



TO UNRAVELLING THE LINKS: A CORRELATIONAL STUDY OF PSYCHOLOGICAL DISTRESS, COPYING STRATEGIES AND SUICIDAL IDEATION IN EDUCATIONAL CONTEXT OF PAKISTAN

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Abstract:

The purpose of the current study is to look at the relationship between university students' suicide thoughts and psychological discomfort (depression, anxiety, and stress). The sample size was two hundred (N=200), of whom 95 were male (n=95) and 105 were female (n=105). Data is obtained from several universities via online surveys as well as data acquired physically. Psychological distress, coping methods, and suicidal ideation were evaluated using the Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995), the Coping Scale (Hamby, Grych, & Banyard, 2013), and the Suicide Ideation Scale (Beck, Kovacs & Weissman). Results clearly indicated that there is strong positive relationship between psychological distress, suicide ideation (.329**) and that of psychological distress (that is depression, anxiety and stress). Hence it was found to be the predictors of suicide ideation. Furthermore, a negative correlation among psychological distress and that of coping strategies was obtained (-.218**). Similarly, negative correlation between coping strategies and suicide ideation was also found (-.042). In light of the study's findings, it is concluded that psychological distress is a predictor of both suicidal ideation and coping mechanisms. Likewise a negatively correlated was obtained between psychological distress and suicide ideation.

Keywords: Psychological Distress (Depression, anxiety and stress), coping strategies and suicidal ideation.

INTRODUCTION

University life is an adaptation to change at the interface of school and social life, and undergraduate students, in particular, are in a vital transitional time. The years spent in college present an emotional and intellectual challenge unlike almost any other time in one's life. A person is under a lot of strain and hurdles at this time, which can lead to a number of physical, social, and emotional problems (Rodgers & Tennison, 2009). University students are more prone to developing mental health illnesses due to their constantly changing social and emotional environments. The changes during this time

affect undergraduates' psychological and emotional development as well as their mental health. Academic pressure, financial restrictions, an extensive range of challenges, future concerns, and prospects for social mobility in the system are just a few of the pressures that university students must deal with, all of which can have an effect on their mental health. Because of these stressors, students may engage in various types of suicidal behaviour. Suicidal thoughts is the precursor of suicidal behaviour. Thus it is evaluated from a previous study that both children and adolescents are very sensitive and can get affected by suicidal ideation (Juhnke et al., 2011).

Literature Review

Psychological Distress

University students faced many psychological problems in which most common are depression, anxiety, stress and eating problem and due to these problems their academic performance will become low as well as also negative impact on their mental health. (Tosevski, Milovancevic & Gajic, 2010). There are so many psychological problems but among these the most common types of mental disorders are considered to be anxiety and that of depression. These two disorder may occur in a relation mean that those people who faced depression also face symptoms of anxiety and those who faced anxiety may have symptoms of depression. The findings also show that depression and anxiety are more prevalent in university students than in the general population. Depression and anxiety are the mental health conditions that this group reports more frequently. Problems with mental symptoms could become grave, even fatal, if ignored. Eighty percent of college students who committed suicide had never received any counselling, according to a research by Drum, Bronson, Denmark, and Smith (2009) (American College Health Association, 2013; Holliday, Anderson, Williams, Bird, Matloc, Ali, & Suris, 2016).

Depression

Depression is a psychological condition that is characterized by sorrow, emptiness, hopelessness, and loss of interest throughout the majority of the day, according to the American Psychiatric Association (2013). Severe weight gain or loss, sleep difficulties like insomnia or hypersomnia, tiredness or a lack of energy, psychomotor agitation or retardation, a sense of worthlessness, excessive guilt, difficulty concentrating, and suicidal and death thoughts are some other warning indicators that may exist. According to the American Psychiatric Association (2013), 7% of Americans have ever had a serious depressive episode that lasted at least a year. According to this data, depression is twice as common in college students as it is in the overall population. The prevalence of this condition is three times higher in people between the ages of eighteen and twenty-nine than it is in people over the age of sixty. The level of depression tends to increase in older students (Naushad, Farooqui, Sharma, Rani, Singh, & Verma, 2014). Depression is found to be more common in women and so as the risk of attempting suicide is higher; however, the suicide rate is lower in female as compared to men (American Psychiatric Association, 2013).

