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SUICIDE: SOCIAL AND MENTAL HEALTH ASPECTS

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ABSTRACT

Suicide is an important social problem which is a common case of all societies. Suicidal thoughts and attempts emerge when the person is faced with a psychologically and physically destructive event and she/he cannot solve the problem.

It is thought that suicide behavior is a result of not only personal or social problems but also fundamentally biological, psychiatric/psychological and social factors. Furthermore, sociodemographic factors like gender, age, marital status, vocation, education status, economic level affect suicide attempts as well.

This study discusses how to put forward suicide attempts and risk factors and solutions to prevent suicides so that it can contribute to formation of protective health policies in order to stop suicides.

Health professionals are responsible for legal notices which are issued when such events defined as "suicide attempts" occur and these attempts don't result in deaths within the scope of notification responsibility belonging to them.

As a result, it is suggested that risk factors of suicide be evaluated as a social psychological problem, physical and mental conditions of people who have attempted to suicide before be monitored regularly, suicidality be investigated within the society, treatment methods and prevention programs be assessed in terms of efficiency.

Key Words: Suicide, suicide attempt, risk factors, prevention

BİR TOPLUM RUH SAĞLIĞI SORUNU OLARAK İNTİHAR

Özet

İntihar bütün toplumlarda ortak olarak görülen önemli bir toplumsal sorundur. İntihar ile ilgili düşünceler ve girişimler, bireyin ruhsal ve/veya fiziksel açıdan yıkıcı bir olay ile karşılaştığında ve bu olayı çözümleyemediği durumlarda ortaya çıkmaktadır.

İntihar davranışı sadece bireysel veya toplumsal sorunların sonucu olmayıp temelde biyolojik, psikiyatrik/psikolojik ve toplumsal etmenlerin bir bileşkesi sonucu oluştuğu düşünülmektedir. Ayrıca cinsiyet, yaş, medeni durum, meslek, eğitim düzeyi, ekonomik düzey gibi sosyodemografik etmenler de intihar girişimini etkilemektedir.

Bu çalışmada intiharları önlemeye yönelik koruyucu sağlık politikalarının oluşturulmasında yararlı olabilmesi amacıyla intihar girişimleri ve risk faktörlerinin ortaya konulması ve intiharları önlemeye yönelik çözüm önerileri tartışılmıştır.

"İntihar girişimleri" olarak nitelendirilen ve bu girişimlerin ölümle sonuçlanmaması durumunda bu eylemlerle ilgili olarak yapılan adli ihbarlar sağlık çalışanlarının ihbar yükümlülükleri arasında yer almaktadır.

Sonuç olarak, bir toplum ruh sağlığı sorunu olarak intiharın risk faktörlerinin değerlendirilmesi, intihar girişiminde bulunan kişilerin fiziksel ve ruhsal durumlarının düzenli takip edilmesi, toplumda intihar girişimi eğilimlerinin takip edilmesi, tedavi yöntemlerinin ve önleme programlarının etkinliğinin değerlendirilmesi önerilmektedir.

Anahtar Kelimeler: İntihar, intihar girişimi, risk faktörleri, önleme

1. Introduction

Suicide is defined as "ending his/her own life by herself/himself and behaving in an extreme way which will put her/his own life under risk because of social and psychological reasons" (Öztürk, 2014). Suicidal behavior is a quite general term, and it contains three basic behaviors called "completed suicides, suicide attempts and suicidal thoughts" according to Eskin (2003). On the other hand, suicide possibility is defined as "a deed which may result in death and is carried out by the person intentionally or the condition under which another deed or deeds being necessary for the survival are not carried out intentionally" (Eskin, 2003; Öksüz and Bilge, 2014).

World Health Organization (WHO) divides suicides into two parts as real suicides (completed) and suicide attempts. Real suicides are suicides resulting in deaths, and suicide attempts contain all nonfatal deliberate attempts which the person shows in order to destruct or poison herself/himself, damage to herself/himself. (Gürkan and Dirik, 2009; Yavuz et al., 2006). The fact that rates of suicide and forms of suicide range from one society to another and suicide ways and rates may vary even in different sections of the same society indicates that social events affect suicides. (Odağ, 1995; Langford et al., 1998).

