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High Suicidal Intent in Youth Presenting with Intentional Self-Harm: A Cross-Sectional Study of Clinical Correlates and Stressful Life Events

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ABSTRACT

Background: Intentional self-harm and suicide attempts among adolescents and young adults are emerging as major public health concerns, particularly in low- and middle-income countries. Suicidal intent plays a crucial role in determining the lethality and recurrence of self-harm behaviors. Understanding the clinical and psychosocial correlates associated with high suicidal intent may help in early risk stratification and implementation of targeted preventive interventions among vulnerable youth.

Methods: A cross-sectional descriptive study was conducted among 50 patients aged 15–24 years presenting with intentional self-harm at a tertiary care hospital. Socio-demographic and clinical details were collected using a structured proforma. Suicidal intent was assessed using the Beck Suicide Intent Scale, while stressful life events were evaluated using the Presumptive Stressful Life Events Scale. Statistical analysis was performed using Chi-square and Fisher's exact tests to determine associations between study variables.

Results: Most participants were females (58%), aged 21–24 years (52%), unmarried (82%), belonged to nuclear families (82%), and had education below the 10th standard (76%). About 22% had a history of mental illness, and 20% reported previous self-harm attempts. High suicidal intent was observed in 9 participants (18%). A borderline significant association was found between previous deliberate self-harm and high suicidal intent (44.4% vs. 17%; p=0.05). Family history of self-harm, mental illness, and alcohol use did not show significant associations with suicidal intent.

Conclusion: Intentional self-harm among young individuals with high suicidal intent is closely associated with previous self-harm behavior, indicating a higher risk of recurrence. Early identification, timely psychiatric evaluation, and targeted preventive strategies are essential to reduce suicidal attempts and improve mental health outcomes in this vulnerable population.

Key-words: Self-harm, suicidal tendency, Repetition, suicidal intension, Self-injury

INTRODUCTION

Self-harm, suicide attempts, and suicidal thoughts are significant worldwide mental health concerns because of their greater prevalence and severity. complicated relationship between them. Suicidal behavior and self-harm behavior are different terms; there might be similarities, but there is a Suicidal behavior is defined as any act that attempts to end one's life, such as a suicide attempt, suicide plan, or even suicidal thoughts or feelings. Conversely, self-harming behavior or non-suicidal self-injury (NSSI) is any intentional self-harm or self-injury besides a death attempt. This may involve breaking, burning, beating oneself, or any other activity that causes bodily injury. NSSIs can be referred to as a coping mechanism to cope with emotional pain, stress, or trauma, and are more common than suicide attempt with self-harming behaviors approximately twice that of suicide attempts [1,2].

Suicide attempts and self-harm, as well as suicide, have become a national public health issue in not only

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Portugal but several European nations. Self-harm is the process of injuring oneself purposefully, and suicide is the process of injuring oneself deliberately. Approximately 800,000 human beings commit suicide every year [2]. The second-causal cause of death among teenagers aged 10-19 years is suicide. It has been demonstrated that self-harm behavior changes during the life-cycle: the ratio of self-harm behavior to suicide attempts is 30:1 in youth and 3:1 in old age. According to WHO statistics, the suicide rates among the youth between 15 and 29 years of age have not changed, with the figure standing between 4 per 100000 in 2003 and 3.9 per 100000 in 2016, indicating that suicide continues to be a significant problem in the health of the population [3].

Suicide attempts and self-harm behaviors may be clinically similar in patients with borderline personality disorder, depression, anxiety, and alcohol dependence. Still, most of the publications have been dedicated to distinguishing factors between the two. Self-injurious behaviors among children and adolescents with and without suicidal intent might vary in terms of frequency and means of self-injury, comorbid symptoms, and personality disorders. Other studies have admitted that externalizing symptoms can be linked to self-harm, whereas internalizing symptoms can be a bigger contributor to suicidality. On the other hand, studies have observed elevated rates of both internalizing and externalizing symptoms in those who have attempted suicide and those who have suffered non-suicidal self-injuries [4,5].