Anxiety

According to Sharma & Sharma (2015), the Latin word "angere"—which roughly translates to "suffering"—is the basic of anxiety. According to Lazarus and Folkman (1984), Anxiety is often referred to as a generalised, uneasy feeling that is exacerbated by continuing stress and the presence of various stressors, according to Lazarus and Folkman (1984). Similarly, anxiety might involve worrying about things like money, health, and family issues; however, those who suffer from an anxiety disorder worry excessively about these and other issues. You worry a lot about making it through the day, you have a bad mood, and you anticipate problems (National Institute of Mental Health, 2013).

Excessive dread or anxiety that lasts longer than expected at a developmental stage is a defining feature of anxiety disorders. Clinically severe impairment or suffering is caused by these illnesses in crucial functioning areas (American Psychiatric Association, 2013). Anxiety when remain untreated

in adolescents and adults can lead to behavioural, physical, and mental problems, according to several longitudinal research (Mahmoud, Staten, Lennie, & Hall, 2015). This can further lead to high blood pressure, coronary artery disease, substance abuse, depression, and suicidal thoughts and other mental health issues (Boden, Fergusson & Horwood, 2006).

Stress

Like that of anxiety stress can also cause disruptive changes in almost every system in the body, which have an effect on how people feel and behave. Palpitations, sweating, a dry mouth, shortness of breath, anxiety, fast speech, amplified negative emotions (if already present), and prolonged weariness brought on by stress are a few examples of how it manifests. By causing these change in the mind and body, stress directly causes psychological and physiological issues and diseases, degrades mental and physical health, and diminishes quality of life (APA, 2019).

Dobransky (2015) conducted a survey of undergraduate students at a Canadian institution and discovered that 4,444 of them had higher levels of stress than those in earlier research using the same metric (Palmer & Rodger, 2009). Studies have also shown that stress has a number of detrimental psychological impacts in addition to these physical ones (Holinka, 2015). Price i.a. (2006) proposed the theory that college students' stress levels may increase the occurrence of mental issues like that of major depressive disorder and anxiety disorder among the young individuals specifically.

Coping Strategies

According to Folkman (2010), coping is the word used to designate and define the attitudes and behavior that people employ to handle the internal and external demands of traumatic situations. Avoidance and having a negative attitude towards a stressor are two coping mechanisms that don't work. These coping mechanisms help lessen anxiety symptoms while also enhancing long-term wellbeing (Shaheen&Alam, 2010).

Richard Devantoy, Yang, Gustavo, and Fabrice (2017) defend the significance of research on coping and the regulation of emotions in suicidal behaviour because they found that people have a higher risk of attempting suicide when they lack the skills of adaptive coping and are less able to control their emotions and emotional responses. However, due to the similarities between the coping and emotion regulation categories, doing so can be difficult and challenging as well. For instance, Pietrzak, Russo, Ling, and Southwick (2011) found a positive correlation between suicide ideation among veterans and higher values for self-punishment and avoidance-related coping mechanisms (maladaptation).

Suicidal Ideation

With the release of the DSM Fifth Edition (DSM-5; American Psychiatric Association, 2013), A substantial definitional issue has also been addressed by the American Psychiatric Association (APA). Section III of the DSM5 lists non-suicidal self-harm (NSSH) and suicidal behaviour disorder as "conditions for further study."

Because characteristics like sadness, which are known to increase the risk of suicide ideation, and because non-suicidal self-harm makes it simpler to get used to self-inflicted harm and violence. That in turn increases the risk to attempt suicide. It is hence believed that self-harm has a strong relationship with that of suicidal attempts. Suicidal thoughts are the precursor to actual suicide. The risk of suicide and the impact of suicidal ideation are highest among children and adolescents (Juhnke et al., 2011). In addition to suicide deaths, there should be attention given to suicidal thoughts and failed suicide attempts. According to Nock et al. (2008), the lifetime prevalence rates of suicidal ideation and attempts are roughly 9.2% and 2.7%, respectively.

