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Stressful Life Events and Characteristics of Suicide Attempts in Adolescents and Young Adults: A Cross-Sectional Study From Central India

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Abstract

Introduction: Stressful life events are associated with suicidal behavior, but the nature of reported stressors may differ by developmental stage. This study compared stressful life events and selected characteristics of suicide attempts in adolescents and young adults presenting to a tertiary care hospital in Central India.

Methods: This was a cross-sectional study of 100 suicide attempters (50 adolescents [10-19 years] and 50 young adults [20-29 years]) purposively recruited over a period of 15 months after referral for psychiatric evaluation following admission to other departments of the hospital. Stressful life events in the past year were measured using the Presumptive Stressful Life Events Scale (PSLES), and characteristics of suicidal ideation and attempt were assessed using relevant sections of the Self-Injurious Thoughts and Behaviors Interview (SITBI). Groups were compared using Pearson's chi-square, Fisher's exact, or Fisher-Freeman-Halton exact tests, and binary logistic regression was used to adjust the ideation-to-attempt interval for sex. Stressful life events were compared individually in an exploratory way, and Holm correction was used as a sensitivity analysis.

Results: Mean age was 17.58 ± 0.99 years among adolescents and 25.52 ± 2.94 years among young adults. Family conflict was the most frequently reported stressful life event in both groups (32% and 42%, p = 0.408). Young adults more frequently reported marital conflict (30% versus 6%, p = 0.003), financial crisis (22% versus 2%, p = 0.004), property or crop damage (14% versus 0%, p = 0.012), and unemployment (20% versus 4%, p = 0.028), whereas adolescents more frequently reported appearing for an examination (18% versus 2%, p = 0.016) and examination failure (12% versus 0%, p = 0.027); none of these differences remained significant after Holm correction. The interval between suicidal ideation and the attempt differed between groups (p < 0.001), with ideation lasting seconds to minutes before the attempt reported by 74% of adolescents and 46% of young adults (post hoc p = 0.008; sex-adjusted odds ratio [OR] 2.72, 95% confidence interval [CI] 1.13-6.52). Poison ingestion was the most common method in both groups (86% and 82%). Circumstances surrounding the attempt differed between groups (p < 0.001). Interpersonal disputes were the most common in both (38% and 48%); descriptively, academic difficulties were more frequent among adolescents (24% versus 2%), and job stress (14%) and financial problems (12%) were reported only by young adults. PSLES stress-score categories did not differ significantly between groups (p = 0.242).

Conclusions: Family conflict was common in adolescent and young adult suicide attempt survivors, while circumstances and the interval between suicidal ideation and the attempt differed by age group. Adolescents more often reported ideation lasting seconds to minutes before the attempt, independent of sex. In exploratory comparisons, young adults more often reported stressors related to marriage and finances, whereas adolescents more often reported stressors related to examinations. Although causality cannot be inferred, these findings support a developmentally sensitive psychosocial assessment that considers interpersonal, academic, occupational, and financial stressors and the brief interval from ideation to attempt. Larger multicenter studies are needed to confirm these findings.

Categories: Psychiatry, Psychology, Public Health
Keywords: adolescents, family conflict, india, stressful life events, suicidal ideation, suicide attempt, young adults

Introduction

Suicidal behavior is a major public health problem resulting from the interplay of individual vulnerabilities, psychological distress, and environmental factors. Stressful life events have been linked to suicidal ideation and attempts in adolescence and adulthood. Theoretical models of suicidal behavior, including the interpersonal theory, the integrated motivational-volitional model, and the three-step theory, describe how adverse experiences may contribute to psychological pain, disconnection, and the development or

escalation of suicidal thoughts [1-5]. These ideation-to-action frameworks distinguish the processes that give rise to suicidal ideation from those that govern the transition from ideation to a suicide attempt [2-5]. Within these frameworks, stressful life events contribute mainly to the development of ideation through psychological pain, defeat, and disconnection, whereas volitional factors such as impulsivity and access to means influence whether, and how quickly, ideation is acted upon [2-5]. These two processes correspond to the questions addressed in this study: which stressors precede suicide attempts at two different developmental stages, and how long ideation lasts before an attempt.