Psychiatric disorder was highly correlated with suicide intention, particularly in the case of major depressive disorder. Hopelessness is largely associated with intent. Strong suicidal intent had the risk of recurrence of deliberate self-harm and finally death through suicide. A strong relationship was also established between suicidal intent and deliberate self-harm, and to a greater extent between hopelessness and deliberate self-harm [6]. The intention to die was more in patients with comorbid psychiatric illness. This suicidal motive lasted up to days after the attempt, contrary to patients without psychiatric disease who regretted the suicide attempt. Endurance of intent to die is a risk factor of recurrence of deliberate self-harm. It was also identified that the patients who had the intention to die had preplanned their death a long time before and had taken measures to ensure that they were not discovered, so that they would not be rescued. The key target symptoms in the treatment of suicidal individuals are the cognitive and attitudinal aspects of hopelessness. Consequently, both prevention and intervention have to do with the intention of the deliberate self-harm episode, rather than the situation itself (e.g., interpersonal crisis), which needs to be altered [7,8].

MATERIALS AND METHODS

Study design- This was a cross-sectional descriptive study conducted at the Department of Psychiatry. The population was defined as patients who had been referred to the Department of Psychiatry seeking consultation-liaison services and were aged 15 to 24 years. The study included the patients who provided informed consent or assent in the 15 to 24 years age group admitted with ISH. Mentally retarded patients were locked out. All the consecutive subjects that met the study criteria throughout the study period were recruited. The Institutional Ethics Committee sanctioned all the procedures that involved human subjects, and informed consent was signed in writing by all members who were above 18 years in the regional language. All subjects between the ages of 15 and 18 who understood the regional language gave written consent in their native language, and their parents gave informed consent. Privacy and confidentiality were ensured.

Study variables- The socio-demographic variables, precipitating factors, previous history of suicide attempts, family history of suicide, and history of substance abuse were evaluated through a specially prepared proforma.

Beck's Suicide Intent Scale- The level of suicidal intent was assessed using the Beck Suicide Intent Scale. It is a semi-structured and interviewer-administered assessment scale that has a good internal consistency (Cronbach 15 item=0.90), reliability (r=0.76), and validity. It has two sections, where the first section is an objective (15 items) section and the second section assesses the subjective characteristics of the suicide attempt (5 items). All items are rated on three alternative statements that have a degree of intensity of 0 to 2. The scoring system is as follows: a total score less than 10 means low intent, 10-15 means medium intent, and more than 15 means high intent.

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Presumptive Stressful Life Events Scale (PSLES)- The scale items are categorized into desirable, undesirable, and ambiguous, and personal and impersonal categories. It was statistically significant that there was a difference between the desirable and undesirable items, in that the latter was perceived to be more stressful than the desirable. It was estimated that members of the Indian society could have had an average of two stressful events in their lives in the past year and ten stressful events in their lives without any physical or psychological disturbance. The tested scale is converted to the local language, Malayalam. The validity that was established by the experts in the field was face and content validity. To determine that the translated version had not lost the meaning through translation, a language expert translated it back.

Study procedure- A total of 50 patients (aged 15 to 24 years) who had ISH and were referred to the Psychiatry Department by different departments to receive consult-liaison services during the study period, and who met the inclusion and exclusion criteria were included in our study. A junior resident initially attended to the patient, and the case was discussed with the consultant. The consultant diagnosed the patient after observing and examining him/her. A personal interview was performed before enrolment of the study was conducted, the nature of the study was made known to the patients and caregivers, and written informed consent/ assent of the guardian (where the subject was below 18 years) and/or the patient in the regional language was taken, and informed consent was obtained. The self-reports of the patients were also taken. The Beck Suicide Intent Scale was used to assess the suicide intent. The socio-demographic information and the precipitating factors of intentional self-harm were evaluated with the help of a specially designed proforma. The PSLES was used to determine the stressful life events.

Statistical analysis- Data analysis was done using R Software version 4.3.0 windows which is a free statistical analysis software. The mean and standard deviation (SD) of the quantitative variable and frequency and proportion of the categorical variable were used to describe results. The intent of suicide was classified and given as a percentage with 95% Confidence intervals (CI). Chi-square/Fisher exact test and the Mann-Whitney U test were used to determine the factors related to ISH.

