



Suicidal Behavior Adolescence and Risk Factors

Dr. Alba Cortes Alfaro *

Corresponding Author: Dr. Alba Cortes Alfaro, I and II Degree Specialist in School Hygiene Master in Epidemiology. Diploma in HIV/AIDS. Professor and Assistant Researcher.

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Abstract

Introduction: *Suicide and its attempts are one of the relevant problems of public health, currently suicide is the third cause of death worldwide in adolescents between 15-19 years and in Cuba it occupies the third cause of death in the ages of 10 to 19 years. The adolescent who attempts suicide experiences feelings of pain, confusion, and guilt. Both the suicide attempt and the suicide affect family members, friends, peers, neighbors and sometimes people who did not even know or know the adolescent. This article aims to address aspects of the problem of suicidal behavior in adolescents, highlighting this stage as one of vulnerability and risk. In addition, general characteristics of the adolescence stage are exposed and aspects that allow a reflection on this problem that contribute to its prevention are focused.*

Objective: *To delve into the problem of suicidal behavior in adolescents because it is a stage of vulnerability and risk.*

Method: *A bibliographic review was carried out where the databases included in the LILACS, EBSCO and HINARI services were consulted, and very good coverage was achieved, both in Cuba, in Latin America and the Caribbean, and in the rest of the world.*

Discussion: *The general characteristics of healthy adolescents and risk factors that make them vulnerable to suicidal behavior are exposed, which allows a reflection on the subject to contribute to its prevention, especially from the primary level of health care.*

Conclusions: *Suicidal behavior in adolescents constitutes a serious health problem that must be faced by the different elements of society since individual factors of the family and the community intervene.*

Keywords: *Suicidal behavior, adolescence, risk factors.*

Introduction

The World Health Organization (WHO) in its report "Health for the World's Adolescence" called for more attention to be paid to the health of adolescents, as injuries caused by traffic, HIV/AIDS and suicide appear as the main causes of mortality and because depression is the leading cause of illness and disability in this population group. (1)

Suicide constitutes a public health problem, being one of the most frequent and largely preventable causes of death, which causes almost half of all violent deaths, and translates into close to one million victims per year, in addition to the economic costs estimated at billions of dollars according to the WHO. The estimates of this international organization in 2020, was more than a million and a half people who died by suicide, and between 10 and 20 times more people carried out a suicide attempt, citing a figure that represents a death by suicide in the world every 20 seconds. (2)

The WHO in 2004, indicated suicide in adolescents as the third leading cause of death, while in 2014 it became the second in ages 15 to 29 years. In 2019, 800,000 deaths by suicide were reported with one death every 40 seconds, at the same time the attempts increased to 1 every 3-5 seconds, being the third cause in people between 15 and 19 years of age. (3)

Adolescence is considered one of the healthiest stages of life, in which it is necessary to prepare them so that they are capable of developing their potentialities and although it is still true, it is also one of the most complex and for many, problematic since it is really a vulnerable period for the appearance of risk behaviors, which can be found by themselves or concur and bring health consequences. These criteria have generated a certain degree of abandonment in the care of healthy adolescents, as well as the adequate education and training of the human resources that provide health services.

In adolescence itself, two closely related aspects can be distinguished: the person recognizes himself and the person is aware. By recognizing themselves, they identify themselves as a subject with duties and rights and by being aware they see that they belong to a community to which they contribute individual reality and where they share values and projects with those who are part of it. It is a stage also characterized by the search for themselves and their identity, a need for independence and their group tendency.

It is a stage in which, among others, mental changes occur, such as those related to mood, (4) which, if the surrounding environment is not properly managed, can lead to a depressive state. The World Health Organization (WHO) states that this depressive state occurs mainly between the ages of 15 and 24, (5) in settings in which the adolescent does not present an adequate atmosphere for their

development: loneliness, lack of family communication, early marriages, delinquency, bullying, drug addiction, discrimination, abuse against the lesbian, gay, transsexual, bisexual (LGTB) community, etc., making it a public health problem today, both in industrialized countries and in process of development. (6)

In adolescence, the load of pressures or individual responsibilities increases, which together with inexperience and immaturity generate setbacks that can translate into moments of anguish, loneliness and frustration, which lead to risk factors for committing a suicidal act or behavior.