The stressors experienced by adolescents may differ from those encountered by adults because of differences in developmental tasks, dependence on family, educational demands, financial autonomy, and interpersonal roles. Academic difficulties and family conflict may be particularly salient during adolescence, whereas employment, financial responsibilities, and marital relationships may become more prominent in adulthood [6,7]. In a South Korean study of 149 adolescents and 1,427 adults presenting to an emergency department after a suicide attempt, interpersonal problems were the motive for 79.9% of adolescents compared with 63.8% of adults, whereas economic motives were far less common among adolescents (4.3% versus 26.0%) [6]. Combining these groups in analyses may obscure clinically relevant differences in the circumstances surrounding suicide attempts. The interval between the onset of suicidal thoughts and the attempt may also differ with age and is clinically important because it determines the window available for intervention.

In India, suicide disproportionately affects young people: in 2016, it was the leading cause of death among those aged 15-39 years, an age group that accounted for 71.2% of suicide deaths among women and 57.7% among men [8]. Indian studies of suicide attempters have often examined adolescents or young people as a single group [7], and fewer have directly compared stressful life events between adolescent and young adult survivors using a common assessment framework. Therefore, the primary objective of this study was to compare stressful life events reported by adolescent and young adult suicide attempt survivors attending a tertiary care hospital in Central India. The secondary objectives were (1) to describe their sociodemographic characteristics and clinical profiles and (2) to compare characteristics of the suicide attempt, including the interval between suicidal ideation and the attempt, the method, and the circumstances, between the two groups.

Materials And Methods

Study design and setting

This cross-sectional observational study was conducted between February 2021 and April 2022 in the Department of Psychiatry at a tertiary care hospital in Central India among patients referred for psychiatric evaluation after admission to other departments. Purposive sampling was used to recruit equal numbers of adolescents and young adults for comparison.

Participants and sample size

The sample comprised 100 suicide attempt survivors: 50 adolescents and 50 young adults. Adolescents were defined as individuals aged 10-19 years, in accordance with the World Health Organization definition of adolescence [9]. Young adults were defined as individuals aged 20-29 years, consistent with the upper limit of youth in India's National Youth Policy (15-29 years) [10] and the 18 to less than 30 years age band used in national suicide statistics by the National Crime Records Bureau [11]. The sample size was calculated using nMaster version 2.0 (Department of Biostatistics, Christian Medical College, Vellore, India) for the estimation of a single proportion with specified absolute precision, using the following formula:

$$n = \frac{Z^2_{1-\alpha/2}\, p\,(1-p)}{d^2} = \frac{(1.96)^2 \times 0.475 \times (1-0.475)}{(0.10)^2} \approx 95.8$$

where $Z_{1-\alpha/2} = 1.96$ for a 95% confidence level, $p = 0.475$ is the previously published proportion of young suicide attempters reporting parenting issues as a stressor [12], and $d = 0.10$ is the absolute precision. This yielded a minimum sample size of 96, which was rounded up to 100 to allow two equal groups of 50 adolescents and 50 young adults.

Eligible participants had been admitted to another hospital department following a suicide attempt and referred for psychiatric evaluation. Exclusion criteria were an age below 10 or above 29 years; a suicide attempt under the influence of alcohol or other psychoactive substances; the presence of severe mental disorders, including schizophrenia, bipolar disorder, or schizoaffective disorder; and the presence of severe physical illness impairing consent or assessment. Attempts made under the influence of substances were excluded because intoxication may independently precipitate suicide attempts. Individuals with severe mental disorders were excluded because psychotic or manic states may impair reliable reporting of life events and suicidal ideation.

Ethical considerations

The study protocol was approved by the Institutional Ethics Committee, Government Medical College, Nagpur, India (approval no. 1471, dated 16 January 2021). Eligible participants were informed about the study in a language they understood. Written informed consent was obtained from participants aged 18 years and above; for those younger than 18 years, written consent was obtained from legal guardians and verbal assent from the participants. Participation was voluntary, and confidentiality of participant information was maintained throughout the study. The study was conducted in accordance with the ethical standards of the institutional ethics committee.

Procedure and measures

All assessments were conducted by the same psychiatry resident under the supervision of a senior psychiatrist using the same sequence of instruments for every participant. Participants were assessed after referral for psychiatric evaluation, when they were medically stable, usually around the time of discharge from the referring department. Sociodemographic and clinical information was recorded using a semi-structured proforma covering age, sex, marital status, participant's education, occupation, place of residence (urban or rural), education and occupation of the head of the family, total monthly family income, and history of previous suicide attempts. This was followed by a clinical history, physical examination, and mental status examination. Socioeconomic status was classified at the time of data analysis using the modified Kuppuswamy scale [13], with income categories updated for February 2022 [14]. Severe mental disorders for the purpose of exclusion were assessed clinically using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria [15].

