



Perception of Social Worker Regarding Suicide Tendency Among Youth

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ABSTRACT

Every year, 703 000 people die by suicide, with even more attempts to do so. Every suicide is a tragedy that affects families, communities, entire countries, and the people left behind. Suicide occurs at any age and was the fourth leading risk factor for death among 15–29-year-old nationwide in 2019. Suicide is a global issue that strikes all regions of the world, not only high-income countries. In actuality, low- and middle-income nations were responsible for more than 77 percent of global suicides in 2001. Suicide is a serious public health issue; although, suicide can be prevented with timely, evidence-based, and generally low-cost interventions. A comprehensive multispectral suicide prevention strategy is required for national interventions to be effective. Suicide is one of the top three causes of death in the universe. As per the WHO, about one 1,000,000 people die by suicide annually, with 20 times many attempting suicide; a global mortality rate of 16 per 100,000, or one death every 40 seconds and one attempt every 3 seconds on average. Every year, approximately 800,000 individuals die by suicide nationwide. In 2019, 139,123 Indians committed suicide, while the national suicide rate was 10.4 percent (calculated per lakh of the population). Suicide is an increasing and serious threat to public health in India, according to the World Health Organization.

Keywords: Perception, social worker, suicide, Youth.

Introduction

Generally, people commit suicide when they feel overwhelmed by a combination of psychological, environmental, and social factors that make them feel hopeless, helpless, and/or trapped. While there is no single cause for suicide, many of the factors are linked to mental health problems such as depression, bipolar disorder, and substance abuse. Other factors can include stressful life events such as job loss, the death of a loved one, or a major change in life circumstances that make it hard to cope.

Although its history predates the nineteenth century, it was during this period that sociology became a science and was acknowledged as a distinct academic area. Suicide was one of the problems that garnered a lot of attention in Europe during this period, with many philosophers attempting to relate the rising incidence of suicides with the societal shifts that European countries were experiencing. Many of the nineteenth-century ideas of suicide have since been forgotten, with the notable exception of Durkheim's work, which is regarded as one of the most important contributions to the history of sociology.

Suicidal Tendency is a mental health illness characterised by a strong urge to end one's own life. It is distinguished by feelings of powerlessness, worthlessness, and hopelessness. Suicidal individuals may feel a variety of physical and psychological symptoms, including deep melancholy, intense anxiety, and erratic conduct. They may also exhibit self-harm behaviours such as slashing or burning themselves. Suicidal tendencies are typically treated with a combination of counselling, medication, and lifestyle changes. Suicidal Tendency is a mental health condition that is characterized by a persistent, intense desire to end one's own life.

These days, college administration indulges in high physical pressure on students, and this terrible stress becomes unbearable for some students. And in that state of mind, the student believes that getting rid of everything is the same as getting rid of his life. Ragging is also a major cause of suicide. India is currently experiencing a crisis due to an increase in student suicides. Certain steps must be taken in this regard to prevent young people from taking such drastic measures. The education system, particularly the thought processes of parents, must be shaped. These suicides can be avoided if the student's stress and depression are addressed at the appropriate time.

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Suicide is one of the top three causes of death nationwide. According to the WHO, nearly one million people die by suicide each year, with 20 times as many attempting suicide; a global mortality rate of 16 per 100,000, or one death every 40 seconds and one attempt every 3 seconds on average. While the link between suicide and mental conditions (especially depression and alcohol use disorders) is well documented, many suicides occur on rare

occasions. Risk factors include grief, loneliness, discrimination, a relationship break-up, financial troubles, chronic pain and disease, violence, abuse, and conflict or other humanitarian catastrophes. A previous suicide attempt is the most significant risk factor for suicide.

Suicide is now the second or third-highest cause of mortality for adolescents in the United States, Canada, Australia, New Zealand, and many Western European nations. If teen suicide is on the rise, so is attempted suicide. For every teen who commits suicide (0.01 percent of the time), 400 others try suicide (4 percent of the time), hundred require medical assistance for a suicide attempt (1 percent of the time), and thirty are hospitalized for a suicide attempt.

Review of Literature

Malone et al. (1996):

In their study, they used an alternative method for assessing serotonergic function to further evaluate our finding that cerebrospinal fluid (CSF) 5-hydroxy indole acetic acid (5-HIAA) levels are significantly lower in depressed suicide attempters with a lifetime history of higher lethality suicide attempts than in depressed patients with a history of low lethality suicide attempts. Even after controlling for cortisol, age, sex, weight, comorbid cluster B personality disorder, and pharmacokinetic and menstrual cycle effects, patients with a history of a higher lethality suicide attempt had a significantly lower prolactin response to fenfluramine.

