Policy Research Journal
ISSN (E): 3006-7030 ISSN (P): 3006-7022 Volume 3, Issue 3, 2025

PSYCHOLOGICAL DISTRESS AND SUICIDAL IDEATION AMONG EMERGING ADULTS OF UOG

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DOI: http://doi.org/10.5281/zenodo.22247028

Keywords
Psychological Distress, Depression, Anxiety, Stress, Suicidal Ideation, Emerging Adulthood

Article History
Received: 24 January 2025
Accepted: 06 March 2025
Published: 21 March 2025

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Abstract
The current study was conducted with an aim to investigate psychological distress that is conceived through depression, stress and anxiety which are serving as predictors for suicidal ideations among developing adults. Using quantitative cross- sectional research design, data were collected from 274 participants that aligned with the required the age limit of emerging adulthood from University of Gujrat using Depression, Anxiety, Stress Scale (DASSS-21) and Suicidal Behavioral Questionnaire Revised (SBQ-R). Data was analyzed using SPSS-24, results indicated a positive correlation between depression, stress, anxiety and suicidal ideation with depression having the strongest link with suicidal ideation succeeded by anxiety and stress. The linear regression analysis indicated the depression is the strongest and most significant predictor of suicidal ideation. Anxiety also showed a positively significant but was deemed to be a comparatively weak predictor of suicidal ideation. However, stress was found to be weakest predictor of suicidal ideation. This study highlights the importance of understanding psychological distress, particularly depression and its symptoms in understanding, predicting and alleviating suicidal ideation. This study also emphasizes that early identification and targeted mental health interventions can reduce the risk of suicide in emerging adulthood.

INTRODUCTION

The period termed as emerging adulthood is the time period that is characterized by rapid change in personal and social life as it is the crucial development period between the age of 18 to 25 during this period an individual goes through identity exploration, instability in idea and believes with shifting social roles and developing self-ideas – makes this age window susceptible for the onset and escalation of mental health issues (Arnett, 2024). It's a transitional span from early teens to late twenties- period of profound change, turmoil and vulnerability for psychological distresses and dysfunctions.

Psychological distress is a multidimensional construct comprising symptoms of depression, stress and anxiety. Depression is the most prevalent and enervating psychological disorder that affects all the respective ages whether it's teenage, adult or old age person, depression can find its way to you. Depression remains one of the central factors in integrating, initiating and understanding suicidal ideation or related thoughts. The American Psychiatric Association APA (2022) conceptualizes depression as pervasive mood disturbance that is characterized

by prolonged sadness, losing not only interest but pleasure in life as well as activities, also involves dysfunction in daily functioning including psychological and cognitive adverse impacts on overall wellbeing.

According to American Psychiatric Association (2022), Depression can manifest itself in variety of ways causing dysfunctions in major areas of life. These include emotional, behavioral, cognitive and physiological manifestations. Emotional manifestation of depression includes persistent feelings of sadness, lack of interest, hopelessness, mood swings and irritability. Cognitive symptoms involve self-criticism, pessimistic outlook on future, negative messages to one own self and troubled decision making. The signs of behavior or behavioral symptoms for depression involves isolation, decreased motivation, low energy levels change in appetite, social withdrawal and change in sleep patterns. Whereas physiological symptoms include pain or aches, fatigue and change in body weight either sudden increase or decrease in weight. These somatic symptoms can increase the severity of ongoing emotional and behavioral symptoms (Kapfhammer, 2006).

The endurance of these depressive symptoms has major implications for suicidal ideation. Longer periods of sadness, desolation, and cognitions based upon self-critique lead to limitation in having a perceived choices for relief and self-control that also hinders a person's capability to be hopeful and take necessary steps for himself leading to cognitive narrowing and hopelessness that may eventually result as negative thoughts and ultimately suicide ideation (Ribeiro et al., 2018). Physiological depletion, lack of physical activity and social disengagement worsens the individual's solitary existence, intensifying feelings of burdensomeness and disconnection and irritability as these are the major precursors to suicidal ideation within the explanations by theory known as inter-personal theory of suicide (Van Orden et al., 2010). Consequently, comprehending multifaceted symptomatology of depression is crucial not only for precise diagnosis but also for identifying the pathways by which depressed experiences transition into suicidal ideation among young people.

The findings have confirmed that depression is the greatest predictor of suicidal ideation among the students of university. Evidence shows that depressive symptoms, particularly hopelessness and low mood, are strongly linked with suicidal thoughts among students (Vidović et al., 2024). Moreover the researches that have been conducted in Pakistan have made it clear that the depressive symptoms especially when combined with low social support and bullying is significantly linked with suicidal ideation. (Siyal et al., 2025).

