

# Depression And Suicidal Ideation Among Psychosocial Counseling Service Seekers Of Palungtar

Saraswati Mishra

(Counseling Psychologist At Tpo Nepal)

Nabin Prasad Joshi

(Visiting Faculty At Master's Program In Counseling Psychology, Tribhuvan University Psychologist And Founder At Pics Nepal)

---

## Abstract

Suicidal ideation has different psychological impacts because of various castes, ethnicities, genders, and other sociocultural backgrounds. This study is about Depression and suicidal ideation among psychosocial counseling service seeker of Palungtar and its different psychological impacts on various cultural groups. Throughout this research, the mixed method of data collection is implied but more focused on qualitative method case studies and observation for data collection. The total number of participants was 30, selected through purposive sampling. The collected data was analyzed using the narrative technique. Suicidal ideation and income have a positive correlation. This shows that as the scores for income increase or decrease, the scores for suicidal ideation additionally increase or decrease. It means the person's income and suicidal ideation have a positive relationship. When an individual becomes depressed, a profound change or 'shift' to one's conscious experience occurs. The depressed person reports that something fundamental to their experience has been disturbed or shifted, a change associated with the familiar but elusive claim that when depressed, one finds oneself in a 'different world' detached from reality and other people.

**Keywords:** Suicidal risk, Positive correlation, Depression, Suicidal ideation, Culture, Tradition & Society.

---

Date of Submission: 20-09-2024

Date of Acceptance: 30-09-2024

---

## I. Introduction

### Background of the Study

Suicidal ideation means wanting to take your own life or thinking about suicide. However, there are two kinds of suicidal ideation: passive and active. Passive suicidal ideation occurs when you wish you were dead or that you could die, but you do not formulate a plan to die by suicide. Active suicidal ideation, on the other hand, is not only thinking about it but having the intent to die by suicide, including planning how to do it (Bertolote & Fleischman, 2002).

Suicide, derived from the Latin word "suicidium", is the act of taking one's own life. Suicide refers to all classes of deaths resulting directly or indirectly from the positive or harmful acts of the victim, who knows the result they produce (Friday, 1995).

Suicide is an irrational desire to die. The term "irrational" is used here because no matter how bad a person's life is, suicide is a permanent solution to what is nearly always a temporary problem (Friday, 1995). Suicidal ideation is defined as thoughts, ideas, and the desire to commit suicide, being a frequent behavior among adolescents and characterized as a personality disorder or with the character of emotional blackmail (Ahmad et al., 2014).

Because of the seriousness and sensitivity of the issue, suicide has received attention in the global public health arena in recent years. In addition to the loss of life and economic productivity for society, there is long-lasting psychological trauma to friends and relatives. Prevention of suicide is the best option, given that most suicide cases don't get treatment and can't be treated (Subedi et al., 2015).

Although epidemiological evidence is essential in designing interventions, suicidal behavior has a large number of underlying causes that are complex to understand and differ from one country to another, thus making the preventive efforts more complex and diverse (Marahatta et al., 2017).

Delivery of mental health services, including treatment of suicidal attempts, is limited, especially in urban areas, and is further constrained by limited human and financial resources. The government of Nepal spends less than 1% of its total healthcare budget on mental health. Thus, suicide prevention programs are crucial in the

context of Nepal. Suicide prevention activities need to be tailored to the context of the country and require a deeper understanding of the determinants of suicide (Pradhan et al., 2011).

Although some data from hospital-based studies are confined to specific settings and small-scale cross-sectional studies, Nepal needs large-scale nationwide studies to guide the policymaking process (Marahatta et al., 2017). Existing answers to this question in the philosophy of psychiatry seek to equate depression either with its current diagnostic symptoms or with its causal etiology. However, the sufficiency of these descriptive visits and causal answers to the question ‘What is depression?’ have recently been challenged by phenomenological analyses of depression primarily which suggests that these views are currently incomplete insofar as they fail to capture something essential to what it is to be depressed, something that goes missing if one focuses solely on the existing diagnostic effects of depression (Ratcliffe, 2013).

The motivation behind the present investigation was to find out the relationship between suicidal ideation and demographic factors like age, gender, religion, education, and marital status among people in Palungtar Municipality. This research has addressed differences in the prevalence and correlates of depression and suicidal ideation among the people of Palungtar Municipality. The study was focused on the possible factors of suicidal ideation. The present study has been designed to discover the relationship between suicidal ideation and depression and the family environment among people in Palungtar Municipality.