Theoretical framework

According to cognitive theory the negative thought patterns and cognitive distortions influence depression, anxiety, and suicide ideation. Individuals suffering from depression, for example, may have a negative cognitive triangle comprised of negative beliefs about themselves, the world, and the

future. These cognitive tendencies can contribute to emotions of hopelessness and make people more vulnerable to suicidal ideation. In this situation, coping methods would include cognitive restructuring and confronting negative thought patterns. Similarly In order to explain mental health difficulties, the biopsychosocial model takes into account the interaction of biological, psychological, and social elements. Depression, stress, and anxiety, according to this paradigm, can be caused by a mix of genetic predisposition, neurobiological variables, life experiences, and social influences. Suicidal ideation is impacted by comparable causes, but it is also associated with emotions of hopelessness and a perceived lack of social support.

Rationale of the study

The study's major objective is to ascertain the relation between depression, stress and anxiety with that of individual's coping mechanisms and rate of suicide among graduate students. The major purpose of the current study is to determine how various psychological difficulties, such as depression, anxiety, and stress can lead to suicidal ideation. It also aims to determine how people can effectively deal with this psychological issue by employing various coping mechanisms. Moreover, to learn how various coping mechanisms can reduce the frequency of suicidal ideation in graduate students. The results of this study can be used to build programmes and preventative measures that are specifically suited to the needs of pupils. Universities and schools can put in place mental health services and programmes that deal with anxiety, stress, and depression, possibly lowering the prevalence of suicidal ideation. Based on the frequency and severity of these mental health problems, educational institutions can distribute resources more wisely. This covers money for mental health awareness initiatives, crisis hotlines, and counselling services.

OBJECTIVES, HYPOTHESES AND OPERATIONAL DEFINITIONS

Objectives

The study has the following objectives.

1. To ascertain the link between suicidal thoughts and psychological distress (depression, anxiety, and stress).
2. To investigate how coping mechanisms, stress, anxiety, and depression are related to suicide.
3. To assess how coping mechanisms and suicidal ideation interact..

Hypotheses

Following are the hypotheses of the study.

1. There will be a positive association between psychological distress (depression, anxiety and stress) and suicide ideation.
2. Depression anxiety and stress will be the predicator of suicide ideation.
3. There will be a negative correlation in coping strategies and suicide ideation among university students.
4. There will be a negative correlation between psychological distress (depression, anxiety and stress) and coping strategies.

Operational definitions

Psychological distress

The most prevalent mental disorders among university students nowadays are depression, anxiety, and stress, which are all considered psychological distress in this study. In the community, psychological distress (PD) is a prevalent mental health issue. A state of emotional anguish known as psychological distress is often characterised by signs of despair and anxiety. (Drapeau ,Marchand , BeaulieuPre´vost , 2012; WHO ,2001).

Depression

A negative affective condition called depression can range from dissatisfaction to a severe case of physical, cognitive, and social changes that frequently co-occur include disturbances in eating or sleeping patterns, lack of energy or motivation, difficulties focusing or making decisions, and withdrawal from social activities, to name just a few (APA, 2013).

Anxiety

An individual's body natural reaction to stress is anxiety. It's a sensation of dread and trepidation about what lies ahead (Kimberly Holland, 2020). It is a sensation of dread for what is ahead and that could lead to trembling, sweating, disorientation, or increased heart rate (APA, 2008).

Stress

The body's or mind's response to internal or external stimuli is stress. Stress involves changes in nearly every physical system, which affects how people feel and behave. It can be sparked by any situation or notion that makes you angry, furious, or anxious (APA, 2015).

Coping strategies

According to the American Psychological Association (APA), coping strategies are any activity, sequence of acts, or mental process to deal with a demanding or undesirable and challenging circumstance or to change one's response to it. Coping techniques usually require a deliberate and direct approach to deal with difficulties or problems.

