From,

Dr.KISLAYA RAKESH

MD Post graduate student,

Dept.of Psychiatry,

Stanley Medical  College and Hospital,

Chennai-600001.

To,

THE CHAIRMAN,

Institutional Ethical Committee,

Stanley Medical  College and Hospital,

Chennai-600001.

(Through proper channel)

Respected Sir/Madam, 

Subject: Submission of abstract for ETHICAL COMMITTEE approval of dissertation study project-regarding.

I, hereby, am submitting abstract of my dissertation study project titled "Suicide attempters vs. suicide ideators: A comparative study of life events and psychosocio-demographic determinant factors" to be placed in front of the Human Ethical Committee for approval. I am attaching 10 copies of abstract and necessary appendices. I request you to kindly grant ethical approval for the same for completing MD curriculum.

Thanking you,

Yours sincerely,

Chennai
-01-2015

Guide: Prof.Dr.T.V.Asokan, MD, DPM.

Forwarded,
THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI

PROFORMA FOR REGISTRATION OF SUBJECTS FOR DISSERTATION

NAME OF CANDIDATE & ADDRESS:  DR. KISLAYA RAKESH

Department of Psychiatry,
Govt. Stanley Medical College & Hospital,
Chennai-1

NAME OF INSTITUTION:  GOVT. STANLEY MEDICAL COLLEGE

COURSE OF STUDY AND SUBJECT:  MD Psychiatry

DATE OF ADMISSION TO COURSE:  21.08.2013

TITLE OF TOPIC:  SUICIDE ATTEMPTERS VS. SUICIDE IDEATORS: A COMPARATIVE STUDY OF LIFE EVENTS AND PSYCHOSOCIAL-DEMOGRAPHIC DETERMINANT FACTORS
INTRODUCTION:

Every 40 seconds, a person commits suicide and someone is left to cope with the aftermath. Suicide is an important issue in the Indian context. More than one lakh (one hundred thousand) lives are lost every year to suicide in our country. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000. There is a wide variation in the suicide rates within the country. The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu have a suicide rate of > 15 while in the Northern States of Punjab, Uttar Pradesh, Bihar and Jammu and Kashmir, the suicide rate is < 3. This variable pattern has been stable for the last twenty years. Higher literacy, a better reporting system, lower external aggression, higher socioeconomic status and higher expectations are the possible explanations for the higher suicide rates in the southern states.

The majority of suicides (37.8%) in India are 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. Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) were the common methods used to commit suicide. Two large epidemiological verbal autopsy studies in rural Tamil Nadu reveal that the annual suicide rate is six to nine times the official rate. If these figures are extrapolated, it suggests that there are at least half a million suicides in India every year. It is estimated that one in 60 persons in our country are affected by suicide. It includes both, those who have attempted suicide and those who have been affected by the suicide of a close family or friend. Thus, suicide is a major public and mental health problem, which demands urgent action.

Although suicide is a deeply personal and an individual act, suicidal behaviour is determined by a number of individual and social factors. Ever since Esquirol wrote that “All those who committed suicide are insane” and Durkheim proposed that suicide was an outcome of social / societal situations, the debate of individual vulnerability vs social stressors in the causation of suicide has divided our thoughts on suicide.

Suicide is best understood as a multidimensional, multifactorial malaise. [7]

Suicide is perceived as a social problem in our country and hence, mental disorder is given equal conceptual status with family conflicts, social maladjustment etc. According to the official data, the reason for suicide is not known for about 43% of suicides while illness and family problems contribute to about 44% of suicides.

Divorce, dowry, love affairs, cancellation or the inability to get married (according to the system of arranged marriages in India), illegitimate pregnancy, extra-marital affairs and such conflicts relating to the issue of marriage, play a crucial role, particularly in the suicide of women in India. Poverty, unemployment, debts and educational problems are also associated with suicide.