In the context of Nepal, the rate of suicide is high. Due to how society, family, personal lifestyle, marital status, and the family's financial condition are affected, interpersonal relationships are also affected. Social adjustment, relationship problems, and other psychological problems are also affected. So, this is the main problem of today's world and our society. Hence, this research will help to find out the possible causes of suicide among people, their understanding of suicide, and their perception of suicidal ideation from the respondents.

### **Research Question**

To attain the study's objectives, several study questions were identified, which led to relevant activities being carried out during the study. These questions are:

- What are the causes of depression and suicidal ideation among people taking counseling services in a resident of Palungtar?
- What is the level of suicidal ideation and depression among people taking counseling services in residents of Palungtar?

### **Objectives of the Study**

- To identify the possible causal factors of depression and suicidal ideation among people taking counseling services in a resident of Palungtar.
- To measure the level of depression and suicidal ideation among people taking counseling services in residents of Palungtar.

## **II. Research Design And Methodology**

The research method was the mixed method. The study design was descriptive because the researcher only described the suicidal ideation of people and did not perform any experiments on the study population. The research design for this research was based on an in-depth interview. Qualitative and quantitative methods for data collection were used. The study explained the current mental health situation of the participants with different demographic variables, such as family, educational, and socio-economic backgrounds, in Palungtar Municipality of Gorkha District. The people who take counseling services from Aampipal Hospital and Counseling Center were taken for the research. Those who reported suicidal ideation comprised the respondents to the present study. Therefore, the total number of people who have suicidal ideation was taken for the study. In total, 30 respondents participated in the study. The age group of the people ranged from 10 to 60 above years. A purposeful sampling technique was employed to collect data.

### **Inclusion Criteria**

The person who indicated suicidal thoughts during intake was the only one included in the study. The only person who came to take counseling services from Aampipal Hospital and KOSHISH (KOSHISH National Mental Health self-help organization) was included in the study.

### **Exclusion Criteria**

The study excluded people who did not receive counseling services from Palungtar Municipality, people with comorbid symptoms like depression, and people with psychiatric features.

### **Data Collection Tools**

BDI-II, BSIS, and Socio-demographic information sheets assessed the components.

**Beck Depression Inventory (BDI-II)**

The Beck Depression Inventory BDI-II (Aron T. Beck) is a broadly utilized 21-item self-report test measuring the severity of depression in adolescents and grown-ups. The BDI-II is a self-report research of depressive side effects. Each of the 21 items relating to a side effect of depression is summed to give a single score for the BDI-II. On two items (16 and 18), there are seven choices to demonstrate either an expansion or diminishing of craving and rest. The total score of 0-13 is viewed as a minimal range; 14-19 is mild, 20-28 is moderate, and 29-63 is extreme. Scores run from 0 to 63, with zero demonstrating no depressive side effects and 63 showing the most elevated level of depressive side effects conceivable. The Beck Depression Inventory-II is a reliable scale. A reliability of 0.92 was obtained for the last 21 items. The scale's construct validity is 0.60, and factorial validity is 0.66.

**Beck Suicidal Intent Scale BSIS**

The BSIS (Aron T. Beck) is a broadly utilized 15-item self-report test measuring the suicide risk assessment in people. The BSIS is a self-reported research of suicidal risk assessment. Each of the 15 items relating to the risk of suicidal ideation is summed to give a single score for the BSIS. A score between 0-10 shows a low risk of suicide, 11 to 20 shows a medium risk of suicide, and 20-30 indicates a high risk of suicide. The reliability of the scale is 0.87 to 0.90. The BSS is exceedingly connected with the clinically appraised SSI, with correlation coefficients ranging from 0.90 for psychiatric inpatients to 0.94 for outpatients. Suicide items correlation coefficients range from 0.58 to 0.69. Besides, the BSS has been observed to be modestly associated with the Beck Depression Inventory (0.64 to 0.75) and the Beck Hopelessness Scale (0.53 to 0.62; Beck, Steer, & Ranieri, 1988). This guarantees the concurrent validity of the scale.