Suicide is an incident which occurs with the impacts of psychological, social, pecuniary and cultural factors, and thoughts and attempts to suicide appear when the person is faced with a devastating event in terms of mental and/or physical viewpoints and when she/he cannot solve such problems. Although suicide shows a general increase in global sense, the rates differ among societies. Social structure, traditions, religious beliefs and social identities of each country are significant factors which have effects on suicidal behaviors. However, rates of suicide attempts are much more than those of suicides which result in deaths, and they differ according to gender, education status and age among sociodemographic variables (Gürkan and Dirik, 2009; Foster et al., 1999).

This study discusses how to put forward suicide attempts and risk factors and solutions to prevent suicides so that it can contribute to formation of protective health policies in order to stop suicides.

2. Risk factors for suicide

Suicide behavior is not only a result of personal and social problems but it is also fundamentally thought as a resultant of biological, psychiatry/psychological and social effects (Sayıl, 2002). It is thought that there is a relationship between suicide attempts and many mental illnesses such as firstly depression and socioeconomic factors like alcohol and drug addiction, negative domestic interactions, inadequacy of social collaboration, economic problems and migration (Gould et al., 1990) Moreover, sociodemographic factors such as gender, age, marital status, vocation, education status, and economic conditions also affect suicide attempts (Gould et al., 1996; Foster et al., 1999; Stack, 2000).

Suicide is an important social problem which is also a common problem of all societies. According to data of TUIK (Turkish Statistical Institute) (2015), suicide events occurring within a year have been evaluated and it has been found out that it changes from 3169 to 3211 with 1,3% increase rate. It can be seen that 72,7% of people committing suicide are male and 27,3% of them is female (Özgüven and Sayıl, 2003; Şahin and Batıgün, 2009; Türkiye İstatistik Kurumu (TÜİK), 2015).

Suicide is an incident with which people from different ages are faced. (Beautrais et al., 1999) There are some studies which indicate suicide rates increase especially for young people all over the world and in Turkey (Küçüker and Aksu, 2002) 34,3% of people committing suicide in 2015 are in age group

between the ages of 15 and 29 when people commiting suicide are considered in terms of age groups. (Türkiye İstatistik Kurumu (TÜİK), 2015). When people commiting suicide are considered in terms of gender it can be seen that whereas the highest rate is 18% for women between the ages of 15 and 19 the highest rate is 12,8% for men between the ages of 20 and 24. It is found out that 33,3% of men committing suicide and 46% of women commiting suicide are people under the age of 30. When marital status, another variable, is considered according to gender it is established that 54% of men commiting suicide are married and 36,4% of them have never got married, and 41,1% of women commiting suicide are married and 41% of them have never got married (Türkiye İstatistik Kurumu (TÜİK), 2015).

Research in Turkey asserts that more than the half of people who have died as a result of suicide for the last five years are young people and the foremost reason of their suicides is the fact thay they feel under pressure and they couldn't get enough attention. On the other hand, the fact that young people couldn't develop the ability to solve their problems may cause suicides. Additionally, it has been found out that the reasons like severe childhood depressions, socialization drawback and identity crisis, strong conflicts within family and immediate environment, physical violence to which he/she is exposed in the company of peers, loss of a loved person, fierce pressure by families, feeling to fail by children, school report syndrome for children are among reasons of suicides in childhood and adolescence phases Sonuvar, 1985; Çakmak et al., 1988; Küçüker and Aksu, 2002; Atay and Kerimoğlu, 2003).

Low socioeconomic conditions are one of the significant risk factors for suicide attempts. It is stated that more than the half of people attempting to suicide in Europe are in the group with low socioeconomic conditions (Deveci et al., 2005).

