-1370.
52. Miller AB, Esposito-Smythers C, Leichtweis RN. Role of Social Support in Adolescent Suicidal Ideation and Suicide Attempts. *Journal of Adolescent Health*. 2015;56(3):286-292.  
<https://doi.org/10.1016/j.jadohealth.2014.10.265>.
53. Miranda R, Gallagher M, Bauchner B, Vaysman R, Marroquín B. Cognitive inflexibility as a prospective predictor of suicidal ideation among young adults with a suicide attempt history. *Depression and anxiety*. 2012;29(3):180-186.
54. Muller AE, Hafstad EV, Himmels JPW, Smedslund G, Flottorp S, Stensland SØ, *et al*. The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review. *Psychiatry Research*. 2020;293:113-441.
55. Najmi S, Wegner DM, Nock MK. Thought suppression and self-injurious thoughts and behaviors. *Behaviour research and therapy*. 2007;45(8):1957-1965.
56. Nanayakkara S, Misch D, Chang L, Henry D. Depression and exposure to suicide predict suicide attempt. *Depression and anxiety*. 2013;30(10):991-996.
57. Neuringer C. Rigid thinking in suicidal individuals. *Journal of consulting psychology*. 1964;28(1):54.
58. O'Connor RC. Suicidal behavior as a cry of pain Test of a psychological model. *Archives of Suicide Research*. 2003;7(4):297-308.
59. O'Connor RC. The relations between perfectionism and suicidality A systematic review. *Suicide and Life-Threatening Behavior*. 2007;37(6):698-714.
60. O'Connor RC, Fraser L, Whyte MC, MacHale S, Masterton G. A comparison of specific positive future expectancies and global hopelessness as predictors of suicidal ideation in a prospective study of repeat self-harmers. *Journal of affective disorders*. 2008;110(3):207-214.
61. O'Connor RC, O'carroll RE, Ryan C, Smyth R. Self-regulation of unattainable goals in suicide attempters: A two year prospective study. *Journal of affective disorders*. 2012;142(1-3):248-255.
62. O'Connor RC, Rasmussen S, Hawton K. Predicting depression, anxiety and self-harm in adolescents: The role of perfectionism and acute life stress. *Behaviour research and therapy*. 2010;48(1):52-59.
63. O'Connor RC, Rasmussen S, Hawton K. Distinguishing adolescents who think about self-harm from those who engage in self-harm. *The British Journal of Psychiatry*. 2012;200(4):330-335.
64. O'Connor RC, Smyth R, Ferguson E, Ryan C, Williams JMG. Psychological processes and repeat suicidal behavior: a four-year prospective study. *Journal of consulting and clinical psychology*. 2013;81(6):1137.
65. Pappa S, Ntella V, Giannakas T, Giannakoulis VG, Papoutsis E, Katsaounou P. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, behavior, and immunity*. 2020;88:901-907.
66. Pirkis J, Nordentoft M. Media influences on suicide and attempted suicide.in O'Connor RC Platt S Gordon J *International handbook of suicide prevention: research, policy and practice*. John Wiley, Sons, Chichester. 2011, 531-544.
67. Pollock LR, Williams JMG. Problem solving in suicide attempters. *Psychological Medicine*. 2004;34:163-167.
68. Pollock LR, Williams JMG. Effective problem solving in suicide attempters depends on specific autobiographical recall. *Suicide and Life-Threatening Behavior*. 2001;31(4):386-396.
69. Qin P, Agerbo E, Mortensen PB. Suicide risk in relation to family history of completed suicide and psychiatric disorders: a nested case-control study based on longitudinal registers. *Lancet*. 2002;360:1126-1130.
70. Rehman S, Perveen A, Hassan A. Concept of depression and its management in Unani system of medicine: A review. *International Journal of Physiology, Nutrition and Physical Education* 2019;4(1):972-974.
71. Richardson C, Robb KA, McManus S, O'Connor RC. Psychosocial factors that distinguish between men and women who have suicidal thoughts and attempt suicide: findings from a national probability sample of adults. *Psychological medicine*. 2022, 1-9.
72. Roxborough HM, Hewitt PL, Kaldas J, Flett GL, Caelian CM, Sherry S, *et al*. Perfectionistic self-presentation, socially prescribed perfectionism, and suicide in youth: A test of the perfectionism social disconnection model. *Suicide and Life-Threatening Behavior*. 2012;42(2):217-233.
73. Scott KM, Hwang I, Chiu WT, Kessler RC, Sampson NA, Angermeyer M, *et al*. Chronic physical conditions and their association with first onset of suicidal behavior in the world mental health surveys. *Psychosomatic Medicine*. 2010;72(7):712-719.