Mental disorders occupy a premier position in the matrix of causation of suicide. Although social drinking is not a way of life in India, alcoholism plays a significant role in suicide in India. Alcohol dependence and abuse were found in 35% of suicides. Around 30-50% of male suicides were under the influence of alcohol at the time of suicide and many wives have been driven to suicide by their alcoholic husbands. Not only were there a large number of alcoholic suicides but also many had come from alcoholic families and started consumption of alcohol early in life and were heavily dependent.

Suicidal thoughts, also known as suicidal ideation are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself. The majority of people who experience suicidal ideation do not carry it through. Some may, however, make suicide attempts. Some suicidal ideations can be
deliberately planned to fail or be discovered, while others might be carefully planned to succeed.

According to a Finnish study, over one fifth of people who actually died by suicide had discussed their aim with a doctor or other health care professional during their last session. [10]

Attempts suicide is a common clinical problem seen in the general hospital setting. There are 10 to 20 times as many suicidal attempts as suicidal deaths. People with psychiatric illness have ten fold increased risk of suicide as compared to people without illness. Unfortunately, it is not possible to predict suicidal behaviour with certainty. The relationship between experience of problematic life events and suicidal behaviour has been recognised.

Most patients who voice or admit to suicidal ideation when questioned do not go on to complete suicide. However, some of these patients will go on to commit suicide; thus, suicidal ideation warrants thorough evaluation—both when suicidality is expressed as well as periodically thereafter. The best way to prevent suicide is to ask patients with symptoms of these disorders more specific questions about recent stressors and their thoughts about suicide, and then to treat the patients accordingly. Families must be an integral part of treatment planning. Medication and individual or family therapy are often indicated. [10].

There is a need to describe factors that may convert ideators to attempters.

AIMS AND OBJECTIVES:
To study the socio demographic data, psychiatric disorder , precipitating events, and mode of attempt in suicide attempters and those with ideation in a general hospital.
To find out the pattern of suicide - age, gender, sexual orientation, substance use.
To find out the stressful life events leading up to suicide attempts
To find out modes of attempting suicide
To study the Psycho-social, cultural and precipitating factors for suicide in relation to age and gender with a view to formulate some preventive strategies

MATERIALS AND METHODS:

Comparative study of suicide attempters vs. patients with manifest suicidal ideation.

Consecutive cases registered for suicide attempt.

Consecutive cases registered in Psychiatry OPD with manifest suicidal ideation.

Period of study: Feb 2015 - July 2015. 6 months.

SOURCE OF DATA:
Psychiatry OPD, Indoor admission and casualty visit by patients presenting with suicide attempt.

METHOD OF COLLECTION:
After obtaining informed consent from patients of suicide attempt attending the Psychiatry OPD, they will be interviewed and assessed using various scales. Data will be recorded for this purpose.

For every case of attempted suicide every consecutive patient visiting Psychiatry OPD with manifest suicidal ideation will be recruited in the study after obtaining informed consent.

Information is obtained from patient and reliable informant.Socio demographic and other details will be obtained using a questionnaire designed for this study.
INCLUSION CRITERIA FOR ATTEMPTERS:
1. Participants willing to provide informed consent for the interview and assessment
2. Suicide attempters visiting general hospital
3. Cases visiting psychiatry opd after suicide attempt

INCLUSION CRITERIA FOR IDEATORS:
1. Participants willing to provide informed consent for interview and assessment
2. Cases visiting psychiatry opd with manifest suicide ideation
3. Age between 18-60

EXCLUSION CRITERIA FOR ATTEMPTERS:
1. Those who did not give consent
2. Age below 18 and above 60

EXCLUSION CRITERIA FOR IDEATORS:
1. Participants not willing to give consent
2. Age below 18 and above 60

INSTRUMENTS USED:
A semi structured performa with variables including education, socio-economic status, occupation, age, gender, precipitating events, family background and mode of event.
Diagnosis of psychiatric conditions was made using ICD 10 criteria
Assessment was done using HAM-D for depression
Suicide Intent Questionnaire for suicidal intent
MSSI - Modified scale for suicide ideation
PSLES (Gurmeet Singh) for assessing life events and SALSA for assessment of lethality of suicide attempt

STATISTICAL ANALYSES:
Statistical analysis will be done using computerised software (SPSS-20). Descriptive statistics like frequencies, percentages, means and standard deviations will be computed. Parametric and non parametric analysis will be used appropriately depending on the data collected.