**III. Findings And Data Analysis**

**Socio-demographic Characteristics of the Participants**

For research, the total number of participants was 30, including 11 males and 19 females. The range of age was from 10 to 60 years above. Their demographic profiles were heterogeneous. Respondents were from 4 ethnic groups: Brahmin, Kshetri, Janajati, and Dalit. Altogether, 6 were Brahmin, 8 Kshetri, 10 Janajati, and 6 Dalit. The details of their socio-cultural background are incorporated in the presentation of individual cases in the last section of the chapter. Respondents were from both nuclear and joint families.

**Table 1: Socio-demographic Characteristics of the Participants**

S.N.	Characteristics	Frequency	Percentage
1	Sex		
	Male	11	37%
	Female	19	63%
2	Age in Years		
	10-19 (Adolescence)	6	20.00%
	20-39 (Early Adulthood)	10	33.33%
	40-59 (Middle Adulthood)	12	40.00%
	Above 60(Old Age)	2	6.67%
3	Ethnicity		
	Brahmin	6	20.00
	Kshatri	8	26.67
	Janajati	10	33.33
	Dalit	6	20.00
4.	Education		
	Master	1	3.33%
	Bachelor	2	6.67%
	+2	4	13.33%
	S.L.C.	18	60.00%
	Secondary	5	16.67%

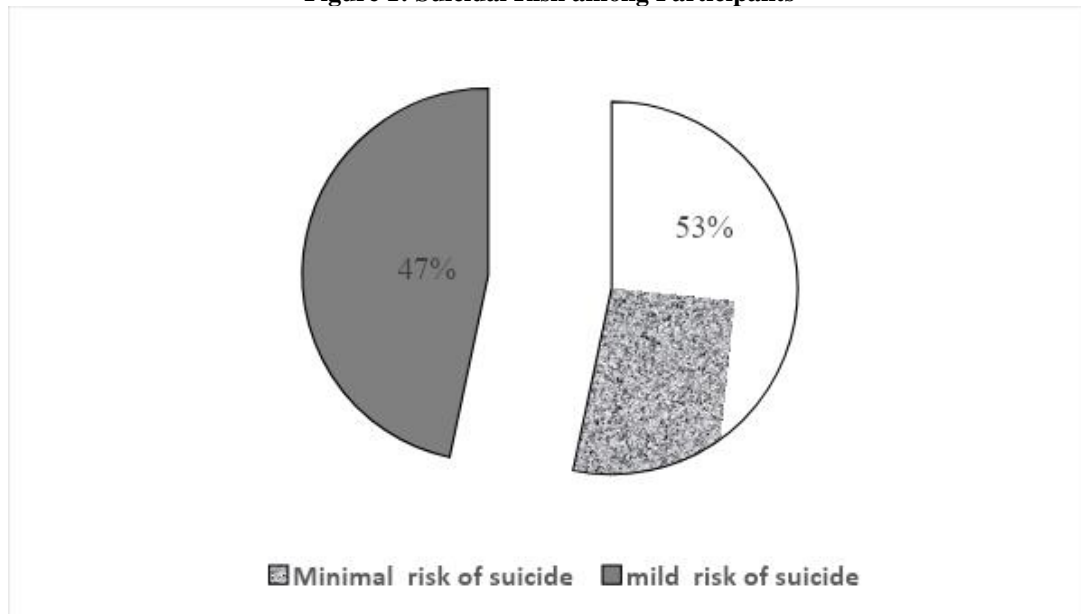
Source: Fieldwork (2021)

The above table depicts the education level of the respondents. Out of 30 respondents, one has completed a Master's degree, 2 have completed a Bachelor's degree, and four have completed the +2 level. 18 respondents have completed S.L.C., and 5 have completed their school education. The majority of the sample units have below S.L.C. This graph depicts that education is one of the most crucial factors in suicidal ideation.

**Suicidal Ideation and Depression among Participants**

Below, figure one presents suicidal risk among participants. Results showed that the majority of the participants had mild suicide risk (n=16), and no participants reported moderate and severe suicidal risk.