Studies which deal with reasons why people are pushed to suicide in adolescence period put emphasis on such reasons as existence of a suicide attempt story beforehand, bad health conditions, exposure to domestic violence, traumatic events, alcohol and drug addiction. On the other hand, it has been found out such reasons as umemployment and/or migration weaken social bonds and affect suicide behavior. A study brings out that adolescents attempting to suicide have mood disorders, previous suicide attempts and alcohol and/or drug addictions. Moreover, it has been stated that adolescents having attempted to suicide beforehand have loss of a parent and 80-90% of them have psychological disorders (Sayar Öztürk and Acar, 2000; Uçan, 2005). According to results of a study which is carried out via 683 people between the ages of 15 and 65, people have less eagerness to maintain his/her own life and suicidal thoughts are increasing within this group in parallel with these findings (Batıgün, 2005). Another study puts forward that suicide rates are more for the group between the ages of 15 and 34 than other age groups (Atay, Eren and Gündoğar, 2012).

Gender is also a variable which is investigated within two categories among suicide reasons. While rates of men are more those of attempts to suicide by women in terms of completed suicides suicide attempts by women are more than those by men (Öztürk, 2014). On the other hand, 54% of men who attempted to suicide in 2015 are married and 36,4% of them are single (never got married); 41,1% of women who attempted for suicide in the same year are married and 41% of them are single (never got married) if we consider marital status in terms of gender (Türkiye İstatistik Kurumu (TÜİK), 2015).

As education level decreases rates of suicide increase (Yiğit, Söyüncü and Berk, 2010). It has been stated that university graduates have less possibility of committing suicide compared to elementary education and high school graduates (Batıgün, 2005). It has been indicated that 22,2% of people who attempted to suicide in 2014 are primary school graduates, and this rate ascends to 23,7% in 2015. These rates are followed by 21,4% rate by elementary school graduates, 20,9% rate by high school and their equivalents graduates, 11,7% rate by higher education graduates (Türkiye İstatistik Kurumu (TÜİK), 2015).

Unemployment and financial difficulties are among important risk factors with regard to suicide and suicide attempts (Rutz, 2006) and it has been stated as well that suicide attempts are more common among people, especially the ones with low socioeconomic opportunities (Öztürk, 2014).

The fact that a person has attempted to suicide before is the most significant factor for the next suicide attempt. A study which is conducted via people between the ages of 15 and 24 puts forward that 47,6% of people having attempted to suicide before have felt the desire to die at least for two weeks, and 44,4% of them have had suicide thoughts before and 31,7% of them have attempted to suicide before. For this reason, it is of great importance to monitor people with stories about suicide attempts medically (Güleç and Aksaray, 2006).

Psychiatric illnesses and suicide are phenomena which affect each other and this case is one of the risk factors for people (Öztürk, 2014). A previous study indicates that three people out of four who have applied to emergency because of suicide attempt have been diagnosed with at least one psychiatric illness, and another study shows that 90-95% of such people share the same case too. There are many studies which state there is an important relationship between suicide and depression, and it has been indicated that depression together with desperatenees is the strongest trigger for suicide (Goldston et al., 2009) A study carried out with 600 people between the ages of 18 and 65 in Turkey has showed that there is an increase in death thoughts and suicide for people diagnosed with major depression, and common anxiety disorder is more often for people who have attempted to suicide before. It has been observed that death thoughts bear great importance for the development of panic disorder and specific phobia (Atay, Eren and Gündoğar, 2012). A comprehensive study which deals with 2964 completed suicides in Japan has showed that people have been diagnosed with firstly major depression at most, secondly mood disorders and psychotic disorders, respectively dementia, sleep disorder, adjustment disorders, personality disorders, eating disorders, obsessive compulsive disorder and alcohol and drug disorders (Takizawa, 2012).