REFERENCES:


For further queries contact: Dr. Kislaya #9940334769
SOCIODEMOGRAPHIC DATA
Age : 
Gender : 
Religion : 
Education : 
Marital Status : Single/Married/Separated
               Divorced/Widow
Sexual Orientation : 
Family type : Nuclear/Joint
Number of Other adult caregivers in the family :
Number of Children : <5 years: 5-12 years: >12 years:
Socio-Economic Status : 
Occupation :
Income :
Locality : Urban/Rural
Patient's Education : Illiterate/Primary/Secondary/Higher Secondary School
                     College- Bachelor/Masters/Higher
Patient's Occupation Status : A. Currently Unemployed :
                             For Past 1year/ >1-5 Years / >5-10 Years
B. Unemployed On & Off, In Past 10 Years :
                             For 2 Years/ >2-5 Years / >5-10 Years/ >10 Years
C. Semiskilled / Skilled / Semiprofessional / Professional
Income : <1000/1000-5000/5000-10000/>10000

CLINICAL PROFILE :
Age Of Onset Of Drinking :
Duration Of Drinking :
Age Of Onset Of Dependence :
Amount Of Alcohol Consuming :
Nature Of Alcohol :
Other Substance :
Occupational Impairment :

Family History Of Alcohol Dependence : Yes/No
Psychiatric Complications : Yes/No
Type of psychiatric co-morbidities :
1. Depression
2. Schizophrenia
3. Schizoaffective disorder
4. Personality disorders
5. Substance use

Number Of Suicidal Attempts :
Number Of Hospital Inpatient Admissions In Psychiatry Ward :
Number Of Hospital ICU Admissions :
Physical Illness In Patient :
  Diabetes / Hypertension / BA / IHD / Thyroid dis. / Seizure dis. / Others - Duration :
Physical Illness In Spouse :
  Diabetes / Hypertension / BA / IHD / Thyroid dis. / Seizure dis. / Others - Duration :

