



Gender differences and suicide intent among patients with depression

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Abstract

Suicide is a word that many people like to avoid. Talking about suicide makes most people cringe and makes them very uncomfortable. Suicide affects teenagers and young adults around the globe each year. There are well-documented gender differences in adolescent suicidal behavior; death by suicide is more common in males, while nonfatal suicide attempts are more common among females. Over the past three decades, researchers have documented the effectiveness of a myriad of suicide prevention initiatives. However, there has been insufficient attention to which types of suicide prevention interventions are effective in changing attitudes and behaviors for young males and females. The aim of the study was to assess the level of Suicide Ideation among male and female patients of depression. The sample of 70 patients suffering from depression were selected from the OPD and IPD of Department of Psychiatry, Pacific Institute of Medical Sciences (PIMS), Udaipur on the availability basis. Beck Scale for Suicide Ideation (BSS) was administered on the male and female patients suffering from depression. The scoring of the tests was done according to the manual. Results showed that female patients suffering from depression were found to perceive more suicidal ideation and intent as compared to the male patients suffering from depression. It was concluded that intervention strategies must be prepared for the depressive disorder patients along with the other treatment strategies.

Keywords: male, female, depression patients, suicide ideation

Introduction

Suicide is a leading cause of death and a significant mental health problem worldwide [1, 2]. Suicide is defined as death caused by self-directed injurious behavior with any intent to die as a result of the behavior [3]. Adolescence is a period of marked risk for suicidality [1]. For youth between the ages of 10 and 24, suicide is the third leading cause of death, significantly superseding the rate for adults aged 35 to 54 [4]. Males are more likely to die as a result of suicide: the male-to-female ratio of death by suicide is four to one in the U.S. [1, 2, 4].

Suicide attempt is defined as a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior; a suicide attempt may or may not result in injury [3]. In almost all regions of the world, nonlethal suicide attempts are more common in females [2]. Males are more likely to use more lethal means than females, partially accounting for the different pattern for suicidedeaths and attempts [1, 5]. Gender differences also exist in attitudes about suicide with males tending to possess more maladaptive attitudes about suicide than females [6]. These patterns are evident across development from adolescents to elderly adults [1, 7], yet are generally more robust among individuals 15 to 29 years of age [2].

Taking into consideration such robust gender differences, one might expect that validated approaches to suicide prevention would also commonly consider gender differences when planning and evaluating the effects of interventions. Unfortunately, there has been insufficient attention to individual differences in risk for suicidality and intervention response [8]. Prominent reviews of suicide

prevention literature have rarely focused on the role of gender [5, 9]. Recently, this oversight has been identified by Klimes-Dougan, Klingbeil, and Meller [10], who called for further inquiry into the issue of gender differences in suicide prevention programming.

Review of literature

Perhaps the strongest evidence of gender differences in response to curricula was reported in the work of Shaffer *et al.* [11]. A pretest-posttest design was used to evaluate a suicide prevention program in four high schools. The program consisted of a mixture of teacher instruction and discussion. Few positive effects of the program were found. Having participated in the intervention, male suicide attempters were significantly more likely to feel that the program "will make it harder to deal with my friends' problems," and were significantly more likely to "know someone who was upset a lot by the program." More males than females who had attempted suicide and more male non-attempters found the programs boring. Attempters exposed to the program were less likely to recommend the presentation of the program to other students and were more likely to agree that talking about suicide "makes some kids more likely to try to kill themselves." These results were highly controversial, leading some to question the utility of curriculum programs.

