
Suicide Amongst Youth Attitudes Towards Suicide and Depression Among Young People in Albania

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Abstract: There have only been a few confirmed studies so far that links attitude towards suicide, socio-demographic factors, and predictive factors all together. Such as, depression, perceived stress, life satisfaction and also there has been a few contradictory findings between the balance of these relationships, as well. Albania is luckily, part of a group of countries with low suicide rates with about 5.93% suicides per 100,000 inhabitants per year (WHO, 2014). The purpose of this study is to examine the attitudes towards suicides amongst young people in relation to the depression level. The main objective of the study is to determine if there is a correlation between these two variables, whether the high level of depression is related to a positive attitude towards suicide. Data about attitude towards suicide and depression has been retrieved from these instruments: Multi-Attitude Suicide Tendency Scale (MAST), Beck Depression Inventory-II (BDI-II), Attitude towards Suicide Scale. The data collected from the youth participants accumulated of 232 respondents (n= 232), which namely consisted of 70 males and 162 females which is equivalent to a 30.2% and 69.8% ratio. The results showed that a positive attitude towards suicide was related positively with depression level. The findings of the study showed a statistically significant link between high levels of depression with Repulsion from Life (MAST- RL) ($r=.561^{**}$), Attraction to Death (MAST- AD) ($r=.260^{**}$), Agreement (ATTS) ($r=.304^{**}$), Avoidance to talk (ATTS) ($r=.190^{**}$, $p=0.04$), Loneliness & complain (ATTS) ($r=.204^{**}$, $p=0.02$). In light of the particular limitations of the study it has been discussed the implications of the main findings, namely suggest negative attitudes towards suicide are more likely to be a risk factor than a protective one for suicidal behaviour in society. The youth, to a large average, show a high average in pro-life factors, thus presenting in that way, unapproved attitudes towards suicide.

Keywords: Attitude, Suicide, Depression, Youth

1. Introduction

WHO's data show that every year, almost one million people die because of suicide. In the last 45 years suicide rates have been raised by 60% worldwide. Although suicide rates have been traditionally higher among older men, youth rates have risen to such an extent that they are now the highest-risk group in one third of all countries [1].

Compared to other countries in the world, according to the WHO, Albania is part of the group of countries with a low suicide rate, quite 5.93 suicides per 100,000 people per year [2]. But despite that, the number of suicides in the country has been rising. In a study conducted by Westefeld et al., [3] found that in a sample of 1,865 students, 24% of them thought to attempt suicide. Based on this result, suicide among young people is an issue with a great important to be

studied and is necessary to take investigation of further factors that link with suicidal ideation for adolescents and young people.

The phenomenon of suicide over the years has had different definitions and classifications. According to American Psychiatric Association [4], suicide is defined as *a self death with evidence (either explicit or implicit) that the person intent to die*; the definition of suicide of World Health Organization [1] emphasizes as a suicide any *deliberate action that has a life-threatening consequences, and the result of action can be entirely predictable*. Meanwhile, Durkheim [5] classifies three categories of suicide: *firstly*, egoistic suicide, people who commits suicide results from lack of integration into the society. Individual loses constraints and contacts with the society, and indifference towards community and society, which will raise a sense of

loneliness and then commit suicide. *Secondly*, altruistic suicide, people who commit suicide governed by social customs, habit or group pressure, that is, it results from individual pursuit higher commandments, such as religious sacrifices or unthinking political allegiance. *Thirdly*, anomie suicides, people who live in a modern society, commit suicide because of lack of regulation of the individual by society. More specifically, individuals lose an inherent relationship with the society and experience a sudden change in their societal status (e.g., unemployment, divorce, death of family or friend). *The fourth*, fatalistic suicide, people who commit suicide due to excessive control from outside world, individuals found their future blocked and unpredictable.

On the other hand, suicide can be divided into three groups according to Valtonen: (1) suicidal ideas, which defined as individuals who have thoughts and wishes of suicide, but they have not taken action; (2) attempted suicide, which defined as a self-injurious behaviour with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intend to die; and (3) completed suicide, which defined as individual destroys themselves intentionally, and who end in a death [6].

