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Revisting youth and suicide: A qualitative study

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Abstract

Youth, the strength in any society, aspire adequate physical, mental, social and psychological well-being. However, their living environment renders them vulnerable to high-risk behaviour and hazardous life situations. 37.8% of suicides in India are allegedly by those below the age of 30 years. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on our society (Vijaykumar, 2007).

The present paper aims to explore the perception regarding the causal factors of suicide attempts, dynamics of self-harm behaviours and coping strategies. The study sourced data from cases identified through convenient sampling method from a suicide prevention clinic of Thiruvananthapuram district. The data were collected after obtaining the necessary consent, using in-depth interviews based on an interview guide. Severe mental stability, interpersonal stress, relationship difficulties, use of alcohol, etc. were identified as factors triggering suicide among youth. There are significant dynamics in self-harm behaviors leading to suicidal tendencies.

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The story of suicide is probably as old as man himself. Through the ages, suicide has variously been glorified, romanticized, bemoaned, and even condemned. Be it the Greek heroes - Aegeus, Demosthenes, or the Roman figures - Brutus, Cassius, Mark Anthony or the Egyptian princess Cleopatra of the Old Testament; or the suicide bombers in the present world, the universality of suicide transcends religion and culture (Radhakrishnan & Andrade, 2012).

Suicide is defined as death caused by self-directed injurious behaviour with the intent to die. More than 8, 00,000 people succumb to suicide annually globally. Suicide accounts for 1.4% of all deaths and happens to be the 15th leading cause of death. Suicide being the second leading cause of death among 15-29 year-olds globally, as of 2016, needs to be considered with more significance (World Health Organization, 2021). Suicide doesnot always happen exclusively out of psychological causes, rather it could be social, emotional, financial and physiological too. Every suicide affects families, communities and even the country and has long-lasting effects on the people left behind.

'Youth' refers to those persons between the age of 15 and 24 years, in a period of transition from the dependence of childhood, into the independence, that comes with adulthood. This period of life offers several challenges with regard to building their own identity, developing self-esteem, acquiring increasing independence and responsibility, and building new intimate relationships, etc. They are often overwhelmed by the high expectations of parents and peers. Situations of this kind can evoke tensions and bio-psycho-social stress and spark suicidal ideations in them. They must have favourable resources such as a stable living condition, sincere friendships, financial support system and a sound environment, which contribute to their healthy coping strategies to overcome vulnerable situations (Bilsen, 2018).

The present study focuses on the causes of suicidal attempts and the forces of self-harm behaviour along with the coping mechanisms developed by the attempters. The paper deals with four case studies selected conveniently to explore the above-mentioned factors.

Review of Literature

The literature very briefly revisits the historical perspective and extends itself to studies related to how suicide is prevalent among youth, its causes and its intensity due to self-harm behaviours. The area also describes about the studies already done related to suicide attempts and coping skills.

Suicidal causes at young age:Poor social contacts were significantly associated with increased chances for suicidal ideation (Tang & Qin, 2015). A difficulty in managing the various, often strong and mixed emotions and mood fluctuations is another risk factor for youth suicide, probably partly influenced by bio-neurological factors. Young people who committed suicide were also found to have had poorer problem-solving skills than their peers (Bilsen, 2018).

About 25–33% of all cases of suicide were preceded by an earlier suicide attempt, a phenomenon that was more prevalent among boys than girls (Bilsen, 2018).Another study indicated that attempters experienced significantly more life events especially untoward events, whereas the control group experienced more desirable and impersonal life events (Kumar & George, 2013). Attempted suicide is of particular interest, as it has been found to be one of the predictors of the future suicide (Radhakrishnan& Andrade, 2012).

A psychological autopsy study; where24% of suicides had a psychiatric diagnosis, namely major depressive disorders, bipolar affective disorders, or schizophrenia (Radhakrishnan& Andrade, 2012). Mental disorders, previous suicide attempts, specific personality characteristics, genetic loading and family processes in combination with triggering psychosocial stressors, exposure to inspiring models and availability of means of committing suicide are key

risk factors in youth suicide (Bilsen, 2018). Chronic alcohol/substance dependence or social isolation, such as divorce or unemployment, makes a depressive state worse (Yoshimasu et al., 2008).