Suicidal Ideation

Suicidal thoughts is the intention to commit suicide. However, there are two types of suicidal ideation named passive and active. Passive suicidal ideation is the word for when a person no longer want to live but don't actually have plans to end his or her life. Contrarily, having active suicidal ideation denotes that an individual is actively thinking about harming himself and intend to do so, including making plans on how to do so (APA, 2014).

METHOD

Sample

The total sample of the study comprised of one hundred and fifty subjects (N=200). It was further divided into two groups. One group consisted of ninety five male (n1=95) male, while other group d of one hundred and five (n2=105) which were female. Data was collected through convenient sampling techniques from different educational institutions of Peshawar KP.

Sampling Procedure

To identify participants for this study, the researchers used a straightforward sampling procedure. Convenient sampling was chosen because it is practical and feasible, allowing for efficient data gathering within the time frame and resources available. Without any formal randomization or classification, participants were chosen based on their accessibility and desire to engage.

Participant recruitment

Participants were drawn from a number of educational institutions in Peshawar, including Islamia College Peshawar, the University of Peshawar, and the Agriculture University, which were thought to be representative of the target demographic. Potential volunteers were informed about the study through flyers and announcements, and those who exhibited interest were contacted for more information.

Inclusion Exclusion Criteria: Subjects with the age range of 19 to 27 years whose are currently enrolled in different university of Peshawar will be included for this study. Similarly subjects whose

age are less than 19 and above 27 will exclude from the study. Beside this those who are uneducated and taking any kind of drug for any disease or abuse any substance will also be excluded from the study.

Informed consent of the participants and ethical considerations

All participants provided informed consent prior to their inclusion in the study, indicating their voluntary choice to participate and their understanding of the research objectives. Throughout the study, ethical issues were scrupulously followed, and the researchers protected the discretion and privacy of the participants' responses. The study was carried out in conformity with the ethical guidelines.

Instruments

1. The following tools were administered on subjects in this study for the collection of data.
2. Demographic or Personal Information sheet
3. Depression Anxiety Stress Scale (Lovibond, S.H. & Lovibond, P.F. 1995).
4. Coping Scale (Hamby, Grych, & Banyard, 2013)
5. The Scale for Suicide Ideation (Aaron T. Beck, Maria Kovacs, Arlene Weissman. 1979).

Demographic Information sheet

In this investigation, the demographic data sheet was employed. Name, gender, age, education, parental education, and state of the military were all included. It was a self-report form that the individuals completed.

Depression Anxiety Stress Scale (Lovibond, & Lovibond, 1995).

Lovibond SH and Lovibond PF (1995) developed the Depression Anxiety Stress Scale (DASS), a 42-item self-reported questionnaire. For the current study DASS-21 was administered. The scale is divided into subscales of depression, anxiety, and stress. It is a four-point Likert scale with score ranged from 0 to 3 ('0' did not apply to me at all, '1' applied to me to some extent, '2' applied to me to a significant extent, and '3' applied to me most of the time). The reliability of the DASS was determined to be =.97.

Coping Scale (Hamby, Grych, & Banyard, 2013).

The coping questionnaire looks at behavioural, emotional, and cognitive problem-solving techniques. Items 2, 3, and 4 below were taken from the widely used Coping Strategies Scale developed by Holahan and Moos in 1987, whereas items 1, 5, 6, and 8 were original. These items focused on cognitive and emotional approaches. Each response category received a score ranging from 4 to 1, meaning that it was mostly accurate about me in 4, relatively true about me in 3, slightly true about me in 2, and not true about me at all. The total sum of all the items can be the final score.

Suicide Ideation Scale (Aaron T. Beck, Maria Kovacs, Arlene Weissman, 1979).

The 19-item Suicidal Ideation scale (BSSI) measures the severity of suicidal thoughts in the week prior to the test. Beck et al. first released the self-reporting version of the scale in 1988. The overall score ranges from 0 to 38, and each item is graded on an ordinal scale from 0 to 2. People respond to the first five questions, which are excerpted. If a person responds positively to the fifth question (scores 1 or 2), they answer the remaining questions, and the questionnaire is then finished. There was no cut-off point utilised to classify the scores. Therefore, for data analysis, we used the results of the screening section (first fifth questions) and the overall scale.