Stressful life events during the preceding year were assessed using the 51-item Presumptive Stressful Life Events Scale (PSLES), which was developed and standardized for use in the Indian population [16]. Participants indicated which events they had experienced; each event carries a predetermined stress score, and these were summed to give a total score. The total PSLES score was categorized as no stress (≤40), less/moderate stress (41-200), or severe stress (>200), based on the scoring criteria used in a previous study [17]. Relevant sections of the Self-Injurious Thoughts and Behaviors Interview (SITBI) were used to assess suicidal thoughts and behaviors, including the interval between the onset of suicidal ideation and the attempt, method of attempt, and circumstances surrounding the attempt [18]. The SITBI, developed in the United States, was administered as a clinician-led interview, with items explained to participants in a language they understood. The interval between the onset of suicidal ideation and the attempt was assessed with the item "How long have you usually thought about suicide before making an attempt?" For analysis, response options were collapsed into seconds (0-60 seconds), minutes (2-60 minutes), less than one day, one to two days, and more than two days.

Statistical analysis

Data were analyzed using IBM SPSS Statistics for Windows, Version 25.0 (Released 2017; IBM Corp., Armonk, NY, USA). Categorical variables were described by frequencies and percentages and continuous variables by means and standard deviations. Comparisons of categorical variables between groups were performed using Pearson's chi-square test or Fisher's exact test for 2×2 tables with an expected cell count of less than 5. For contingency tables with more than two rows or columns in which the assumptions for the chi-square test were not met, the Fisher-Freeman-Halton exact test was performed. The stressful life events on the PSLES were compared between age groups using a two-sided Fisher's exact test. Because participants could report more than one event and 21 events were compared, these item-level comparisons were considered exploratory, and unadjusted p-values were reported. As a sensitivity analysis, the Holm correction for multiple comparisons was applied to these 21 comparisons. For the interval between suicidal ideation and the attempt, assessed with the SITBI, a post hoc analysis combined the two shortest categories (seconds and minutes) and compared them with longer intervals using Fisher's exact test. Binary logistic regression was used to examine whether the association between age group and suicidal ideation lasting less than one hour persisted after adjustment for sex. Statistical significance was defined as a p-value <0.05.

Results

Sociodemographic and clinical characteristics

A total of 100 participants were included, with 50 participants in each age group. The mean age was 17.58 ± 0.99 years among adolescents and 25.52 ± 2.94 years among young adults. Females comprised 68% of the adolescent group, whereas males comprised 60% of the young adult group ($\chi^2 = 7.89$, $p = 0.005$). Students constituted 68% of adolescents, while 66% of young adults were employed; the distribution of employment status differed significantly between groups ($\chi^2 = 42.77$, $p < 0.001$). Urban residence was reported for 54% of each group. Most participants in both groups were classified as upper-middle socioeconomic status. Three young adults (6%) and no adolescents reported a previous suicide attempt (Table *1*).

Characteristics	Adolescents, n (%)	Young adults, n (%)
Age, years (mean ± SD)	17.58 ± 0.99	25.52 ± 2.94
Sex (χ^2 = 7.89; p = 0.005)		
Male	16 (32)	30 (60)
Female	34 (68)	20 (40)
Marital status (p < 0.001)*		
Single/unmarried	47 (94)	21 (42)
Married	3 (6)	26 (52)
Widowed	0 (0)	3 (6)
Employment status (χ^2 = 42.77; p < 0.001)		
Student	34 (68)	4 (8)
Employed	6 (12)	33 (66)
Unemployed	10 (20)	13 (26)
Residence (χ^2 = 0, p = 1.00)		
Urban	27 (54)	27 (54)
Rural	23 (46)	23 (46)
Education (p < 0.001)*		
No formal education	0 (0)	3 (6)
Matriculate	38 (76)	30 (60)
Intermediate	12 (24)	2 (4)
Graduate/postgraduate	0 (0)	15 (30)
Socioeconomic status (p = 0.50)*		
Class I/upper	1 (2)	2 (4)
Class II/upper-middle	36 (72)	30 (60)
Class III/lower-middle	10 (20)	13 (26)
Class IV/upper-lower	2 (4)	5 (10)
Class V/lower	1 (2)	0 (0)
Previous suicide attempt (p = 0.24)†		
Yes	0 (0)	3 (6)
No	50 (100)	47 (94)

TABLE 1: Sociodemographic and clinical characteristics.

SD: standard deviation.

*Fisher-Freeman-Halton exact test.

