Original Article

Depression, Hopelessness, and Suicide Risk Among Young Adults: A Hospital-Based Study

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Abstract

Background: Depression is a major psychiatric disorder among young adults and is frequently associated with hopelessness and increased suicide risk. Early identification of these factors is essential for effective prevention and management. The objective is to evaluate depression severity, hopelessness, and suicide risk among young adults attending a tertiary care hospital and to determine factors associated with high suicide risk. **Material and Methods:** This retrospective observational study included 200 young adults aged 18–35 years diagnosed with depressive disorders. Data were obtained from hospital records. Depression severity was assessed using the Beck Depression Inventory-II (BDI-II), hopelessness using the Beck Hopelessness Scale (BHS), and suicide risk using the Columbia-Suicide Severity Rating Scale (C-SSRS). Sociodemographic and clinical variables were analyzed using SPSS version 25.0. Associations were evaluated using the Chi-square test, independent t-test, Pearson's correlation, and multivariate logistic regression. **Results:** The majority of participants were females (56.0%) and belonged to the 26–30-year age group (33.5%). Moderate depression (41.0%) and severe depression (40.0%) were common, while 77.0% of participants exhibited moderate or severe hopelessness. High suicide risk was observed in 24.5% of patients. Severe depression was significantly associated with higher suicide risk ($p<0.001$). Multivariate analysis identified severe depression (OR=3.72), severe hopelessness (OR=4.51), previous suicide attempts (OR=3.18), and family history of psychiatric illness (OR=1.89) as independent predictors of high suicide risk ($p<0.05$). **Conclusion:** Young adults with severe depression and hopelessness are at substantially increased risk of suicidal behavior. Routine screening for depression, hopelessness, and suicide risk using standardized assessment tools should be integrated into psychiatric practice to facilitate early intervention and improve suicide prevention strategies.

Keywords: Depression, hopelessness, suicide risk, young adults, Beck Hopelessness Scale, Beck Depression Inventory, Columbia-Suicide Severity Rating Scale.

Received: 08 September 2026 **Revised: 30 September 2026** **Accepted: 14 October 2026** **Published: 19 November 2026**

Introduction

Depression is one of the most common psychiatric disorders among young adults and is a major contributor to disability, impaired functioning, and reduced quality of life worldwide. The transition from adolescence to adulthood is associated with multiple academic, occupational, interpersonal, and social stressors that increase vulnerability to depressive disorders. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), depression is characterized by persistent low mood, loss of interest or pleasure, cognitive impairment, sleep and appetite disturbances, feelings of worthlessness, and recurrent thoughts of death or suicide. Early identification and appropriate intervention are essential to reduce the long-term psychological and social consequences of depression.[1]

Suicide is a major public health problem and ranks among the leading causes of death in young adults globally. The World Health Organization estimates that more than 700,000 people die by suicide every year, with a substantial proportion occurring in individuals aged 15–29 years. Suicide is a multifactorial phenomenon influenced by biological, psychological, social, and environmental factors, among which depression remains the strongest modifiable risk factor. Understanding factors associated with suicidal behavior is therefore crucial for timely prevention and effective clinical management.[2]

Hopelessness, defined as persistent negative expectations regarding the future, has been recognized as an important psychological construct closely associated with depression and suicidal behavior. Beck and colleagues demonstrated that hopelessness is an independent predictor of suicidal ideation and completed suicide, even after controlling for the severity of depressive symptoms. Individuals experiencing profound hopelessness often perceive their problems as unsolvable, making them more susceptible to suicidal thoughts and behaviors.[3,4]

Several longitudinal studies have confirmed that hopelessness is a stronger predictor of eventual suicide than depression alone. Beck et al. observed that psychiatric patients with high

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DOI:
10.21276/amit.2026.v13.i3.1207

How to cite this article: Pradhan CL. Depression, Hopelessness, and Suicide Risk Among Young Adults: A Hospital-Based Study. Acta Med Int. 2026;13(3):1115-1119.

hopelessness scores had significantly greater risk of suicide during long-term follow-up. Furthermore, repeated investigations among psychiatric outpatients have consistently demonstrated that the coexistence of depression and hopelessness substantially increases suicide risk compared with either condition alone.[5]

The relationship between depression, hopelessness, and suicide risk is particularly important among young adults, who frequently experience psychosocial transitions, academic pressure, relationship conflicts, unemployment, and substance use, all of which may contribute to emotional distress. Comprehensive assessment of depressive symptoms together with hopelessness and suicide risk can facilitate early identification of high-risk individuals and improve clinical decision-making regarding psychiatric intervention and suicide prevention.[6]

Despite increasing awareness regarding mental health, hospital-based data evaluating the interrelationship between depression, hopelessness, and suicide risk among young adults remain limited in many regions of India. Identifying the magnitude of these associations may help clinicians implement early screening, targeted counseling, and appropriate psychiatric management. Therefore, the present study was undertaken to evaluate depression, hopelessness, and suicide risk among young adults attending a tertiary care hospital.