As per APA (2022) anxiety refers to feeling of nervousness, worry about anything about certain outcomes. The symptoms of anxiety can be shown physically as well as psychologically. The physical symptoms of anxiety are sweating, trembling and increased heart rate which leads to the distorted daily life functioning of an individual (Fatima & Raazia, 2025). Faer saves us from many dangerous situations but the clinical anxiety is far different from the normal fear as it is abnormally uncontrollable and mostly disproportionate actual risk factor (Ribeiro et al., 2018). The anxiety and depression and totally different from the mere state of mind as it can be controlled by the positive thoughts or engaging in physical activities, rather they both are caused by the physical and psychosocial factors like the chemical imbalances in the brain (Kushwah et al., 2025).

Anxiety has been characterized as being in crucial predictors which predict suicidal ideations. Persistent worry and chronic arousal leads to the risk of the feelings of helplessness and the inability to cope with the situations which increase the psychological pain. Cross-cultural research among university students found that mental fatigue/burden pertaining to high anxiety levels predicted suicidal ideation which was significant (Zhang et al., 2017). The stress related to anxiety has also been observed with limited coping mechanism which leads towards suicidal ideation amongst the students (Vidović et al., 2024).

Afterwards stepping forward to stress, stress is a psychological or physical stress occurring amidst scenario when the demands whether internal or be external exceed the perceived coping resources of an individual. An adaptive stress is experienced by all of the individuals but the chronic and

overwhelming stress is clinically significant (Lazarus & Folkman, 1984). Stress often disturbs emotional stability, behavioral regulations and cognitive functioning. According to APA 2022, stress is aroused by the financial insecurities, interpersonal conflicts, future insecurities academic or environmental pressures and lack of control of individuals. Stress can arise from interpersonal conflicts, financial insecurity, future uncertainty, environmental or academic pressure and perceived lack of control. Stress could be defined as a contemporary emotional state involving a multidimensional process including appraisals, coping mechanism and physiological activation. In emerging adults stress can be widespread and a major psychological challenge majorly due to the transitional demands of the developing and constantly changing environment (NG et al., 2024). Stress often time manifests through irritability, behavioral disruption, overwhelm, feeling on edge, memory lapse, consistent worry, muscle tensions headaches and various other emotional, physiological and cognitive domains.

Stress is frequently associated with suicidal thoughts especially when the individuals fail to cope with the with them due to insufficient coping mechanism. High stress level leads to the perceived burdensomeness, emotional burden which are said as the high risk factors of suicidal ideation. High stress levels are consistently linked with suicidal ideation, especially when individuals lack adequate coping strategies or social support. It has proven by the research that the persistent stress leads to emotional exhaustion and hopelessness which are the indicator of suicidal ideation (Vidović et al., 2024). studies in higher education settings, also made it clear that the students with stress alongside with depression and anxiety are at the significant risk of suicidal ideation (Musfara et al., 2024). In the country Pakistan, stress related to academic and social distress is associated with suicidal thoughts among students (Siyal et al., 2025).

There is no doubt that depression, anxiety and stress are distinct construct, but they also co-occur frequently and collectively and contributes toward suicidal ideation, so that research uses the multi-dimensional scale such as DASS-21 demonstrates that these symptoms most of the cases overlaps, yet may be different in their association with the suicidal ideations. (Vidović et al., 2024). Moreover, it is also explained by theory of psychological strain that the accumulated psychological stress across the multiple domains tend to increase suicidal ideations risk (Zhang et al., 2017).

Literature pertaining to students highlighted that the depression, anxiety and stress, when combined together, tend to become a collective mental burden which result in significant elevation of suicidal ideation levels (Musfara et al., 2024). With context to Pakistan, the contextual stressors like limited mental health resources, bullying and low social support intensify these overlapping symptoms, and also highlighting the risk of suicidal ideation (Siyal et al., 2025). Therefore, examining these dimensions both individually and collectively is essential for understanding suicidal ideation among emerging adults in university settings.

Objectives

1: Identification of strongest predictor for suicidal ideations amongst study sample out of stress, anxiety or depression.

2: Comparison of depression along with anxiety and stress levels in sample of emerging adults based upon high or low scores of suicidal ideations.

METHODS

Research Design

Correlational/cross-sectional survey method was used to look at which of the psychological distress; depression, anxiety, and stress have stronger correlation with the suicide thoughts in young adults. This study utilizes a quantitative approach, gathering data at one particular moment using standardized psychometric instruments. Without changing any of the variables, this methodology allowed for the comparison and prediction of suicide thoughts based on psychological distress levels.