Within a college student sample, Garlow *et al.* [12] assessed the results of the American Foundation for Suicide Prevention College Screening Project at Emory University. A nine-item depression module measured suicidal ideation, past suicidal attempts, episodes of deliberate self-harm, and

symptoms of distress. Although more females ($n = 519$) than males ($n = 205$) volunteered to participate in this study, a larger proportion of male respondents (14.6%) were willing to report suicidal ideation than females (9.83%). The authors hypothesized that the emphasis of depression in the screen may have caused the female-rich sample and suggested that an emphasis on anger or stress may have been more successful in attracting male participants [12]. A study by Miller, Coombs, Leeper, and Barton [13] compared several central city counties in the United States in a) suicide mortality rates, and b) presence and frequency of suicide prevention centers, crisis centers, and mental health facilities. Using data from the National Center for Health Statistics, the authors focused on regions that had recently initiated prevention centers *versus* counties in which the number of centers remained the same. They found that the implementation of suicide prevention centers favorably impacted and minimized suicide rates in white females younger than twenty-four years of age, the most frequent callers to crisis centers. Counties in which the number of centers remained stagnant housed increased mortality rates for both males and females [13].

Methodology

Objectives

The objective of the present research work was to assess the level of Suicide Ideation among male and female patients of depression.

Hypothesis

There will be a significant difference between the level of Suicide Ideation among male and female patients of depression.

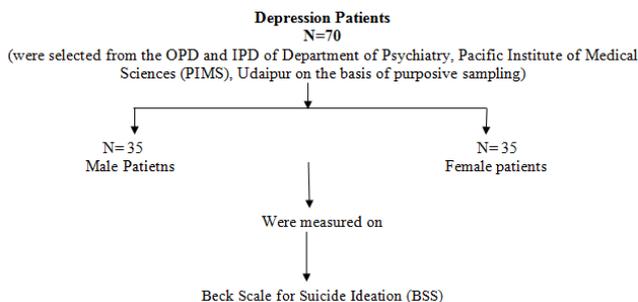
Variables

- Male patients of depression
- Female patients of depression
- Suicide Ideation

Sample

The sample of 70 patients suffering from depression were selected from the OPD and IPD of Department of Psychiatry, Pacific Institute of Medical Sciences (PIMS), Udaipur on the availability basis. The sampling technique used was purposive sampling and the sample was randomly selected as per the inclusion criteria.

Research Plan



Inclusion Criteria

The sample was further limited to -

1. Patients of the age range of 20-40 years were taken.

2. Patients with 1- 3 years of duration of illness were included.
3. The locale of the study was Udaipur city of the State of Rajasthan.
4. Informed consent.

Exclusion criteria

1. Patients having the treatment history of less than 1 month.
2. Uncooperative patients were excluded.
3. Patients having any other comorbid mental or physical illness were excluded.

Tools Employed

- Beck Scale for Suicide Ideation (BSS) [14]

Procedure

After deciding the research plan, design and sample, rapport was established amongst the patients. Tests were administered on the male and female patients on the basis of the study. Beck Scale for Suicide Ideation (BSS) was administered on the male and female patients suffering from depression. The scoring of the tests was done according to the manual. Results and interpretations were carried out according to the data obtained after statistical analysis.

Controls

1. In order to manage the bias due to order of the items of the scale, the scale was administered in the random order.
2. To control the extraneous variables all, the testing work was done by the investigator himself.
3. The confidentiality of the results was assured.

Statistical Analysis

For analyzing the data for assessing the suicide ideation of male and female patients suffering from depression, Frequency, Percentage and other descriptive statistics were used.

Results and Discussion

The purpose of the study was to assess the level of suicide ideation among male and female patients of depression. The sample of 70 patients suffering from depression were selected from the OPD and IPD of Department of Psychiatry, Pacific Institute of Medical Sciences (PIMS), Udaipur on the availability basis. The sampling technique used was purposive sampling and the sample was randomly selected as per the inclusion criteria. The Becks Suicide Ideation Scale was administered over these patients to basically assess the impact of depression and gender on the frequency of the occurrence of suicidal thoughts. The results obtained were tabulated and the interpretation was drawn as follows-

Table 1 highlights the number of respondents taken into the study, it may be seen that total 70 patients were selected from the IPD and OPD where 35 were female and 35 were male. When male patients were taken into account, 20 male patients and 20 female patients were included under the age group of between 20-30 years and 15male patients and 15 female patients were in the age groups of 30-40 years. When the duration of illness was considered, out of the 35 male and 35 female patients suffering from depression, 10 male and female patients out of them were having the duration of illness of 1-2 years whereas 25 of the male and female

patients suffering from depression were between the duration of illness of 2-3 years.