Wayne et al. (2004):

investigated the association between each of the five personality qualities and the facilitation of conflict between work and family roles. Extraversion was strongly connected to greater role facilitation but not to conflict. Neuroticism was associated with more conflict, while conscientiousness was associated with less conflict. Work-family results were negatively connected to conflict (lower job, family effort, and satisfaction), whereas facilitation was positively related to the same outcomes. Family pleasure is favorably associated with agreeableness and adversely related to neuroticism. None of the work-family outcome variables was connected to openness to experience.

Gerda et al. (2005):

In their study, they focused on neuroticism and introversion in the prediction of postpartum depression. High neuroticism was found to be associated with an increased risk of clinical depression and depressive symptoms during the postpartum period. Inclusion of personality not only enhanced early diagnosis of women at elevated depression risk but also identified women at extremely low depression risk. They also concluded that personality is a significant and stable predictor of postpartum depression. The combination of high neuroticism and high introversion significantly improved clinical depression risk estimations over the first year postpartum.

Anitha Devi (2007):

targeted at determining the level of life stress and role stress experienced by professional women. The sample included 180 female professionals from six different occupations. According to the findings, older persons experienced less life stress and role stress. Younger people reported more stress than older adults. The more years of service one has, the more life and role stress there is. The lesser the income, the greater the stress, i.e. stress lowers as income increases.

Hall, A. E. (2009):

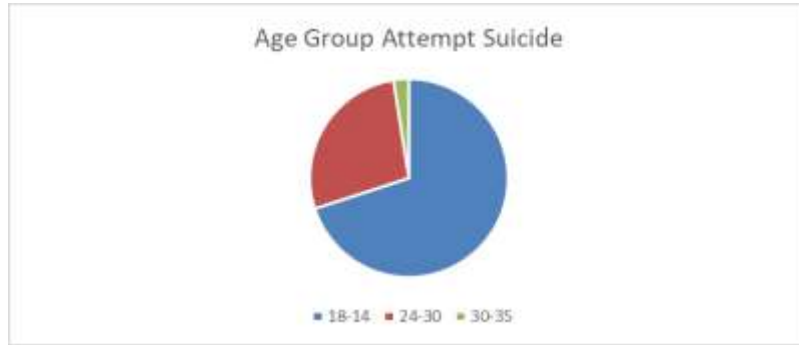
Conducted a poll of 101 students to determine their motivations for using social networking sites (SNS), as well as the amount of time they spent on them.

the locations, as well as their extraversion and neuroticism. There are five different reasons for utilizing SNS: amusement, information, relationship building, relationship maintenance, and trend following. Support for the time-passing entertainment motive was related to the overall time spent on SNS. Extraversion was linked to time spent on the sites, as well as support for relationship maintenance and time-passing entertainment reasons. Neuroticism was linked to time spent on the sites, as well as approval of time-passing amusement and trend-following objectives. Regarding the information and connection growth motives, there were substantial interactions between the two personality qualities. Neuroticism was linked to stronger support for relationship development and information purposes, but only among individuals who were also low in extraversion.

Data Analysis and Interpretation

Table.1 Which age group attempts Suicide

Age-group	Frequency	Percentage (%)
18-24	28	70.0
24-30	11	27.5
30-35	01	02.5
Total	40	100



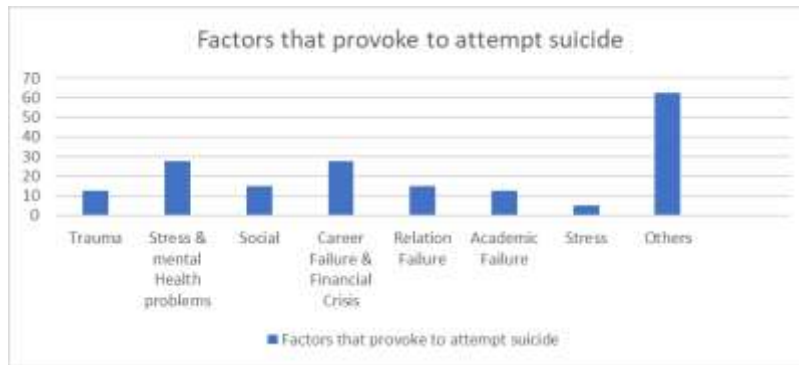
In the above table, the percentage of Age groups that attempt Suicide. This table shows that out of 40 Respondents who think that, 70.0% of youth are between the age group of 18-24 years, 27.5% of youth are between the age group of 24-30 years, 02.5% of youth are between the age group of 30-35 years.