Method of suicide attempt :
  Hanging
  Overdose
  OP poisoning
  Burning
  Drowning
  Cutting / Slashing
# Presumptive Stressful Life Events Scale (PSLE)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>LIFE EVENTS</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Death of spouse</td>
<td>95</td>
</tr>
<tr>
<td>2</td>
<td>Extramarital relations of spouse</td>
<td>80</td>
</tr>
<tr>
<td>3</td>
<td>Marital separation or divorce</td>
<td>77</td>
</tr>
<tr>
<td>4</td>
<td>Suspension or dismissal from job</td>
<td>76</td>
</tr>
<tr>
<td>5</td>
<td>Detention in jail of self or close family member</td>
<td>72</td>
</tr>
<tr>
<td>6</td>
<td>Lack of child</td>
<td>67</td>
</tr>
<tr>
<td>7</td>
<td>Death of close family member</td>
<td>66</td>
</tr>
<tr>
<td>8</td>
<td>Marital conflict</td>
<td>64</td>
</tr>
<tr>
<td>9</td>
<td>Property or crops damaged</td>
<td>61</td>
</tr>
<tr>
<td>10</td>
<td>Death of friend</td>
<td>60</td>
</tr>
<tr>
<td>11</td>
<td>Robbery or theft</td>
<td>59</td>
</tr>
<tr>
<td>12</td>
<td>Excessive alcohol or drug use by family member</td>
<td>58</td>
</tr>
<tr>
<td>13</td>
<td>Conflict with in laws (other than over dowry)</td>
<td>57</td>
</tr>
<tr>
<td>14</td>
<td>Broken engagement or love affair</td>
<td>57</td>
</tr>
<tr>
<td>15</td>
<td>Major personal illness or injury</td>
<td>56</td>
</tr>
<tr>
<td>16</td>
<td>Son or daughter leaving home</td>
<td>55</td>
</tr>
<tr>
<td>17</td>
<td>Financial loss or problems</td>
<td>54</td>
</tr>
<tr>
<td>18</td>
<td>Illness of family member</td>
<td>52</td>
</tr>
<tr>
<td>19</td>
<td>Trouble at work with colleagues, superiors or subordinates</td>
<td>52</td>
</tr>
<tr>
<td>20</td>
<td>Prophecy of astrologer or palmist etc</td>
<td>52</td>
</tr>
<tr>
<td>21</td>
<td>Pregnancy of wife (wanted or unwanted)</td>
<td>52</td>
</tr>
<tr>
<td>22</td>
<td>Conflicts over dowry (self or spouse)</td>
<td>51</td>
</tr>
<tr>
<td>23</td>
<td>Sexual problems</td>
<td>51</td>
</tr>
<tr>
<td>No.</td>
<td>Event Description</td>
<td>Score</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>24</td>
<td>Self or family member unemployed</td>
<td>51</td>
</tr>
<tr>
<td>25</td>
<td>Lack of son</td>
<td>51</td>
</tr>
<tr>
<td>26</td>
<td>Large loan</td>
<td>49</td>
</tr>
<tr>
<td>27</td>
<td>Marriage of daughter / dependant sister</td>
<td>49</td>
</tr>
<tr>
<td>28</td>
<td>Minor violation of law</td>
<td>48</td>
</tr>
<tr>
<td>29</td>
<td>Family conflict</td>
<td>47</td>
</tr>
<tr>
<td>30</td>
<td>Break-up with friend</td>
<td>47</td>
</tr>
<tr>
<td>31</td>
<td>Major purchase or construction of house</td>
<td>46</td>
</tr>
<tr>
<td>32</td>
<td>Death of pet</td>
<td>44</td>
</tr>
<tr>
<td>33</td>
<td>Failure in examination</td>
<td>43</td>
</tr>
<tr>
<td>34</td>
<td>Appearing for an examination/interview</td>
<td>43</td>
</tr>
<tr>
<td>35</td>
<td>Getting married or engaged</td>
<td>43</td>
</tr>
<tr>
<td>36</td>
<td>Trouble with neighbor</td>
<td>40</td>
</tr>
<tr>
<td>37</td>
<td>Unfulfilled commitments</td>
<td>40</td>
</tr>
<tr>
<td>38</td>
<td>Change in residence</td>
<td>39</td>
</tr>
<tr>
<td>39</td>
<td>Change or expansion of business</td>
<td>37</td>
</tr>
<tr>
<td>40</td>
<td>Outstanding personal achievement</td>
<td>37</td>
</tr>
<tr>
<td>41</td>
<td>Begin or end schooling</td>
<td>36</td>
</tr>
<tr>
<td>42</td>
<td>Retirement</td>
<td>35</td>
</tr>
<tr>
<td>43</td>
<td>Change in working conditions or transfer</td>
<td>33</td>
</tr>
<tr>
<td>44</td>
<td>Change in sleeping habits</td>
<td>33</td>
</tr>
<tr>
<td>45</td>
<td>Birth of daughter</td>
<td>30</td>
</tr>
<tr>
<td>46</td>
<td>Gain of new family member</td>
<td>30</td>
</tr>
<tr>
<td>47</td>
<td>Reduction in number of family functions</td>
<td>29</td>
</tr>
<tr>
<td>48</td>
<td>Change in social activities</td>
<td>28</td>
</tr>
<tr>
<td>49</td>
<td>Change in eating habits</td>
<td>27</td>
</tr>
</tbody>
</table>
50 Wife begins or stops work 25
51 Going on a pleasure trip or pilgrimage 20

UNDESIRABLE =

DESIRABLE =

AMBIGUOUS =

TOTAL SCORE =

The Modified Scale for Suicidal Ideation

Instructions

The purpose of this scale is to assess the presence or absence of suicide ideation and the degree of severity of suicidal ideas. The time frame is from the point of interview and the previous 48 hours.