Materials and Methods

Study Design: A hospital-based retrospective observational study was conducted to evaluate depression, hopelessness, and suicide risk among young adults using hospital medical records.

Study Setting: The study was carried out in the Department of Psychiatry of STNM Hospital, Gangtok, Sikkim.

Study Duration: The study included medical records of eligible patients attending the Department of Psychiatry over period of two-year January 2024 to December 2025.

Study Population: Hospital records of young adults diagnosed with depressive disorders were reviewed.

Sample Size: A total of 200 patient records fulfilling the eligibility criteria were included in the study.

Sampling Technique: Records were selected using consecutive sampling, including all eligible case records available during the study period until the required sample size was achieved.

Inclusion Criteria

- Young adults aged 18–35 years.
- Diagnosis of depressive disorder according to DSM-5-TR criteria.
- Complete medical records containing assessment of depression severity, hopelessness, and suicide risk.
- Records with documented psychiatric evaluation.

Exclusion Criteria

- Patients with incomplete or missing clinical records.
- Patients diagnosed with severe neurocognitive disorders or intellectual disability.
- Patients with psychotic disorders unrelated to depression.
- Duplicate patient records.

Data Collection: Data were extracted from hospital case records using a structured data collection form. Information collected included age, gender, marital status, educational status, occupation, duration of illness, previous psychiatric history, family history of psychiatric illness, history of previous suicide attempts, and treatment details.

Depression severity was assessed using the Beck Depression Inventory-II (BDI-II) or the standardized depression assessment documented in the patient's medical records. Hopelessness was evaluated using the Beck Hopelessness Scale (BHS), while suicide risk was assessed using the Columbia-Suicide Severity Rating Scale (C-SSRS) or equivalent suicide risk assessment documented in the clinical records.

Outcome Measures

Primary Outcome

- Prevalence and severity of depression, hopelessness, and suicide risk among young adults.

Secondary Outcomes

- Association between depression severity and hopelessness.
- Association between hopelessness and suicide risk.
- Relationship of sociodemographic and clinical variables with suicide risk.

Statistical Analysis: Data were entered into Microsoft Excel and analyzed using SPSS version 25.0 (IBM Corp., Armonk, NY, USA). Continuous variables were expressed as mean ± standard deviation (SD), while categorical variables were presented as frequencies and percentages. Comparisons between groups were performed using the Independent Student's t-test, Chi-square test, or one-way ANOVA, as appropriate. Correlations between depression, hopelessness, and suicide risk scores were assessed using Pearson's correlation coefficient. Independent predictors of high suicide risk were identified using multivariable logistic regression analysis. A p-value <0.05 was considered statistically significant.

Results

A total of 200 young adults diagnosed with depressive disorders were included in this retrospective study. The majority of patients belonged to the 26–30 years age group, with a slight female predominance. Moderate depression was the most common severity category, while nearly half of the participants demonstrated moderate-to-severe hopelessness. Suicide risk was significantly higher among patients with severe depression and higher hopelessness scores.

Table 1: Sociodemographic Characteristics of the Study Participants (n = 200)

Variable	Number	Percentage (%)
Age Group (years)		
18–20	24	12.0
21–25	58	29.0
26–30	67	33.5

31–35	51	25.5
Gender		
Male	88	44.0
Female	112	56.0
Marital Status		
Unmarried	124	62.0
Married	68	34.0
Divorced/Widowed	8	4.0
Occupation		
Student	62	31.0
Employed	74	37.0
Unemployed	39	19.5
Homemaker	25	12.5

Most participants were 26–30 years of age (33.5%), females (56.0%), unmarried (62.0%), and employed (37.0%).

Table 2: Distribution of Depression Severity, Hopelessness, and Suicide Risk (n = 200)

Variable	Number	Percentage (%)
Depression Severity (BDI-II)		
Mild	38	19.0
Moderate	82	41.0
Severe	80	40.0
Hopelessness (BHS)		
Mild	46	23.0
Moderate	86	43.0
Severe	68	34.0
Suicide Risk (C-SSRS)		
Low	72	36.0
Moderate	79	39.5
High	49	24.5

Moderate depression (41.0%) was the most common presentation. Nearly three-fourths of the patients had moderate or severe hopelessness, while approximately one-fourth were classified as having high suicide risk.

Table 3: Association Between Depression Severity and Suicide Risk

Depression Severity	Low Risk	Moderate Risk	High Risk	p-value
Mild (n=38)	26 (68.4%)	10 (26.3%)	2 (5.3%)	
Moderate (n=82)	33 (40.2%)	39 (47.6%)	10 (12.2%)	
Severe (n=80)	13 (16.3%)	30 (37.5%)	37 (46.2%)	<0.001*

*Statistically significant

Patients with severe depression had a significantly higher prevalence of high suicide risk (46.2%) compared with those with mild or moderate depression ($p<0.001$).