RESULTS

The socio-demographic and clinical characteristics of 50 youth who attempted suicide are slightly increased in 26 (52) years of age within the range of 21-24 years old and 24 (48) years of age within the range of 15-20 years old. The cases were mainly females (29, 58%) than the males (21, 42), although the group of young women was more represented by suicide attempts. The level of education was low, with the majority of the participants (38, 76) having not received an education above the 10th class, and only 12 (24) having an education above the 10th class, which may reflect a potential correlation between low levels of education and susceptibility. Most of them were in nuclear families (41, 82%), and a smaller number of them were in extended (6, 12%) and joint families (3, 6%). The majority of the participants were unmarried (41, 82%), which aligns with the young age demographics, and 9 (18%) were married. With respect to religion, the majority of them were Hindu (41, 82%), then Islam (6, 12), and Christianity (3, 6), which shows the local demographic mix. Clinically, 11 (22), 6 (12) of the 50 were found to have a history of mental illness and family history of mental illness, respectively, indicating a significant but not a predominant psychiatric history. Also, 10 (20) had a history of intentional self-harm, and 7 (14) had a family history of mental illness in another measure, which points to repeated psychological vulnerability in a subgroup.

Table 2 demonstrates the relationship between clinical variables and the degree of suicidal intent in young suicide attempters between high intent (n=9) and medium/low intent (n=41). The high-intent group (44.4) had a more frequent history of intentional self-harm than the medium/low-intent group (17%), and it was found to be approaching borderline statistical significance (p=0.05), indicating that self-harm behavior in the past could be a significant predictor of more intense suicide intent. However, family history of intentional self-harming was slightly lower in the high-intent group (11.1) than in the medium/low group (14.6), but without any significant difference (p=0.09). Likewise, fewer individuals with high intent (11.1%) than with lower intent (24.4%), and those with low intent (11.1% vs. 12.2%), respectively, had a history of mental illness in

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the past, and these results were not significant (p=0.82 and p=0.74, respectively). Concerning alcohol consumption, the occasional use was relatively more common among high-intent people (44.4% vs. 21.9%), whereas the majority of the participants with the medium/low intent avoided alcohol use (68.3%); these were not statistically significant (p=0.50). On the whole, other clinical and behavioral variables, in contrast to the significant relation between prior intentional self-harm and high suicidal intent, were not found to be significantly related to high suicidal intent in this group.

Table 1: Clinical and socio-demographic characteristics of youth suicide attempts (n=50)

Variables		Frequency (%)
Age groups (in years)	15-20	24 (48%)
	21-24	26 (52%)
Gender	Females	29 (58%)
	Males	21 (42%)
Education	> 10 class	12 (24%)
	< 10 class	38 (76%)
Type of family	Nuclear	41 (82%)
	Joint	3 (6%)
	Extended	6 (12%)
Marital status	Married	9 (18%)
	Unmarried	41 (82%)
Religion	Hindu	41 (82%)
	Islam	6 (12%)
	Christian	3 (6%)
H/o MI	Yes	11 (22%)
	No	39 (78%)
Family h/o MI	Yes	6 (12%)
	No	44 (88%)
Past h/o ISH	Yes	10 (20%)
	No	40 (80%)
Family h/o MI	Yes	7 (14%)
	No	43 (86%)

H/o -History of, ISH -Intentional self-harm, MI -Mental illness

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Table 2: Correlation of the clinical variables with high suicidal intent among young suicide attempters

Variables		Suicide Intent		p-value
		High (n=9)	Medium/Low (n=41)	
*‡History of intentional self-harm	Yes	4 (44.4%)	7 (17%)	0.05
	No	5 (55.6%)	34 (82.9%)	
† Family history of intentional self-harm	Yes	1 (11.1%)	6 (14.6%)	0.09
	No	8 (88.9%)	35 (85.4%)	
† History of mental illness	Yes	1 (11.1%)	10 (24.4%)	0.82
	No	8 (88.9%)	31 (75.6%)	
† Family history of mental illness	Yes	1 (11.1%)	5 (12.2%)	0.74
	No	8 (88.9%)	36 (87.8%)	
† Alcohol use	Occasional	4 (44.4%)	9 (21.9%)	0.50
	Harmful	1 (11.1%)	3 (7.3%)	
	Dependence	0 (0.0)	1 (2.4%)	
	Nil	4 (44.4%)	28 (68.3%)	

**–Chi-square test, † - Fisher's exact test, ‡ - p-value<0.05*

DISCUSSION

Youth suicide is a major issue of health in India. One of the studies presented the findings of a large-scale survey study of the correlates of suicidal ideation and attempted suicide among college students in India, using an ideation-to-action model. The analysis has shown a set of critical variables, which are related to suicidality in Indian college students, and the method used to conduct the analysis has demonstrated the variables concerned, which are related to the development of suicidal thoughts to committing suicide [9].