1. Wish to die

Over the past day or two have you thought about wanting to die?
Do you want to die now?
(If the patient wants to die ask: Over the past day or two how often have you had the thought that you wanted to die? A little? Quite often? a lot? When you have wished for death, how strong has the desire been? Weak? Moderately strong? Very strong?)

0. None - no current wish to die, hasn't had any thought about wanting to die.
1. Weak - unsure about whether he/she wants to die, seldom thinks about death,
or intensity seems low.
2. Moderate - current desire to die, may be preoccupied with ideas about death,
or intensity seems greater than a rating of 1.
3. Strong - current death wish, high frequency or high intensity during the past day or two.

2. Wish to live

Over the past day or two have you thought that you want to live?
Do you care if you live or die?
(If the patient wants to live ask: Over the past day or two how often have you thought about wanting to live? A little? Quite often? A lot? How sure are you that you really want to live?)

0. Strong - current desire to live, high frequency or high intensity.
1. Moderate - current desire to live, thinks about wanting to live quite often, can easily turn his/her thoughts away from death or intensity seems more than a rating of 2.
2. Weak - unsure about whether he/she wants to live, occasional thoughts about living or intensity seems low.
3. None - patient has no wish to live.
3. Desire to make an active suicide attempt

Over the past day or two when you have thought about suicide did you want to kill yourself? How often? A little? Quite often? A lot? Do you want to kill yourself now?

0. None - patient may have had thoughts but does not want to make an attempt. 1. Weak - patient isn’t sure whether he/she wants to make an attempt. 2. Moderate - wanted to act on thoughts at least once in the last 48 hours. 3. Strong - wanted to act on thoughts several times and/or almost certain he wants to kill self.

4. Passive suicide attempt

Right now would you deliberately ignore taking care of your health? Do you feel like trying to die by eating too much (too little), drinking too much (too little), or by not taking needed medications? Have you felt like doing any of these things over the past day or two? Over the past day or two, have you thought it might be good to leave life or death to chance, for example, carelessly crossing a busy street, driving recklessly, or even walking alone at night in a rough part of town?

0. None - would take precautions to maintain life. 1. Weak - not sure whether he/she would leave life/death to chance, or has thought about gambling with fate at least once in the last two days. 2. Moderate - would leave life/death to chance, almost sure he/she would gamble. 3. Strong - avoided steps necessary to maintain or save life, e.g., stopped taking needed medications.

5. Duration of thoughts

Over the past day or two when you have thought about suicide how long did the thoughts last? Were they fleeting, e.g., a few seconds? Did they occur for a while, then stop, e.g., a few minutes?

Did they occur for longer periods, e.g., an hour at a time? Is it to the point where you can’t seem to get them out of your mind?

0. Brief - fleeting periods. 1. Short duration - several minutes. 2. Longer - an hour of more. 3. Almost continuous - patient finds it hard to turn attention away from suicidal thoughts, can't seem to get them out of his/her mind.

6. Frequency of ideation

Over the last day or two how often have you thought about suicide? Once a day? Once an hour? More than that? All the time?

0. Rare - once in the past 48 hours. 1. Low frequency - twice or more over the last 48 hours. 2. Intermittent -approximately every
hour
3. Persistent - several times an hour.

7. Intensity of thoughts

Over the past day or two, when you have thought about suicide, have they been intense (powerful)?
How intense have they been? Weak? Somewhat strong? Moderately strong? Very strong?

0. Very weak. 1. Weak.

CUT-OFF INSTRUCTIONS - If Item 1 and Item 2 are scored less than "2" and Items 3 and 4 are scored 0, then STOP. Otherwise continue with full scale.

8. Deterrent to active attempt

Can you think of anything that would keep you from killing yourself? (Your religion, consequences for your family, chance that you may injure yourself seriously if unsuccessful).

0. Definite deterrent - wouldn't attempt suicide because of deterents. Patient must name one deterrent.
1. Probable deterrent - can name at least one deterrent, but does not definitely rule out suicide.
2. Questionable deterrent - patient has trouble naming any deterrents, seems focused on the advantages to suicide, minimal concern over deterrents.
3. No deterrents - no concern over consequences to self or others.