Table 4: Factors Associated with High Suicide Risk (Multivariate Logistic Regression)

Variable	Odds Ratio (OR)	95% CI	p-value
Severe depression	3.72	1.95–7.10	<0.001*
Severe hopelessness	4.51	2.28–8.91	<0.001*
Previous suicide attempt	3.18	1.42–7.09	0.005*
Family history of psychiatric illness	1.89	1.01–3.55	0.046*
Female gender	1.21	0.67–2.18	0.521
Age ≥26 years	1.08	0.59–1.98	0.804

*Statistically significant

Severe hopelessness, severe depression, previous suicide attempts, and a family history of psychiatric illness were independent predictors of high suicide risk. Age and gender were not significantly associated with suicide risk after multivariate analysis.

Discussion

Depression is a major contributor to suicide among young adults, and hopelessness has consistently been identified as one of the strongest psychological predictors of suicidal behavior. The present retrospective study evaluated the relationship between depression severity, hopelessness, and suicide risk among young adults attending a tertiary care hospital. The findings demonstrated that moderate to severe depression was common, nearly three-fourths of patients exhibited moderate or severe hopelessness, and almost one-fourth were classified as having high suicide risk. Furthermore, severe depression, severe hopelessness, previous suicide attempts, and family history of psychiatric illness were independent predictors of high suicide risk.

Hopelessness emerged as one of the strongest correlates of suicide risk in the present study. Brown reviewed various

suicide assessment measures and emphasized that hopelessness is an important clinical indicator that should be routinely evaluated during psychiatric assessment, as it significantly improves identification of individuals at high risk for suicidal behavior. The findings of the present study are consistent with these observations, demonstrating that patients with greater hopelessness were more likely to exhibit high suicide risk.[8]

The present study also demonstrated a significant association between increasing severity of depression and suicide risk. Patients with severe depression had markedly higher rates of high suicide risk than those with mild or moderate depression. Posner et al. validated the Columbia-Suicide Severity Rating Scale (C-SSRS) and reported that systematic assessment of suicidal ideation and behavior enhances early identification of high-risk individuals and facilitates timely intervention. Their findings support the importance of structured suicide risk assessment in routine psychiatric practice.[9]

Multivariate analysis identified severe hopelessness and previous suicide attempts as independent predictors of suicide risk. Similar observations were reported by Berman, who highlighted that previous suicidal behavior, hopelessness, and severe depressive symptoms are among the most reliable clinical predictors of future suicide attempts and completed suicide. Comprehensive psychiatric evaluation should therefore incorporate assessment of these risk factors to improve preventive strategies.[10]

The findings of the present study are also in agreement with the comprehensive review by Turecki et al., who described suicide as a multifactorial phenomenon resulting from the interaction of psychiatric disorders, psychological vulnerability, environmental stressors, and genetic predisposition. They emphasized that depression remains the most important modifiable psychiatric disorder associated with suicide, while hopelessness substantially amplifies suicidal intent among vulnerable individuals.[11]

Franklin et al., in their meta-analysis of five decades of suicide research, concluded that although numerous suicide risk factors have been identified, depression and hopelessness consistently demonstrate significant associations with suicidal thoughts and behaviors. The present findings similarly indicate that patients with greater depressive severity and hopelessness require close monitoring and early psychiatric intervention to reduce suicide risk.[12]

Ribeiro et al. further demonstrated through longitudinal meta-analysis that hopelessness significantly predicts suicidal ideation, suicide attempts, and suicide-related mortality independent of depressive symptoms. The current study also identified hopelessness as an independent determinant of high suicide risk, reinforcing its importance as a routine component of suicide risk assessment in young adults.[13]

The World Health Organization recommends comprehensive suicide prevention strategies that include early detection of depression, systematic suicide risk screening, timely psychiatric referral, and psychosocial support. The findings of the present study support these recommendations and highlight the need for integrated mental health services targeting young adults who present with depression and hopelessness.[14]

Overall, the present study emphasizes that assessment of hopelessness together with depression severity provides valuable information for identifying young adults at increased risk of suicide. Early recognition and multidisciplinary intervention may substantially reduce suicide-related morbidity and mortality.

Conclusion

Depression, hopelessness, and suicide risk were strongly interrelated among young adults attending a tertiary care hospital. Moderate to severe depression and hopelessness were highly prevalent, and severe depression, severe hopelessness, previous suicide attempts, and family history of psychiatric illness independently predicted high suicide risk. Routine screening using validated assessment tools for depression, hopelessness, and suicidal ideation should be incorporated into psychiatric evaluation of young adults. Early identification and timely multidisciplinary intervention may improve mental health outcomes and contribute to effective suicide prevention.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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