Instruments

Two standardized questionnaires, a demographic sheet, and an informed permission form were used to inspect link amongst depression, stress, anxiety, with suicidal thoughts amongst emerging adults hailing from university of Gujarat.

(DASS-21) (Lovibond & Lovibond, 1995)

Stress, anxiety, and depression are examined using a self-report tool known as the DASS-21 (Lovibond & Lovibond, 1995). Its twenty-one items are divided into three subscales, with seven items in each. In this survey, participants use a 4-point Likert scale, where "0" indicates "did not apply to me at all" and "3" means "applied to me very much or most of the time." The aggregate score for stress, anxiety, and depression is calculated by adding together the results for each subscale and then multiplying by two. When the scores are greater, the emotional pain is more intense. The internal consistency of the DASS-21 is demonstrated by Cronbach's alpha values that are more than.85 for each subscale. It finds extensive application in both clinical and non-clinical settings for the purpose of assessing emotional well-being.

(SBQ-R)- (Osman et al., 2001)

The SBQ-R is a short self-report tool which is used to evaluate suicidal thoughts and actions (Osman et al., 2001). It includes four items, each focuses on certain aspects of suicide conduct: including chance of future suicidal activity, frequency with which such thoughts occurred over past year, communicating and sharing of suicidal intentions to others as well as lifelong suicidal ideations and attempts. Depending on occurrence and severity of suicidal behavior, each item gives a different set of response alternatives and a score between 1 and 6. Higher scores points to a higher chance of suicidal ideation. The total scores range from 3 to 18. The cut-off point for identifying those who are at risk of suicidal conduct is frequently set at a score of ≥7. The SBQ-R has great internal consistency (α =.88) and good construct validity across a range of demographics. It is regarded as one of the most accurate short-term instruments for evaluating suicidal thoughts in emerging adults.

Statistical Analysis

Data analysis was quantitative which was completed using SPSS. Frequencies and percentages were calculated for demographics of study sample. For all scale, reliability tests were performed. Regression analysis and Pearson correlation were used to investigate relationships and anticipated impact of stress, anxiety, and depression on suicidal thoughts.

RESULTS

This chapter sheds light on results yielded from data analysis in coherence with study objectives and research questions.

Table 1

Reliability co-efficient for scales

Scales	*Cronbach's a*	*k*
Depression sub-scale (DASS)	.713	7
Anxiety sub-scale (DASS)	.772	7
Stress sub-scale (DASS)	.718	7
Scale for suicidal ideations	.820	4

Note: k= No. of items

Table 1 highlights that all the scales used with their subscales demonstrated acceptable reliabilities which shows that our utilized instruments were reliable for data collection. Reliability values for Dass subscales were >.7 which are acceptable whilst for suicidal ideation scale, it was >.8 which is a good value.

Table 2

Sociodemographic characteristics for the study sample (N=274)

Characteristic	*f*	(%)
Gender		
Females	88.0	32.10
Males	186.0	67.90
Marital Status		
Unmarried	257	93.80
Have been married	14	5.10
Have been engaged	3	1.10
Socioeconomical level		
Low	25	9.10
Middle	227	82.80
High	22	8.00
Residential Area		
Urban	141	51.50
Rural	133	48.50
Father Alive		
Yes	245	89.40
No	29	10.60
Mother Alive		
Yes	269	98.20
No	5	1.80
Previous Mental Health Issues		
Yes	245	89.40
No	29	10.60
Have you Received any prior Treatment?		
No	249	90.90
Counseling	13	4.70
Medication	4	1.50
Other treatment	8	2.90
Level of Social Support		
Very poor	22	8.00
Poor	13	4.70
Neutral	65	23.70
Good	104	38.00
Very Good	70	25.50

Note: f=frequencies of demographic variables, and % = percentage

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Table 2 presents the sociodemographic characteristics of the participants (N = 274). The sample comprised 186 males (67.9%) and 88 females (32.1%). The majority of participants were unmarried (n = 257, 93.8%), while 14 (5.1%) were married and 3 (1.1%) were engaged. Regarding socioeconomic status, most participants belonged to the middle socioeconomic class (n = 227, 82.8%), followed by the low (n = 25, 9.1%) and high (n = 22, 8.0%) socioeconomic groups. Participants were almost equally distributed across residential areas, with 141 (51.5%) residing in urban areas and 133 (48.5%) in rural areas. In terms of parental status, the majority reported that their fathers were alive (n = 245, 89.4%), while 29 participants (10.6%) indicated that their fathers

