“STUDY OF SUICIDAL INTENT AND ITS PSYCHOSOCIAL CORRELATES AMONG ADULT PATIENTS WITH A HISTORY OF SUICIDE ATTEMPT PRESENTING TO A TERTIARY CARE CENTRE IN A SEMI-URBAN AREA”

[redacted]

[redacted]

NAME OF COURSE	**:**	
NAME OF SUBJECT	**:**	
ADMISSION YEAR/ ACADEMIC YEAR	**:**	[redacted]

ACKNOWLEDGEMENT

[redacted]

ABSTRACT

Background: Attempted suicide is a major public health concern associated with substantial psychiatric, psychological, and psychosocial morbidity. Assessment of suicidal intent and its relationship with psychiatric disorders, personality dysfunction, and psychosocial factors is essential for identifying individuals at high risk and planning appropriate preventive interventions. However, limited data are available from semi-urban tertiary care settings in India.

Aim: [redacted]

Methods: [redacted]

Results: [redacted]

Conclusion: [redacted]

[redacted]

Keywords: Attempted suicide, Suicide intent, Beck Suicide Intent Scale, Psychiatric morbidity, Personality dysfunction, Psychosocial correlates, Negative Affect, Detachment, Substance use, Semi-urban population.

LIST OF ABBREVIATION

Abbreviation	Full Form
ANOVA	Analysis of Variance
BSIS	Beck Suicide Intent Scale
CI	Confidence Interval
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
N	Number of Participants (Sample Size)
p	Probability Value
r	Pearson's Correlation Coefficient
SD	Standard Deviation
χ^2	Chi-square Test
PID-5	Personality Inventory for DSM-5
SIS	Suicide Intent Scale
WHO	World Health Organization

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INTRODUCTION

INTRODUCTION

According to the World Health Organization (WHO), suicide is defined as "an act deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome." [redacted]

Therefore, this study aims to evaluate the intent of suicide and its psychosocial correlates in adult patients of attempted suicide reporting to a tertiary care centre in a semi-urban area (6).

Global Epidemiology

Suicide is recognized by the World Health Organization (WHO) as a major global public health concern. [redacted] WHO emphasizes early identification of psychiatric disorders, restriction of access to lethal means, crisis intervention services, and public mental health education as essential strategies for suicide prevention worldwide (12).

Indian Epidemiology

India contributes substantially to the global burden of suicide. [redacted]

[redacted]

The Government of India launched the National Suicide Prevention Strategy in 2022 aiming to reduce suicide mortality by 10% by the year 2030 through improved surveillance, mental health promotion, counselling services, and crisis intervention (18).

AIMS AND OBJECTIVES

AIMS AND OBJECTIVES

Aim:

[redacted]

Objectives:

- [redacted]
- [redacted]
  - [redacted]
- [redacted]
  - [redacted]

REVIEW OF LITERATURE

REVIEW OF LITERATURE

Suicide and attempted suicide are important clinical concerns in psychiatry because they reflect severe psychological distress, impaired coping, and possible underlying psychiatric morbidity. [redacted]

WHO Definition of Suicide

The World Health Organization defines suicide as an act deliberately initiated and performed by an individual with full knowledge or expectation of its fatal outcome. [redacted]

Definition of Attempted Suicide

Attempted suicide refers to a non-fatal self-directed act carried out with at least some intention to die. [redacted]

Suicidal Ideation, Suicide Attempt and Completed Suicide

Suicidal behaviour exists on a continuum that begins with suicidal ideation and may progress to planning, attempt, and completed suicide. [redacted]

Deliberate Self-Harm and Non-Suicidal Self-Injury

Deliberate self-harm refers to intentional self-inflicted injury or poisoning, irrespective of the degree of suicidal intent. [redacted]

[redacted]

Spectrum of Suicidal Behaviour

Suicidal behaviour represents a spectrum rather than a single isolated event. [redacted]

Historical and Psychiatric Perspectives of Suicide

Suicide has been understood differently across historical periods, depending on religious beliefs, social values, legal systems, and medical knowledge. [redacted]

Historical Background of Suicide

Suicide has been recognized since ancient times, but its meaning has varied according to culture, religion, law, and social values. [redacted]

[redacted]

Evolution of Psychiatric Concepts of Suicide

The psychiatric understanding of suicide developed gradually as mental illness became recognized as an important contributor to self-destructive behaviour. [redacted]

Suicide in Sociocultural Context

Suicide does not occur in isolation; it is deeply influenced by the sociocultural environment in which an individual lives. [redacted]

Etiopathogenesis of Suicidal Behaviour

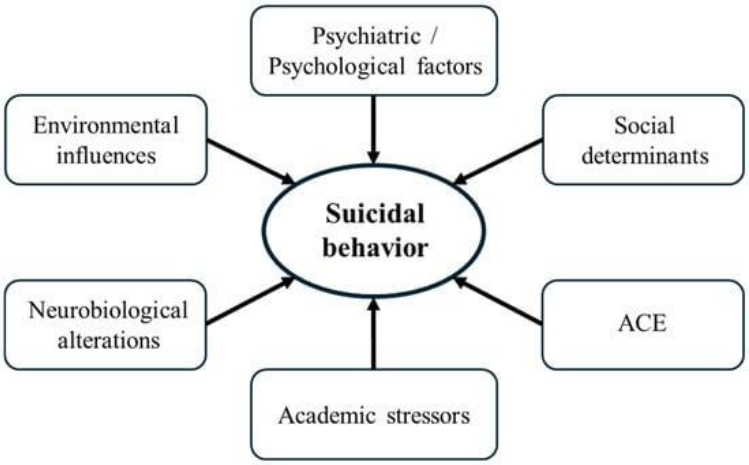


Figure 1. Risk factors for suicidal behaviour. ACE = adverse childhood experiences.

Suicidal behaviour develops through the interaction of biological vulnerability, psychiatric morbidity, psychological distress, personality factors, and environmental stressors. [redacted]

Biological Factors

Suicidal behaviour is influenced by biological mechanisms that affect mood regulation, impulse control, stress response, and emotional stability. [redacted]

Neurobiological Factors

Neurobiological factors are important in understanding suicidal behaviour because the brain regulates emotion, decision-making, impulse control, and response to stress. [redacted]

[redacted]

[redacted]Dysfunction in brain circuits related to mood and inhibition can contribute to impulsive and high-risk behaviour (32).

Genetic Vulnerability

Genetic vulnerability may contribute to suicidal behaviour by influencing temperament, emotional regulation, impulsivity, psychiatric illness, and stress sensitivity. [redacted]

Psychological Factors

Psychological factors play a central role in suicidal behaviour by shaping how individuals interpret stress, loss, failure, rejection, and conflict. [redacted]

Stress-Diathesis Model of Suicide

The stress-diathesis model explains suicidal behaviour as the result of interaction between an individual's vulnerability and stressful life events. [redacted]

Sociocultural and Environmental Factors

Sociocultural and environmental factors strongly influence suicidal behaviour by shaping stress exposure, coping resources, help-seeking behaviour, and access to support. [redacted]

[redacted]

Risk Factors for Attempted Suicide

Risk factors for attempted suicide are multidimensional and involve interaction between biological vulnerability, psychological distress, psychiatric illness, personality dysfunction, and adverse social circumstances (35). [redacted]

Age and Gender Factors

Age and gender are important determinants of suicidal behaviour because they influence emotional response, coping style, social expectations, psychiatric morbidity, and help-seeking behaviour. [redacted]

Socioeconomic Status

Socioeconomic status plays a major role in suicidal behaviour because financial insecurity, poverty, unemployment, and social disadvantage can produce chronic stress and emotional burden.

[redacted]

Educational Status

Educational status influences an individual's awareness, coping skills, occupational opportunities, social functioning, and problem-solving ability. [redacted]

Occupation and Employment

Occupation and employment significantly affect psychological well-being, social identity, financial security, and self-esteem. [redacted]

Marital Status

Marital status has an important influence on emotional support, interpersonal stability, social responsibility, and mental health. [redacted]

[redacted]

Family Structure and Family Conflicts

Family structure and the quality of family relationships play an important role in emotional stability, coping ability, and mental health. [redacted]

Interpersonal Relationship Problems

Interpersonal relationship problems are commonly associated with suicidal behaviour because close emotional relationships strongly influence psychological well-being and self-esteem. [redacted]

Financial Stress and Debt

Financial stress and debt are major psychosocial contributors to suicidal behaviour because economic instability affects emotional security, social functioning, family relationships, and future expectations. [redacted]

[redacted]

Academic and Occupational Stress

Academic and occupational stress are significant risk factors for suicidal behaviour because excessive expectations, competition, workload, and fear of failure can severely affect mental health. [redacted]

Social Isolation and Lack of Social Support

Social isolation and lack of social support are important contributors to suicidal behaviour because emotional connectedness and supportive relationships act as protective factors against psychological distress. [redacted]

Stressful Life Events

Stressful life events are significant precipitating factors for suicidal behaviour because they can overwhelm an individual's emotional coping capacity. [redacted]

Domestic Violence and Abuse

Domestic violence and abuse are important psychosocial risk factors for suicidal behaviour because prolonged exposure to physical, emotional, verbal, or sexual abuse can severely affect mental health and self-esteem. [redacted]

[redacted]

Chronic Medical Illnesses

Chronic medical illnesses can increase the risk of suicidal behaviour because persistent physical symptoms, disability, pain, and dependence on others may lead to emotional distress and hopelessness. [redacted]

Previous Suicide Attempts

Previous suicide attempts are among the strongest predictors of future suicidal behaviour. [redacted]

Substance Abuse and Addiction

Substance abuse and addiction are strongly associated with suicidal behaviour because alcohol and psychoactive substances impair judgement, increase impulsivity, reduce inhibition, and worsen psychiatric symptoms. [redacted]

[redacted]

Psychiatric Morbidity Associated with Attempted Suicide

Psychiatric morbidity is one of the most important contributors to suicidal behaviour. [redacted]

Depression and Suicidal Behaviour

Depression is one of the most common psychiatric disorders associated with attempted suicide. [redacted]

Bipolar Disorder and Suicide

Bipolar disorder is strongly associated with suicidal behaviour because patients experience recurrent mood episodes involving depression, mania, hypomania, or mixed states. [redacted]

Schizophrenia and Suicide Risk

Schizophrenia is a severe psychiatric disorder associated with increased suicide risk, particularly during early illness, relapse, post-hospitalization periods, and phases of insight into functional decline. [redacted]

[redacted]

Anxiety Disorders and Suicide

Anxiety disorders are important psychiatric conditions associated with suicidal behaviour because persistent fear, excessive worry, panic symptoms, and emotional distress can significantly impair quality of life and coping ability. [redacted]

Substance Use Disorders and Suicide

Substance use disorders are strongly associated with suicidal behaviour because alcohol and psychoactive substances impair judgement, reduce inhibition, increase impulsivity, and worsen psychiatric symptoms. [redacted]

Personality Disorders and Suicide

Personality disorders are associated with suicidal behaviour because maladaptive personality traits may impair emotional regulation, interpersonal functioning, stress tolerance, and impulse control. [redacted]

[redacted]

Adjustment Disorders and Suicidal Behaviour

Adjustment disorder is a stress-related psychiatric condition that develops when an individual experiences emotional or behavioural symptom in response to an identifiable life stressor. [redacted]

Personality Dysfunction and Suicide

Personality dysfunction has an important role in suicidal behaviour because it affects emotional regulation, impulse control, interpersonal relationships, self-image, and coping capacity. [redacted]

Concept of Personality Dysfunction

Personality dysfunction refers to persistent disturbances in the way an individual perceives oneself, relates to others, regulates emotions, and responds to stress. [redacted]

[redacted]

Personality Traits Associated with Suicide

Certain personality traits increase vulnerability to suicidal behaviour by influencing emotional regulation, coping ability, interpersonal functioning, and impulse control. [redacted]

Impulsivity

Impulsivity is one of the most important personality traits associated with suicidal behaviour. [redacted]

Aggression

Aggression is a personality trait characterized by anger, hostility, irritability, or destructive behaviour directed toward others or oneself. [redacted]

Hopelessness

Hopelessness is frequently observed in depression, chronic illness, social isolation, and prolonged psychosocial stress. [redacted]

[redacted]

Emotional Dysregulation

Emotional dysregulation refers to difficulty in controlling and managing emotional responses appropriately. [redacted]