So, it can be seen that the majority of youth (70.0%) are between the age group of 18-24 years.

Table.2 Which factors are provoking an individual to attempt suicide?

Response	Frequency	Percentage (%) *100
Trauma	5	12.5
Stress & Mental Health Problems	11	27.5
Social	06	15.0
Career failure & Financial crisis	11	27.5
Relation Failure	11	15.0
Academic Failure	06	12.5
Stress	02	5.0
Other	25	62.5

*= Multiple responses are allowed.

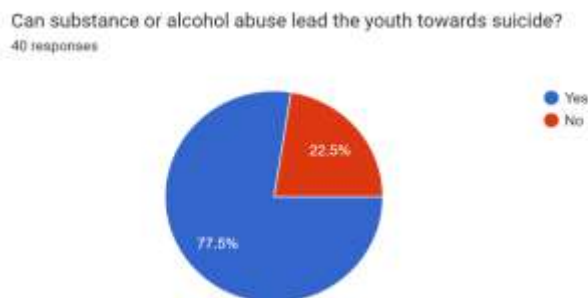


In the above table, 12.5% of the respondents are suffering from trauma and 27.5% of respondents are going from stress & mental health problem. 15% responded saying that they are affected by the social environment and 27.5% responded, career failure and financial crisis are there. And Relation failure-Academic failure-stress and others saying that.

So, it can be seen that the majority of Respondents (62.5%) other suggestion were given by response.

Table.3 Can substance or alcohol abuse lead the youth towards suicide?

Response	Frequency	Percentage (%)
Yes	31	77.5
No	09	22.5
Total	40	100



In the above table, the percentage of substance or alcohol abuse leads the youth towards suicide. This table shows that out of 40 Respondents, 77.5% think that, Substance or Alcohol abuse can lead towards suicide among youth. And rest 22.5% thinks that, Substance or Alcohol abuse does not the reason which drives youth towards suicide.

So, it can be seen that the majority of Respondents (77.5%) think that substance or alcohol abuse leads the youth towards suicide.

Research Methodology

- **Title:**

Perception of Social worker on Suicidal tendency among youth, Parul University, Vadodara, Gujarat.

- **Subtitle:**

A study on Perceptive and perception of the social worker of the Parul Institute of Social Work, Parul University, Vadodara, Gujarat. In that what Suggestions and knowledge do they know?

- **Significance of the Study:**

In the current Scenario, the mental condition of youth is unstable because of many reasons like Failure in their career, failure in Love, Failure in Exams, Failure in Social aspect, failure in Economic aspect etc. Hence, they are suffering from stress, depression, trauma, and anxiety. Due to all these problems, many youths are trying to attempt suicide. They are not aware of the life of their near and dear ones after suicide. So as social workers, we need to work on it and try to bring down the suicidal attempts from youth. The main reason for doing this research is to spread awareness among youth and reduce suicidal attempts from youth.

The current study's objective was to obtain basic information on social workers' experiences with and perspectives of suicidal youths across the educational institute, which could then be used to guide practice, policy, and future research. As a research project, it does not test hypotheses or analyse social workers' knowledge, capabilities, or efficacy in suicide intervention.

- **Objectives:**

1. To Explore the reason behind the suicide.
2. To Explore the situation of family members and close ones of the person who attempts suicide.
3. To Explore the factors that provoke individuals to attempt suicide.
4. To Explore the role of the social worker in cases of Suicide.
5. To Explore the factors that engage the suicidal person.
6. To Explore the factors which contribute to youth suicidal behaviour.

- **Research Design:**

This study is Descriptive as it describes the perception of social workers. Social workers are generally seen as compassionate, caring individuals who are willing to help those in need. They are often seen as helpful and straightforward, and many people view them as trustworthy. Social workers are typically respected by the public, and many people feel that they are valuable members of society.

- **Universe:**

The Universe of the study were all social work students and social workers of Parul institute of social work, Parul University, Vadodara, Gujarat.