Domestic violence (35%), mental illness (24%), failure in academic achievement (15.8%) and end of a romantic relationship (8.7%) were found to be common causes of committing suicide. There were 87 cases suspected to have committed suicide because of academic failure among which 46.6% belonged to a grade ten level (Mishra et al., 2013).

Prevalence of history of self-harm: Self-harm is a sign of serious emotional distress. Self-harm and suicidal behaviour are emotional disorders on a similar continuum as they are both in response to stress (Burton, 2019). Psychological autopsy studies suggest that prevalence of mental disorder in adolescents who die by suicide is similar to that seen in adolescent patients who self-harm (Hawton et al., 2012). Self-harm is oftentimes confused with suicidal behavior. Most people who engage in self-harm do so as a means to cope with their distress (avoid suicide) rather than escape it by committing suicide. (Lohmann, 2012). A study conducted in adolescents defines deliberate self-harm as an intentional act of causing physical injury to oneself without wanting to die. The term intended self-harm have been used to define 'parasuicide' and 'attempted suicide' the latter to describe self-harm in which the primary motivation is to end life (Lauw et al., 2015).

As per the study of Cooper, et al. (2005) included 7,968 deliberate self-harm attendees at the emergency departments of four hospital trusts in the neighboring cities of Manchester and Salford, in northwest England confirms a markedly high risk of subsequent suicide among patients who visit the emergency department after deliberate self-harm, relative to the general population (Cooper, et al., 2005). There is a strong association between self-harm and risk of future suicide, with approximately 50% of adolescents, who die by suicide, having previously self-harmed. Studies show that self-harm, increased the risk of death by suicide approximately tenfold (Harris et al., 2019).

Coping Skills: Coping is the way people deal with and overcome difficulties. Coping skills are the methods available for individual in doing each action. This will strengthen individual's sense of control and self-direction. But when a person's vulnerability is high, the individual shows non-adaptive behavior even in times of mild stresses. No significant relationship was found between age, sex and marital status for the coping strategies used by individuals (Bazrafshan et al., 2014).

Coping styles can be classified as problem-focused and emotion focused. Whereas problem focused coping has been linked to better mental health, emotion-focused coping strategies have been shown to be linked to poorer mental health. Another method of classifying coping styles is adaptive and maladaptive coping which are respectively related to better and poorer mental health. Coping has also been classified as proactive and reactive (Bhattacharyya et al., 2018).

Statement of the Problem

Youth is a period of increased vulnerability and suicide is found to be the leading cause of death among youth (Bilsen, 2018). A qualitative in-depth study would perhaps yield a better understanding about the causes that drive the youth towards suicide and make it possible for early detection and intervention. The paper looks into four case studies and descriptively gives an account of the causes that lead to suicidal thoughts in four people's lives.

The topic is relevant to the time as resilience is matter of question among youth. Being nurtured in a family where all materialistic needs are met without a delay, emotional support remains vague and irrelevant. The early identification of factors leading to suicidal thoughts will prevent further advancement of it. The study points out common psychological stressors in the life of youth which leads to suicidal ideations and the importance of coping skills which is either developed naturally or with the help of the professionals. There have been several studies that showed the difference between self-harm and suicide attempts but only a few showed how self-harm gradually lead to sui-

cide attempts. The concept of 'self-acceptance' in terms of instable condition of mind is least discussed in studies as the base of coping up and the most effective way to get rid of the clutches of suicidal thoughts.

Research questions

1. What are the causative factors leading to suicide attempts among youth?

2. What are the dynamics of self-harm behavior in young suicide atte mpters?

3. What are the coping strategies of young people towards suicide ideations?

Significance of the study

Poor mental health renders young ones more vulnerable to situations that make them more fragile. Lack of mental stability and pressure from outside world create insecurity and loss of control. There is an urgent need to create awareness among younger generations about the importance of addressing mental health issues and empower them with a space for discussing their issues normally. The challenges and successful coping strategies related to suicidal tendencies must be addressed. These coping strategies could be developed with the help of several supporting resources and supportive relations with family and friends.