RESULT AND ANALYSIS

Table 1 Socio demographic Features of subjects with respect to age, gender and education. (N=200).

Variables	N	%
Age		
17-20	53	26.5
21-25	147	73.5
Gender		
Female	105	52.5
Male	95	47.5
Education		
Bachelor	62	31.0
BS	112	56.0
M.Sc	19	9.5
M Phil	7	3.5

Note. N=200(n-105 for Females and n-95 for Males)

Table 2 Psychometric Properties for DASS and its Subscale (depression, anxiety and stress), Coping Scale and Suicide Ideation Scale.

Scales	N.Items	M	S.D	Range	Cronbach α
DASS	21	24.7	12.85	00-60	.906
Depression	7	8.20	4.97	00-21	.804
Anxiety	7	7.90	4.67	00-20	.765
Stress	7	8.67	4.42	00-21	.734
CS	13	35.82	6.24	13-52	.724
SIS	19	14.15	6.22	1-29	.754

Note: DASS (Depression, anxiety, stress scale), CS (Coping scale), SIS (suicide ideation scale) The scales employed in the study all had satisfactory reliability values as shown in Table 2. The reliability levels are reasonable and good. As a result, the decision was made to move on with the study.

Table 3 Frequencies and Chi-Square Results for Male and Female Regarding their Education (N=200).

Group	Male		Female		X ² (2)
	n	%	n	%	
Bachelor	37	59.7	25	40.3	6.026 ^a
BS	46	41.1	66	58.9	
M.Sc	8	42.1	11	57.9	
M Phil	4	57.1	3	42.9	

Table 4 Frequencies and Chi-Square Results for Male and Female Regarding their Ages (N=200).

Group	Male		Female		X ² (2)
	n	%	n	%	
17-20	17	32.1	36	67.9	6.880 ^a
21-25	78	53.1	69	46.9	

Table 5 Pearson Correlation among DASS, Coping Scale and Suicide Ideation Scale (N=200).

Variables	1	2	3
1.DASS	1.00	-	-
2. CS	-.218**	1.00	-
3. SIS	.329**	-.042	1.00

Note.** DASS (Depression, Anxiety and Stress), CS (Coping scale), and SIS (Suicide Ideation Scale) Table 5 shows that there is positive correlation in psychological distress (depression, anxiety and stress) and that of suicidal ideation among students. The result is significant at 0.01 levels. The table also shows that there will a negative correlation in psychological distress and coping strategies among university students. The result is significant at 0.01 levels. The table also indicates that there will be strong negative correlation in coping strategies and suicidal ideation.

Table 6 Linear Regression Analysis of Psychological Distress (Depression, Anxiety and Stress) Predicting Suicide Ideation among University Students (n=200).

Variables	B	SE	B
Constant	10.907	1.388	
Depression	.428	.288	.420
Anxiety	-.038	.204	-.029
Stress	-.099	.237	-.077
R ²	.114		
F	3.890		

Table 6 indicated that psychological distress is the predictors of suicidal ideation among. The result reveals significant regression equation between psychological distress and suicide ideation responded by university student. The table is statistically significant at $p < .05$ with variance R^2 of .114 and adjusted R^2 is .080. Results reveal that psychological distress predicts suicide ideation among university student.

DISCUSSION.

The present study's main objective was to examine psychological problems that university students experience, how these problems can cause various students to have suicidal thoughts, and how various coping mechanisms can be used to prevent suicidal thoughts caused by various psychological problems. For this purpose three scale were used that was Depression Anxiety Stress Scale (DASS-21) (Lovibond, & Lovibond, 1995), Coping Scale (Hamby, Grych, & Banyard, 2013) and the Scale for Suicide Ideation (Aaron Beck, Kovacs & Arlene Weissman, 1979)

One of the hypothesis of the study was that "There will be a positive correlation in psychological distress and suicide ideation" The study's findings showed a positive association between psychological distress and suicidal ideation (.329**). At the 0.01 level, correlation was found to be significant. (View table5). These findings were consistent with some earlier study, therefore it is expected that students who experience more psychological anguish and better subjective well-being will try suicide more frequently in order to avoid engaging in such behaviour. Consequently, the hypothesis was verified.

