*Galore International Journal of Health Sciences and Research*
*[Indexed, Peer-Reviewed Journal]*
*Vol. 11; Issue: 3; July-Sept. 2026*
*Website: www.gijhsr.com*
*Original Research Article* *P-ISSN: 2456-9321*

# Depression: An exploration into Suicidal, Nonsuicidal Self-Injurious and Normal Young Adults

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**DOI: https://doi.org/10.52403/gijhsr.20260305**

## ABSTRACT

Nonsuicidal Self-injury and suicide are psychosocial and psycho-physiological concerns in youth. The present study aimed to 1) study the level of depression in normal, suicidal, and NSSI young adults, and 2) to compare the level of depression in normal, suicidal, and NSSI young adults. The Personal Data Schedule, Beck Depression Inventory-2 (BDI-2), and Structured Interview were administered to 200 young adults, 100 females, and 100 males. Of them, 30 (15 females and 15 females) were chosen at random as normal young adults, 22 (9 females and 13 males) reported NSSI, and 17 (5 females and 12 males) indicated suicidal thoughts. The study found a link between suicidal young adults and depression. In this study, we found that NSSI and normal young adults have less depression than suicidal young adults. Further studies required more sophisticated statistics, a larger sample size,

***Keywords:*** Depression, Nonsuicidal Self-injury (NSSI), Suicidal Thoughts, Young Adults.

## INTRODUCTION

Behavior, age, and change are all altering realities of development in life. Every developmental milestone comes with its own challenges. Successfully overcoming these hurdles indicates a well-adjusted personality; conversely, failing to meet developmental goals may lead to various issues with environmental adjustment. Challenges in adjustment affect human behavior and, subsequently, the interactions with parents, siblings, peers, and oneself. Because not all emotions and behaviors are interpreted adaptively, this is a concerning aspect of how the person manages themselves. Emphasis on these aspects, this study introduces depression in NSSI, suicidal, and normal individuals.

Nonsuicidal self-injury (NSSI) has been established as a novel diagnostic category in DSM-5 (APA, 2013). Nonsuicidal self-injury is defined by the International Society for the Study of Self-Injury (2018) as intentional, self-inflicted bodily tissue damage without suicidal intent and for reasons that are not socially or culturally acceptable. Cutting, burning, scraping, beating, and hammering are the most common techniques used in NSSI. NSSI is a serious health issue that can be dangerous if it persists and leads to suicide attempts (Grandclerc et al., 2016). (Prussien et al., nd) stated that before engaging in NSSI, some people reported experiencing emotions such as guilt, sadness, overwhelmed, anxiety, frustration, anger against themselves or others, low self-worth, and self-blame.

The common feature of all depressive disorders is the presence of a sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. Depressive disorders differ according to their duration, timing, or presumed aetiology. (APA, 2013). Depressive feelings are a factor in the occurrence of self-harm (Lundh et al., 2011), and depression is a common cause of suicidal thoughts (Roy, 2019). According to Hu et al., (2025), the NSSI adolescent exhibits increased impulsivity, decreased self-esteem, and higher levels of depression. Numerous studies have been conducted on depression and NSSI, as well as depression and suicidal thoughts in adolescents; there is a paucity of studies on young adulthood in Uttarakhand or throughout India.

The current study has the following aims:

1. To study the level of depression in normal, suicidal, and NSSI young adults.
2. To compare the level of depression in normal, suicidal, and NSSI young adults.

## MATERIAL & METHODS

The present study employed a mixed-methods research approach and an exploratory sequential design. Young adults (100 males and 100 females) residing in Nagar Palika Parishad, Pithoragarh, Uttarakhand, between the ages of 18 and 29 comprised the study's population. The study's randomly selected sample consisted of 69 (22 were NSSI, 17 were suicidal, and 30 were normal) young adults.

The sampling process was completed in two steps. The following steps are given below:

**Step 1:** Step one involved administering the Personal Data Schedule (PDS) and Beck Depression Inventory-2 (BDI-2) to 200 randomly selected young adults (100 males and 100 females) from different institutions in the Nagar Palika Parishad of Pithoragarh. 17 forms that weren't complete were first eliminated. The sample was excluded of 74 young adults who were pregnant, lactating, had a history of drug and substance misuse, or used medicine for any identified psycho-physiological issues. Next, 109 samples were examined for suicidal thoughts and symptoms of NSSI. 23 NSSI, 19 suicidal, and 67 normal young adults were detected. The tools were then administered on the selected sample.