Life stressors have an important effect on suicide etiology. When many stress factors like marriage problems, family problems, physical illnesses, economic difficulties and failure in education life of students are taken into account skills to deal with problems and solve them gain great importance (Şevik, Özcan and Uysal, 2014) A study carried out with people who have psychiatric disease and get outpatient care has detected that problem solving ability are among significant reasons of suicide thoughts and attempts (Eskin, Akoğlu and Uygur, 2006). Another study has also showed that 74,2 % of people who are between the ages of 15 and 24 and have attempted to suicide thought that they couldn't solve their problems and chose suicide as a liberation from the life (Ertemir Ertemir, 2003). On the other hand, another study carried out with high school and university students has stated that the fact that problem solving ability of people is not enough and their anger/aggression and impulsivity is high triggers suicide possibility (Batıgün and Şahin, 2012).

A person with suicidality chooses the easisest material, place, method and time to find in order to attempt to suicide. Suicide methods which are used vary according to age groups, sociologic and cultural conditions. It is found out that the most frequently used methods in Turkey are using guns and sharp objects, suffocation, jumping from a high place, taking overdose (Küçüker and Aksu, 2002).

Family is defined as "a social unity consisting of mother, father, children and relatives having blood relations" (Gökçe, 1996). Unsolved problems cause people to be deprived of such feelings as love, respect, affection, trust and belonging and to be psychologically affected in a negative way (Sungur, 1998). Studies show that family structure is an important determinant for suicidality by people. Techonological developments make people lonely and cause a variety of problems for families, the basic unit of the society, cause social life of people to be negatively affected and consequently cause them to show tendency towards suicide. Disruption of domestic communication and family integrity cause love, respect and affection feelings of people to be wiped out, cause family integrity not to be maintained and consequently result in increase in suicide possibility (Beskow and Wasserman, 1996).

3. Responsibility of Legal Notice by Health Professionals

Firstly doctors and then all health professionals have the duty to protect human life and health which is guaranteed under Constitution of Turkish Republic without any doubt (Güleç and Aksaray, 2006) Another responsibility of health professionals is to notify legal authorities about criminal deeds which they have realized during treatment, and to help social order to be kept and losses of personal rights to be prevented. The boundaries of responsibility of doctors and other health professionals bear great importance. There is responsibility of legal notice about conditions which negatively affect health of people in this age when health is defined as "not only nonexistence of illness and disability but also a complete physically, mentally and socially wellness condition". The best example for such cases is legal notices carried out for acts which are described as "suicide attempts" and when they don't result in death. There are "injuries defined as suicidal attempts" under the heading of deeds whose legal notices must be carried out in a number of forensic science resources nowadays (Hayran, Sur and Çevik 1998; Gündoğmuş et al., 2004).

Legal responsibilities of health professionals are stipulated in Article 280 of Turkish Criminal Code. It stipulates that:

(1) A health professional gets punishment reaching one year if she/he doesn't inform authorities or is late to do it although she/he comes across a sign showing a crime is committed.

(2) A health professional means doctor, dentist, pharmacist, midwife and other people giving health service (Türkiye Büyük Millet Meclisi (TBMM), 2004; Yiğit et al, 2010). This notice means such a noticification in order to inform concerning people by health professionals here. Notice is not expertness or witnessing. It has been stated that it is conflicting in terms of responsibility of legal notice that it gives the opportunity to the doctors and health professionals not to be a witness as it is accepted as a professional secret on one hand; on the other hand, it also gives notification responsibility (Erem, 1993).

4. Treatment of Suicide Facts and Prevention of Suicide

As suicide cannot be explained via only one reason, this case must be taken into consideration for efforts to prevent it. In other words, biological, psychological, sociological, social and cultural phenomena may create suicide behavior. The fact that reasons of suicide behaviours are very complicated causes the solution to be complex as well (Leenaars, 2005).