9. Reasons for living and dying

Right now can you think of any reasons why you should stay alive?
What about over the past day or two?
Over the past day or two have you thought that there are things happening in your life that make you want to die?
(If the patient says there are clear reasons for living and dying, ask what they are and write them verbatim in the section provided. Ask the remaining questions)

Living Dying

Do you think that your reasons for dying are better than your reasons for living? Would you say that your reasons for living are better than your reasons for dying?
Are your reasons for living and dying about equal in strength, 50-50?

0. Patient has no reasons for dying, never occurred to him/her to weigh reasons.
1. Has reasons for living and occasionally has thought about reasons for dying.
2. Not sure about which reasons are more powerful, living and dying are about equal, or those for dying slightly outweigh those for living.
3. Reasons for dying strongly outweigh those for living, can't think of any reasons for living.
Method:

Over the last day or two have you been thinking about a way to kill yourself, the method you might use?
Do you know where to get these materials?
Have you thought about jumping from a high place? Where would you jump? Have you thought about using a car to kill yourself? Your own? Someone else’s? What highway or road would you use?

When would you try to kill yourself? Is there a special event (e.g., anniversary, birthday with which you would like to associate your suicide)? Have you thought of any other ways you might kill yourself? (note details verbatim).

(The interviewer should try to get as detailed a description as possible about the patient’s plan and degree of specificity - Record this information in narrative fashion below and then rate item 10)

10. Degree of specificity/planning

0. Not considered, method not thought about. 1. Minimal consideration.
2. Moderate consideration.
3. Details worked out, plans well formulated.

11. Method: Availability/opportunity

Over the past day or two have you thought methods are available to you to commit suicide?
Would it take time/effort to create an opportunity to kill yourself?
Do you foresee opportunities being available to you in the near future (e.g., leaving hospital)?

0. Method not available, no opportunity.
1. Method would take time/effort, opportunity not readily available, e.g., would have to purchase poisons, get prescription, borrow or buy a gun.
2. Future opportunity or availability anticipated - if in hospital when patient got home, pills or gun available.
3. Method/opportunity available – pills, gun, car available, patient may have selected a specific time.

12. Sense of courage to carry out attempt

Do you think you have the courage to commit suicide?

0. No courage, too weak, afraid. 1. Unsure of courage.
2. Quite sure.
3. Very sure.

13. Competence

Do you think you have the ability to carry out your suicide?
Can you carry out the necessary steps to insure a successful suicide?
How convinced are you that you would be effective in bringing an end to your life?

0. Not competent.
1. Unsure.
2. Somewhat sure.
3. Convinced that he/she can do it.

14. Expectancy of actual attempt

Over the last day or two have you thought that suicide is something you really might do sometime?
Right now what are the chances you would try to kill yourself if left alone to your own devices?

Would you say the chances are less than 50%? About equal? More than 50%?

0. Patient says he/she definitely would not make an attempt.
1. Unsure - might make an attempt but chances are less than 50% or about equal, 50-50.
2. Almost certain - chances are greater than 50% that he/she would try to commit suicide?
3. Certain - patient will make an attempt if left by self (i.e., if not in hospital or not watched).

15. Talk about death/suicide

Over the last day or two have you noticed yourself talking about death more than usual?
Can you recall whether or not you spoke to anybody, even jokingly, that you might welcome death or try to kill yourself?

Have you confided in a close friend, religious person, or professional helper that you intend to commit suicide?

0. No talk of death/suicide.
1. Probably talked about death more than usual but no specific mention of death wish. May have alluded to suicide using humour.
2. Specifically said that he/she wants to die.
3. Confided that he/she plans to commit suicide.

16. Writing about death/suicide

Have you written about death/suicide e.g. poetry, in a personal diary?

0. No written material.
1. General comments regarding death. 2. Specific reference to death wish.
3. Specific reference to plans for suicide.