- **Sample/Sampling:**

The purpose of this research is to investigate the perceptives of social workers, The sample size for the research study is 40 social work students and social work-related professionals,

Department of social work, Parul University, Vadodara, Gujarat.

For this Research, Cluster sampling was the sampling technique for the social work department of Parul university.

- **Tool for the Data Collection:**

A questionnaire was chosen for data collection. A two-point rating scale i.e. Yes or No was used in the questionnaire as also multiple-option selection and open-ended answers. The respondents were required to answer the questions only by making a tick mark on the option they wanted to answer. The respondents were made about the content and objective of the study at the time of giving the questionnaire and total confidentiality was ensured.

- **Statement of the Problem:**

The problem of suicidal tendencies among youth is a serious and growing concern. The rate of suicide among adolescents and young adults has been increasing in recent years and is now the third leading cause of death among young people aged 15-24. This alarming increase in suicide has been attributed to a variety of factors, including depression, mental health issues, substance abuse, bullying, and stress. Research has shown that young people are particularly vulnerable to suicidal thoughts and behaviour, due to the developmental stage they are in. As such, it is essential to identify potential risk factors and intervene to reduce the likelihood of suicide among youth.

One of the most effective ways to prevent suicidal behaviour is to provide support and resources for young people who are struggling. This could include providing access to mental health services, offering crisis hotlines, creating safe spaces for young people to talk about their struggles, and creating educational programs to increase awareness about mental health. Furthermore, it is important to create strong social connections among young people. This can be done through peer support groups, extracurricular activities, and mentorship programs. These activities can provide a sense of community and belonging and can help young people feel less isolated.

It is also important to reduce the stigma around mental health issues, so that young people feel comfortable seeking help when needed. This can be done by educating people about mental health, providing resources to help young people understand and manage their emotions, and encouraging people to speak openly about their mental health struggles. Finally, it is essential to recognize the signs of suicidal thoughts and behaviour in young people and to intervene appropriately. This includes providing support, listening to the young person, and connecting them with appropriate mental health services when needed. It is also important to take all threats of suicide seriously and to seek help from a mental health professional.

- **Limitation of the Study:**

Availability of the Respondents.

Time Constraint.

Findings

1. The majority of Respondents (67.5%) are of the age group between 18-24 years.
2. The majority of Respondents (62.5%) are Female.
3. The majority of Respondents (72.5%) are pursuing Graduation. the majority of youth (70.0%) are between the age group of 18-24 years.
4. The majority of Respondents (62.5%) other suggestions were given by respondents.
5. The majority of Respondents (77.5%) think that substance or alcohol abuse leads the youth towards suicide.
6. The majority of Respondents (82.5%) think that the education system nowadays drives the youth towards suicide Directly or indirectly.
7. The majority of Respondents (92.5%) think that Societal pressure affects a person, which can drive them towards suicidal attempts.
8. The majority of the respondent (70%) suggest different opinions like they can't cope with the loss there may be positive as well as negative impacts also they get mentally broken.
9. The majority of the respondent (75.4%) suggest different opinions like will society accept them, mental stress, the thought of being secluded misjudge, and fear of acceptance by family or society.
10. The majority of the respondent (62.5%) suggest different opinions like some people treat them badly whereas some remain normal and good towards them.
11. The majority of Respondents (82.5%) think that the education system nowadays drives the youth towards suicide Directly or indirectly.
12. The majority of Respondents (52.5%) suggest that they need counsel from a counsellor.
13. The majority of Respondents (50%) suggest that they need to observe their children's behavioral Changes.

Suggestions

1. A person might feel depressed after a suicide attempt and eventually it affects them psychologically and socially.
2. Sometimes society treats sympathetically to the victim and their family.
3. To give counselling to the victim and their family to overcome the situation.
4. To understand the problematic situation of the victim.
5. To study the behaviour of the victim.
6. Even if it is awkward, contact the individual directly about their feelings. Take the person's words carefully and listen to them. Simply chatting with someone who genuinely cares can make a significant difference
7. If you've spoken with the individual and are still worried, talk to a teacher, guidance counsellor, someone at church, someone at a local youth Centre, or another responsible adult.
8. Try to change the behaviour of the victim.
9. Eliminate the problematic terms in the individual's life.
10. Go for a walk, and talk with an individual about the situation.
11. To understand the environment of the individual's life.
12. Try to evaluate and find the reason behind the situation.
13. Refer them to a specialist for medication.

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