74. Shneidman ES. Suicide, lethality, and the psychological autopsy. *International psychiatry clinics*. 1969;6(2):225-250.
75. Singh V, Behmani RK. Parenting style and adolescent suicide ideation: a review. *Parenting*. 2018;3(2):1245-1252.
76. Singh V, Behmani RK, Kumar S. Role of Parenting Style in Mental Health and Coping Style of the Adolescents. *Remarking An Analisation*. 2018;3(8):32-38.
77. Singh V, Gera T, Behmani RK. Parenting Styles and Mental Health of Adolescents. *Journal of Psychology and Behavior Studies*. 2021;1(1):41-46.
78. Taylor PJ, Gooding P, Wood AM, Tarrier N. The role of defeat and entrapment in depression, anxiety, and suicide. *Psychological bulletin*. 2011;137(3):391.
79. Tiet QQ, Ilgen MA, Byrnes HF, Moos RH. Suicide attempts among substance use disorder patients: an initial step toward a decision tree for suicide management. *Alcoholism: Clinical and Experimental Research*. 2006;30(6):998-1005.
80. Tyssen R, Vaglum P, Grønvold NT, Ekeberg Ø. Suicidal ideation among medical students and young physicians: a nationwide and prospective study of



- prevalence and predictors. *Journal of affective disorders*. 2001;64(1):69-79.
81. Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, behavior, and immunity*. 2020;89:531-542.
  82. Walls NE, Laser J, Nickels SJ, Wisneski H. Correlates of cutting behavior among sexual minority youths and young adults. *Social Work Research*. 2010;34(4):213-226.
  83. Watkins HB, Meyer TD. Is there an empirical link between impulsivity and suicidality in bipolar disorders? A review of the current literature and the potential psychological implications of the relationship. *Bipolar disorders*. 2013;15(5):542-558.
  84. Webb RT, Kontopantelis E, Doran T, Qin P, Creed F, Kapur N. Suicide Risk in Primary Care Patients with Major Physical Diseases: A Case-Control Study Correction. c2012
  85. Wetherall K, Daly M, Robb KA, Wood AM, O'Connor RC. Explaining the income and suicidality relationship: Income rank is more strongly associated with suicidal thoughts and attempts than income. *Social Psychiatry and Psychiatric Epidemiology*. 2015;50:929-937.
  86. Wojnar M, Ilgen MA, Czyz E, Strobbe S, Klimkiewicz A, Jakubczyk A, *et al.* Impulsive and non-impulsive suicide attempts in patients treated for alcohol dependence. *Journal of affective disorders*. 2009;115(1-2):131-139.
  87. Young MA, Fogg LF, Scheftner W, Fawcett J, Akiskal H, Maser J. Stable trait components of hopelessness: baseline and sensitivity to depression. *Journal of abnormal psychology*. 1996;105(2):155.
  88. Yuen N, Andrade N, Nahulu L, Makini G, McDermott JF, Danko G, *et al.* The rate and characteristics of suicide attempters in the native Hawaiian adolescent population. *Suicide and Life Threatening Behavior*. 1996;26:27-36.
  89. Zatti C, Rosa V, Barros A, Valdivia L, Calegari VC, Freitas LH, *et al.* Childhood trauma and suicide attempt: A meta-analysis of longitudinal studies from the last decade. *Psychiatry research*. 2017;256:353-358.
  90. Zhang Y, Law CK, Yip PS. Psychological factors associated with the incidence and persistence of suicidal ideation. *Journal of affective disorders*. 2011;133(3):584-590.
  91. Beck AT, Hollon SD, Young JE, Bedrosian RC, Budenz D. Treatment of depression with cognitive therapy and amitriptyline. *Archives of general psychiatry*. 1985 Feb 1;42(2):142-8.
  92. Durkheim É. De la définition des phénomènes religieux. *L'Année sociologique (1896/1897-1924/1925)*. 1897 Jan 1;2:1-28.
  93. Lees HJ, Swann JR, Wilson ID, Nicholson JK, Holmes E. Hippurate: The natural history of a mammalian-microbial cometabolite. *Journal of proteome research*. 2013 Apr 5;12(4):1527-46.
  94. O'Connor RC, Nock MK. The psychology of suicidal behaviour. *The Lancet Psychiatry*. 2014 Jun 1;1(1):73-85.
  95. Gvion Y, Apter A. Aggression, impulsivity, and suicide behavior: a review of the literature. *Archives of suicide research*. 2011 Apr 1;15(2):93-112.