†Fisher's exact test.

Stressful life events

Family conflict was the most frequently reported stressful life event in both adolescents (32%) and young adults (42%), with no significant difference between groups (p = 0.408). In exploratory item-level

comparisons, young adults more frequently reported marital conflict (30% versus 6%, p = 0.003), financial crisis (22% versus 2%, p = 0.004), property or crop damage (14% versus 0%, p = 0.012), and unemployment of the participant or a family member (20% versus 4%, p = 0.028). Adolescents more frequently reported appearing for an examination or interview (18% versus 2%, p = 0.016) and examination failure (12% versus 0%, p = 0.027). No other stressful life event differed significantly between groups (Table 2). After Holm correction, none of these differences remained statistically significant; the smallest adjusted p-values were observed for marital conflict (p = 0.069) and financial crisis (p = 0.076).

Stressful life event	Adolescents, n (%)	Young adults, n (%)	p value*
Family conflict	16 (32)	21 (42)	0.408
Marital conflict	3 (6)	15 (30)	0.003
Property/crops damaged	0 (0)	7 (14)	0.012
Broken relations/love affairs	6 (12)	5 (10)	1.000
Death of a close person	3 (6)	3 (6)	1.000
Financial crisis	1 (2)	11 (22)	0.004
Appearing for examination/interview	9 (18)	1 (2)	0.016
Failure in examination	6 (12)	0 (0)	0.027
Trouble with neighbors	3 (6)	2 (4)	1.000
Excessive alcohol use by family members	2 (4)	1 (2)	1.000
Trouble at work	0 (0)	3 (6)	0.242
Participant/family member unemployed	2 (4)	10 (20)	0.028
Major personal illness/injury	0 (0)	2 (4)	0.495
Minor violation of law	1 (2)	1 (2)	1.000
Death of spouse	0 (0)	1 (2)	1.000
Beginning or ending of schooling	4 (8)	0 (0)	0.117
Lack of child	0 (0)	1 (2)	1.000
Change of residence	1 (2)	0 (0)	1.000
Large loans	0 (0)	5 (10)	0.056
Unfulfilled commitments	0 (0)	1 (2)	1.000
Change in sleeping habits	1 (2)	0 (0)	1.000

TABLE 2: Comparison of stressful life events between age groups.

Participants could report more than one event; PSLES items endorsed by no participant are not shown.

*Two-sided Fisher's exact test; exploratory comparisons were unadjusted for multiple testing. After Holm correction for 21 comparisons, no differences remained statistically significant.

Characteristics of suicide attempt

Suicidal ideation lasting minutes before the attempt was reported by 34 adolescents (68%) and 22 young adults (44%). Three adolescents (6%) and one young adult (2%) reported ideation lasting seconds. Thirteen adolescents (26%) and 15 young adults (30%) reported ideation lasting less than a day; two young adults (4%) reported ideation lasting one to two days and 10 (20%) more than two days. The distribution of the interval between the onset of suicidal ideation and the attempt differed significantly between adolescents and young adults (Fisher-Freeman-Halton exact test, p < 0.001; Table 3). When the two shortest categories were combined, ideation lasting seconds to minutes was reported by 37 adolescents (74%) and 23 young adults (46%) (post hoc Fisher's exact test, p = 0.008). In a logistic regression adjusting for sex, adolescents remained more likely than young adults to report ideation lasting less than one hour (adjusted odds ratio [OR] 2.72, 95% confidence interval [CI] 1.13-6.52, p = 0.025); female sex was also independently associated

with a shorter interval (adjusted OR 2.47, 95% CI 1.03-5.87, p = 0.042).

Characteristics	Adolescents, n (%)	Young adults, n (%)
Interval between suicidal ideation and attempt p < 0.001*		
Seconds	3 (6)	1 (2)
Minutes	34 (68)	22 (44)
Less than one day	13 (26)	15 (30)
1–2 days	0 (0)	2 (4)
More than two days	0 (0)	10 (20)
Method of suicide attempt p = 0.13*		
Poison ingestion	43 (86)	41 (82)
Hanging	0 (0)	4 (8)
Multiple tablet consumption	1 (2)	3 (6)
Sharp object	3 (6)	1 (2)
Sharp object and poison ingestion	3 (6)	1 (2)
Circumstances of suicide attempt p < 0.001*		
Interpersonal disputes	19 (38)	24 (48)
Academic difficulties	12 (24)	1 (2)
Loss of a family member	3 (6)	3 (6)
Eviction	0 (0)	1 (2)
Job stress	0 (0)	7 (14)
Humiliating event	3 (6)	6 (12)
Health problem	0 (0)	1 (2)
Financial problem	0 (0)	6 (12)
Other circumstances†	13 (26)	1 (2)

TABLE 3: Characteristics of suicide attempts among adolescents and young adults.