Seeking help from a psychologist or psychiatrist continues to be a stigma in Indian context. The first line responsibility of parents is not just looking after the children but also helping them learn and grow into a productive adult with sound mind along with a sound body. Thus, a study on the circumstances leading to suicidal ideations aware the stakeholders, about the primary need to address mental health issues, furthermore, the importance of early intervention. This study also discusses the coping strategies developed among youth that has been found useful to overcome the existing suicidal thoughts.

Methodology

The research is qualitative in nature and follows a descriptive case study design. Data collection was done through in-depth semi structured interviews. Four cases were undertaken and selected by the way of convenient sampling method from a private clinic in Thiruvananthapuram district. Ethical concerns were taken into account and consents achieved from the private clinic in Thiruvananthapuram district to get access to four clients in order to do the study. Confidentiality is maintained in terms personal details of the cases.

Case Narration

Case 1

X was a 23 year old who experienced intrusive thoughts during his 8th grade; these thoughts mostly against what he 'believed to be ethical' were extremely overpowering. The loneliness he underwent on living in a family where the father was busy with 'business' and mother working as a high school teacher and his only sibling staying away in a school hostel, aggravated his dilemma with obsessive thoughts and behavior during that time. By the time he reached 10th grade he was tremendously affected by the pain his thoughts caused. He got upset on seeing even a paper tip folded in a book or a thread pulled out of his shirt button.

Mr. X once tried to open up to his mother for the first time who only ended up scolding and demanding his 'full concentration' in his studies. This thwarted his desire to vent out. He shared:

"Some days I used to wait for everyone to leave home so that I can cry and scream into the pillow. I started hurting myself with scissors once hatred on my existence preponderated. Even though this might cool down the immediate mess, the situation gets worse again"

Mr. X was a person who loved to read, think and analyze about things; but

the thoughts gradually 'whirled out of control'. Sleep deprivation that emerged out of stress initiated suicidal ideations in Mr. X. One day when in 12th grade, X climbed on-top the roof top since nobody was at home. He felt so exhausted due to obsessive thoughts that came on and the 'pressure' of being unable to 'open up anything to anyone'.

"I made up my mind to jump off from the roof top as I knew that I will not be able to manage this situation any longer. Somehow I didn't kill myself that day. All I could remember was me stepping away and falling unconscious and nothing changed in my life. I used to breakdown under the shower each other day".

After that incident he attempted opening up to a few; but even a slight hint of people 'doubting or disbelieving' him stopped him from any further ventilation. Just before an exam, he tried to open up with his cousin, who had same intrusive thoughts. Later he shifted to a hostel, all under the pretext of doing CA Entrance Coaching, so that he could seek help from a psychologist. The psychologist referred him to a psychiatrist as he showed severe OCD and Bi-polar disorder symptoms. He took medication from the psychiatrist and opted services provided by the psychologist in parallel.

Being a CA student, he required rigorous practice to clear papers, an almost impossible task with OCD. He took medication, did exercise and followed a '10 day preparatory method' that he himself developed through reading some self-help books on mental health.

"I used to keep myself away from social media for 10 days so that I will not be stuck with incidents that trigger me to overthink. I might read some good books, explore places, try good food and so, this will keep me engaged and helps to stay away from those 'disturbing thoughts'. Keeping my mind fresh for 10 days gradually helped me to take a decision to focus on studies from the 11th day onwards".

Another method that helped him focus on a task ahead was to do a written elaboration on it. Action based coping skills like making notes, focusing

on studies, following prescribed psychological exercise, and taking medicines were his primary coping methods. He accepted that he had the disorder and gradually learned how to keep it 'under control'.

Case 2

Ms. Y was a respondent of age 22. Ms. Y was very fond of literature and writing. During school days, she started having relationships that lasted for only a short stretch of time. Even though Ms. Y maintained a good relation with her mother who was a school teacher, her love affair with a boy belonging to another religion created a lot of pressure within the family for which she had to end the relationship.

During the course of time she had several inconsistent relations which made her believe that she was not capable of maintaining long term relations. By the time Ms. Y turned 20, she had a relationship with Mr. A, who exerted his control over everything possible in her life. Ms. Y started depending on him as she shifted to another city for post-graduation. Gradually restrictions were placed upon her mobility, on making friends and enjoying her new life. At a certain point she broke up with Mr. A. Later, she never wanted to have another relationship but her loneliness demanded a person's presence and care. "One day I met a person in college courtyard with whom I happened to have a conversation. I suddenly felt that we had a similar kind of wavelength. Even, once I told him that nobody in this city felt like home for me, but him".