In addition, the burden of individual pressures or responsibilities increases, which together with inexperience and immaturity generate setbacks that can translate into moments of anguish, loneliness and frustration, which foster risk factors for committing a suicidal act or behavior.

This behavior includes suicidal ideation, which is the wishes, thoughts, and plans to commit a suicidal act; consummated suicide (act of killing oneself consciously, considering death as an end), suicide attempt (voluntary act carried out by the person with the intention of killing oneself, but without achieving it), and parasuicide (non-fatal self-injurious behavior carried out by the individual and in which his intention or orientation towards death is not essential).

Methods

To carry out this review and offer readers an update on the subject in question, the databases included in the LILACS, EBSCO and HINARI services were consulted and very good coverage was achieved, both in Cuba, in Latin America and the Caribbean, as well as in the rest of the world. Mandatory Internet websites were also visited due to their prestige and leadership on the subject.

The terms: adolescence, risk factors and suicidal behavior were used. All those classifications that addressed the same or similar criteria for the definition of cases were taken into account.

A first bibliographic search was carried out that addressed the definition of suicidal behavior in adolescents. In a second moment of the review, the terms used to carry out the search were expanded and included those articles that, through different terms, addressed suicidal behavior with a focus on its impact on adolescence as a health problem.

For the elaboration of the search strategies, the DeCS controlled language was consulted and the corresponding Boolean operators were included.

Discussion

The term adolescence comes from the Latin term *adolescere* which means to suffer, for a long-time adolescence was considered just a transition between childhood and adulthood, but today there are sufficient reasons to consider it within the development of the human being, and exclusive to our species.

Adolescents represent approximately one sixth of the world population (1.2 billion people). (7)

According to the World Health Organization, adolescence is the period between 10 and 19 years, it is a complex stage of life, it marks the transition from childhood to the adult state, with it physical, psychological, biological, intellectual changes occur. and social. It is classified into first, early or early adolescence from 10 to 14 years and the second or late that includes between 15 and 19 years of age. (8)

In adolescence, the load of pressures or individual responsibilities increases, which together with inexperience and immaturity generate setbacks that can translate into moments of anguish, loneliness and frustration, which lead to risk factors for committing a suicidal act or behavior.

Suicidal behavior in adolescents is becoming more frequent; There is research that reports that family dysfunction, depression, alcohol and drug use, bullying, and the use of technology without adult supervision increase the risk of this behavior in this group. (9,10)

Adolescents who attempt or commit suicide are characterized by different risk factors, including: coming from socially disadvantaged family backgrounds, parental violence, sexual abuse, alcohol and drug abuse, isolation, history of suicidal behavior, accepted suicidal behavior, death or separation of family members, family rejection, ease of means that facilitate suicidal behavior, poverty, family neglect, educational poverty, exposure to adverse family situations that condition an unhappy childhood and adolescence, those who present psychopathology including depression and substance abuse, dissocial behavior, low self-esteem, impulsiveness, hopelessness, broken love, socioeconomic problems, lack of communication with parents, and abuse, among other aspects, that prevent the satisfaction of the most basic needs. (11) At the same time, accessibility to suicidal methods may contribute to the consummation of the fact. (12)

In the emotional aspect, the arrival of adolescence means the emergence of the affective capacity to feel and develop emotions that are identified with or related to love. Formal thought appears, they discover that they are capable of arguing, of analyzing, and they begin to do so. Sometimes they fall

into contradictions when they talk to an adult, which are normal since they are exercising their ability to reason; they also begin to generate their own theories.