Each participant was assigned one category per characteristic. "Poison ingestion" excludes the combined sharp object and poison ingestion category.

*Fisher-Freeman-Halton exact test.

†Other circumstances included the possibility of early marriage, not wanting to get married, and fear of being reprimanded for theft.

Poison ingestion was the most common method of attempt, reported by 43 adolescents (86%) and 41 young adults (82%). Hanging was reported by four young adults (8%) and no adolescents. The distribution of methods did not differ significantly between groups (Fisher-Freeman-Halton exact test, p = 0.13).

The distribution of circumstances surrounding the attempt differed significantly between age groups (Fisher-Freeman-Halton exact test, p < 0.001; Table 3). Interpersonal disputes were the most frequently reported circumstance among both adolescents (38%) and young adults (48%). Academic difficulties were reported more frequently among adolescents (24%) than young adults (2%), whereas job stress (14%) and financial problems (12%) were reported among young adults but not adolescents. Humiliating events were reported in both groups, with a higher proportion among young adults (12%) than adolescents (6%). The loss of a family member was reported equally in both groups (6%), while eviction and health problems were reported by 2% of young adults and none of the adolescents. Other circumstances were reported more frequently among adolescents (26%) than young adults (2%).

PSLES stress-score categories

All adolescents and 47 young adults (94%) had PSLES scores in the less/moderate stress range; three young adults (6%) had scores above 200, classified as severe stress. The difference in the distribution of PSLES stress-score categories between adolescents and young adults was not statistically significant (two-sided Fisher's exact test, p = 0.242).

Discussion

This study compared stressful life events among adolescent and young adult suicide attempt survivors and identified both shared and age-related patterns. Family conflict was the most frequently reported stressful life event in both groups, highlighting the relevance of interpersonal context across the transition from adolescence to young adulthood. The prominence of family conflict is consistent with prior research from India describing interpersonal and family difficulties among individuals presenting after a suicide attempt [19]. Marital conflict, financial crisis, property damage, and unemployment-related stressors were reported more frequently by young adults, whereas examination-related stressors were reported more frequently by adolescents. The higher frequency of marital conflict among young adults should be interpreted in light of the greater proportion who were married (52% versus 6%), since only married participants could report this stressor. In adolescents, dependence on family and the importance of educational transitions may make conflict at home and academic pressures particularly salient. In young adults, financial responsibilities, employment-related concerns, and intimate relationships may introduce additional sources of strain. These interpretations should be considered in the context of the observed descriptive patterns rather than as evidence of specific causal relationships.

The time between the onset of suicidal thoughts and the actual attempt also varied between the groups. Adolescents were more likely to act within an hour of the onset of ideation, whereas young adults were more likely to report ideation lasting more than a day. This difference persisted after adjustment for sex, suggesting that it was not explained by the higher proportion of females among adolescents. Female sex was itself independently associated with a shorter interval. Relatively few studies have looked at this interval directly. Deisenhammer et al. reported that nearly half of their sample of suicide attempters had an interval of 10 minutes or less between the first current suicidal thought and the attempt [20]. Otsuka et al. found that a substantial proportion of suicide attempters developed suicidal ideation on the same day as the attempt [21]. The brief interval among adolescents suggests that assessment should include exploration of acute escalation and access to means, whereas persistence of ideation and ongoing stressors may be of particular concern in young adults.

Circumstances surrounding the attempt also differed by age group. Descriptively, academic difficulties were more often reported by adolescents, whereas job stress and financial problems were reported only by young adults. These patterns are partly consistent with Lee et al., who found that economic and illness-related motivations were less common among adolescent than adult suicide attempters [6]. However, whereas Lee et al. found interpersonal problems to be more prominent among adolescents, interpersonal disputes in this study were the most frequently reported circumstance in both age groups. Interpersonal conflict may therefore be a common context for suicide attempts across developmental stages, while other circumstances may reflect age-specific academic, occupational, and socioeconomic challenges.