Negative Affectivity

Negative affectivity refers to a tendency to experience persistent negative emotions such as sadness, anxiety, anger, guilt, shame, and fear. [redacted]

Disinhibition

Disinhibition refers to reduced behavioural restraint and poor control over impulses, emotions, or actions. [redacted]

Psychoticism

Psychoticism refers to personality features involving unusual perceptions, eccentric behaviour, suspiciousness, distorted thinking, or detachment from reality. [redacted]

[redacted]

DSM-5 Personality Trait Domains

The DSM-5 personality trait model describes maladaptive personality characteristics using dimensional trait domains rather than only categorical personality disorders. [redacted]

Personality Dysfunction and Repeated Suicide Attempts

Personality dysfunction is strongly associated with repeated suicide attempts because maladaptive personality traits may persist over time and interfere with emotional regulation, stress management, and interpersonal functioning. [redacted]

Personality Traits and Suicidal Intent

Personality traits significantly influence suicidal intent by affecting the way individuals perceive stress, regulate emotions, and respond to psychological suffering. [redacted]

[redacted]

Suicidal Intent

Suicidal intent refers to the seriousness and strength of an individual's wish to die during a suicidal act. [redacted]

Definition of Suicidal Intent

Suicidal intent refers to the degree to which an individual wishes, expects, or plans to die as a result of a self-harming act. [redacted]

Importance of Assessing Suicidal Intent

Assessment of suicidal intent is essential in patients with attempted suicide because it helps determine the seriousness of the attempt and the risk of future suicidal behaviour. [redacted]

[redacted]

Components of Suicidal Intent

Suicidal intent is made up of several psychological and behavioural components that together indicate the seriousness of the attempt. [redacted]

High Intent versus Low Intent Attempts

High intent and low intent suicide attempts differ in the degree of desire to die, planning, lethality, and efforts to avoid rescue. [redacted]

Suicidal Intent and Risk of Future Suicide

Suicidal intent is closely related to the risk of future suicide because it reflects the seriousness of the individual's wish to die during the attempt. [redacted]

Factors Influencing Suicidal Intent

Suicidal intent is influenced by multiple psychiatric, psychological, personality-related, and social factors. [redacted]

Methods of Attempted Suicide

Methods of attempted suicide refer to the means used by an individual to carry out self-harming behaviour with some degree of intent to die. [redacted]

Poisoning

Poisoning is one of the most common methods of attempted suicide, particularly in rural and semi-urban regions where toxic substances are easily available. [redacted]

Hanging

Hanging is a highly lethal method of suicidal behaviour and is more commonly associated with strong suicidal intent compared to some other methods. [redacted]

[redacted]

Drug Overdose

Drug overdose refers to intentional consumption of medication in quantities greater than prescribed or medically safe. [redacted]

Burns and Self-Immolation

Burns and self-immolation represent severe and highly distressing methods of attempted suicide. [redacted]

Self-Inflicted Injuries

Self-inflicted injuries include deliberate physical harm caused by cutting, stabbing, blunt trauma, jumping, or other direct injury to the body. [redacted]

Factors Influencing Choice of Method

The choice of method in attempted suicide is influenced by availability, cultural background, knowledge of lethality, impulsivity, psychiatric state, gender, occupation, and environmental circumstances. [redacted]

Assessment of Attempted Suicide

Assessment of attempted suicide is a systematic clinical and psychiatric process used to understand the medical seriousness, suicidal intent, mental state, psychosocial background, and future risk of the patient. [redacted]

[redacted]

Clinical Assessment

Clinical assessment is the first step in evaluating a patient after an attempted suicide. [redacted]

Psychiatric Evaluation

Psychiatric evaluation is essential in attempted suicide because many patients have underlying mental disorders, emotional distress, personality dysfunction, or substance-related problems. [redacted]

Mental Status Examination

Mental status examination is a structured clinical assessment of the patient's current psychological functioning. [redacted]

Risk Assessment in Suicide Attempts

Risk assessment is a systematic process used to estimate the likelihood of future suicidal behaviour. [redacted]

[redacted]

Assessment of Psychosocial Stressors

Assessment of psychosocial stressors is necessary because attempted suicide often occurs in response to identifiable life difficulties. [redacted]

Assessment of Personality Dysfunction

Assessment of personality dysfunction is important in attempted suicide patients, especially when there is impulsivity, emotional instability, repeated self-harm, interpersonal conflict, or poor coping. [redacted]

Beck's Suicide Intent Scale

Objective indicators	Subjective indicators
1. Isolation during attempt	9. Purpose of attempt
2. Likelihood of intervention	10. Expectations of death
3. Precautions taken against discovery	11. Perception of method's lethality
4. Actions taken to get help	12. View of attempt's seriousness
5. Preparations for death	13. Desire to live or die
6. Preparations for attempt	14. Perceptions of rescuability
7. Suicide note	15. Premeditation
8. Communication of intent	

Figure 2: Beck's Suicide Intent Scale

Beck's Suicide Intent Scale is a structured psychiatric assessment tool used to evaluate the seriousness of intent behind a suicide attempt. [redacted]

Introduction to Beck's Suicide Intent Scale

Beck's Suicide Intent Scale is a structured clinical tool developed to assess the seriousness of intention behind a suicide attempt. [redacted]

Components of the Scale

Beck's Suicide Intent Scale contains items that evaluate both the circumstances surrounding the suicidal act and the patient's subjective expectations and thoughts at the time of the attempt. [redacted]

Scoring System

Beck's Suicide Intent Scale uses a numerical scoring method to quantify the severity of suicidal intent. [redacted]

[redacted]

Interpretation of Scores

Interpretation of scores in Beck's Suicide Intent Scale helps classify the seriousness of suicidal intent and estimate future suicidal risk. [redacted]

Clinical Utility of Beck's Suicide Intent Scale

Beck's Suicide Intent Scale has important clinical utility in psychiatry because it provides a structured and reliable method for evaluating suicidal intent in attempted suicide patients. [redacted]

DSM-5 and Assessment of Psychiatric Morbidity

DSM-5 is an important diagnostic framework used in psychiatry to identify and classify mental disorders in a structured manner. [redacted]

[redacted]

Overview of DSM-5

DSM-5, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, is a standard classification system used by mental health professionals for diagnosing psychiatric disorders. [redacted]

DSM-5 Diagnostic Criteria in Suicide Assessment

DSM-5 diagnostic criteria are important in suicide assessment because suicidal behaviour often occurs in association with diagnosable psychiatric disorders. [redacted]

DSM-5 Personality Inventory

The DSM-5 Personality Inventory is used to assess maladaptive personality traits that may affect emotional regulation, interpersonal functioning, impulse control, and coping ability. [redacted]

[redacted]

Role of DSM-5 in Identifying Personality Dysfunction

DSM-5 plays an important role in identifying personality dysfunction by focusing on impairments in self-functioning, interpersonal relationships, emotional regulation, and maladaptive personality traits. [redacted]

Management of Attempted Suicide

Management of attempted suicide requires a multidisciplinary approach involving emergency medical care, psychiatric evaluation, crisis intervention, psychological support, and long-term follow-up. [redacted] recurrence and improving long-term mental health outcomes (3).

Emergency Medical Management

Emergency medical management is the first priority in patients presenting with attempted suicide because many methods of self-harm may result in life-threatening complications. [redacted]

[redacted]

Psychiatric Intervention

Psychiatric intervention is essential in attempted suicide because many patients have underlying psychiatric disorders, emotional distress, personality dysfunction, or unresolved psychosocial stressors. [redacted]

Crisis Intervention

Crisis intervention is a short-term therapeutic approach aimed at helping individuals manage acute emotional distress following a suicidal crisis. [redacted]

Counselling and Psychotherapy

Counselling and psychotherapy are essential components in the management of attempted suicide because they help patients understand emotional distress, improve coping ability, resolve

interpersonal conflicts, and reduce future suicidal risk. [redacted]

Pharmacological Management

Pharmacological management is important in attempted suicide patients when underlying psychiatric disorders such as depression, bipolar disorder, schizophrenia, anxiety disorders, or substance use disorders are identified. [redacted]

Family Intervention and Rehabilitation

Family intervention is an important aspect of management because family members often play a major role in emotional support, supervision, treatment adherence, and rehabilitation after a suicide attempt. [redacted]

Follow-Up and Prevention of Repeat Attempts

Follow-up care is essential after a suicide attempt because the risk of repeated suicidal behaviour remains high, particularly during the weeks and months following discharge. [redacted]

[redacted]

Suicide Prevention

Suicide prevention is a comprehensive process aimed at reducing suicidal thoughts, suicide attempts, and completed suicide through early identification, timely treatment, social support, and restriction of access to lethal means (2). [redacted]

Identification of High-Risk Individuals

Identification of high-risk individuals is the first and most important step in suicide prevention. [redacted]

Early Psychiatric Intervention

Early psychiatric intervention is essential for reducing suicidal behaviour because many risk factors are treatable when identified promptly. [redacted]

Community Mental Health Approaches

Community mental health approaches are important in suicide prevention because many individuals at risk may not seek hospital-based psychiatric care due to stigma, distance, financial limitations, or lack of awareness. [redacted]

Role of Family and Social Support

Family and social support play a major protective role in suicide prevention because emotional support, supervision, understanding, and healthy interpersonal relationships help individuals cope with psychological distress. [redacted]

Restriction of Access to Lethal Means

Restriction of access to lethal means is an effective suicide prevention strategy because many suicide attempts occur impulsively during periods of acute emotional distress. [redacted]

Suicide Prevention Strategies in India

Suicide prevention strategies in India focus on improving mental health awareness, strengthening psychiatric services, reducing stigma, and addressing social determinants associated with suicidal behaviour. [redacted]

[redacted]

Role of Tertiary Care Centres in Suicide Prevention

Tertiary care centres play an important role in suicide prevention because they provide specialized emergency, psychiatric, medical, and rehabilitative services for high-risk individuals. [redacted]

Need for the Present Study

The increasing burden of attempted suicide has emerged as an important psychiatric and public health concern, particularly in semi-urban populations where psychosocial stressors, stigma related to mental illness, and limited access to specialized psychiatric services continue to affect early identification and treatment. [redacted]

Research Studies

[redacted] **(2026)** Analyzed suicide mortality among adolescents and young adults aged 10–24 years in the Americas using WHO Global Health Estimates from 2000 to 2021. [redacted] Early identification of high-risk individuals, strengthening mental health awareness programs, and improving accessibility to counselling and

psychiatric services were recommended to reduce suicide-related mortality and improve prevention strategies among young populations (9).

[redacted] **(2025)** Conducted a systematic review and meta-analysis across 71 countries over 122 years to evaluate global suicide underreporting. [redacted] Strengthening mental health services, improving awareness regarding psychiatric illness, and reducing stigma toward suicide were recommended to improve suicide prevention efforts globally (15).

[redacted] **(2025)** Conducted a qualitative study in rural India to identify barriers to mental healthcare among individuals suffering from severe mental illness. [redacted] The study highlighted the importance of comprehensive psychosocial evaluation in patients presenting with attempted suicide and stressed the need for better accessibility and community-based psychiatric support systems in vulnerable rural populations (53).

[redacted] **(2025)** Explored gender differences in mental health experiences and perceived social support among university students through a qualitative case study. [redacted]

[redacted]Strengthening counselling services and improving peer and family support systems were recommended to reduce suicidal risk among young adults (38).

[redacted] **(2025)** Investigated the impact of job insecurity on psychological well-being and work engagement using a moderated mediation model. [redacted]Strengthening workplace mental health programs, improving financial security, and providing psychological counselling services were recommended to reduce emotional distress and suicide risk among vulnerable populations (42).

[redacted] **(2025)** Investigated factors responsible for suicide planning and suicide attempts among university students experiencing academic anxiety. [redacted]The study recommended early psychological screening, stress management programs, counselling services, and strengthening institutional mental health support systems to reduce suicide risk among students (50).

[redacted] **(2025)** Evaluated adaptive and maladaptive coping strategies among Lebanese young adults facing multiple social and economic crises. [redacted]

[redacted]The study emphasized the importance of promoting healthy coping strategies and psychological resilience to reduce suicide risk and improve emotional well-being among young adults (66).

