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Original Article

Assessment of Suicidal Ideation and Associated Risk Factors Among Young Adults: A Cross-Sectional Study

Mohammad Hasan[1], Prateek Kothari[2] ,Ratna Parmar[3], Pooja Mirdha[4]

[1]Assistant Professor (Mental Health Nursing) Banda Paramedical College and Nursing School Banda(UP)
[2]PhD Nursing, Professor cum Vice Principal, Aarihant Institute of Nursing Gandhinagar, Gujarat
[3]PhD Nursing, Nursing officer, MRTB hospital,MGM Medical College, Indore
[4]MSc Tutor, Medical Surgical Nursing, SAIMS College of Nursing, Indore

Corresponding Author:
Mohammad Hasan, Assistant Professor (Mental Health Nursing)
Banda Paramedical College and Nursing School Banda(UP)

E-mail:
HASAN0007.MOHAMMAD@gmail.com

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Abstract

Background: Suicidal ideation among young adults is an important public health concern. Young adulthood is characterized by major educational, occupational, interpersonal and financial transitions, which may increase psychological vulnerability. Suicidal ideation is influenced by multiple interacting psychological, social and behavioral factors, including depression, anxiety, loneliness, substance use, interpersonal difficulties, academic or occupational stress and inadequate social support.[1],[2]

Materials & Methods: A quantitative, descriptive cross-sectional research design was adopted. A hypothetical sample of 200 young adults aged 18–29 years was considered for the present model study. Participants were selected using a convenient sampling technique. Data were collected using a structured socio-demographic and risk-factor questionnaire and the Suicidal Ideation Attributes Scale (SIDAS). The association between suicidal ideation and selected risk factors was examined using the chi-square test. A p-value <0.05 was considered statistically significant.

Results: Among the 200 young adults, 38 (19.0%) demonstrated high suicidal ideation based on the predefined study criterion, while 162 (81.0%) had low or no significant suicidal ideation. Higher suicidal ideation was observed among participants reporting depressive symptoms, anxiety, significant academic/occupational stress, substance use, previous self-harm, interpersonal problems and poor perceived social support. Statistically significant associations were observed between suicidal ideation and depressive symptoms (χ^2=18.42, p<0.001), previous self-harm (χ^2=12.67, p<0.001), significant academic/occupational stress (χ^2=8.91, p=0.003), substance use (χ^2=6.74, p=0.009) and poor social support (χ^2=10.28, p=0.001).

Conclusion: Suicidal ideation was present among a substantial proportion of young adults in the model sample. Psychological distress, previous self-harm, substance use, academic/occupational stress and inadequate social support were important associated factors. Routine screening, early identification, accessible mental-health services and strengthening of social support systems may contribute to suicide prevention among young adults.

Keywords: Suicidal ideation; Young adults; Suicide risk; Mental health; Depression; Social support; Cross-sectional study; Risk factors.

INTRODUCTION

Suicide is a major global public health concern and represents a preventable cause of premature mortality. The World Health Organization estimates that more than 720,000 people die by suicide every year, and suicide is the third leading cause of death among individuals aged 15–29 years globally.[1] Suicide is influenced by a complex interaction of psychological, biological, social, cultural and environmental factors rather than by a single cause.[1]

Young adulthood is an important developmental period involving substantial transitions in education, employment, relationships, financial independence and social identity. Difficulties in adapting to these transitions may contribute to psychological distress and suicidal thoughts. Recent evidence among university and college populations has identified multiple factors associated with suicidality,

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including traumatic experiences, psychological difficulties and inadequate social support.[2]

Suicidal ideation refers to thoughts, considerations or preoccupation concerning suicide. Although suicidal ideation does not inevitably lead to suicide attempts, it represents an important clinical warning sign requiring appropriate assessment and intervention.[3] Assessment should consider not only the presence of suicidal thoughts but also their frequency, controllability, severity and associated suicidal behavior. The Suicidal Ideation Attributes Scale (SIDAS) was developed as a brief measure of suicidal ideation severity and demonstrated good internal consistency and convergent validity in community-based research.[3]

