I. Lead-In Paragraph

# A. Attention Grabber

# B. Justification of Topic’s Importance

# C. Topic of the Study

# I. Topic 1 = Bromet paper statistics and what led us to study cohort specific studies

A. What is the main idea or transition sentence you will use for this paragraph?

B. Which articles would be discussed in this section; what main point are you making from that article? *(give citations)*

# III. Topic 2 =

A. What is the main idea or transition sentence you will use for this paragraph?

B. Which articles would be discussed in this section; what main point are you making from that article? *(give citations)*

V. Connection Between Past & Present

A. What has been the focus of previous research in this area?

B. What has previous research failed to look at?

C. How does YOUR research question build on or add to previous work? How is your

paper/topic different? How does it fill in the “holes”?

VI. Hypotheses

A. List the Hypotheses

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**Adding a Citation**

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To create a bibliography, highlight all the references in Zotero using Ctrl+Click (Cmd+Click on a Mac) to select multiple references, then press Ctrl+Shift+C (Cmd+Shift+C on a Mac). Paste into Google Docs using Ctrl+V (Cmd+V on Mac) or right click and select paste.

**ABSTRACT**

*Background*

Suicide ideation, as well as planning and attempts, are suicidal behaviors that are indicators that a person may commit suicide. This paper seeks to examine the factors that are associated with suicide ideation specific to birth cohorts in a nationally representative sample of Ukraine.

*Methods*

*Results*

*Conclusions*

INTRODUCTION

Suicide in Ukraine is at an unusually high rate: the World Health Organization (2012) reported that the country’s rate was at 17.68 per 100,000--one of the highest rates in Europe in 2011. However, when compared to the rates immediately following the Soviet Union--24 per 100,000 (Mokhovikov and Donets, 1996), they are not as high. These high rates in the early 1990s can be attributed to the fall of the Soviet Union (USSR), for many other Eastern European countries experienced similarly high rates, while Western European countries’ suicide rates remained the same (). While many Eastern Europeans may have celebrated when the USSR dissolved, they probably also felt a great deal of uncertainty about what their lives might be like in the future. In particular, middle and older adults would have even more keenly felt a sense of despair, for as the system that they had built their lives and livelihoods for so long crumbled, so did their security for a stable and meaningful future (). At the same time, economic, political, and social instability in the aftermath of the dissimilation of the government for the past 69 years in Ukraine contributed to a plummeting overall quality of life for most Ukrainians ().

Currently, Ukraine is not going through the same troubles that it did in the 1990s; however, that does not lessen the severity of the problems that plague the country in the present day. While suicide rates in Ukraine did decrease in the 2000s (), the rate has again gone up, perhaps in light of the recent resurfacing of economic, political, and social instability in the country. While Ukrainian suicide rates today are not as high as they were in the 1990s, the rates of suicide in Ukraine continue to be a subject of concern in the country as the country continues to move forward from the USSR; therefore, more research must be done to raise awareness and prevent future suicides in this country.

Though research has linked the presence of suicidal behaviors (ideation, planning, and attempts) with the eventual completion of suicide (), relatively few researchers have pursued risk and preventative factors for suicidal behaviors in Eastern Europe, much less Ukraine (Scádóczky et al. 2000, Rancāns et al 2003, Bertolote et al. 2005). One of the papers that has studied this topic is “Suicide ideation, plans and attempts in Ukraine: ﬁndings from the Ukraine World Mental Health Survey”. Significantly, the researchers found that the rates of suicide ideation between demographic groups, specifically the three birth cohorts they used, significantly differed from each other. Those born between 1945 and 1964 were 2.9 times likely to ideate than those born between 1911 and 1945. Furthermore, those born between 1965 and 1985 were 9.4 times likely to ideate than those born between 1911 and 1945 (Bromet et al 2007). The differences between the rates of suicide ideation for each cohort are too significant to just brush them aside by saying, for example, that the youngest cohort has such a high rate of ideation because they have had more time to ideate about suicide, the older cohorts have had more ideators follow through their suicide ideators than the youngest cohort. Furthermore, these differences can be attributed to the vastly different environments that each cohort experienced during key moments in their child Therefore, future research must be done to determine the cohort-specific risk or preventative factors for suicide behaviors--which has not been done for any Ukrainian suicidal behavior data nor for any other countries (). This paper identifies the specific risk and protective factors for each birth cohort used by Bromet et al 2007 and compares these factors to previous research to help agencies in Ukraine and around the world develop age-cohort-specific strategies to prevent suicidal behaviors and completions.