[redacted] **(2025)** Explored the relationship between DSM-5 pathological personality traits, emotion dysregulation, and metacognitive dysfunction in personality functioning. [redacted]The study highlighted the importance of evaluating personality functioning and emotional regulation in psychiatric assessment of individuals presenting with suicidal behaviour (88).

[redacted] **(2024)** Conducted a cross-sectional study evaluating the association between suicidal behaviour, psychological distress, coping mechanisms, and resilience among individuals presenting with suicidal tendencies. [redacted]The authors emphasized the importance of detailed psychosocial assessment and early psychiatric intervention in suicide prevention strategies (3).

[redacted] **(2024)** Performed a systematic review and meta-analysis to assess the role of social support in preventing suicidal ideation and suicidal behaviour. [redacted]

[redacted]Early psychosocial interventions aimed at improving interpersonal relationships and emotional support were recommended to reduce suicidal vulnerability among high-risk populations (100).

[redacted] Discussed suicide prevention in India and highlighted suicide as a growing public health challenge requiring urgent multidisciplinary intervention. [redacted]Community awareness programs, school mental health initiatives, crisis helplines, counselling services, strengthening mental health infrastructure, and improving accessibility to psychiatric services were recommended as important suicide prevention strategies (18).

[redacted] Analyzed the NCRB Suicide in India 2022 report and evaluated recent suicide trends and implications in India. [redacted]The authors emphasized the importance of psychosocial assessment, counselling, family intervention, and strengthening psychiatric services to reduce suicide-related morbidity and mortality (13).

[redacted] **(2024)** Explored suicidal behaviour across different cultures and historical periods using philosophical perspectives and network analysis methods. [redacted] The study recommended culturally sensitive suicide prevention strategies involving psychiatric assessment, counselling, social support interventions, and community awareness regarding mental health and stigma reduction (25).

[redacted] **(2024)** Reviewed evidence regarding social determinants of mental health and psychiatric disorders and emphasized their association with suicidal behaviour. [redacted] Public health interventions addressing social inequalities, improving living conditions, strengthening mental health services, psychosocial support systems, community engagement, and early emotional intervention were recommended to reduce psychiatric morbidity and suicide-related outcomes (39).

[redacted] **(2023)** Discussed suicide risk assessment, management, and mitigation in emergency settings. [redacted]

[redacted]

[redacted]The study concluded that systematic psychosocial evaluation and timely psychiatric management are essential for reducing suicide-related morbidity and mortality in emergency healthcare settings (83).

[redacted] **(2023)** Conducted a systematic review evaluating suicide risk among individuals with personality disorders. [redacted]

[redacted]The review emphasized the importance of detailed psychiatric evaluation including personality assessment in all suicide attempters and recommended long-term psychotherapy, emotional regulation training, psychosocial counselling, and family support interventions (72).

[redacted] **(2023)** Performed a systematic review evaluating suicide related to the COVID-19 pandemic in India. [redacted]

[redacted]The authors emphasized the importance of crisis intervention services, psychosocial counselling, community mental health programs, telepsychiatry services, and emotional support systems during public health emergencies to reduce suicide-related morbidity and improve mental healthcare accessibility (11).

[redacted] **(2023)** Conducted a qualitative study exploring reasons for suicidal behaviour and recommendations for suicide prevention in Kenya. [redacted]

[redacted]

[redacted]The study emphasized strengthening community support systems, improving access to mental healthcare services, promoting awareness regarding mental illness, and providing early psychosocial intervention and counselling services to reduce suicidal behaviour (47).

[redacted] **(2022)** Evaluated pathways contributing to suicidal ideation and suicide attempts among high-risk women. [redacted]

[redacted]The study emphasized the importance of trauma-informed psychiatric care, psychosocial assessment, emotional counselling, family intervention, social support programs, and psychiatric treatment to reduce recurrent suicide attempts (6).

[redacted] **(2022)** Reviewed the relationship between social isolation and suicide risk. [redacted]

[redacted]Early psychosocial intervention, counselling, peer support programs, and community engagement initiatives were recommended to reduce loneliness and emotional (28).

[redacted] **(2022)** Emphasized that suicide attempts are commonly associated with psychosocial stressors such as interpersonal conflicts, financial difficulties, emotional trauma, psychiatric illness, and substance abuse. [redacted]

[redacted]

Proper communication, empathetic listening, strengthening family support systems, long-term psychiatric follow-up, and counselling services were emphasized as important interventions to reduce repeated suicide attempts and improve emotional rehabilitation (22).

[redacted] **(2021)** Evaluated the relationship between addiction and suicide risk with emphasis on alcohol and opioid use disorders. [redacted]

Integrated psychiatric and addiction management programs involving counselling, psychotherapy, family intervention, rehabilitation services, and early screening for depression and suicidal ideation were recommended to reduce suicide risk (52).

[redacted] **(2021)** Studied the sociodemographic profile, clinical characteristics, and psychiatric morbidities among patients presenting with attempted suicide at a tertiary care center in Central India. [redacted]

Early counselling, psychiatric treatment, family intervention,

emotional support services, and detailed psychosocial assessment were recommended to reduce recurrent suicide attempts and improve mental health outcomes (19).

[redacted] **(2021)** Evaluated the association between marital status and suicide risk with particular focus on marital breakdown and socioeconomic influences. [redacted]The study emphasized the importance of psychosocial counselling, family therapy, emotional support interventions, early psychiatric assessment, and crisis intervention to reduce suicidal ideation associated with interpersonal stress and socioeconomic difficulties (44).

[redacted] **(2020)** Reviewed pesticide regulations and their impact on suicide trends in India with special focus on suicide by pesticide poisoning. [redacted]

MATERIALS AND METHODS

MATERIALS AND METHOD

Study design:

Place of study:

Duration of study:

Study Population:

Sampling method and sampling size:

Methodology:

[redacted]

Data Collection

Study Instruments

[redacted]

Socio-Demographic Data Collection

[redacted]

Socio-demographic variable	Details recorded
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

Clinical Data Collection

[redacted]

Assessment of Suicidal Intent

[redacted]

Beck's Suicide Intent Scale score	Interpretation
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

Assessment of Personality Dysfunction

[redacted]

Personality trait domain	Characteristics assessed
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

Training and Standardization

[redacted]

Confidentiality of Data

[redacted]

Statistical Analysis

Data Entry and Processing

[redacted]

Descriptive Statistical Analysis

[redacted]

Statistical parameter	Purpose
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

Inferential Statistical Analysis

[redacted]

Statistical test	Application
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

Level of Statistical Significance

[redacted]

[redacted]

Presentation of Data

[redacted]

RESULTS

RESULTS

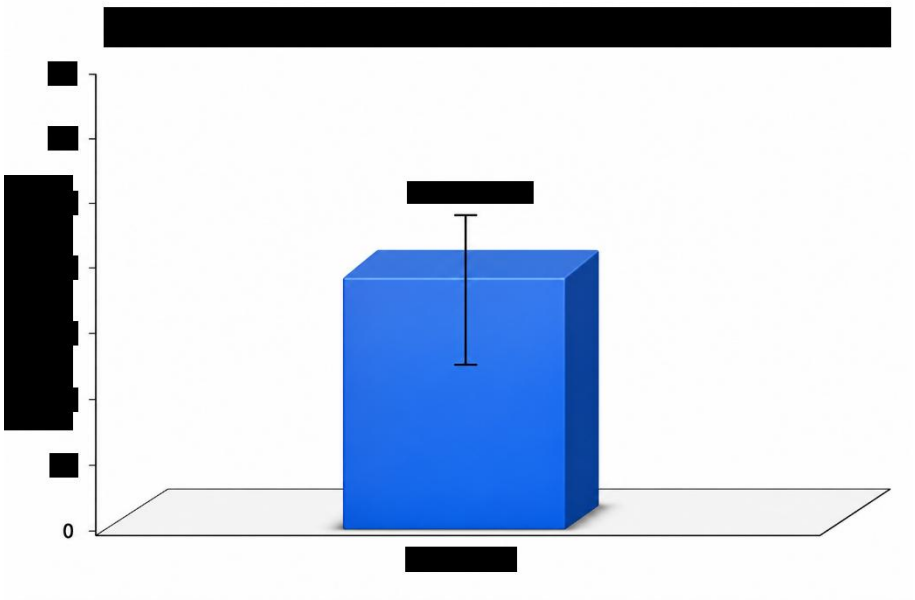
Statistical Methods

[redacted]

Table 1: Descriptive analysis of age (years) in study population (N=100)

Parameter	Mean ± SD	Median	Minimum	Maximum	95% C.I	
					Lower	Upper
Age	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Graph 1: Descriptive analysis of age (years) in study population (N=100)

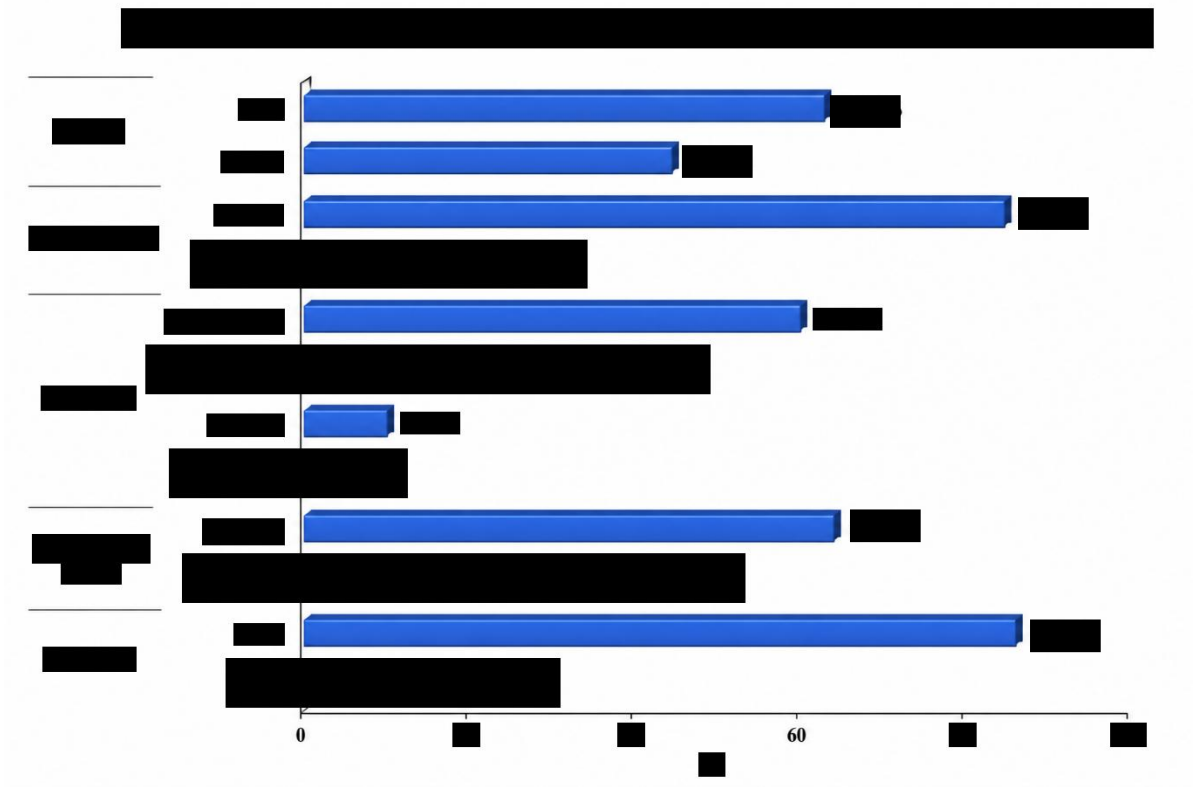


The mean age of the study population was [redacted] years, with a median age of [redacted] years. [redacted] The findings suggest that the study predominantly included young to middle-aged adults with a moderate variation in age.