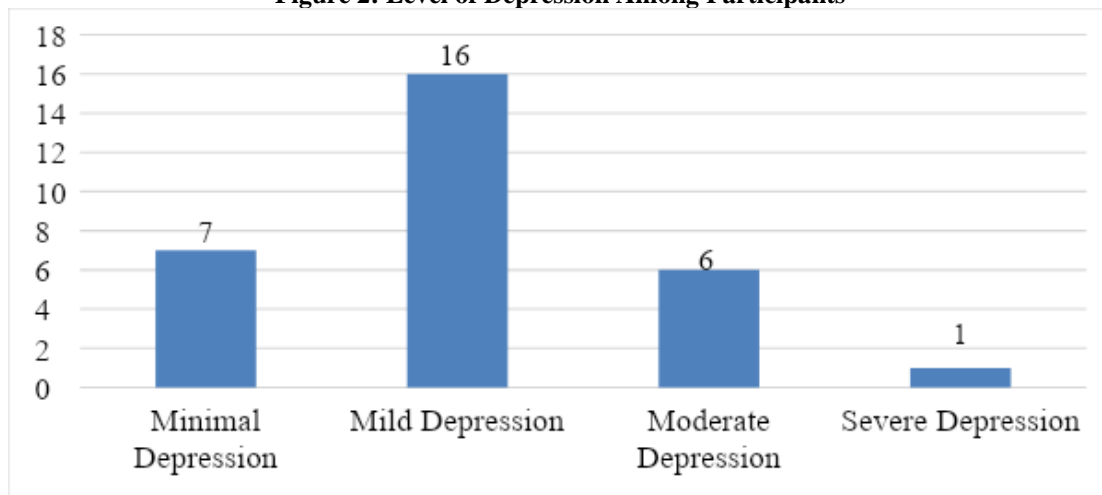
**Figure 1: Suicidal Risk among Participants**



Data Source: Fieldwork (2021)

The figure above shows that the majority of the respondents have a mild risk of suicide. Above figure, 47% of people have a minimal risk of suicide, whereas 53% of people have a mild risk of suicide.

**Figure 2: Level of Depression Among Participants**



Data Source: Fieldwork (2021)

The above figure shows that 16 respondents have a mild level of depression, 7 have a minimal level of depression, 6 have a moderate level of depression, and only 1 has a severe level of depression.

**Table 2: Suicide Risk and Depression among Overall Participants**

Suicide Risk in number	Depression in number	Values
16	7	0 = Minimal
14	16	1 = mild
0	6	2 = moderate
0	1	3 = severe
30	30	Total

Data Source: Fieldwork (2021)

From the above table, it can be depicted that most of the participants had mild levels of depression and risk of suicide due to various psychological and social factors. It was found that depression and suicidal risk were interrelated with each other.

**Table 3: Depression and Suicidal Risk in Different Ethnicity**

Ethnicity	Severity	Severity in Values	Disorder	
			Person with Depression	Person with suicidal Risk
Brahmin	Minimal	0	0	3
	Mild	1	4	3
	Moderate	2	0	0
	Severe	3	2	0
Kshatri	Minimal	0	1	2
	Mild	1	4	6
	Moderate	2	3	0
	Severe	3	0	0
Janajati	Minimal	0	4	8
	Mild	1	6	2
	Moderate	2	0	0
	Severe	3	0	0
Dalit	Minimal	0	2	2
	Mild	1	3	4
	Moderate	2	0	0
	Severe	3	1	0

Data Source: Fieldwork, (2021)

The above table shows that 8 people from Janajati and, 2 people from Dalit, 3 people from Brahmin have minimal risk of suicide. None of them has a severe risk of suicide. Similarly, four people from Brahmin and Kshatri, six people from Janajati have mild levels, and three people from Kshatri have moderate levels of depression. Two people from Brahmin and one person from Dalit have severe depression. All of them have some sort of psychological issues present, and they may increase shortly if they cannot manage it immediately.

**Table 4: Depression and Suicidal Risk in Gender**

Sex	Severity	Severity in Values	Disorder	
			Person with Depression	Person with suicidal Risk
Male	Minimal	0	2	6
	Mild	1	9	5
	Moderate	2	0	0
	Severe	3	0	0
Female	Minimal	0	0	2
	Mild	1	5	10
	Moderate	2	7	9
	Severe	3	6	0

Source: Field Work (2021)

In the table, ten females and six males have minimal levels of Suicidal risk, whereas none of them have moderate and severe risks. Similarly, five females and two males have minimal, and nine males and seven females have mild levels of depression. None of the males has a moderate or severe levels of depression.

**Social Factors in Suicidal Ideation**

The mentioned table shows a correlation between depression and suicidal Ideation. Different variables like age, Gender, Economic status, and family dynamics are described below.