Ms. Y demanded the kind of attention that she used to receive through her past relation. It reached a peak level that she started doing self-harm to get the intended amount of attention. Ms. Y was never complacent with her hostel room which had no ventilation and thus sunlight never entered in. She wished to indulge herself in reading more books so that she will get engaged in something and thus a room of her own was necessary.

Ms. Y started to have sleep issues; she stopped sharing problems with her friends who only blamed her saying 'why do you overreact for anything and everything?' Ms. Y lost track of what was happening in her academic life.

Ms. Y felt lonely as Mr. B started avoiding her. She started doing self-harm to induce pain, which in turn startled her friends. She never thought of suicide rather than self-harm until the day she felt worthless as she failed in exams. Thereafter she, abstained contacting her family and was being deliberately avoided by her friends at gatherings. This got bad and finally she who wanted to be a writer stopped reading books and used pens only to make wounds on her body. Ms. Y showed several signs of depression. She lost interest in doing what she loved to do before, lost appetite and sleep. Thoughts of worthlessness and guilt of doing nothing for her future career made her anxious.

Even though self- harm was not a new thing for her, venting out to one of her close friends, who also recommended consulting a psychologist, suddenly gave her a lot of relief. As time went by Mr. B demanded a break up, which initiated suicidal thoughts in her. The first suicide attempt happened as she consumed several 'Paracetamol' tablets. The medicine made her unconscious for the next whole day but did not take her life. She was not convinced by the psychologist she met and thus dropped seeking his service. The second suicide attempt was done when she made wounds on her wrist as everyone else in the hostel left to college. She took a picture of the wound and sent it to Mr. B. "He stormed in after sometime and found me still conscious but in tears. The wound wasn't deep enough to cut my veins to bleed much". The next day Mr. B himself took Ms. Y to another psychologist who helped her with the situation. She vented out a lot and enjoyed such a relief after a long time. She was suggested to do PCOD profile test, and found diagnosed with it in a moderate level. She was made to attend group therapy and counseling sessions which gradually made changes in her. As an emotion based coping strategy, she found ventilation through her close friend and the psychologist. She followed timetables and kept herself engaged as staying idle made her overthink. Her thoughts were mostly clouded that her psychologist helped to bring clarity to it. Ms. Y developed new hobbies and restarted writing journals, which was her best strategy to let out the pressure. She jotted down all the emotions that painstakingly disturbed her. Crying was another effective way of getting relief.

She avoided situations that made her depend on people. She focused on clearing NET, spent more time in college libraries, joined 'ukulele' classes and even travelled to explore places. She is still in need of understanding the root issue for which she is suggested to meet a psychoanalyst.

Case 3

Ms. W was a 24 year old, working in one of the top accounting firms of the country. Since the age of two, Ms W stayed away from her parents. This separation lasted for more than 7 years. After few years, parents took Ms. W with them. She was happy to see her new-born brother, but felt moody and sad almost all the time. Her parents tried to entertain her, which resulted in vain. She was admitted to one of the top schools, but due to the tough syllabus, she found hard to follow them. She couldn't handle the situation and thus intentionally distanced herself from other people. She shared: "I felt like, no one even cared about my presence in the family. I was a child too, maybe not as young as my brother. They betrayed me when I was born, and now they want me to reach their expectations".

It was during her 7th grade that she started having suicidal thoughts. When she was in 7th standard, she got failed in two exams. This incident broke her heart and induced the thoughts of going away from everyone. Her decision on consuming rat poison was to get rid of what she was going through. For her luck, her father caught her trying to eat the poison before something fatal happened. Those incidents made them realize the need to console her and motivate her to perform better at school. But all that they could do was to make her feel comfortable at home for a few days. She was in need for counseling but was denied one because of the stigma that her parents believed to exist.