METHODS

*Data*

As a part of the World Health Organization (WHO) World Mental Health (WMH) initiative, a Composite International Diagnostic Interview (CIDI) has been conducted in a variety of countries in the 1990s to the present-day (The WHO Mental Health Consortium, 2004). One of the focuses of this initiative is diagnosing and reporting the prevalence and determining factors of various DSM-IV mental health disorders in countries around the world. While the WHO WMH-CIDI survey conducted in Ukraine in 2002 was the first CIDI survey to be conducted in a post-USSR country at the time, since then, CIDI surveys have been conducted in Romania (2005-2006) and Poland (2010-2011).

In Ukraine, the CIDI paper and pencil survey was conducted in the form of face-to-face interviews with the respondents. When selecting the respondents from the population of adults in Ukraine, steps were taken so that those selected to take the survey are an accurate representation of the country. However, despite these efforts, there is an overrepresentation of women, people in urban areas, and people who are older, according to the Ukrainian census data in 2001 in the final responses. Therefore, weights were created to more accurately reflect the true demographic proportion of adults in Ukraine (Bromet et al, 2005).

*Variables*

In this paper, we examine demographic variables and mental health diagnoses as potential factors to predicting suicide ideation. Our main variable, age cohort, is, as mentioned earlier, based off of the cohorts used in Bromet et al, 2007. Our other demographic variables are sex (male or female), region (survey conducted in Western Ukraine or Eastern Ukraine), urbanicity (survey conducted in rural or urban areas), education (completed/attempted secondary education or completed/attempted tertiary education), marriage status (married or not married at time of survey), self-rated health (good or poor). Our mental health diagnoses variables are having an externalizing disorder (having DSM-IV alcohol abuse or Intermittent Explosive Disorder (IED) or not) (Bromet et al \_\_\_), internalizing disorder (having DSM-IV depressive or anxiety disorders or not) (Bromet et al \_\_\_). We also took into account if a respondent was diagnosed with both externalizing and internalizing disorders or if a respondent had neither an externalizing or an internalizing disorder.

*Data Analysis*

RESULTS

*Suicide Ideation within Cohorts*

*Demographic Associations*

*Health Factors*

Discussion of Results

CONCLUSIONS

TABLES

Typical structure of a research paper

|  |
| --- |
| Introduction |
| State why the problem you address is important |
| State what is lacking in the current knowledge |
| State the objectives of your study or the research question |
| Methods |
| Describe the context and setting of the study |
| Specify the study design |
| Describe the ‘population’ (patients, doctors, hospitals, etc.) |
| Describe the sampling strategy |
| Describe the intervention (if applicable) |
| Identify the main study variables |
| Describe data collection instruments and procedures |
| Outline analysis methods |
| Results |
| Report on data collection and recruitment (response rates, etc.) |
| Describe participants (demographic, clinical condition, etc.) |
| Present key findings with respect to the central research question |
| Present secondary findings (secondary outcomes, subgroup analyses, etc.) |
| Discussion |
| State the main findings of the study |
| Discuss the main results with reference to previous research |
| Discuss policy and practice implications of the results |
| Analyse the strengths and limitations of the study |
| Offer perspectives for future work |