Mental-health difficulties are among the important factors associated with suicidal behavior. Depression, anxiety and substance-use problems may increase vulnerability, while stressful life events, interpersonal conflict, loss and social isolation may further contribute to suicide risk.[1] A history of previous suicide attempt or self-harm is also an important risk indicator.[1]

Social connectedness and perceived social support may act as protective factors. A recent systematic review and meta-analysis involving more than 26,000 undergraduate students found a moderate negative association between social support and suicidal ideation, suggesting that stronger social support is associated with lower suicidal ideation.[4] Similarly, broader evidence indicates an inverse association between social support and suicidal ideation, suicide plans and suicide attempts.[5]

Despite increasing attention to mental health among young people, suicidal ideation may remain unrecognized because young adults may hesitate to disclose suicidal thoughts due to stigma, fear of judgment or concerns about confidentiality. Therefore, systematic assessment of suicidal ideation and its associated risk factors is essential for early identification and preventive intervention.

The present study was therefore undertaken to assess suicidal ideation and selected associated risk factors among young adults.

Objectives

1. To assess the level of suicidal ideation among young adults.
2. To identify selected risk factors associated with suicidal ideation among young adults.
3. To determine the association between suicidal ideation and selected socio-demographic variables.
4. To determine the association between suicidal ideation and selected psychological, behavioral and social risk factors.

Hypotheses

H_1: There will be a significant association between suicidal ideation and selected socio-demographic variables among young adults at the 0.05 level of significance.

H_2: There will be a significant association between suicidal ideation and selected psychological, behavioral and social risk factors among young adults at the 0.05 level of significance.

MATERIALS AND METHODS

Research Approach

A quantitative research approach was adopted.

Research Design

A descriptive cross-sectional research design was used to assess suicidal ideation and associated risk factors among young adults.

Study Setting

For this model manuscript, the study setting was considered to be a selected educational/community setting in Rajasthan, India.

Study Population

The study population consisted of young adults aged 18–29 years.

Sample Size

A sample of **200 young adults** was considered for this model study.

Sampling Technique

Participants were selected using a **convenient sampling technique** according to predefined inclusion and exclusion criteria.

Inclusion Criteria

Participants who:

1. were aged 18–29 years;
2. were willing to participate in the study;
3. were able to understand the study questionnaire; and
4. provided informed consent.

Exclusion Criteria

Participants who:

1. were unable to complete the questionnaire;
2. were acutely medically or psychiatrically unstable at the time of data collection; or
3. declined participation.

Data Collection Instruments

Section I: Socio-Demographic Questionnaire

Information was collected regarding:

- Age
- Gender
- Educational status
- Occupation
- Marital status
- Place of residence
- Family type
- Monthly family income
- Living arrangement

Section II: Selected Risk-Factor Questionnaire

The questionnaire assessed selected risk factors including:

- Depressive symptoms
- Anxiety symptoms
- Academic/occupational stress
- Family conflict

https://doi.org/10.46376/ijmr/07.08.2026:3600-3605

- Interpersonal problems
- Substance use
- Previous self-harm
- Previous suicide attempt
- Recent major life stressor
- Loneliness
- Perceived social support

Section III: Suicidal Ideation Attributes Scale

The **Suicidal Ideation Attributes Scale (SIDAS)** was used for assessment of suicidal ideation. SIDAS is a brief measure designed to assess the severity of suicidal ideation and demonstrated high internal consistency and good convergent validity in its original community-based validation study.[3]

The scale evaluates important characteristics of suicidal ideation, including frequency, controllability, closeness to an attempt, level of distress and interference with daily functioning.[3]

For this model analysis, participants were categorized according to a predefined study criterion into:

- **Low/no significant suicidal ideation**
- **High suicidal ideation**

The original SIDAS validation study reported that scores ≥21 indicated high risk of suicidal behavior; however, researchers should specify and justify the exact scoring/categorization protocol used in their approved study before applying it to real participants.[3]

Validity and Reliability

The content validity of the structured socio-demographic and risk-factor questionnaire should be established by experts in psychiatric nursing, mental health, psychology and research methodology.