When in college, she had good friends and slowly started to manage. Things were going smooth until she got into a relationship with Mr. M, one of her classmates. She shared everything with him as she got the space she never got from anyone at home; a place where her voice was heard. Ms. W got into sexual relationship with Mr. M who promised to marry her and this

continued for a short period. One day Mr. M disappeared, and she later learnt that he had migrated to another city for a job. Just like all the other things, she covered up the matter from her friends. Ms. W acted as if nothing happened to her and that she was doing well. She found it exhausting to pretend in front of everyone but somehow she managed to do it. She shared: "Even though I wanted to talk to someone about this, the thought of being a shame for my family muted me".

Slowly, she started getting into sexual self-harassment hurt practices, which somehow helped her to escape from the sorrows. Harassing oneself in such a way brought a kind of pleasure and satisfaction in her. She said: "I couldn't believe that I was going through all these. This gave me relief from my thoughts and sense of abandonment".

Being broken and tired of life, she cut her veins after writing a suicide note and fell unconscious in the bathroom. Luckily, her roommate found her lying with a bleeding hand and took her to hospital along with friends. Her parents were informed and they got educated by the counselor about the issues. Later she was given adequate treatment by the parents. Ms. W slowly explored more about her interest areas to divert her focus. Connecting with her family was the major one out of all of them. Even though it was a difficult task, she tried to establish a good friendship with her mother.

"Getting a job and earning for myself made me stronger as a person. Financial stability made me less insecure. People appreciated me and that gave me hope for dreaming for a brighter future".

Case 4

Mr. Q was a 22 year old IT Engineer who was immensely attached to his family. At his first year of engineering course, he felt homesick and refused to leave home once he came back from hostel. As he got along with his classmates, his bond with friends became more deep and stronger. He got into road trips and alcohol. 'Just one sip is not a big deal' was the excuse they used all the time. Little by little he got addicted to alcohol and could not stop using

it even for a day. "Friendship was my first addiction. I valued that more than anything. Alcohol was just a factor that held us together."

Due to peer pressure he proposed Ms. N, a senior girl in his college. Later the girl became serious about him and accepted his proposal. Mr. Q was least serious about this and thought that the relation will come to an end when she leaves college after graduation. Later when Ms. N was done with her studies, she asked Mr. Q to discuss about their future, from whereon Mr. Q started to his maximum to avoid her.

One day Ms. N had to fight with her family as they forced her to get married. She left home to talk to Mr. Q in person. He made it clear that he was never serious about the relationship, hearing this; Ms. N made suicide threats and left the place. The situation became quite hard for him to handle and therefore he took his friends' help. They helped them to get married in a Registrar Office and move Ms. N to a hostel. Mr. Q was very disturbed and said Ms. N that he will discuss with his parents and come back soon. Saying this, he left to his house, where his brother's marriage arrangements were going on. Even though Ms. N and her friends were constantly calling him to enquire about the same, he couldn't even utter a word about this to his family at that time. He was unable to manage the pressure and this made his depend on the alcohol more and more. He used to sit in his closed room and drink alcohol that he stole from his father's room. All the mental pressure along with continuous drinking forced him to get pills to sleep. He shared: "There was everyone at my house, enjoying their day blessing my brother's marriage. I could not talk about anything of such sort at that time."

He was not able to control his fear and anxiety. One day, Ms. N with her parents visited Mr. Q's house and gave all the details to his parents. They were shocked and couldn't believe that Mr. Q was involved in something of this sort. Mr. Q's parents requested them to not to make it as a big issue until their elder one got married. Ms. N's parents furiously filed a case against Mr. Q. They were given 10 days to make a decision on the matter. Mr. Q said: "Those were most difficult days of my life. Everyone started hating me for creating

such a situation at home. ”

From the second day on wards he showed withdrawal symptoms as he could in no way manage to get alcohol. By the fifth day he decided to end everything. He decided to take several pills together to see an end to this. It was their servant who came in to give him dinner, saw him lying unconsciously. Immediately, he was taken to the hospital and got recovered. After a few days, the case against him regarding Ms. N was solved by paying a compensation amount.

As he got graduated, Mr. Q went abroad for a job and tried to get engaged by working over-time. He still had suicidal thoughts and could not stop using alcohol. Even though he isolated himself from the outside world, he visited a psychologist occasionally when he found it really difficult to cope up. Thus he could not build any kind of coping strategies other than concentrating in work.