were deceased. Similarly, most participants reported that their mothers were alive (n = 269, 98.2%), whereas only 5 participants (1.8%) reported that their mothers were deceased. Regarding previous mental health issues, 245 participants (89.4%) reported having experienced mental health issues, while 29 (10.6%) reported no such history. Concerning prior treatment, the majority of participants had not received any treatment (n = 249, 90.9%). Among those who had received treatment, 13 participants (4.7%) reported counseling, 4 (1.5%) reported medication, and 8 (2.9%) reported receiving other forms of treatment. With respect to perceived social support, 22 participants (8.0%) reported very poor social support, 13 (4.7%) reported poor social support, and 65 (23.7%) reported a neutral level of social support. A substantial proportion perceived their social support as good (n = 104, 38.0%) or very good (n = 70, 25.5%). Overall, the sample was predominantly composed of unmarried male participants from middle socioeconomic backgrounds, with most reporting that both parents are alive. A majority reported about past history of issues pertaining to mental health, with no prior treatment experience, and generally favourable levels of social support.

Table 3

Correlation Analysis (N=274)

Variables		1	2	3	4
1.	Depression	-	.492***	.599***	.462***
2.	Anxiety	-	-	.637***	.355***
3.	Stress	-	-	-	.345***
4.	Suicidal Ideations	-	-	-	-

*Note: **p<.01*

Table 3 shows the results of the correlation analysis between suicidal thoughts, anxiety, stress, and depression. There was a strong and positive correlation between depression and anxiety (r =.492, p <.001), stress (r =.599, p <.001), and thoughts of self-harm (r =.462, p <.001). Stress and suicide ideations were positively correlated with anxiety (r =.637, p <.001) and with each other. Additionally, suicidal ideations were positively and strongly correlated with stress (r =.345, p <.001). Anxiety and stress were found to have the greatest connection (r =.637) among the identified correlations. Depression and stress were found to have the second-strongest association (r =.599). Suicidal thoughts are more common among those who report significant levels of anxiety, sadness, and stress, according to the results. The positive and significant correlations among all study variables indicate that psychological distress variables tend to co-occur and are linked with greater suicidal ideation among participants.

Table 4

Prediction of Suicidal Ideations from Depression for participants (N=274)

	Outcome Suicidal Ideations				
Variables	*B*	*SE*	β	*t*	*p*
Constant	1.43***	.52		2.79	.006
Depression	.30***	.05	.46	5.49	.000

*Note. B = Beta, SE= Standard Error, and *= Significance*

Table 4 shows the outcomes of a linear regression study that looked at the relationship between depression and suicidal thoughts in a sample of 274 people. B =.30, SE =.05, β =.46, t = 5.49, p <.001), the results showed that suicidal ideations were strongly predicted by depression. greater rates

of depression were linked to greater rates of suicide thoughts, as shown by the positive regression coefficient. More precisely, scores for suicidal thoughts increased by.30 units for every one unit rise in depression. The projected degree of suicidal ideations when depression ratings were zero was also shown by a significant intercept (B = 1.43, SE =.52, t = 2.79, p =.006) in the regression model. Suicidal ideations are somewhat positively impacted by depression, according to the standardised beta coefficient (β =.46). Taken together, the findings show that depressed symptoms significantly increase the likelihood that an individual would report suicidal thoughts, suggesting that sadness is a strong predictor of suicidal ideations.

Table 5

Prediction of Suicidal Ideations from Anxiety for participants (N=274)

	Outcome Suicidal Ideations				
Variables	*B*	*SE*	β	*t*	*p*
Constant	1.43***	.52		2.79	.006
Anxiety	.11***	.05	.35	2.25	.025

*Note. B = Beta, SE= Standard Error, and *= Significance*

Results from a linear regression analysis testing the hypothesis that anxiety levels are associated with a higher risk of suicidal thoughts among the sample (N = 274) are shown in Table 5. Anxiety was found to be a strong predictor of suicide thoughts (B =.11, SE =.05, β =.35, t = 2.25, p =.025). There was a positive correlation between anxiety levels and suicide thoughts, as indicated by the regression coefficient. Suicidal ideation scores increased by.11 units for every one unit rise in anxiety. At zero anxiety ratings, the anticipated amount of suicidal ideations was represented by the model's intercept, which was similarly statistically significant (B = 1.43, SE =.52, t = 2.79, p =.006). Anxiety somewhat positively influences suicide thoughts, as seen by the standardised beta coefficient (β =.35). Participants reporting higher levels of anxiety were also more likely to express heightened suicidal thoughts, indicating that anxiety is a strong predictor of suicide ideations.