The general aim of prevention studies for suicide is to learn about suicidal thoughts and develop attitudes and techniques to prevent it (Küçüker and Aksu 2010). Instead of focusing on one factor or a few risk factors, evaluation of many reasons which interact with each other in a comprehensive way and with biopsychosocial integrity must be needed for prevention studies (Çakmak et al., 1988). Suicide is a social phenomenon which can be prevented if it is foreseen. Reasons of suicide must be found out so that it can be prevented. For this reason, physical, economic, social and psychological matters of people must be investigated. People who are under the risk must be considered, and people with suicidality must be detected. Furthermore, early diagnosis and treatment of major depression which is very common in some regions of the society is a very important indicative for decrease in suicide attempts. The route for treatment of depression must be appropriate for people; collaboration of the person and her/his family is necessary. Moreover, factors which result in depression must be investigated and tried to be decreased. Usage of medications which have negative effects on psychological conditions msut be provided with great care. Physical illnesses and psychological disorders msut be investigated holistically, and a fast and effective treatment must be applied in order to minimize suicidality (Sonuvar, 1985).

Following suicide attempt of the person, if suicide thought of the person is still available this means that the crisis which create suicide attempt has not been solved; if the person has suicide plan this means that high risk is still in question. Desperateness feelings, physical illnesses during chronic or terminal periods increase suicidality for people. Attempts for suicide at a lower danger rate, for instance medications with little dosage and/or lacerations (cut on the skin) don't have much risk and the person will

probably survive. If the family and/or friends of the person attempting to suicide is with him/her and the events which trigger the crisis have the possibility of being solved the patient will be discharged from emergency service and she/he may be led for outpatient care. Attempts such as medications with much dosage, knife wounds, jumping from places with medium height bear medium danger level. If the person still has suicide thoughts after the attempts with medium danger level and/or she/he has a psychological disorder needing acute treatment foreseeing dangerous cases to emerge and monitoring patients for proper care will be required. If the person who has attempted for suicide doesn't accept seriousness of the case, he/she is not willing for outpatient care and relatives of the person cannot help he/she must be hospitalized in a psychiatry clinic (Sayar et al., 2000).

A person who goes to a hospital because of suicide needs emergency medical intervention at the fist instance. This intervention is important for the survival of the person. If the person has consciousness he/she must be contacted (Uçan, 2005). Psychotherapautic and pharmacological agents are used for the treatment of people with suicidality (Atay, Kerimoğlu, 2003). However, it is important for these patients that little medication should be used, agents with little toxic effect should be preferred and medications of people needing outpatient care should be given by their relatives in a controlled way (Uçan, 2005). The whole team of mental health and diseases. If the team members keep in touch about patients and they collaborate with each other this will contribute much to getting more information about patients and treatment process (Batıgün, 2005).

Health professionals have important duties and responsibility for prevention of suicides. Health professionals providing health service must be informed about suicide and prevention of it at the first stage. What is needed can be summarized like that: appropriate medical and psychological approaches should be employed for the person in the state of crisis, fast and effective treatment should be applied for people attempting to suicide and their families by people educated on this issue, required psychological support should be provided, a database must be created about suicides by means of registration system, and there should be information sharing among team members by means of interdisciplinary collaboration. On the other hand, diagnosis and treatment of people with psychological disorders must be provided by means of education of people treating the patients and health professionals. Quickest treatment and rehabilitation of people with suicidality by health professionals and detecting and transferring people with suicidality to experts are among aims of health professionals. It is needed that suicide prevention centers should be founded, regular psychological/psychiatric counseling services should be provided for people with major depression diagnosis and high suicidality and the society should be educated about this issue in order to decrease potential suicidality. Concerning policies and laws should also back up studies (for instance, gun control, medication supply, usage of alcohol and drug) about foundations, institutions and people within the scope of mental health in order to prevent and/or decrease suicide. Mass media should capture the attention about reasons of suicide in this field and they should not publish news which promotes the case. As a result, vocational, social and legal regulations including personal efforts must be arranged in order to decrease global suicide rates (Atay et al., 2012; EMS, 2013).

Interdisciplinary and business-to-business studies are suggested for the prevention of suicide. Suicide could be diagnosed early and prevented thanks to mutual studies by institutions and foundations and educational studies to be undertaken socially. A national health plan in which experts of different subjects will be in a variety of commissions via collaboration among foundations must be developed (Beautrais et al., 1999; WHO, 2013).