**Step 2:** The purpose of the structured interview was to gather more data on self-harming behavior. 1 NSSI, 37 young adults, and 2 suicidal individuals were not available for the interview for this phase. Therefore, 69 young adults (22 NSSI, 17 suicidal, and 30 normal) were selected as the sample.

The following tools were employed in the current study:

- **Personal Data Schedule:** The researcher created this Personal Data Schedule. In this questionnaire, there are several questions relating to the personal lives of young adults, including name, father's name, mother's name, age, height, weight, address, etc.
- **Structured interview:** The researcher prepared this structured interview. The questions in this questionnaire are centred on the everyday routines of young adults, NSSI behavior, etc.
- **Beck Depression Inventory-2 (BDI-2):** The Beck Depression Inventory-second edition is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. The version of the inventory (BDI-2) was developed for the assessment of symptoms corresponding to criteria for the diagnosis of depressive disorder listed in the APA diagnostic and statistical manual of mental disorders. In BDI-2, 21 depressive symptoms and attitudes were chosen by Beck et al., (1961). These items are: 1) Mood, 2) Pessimism, 3) Sense of failure, 4) Self-dissatisfaction, 5) Guilt, 6) Punishment, 7) Self-dislike, 8) Self-accusations, 9) Suicidal ideas, 10) Crying, 11) Irritability, 12) Social withdrawal, 13) Indecisiveness, 14) Body image change, 15) Work difficulty, 16) Insomnia, 17) Fatigability, 18) Loss of appetite, 19) Weight loss, 20) Somatic preoccupation & 21) Loss of libido. The BDI consists of

4 scales. The cut score guideline for these scales from total scores of patients diagnosed with major depression is 0-13 for minimal depression, 14-19 for mild depression, 20-28 for moderate, and 29-63 for severe depression (Beck et al., 1996).

The reliability of the tool is .74 and the construct validity of the tool is 0.93.

### Statistical Analysis:

- **Descriptive Statistics:** The mean and standard deviation (SD) were computed to ascertain the attributes of dependent variables.
- **Inferential Statistics:** One-way ANOVA and least significant difference (LSD) were calculated as post hoc using SPSS-20.

## RESULTS

The sample is split up into three groups; information about each group is included in Table 1.

**Table 1: Sample Details**

| S. No. | Name Of Group | Male | Female | Sample Size |
|---|---|---|---|---|
| 1. | NSSI | 13 | 9 | 22 |
| 2. | Suicidal ideation | 12 | 5 | 17 |
| 3. | Normal | 15 | 15 | 30 |
| Total | | 40 | 19 | 69 |

**Table 2: Mean and SD of young adults in all three groups**

| Group | Dependent Variables | Mean | SD |
|---|---|---|---|
| **NSSI (N=22)** | Depression | 20.05 | 10.97 |
| **Suicidal (N=17)** | Depression | 35.65 | 10.43 |
| **Normal (N=30)** | Depression | 12.133 | 7.39 |

### Comparison of the groups on the level of Depression (BDI)

**Table 3: ANOVA on Depression (BDI)**

| S. No. | Sum of Square | Degree of freedom (df) | Mean Square | F value | Level of significance at 0.05 |
|---|---|---|---|---|---|
| **Between groups** | 6004.769 | 2 | 3002.384 | 33.871 | **SIG** |
| **Within groups** | 5850.304 | 66 | 88.641 | | |
| **Total** | 11855.072 | 68 | | | |

**Table 3.1: Post hoc: Least Significant Difference (LSD) on Depression (BDI)**

| Groups (I) | Comparisons to groups (J) | Mean Difference (I-J) | Std. Error | Level of significance at 0.05 |
|---|---|---|---|---|
| NSSI | Suicidal | -15.60 | 3.04 | **SIG** |
| | Normal | 7.91 | 2.64 | **SIG** |
| Suicidal | NSSI | 15.60 | 3.04 | **SIG** |
| | Normal | 23.51 | 2.86 | **SIG** |
| Normal | NSSI | -7.91 | 2.64 | **SIG** |
| | Suicidal | -23.51 | 2.86 | **SIG** |