**Table 5: Correlation among Different Variables**

Variable	Total score of suicidal risk	Total score of depression
Income	-.318	-.165
Cast	-.062	-.389*
Sex	-.134	.054
Age	.134	.159
Total score of suicidal risk	1	.588**
Total score of depression	.588**	1
Total Number of Participants	30	30

Source: Field Work (2021)

An analysis of Table 9 reveals the relationship between suicidal ideation and income. The calculated value shows a negative significant correlation between suicidal ideation and income. Same as the estimated "r" value (r = 0.054) shows a positive correlation between depression and sex.

**Causes of Mental Health Issues**

The table mentioned shows the relationship between the causes of socio-demographic variables. Different variables like education, social factors, religion, and family environment play crucial roles in developing mental health issues like depression and suicide, as described below.

**Table 6: Causes of Depression and Suicide**

S.N.	Characteristics	Frequencies
1.	Family Environment	7
2.	Relationship Problems	5
3.	Economic Conditions	5
4.	Others (Multiple causes like education, ethnicity, physiological health issues, separation from loved ones & substance abuse)	13
Total		30

Source: Fieldwork (2021)

The causes of developing mental health issues and the number of respondents were seven persons had an inappropriate family environment, five persons had relationship problems with a related person, eight persons had low economic conditions, and 13 people had multiple issues like lack of education, ethnicity, physical health issues, separation from loved one and substance abuse and many more others related factors.

**IV. Discussion, Conclusion, And Recommendation**

**Discussion**

Every year, 703000 people take their own lives, and many more people attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15–29-year-olds globally in 2019. Suicide does not just happen in high-income countries but is a global phenomenon in all regions of the world. Over 77% of global suicides occurred in low- and middle-income countries in 2019 (W.H.O., Preventing Suicide, 2014).

Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based, and often low-cost interventions. For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed. The main objectives of the research were to find out the risk of Depression and suicidal ideation among people of Palungtar Municipality Gorkha. Depression can be reliably diagnosed in primary care, and adequate treatment options are available. Pharmacological agents and psychotherapy are effective for 60-80% of patients, but fewer than 25% of those affected with depression receive treatment for their condition. This is due to several factors, including lack of resources, lack of trained health care providers, and the social stigma associated with mental disorders, including depression (W.H.O, 2010).

In addition, typical side effects from pharmacological treatments, including diarrhea and weight gain, can counter-indicate their use for therapy and increase non-adherence, especially in at-risk populations. Due to the high costs, lack of availability of care, and associated social stigma, there is an increased need to find alternative, socially acceptable therapies for the treatment of depression (Dunn et al., 2005).

Various persons, including the NHRC and the National Mental Health Survey Nepal (2020), have conducted multiple studies in Nepal, and according to NHRC, depression among adolescents in the survey estimated that 0.6 % of adolescents in Nepal have depression from 13 years to 17 years. Similarly, the survey reveals that lifetime prevalence in adults is 2.9 and current depressive disorder is 1.0 % (NHRC, 2020).

The first objective was to measure the possible factors of Depression and suicidal ideation of people of Palungtar municipality, such as income, cast, sex, and age correlation between suicide and depression. Those factors play a vital role in developing suicidal ideation in the people of Palungtar municipality. The correlation between depression & suicide was found to be an r value of .588 positive correlation.

Based on second objective to explore the level of Depression and Suicidal Ideation of people, mental health status of Dalit community people shows that almost of them have psychological issues and one respondent of them is in severe condition of depression. 53.33% (16 people) have a minimal risk of suicide, 46.66% (14 people) have a mild level of suicidal risk, and none of them have a moderate or severe risk of suicide. Similarly, 23.33% (7 people) had a mild level, 53.33% (16 people) had a mild level, 26% (6 people) had a moderate level, and 3.33% (1 person) had a severe level of depression found in this research.

In this research, 63.33% (10 female) have a mild and moderate level of Suicidal risk, whereas none of them has a moderate or severe risk of suicide among Female respondents. Similarly, 16.66% (5 female) had minimal, 23.33% (7 female) mild, 16.66% (6 female) moderate, and 3.33% (1 female) had severe levels of depression in a total of 19 female respondents were found. In this research, 64 percent of male respondents have a low risk of depression and suicide risk, respectively.

## Conclusions

The thoughts, beliefs, socio-economic factors, cultural background, and many other factors determine the mental health state of people's level of depression and risk of suicide. It can be concluded that cultural issues are crucial factors in the risk of suicide and may develop depressive symptoms. People from different cultural backgrounds, socio-economic factors, levels of education, and educational backgrounds face psychological issues due to their cultural values, and the severity of psychological problems depends upon ethnicity as well. Racial discrimination, stigma, and discrimination also played an essential role in determining the risk factors for suicide and depression.