Table 2: Descriptive analysis of demographic parameter in the study population (N=100)

Parameter	n	%
Gender		
Male		
Female		
Marital Status		
Married		
Unmarried		
Education		
Primary School		
Secondary School		
Graduate		
Post Graduate		
Employment Status		
Employed		
Unemployed		
Residence		
Rural		
Urban		

Graph 2: Descriptive analysis of demographic parameter in the study population (N=100)



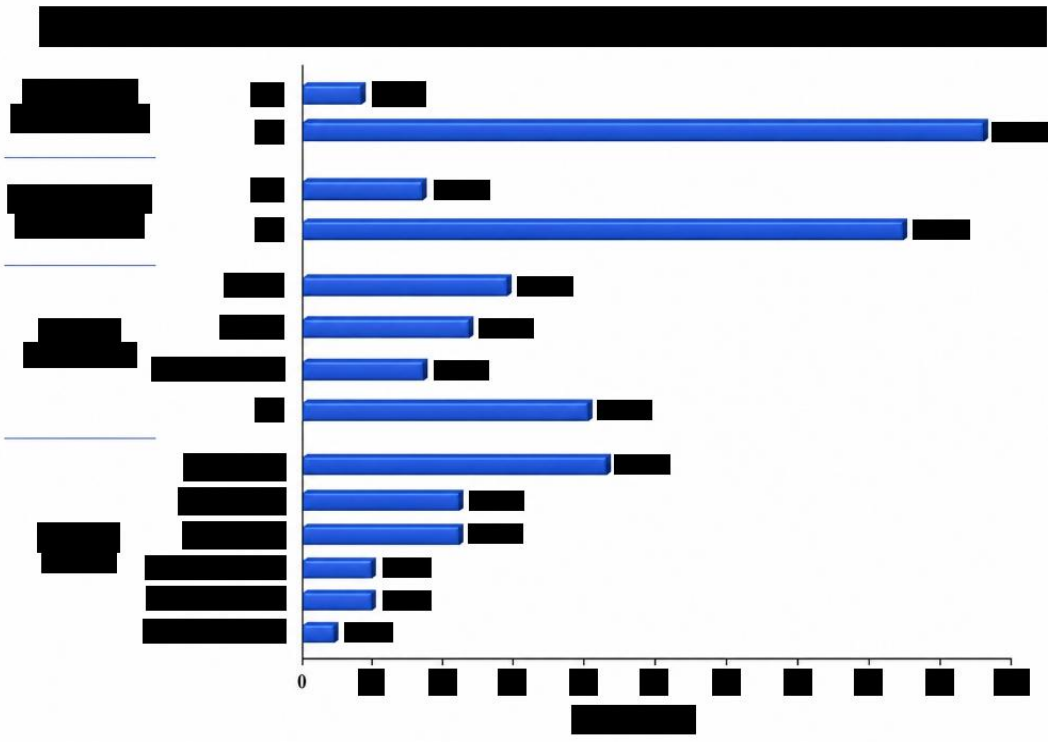
Among the study participants, were male and were female.

[redacted]These findings indicate that the study population predominantly consisted of married, male, employed individuals with primary school education residing in rural areas.

Table 3: Descriptive analysis of history and general examination in the study population (N=100)

History And General Examination	n	%
Past History of Psychiatric Illness		
Yes	[redacted]	[redacted]
No	[redacted]	[redacted]
Previous History of Suicidal Attempt		
Yes	[redacted]	[redacted]
No	[redacted]	[redacted]
History of Substance Use		
Alcohol	[redacted]	[redacted]
Nicotine	[redacted]	[redacted]
Alcohol + Nicotine	[redacted]	[redacted]
No	[redacted]	[redacted]
History of Stressors		
Familial Only	[redacted]	[redacted]
Financial Only	[redacted]	[redacted]
Personal Only	[redacted]	[redacted]
Familial + Financial	[redacted]	[redacted]
Personal + Familial	[redacted]	[redacted]
Personal + Financial	[redacted]	[redacted]

Graph 3: Descriptive analysis of history and general examination in the study population (N=100)



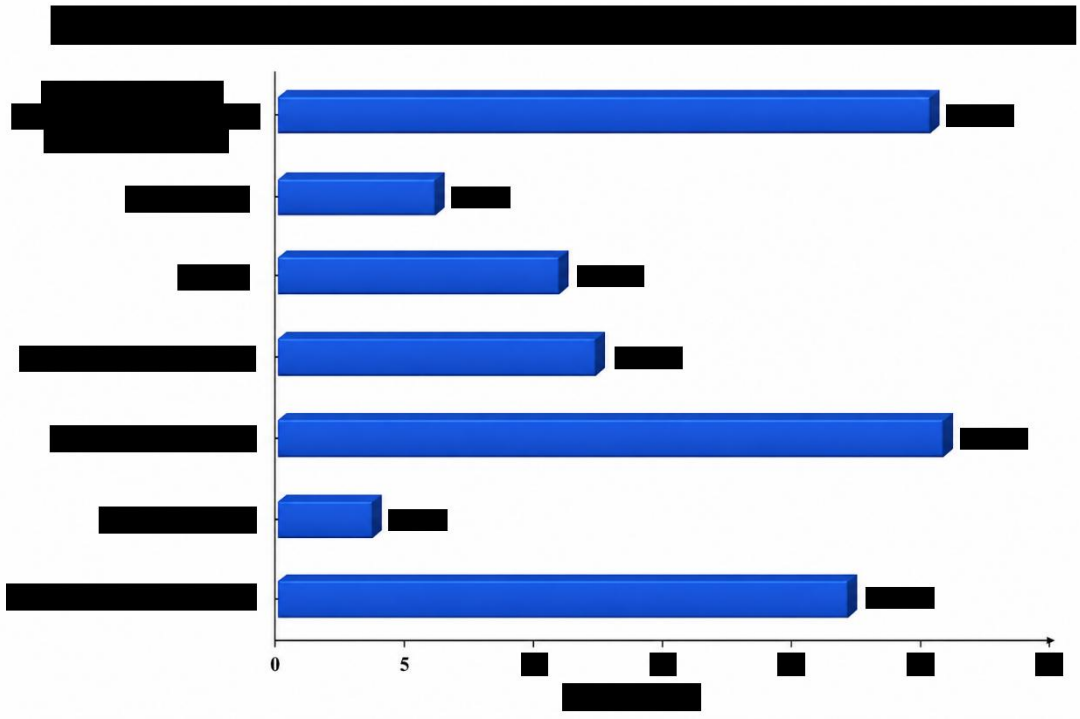
Among the [redacted] study participants, [redacted] had a past history of psychiatric illness, while [redacted] had no such history. [redacted]

These findings indicate that most participants had no previous psychiatric illness or suicidal attempts, while familial stressors were the most frequently reported psychosocial stressor.

Table 4: Descriptive analysis of Mode of Suicide Attempt in the study population (N=100)

Mode of Suicide Attempt	n	%
Agricultural Poisoning (Pesticide/Herbicide/Insecticide/Fungicide/Rodenticide)	[redacted]	[redacted]
Drug Overdose	[redacted]	[redacted]
Hanging	[redacted]	[redacted]
Household Chemical Poisoning	[redacted]	[redacted]
Other Chemical Poisoning	[redacted]	[redacted]
Self-inflicted Injury	[redacted]	[redacted]
Unknown/Unspecified Poisoning	[redacted]	[redacted]

Graph 4: Descriptive analysis of Mode of Suicide Attempt in the study population (N=100)



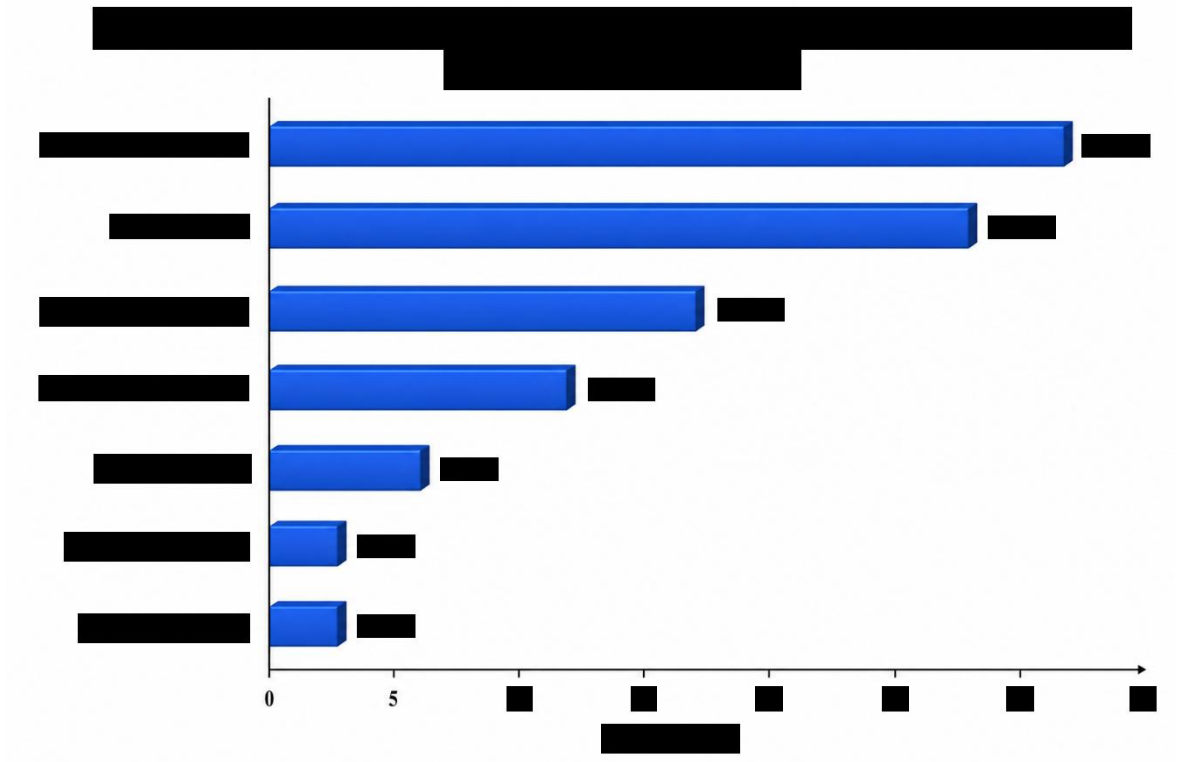
Among the [redacted] study participants, other chemical poisoning was the most common mode of suicide attempt, accounting for [redacted] of cases, followed closely by agricultural poisoning (pesticide, herbicide, insecticide, fungicide, or rodenticide) in [redacted] and unknown/unspecified poisoning in [redacted]. [redacted]

[redacted]These findings indicate that poisoning, particularly chemical poisoning, was the predominant mode of suicide attempt in the study population.

Table 5: Descriptive analysis of final psychiatric diagnosis / clinical impression in the study population (N=100)

Final Psychiatric Diagnosis / Clinical Impression	n	%
Stress-Related Disorders	[redacted]	[redacted]
Mood Disorders	[redacted]	[redacted]
Non-Suicidal Self-Injury	[redacted]	[redacted]
Substance Use Disorders	[redacted]	[redacted]
Anxiety Disorders	[redacted]	[redacted]
Personality Disorders	[redacted]	[redacted]
Psychotic Disorders	[redacted]	[redacted]

Graph 5: Descriptive analysis of final psychiatric diagnosis / clinical impression in the study population (N=100)



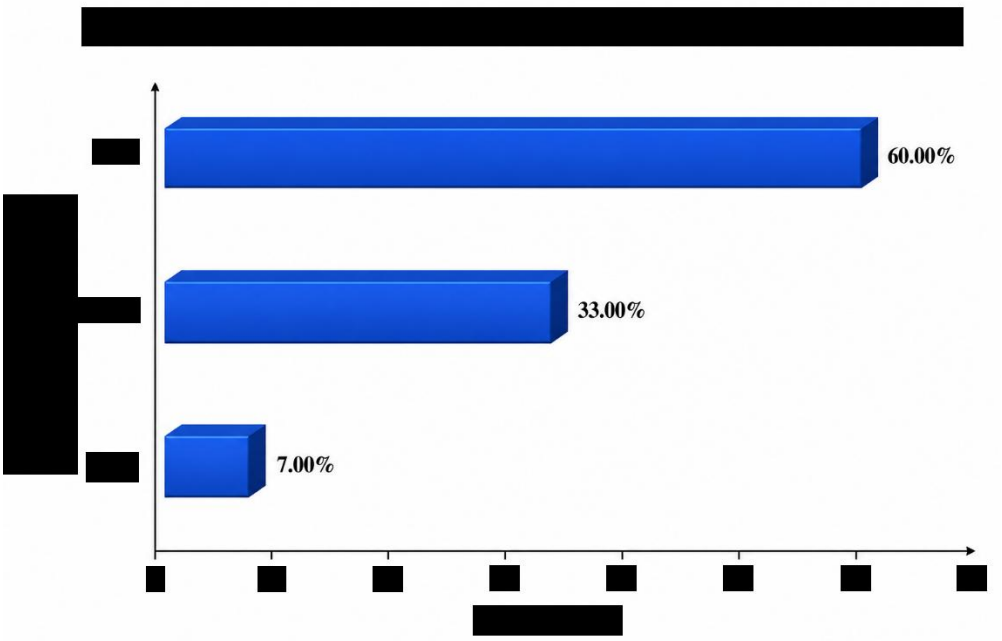
Among the [redacted] study participants, stress-related disorders were the most common final psychiatric diagnosis, accounting for [redacted] of cases, followed by mood disorders in [redacted] of participants. [redacted] These findings indicate that stress-related and mood disorders constituted the

majority of psychiatric diagnoses among patients with attempted suicide in the study population.