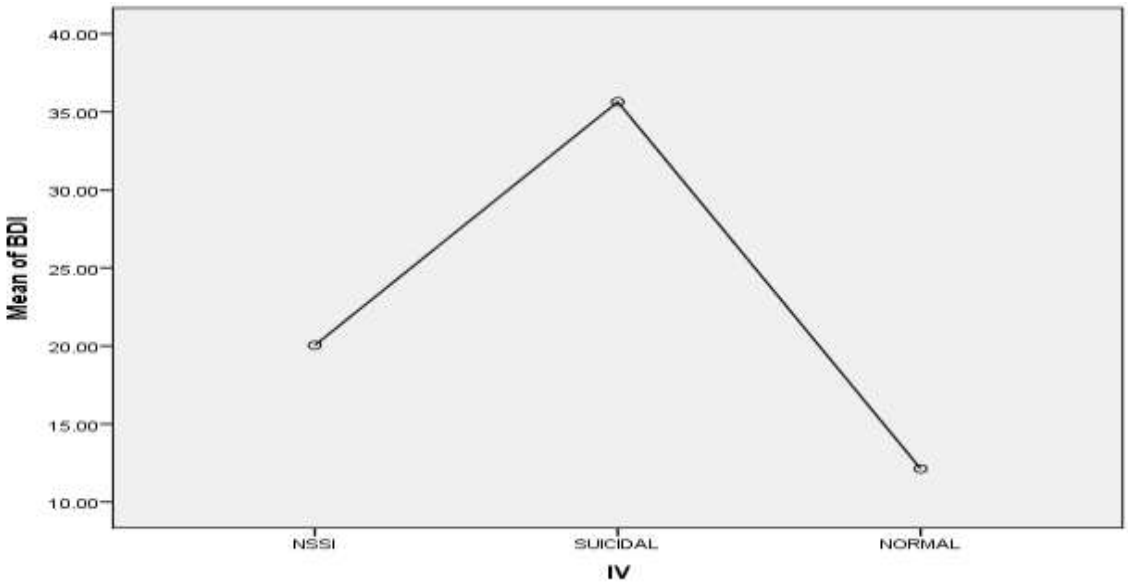


**FIG 1: Plotting of the mean of Depression (BDI)**

On observing the results on depression (BDI) in Table 3 were revealed that there is a significant difference among the groups. On analyzing Table 3.1, it was deduced that the group NSSI, suicidal, and normal young adults had a significant difference in the level of depression, with all three groups. FIG. 1 shows that the mean of depression was higher in suicidal young adults than in NSSI and Normal young adults.

## DISCUSSION

The study unfolded the role of depression in normal, suicidal, and NSSI young adults. Shahar, et al., (2006) observed that the characteristics of severely suicidal young adults are linked to depressive symptoms. The present study also found a link between suicidal young adults and depression. In this study, we found that NSSI and normal young adults have less depression than suicidal young adults.

Knorr et al., (2017) reported significant relationships between major depressive disorder and NSSI on current suicide risk. Izadinia et al., (2010) revealed that suicidal thoughts and depression are positively and significantly correlated with each other.

As a supporting statement of the current study, Brazier (2018) stated that suicidal thoughts are widespread, and many individuals have them when they are depressed or under stress. These are usually transient and treatable, but occasionally they put the person in danger of trying or committing suicide. While some may attempt suicide, the majority of people who have suicidal thoughts do not follow through. Anyone experiencing suicidal thoughts ought to get help.

## CONCLUSION

In the present study, all three groups have significantly different results. Results revealed that suicidal young adults have more depression in comparison to NSSI and normal young adults. To concluding, the research is very clear that depression leads to suicidal thoughts and NSSI behaviour also. In conclusion, it is abundantly evident from the study that depression causes both NSSI behavior and suicidal ideation.

### *Declaration by Authors*

**Ethical Approval:** Approved
**Acknowledgement:** None
**Source of Funding:** None
**Conflict of Interest:** The authors declare no conflict of interest.

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How to cite this article: Kiran Kharka, Vallari Kukreti, Madhulata Nayal. Depression: an exploration into suicidal, Nonsuicidal self-injurious and normal young adults. *Gal Int J Health Sci Res*. 2026; 11(3): 41-45. *DOI: https://doi.org/10.52403/gijhsr.20260305*

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