After the administration of BSS, the results were quite significant. The data was tabulated in table 2 where it may be clearly observed that patients perceive a great deal of problems and feel sad, hopeless and worthless. This pressure overpowers their mind to a lot of extent which makes them feel like nothing can support them, they have no future and the only way left now is to quit.

Table 1: Showing sample distribution of patients suffering from depression.

S. No.	Category	Gender				Total
		Male (N=35)		Female (N=35)		
		Freq	%	Freq	%	
1.	Age (20-. yrs)	20	28.5%	20	28.5%	40
2.	Age (30-40 yrs)	15	21.4%	15	21.4%	30
3.	DOI (1-2yr)	10	14.2%	10	14.2%	20
4.	DOI (2-3yr)	25	35.7%	25	35.7%	50

Table 2: Indicating percentage of depressive patients suffering from high, medium and low level of suicide intent.

Class	BSIS		
	Category	Frequency	Percentage
Male	High	9	25.7%
	MEDIUM	15	42.8%
	LOW	11	31.4%
	Category	Frequency	Percentage
Female	HIGH	14	40%
	MEDIUM	12	34.2%
	LOW	9	25.7%

As seen from the table, majority of the male patients perceived medium (42.8%) and low (31.4%) level of suicide ideation. It was seen that 25.7% of the male depression patients had high level of suicide ideation. The results indicated that male patients suffering from depression do perceive suicide ideation.

When level of suicide ideation of female patients suffering from depression was examined, it was found that 40% had high and 34.2% perceived medium level of suicide ideation. Only 25.7% of the female patients were seen to have low level of perception towards suicide intent. The Results clearly indicate that 68.5% of the total male patients perceived suicidal thoughts during depression and 74.2% of the female patients suffering from depression were found to have high and medium level of suicide ideation in their lives. The data obtained do indicate that female patients perceive more suicidal thoughts in comparison to male patients. More female patients were seeming to have high level of suicide ideation as compared to male patients.

Similar study was conducted by Li *et al.*, (2019) [15] where it was found that Major depressive disorder (MDD) is associated with high risk of suicide. Conventional neuroimaging works showed abnormalities of static brain activity and connectivity in MDD with suicidal ideation (SI). However, little is known regarding alterations of brain dynamics. More broadly, it remains unclear whether temporal dynamics of the brain activity could predict the prognosis of SI. The study suggested that alterations of temporal variability in regions involved in executive and emotional processing are associated with SI in MDD patients. This novel predictive model using the dynamics of

intrinsic brain activity could be useful in developing neuromarkers for clinical applications [15].

Thus, it may be said that along with the treatment for depression, the patients should also be given some intervention to reduce the occurrence of suicidal thoughts among the patients. proper counselling, guidance and treatment for both depression and eliminating any self-harm behavior may be given to the patients to decrease the incident of suicide.

Conclusions

It may be concluded by the results obtained that people in the India, are facing a lot of pressure from their external surroundings for performing well. This pressure is becoming one of the major factors in discouraging the person and increasing hopelessness which leads to increase in the level of suicide intent. Thus, major steps should be taken against changing the perception of the public.

Implications

Based on the above discussion, many strategies and directions may be advised for future researches in this area such as: -

1. Further studies are needed with larger sample size and deeper evaluation to generalize the result.
2. Some other variables may be included to achieve better information on the topic.
3. Further interventions and follow ups may be given to such students and feedback may be taken.
4. Training may be provided to these students on the certain technique of stress management and medication which insure longevity and would enhance quality of life.
5. Counseling strategies may be offered for enhancing physical, mental, emotional and cognitive state of these patients.

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