Meanwhile, in terms of attitudes, they are a key concept in the socio-psychological models of explanation and prediction of human behaviour and society building in the world around us [7].

Gibb et al., [8] suggested that attitudes toward suicide can serve as a moderating factor, because people vary widely in the degree to which they find suicide is an acceptable action, showing that some people consider suicide as an acceptable option in some cases, while others do not consider it as an unacceptable option. Moreover, they argued that studies show that people who keep accepting attitudes toward suicide, have higher levels of suicide ideas and therefore claimed that attitudes toward suicide may moderate the relationship between determinants of suicidal ideas and ideas of suicide.

A study conducted by Urška Arnautovska and Onja T. Grad [9] aimed at examining Slovenian suicidal attitudes among youngest and their relation to various factors of suicidal risk, concluded that girls have more tolerant attitudes towards suicide than boys, as well as these tolerant attitudes were positively associated with most of the risk factors for suicide.

Kennedy, John and Munuswamy [10] for assessing the attitudes of young people to suicide found different outcomes to the suicidal attitudes. The finding revealed that, permissiveness towards suicide was found to be in two situations, 20 (40%) boys have expressed permissiveness towards suicide in a situation if they are suffering from severe or incurable disease, whereas girls 38 (76%) agree to finish their life in a situation of loneliness. Suicide can be prevented was accepted by 49 (98%) girls whereas only 40 (90%) boys accepted this statement. In order to avoid suicide 30 (60%) girls and 25 (50%) boys say that one should not talk about suicide.

In another study on youth, attitudes toward suicide it was

observed that most of the Indian youth have negative attitude towards suicide and youth who commit suicide than the Australian and Italian youth [11].

Meanwhile, Kisch, Leino and Silverman [12] have found that depressive mood is a risk factor for suicidal behaviour among university students. Moreover, various studies have reported an important link between depression and suicidal ideation among university students, where high levels of depression are associated with high levels of suicidal ideation [13], [14]. The results of a study by Kristine Brown [15] confirmed that depression, loss of hope, perceived stress and suicidal attitudes are independent predictors of suicidal thoughts.

In conclusion, referring to the above-mentioned studies, it is noted that the concept of suicide is an actual and present concept in the youth ranks and as such it is thought, discussed and executed by them. On the other hand, studies point out that suicide types are often the main factors in determining the root cause of its execution by young people. Studies also show that the causes of suicide are mostly related to depressive mood, cultural factors that affect personal perception of suicide, and the time of passing with suicidal ideas to the individual. But gender differences would also be of interest to emphasize suicide attitudes. Studies support the fact that girls are more likely to tolerate suicide than boys.

2. Methodology

The purpose of this study is to examine the attitudes towards suicides amongst young people in relation to the depression level. The main objective of the study is to determine if there is a correlation between these two variables, whether the high level of depression is related to a positive attitude towards suicide.

The objective of this study is to investigate the attitudes towards suicide among young people and to investigate the relationship between suicide attitudes and depression influencing factor.

The hypothesis raised in this study is based on other studies, which suggest that it has a higher predisposition to display suicidal attitudes among depressed young people. The hypothesis of the study is: "Young people who have a predisposition to show higher levels of depression will have a more acceptable attitude to suicide compared to young people with a low level of depression."

Population (n = 232) obtained in this study are young people who are users of social networks. Study participants are young people of the age group (18-29 years), which namely consisted of 70 males and 162 females which is equivalent to a 30.2% and 69.8% ratio. Those who have been selected through online surveys, the survey was distributed to the groups / sites most frequented by young people. Sampling is random (simple). All elements of the study unit have the same opportunity to be represented in the sample.

Data about attitude towards suicide and depression has been retrieved from these instruments:

Multi-Attitude Suicide Tendency Scale (MAST), developed by Orbach et al., [16], is an important measure in the study of attitudes towards suicide. MAST consists of four subscales involving 30 statements, including repulsion by life (MAST-RL), attraction to life, (MAST-AL), repulsion by death (MAST-RD), and attraction to death (MAST-AD). In this study, the MAST rate was used to look at suicide attitudes among young people, with a confidence rate of $\alpha = 0.71$. in Italian and Spanish samples, whereas in our study presented $\alpha = .825$.