Western studies have also examined the stressors preceding self-harm in young people. Among adolescents aged 11-18 years presenting to hospitals in England after self-harm, family relationship problems were the most frequently reported, followed by problems with friends and with school or work, while partner-related problems became more common with increasing age [22]. These findings parallel ours, in that family and interpersonal conflict were the leading stressors. However, there were notable differences. Some participants in our sample described marriage-related circumstances, such as early marriage and refusal of a proposed marriage, which have no equivalent in Western cohorts. The method also differed; poison ingestion accounted for 84% of attempts in our study, whereas self-poisoning with medications such as paracetamol predominates in Western adolescents [23]. These differences may reflect the central role of the family in decision-making and marriage in Indian society and differences in the availability of means of self-harm. Differences in study design, including multicenter registry data in Western studies versus our single-center hospital sample, may also contribute.

Taken together, these findings suggest that prevention efforts may benefit from combining universal measures with age-specific responses. For adolescents, the prominence of family conflict and examination-related stressors suggests a role for family-focused interventions and for school- and college-based pathways to mental health care, particularly around examinations and results. The short interval between the onset of suicidal ideation and the attempt in this group also underscores the importance of restricting access to means at home, such as the safe storage of poisons, and of prompt assessment when distress is recognized. For young adults, the more frequent reporting of marital, financial, and employment-related stressors suggests that relationship counseling and links to occupational and financial support services may be useful, while the longer interval between ideation and the attempt in many young adults may provide an opportunity for identification and intervention through primary care and workplace settings. In both groups, structured follow-up after a suicide attempt remains essential. Given the exploratory nature of the stressor

comparisons, these recommendations should be evaluated in further studies.

This study has several strengths. It directly compared adolescents and young adults using a common assessment framework, allowing age-related differences in stressors and attempt characteristics to be examined within the same setting. Standardized instruments were used, including the PSLES, which was developed for the Indian population, and all assessments were clinician-administered by the same psychiatry resident under supervision, reducing variation in data collection. The statistical analysis used exact tests suited to small cell counts, correction for multiple comparisons, and adjustment for sex in the main analysis of the ideation-to-attempt interval.

Several limitations should be acknowledged. The study was conducted at a single tertiary care center and purposive sampling was used, limiting generalizability. Data collection overlapped with the COVID-19 pandemic, which may have influenced the stressors reported and patterns of hospital presentation. Although the adolescents aged 10-19 years were eligible, the adolescent cohort was primarily composed of late adolescents (mean age 17.58 ± 0.99 years). Therefore, the findings may not be generalizable to early adolescents, whose stressors and patterns of suicidal behavior may be quite different. Similarly, the young adult group spanned a broader age range and the 20-year cutoff divides participants who may be similar in development. Age group was also strongly related to marital and employment status, so some of the differences observed, such as in marital and financial stressors, may be due to these life circumstances rather than age per se. We calculated the sample size to estimate a single proportion and not for comparing groups; therefore, the study had limited power to detect modest differences between groups, and the absence of a significant difference, as was seen for family conflict, should not be interpreted as the groups being equivalent.

Comparisons of individual stressful life events were exploratory: 21 events were compared without adjustment for multiple testing, and none of the observed differences remained statistically significant after Holm correction. Therefore, these findings should be regarded as hypothesis-generating. In addition, the SITBI has not been formally validated in Indian populations, and the explanation of items in participants' languages may have introduced variation in how they were understood. SITBI response options for the interval between suicidal ideation and the attempt were combined into broader categories for analysis, and the comparison of intervals of less than one hour was performed post hoc; these findings should therefore be interpreted with caution. Stressful life events in the preceding year were self-reported after the attempt, which may have introduced recall bias. Exclusion of attempts occurring under the influence of psychoactive substances and of participants with certain severe psychiatric disorders may also have shaped the observed profile. Similarly, young people whose attempts did not result in hospital presentation were not represented. Finally, the cross-sectional design does not establish causal relationships between stressors and attempts.

Conclusions

Family conflict was the most frequently reported stressful life event among adolescent and young adult suicide attempt survivors in this sample, and interpersonal disputes were the most common circumstance surrounding the attempt in both groups. Young adults more often reported marital and financial stressors, while adolescents more often reported academic stressors, although these exploratory differences require confirmation in larger samples. Adolescents more often acted within an hour of the onset of suicidal thoughts, independent of sex. Although causal relationships cannot be inferred from this cross-sectional design, these results support age-sensitive psychosocial assessment that explores family and interpersonal conflict, academic pressures, employment and financial concerns, and the interval between suicidal thoughts and action. Larger multicenter studies are needed to test the generalizability of these patterns and inform targeted prevention strategies.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

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Disclosures

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