Table 6: Descriptive analysis of intent category in the study population (N=100)

Intent Category	n	%
Low	[redacted]	[redacted]
Medium	[redacted]	[redacted]
High	[redacted]	[redacted]

Graph 6: Descriptive analysis of intent category in the study population (N=100)

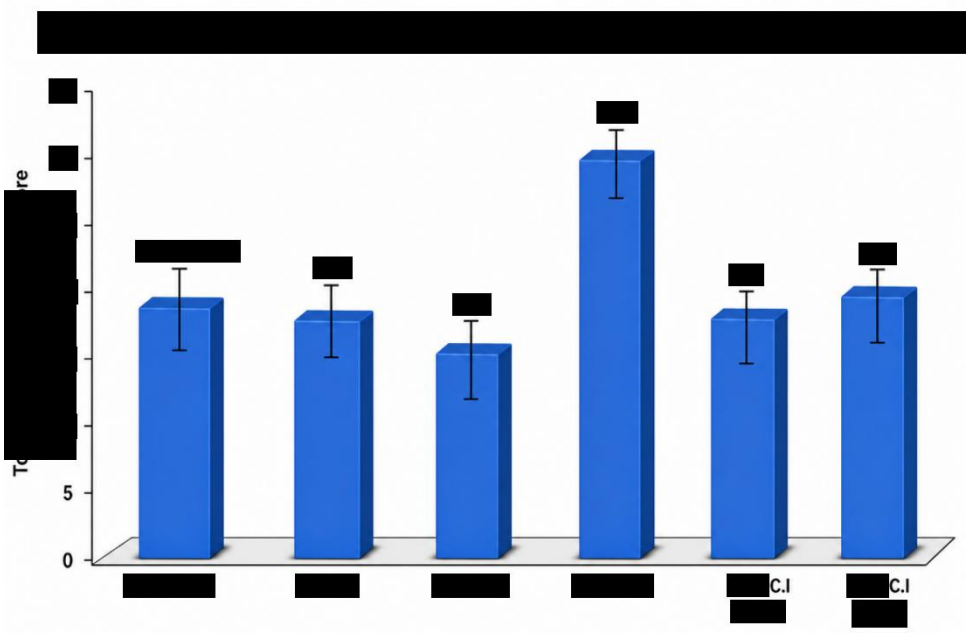


Among the [redacted] study participants, [redacted] were classified as having low suicidal intent, making it the most common intent category. [redacted] These findings indicate that the majority of patients with attempted suicide had low suicidal intent, whereas only a small proportion exhibited high suicidal intent.

Table 7: Descriptive analysis of total beck's suicide intent score in study population (N=100)

Parameter	Mean ± SD	Median	Minimum	Maximum	95% C.I	
					Lower	Upper
Total Beck's Suicide Intent Score	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Graph 7: Descriptive analysis of total beck's suicide intent score in study population (N=100)



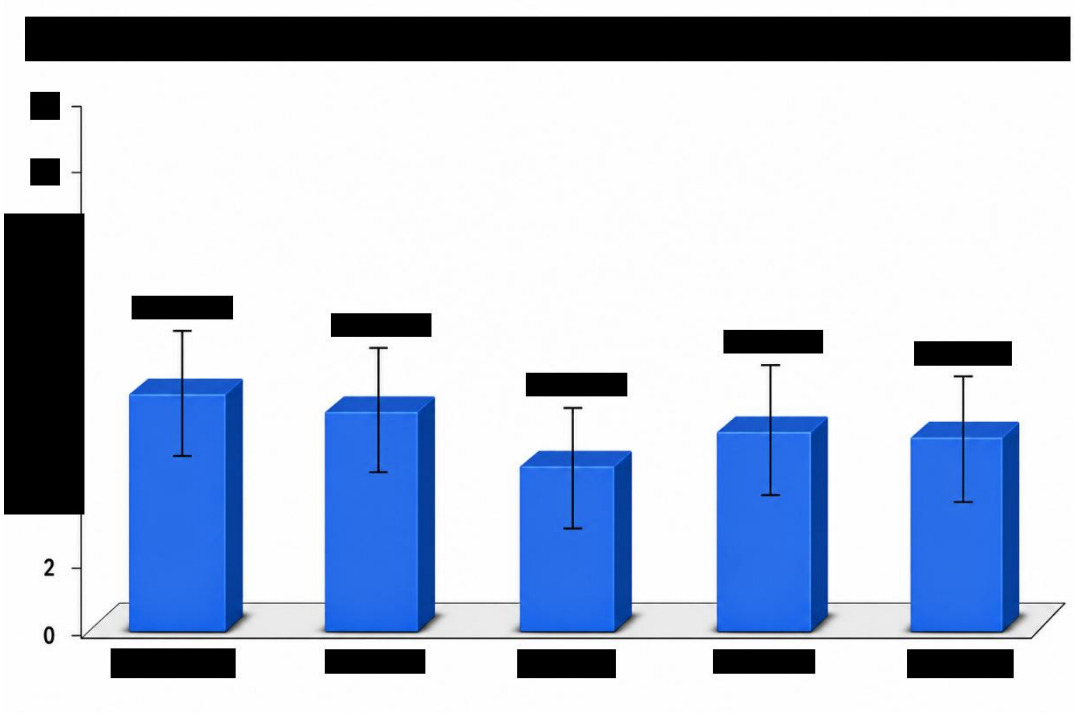
The mean total Beck's Suicide Intent Score among the study participants was [redacted], with a median score of [redacted]. [redacted]

These findings suggest a moderate variation in suicidal intent scores among the participants.

Table 8: Descriptive analysis of Personality Inventory Individual Domain score in study population (N=100)

Parameter	Mean ± SD	Median	Minimum	Maximum	95% C.I	
					Lower	Upper
Negative Affect	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Detachment	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Antagonism	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Disinhibition	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Psychoticism	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Graph 8: Descriptive analysis of Personality Inventory Individual Domain score in study population (N=100)

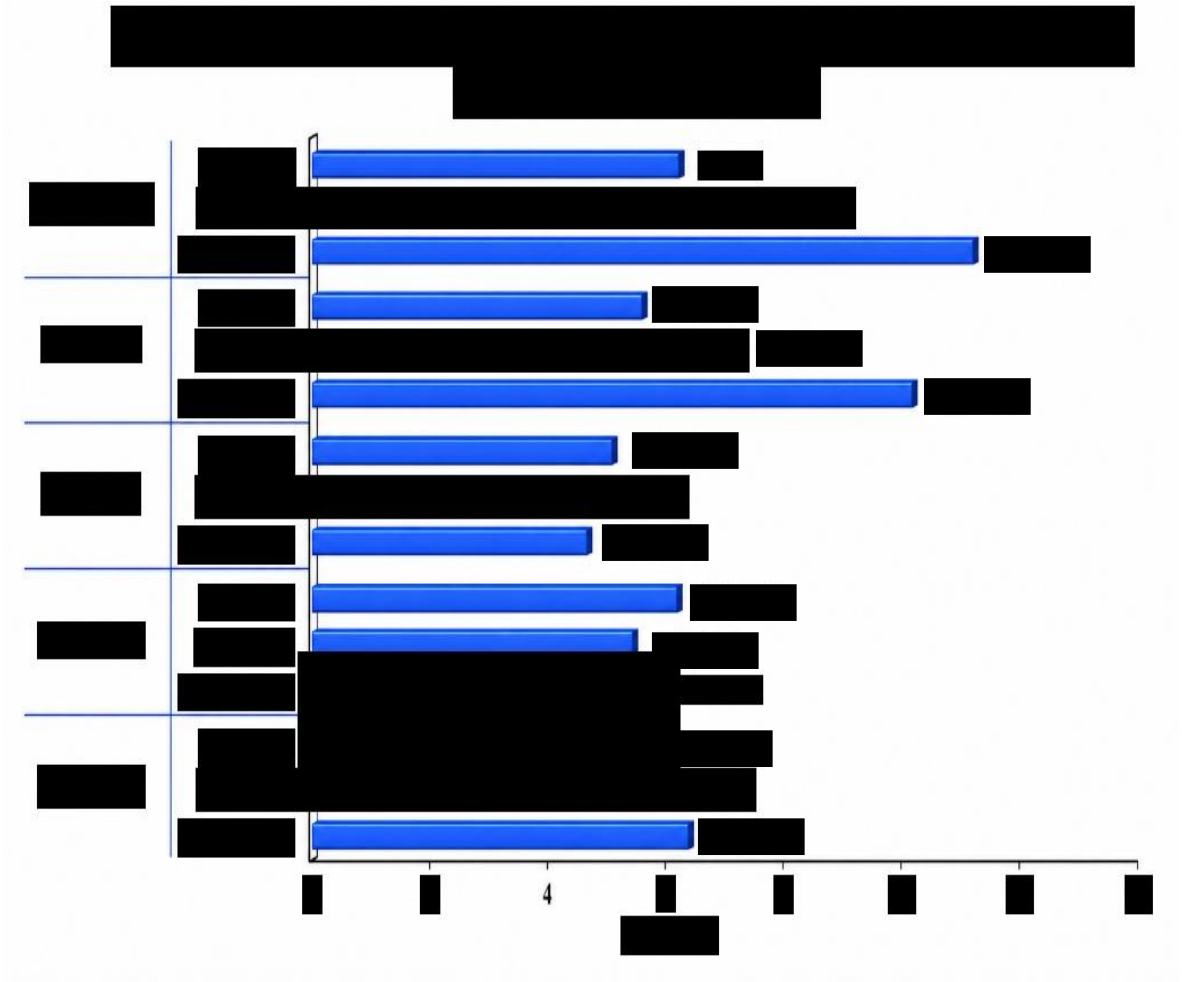


The mean Negative Affect score was [redacted], with a median of [redacted], ranging from [redacted] to [redacted], and a [redacted] confidence interval of [redacted]. [redacted] Overall, Negative Affect had the highest mean score among the personality domains, while Antagonism had the lowest mean score in the study population.