Snider (2011) observed a link between psychological distress and increased suicidal behaviour both in men and women through an ecological study that examined the geography of suicide among young people in New Zealand. According to Klonsky et al. (2016), there are two primary kinds of risk factors for suicidal behaviour and suicide: proximal (triggering) variables and distal (predisposing) ones. Suicide is directly influenced by proximal risk factors, which include hopelessness, sadness, memory loss, and mental diseases (such as bipolar disorder, anxiety disorders, and stress-related disorders). Predisposing risk factors, such as conflict, epigenetic changes, and genetic influences, frequently contribute to and/or interact with the proximal components indicated above (Franklin et al. 2017;

Turecki and Brent 2016). Others have discovered significant positive correlations between depression levels and that of anxiety. (Choi et al., 2011; Bantjes, Kagee, McGowan & Steel, 2016; Korb & Plattner, 2014; Wang et al., 2014).

Another hypothesis of this study was that “Depression Anxiety and stress will be the predicator of suicide ideation.” According to the study's findings (table 6), sadness, anxiety, and stress are the main triggers for suicidal ideation. According to estimates, linked mental illnesses (such as depression, substance misuse and addiction, anxiety disorders, sleep difficulties, and stress) account for more than 90% of suicides. In addition, the current study confirmed findings from other studies that stress, anxiety, and depression are risk factors for suicidal ideation. (Islam et al. 2020; Fleischmann et al. 2005; Franklin et al. 2017; Mamun and Griffiths 2020.). Hence different demonstrated a high and substantial link between suicide risk and depression. (Li et al. 2019).

The third hypothesis of the study was that “there will be a negative correlation in coping strategies and suicide ideation among university students”. The study's findings suggest a negative correlation between coping mechanisms and suicidal ideation (see table 5). Despite the fact that researchers have identified suicide-related risk factors such depression, inadequate coping mechanisms, greater avoidance of stressors, and a lack of deep social connections (John & Gross, 2004), In terms of predicting and preventing suicide, the work has had relatively modest effectiveness. This is due to the fact that although many people face comparable unfavourable situations but not everyone will think about suicide (Bazrafshan, Jahangir, Mansouri, & Kashfi, 2014).

Consequently, it is hypothesised that while some persons in a circumstance are more driven to commit suicide, others are more resilient and do not exhibit suicidal behaviours because they have powerful adaptive coping mechanisms via which they can handle a variety of issues and stressful situations. Suicidal tendencies have been proven to be reduced by active coping, and positive reframing has been shown to have a comparable impact. Both positive rethinking of the cognitive structure of a stressful transaction and adaptive coping skills—where active coping refers to actively removing or minimising stressors—are important. According to the study's findings, students who utilise these two coping mechanisms may find it easier to control their suicidal thoughts. Additionally, the use of instrumental support, planning, and acceptance was connected adversely with suicide even after adjusting for sociodemographic factors, indicating that these coping mechanisms may potentially be beneficial in lowering young people's suicide rates. (Zhang et al., 2012).

The last hypothesis of the study was that “There will be a negative correlation between psychological distress and coping strategies”. The study's findings reveal that psychological distress (depression, anxiety, and stress) and coping mechanisms are negatively related. (5th table). Students experience stress in some way, thus it is a part of their lives and can affect how they deal with the demands of college life (Ramos, 2011; Rourke et al., 2010). However, how students handle these stressors is heavily influenced by their personalities, perspectives, and previous experiences. According to the findings of Shamsuddin and coworkers (2013) in order to prepare for their professional jobs, to managing academic, social, and professional pressures, students also need to adapt to a variety of psychosocial transformations.