17. Suicide note

Over the last day or two have you thought about leaving a note or writing a letter to somebody about your suicide?
Do you know what you'd say? Who would you leave it for? Have you written it out yet?

Where did you leave it?

0. None - hasn't thought about a suicide note.
1. “Mental note” - has thought about a suicide note, those he/she might give it to, possibly worked out general themes which would be put in the note (e.g., being a burden to others, etc.)
2. Started - suicide note partially written, may have misplaced it.
3. Completed note - written out, definite plans about content, addressee.
18. Actual preparation

Over the past day or two have you actually done anything to prepare for your suicide, e.g., collected material, pills, guns, etc.?

0. None - no preparation.
1. Probable preparation - patient not sure, may have started to collect materials.
3. Complete - has pills, gun, or other devices that he needs to kill self.

Scoring for Modified Scale for Suicide Ideation (MSSI)

1. Total Score = sum of the following items:

MSSI Scoring-1

1 Wish to die
2 Wish to live
3 Desire – active attempt
4 Desire – passive attempt
5 Duration of thoughts
6 Frequency
7 Intensity
8 Deterrent
9 Reasons
10 Method - specificity
11 Method – availability
12 Courage
13 Competence
14 Expectancy of attempt
15 Talk of death
16 Writing of death
17 Suicide attempt
18 Actual preparation
MSSI TOTAL SCORE: ____________

Severity Categories based on MSSI Total Score
0-8 = Low Suicidal Ideation
9-20 = Mild-Moderate Suicidal Ideation
21+ = Severe Suicidal Ideation

SUICIDE INTENT QUESTIONNAIRE
1. I do not want to show my face to family members any longer.
2. It would have been better if I was not alive.
3. I would have ended my life had there been no liabilities of children or other dependents.
4. I keep on thinking about the type of problems likely to occur in the family if I commit suicide.
5. If I fail in solving my problems I would commit suicide.
6. My mind gets preoccupied with the possible methods of ending life i.e. jumping, burning, hanging, taking sleeping pills or any other poison.
7. It would be good for everybody in the family if I was dead.
8. The only way out for me is to die.
9. People shall regret how they have treated me after I finish my life.
10. I am fed up and would kill myself.

Responses were recorded as 'often', 'sometimes' and 'never' and were scored as 2, 1, and 0, respectively. 5 was taken as the cut-off for communicators and non-communicators.
கம வைப்பது பலன் - குற்றாரிக்கை
ஆலயாயின்: குறித்தான பதிவு புள்ளித்த நோக்கத்தின்படி நேரடைக்குக் குறிவைக்கும் வருடம்: மார்ச்சு நாள் தொடக்கம் புத்தாண்டு நடவடிக்கை-சுத்த வருடம் அலுவல் நிகழ்வைச் செய்யும் காரணிகள் என்பன் ஆலயம் குற்றாரிக்கை: பலன் நூற்றும் வரிசை, அர்த்த முன்னநிறுவனம் முன்னாண்டு 600 001.

இந்த குற்றாரிக்கை குறித்தான புனைக்கும் காரணம் முறைப்படுத்தப் பார்க்க வலையில் நேரடை விளக்கம், கலந்த நிலை முறைப்படுத்திய தகவல்களால் குடும்பம் முறைப்படுத்துக் கூறுகளை காணுங்கள், காற்று காற்று முறைப்படுத்திய தகவல்களை குறிவைக்கும் காரணிகளின் வருட விளக்கமான உண்மையான ஆலயாயின் புள்ளித்த நோக்கம் / நோக்கங்கள் பலவையும் விளக்கம் அதற்கு வலையில் விளக்கம் கூறுகளை காணுங்கள். 

காற்று காற்று முறைப்படுத்து விளக்கம். மீண்டும் தொடர்ந்த ஆலயாயின் புள்ளித்த நோக்கமான வளையில் காற்று காற்று முறைப்படுத்து விளக்கமான உண்மையான ஆலயாயின் புள்ளித்த நோக்கம். 