Analysis and Discussion

Table 1

Causative factors and dynamics of self-harm

Sl. No	Cases	Age	Suicide Attempt (No.)	Casuative Factors	Dynamics of Self-Harm Behaviors
1.	Mr. X	23	1	• OCD & Bipolar symptoms • Lack of space for ventilation	• Indented suicidal self-harm • (Injuring self with sharp objects)
2.	Ms. Y	22	2	• Toxic relationship • Symptoms of depression	• Initially, self-harm as a negative coping tool • Gradually

				• Lack of family support • Lack of space for ventilation	developed suicidal thoughts. • (hurting oneself using sharp objects)
3.	Ms. W	24	2	• Childhood breakdown • Deceitful relationship • Academic failure • Undiagnosed fear and anxiety • Inactive ventilation • Parents' stigma on psychological interventions	• Deliberate self-harm (as an escape from reality). • (sexual self-harassment)
4.	Mr. Q	22	1	• Negative peer • Influence • Chronic alcohol • dependence • Disloyal relationship • Anxiety and Fear	• Initially, self-harm as a negative coping tool • Gradually developed suicidal thoughts. • (over-usage of pills)

All the four cases shared common factors that triggered self-harm behaviours and coping strategies. The cases witnessed symptoms of mental health issues including depression, OCD, anxiety and so on.

Mr. X was showing OCD and bipolar symptoms. He got upset on seeing even a paper tip folded in a book or a thread pulled out of his shirt button.

He explained; "This might sound too silly for others, but for me, this might consume a night's sleep".

Y stopped sharing problems with her friends who only blamed her saying 'why do you overreact for anything and everything?' She felt she could not share this with her parents or siblings. Bottling up all the emotions herself got her life stuck without moving forward.

Ms. Y had relationship issues which lead to the development of symptoms of depression. PCOD caused hormonal imbalances and resulted in frequent mood swings. Both Mr. X and Ms. Y showed poor academic and social development due to deviance in their behavior. Both W and Q were suffering from anxiety and fear due to certain social issues including wrong relationships, academic failure and so on. Childhood breakdown of W with regard to detachment from her parents disturbed her emotions and thus she found difficulty in expressing her feeling to the parents. Negative peer influence caused Q to fall in wrong relationship.

In Case 1, 2 and 3, suicidal ideations aroused due to the lack of opportunity to ventilate. It took a lot of time for them to understand that the issue must be addressed so that there was a degree of universalisation. Ms. Y said: "People are not given their space to cry out the emotions but are asked for a specific reason for doing so. It is always not necessary to have a reason for it; or at least not a specific one to say".

There is a strong connection between the mental and social factors of a person. The unhealthy mind disturbed the young people to meet the societal expectations, which later evoked a feeling of worthlessness. Mr. X and Ms. Y couldn't perform well in studies due to their mental compatibility, while Ms. W's failure in academics and inability to meet family expectations intensified her suicidal thoughts.

Another common factor among all the cases was that all of them were hardly aware about the services they could avail from various resources. The refusal by the family to identify with their problem as something 'real' wors-

ened the situation. W's parents' stigma on giving proper counseling support for their daughter ruined her condition. In the case of X, Y and Q, over-expectations of their parents stopped them from discussing their actual life situations. This throws light to the fact that, family's perception on satisfying children with materialistic needs was not a solution to addressing 'mental instability'. They failed to understand the intensity of issue until a suicide attempt was made. Siblings did not have a role in their situation at all. Friends played a deeper and sometimes misleading role which resulted as a major blow in life.

Table 2

Coping strategies developed by cases against suicidal ideations

	Action based coping Strategies	Proactive coping strategies	Emotional coping strategies
Mr. X	• Reading	• 10 days preparatory method before exams	• Assistance from psychiatrist and psychologist
	• Regular workout		• Relaxation tips
	• Watching movies	• Time table	• Medication
Ms. Y	• Focusing on studies	• Preparing for competitive exams (NET)	• Consulting psychologist
	• Writing		• Relaxation techniques
	• Travelling		• Ventilating emotions
			• Medication for PCOD
Ms. W	• Reading books	• Getting engaged in productive activities, focusing on interest areas.	• Avoiding negative thoughts
	• Music and dance		• Following expert psychological advice
Mr. Q	• Working over-time	• Concentrating on career	• Psychological support

Availing professional assistance from a psychologist was in all the cases the basis of coping process. It helped in maintaining their emotional stability and increase self-confidence to eliminate insecure feelings and negative self-image. X shared "Never refuse to meet a doctor when it comes to mental health. Mental issue is not a sin; it is as natural as any other physical issue". Self-acceptance' was one of the significant elements that they acquired through professional psychological support.