Table 6

Prediction of Suicidal Ideations from Stress for participants (N=274)

	Outcome Suicidal Ideations				
Variables	*B*	*SE*	β	*t*	*p*
Constant	1.43***	.52		2.79	.006
Stress	.29***	.04	.34	4.68	.001

*Note. B = Beta, SE= Standard Error, and *= Significance*

The findings of the linear regression analysis that looked at stress as a predictor of suicidal ideations among the participants (N = 274) are presented in Table 6. The results showed that thoughts of suicide were strongly and favourably predicted by stress (B =.29, SE =.04, β =.34, t = 4.68, p =.001). Higher stress levels were linked to an increase in suicide thoughts, as shown by the positive regression coefficient. The correlation between stress and suicidal thoughts was found to be.29 units for every one unit increase in stress. Estimated suicide ideation level at zero stress scores was mirrored by the statistically significant model intercept (B = 1.43, SE =.52, t = 2.79, p =.006). The somewhat beneficial effect of stress on suicidal ideations is shown by the standardised beta coefficient (β =.34). In general, the data show that stress is a strong indicator of suicidal thoughts, meaning that those who are already under a lot of stress are far more likely to report having more suicidal thoughts.

DISCUSSION

This research set out to examine how young individuals enrolled at the University of Gujrat dealt with mental health issues like sadness, worry, and stress. Our goals were to (1) identify the factors that are predictive of suicide ideation and (2) compare the levels of depression, anxiety, and stress among students who reported varying degrees of suicidal ideation.

In young people, depression significantly predicted the presence of suicide thoughts. Students who reported higher levels of depression were also more likely to have suicidal thoughts, and we found a strong correlation between the two. Consistent with previous research, our findings show that depression is a significant risk factor for suicide thoughts (Ribeiro et al., 2018; Musfara et al., 2024). Feelings of hopelessness, unhappiness, and self-centred thinking are common among depressed people, and they can make it hard to cope with daily life and plan for the future, increasing the risk of suicide ideation.

Although anxiety was not a major predictor of suicidal thoughts, sadness was. While the two predictors are more significant, anxiety may increase the likelihood of suicidal thoughts. This conclusion is in line with previous research that has shown that university students' anxiety levels are a predictor of suicide thoughts (Zhang et al. 2017; Vidovi et al. 2024).

Thoughts were associated to stress but not a unique predictor. It suggests that stress is related to thinking but depression and anxiety are also essential variables. This is consistent with reports that chronic stress is associated with psychological discomfort but may not be an independent predictor of suicide ideation (Siyal et al. 2025). Additionally, compared to individuals who reported low levels of suicide ideation, those who reported high levels of melancholy, worry, and stress were college students.The depression was linked to suicidal thoughts, which were followed by anxiety and tension.

Therefore, students experiencing psychological distress are more likely to have suicidal thoughts, and early diagnosis and screening for this condition is critically necessary, according to the research. Our data indicate that depression and anxiety are important predictors of thinking in young adults. Our findings emphasise the necessity for screening tests for cheap mental health treatments and psychoeducation in Pakistani institutions as most of the students had no history of treatment.

Therapy, cognitive-behavioral approaches, relaxation programs, stress management and social support are useful therapies for thought problems likely to address depression and anxiety symptoms. An intervention focused on stress may be more useful when coupled with an intervention focused on depression. In summary, our study emphasises the significance of a holistic approach to the vulnerable time of adulthood for distress and suicide thoughts.

Limitations and Future Directions

It is important to take into account certain limitations. Firstly, the "cross sectional design" of the study can restrict the ability to draw causal conclusions, and longitudinal should be adopted to explore the temporal relationship between the psychological distress and suicidal ideation. Second, the **self-report measure** may cause the response biases. Third, the study was conducted only on the students of **specific department,** that limits the generalizability.

Future research could adopt the diverse population like the students of different faculties and the students of different age groups, to explore the protective factors such as social support and coping mechanism and employ the qualitative methods to gain an in-depth knowledge of the lived experiences of the students having suicidal ideation. Intervention studies should could also test the efficacy of mental health programs to reduce the symptoms of depressive and anxious symptoms to prevent suicidal ideation among the students of universities.

Conclusion

The respective research endeavor revealed that **depression is strongest predictor of suicidal ideation among emerging adults**, followed by anxiety, and stress. Study revelations have around importance of early identification, prevention and intervention strategies for the individuals suffering

from depression, anxiety and stress to save them from suicidal ideation also. So, addressing the multiple dimensions of stress is important to promote as well as facilitate mental health and well-being in emerging adults.

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