தொகுதிகள்/பானிக்கும் விளக்கங்கள் 
................................................................................................................................. கிளம் 
................................................................................................................................. சிற்றி. 

காற்று காற்று விளக்க... 

பலவையும் விளக்கங்கள் விளக்கங்கள் 
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................................................................................................................................. சிற்றி. 

காற்று காற்று விளக்க... 

பலவையும் விளக்கங்கள் விளக்கங்கள் 
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ஆலயாயின் குறிவைக்கும்
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ஆலயாயின் புள்ளித்த நோக்கம்
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..................................................................................................................
<table>
<thead>
<tr>
<th>பெரிய்குலர்</th>
<th>கலையாறு பிரிவின் பலகை</th>
<th>நிதி குழு செயல்நிலை புதிய பலகை</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>நூற்றாண்டு கலையில் பல்கலைக்கலையில் கலையாறு புதிய பலகை</td>
<td>நூற்றாண்டு கலையில் பல்கலைக்கலையில் கலையாறு புதிய பலகை.</td>
</tr>
<tr>
<td>2</td>
<td>இந்தக் குழு செயல்நிலை பல்கலைக்கலையில் கலையாறு புதிய பலகை</td>
<td>இந்தக் குழு செயல்நிலை பல்கலைக்கலையில் கலையாறு புதிய பலகை.</td>
</tr>
<tr>
<td>3</td>
<td>வருமான் வணிகத் துறையில் கலையாறு புதிய பலகை</td>
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</tr>
<tr>
<td>4</td>
<td>இந்தக் குழு செயல்நிலை பல்கலைக்கலையில் கலையாறு புதிய பலகை</td>
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</tr>
<tr>
<td>5</td>
<td>முழுமையான குழு செயல்நிலை வழிகாட்டுக்குப் பட்டு பல்கலை கால வளர்ச்சியாறு</td>
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</tr>
</tbody>
</table>
காம்பேட்டுப் பள்ளி - குழிவாளர் புராணம்

ஆராய்ச்சி: குழிவாளர் புராணம் குழியாளர் குழியாளர் புராணம்: காம்பேட்டு பள்ளியில் மறுமலர் செயலில் காணப்படும் ஆராய்ச்சியாளர் குழியாளர் குழியாளர் புராணம்

ஆராய்ச்சி தினசரிகள்: மேல் திருமுனிகள்,
ஆராய்ச்சி நாளிடம்: பதில் எண் 200 001.

பக்தர் பெயர்:

பக்திகுழி பார்வைகள் காணத்திட்டம்:

காம்பேட்டு குழியாளர் ப் புராணம் 

காம்பேட்டு பள்ளி நடுவில் காணப்படும் புராணம். காம்பேட்டு பள்ளிகள், காம்பேட்டு பள்ளி மற்றும் காம்பேட்டு பள்ளி புராணத்தின் வேதியியல் சார்ந்த கோரியல் திட்டம்.

மன்னர் வசதியான சி. காந்தி என்று என்று என்று என்று / காம்பேட்டு பள்ளி வளங்கு புராணம் காம்பேட்டு பள்ளியாளர் புராணம் காம்பேட்டு பள்ளியாளர் புராணம்.

பக்திகுழி குழியாளர் காணத்திட்டம்

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காம்பேட்டு பள்ளி நடுவிடம்

/பக்திகுழி குழியாளர் காணத்திட்டம்

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காம்பேட்டு பள்ளி நடுவிடம்

பக்திகுழி புராண குழியாளர் காணத்திட்டம்

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ஆராய்ச்சி தினசரிகள்

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ஆராய்ச்சி பெயர்

…………………………………………………………………………………………………………………………………………..
<table>
<thead>
<tr>
<th>இடைக்காலம் குறிப்பிட்டு வயது செலுத்துவதற்கான வகையறை</th>
<th>பொருள் விளக்கம்</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. இந்த துறையில் உள்ள வேலது எடுக்கும் வருடம் வருடம் குறிப்பிட்டு வயது செலுத்துவதற்கான வகையறை</td>
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