5. Results

It is a known fact that the number of people committing suicide or attempting to it ranges from one society to another and even from one region to another in the same society (De Leo, 2002; De Leo, 2002). People may apply to suicide in order to get rid of negative physical and emotional cases which

increase depending on life stressors. The person attempting to suicide may aim to explain that she/he cannot solve problems and she/he feels desperate by ending her/his life. Health professionals must deal with each suicide attempt with care; they must have an active role in early diagnosis and treatment of suicide by evaluating both patients attempting for suicide and risky groups in the society (Ertemir ve Ertemir, 2003).

As a consequence, it is suggested that risk factors of suicide, as a mental health problem of the society, should be evaluated, physical and mental states of people attempting to suicide must be followed regularly, suicidality in the society should be investigated, and effectiveness of treatment methods and programs must be assessed (Batıgün ve Şahin, 2012). As long as suicide is an important mental health problem of the society studies about effectiveness of national health policies and national institutions being responsible for this problem must proceed (Gökçe, 1996).

KAYNAKLAR

1. Atay, İ.M., Eren, İ., Gündoğar, D. (2012). Isparta İl Merkezinde İntihar Girişimi, Ölüm Düşünceleri Yaygınlığı ve Risk Faktörleri. *Türk Psikiyatri Dergisi,* 23(2), 87-98.
2. Atay, I.M., Kerimoğlu, E. (2003). Ergenlerde İntihar Davranışı. Ç*ocuk ve Gençlik Ruh Sağlığı Dergisi,* 10, 128-136.
3. Batıgün, A.D. (2005). İntihar Olasılığı: Yaşamı Sürdürme Nedenleri, Umutsuzluk ve Yalnızlık Açısından Bir İnceleme. *Türk Psikiyatri Dergisi,* 16(1), 29-39.
4. Batıgün, A.D., Şahin, N.H. (2012). Öfke, Dürtüsellik ve Problem Çözme Becerilerindeki Yetersizlik Gençlik İntiharlarının Habercisi Olabilir mi? *Türk Psikoloji Dergisi,* 18(51), 37-59.
5. Beautrais, A.L., Joyce, P.R., Mulder, R.T. (1999). Personality traits and cognitive *Threat Behav*, 29, 37-47.
6. Beskow, J., Wasserman, D. (1996). İsveç'te İntiharın Önlenmesiyle İlgili Ulusal Bir Program*, Kriz Dergisi,* 4(1), 13-16.
7. Çakmak, D., Aslanoğlu, K., Akman, M.B. (1988). İntihar Nedeniyle Acil Dahiliye Polikliniğine Başvuran Hastalarda Psikopatolojik Değerlendirme. XXIV Ulusal Psikiyatri ve Nörolojik Bilimler Kongresi, Ankara: *Saypa Matbaası*, 214-217.
8. De Leo, D. (2002). Struggling Against Suicide: The Need for An Integrative Approach. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *23*(1), 23-31.)