Table 9: Descriptive analysis of Personality Inventory Individual Domain score in study population (N=100)

Parameter	Intent Category			P Value
	Low (N=60)	High (N=33)	Medium (N=7)	
Negative Affect	[redacted]	[redacted]	[redacted]	[redacted]
Detachment	[redacted]	[redacted]	[redacted]	[redacted]
Antagonism	[redacted]	[redacted]	[redacted]	[redacted]
Disinhibition	[redacted]	[redacted]	[redacted]	[redacted]
Psychoticism	[redacted]	[redacted]	[redacted]	[redacted]

Graph 9: Descriptive analysis of Personality Inventory Individual Domain score in study population (N=100)



The mean Negative Affect score was [redacted] among participants with low suicidal intent, [redacted] among those with high suicidal intent, and [redacted] among those with medium suicidal intent. [redacted]

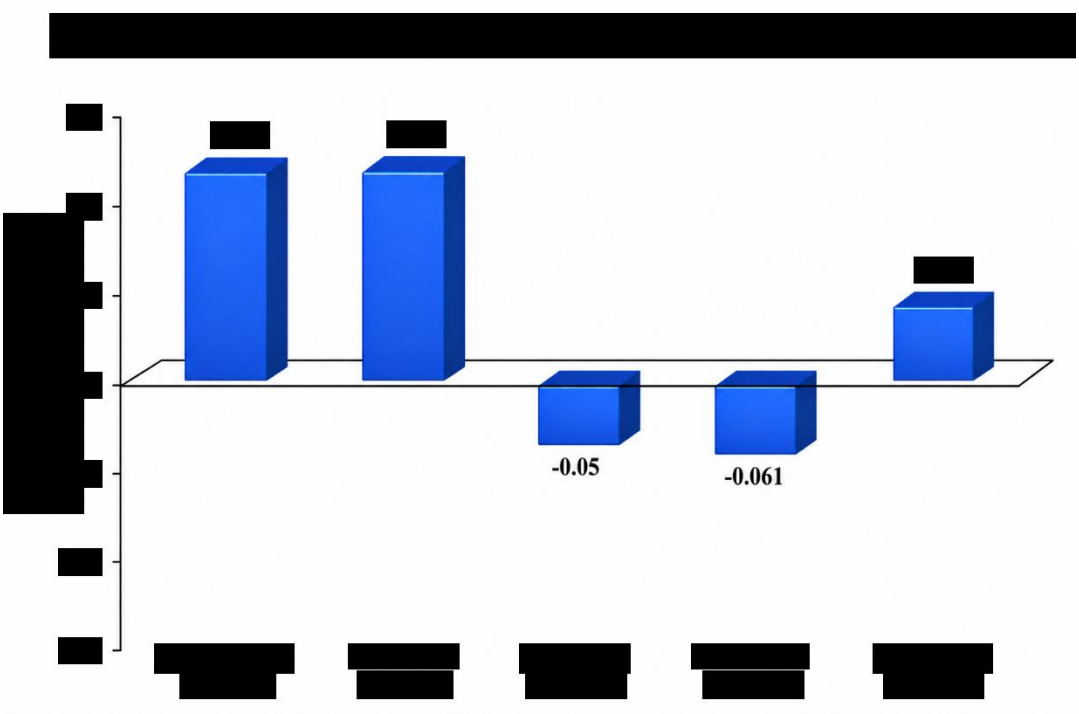
[redacted]

Overall, Negative Affect and Detachment showed statistically significant differences across the suicidal intent categories, whereas Antagonism, Disinhibition, and Psychoticism did not demonstrate significant differences.

Table 10: Correlation of Beck's Suicide Intent Score with Personality Trait Domains (N = 100)

Parameter	Pearson Correlation (r) with Beck's Suicide Intent Score	P-value
Negative Affect	[redacted]	[redacted]
Detachment	[redacted]	[redacted]
Antagonism	[redacted]	[redacted]
Disinhibition	[redacted]	[redacted]
Psychoticism	[redacted]	[redacted]

Graph 10: Correlation of Beck's Suicide Intent Score with Personality Trait Domains (N = 100)



The Pearson correlation analysis showed a moderate positive correlation between Beck's Suicide Intent Score and Negative Affect ([redacted]), which was statistically significant ([redacted]). [redacted]

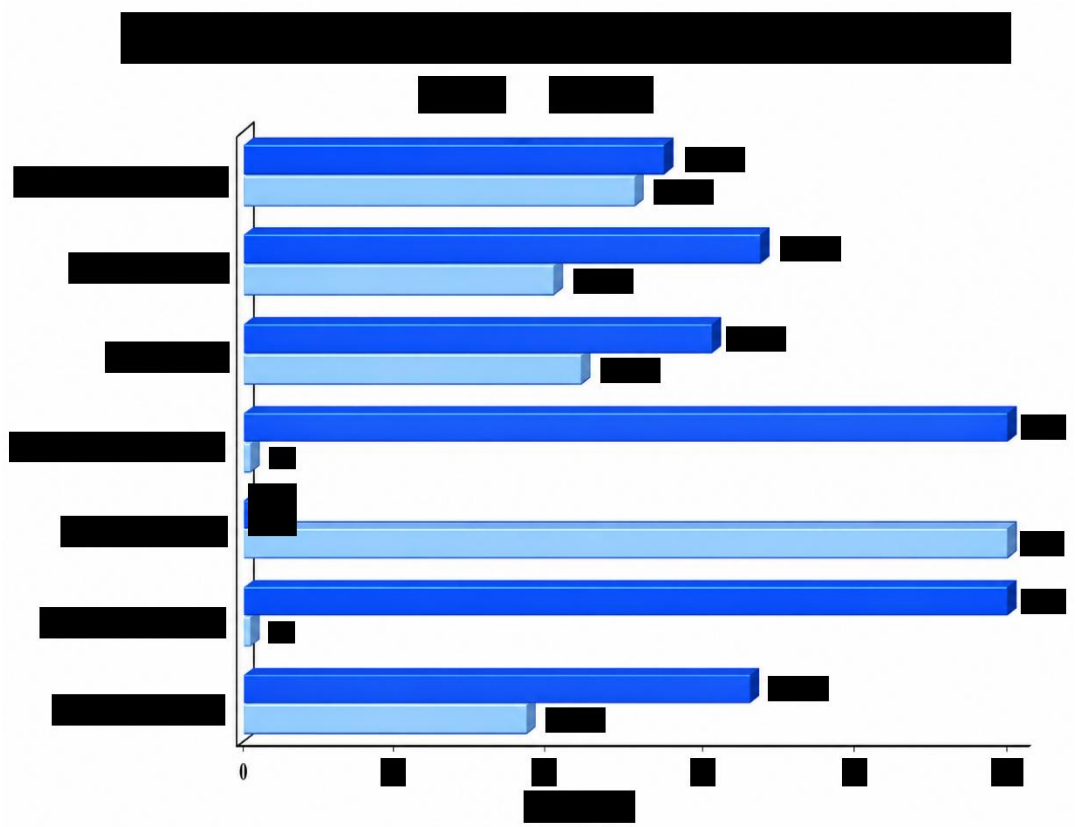
[redacted]

Overall, Beck's Suicide Intent Score was significantly and positively correlated with the personality domains of Negative Affect and Detachment, while no significant correlations were observed with Antagonism, Disinhibition, or Psychoticism.

Table 11: Comparison of Final Psychiatric Diagnosis between gender (N=100)

Final Psychiatric Diagnosis	Gender		Chi square	P value
	Male	Female		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]		

Graph 11: Comparison of Final Psychiatric Diagnosis between gender (N=100)



Among participants with stress-related disorders, [redacted] were male and [redacted] were female.

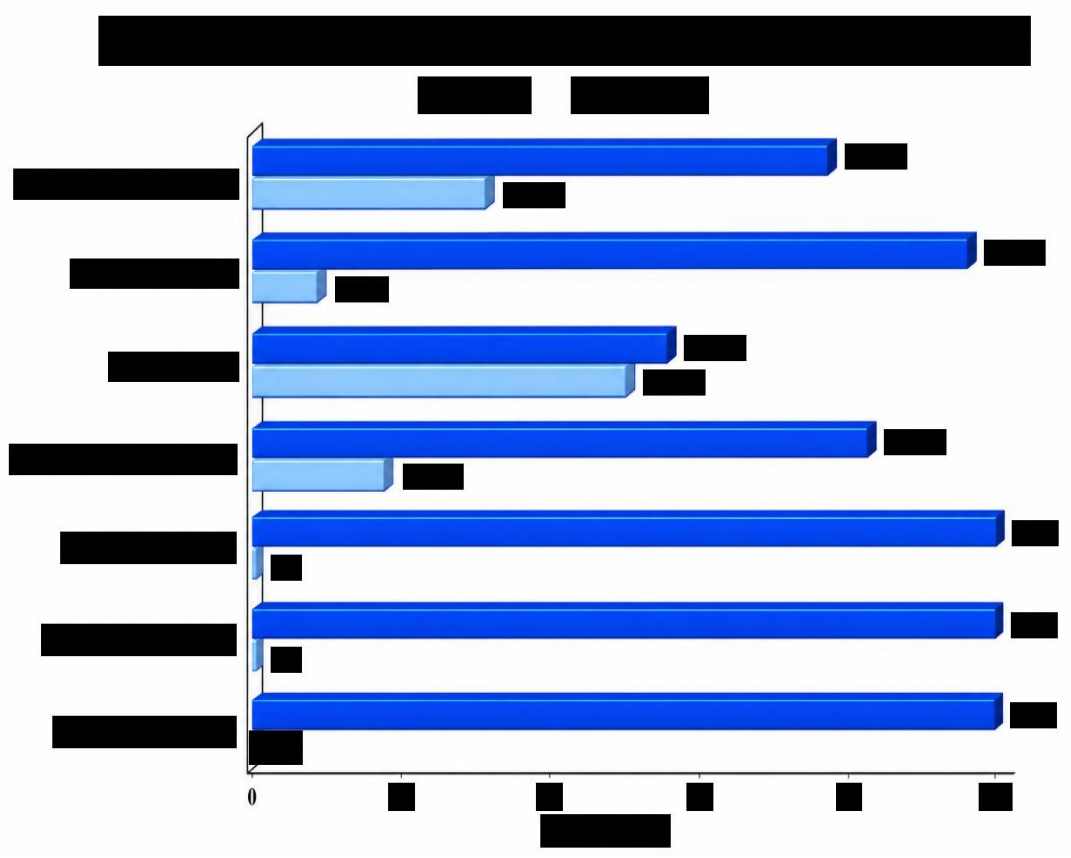
[redacted]

The association between gender and final psychiatric diagnosis was statistically significant ([redacted]), indicating that the distribution of psychiatric diagnoses differed significantly between male and female participants.

Table 12: Comparison of Final Psychiatric Diagnosis between marital status (N=100)

Final Psychiatric Diagnosis	Marital Status		Chi square	P value
	Married	Unmarried		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]		

Graph 12: Comparison of Final Psychiatric Diagnosis between marital status (N=100)



Among participants with stress-related disorders, [redacted] were married and [redacted] were unmarried. [redacted]

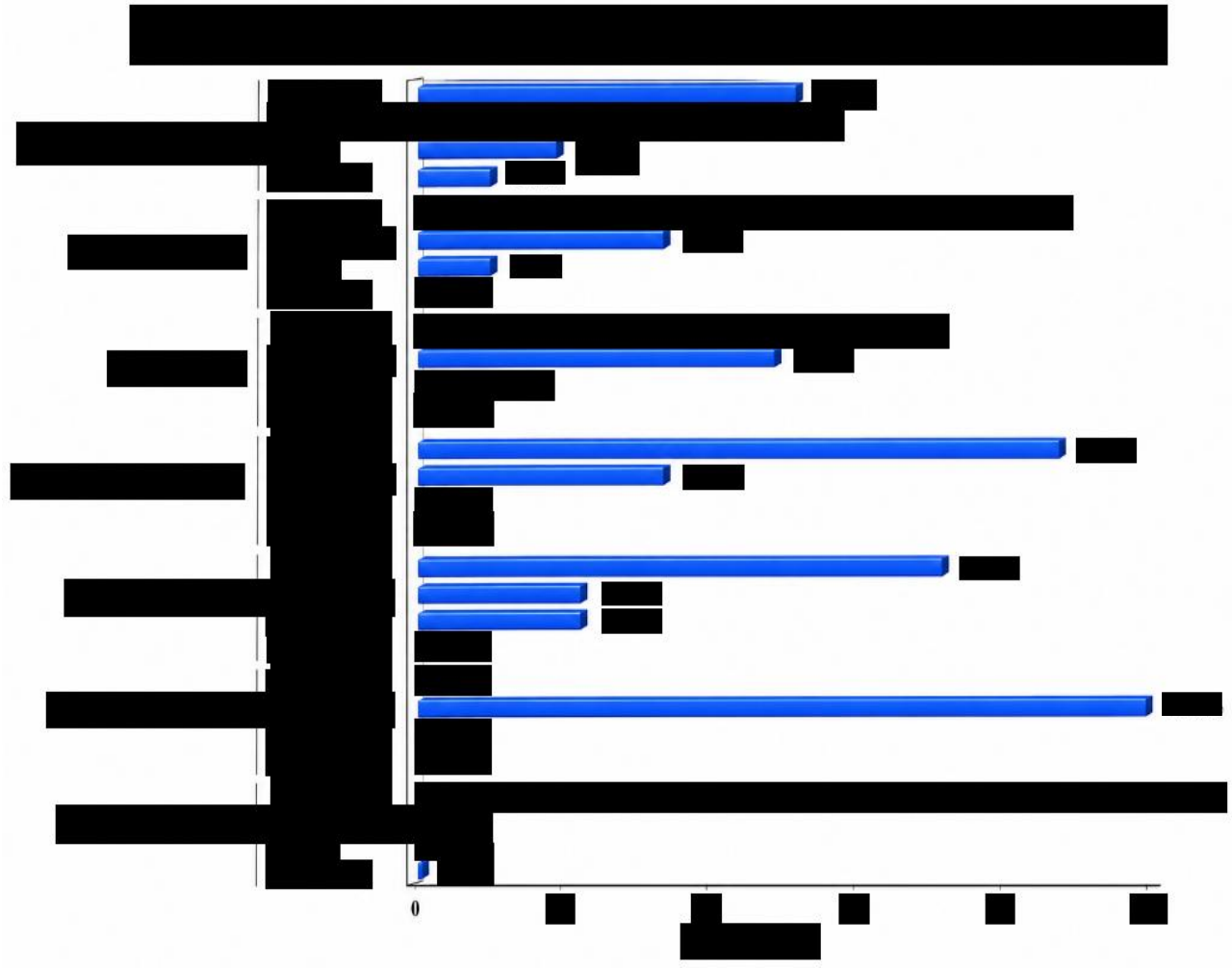
[redacted]

The association between marital status and final psychiatric diagnosis was statistically significant ([redacted]), indicating that the distribution of final psychiatric diagnoses differed significantly according to marital status among the study participants.