The SIDAS has previously demonstrated high internal consistency and good convergent validity in community-based research.[3]

Data Collection Procedure

After obtaining institutional permission and ethical approval, eligible participants were approached and informed about the study. Written informed consent was obtained before data collection. Participants completed the questionnaires in a private setting to promote confidentiality and honest reporting.

Because the study involved assessment of suicidal ideation, a safety protocol was considered essential. Any participant indicating current or significant suicidal risk would require immediate clinical assessment and referral according to the institution's suicide-risk management protocol rather than being managed solely as a research participant.

Plan for Data Analysis

Data were analyzed using descriptive and inferential statistics.

- Frequency and percentage were used for categorical variables.
- Mean and standard deviation were used for continuous variables.
- Chi-square test was used to determine associations between categorical variables.
- Statistical significance was set at **$p<0.05$**.

RESULTS

Table 1. Distribution of Participants According to Socio-Demographic Characteristics (N=200)

Socio-demographic variable	Category	n	%
Age	18–21 years	72	36.0
	22–25 years	79	39.5
	26–29 years	49	24.5
Gender	Male	96	48.0
	Female	101	50.5
	Other	3	1.5
Educational status	Undergraduate	119	59.5
	Postgraduate	52	26.0
	Other	29	14.5
Residence	Urban	121	60.5
	Rural	79	39.5
Marital status	Unmarried	174	87.0
	Married	26	13.0
Family type	Nuclear	126	63.0
	Joint	74	37.0

The largest proportion of participants (39.5%) belonged to the 22–25-year age group. Females constituted 50.5% of the sample, while 59.5% were undergraduate students.

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Table 2. Distribution of Participants According to Selected Risk Factors (N=200)

Risk factor	Present, n (%)	Absent, n (%)
Depressive symptoms	61 (30.5)	139 (69.5)
Anxiety symptoms	72 (36.0)	128 (64.0)
Significant academic/occupational stress	83 (41.5)	117 (58.5)
Family conflict	47 (23.5)	153 (76.5)
Interpersonal problems	54 (27.0)	146 (73.0)
Substance use	39 (19.5)	161 (80.5)
Previous self-harm	22 (11.0)	178 (89.0)
Previous suicide attempt	12 (6.0)	188 (94.0)
Recent major life stressor	67 (33.5)	133 (66.5)
Loneliness	58 (29.0)	142 (71.0)
Poor perceived social support	49 (24.5)	151 (75.5)

Significant academic/occupational stress was the most frequently reported selected risk factor (41.5%), followed by anxiety symptoms (36.0%), recent major life stressors (33.5%) and depressive symptoms (30.5%).

Table 3. Level of Suicidal Ideation Among Young Adults (N=200)

Level of suicidal ideation	n	%
Low/no significant suicidal ideation	162	81.0
High suicidal ideation	38	19.0
Total	**200**	**100.0**

The findings indicate that **19.0%** of participants demonstrated high suicidal ideation according to the predefined model classification.