**Table 1: Demographics of Ukraine Sample Population (N= 4725)**

|  |  |  |
| --- | --- | --- |
| Variable | x/n | % |
| **Sex:** Female | 2600 | 55.0% |
| Male | 2125 | 45.0% |
| **Regions:** West | 2025 | 42.9% |
| East | 2700 | 57.1% |
| **Urbanicity:** Rural | 2066 | 43.7% |
| Urban | 2659 | 56.3% |
| **Financial Status:** Inadequate | 2844 | 95.4% |
| Adequate | 137 | 2.6% |
| **Marriage Status:** Married | 2825 | 59.8% |
| Not Married | 1843 | 39.0% |
| **Education:** High School | 2637 | 55.9% |
| More than High School | 2083 | 44.1% |

Table 1a: Demographics of Ukraine Oldest Age Cohort: born 1911-1944 (n=1374)

|  |  |  |
| --- | --- | --- |
|  | x/n | % |
| **Sex:** |  |  |
| Female | 875 | 63.7 |
| Male | 498 | 36.3 |
| **Region:** |  |  |
| West | 585 | 42.6 |
| East | 789 | 57.4 |
| **Urbanicity:** |  |  |
| Rural | 767 | 42.2 |
| Urban | 1052 | 57.8 |
| **Financial State:** |  |  |
| Inadequate | 1354 | 98.5 |
| Adequate | 20 | 1.5 |
| **Marriage Status:** |  |  |
| Married | 719 | 52.3 |
| Not Married | 651 | 47.4 |
| Missing | 4 | 0.3 |
| **Education:** |  |  |
| Completed High School or Less | 959 | 69.8 |
| More than High School | 411 | 29.9 |
| Missing | 3 | 0.3 |

Table 1b: Demographics of Ukraine Middle Age Cohort: born 1945-1964 (n=1819)

|  |  |  |
| --- | --- | --- |
|  | x/n | % |
| **Sex:** |  |  |
| Female | 965 | 53.0 |
| Male | 854 | 47.0 |
| **Region:** |  |  |
| West | 743 | 40.9 |
| East | 1076 | 59.1 |
| **Urbanicity:** |  |  |
| Rural | 767 | 42.2 |
| Urban | 1052 | 57.8 |
| **Financial State:** |  |  |
| Inadequate | 1719 | 94.5 |
| Adequate | 100 | 5.5 |
| **Marriage Status:** |  |  |
| Married | 1659 | 74.7 |
| Not Married | 439 | 24.1 |
| Missing | 22 | 1.2 |
| **Education:** |  |  |
| Completed High School or Less | 890 | 49.0 |
| More than High School | 927 | 50.9 |
| Missing | 2 | 0.1 |

Table 1c: Demographics of Ukraine Sample Population by Age Cohorts: born 1965-1985 (n=1429)

|  |  |  |
| --- | --- | --- |
|  | x/n | % |
| **Sex:** |  |  |
| Female | 702 | 49.1 |
| Male | 727 | 50.9 |
| **Region:** |  |  |
| West | 638 | 44.7 |
| East | 791 | 55.3 |
| **Urbanicity:** |  |  |
| Rural | 585 | 40.9 |
| Urban | 844 | 59.1 |
| **Financial State:** |  |  |
| Inadequate | 1285 | 89.9 |
| Adequate | 144 | 10.1 |
| **Marriage Status:** |  |  |
| Married | 676 | 47.3 |
| Not Married | 722 | 50.5 |
| Missing | 31 | 2.2 |
| **Education:** |  |  |
| Completed High School or Less | 744 | 52.0 |
| More than High School | 686 | 48.0 |

Table 2: Ideation, Planning, and Attempts by Age Cohorts

|  |  |  |  |
| --- | --- | --- | --- |
|  | Ideated | Planned | Attempted |
| Oldest Cohort (born 1911-1944) | 91/1374 (6.62%) | 32/1374 (2.33%) | 11/1374 (0.80%) |
| Middle Cohort (born 1945-1964) | 146/1819 (8.03%) | 41/1819 (2.25%) | 29/1819 (1.59%) |
| Youngest Cohort (born 1965-1985) | 145/1429 (10.15%) | 52/1429 (3.64%) | 42/1429 (2.94%) |