Table 13: Comparison of Final Psychiatric Diagnosis across education (N=100)

Final Psychiatric Diagnosis	Education				Chi square	P value
	Primary School	Secondary School	Graduate	Post Graduate		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]	[redacted]	[redacted]		

Graph 13: Comparison of Final Psychiatric Diagnosis across education (N=100)



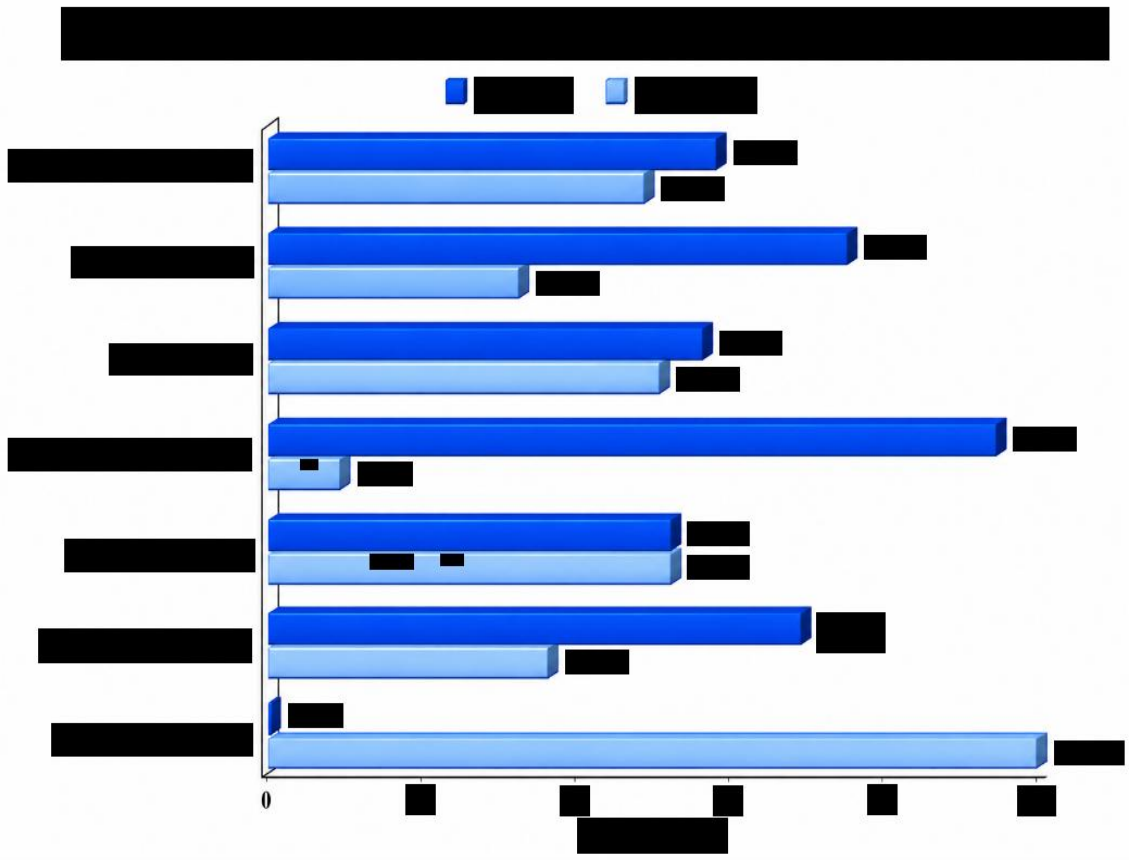
Among participants with stress-related disorders, [redacted] had primary school education, [redacted] had secondary school education, [redacted] were graduates, and [redacted] were postgraduates. [redacted]

The association between educational status and final psychiatric diagnosis was not statistically significant ([redacted]), indicating that the distribution of final psychiatric diagnoses did not differ significantly across the different educational levels among the study participants.

Table 14: Comparison of Final Psychiatric Diagnosis between employment status (N=100)

Final Psychiatric Diagnosis	Employment Status		Chi square	P value
	Employed	Unemployed		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]		

Graph 14: Comparison of Final Psychiatric Diagnosis between employment status (N=100)



Among participants with stress-related disorders, [redacted] were employed and [redacted] were unemployed. [redacted]

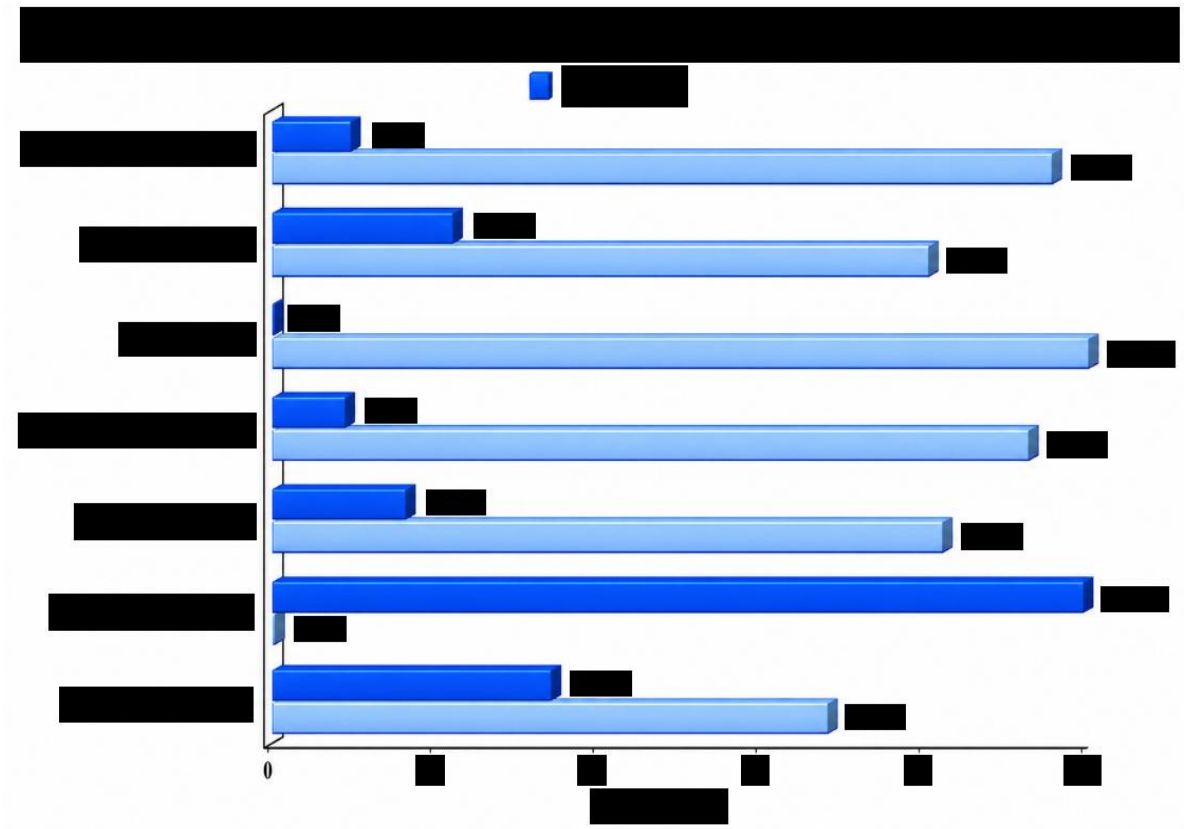
[redacted]

The association between employment status and final psychiatric diagnosis was not statistically significant ([redacted]), indicating that the distribution of final psychiatric diagnoses did not differ significantly according to employment status among the study participants.

Table 15: Comparison of Final Psychiatric Diagnosis between Previous History of Suicidal Attempt (N=100)

Final Psychiatric Diagnosis	Previous History of Suicidal Attempt		Chi square	P value
	Yes	No		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]		

Graph 15: Comparison of Final Psychiatric Diagnosis between Previous History of Suicidal Attempt (N=100)



Among participants with stress-related disorders, [redacted] had a previous history of suicidal attempt, while [redacted] had no previous history of suicidal attempt. [redacted]

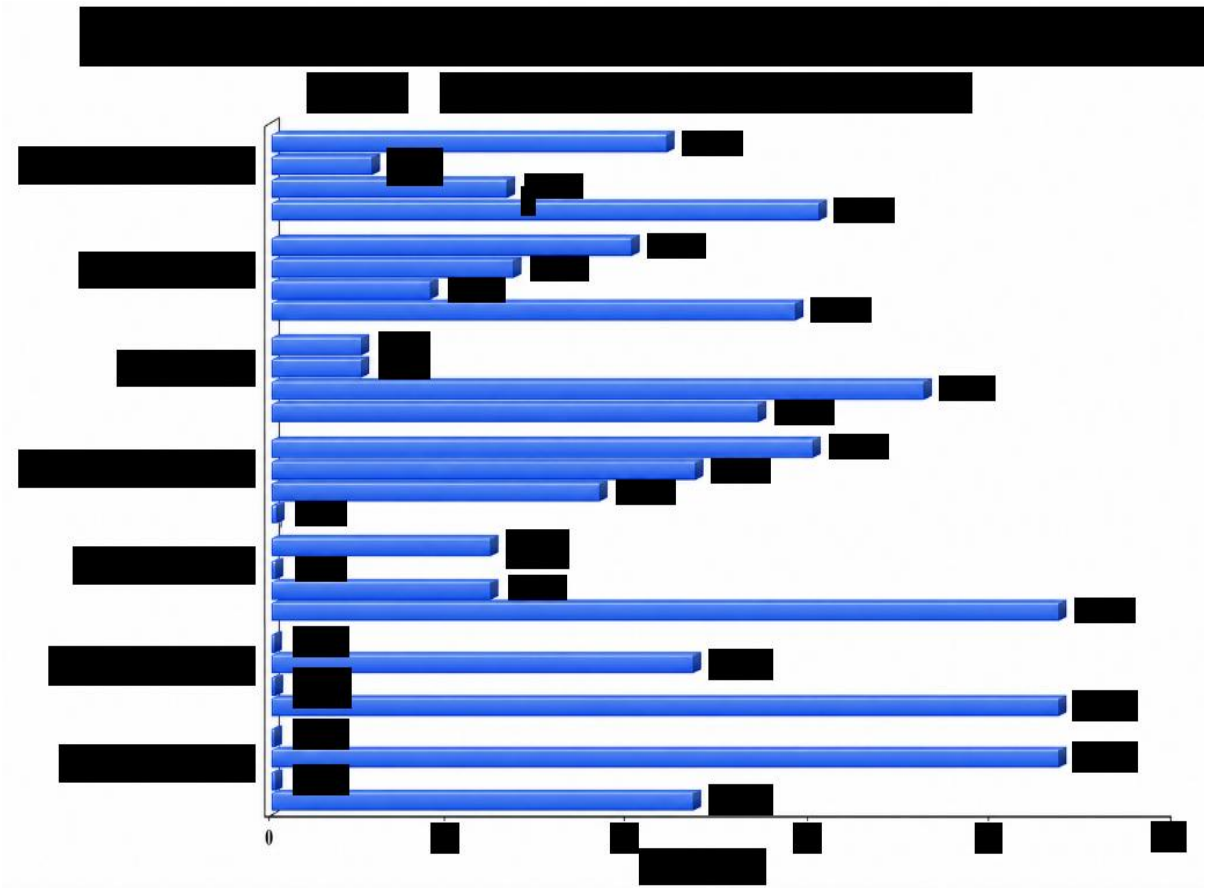
[redacted]

The association between previous history of suicidal attempt and final psychiatric diagnosis was statistically significant ([redacted]), indicating that the distribution of final psychiatric diagnoses differed significantly according to the presence or absence of a previous suicidal attempt among the study participants.