Y explained "People are not given their space to cry out the emotions as they are asked for a specific reason for doing so. It is always not necessary to have a reason for it; or at least not a specific one to say".

Also, W found a great relief in sharing her feelings with parents and started involving in productive activities. Q consulted a psychologist and developed certain relaxation techniques against negative thoughts. X and Y faced symptoms of severe psychiatric issues, where they took medical assistance from a psychiatrist and psychologist to follow a proper treatment plan.

Besides, all the cases developed action based coping strategies including reading, travelling, writing, and so on. X expressed "I might read some good books, explore places, try good food and so, this will keep me engaged and helps to stay away from those 'disturbing thoughts'. These strategies deviated their attention from consuming thoughts and focus on a prolific life.

Also proactive strategies helped the cases to set a goal in the future. Time table, preparing for exam prior 10 days by avoiding negative thoughts helped X to do well. Y started writing journal and kept focus on her skills. W and Q concentrated on career by finding good jobs and working over-time. W shared "Getting a job and earning for myself made me stronger as a person. Financial stability made me less insecure." These methods prevented them from reverting to a previous state of pessimism.

Findings

As an outcome of the study the causes of suicide were listed as:

- Negative social events including academic failure, wrong relationships, unsupportive peers and drug abuse caused suicidal ideations in youngsters. Failure in meeting societal expectations ensued a feeling of worthlessness and guilt.

- Absence of an appropriate space for ventilation intensified their thoughts to kill themselves. Even though, they were surrounded by many, none was approachable to share what they were suffering from.

- Absence of family support or denial (in identifying or accepting mental illness) on the part of the family aggravates and perhaps stalls help seeking behavior. All the cases were well educated and the parents focused on reaching a so called 'normal life'. They stressed on achieving materialistic needs but failed to gather emotional support

- A psychiatric condition was obscurely present in two of the case (Case 1 and 2). Stigma on receiving expert psychological advice denied them proper treatment during the initial days.

- There are both deliberate (not wanting to die) and suicide intended self-harm. Deliberate self-harm can turn to suicide when the situation get worse. The hopeless feeling gradually tends the victim to end the life. A few might use self-harm as a negative coping or as an escape from reality. Nevertheless, both the behaviours mark a peril in the young generation.

- Coping strategies are divided into three- action based, proactive and emotional based.

- Action based strategies are when they are aware about the stressors and divert their thoughts by reading, writing, travelling, watching good movies and so on.

- Proactive coping strategy by anticipating a negative situation in the coming days and working from the present moment to avoid. Preparing 10 days prior exams, time tables, focusing on career and passion are some of them.

- Emotional coping was done with the help of a professional psychological support, where they availed services of a psychologist as well as psychiatrists. Relaxation techniques, medications and exercises helped them in managing severe suicidal ideations. Crying out, writing up emotions, ventilating and managing stressors helped them in coping.

Suggestions

- Establishing Mental Health Guidance Cell through ICDS centers to impart early and primary mental health education to acquire self-awareness among both children and parents.

- Re-modeling educational system with an objective to promote holistic development of the child, which includes substantial role of parents in retaining mental soundness.

- Establishing de-addiction counseling and suicide prevention centers in colleges to address substance abuse and family issues.

Conclusion

Suicide is the result of an interplay of numerous contributing factors which demands to be addressed. The paper calls for the urgent need to sensitize the stakeholders, especially parents regarding how intricate mental health is. Family being the primary support system has a great role in creating a space of trust and expression. Exposure to the right intervention at the right time can reduce the severity of the problems faced by young people of our society. The stigma of getting treated for psychological issue is one of the reasons why people show denial to the need to deal with mental instability. The need to suicide does not arise all of a sudden; the desire strengthens gradually reinforced through the piling up of unpleasant experiences. The study is limited given the lack of large samples. Issues of confidentiality and sensitivity of the matter made the study confined itself to analyzing only four case studies.

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