Task-oriented coping techniques had a substantial negative connection with mental health indicators (depression, anxiety, and stress). Family members who used emotional coping methods reported anxiety and tension, whereas those who employed task oriented coping strategies reported a low level of anxiety, despair, and stress. The task-oriented method, also known as the problem-focused strategy, is taking direct efforts to improve the situation and circumstances themselves in order to reduce the level of stress experienced. The emotional responses to stimuli are modulated in the emotional oriented coping technique. (Kariv & Hetman, 2005).

Rajappa, Gallagher, and Miranda (2011) explored the link between suicidal behavior and difficulty coping with negative emotions (also known as emotion management) (Miranda, Gaudreau, Debrosse, Morizot & Kirmayer, 2012). An individual with emotional regulation ability will be able to deal with both good and negative emotions that happen in a wide range of stressful and non-stressful situations (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). In 2011, Rajappa and colleagues

used various emotion regulation strategies to investigate the relationship between emotion regulation and suicide. For example, the sample included more than 15 young adults 20 with a previous suicide attempt, 17 with multiple suicide attempts, and more than 35 control participants with no history of suicide. The findings of that study demonstrated that resistance to these emotion management systems, as well as resistance to emotional reactions, highly predicted suicide ideation.

LIMITATIONS AND RECOMMENDATIONS

- This research contains drawbacks that can be avoided because it was conducted with little funding and time, but it can also offer recommendations for future studies.
- The research's sample size was small and consisted solely of residents of Peshawar, Khyber Pakhtunkhwa, Pakistan. Furthermore, there are several psychological issues that can arise in the life of a university student, but just a few are addressed in this study, namely depression, anxiety, and stress.
- The impact of gender differences, socioeconomic position, and family status (nuclear family and joint family) were not investigated, all of which can have an impact on students' mental health; also, different types of coping mechanisms were overlooked in this study. In future the impact of all mentioned variable along with birth order should be studied in order to increase the generalizability and the scope of the study.

Future Implications

Suicide is the largest cause of death among young people, particularly university students. Suicidal thoughts and behaviours can be prompted by psychological discomfort such as depression, anxiety, and stress; hence, understanding the role of coping methods is critical. The current study looked at the relationship between various types of psychological distress, coping methods, and suicidal ideation in university students.

Nonetheless, these findings may have significant repercussions. Active coping skills and developing a positive self-appraisal have been shown to be important for young people facing different psychological distress (depression, anxiety, and stress) and may help to reduce their suicide risks. While experiencing suicide thoughts and ideation, it is equally critical to urge help-seeking from family, peers, and other experts. Furthermore, this research could assist young people in recognizing the harmful effects of various psychological difficulties (depression, anxiety, and stress) and dealing with these issues utilizing various coping techniques to lower the risk of suicide.

CONCLUSION

This study shows that many types of psychological strain can contribute to suicidal ideation among university students. The purpose of this study was to discover how different types of psychological discomfort or distress, such as depression, anxiety, and stress, can lead to suicidal thinking. Furthermore, to identify the role of various coping methods in overcoming various levels of psychological distress in order to reduce suicide ideation among university students.

The findings of current study revealed a considerable positive relationship between psychological discomfort and suicidal ideation. Simply put, sadness, anxiety, and stress are risk factors for suicidal thoughts among university students. The findings show that students who experience high levels of psychological discomfort, such as depression, anxiety, and stress, are more likely to consider suicide than students who experience moderate levels of psychological distress. So, as the level of psychological discomfort (depression, anxiety, and stress) increases, so are the risks of suicidal ideation, and vice versa. Students who deal with their difficulties well are less likely to consider suicide, whereas students who do not deal with their problems well have a greater probability of developing suicidal thoughts. As a result, students who are psychologically troubled or who suffer from a mental health issue are more likely to have suicidal thoughts than students who have not experienced these issues. Therefore, from the results, it was also shown that those with high coping skills can deal with their challenging circumstances effectively, and as a result, there will be a low

ratio of mental disorders in such kind of students, while those with weak and negative coping skills are more commonly proven to many.

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