9. De Leo, D. (2002). Why Are We Not Getting Any Closer to Preventing Suicide?. *The British Journal of Psychiatry*, *181*(5), 372-374.)
10. Deveci, A., Aydemir, O., Mızrak, S. (2005). Sociodemographic Traits of People Attempting for Suicide, Stress Factors, and Psychological Disorders. *Journal of Crisi*, 13(1), 1-9.
11. Erem, F. (1993). *Annotation of Turkish Penal Code Special Provisions*, CIII, Ankara: Seçkin Publishing, 2066-2070, 2580-2585.
12. Ertemir, D., Ertemir, M. (2003). Gençlerin İntihar Girişimlerinin Özellikleri. *Düşünen Adam Psikiyatri ve Nörolojik Bilimler Dergisi,* 16(4), 231-234.
13. Eskin, M. (2003). *İntihar*. Ankara: Çizgi Tıp Yayınevi.
14. Eskin, M., Akoğlu, A., Uygur, B. (2006). Ayaktan Tedavi Edilen Psikiyatri Hastalarında Travmatik Yaşam Olayları ve Sorun Çözme Becerileri: İntihar Davranışı ile İlişkisi. *Türk Psikiyatri Dergisi,* 17(4), 266-275.
15. Foster, T., Gillespie, K., McClelland, R., Patterson, C. (1999). Risk Factor for Suicide Independent of DSMIII-R Axis I Disorder. *Br J Psychiatry*, 175(2), 175-179.
16. Gökçe, B. (1996). *Türkiye'nin Toplumsal Yapısı ve Toplumsal Kurumlar*. Ankara: *Savaş Yayınevi.*
17. Goldston, D.B., Daniel, S.S., Erkanli, A., Reboussin, B.A., Mayfield, A., Frazier, P.H., Treadway, S.L. (2009). Psychiatric Diagnoses As Contemporaneous Risk Factors for Suicide Attempts Among Adolescents and Young Adults: Developmental Changes. *Journal of Consultingand Clinical Psychology,* 77(2), 281. doi: 10.1037/a0014732.
18. Gould, M.S., Wallenstein, S., Kleinman, M. (1990) Time-Space Clustering of Teenage Suicide. *Am J Epidemiology*, 131(1), 71-78.
19. Gould, MS., Fisher, P., Parides, M., Flory, M., Shaffer D. (1996). Psychosocial Risk Factors of Child and Adolescent Completed Suicide. *Arch Gen Psychiatry*, 53, 1155-1162).
20. Güleç, G., Aksaray, G. (2006). İntihar Girişiminde Bulunan Gençlerin Sosyodemografik-Sosyokültürel ve Aile Özelliklerinin Değerlendirilmesi. *Türk Psikiyatri Dizini,* 44(3), 141-150.
21. Gündoğmuş Ü., Özbek V., Özkara E., Biçer Ü., Yıldız M., (2004) Responsibility of Legal Notice by Health Professionals. Journal of Forensic Medicine, 18 (2), 38-44.
22. Gürkan, B., Dirik, G. (2009). Üniversite Öğrencilerinde İntihar Düşünce ve Davranışları ile İlişkili Faktörler: Yaşamı Sürdürme Nedenleri ve Baş Etme Yolları. *Türk Psikoloji Yazıları,* 12(24), 58-69.
23. Hayran, O., Sur H., Çevik. (1998). *Health and Illness Terms, Booklet for Health Services*. İstanbul: Ed Publishing.