Attitudes Toward Suicide (ATTS) was developed by Salander Renberg and Jacobsson [17]. The ATTS involving 37 statements about suicidal behaviour with a Likert scale with five points. Six factors have been drawn in our study, which include the following attitude on suicide and beliefs: (1) Permissiveness; (2) Preventability; (3) Incomprehensibility; (4) Avoidance of talking about suicide; (5) Unpredictability; (6) Loneliness & appeal. Cronbach's alpha coefficient ranged from .96, .96, and .97, respectively (Reynolds, 1991; 1991b) while in the present study Cronbach's alpha coefficient was .787.

Beck Depression Inventory-II (BDI-II) is a self-reporting instrument developed by Beck, Steer and Brown [18], to measure the severity of depressive symptoms in adults, assesses symptoms of depression as defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition. BDI-II has a good

reliability, give an alpha coefficient of .92 for the outpatient population ($n = 500$), the samples mentioned in the manual and an Alpha $\alpha = .93$ coefficient for college students ($n = 120$). BDI-II shows good psychometric features, and there is evidence that this is a valid measure of depression symptoms. The Alpha-coefficient obtained for BDI-II in this study is .835, suggesting a high level of internal consistency.

Demographic information Personal data included information about the gender of a participant, is required for participants to report their age, gender, belief, single child or not, civil and economic status, education and residence.

The method used in this study for data processing is quantitative while the form of survey used is computer communication (KPC).

After collecting the questionnaires, the data collected was submitted to SPSS 22. Data processing was used: Pearson correlation coefficient; T-test; Variance Analysis (ANOVA); Cronbach's Alpha, which serve to give us a more accurate picture of the questionnaire result in tabular form.

For the realization of this study all ethical research issues have been respected.

3. Results and Discussion

Correlation with all the Factors Taken in the Study

Table 1. Correlations with all the factors taken in the study.

| | | (MAST) | (MAST-RL) | (MAST-AL) | (MAST-RD) | (MAST-AD) | Depression Inventory |
|----------------------|---------------------|--------|-----------|-----------|-----------|-----------|----------------------|
| (MAST) | Pearson Correlation | 1 | .434** | .053 | .844** | .421** | .165* |
| | Sig. (2-tailed) | | .000 | .422 | .000 | .000 | .012 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-RL) | Pearson Correlation | .434** | 1 | -.590** | .110 | .450** | .561** |
| | Sig. (2-tailed) | .000 | | .000 | .096 | .000 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-AL) | Pearson Correlation | .053 | -.590** | 1 | .112 | -.368** | -.493** |
| | Sig. (2-tailed) | .422 | .000 | | .088 | .000 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-RD) | Pearson Correlation | .844** | .110 | .112 | 1 | -.027 | .024 |
| | Sig. (2-tailed) | .000 | .096 | .088 | | .685 | .719 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-AD) | Pearson Correlation | .421** | .450** | -.368** | -.027 | 1 | .260** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .685 | | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Depression Inventory | Pearson Correlation | .165* | .561** | -.493** | .024 | .260** | 1 |
| | Sig. (2-tailed) | .012 | .000 | .000 | .719 | .000 | |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Permissiveness | Pearson Correlation | .253** | .433** | -.418** | .087 | .412** | .304** |
| | Sig. (2-tailed) | .000 | .000 | .000 | .186 | .000 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Preventability | Pearson Correlation | .122 | -.054 | .233** | .080 | .009 | -.076 |
| | Sig. (2-tailed) | .063 | .417 | .000 | .227 | .897 | .252 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Incomprehensibility | Pearson Correlation | .108 | -.182** | .407** | .101 | -.093 | -.235** |
| | Sig. (2-tailed) | .100 | .005 | .000 | .126 | .157 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Avoidance of talking | Pearson Correlation | .240** | .314** | -.155* | .140* | .168* | .190** |
| | Sig. (2-tailed) | .000 | .000 | .019 | .033 | .010 | .004 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |

| | | (MAST) | (MAST-RL) | (MAST-AL) | (MAST-RD) | (MAST-AD) | Depression Inventory |
|---------------------|---------------------|--------|-----------|-----------|-----------|-----------|----------------------|
| Unpredictability | Pearson Correlation | .094 | .172** | -.137* | .033 | .126 | .136* |
| | Sig. (2-tailed) | .155 | .009 | .037 | .615 | .055 | .038 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Loneliness & appeal | Pearson Correlation | .296** | .209** | -.103 | .202** | .241** | .204** |
| | Sig. (2-tailed) | .000 | .001 | .118 | .002 | .000 | .002 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |

Table 1. Continued.

| | | Permissiveness | Preventability | Incomprehensibility | Avoidance of talking | Unpredictability | Loneliness & appeal |
|----------------------|---------------------|----------------|----------------|---------------------|----------------------|------------------|---------------------|
| (MAST) | Pearson Correlation | .253** | .122 | .108 | .240** | .094 | .296** |
| | Sig. (2-tailed) | .000 | .063 | .100 | .000 | .155 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-RL) | Pearson Correlation | .433** | -.054 | -.182** | .314** | .172** | .209** |
| | Sig. (2-tailed) | .000 | .417 | .005 | .000 | .009 | .001 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-AL) | Pearson Correlation | -.418** | .233** | .407** | -.155* | -.137* | -.103 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .019 | .037 | .118 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-RD) | Pearson Correlation | .087 | .080 | .101 | .140* | .033 | .202** |
| | Sig. (2-tailed) | .186 | .227 | .126 | .033 | .615 | .002 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| (MAST-AD) | Pearson Correlation | .412** | .009 | -.093 | .168* | .126 | .241** |
| | Sig. (2-tailed) | .000 | .897 | .157 | .010 | .055 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Depression Inventory | Pearson Correlation | .304** | -.076 | -.235** | .190** | .136* | .204** |
| | Sig. (2-tailed) | .000 | .252 | .000 | .004 | .038 | .002 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Permissiveness | Pearson Correlation | 1 | -.084 | -.287** | .128 | .142* | .188** |
| | Sig. (2-tailed) | | .203 | .000 | .052 | .030 | .004 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Preventability | Pearson Correlation | -.084 | 1 | .182** | .185** | .013 | .156* |
| | Sig. (2-tailed) | .203 | | .005 | .005 | .845 | .018 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Incomprehensibility | Pearson Correlation | -.287** | .182** | 1 | .128 | .094 | -.084 |
| | Sig. (2-tailed) | .000 | .005 | | .051 | .153 | .204 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Avoidance of talking | Pearson Correlation | .128 | .185** | .128 | 1 | .322** | .278** |
| | Sig. (2-tailed) | .052 | .005 | .051 | | .000 | .000 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Unpredictability | Pearson Correlation | .142* | .013 | .094 | .322** | 1 | .069 |
| | Sig. (2-tailed) | .030 | .845 | .153 | .000 | | .296 |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |
| Loneliness & appeal | Pearson Correlation | .188** | .156* | -.084 | .278** | .069 | 1 |
| | Sig. (2-tailed) | .004 | .018 | .204 | .000 | .296 | |
| | N | 232 | 232 | 232 | 232 | 232 | 232 |

The data collected by the Multi-instrument Attitude Suicide Tendency Scale (MAST) give us a significant positive correlated with repulsion by life (MAST-RL ($r = .434$, $p = 0.01$), repulsion by death (MAST-RD ($r = .844$, $p = 0.01$), Attraction to death (MAST-AD ($r = .421$, $p = 0.01$), Depression Inventory ($r = .165$, $p = 0.05$), Permissiveness ($r = .253$, $p = 0.01$), Avoidance of talking ($r = .240$, $p = 0.01$), Loneliness & appeal ($r = .296$, $p = 0.01$).

Meanwhile Repulsion by life (MAST-RL) showed a significant negative correlation with attraction to life (MAST-AL) ($r = -.590$, $p = 0.01$), Incomprehensibility ($r = -.182$, $p = 0.01$) and a significant positive correlation was

observed with attraction to death (MAST-AD) ($r = .450$, $p = 0.01$), Depression Inventory ($r = .561$, $p = 0.01$), Permissiveness ($r = .433$, $p = 0.01$), Avoidance of talking ($r = .314$, $p = 0.01$).