The suicidal ideation and income had a positive correlation. This showed that as the scores of incomes increase or decrease, the scores of suicidal acts additionally increase or decrease. It means the person's income and suicidal act had a positive relation. Some cultural values related to discrimination between males and females played an essential role in developing suicidal risk.

Aside from depression, emotional or cognitive impairment, suicidal ideation within the past 12 months, stressful events (including life stressors), poor impulse control, and a history of alcohol abuse were recognized as reasons associated with repeated suicidal behaviors.

## Suggestions

1. It is recommended to provide counseling services at the local hospital so that people can manage suicidal ideation, thoughts, and plans in a timely.
2. It is recommended that local governments allocate an appropriate budget for mental health and give priority to awareness-raising programs.
3. It is recommended that training for healthy people be provided so they can reduce mhGAP.
4. It is recommended to provide awareness of the importance of counseling as a treatment strategy.

## Limitations of the Study

As every research work has certain delimitations, this research could face the following positional challenges: This research focused on finding out the suicidal ideas of people in Palungtar Municipality only; other municipalities in Gorkha were not included in this research. Only people with suicidal ideation who had taken counseling services from Aampipal Hospital and its counseling center participated in this research. The subjective experience is significant data for the study, so it may not apply to the people of other municipalities or the general population of Gorkha. Many mental health issues like psychosis, epilepsy, and other physical health issues were not included in this research.

## References

- [1] Abdul Latiff L., Tajik E, Ibrahim N., Et Al. (2016), Depression And Its Associated Factors Among Secondary School Students In Malaysia. *Southeast Asian J Trop Med Public Health*, 47, 131–41.
- [2] Adhikari A., Et Al. (2017). Prevalence Of Poor Mental Health Among Medical Students In Nepal: A Cross-Sectional Study. *Bmc Medical Education*, 17(1), 232.
- [3] Ahmad, N., Cheong, S. M., Ibrahim, N., & Rosman, A. (2014). Suicidal Ideation Among Malaysian Adolescents. *Asia Pacific Journal Of Public Health*, 26(5\_Suppl), 63s-69s.
- [4] Ahmed S., Omar Q.H., And Elamaim A.A.A. (2016). Forensic Analysis Of Suicidal Ideation Among Medical Students Of Egypt: A Cross-Sectional Study. *Journal Of Forensic And Legal Medicine*, 44, 1–4.
- [5] Bertolote J.M. And Fleischmann A., (2002). A Global Perspective In The Epidemiology Of Suicide. *Suicidologi*, 7(2), 6–8.
- [6] Bhattarai, D., Shrestha, N., & Paudel, S. (2020). Prevalence And Factors Associated With Depression Among Higher Secondary School Adolescents Of Pokhara Metropolitan, Nepal: A Cross-Sectional Study. *Bmj Open*, 10(12), E044042.
- [7] Bista, B., Thapa, P., Sapkota, D., Singh, S. B., & Pokharel, P. K. (2016). Psychosocial Problems Among Adolescent Students: An Exploratory Study In The Central Region Of Nepal. *Frontiers In Public Health*, 4, 158.
- [8] Chabrol, H., Rodgers, R., & Rousseau, A. (2007). Relations Between Suicidal Ideation And Dimensions Of Depressive Symptoms In High-School Students. *Journal Of Adolescence*, 30(4), 587-600.
- [9] Dunn, A. L., Trivedi, M. H., Kampert, J. B., Clark, C. G., & Chambliss, H. O. (2005). Exercise Treatment For Depression: Efficacy And Dose-Response. *American Journal Of Preventive Medicine*, 28(1), 1-8.
- [10] Fellowes, S. (2022). The Value Of Categorical Polythetic Diagnoses In Psychiatry. *The British Journal For The Philosophy Of Science*, 73(4), 941-963.
- [11] Finch, E. J., Ramsay, R., & Katona, C. L. (1992). Depression And Physical Illness In The Elderly. *Clinics In Geriatric Medicine*, 8(2), 275-287.
- [12] Friday, J. C. (1995). The Psychological Impact Of Violence In Underserved Communities. *Journal Of Health Care For The Poor And Underserved*, 6(4), 403-409.
- [13] Grøholt, B., Ekeberg, Ø., Wichstrom, L., & Haldorsen, T. (1997). Youth Suicide In Norway, 1990–1992: A Comparison Between Children And Adolescents Completing Suicide And Age-And Gender-Matched Controls. *Suicide And Life-Threatening Behavior*, 27(3), 250-263.
- [14] Jha, K. K., Singh, S. K., Nirala, S. K., Kumar, C., Kumar, P., & Aggrawal, N. (2017). Prevalence Of Depression Among School-Going Adolescents In An Urban Area Of Bihar, India. *Indian Journal Of Psychological Medicine*, 39(3), 287-292.
- [15] Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, Suicide Attempts, And Suicidal Ideation. *Annual Review Of Clinical Psychology*, 12, 307-330.
- [16] Koenig, H. G., Meador, K. G., Cohen, H. J., & Blazer, D. G. (1988). Depression In Elderly Hospitalized Patients With Medical Illness. *Archives Of Internal Medicine*, 148(9), 1929-1936.