Table 16: Comparison of Final Psychiatric Diagnosis between History of Substance Use (N=100)

Final Psychiatric Diagnosis	History of Substance Use				Chi square	P value
	Alcohol	Alcohol + Nicotine	Nicotine	No Substance Use		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]	[redacted]	[redacted]		

Graph 16: Comparison of Final Psychiatric Diagnosis between History of Substance Use (N=100)



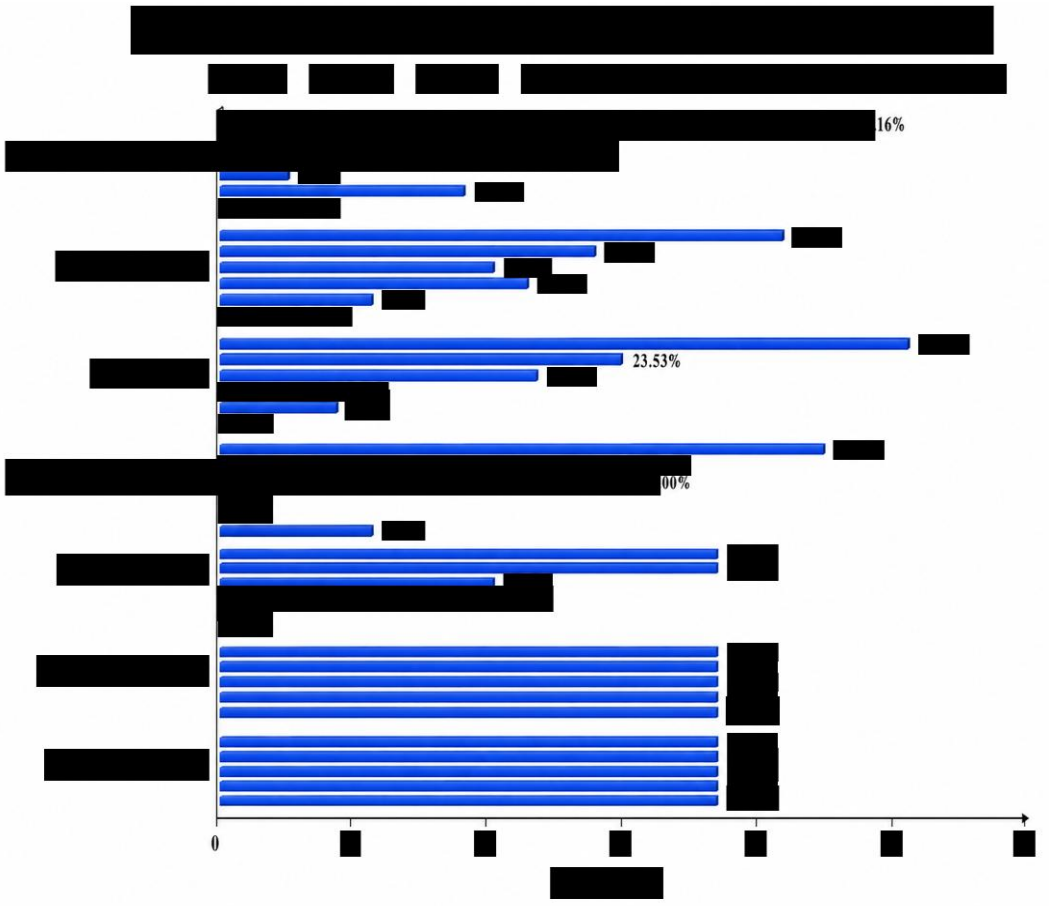
Among participants with stress-related disorders, [redacted] had a history of alcohol use, [redacted] had combined alcohol and nicotine use, [redacted] had nicotine use, and [redacted] had no history of substance use. [redacted]

The association between history of substance use and final psychiatric diagnosis was statistically significant ([redacted]), indicating that the distribution of final psychiatric diagnoses differed significantly according to the history of substance use among the study participants.

Table 17: Comparison of final psychiatric diagnosis across history of stressors (N=100)

Final Psychiatric Diagnosis	History Of Stressors						Chi square	P value
	Familial	Financial	Personal	Familial + Financial	Personal + Familial	Personal + Financial		
Stress-Related Disorders (N=31)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Mood Disorders (N=28)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
Self-Harm (N=17)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
Substance Use Disorders (N=12)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
Anxiety Disorders (N=6)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
Personality Disorders (N=3)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		
Psychotic Disorders (N=3)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		

Graph 17: Comparison of final psychiatric diagnosis across history of stressors (N=100)



Among participants with stress-related disorders, [redacted] reported familial stressors, [redacted] financial stressors, [redacted] personal stressors, [redacted] combined familial and financial stressors, [redacted] combined personal and familial stressors, and [redacted] combined personal and financial stressors. [redacted]

The association between history of stressors and final psychiatric diagnosis was not statistically significant ([redacted]), indicating that the distribution of final psychiatric diagnoses did not differ significantly according to the type of stressors experienced by the study participants.

DISCUSSION

DISCUSSION

The present hospital-based cross-sectional study was undertaken to evaluate the intent of suicide and its psychosocial correlates among adult patients with attempted suicide reporting to a tertiary care centre in a semi-urban area. [redacted] The following discussion compares the findings of the present study with those reported in previous published studies to identify similarities and differences and to understand their clinical implications in the assessment and management of patients with attempted suicide.

Age

In the present study, the mean age of patients with attempted suicide was [redacted] years, with a median age of [redacted] years. [redacted]

[redacted] (2023), based on National Crime Records Bureau (NCRB) data, reported that individuals aged [redacted] years accounted for the highest proportion of suicides in India, reinforcing that younger adults remain the most vulnerable population (31).

Demographic Parameters

In the present study, males constituted [redacted] and females [redacted] of attempted suicide patients. [redacted] (2014), in older adult suicide attempters, also identified marital status and social-demographic vulnerability as relevant, although their population was elderly and therefore only partially comparable (35).

History and General Examination

In the present study, [redacted] of patients had a past history of psychiatric illness, while [redacted] had no such history. [redacted]

[redacted]

(2014), who reported that recent life events and psychiatric disorders were associated with suicide attempts (35,81).

Mode of Suicide Attempt

In the present study, poisoning was the predominant mode of suicide attempt. [redacted]

Radhakrishnan and Andrade (2012) also noted that poisoning is one of

the common methods of suicidal behaviour in India, particularly due to easy availability of pesticides and toxic substances (5).

Final Psychiatric Diagnosis / Clinical Impression

In the present study, stress-related disorders were the most common final psychiatric diagnosis, observed in [redacted] of patients, followed by mood disorders in [redacted]. [redacted] [redacted](2014), who found that psychiatric morbidity was common among suicide attempters, with mood disorders, adjustment-related conditions, substance use, and personality-related psychopathology contributing to suicidal behaviour (81).

Intent Category

In the present study, low suicidal intent was the most common category, observed in [redacted] of patients, followed by medium intent in [redacted] and high intent in [redacted]. [redacted]

[redacted]

Compared with their study, the present study had a higher proportion of low intent and a lower proportion of medium and high intent.

Total Beck's Suicide Intent Score

In the present study, the mean total Beck's Suicide Intent Score was [redacted], with a median score of [redacted]. [redacted]

[redacted]Their findings indicate a larger proportion of medium and high intent compared with the present study, where high intent was only [redacted].

Personality Inventory Individual Domain Scores

In the present study, Negative Affect had the highest mean score ([redacted]), followed by Detachment ([redacted]), while Antagonism had the lowest mean score ([redacted]). [redacted]Although

personality domains were not specifically assessed, these observations are consistent with the higher Negative Affect and Detachment scores found in the present study, as both domains represent emotional vulnerability and impaired interpersonal functioning.

Personality Inventory Domain Scores Across Intent Category

In the present study, Negative Affect and Detachment showed statistically significant differences across suicidal intent categories. [redacted] They also found psychiatric comorbidity in [redacted], depression in [redacted], and substance use disorder in [redacted], supporting the role of psychological vulnerability in suicidal behaviour.

Correlation of Beck's Suicide Intent Score with Personality Trait Domains

In the present study, Beck's Suicide Intent Score showed a statistically significant moderate positive correlation with Negative Affect ([redacted]) and Detachment ([redacted]). [redacted]

[redacted]

They also reported psychiatric comorbidity in [redacted], depression in [redacted], and substance use disorder in [redacted], supporting the role of psychological vulnerability in suicidal behaviour.

Comparison of Final Psychiatric Diagnosis Between Gender

In the present study, a statistically significant association was observed between gender and final psychiatric diagnosis ([redacted]). [redacted]

[redacted]

(2014) also demonstrated gender differences in psychiatric morbidity among suicide attempters, reporting higher rates of substance use disorders in males and a greater burden of affective disorders among females (81).

Comparison of Final Psychiatric Diagnosis Between Marital Status

In the present study, a statistically significant association was observed between marital status and final psychiatric diagnosis ([redacted]). [redacted]Their study supports the association of marital status with suicidal behaviour, though the proportion of married patients was lower than in the present study.

Final Psychiatric Diagnosis Across Education

In the present study, educational status was not significantly associated with final psychiatric diagnosis among attempted suicide patients ([redacted]). [redacted]

[redacted]Their findings are comparable with the present study, where graduate and postgraduate patients formed only a small proportion.

Final Psychiatric Diagnosis Between Employment Status

In the present study, employment status was not significantly associated with final psychiatric diagnosis among patients with attempted suicide ([redacted]). [redacted] (2024) is partially comparable, as the study assessed sociodemographic and psychiatric morbidity among suicide attempters, but did not provide a diagnosis-wise employment comparison similar to the present table (3).

Final Psychiatric Diagnosis and Previous History of Suicidal Attempt

In the present study, previous history of suicidal attempt showed a statistically significant association with final psychiatric diagnosis ([redacted]). [redacted]

(2014) also supports that suicide attempters with psychiatric morbidity, especially affective and personality-related psychopathology, may have greater vulnerability to repeated self-harm behaviour (81).

Final Psychiatric Diagnosis and History of Substance Use

In the present study, history of substance use showed a statistically significant association with final psychiatric diagnosis among patients with attempted suicide ( ).

[redacted](2014) also indicated that substance use and psychiatric morbidity contribute to suicidal behaviour (81).

Final Psychiatric Diagnosis Across History of Stressors

In the present study, history of stressors was not significantly associated with final psychiatric diagnosis among patients with attempted suicide ([redacted]). [redacted](2014) also indicated that interpersonal, family, and psychiatric factors contribute to suicidal behaviour among suicide attempters (81).

Strengths of the Study

1. The study evaluated suicide intent using a standardized and validated assessment tool (Beck Suicide Intent Scale), ensuring objective measurement of suicidal intent.

[redacted]

8. The study explored the relationship between suicide intent, psychiatric morbidity, personality dysfunction, and psychosocial stressors, providing a multidimensional understanding of attempted suicide.

Limitations of the Study

1. The cross-sectional study design limits the ability to establish temporal or causal relationships between psychiatric disorders, personality traits, psychosocial factors, and suicidal intent.

[redacted]

[redacted]

8. Cultural, family, and environmental factors influencing suicidal behaviour were not evaluated in detail, which may have affected the interpretation of psychosocial correlates.

CONCLUSION

CONCLUSION

The present cross-sectional study evaluated suicidal intent and its psychosocial correlates among [redacted] adult patients with attempted suicide presenting to a tertiary care centre in a semi-urban area. [redacted]

[redacted]

SUMMARY

SUMMARY

The present cross-sectional study was conducted to evaluate the intent of suicide and its psychosocial correlates among adult patients with attempted suicide reporting to a tertiary care centre in a semi-urban area. [redacted]

[redacted] These observations emphasize the importance of comprehensive psychiatric evaluation for identifying high-risk individuals and planning appropriate interventions for suicide prevention.

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ANNEXURES

ANNEXURES-I

ANNEXURES-II

MASTERCHART