A study was conducted on suicidal intent among such deliberate self-harm patients. Socio-demographic data, case history, and the Beck Suicide intent scale was collected in a semi-structured pro forma, which was developed to measure the extent of intention to die in relation to an episode of self-harm directed towards oneself. Conclusively, despite low intent to harm oneself, we must be cautious in the investigation of patients with psychiatric morbidity. They run a risk of trying to harm themselves. The patients cannot be left aside on the grounds of low intent to harm themselves [10].

It has been reported that suicidal ideation and self-harm behaviors are significant risk factors for suicide. A study objective was to determine the prevalence of psychiatric-related disorders in various groups of patients with suicidal ideation, suicide attempts, and non-suicidal self-harming behaviors, and to determine the relevant socio-demographic and clinical variables. A cross-sectional study was conducted on patients admitted to the emergency department with non-suicide self-harm behavior, suicide attempt, or suicidal thoughts. The questionnaire used to collect the data was based on the patients' charts and included both socio-demographic and clinical variables. The most common way of trying to commit suicide was the ingestion of medication and self-cutting. The most frequent diagnoses that were linked to suicidal behavior were depression and mixed affective and conduct disorders.

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Girls who had depressive symptoms were more likely than boys to attempt suicide, and girls with depressive symptoms and problems of behavior were more likely to engage in self-harm behaviors [11].

A study aimed to estimate the percentage of young people with a high suicidal intent and to estimate how socio-demographic and clinical variables, such as stressful life events, related to suicidal intent in youth with intentional self-harm (ISH). High suicide intent was greatly related to the history of suicide attempts in the past. The risk factors can be identified as early as possible and corrected to ensure that further suicide attempts are prevented [12].

The objectives of the study were (1) to investigate the intensity of depression in persons who had attempted suicide/intentional self-harm (ISH), (2) to investigate the nature and pattern of life events in patients who attempted suicide/ISH, (3) to investigate the relationship between depression and suicidal intent and (4) to investigate the relationship between stressful life events and suicidal intent. The prevalence of significant life events has been reported to represent a risk hyper-vulnerable period whereby supportive interventions might avert the development of distress to a suicide attempt. A suicide attempt, and presumptive stressful life events scale (PSLES) score exceeding 150 are the components of a high-risk group for intervention/suicide prevention intervention [13].

Among nonfatal self-harm in adolescents and young adults, a study aims to determine risk factors of repeated nonfatal self-harm and suicide death within one year. Adolescents and young adults were significantly at risk of suicide after nonfatal self-harm. Among such high-risk patients, individuals who had engaged in violent self-harm, especially with firearms, were particularly at high stress, highlighting the relevance of follow-up care in an attempt to ensure that the patients are safe [14].

The suicidal intent was established in a study to determine if there is a relation between psychiatric morbidity and deliberate self-harm in patients. Conclusively, low intent to harm oneself must always be observed even during the examination of patients with psychiatric morbidity. They are also vulnerable to self-harm. The patients cannot be neglected simply because of low intent to harm themselves [15].

CONCLUSIONS

The present study indicates the high clinical and psychosocial rates of intentional self-harm in young people aged between 15 and 24 years, predominantly females, educational attainment and in nuclear families. Though the percentage of those who showed a high level of suicidal intent remained low, the fact that the prior intent to self-harm proved to be the most significant correlate with the high level of intent contributed to the importance of considering it as one of the major warning signs of future high-risk behavior. Other variables, such as previous/family history of mental illness, alcohol use, did not indicate any significant relationships and suicidal intent among this group of individuals may be caused by a complex combination of personal susceptibility factors and not individual clinical factors alone. These results highlight the importance of cautious risk evaluation of any youngster who presents with self-harm, especially those with repeated self-harm attempts despite their apparent psychiatric history or substance use.

CONTRIBUTION OF AUTHORS

One author has only contributed to this article.

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