- [17] Prenda, K. M., & Lachman, M. E. (2001). Planning For The Future: A Life Management Strategy For Increasing Control And Life Satisfaction In Adulthood. *Psychology And Aging*, 16(2), 206.
- [18] Marahatta, K., Samuel, R., Sharma, P., Dixit, L., & Shrestha, B. R. (2017). Suicide Burden And Prevention In Nepal: The Need For A National Strategy. *Who South-East Asia Journal Of Public Health*, 6(1), 45.
- [19] Menezes, R. G., Subba, S. H., Sathian, B., Kharoshah, M. A., Senthilkumaran, S., Pant, S., ... & Shankar, P. R. (2012). Suicidal Ideation Among Students Of A Medical College In Western Nepal: A Cross-Sectional Study. *Legal Medicine*, 14(4), 183-187.
- [20] Moeini, B., Bashirian, S., Soltanian, A. R., Ghaleiha, A., & Taheri, M. (2019). Prevalence Of Depression And Its Associated Sociodemographic Factors Among Iranian Female Adolescents In Secondary Schools. *Bmc Psychology*, 7, 1-11.
- [21] Nhrc, Nepal Health Research Council. National Mental Health Survey. Nepal-2020 Factsheet (Adolescents), 2020. Available: [Http:// Nhrc.Gov.Np/Wp-Content/Uploads/2020/09/Factsheet-Adolescents](http://nhrc.gov.np/wp-content/uploads/2020/09/Factsheet-Adolescents).
- [22] Pelkonen, M., & Marttunen, M. (2003). Child And Adolescent Suicide: Epidemiology, Risk Factors, And Approaches To Prevention. *Pediatric Drugs*, 5, 243-265.
- [23] Pradhan, A., Poudel, P., Thomas, D., & Barnett, S. (2011). A Review Of The Evidence: Suicide Among Women In Nepal. Kathmandu: National Health Sector Support Program, Ministry Of Health And Population, 117.
- [24] Pompili M., Et Al. (2012). Prolactin And Thyroid Hormone Levels Are Associated With Suicide Attempts In Psychiatric Patients. *Psychiatry Res*, 200(2-3), 389-94.
- [25] Ratcliffe, M. (2013). A Bad Case Of The Flu? The Comparative Phenomenology Of Depression And Somatic Illness. *Journal Of Consciousness Studies*, 20(7-8), 198-218.
- [26] Sobowale K., Et Al. (2014) Depression And Suicidal Ideation In Medical Students In China: A Call For Wellness Curricula. *International Journal Of Medical Education*, 5, 31.
- [27] Subedi, N., Chataut, T. P., & Pradhan, A. (2015). A Study Of Suicidal Deaths In Central Nepal. *Eur J Forensic Sci*, 2(3), 1-5.
- [28] Woody, C. A., Ferrari, A. J., Siskind, D. J., Whiteford, H. A., & Harris, M. G. (2017). A Systematic Review And Meta-Regression Of The Prevalence And Incidence Of Perinatal Depression. *Journal Of Affective Disorders*, 219, 86-92.
- [29] World Health Organization (2010). Suicide Prevention., [Http://Www.Who.Int/Mental\\_Health/Prevention/En/](http://www.who.int/mental_health/prevention/en/)
- [30] World Health Organization., (2014). Preventing Suicide: A Global Imperative. World Health Organization.