Attraction to life (MAST-AL) shows a significant negative correlation with attraction to death (MAST-AD) ($r = -0.368$; $p = 0.01$), Depression Inventory ($r = -0.493$; $p = 0.01$), Permissiveness (ATTS) ($r = -0.418$; $p = 0.05$), Avoidance of talking (ATTS) ($r = -0.155$; $p = 0.05$); and significant positive correlation appeared with Preventability (ATTS) ($r = 0.233$, $p = 0.01$), Incomprehensibility (ATTS) ($r = 0.407$; $p = 0.01$).

Repulsion by death (MAST-RD) shows correlation but not

significant with subscales Loneliness & appeal ($r=.202^{**}$; $p=0.01$).

Attraction to death (MAST-AD) shows a significant correlation with Permissiveness (ATTS) ($r=0.412$; $p=0.01$), while with other factors the correlation is important but weak.

Depression Inventory shows significant positive correlation with Permissiveness (ATTS) ($r=0.304$; $p=0.01$).

Permissiveness (ATTS) shows significant negative correlation with Incomprehensibility (ATTS) ($r=-0.287$; $p=0.01$).

Preventability (ATTS) shows significant positive correlation with attraction to life (MAST-AL; $r=.233^{**}$; $p=0.01$), Incomprehensibility ($r=.182^{**}$; $p=0.001$); Avoidance of talking ($r=.185^{**}$; $p=0.001$).

Avoidance of talking (ATTS) shows a positive correlation with Unpredictability (ATTS) ($r=0.322$; $p=0.01$), Loneliness & appeal (ATTS) ($r=0.278$; $p=0.01$).

Similar results are found in analog studies as well. Even in other studies such as that conducted by Brandon E. Gibb, Margaret S. Andover MA, Steven RH Beach [8] on ideas and attitudes to suicide, hypothesized that the attitudes of university youth ($n = 230$) will moderate the relationship between hopelessness and depressive symptoms and their level of suicidal ideas. In particular, this hypothesis was supported only among men where the level of hopelessness and depressive symptoms were associated significantly with the idea of suicide among those who hold relatively positive attitudes toward suicide.

Another study conducted by Jeon, Park & Shim [19] permissive attitude toward suicide and future intent in individuals with and without depression: results from a nationwide survey in Korea. Many previous studies have revealed that individuals with depression have higher thought of suicide. The group with depression ($n = 152$) revealed a significantly higher level of future suicide intent ($t = 4.65$, $p < 0.0001$) and permissive attitude ($t = 4.32$, $p < 0.0001$) than did the group without depression, which regarded suicide as free from life suffering, a personal right, and a solution to a difficult situation. The group with depression showed significantly higher levels of future suicide intent than did the group without depression in those who had a higher permissive attitude ($t = 4.18$, $p < 0.0001$), but not in those who had lower permissive attitudes ($t = 1.98$, $p = 0.067$).

Permissive attitude toward suicide was associated with intent for suicide in the future in individuals with a high level of depression.

4. Conclusions

This study shows that permissive attitude towards suicide is significantly correlated with depression. This implies that a permissive attitude towards suicide may be a risk factor for suicidal behavior.

The findings of the study showed a statistically significant link between high levels of depression with repulsion by life ($r=.561^{**}$), attraction to death ($r=.260^{**}$), Permissiveness

(ATTS) ($r=.304^{**}$), Avoidance of talking (ATTS) ($r=.190^{**}$, $p=0.04$), Loneliness & appeal (ATTS) ($r=.204^{**}$, $p=0.02$). It notes that there is a relationship from the data obtained, which is statistically significant, a relationship, which shows the high level of depression is positively associated with positive attitudes toward suicide.

The result of the study confirms the hypothesis that young people, who have higher levels of depression have more permissive attitude towards suicide than young people who have lower levels of depression.

The need to undertake other studies of attitudes in more representative groups of young people and including other cultural factors that that may affect attitudes towards suicide and depression is an important further step to apply.

It will be of great interest the study of gender differences on suicidal attitudes of girls and boys. As well continuous assessments on the depression level and evaluation on suicidal attitudes on youth group will be necessary to predict and prevent the more critical and possible cases to intervene in time and to recover those with the suitable clinical treatments.

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