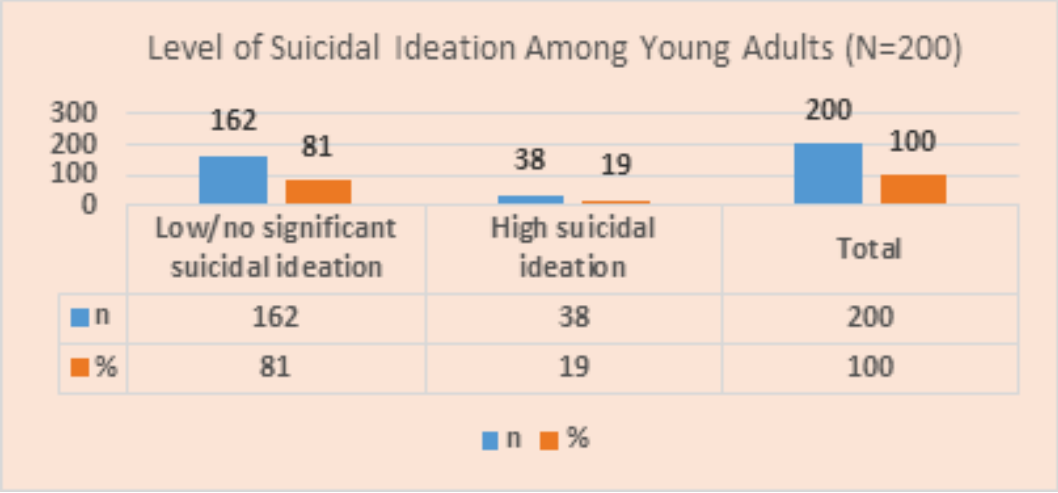

Figure 01: Level of Suicidal Ideation Among Young Adults (N=200)

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DISCUSSION

In the present model study, depressive symptoms were significantly associated with suicidal ideation. This finding is consistent with the broader evidence that depression is an important factor associated with suicidal behavior.[1] A recent systematic review of young people also identified depression and anxiety among factors associated with suicidal ideation.[6]

The findings support the importance of a comprehensive approach to suicide prevention. Assessment should not be restricted to asking whether suicidal thoughts are present; rather, healthcare professionals should consider the severity and characteristics of ideation, previous self-harm or suicide attempts, psychological distress, substance use, interpersonal stress and protective factors.7

IMPLICATIONS OF THE STUDY

Nursing Practice

Nurses can play an important role in early recognition of suicidal ideation through:

- routine mental-health assessment;
- identification of warning signs;
- assessment of psychological and social stressors;
- therapeutic communication;
- appropriate referral;
- safety planning according to institutional protocols; and
- follow-up of vulnerable individuals.

Nursing Education

Nursing curricula should provide adequate education regarding:

- suicide warning signs;
- suicide-risk assessment;
- therapeutic communication;
- mental-health first aid;
- crisis intervention;
- referral pathways; and
- prevention of stigma surrounding mental-health problems.

Nursing Administration

Healthcare administrators should establish clear protocols for:

- suicide-risk screening;
- emergency referral;
- documentation;
- confidentiality;
- multidisciplinary management; and
- follow-up of individuals identified as being at risk.

Nursing Research

Future research should use larger samples, probability sampling and longitudinal designs to identify temporal relationships between risk factors and suicidal ideation. Intervention studies evaluating counseling, social-support interventions, stress-management programs and digital mental-health interventions are also warranted.

LIMITATIONS

1. The cross-sectional design does not establish causal relationships between risk factors and suicidal ideation.
2. Convenient sampling may limit the generalizability of findings.
3. Self-reported information may be influenced by recall or social-desirability bias.
4. The model study used a relatively small sample.
5. Psychological and social risk factors may change over time and therefore require longitudinal assessment.

CONCLUSION

The present model study demonstrates that suicidal ideation may occur among young adults and may be associated with multiple psychological, behavioral and social factors. Depressive symptoms, anxiety, academic/occupational stress, substance use, previous self-harm and poor social support were significantly associated with suicidal ideation in the model dataset.

Early identification of suicidal ideation should be accompanied by appropriate clinical assessment and safety management. Screening alone should not replace a comprehensive clinical evaluation for individuals who disclose current suicidal thoughts or other indicators of acute risk.

RECOMMENDATIONS

1. Regular mental-health and suicide-risk screening may be considered in appropriate young-adult populations.
2. Educational institutions should strengthen accessible counseling and referral services.
3. Mental-health literacy programs should be incorporated into young-adult health promotion activities.
4. Programs addressing academic and occupational stress should be strengthened.
5. Social-support and peer-support interventions should be encouraged.
6. Young adults with previous self-harm or suicide attempts should receive appropriate clinical follow-up.
7. Future studies should use larger probability-based samples.

DECLARATION

Informed Consent

Written informed consent should be obtained from all participants before participation.

Conflict of Interest

The authors should declare any relevant conflict of interest.

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Author Contributions

All authors should contribute appropriately to conceptualization, methodology, data collection, analysis, interpretation and manuscript preparation.

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