24. http://www.sprc.org/sites/default/files/resource-program/EMS.pdf Emergency Medical Services (EMS). The Role of Emergency Medical Services Providers in Preventing Suicide (2013). Access Date: 20th November 2016.
25. http://www.tuik.gov.tr/PreHaberBultenleri.do?id=21516. TUIK (Türkiye İstatistik Kurumu) (2015). İntihar İstatistikleri. Erişim: 30 Eylül 2016.
26. http://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf?ua=1 World Health Organization (WHO). Mental Health: Suicide prevention (2013). Access Date: 20th November 2016.
27. https://www.tbmm.gov.tr/kanunlar/k5237.html TBMM (Türkiye Büyük Millet Meclisi) (2004). Access Date: 20th November 2016.
28. Küçüker, H., Aksu, A. (2002). Elazığ'da Görülen İntihar Olgularının Adli Tıp Açısından İncelenmesi. *Düşünen Adam Dergisi,* 15(1), 16-20.
29. Langford, R.A., Ritchie, J., Ritchie, J. (1998). Suicidal Behavior in A Bicultural Society: A Review of Gender and Cultural Differences in Adolescents and Young Persons of Aotearoa/New Zealand. *Suicide Life Threat Behav*, 28, 94-106.
30. Leenaars A. (2005). Effective Public Health Strategies In Suicide Prevention Are Possible: A Selective Review of Recent Studies. Clinical Neuropsychiatry, 2(1):21-31). doi: 10.1093/ilar.46.3.269.
31. Odağ, C. (1995). *Suicide*. İzmir: Publishing of İzmir Psychiatry Association.
32. Öksüz, E.E., Bilge, F. (2014). Üniversite Öğrencilerinin İntihar Olasılıklarının İncelenmesi. *Hacettepe Üniversitesi Eğitim ve Bilim Dergisi,* 39, 171.
33. Özgüven, H.D., Sayıl, I. (2003). Suicide Attempts in Turkey: Results of The Who-Euro Multicentre Study on Suicidal Behaviour. *Can J Psychiatry,* 48(5), 324-329.
34. Öztürk, Ö. (2014). *İntihar Olasılığı ve Aile İşlevselliği Arasındaki İlişkide Bilişsel Esneklik ve Belirsizliğe Tahammülsüzlük Değişkenlerinin Aracı Rolü*. (Yayınlanmamış *Yüksek Lisans Tezi*) Ankara Üniversitesi/Sosyal Bilimler Enstitüsü, Ankara.
35. Rutz, W. (2006). Social Psychiatry and Public Mental Health: Present Situation and Future Objectives. Time for Rethinking and Renaissance*? Acta Psychiatr Scand Suppl,* 429, 95-100. DOI: 10.1111/j.1600-0447.2005.00725.x.
36. Şahin, N., Batıgün, A. (2009). Lise ve Üniversite Öğrencilerinde İntihar Riskini Belirlemeye Yönelik Bir Modelin Sınanması. *Türk Psikiyatri Dergisi,* 20(1), 28-36.
37. Sayar, M.K., Öztürk, M., Acar, B. (2000). Aşırı Dozda İlaç Alımıyla İntihar Girişiminde Bulunan Ergenlerde Psikolojik Etkenler. *Klinik Psikofarmakoloji Bülteni*, 10, 133-138.
38. Sayıl, I. (2002). Suicide Behavior and Its Epidemiology. Psychiatry Epidemiology. O. Doğan (Ed.), İzmir: *Ege Psychiatry Publishing*, 118-123.
39. Şevik, A.E., Özcan, H., Uysal, E. (2014). İntihar Girişimlerinin İncelenmesi: Risk Faktörleri ve Takip. *Journal of Mood Disorders*, 3, 110-114.
40. Sonuvar, B. (1985). Gençlerde İntihar Ve İntihar Girişimleri. XXI. Ulusal Psikiyatri ve Nörolojik Bilimler Kongresi, *Bilimsel Çalışmalar Kitabı*, 26-28.
41. Stack, S. (2000). Suicide: A 15-Year Review of The Sociological Literature. Part II: Modernization and Social Integration Perspectives. *Suicide Life Threat Behav*, 30, 163-176.
42. Sungur, Z. (1998). İntihar Olgusunun Sosyal ve Demografik Değişkenler Açısından Değerlendirilmesi ve Eskişehir Bölgesi'nde Bir Uygulama Çalışması. (*Yayımlanmamış Yüksek Lisans Tezi).* Anadolu Üniversitesi/Sosyal Bilimler Enstitüsü, Eskişehir.
43. Takizawa, T. (2012). Suicide Due To Mental Diseases Based On The Vital Statistics Survey Death Form. *Nihon Koshu Eisei Zasshi,* 59, 399-406.
44. Uçan, Ö. (2005). *Türkiye'de İntiharı Konu Alan Yayınlar Üzerine Bir Bibliyografya Çalışması.* (*Yayımlanmamış Yüksek Lisans Tezi*) Ankara Üniversitesi/Sağlık Bilimleri Enstitüsü, Ankara.
45. Yavuz, Y., Yürümez, Y., Küçükler, H., Demirel, R., Küçük, E. (2006). Review of Deaths Resulting from Suicides. *Journal of General Medicine* 16, 181-185.
46. Yiğit, Ö., Söyüncü, S., Berk, Y. (2010). Kimler İntihar Girişiminde Bulunuyor? Bir Acil Servisin Deneyimleri. *Yeni Sempozyum Dergisi,* 48(2), 122-128.