There are traits or attributes of the adolescent's personality that become risk factors for committing a suicidal act, such as low tolerance for frustration, hyper-perfectionist attitudes, being critical, intellectually rigid, who do not tolerate the slightest failure, and sometimes they are convinced of their own wickedness and feel unloved. It is also a stage in which the load of pressures or individual responsibilities increases, which together with inexperience and immaturity generate setbacks that can translate into moments of anguish, loneliness and frustration, which lead to risk factors for committing a suicidal act or behavior. Although suicidal behavior may be considered by the adolescent as a possible solution to his or her problems, it is not a valid act of totally conscious choice, but rather a position of forced cornering, determined by the adverse circumstances that the adolescent may be facing. (6)

School difficulties are predictors of suicidal ideations and behaviors at this stage of life. Other events that make them vulnerable to these behaviors are: direct threats to their self-image or dignity; separation from friends, classmates, boyfriends and girlfriends; the death of a loved one or other significant person; interpersonal conflicts or loss of valued relationships; disciplinary problems at school or legal situations for which the adolescent must answer, the high demands of parents and teachers during the exam period; unwanted pregnancy, sexually transmitted infections; suffering from a serious physical illness, being subjected to death threats or beatings; being teased at school; Failure to comply with the expectations placed by the parents, among others, constitute risk factors for committing said behaviors. (13)

In the literature on suicide, it also indicates that there are certain associated risk factors and that they have been studied more extensively in adolescents. Cuenca Edeltes et al. in a clinical epidemiological study on suicidal behavior in adolescents in the province of Holguín, Cuba concluded that middle and late adolescence are risk factors, aggravated by depressive disorders, lack of a life project, as well as dysfunctional families with presence of disorders related to mental health (alcoholism, psychiatric disorders, family violence and suicide attempt). (14)

Dr. Sergio Pérez (15) prominent connoisseur of the subject of suicidal behavior in adolescents, he highlighted and enunciated some myths among others and gave his scientific response in this regard that are highlighted below:

1. He who wants to kill himself does not say so. Wrong criterion because it leads to not paying attention to people who manifest their suicidal ideas or threaten to commit suicide. Scientific

criteria: of every ten people who commit suicide, nine of them clearly stated their intentions and the other gave a glimpse of their intentions to end their lives.

2. The one who says it does not do it. Wrong criterion as it leads to minimizing suicidal threats which can be mistakenly considered as blackmail, manipulation, boasting. Scientific criteria: everyone who commits suicide expressed with words, threats, gestures or changes in behavior what would happen.
3. Those who attempt suicide do not wish to die, they are just showing off. Wrong criterion because it conditions an attitude of rejection to those who attempt against their life, which hinders the help that these individuals need. Scientific criteria: although not all those who attempt suicide wish to die, it is a mistake to label them as boastful, since they are people whose useful adaptation mechanisms have failed and find no alternatives, except to try against their lives.
4. If he really wanted to kill himself, he would have thrown himself in front of a train. Wrong criterion that reflects the aggressiveness generated by these individuals in those who are not trained to deal with them. Scientific criteria: every suicide finds itself in an ambivalent situation; that is, of the person who uses it, and providing another with greater lethality is classified as a crime of aiding the suicide (helping him to commit it), penalized in the current penal code.
5. The subject who recovers from a suicidal crisis is in no danger of relapsing. Wrong criterion that leads to decrease the measures of strict observation of the subject and the systematized evolution of the risk of suicide. Scientific criteria: almost half of those who went through a suicidal crisis and committed suicide carried it out during the first three months after the emotional crisis, when everyone believed that the danger had passed. It happens that when the person improves, their movements become more agile, they are in a position to carry out suicidal ideas that still persist, and before, due to inactivity and inability to move agilely, they could not do so.
6. Talking about suicide with a person at this risk can encourage him to do it. Wrong criterion that instills fear to address the issue of suicide in those who are at risk of committing it. Scientific criteria: it has been shown that talking about suicide with a person at such risk, instead of inciting, provoking or introducing that idea into their head, reduces the risk of committing it and may be the only possibility offered by the subject for the analysis of their self-destructive purposes.
7. A person who is going to commit suicide does not emit signals of what he is going to do. Wrong criterion that tries to ignore the prodromal manifestations of suicide. Scientific criteria:

everyone who commits suicide expressed with words, threats, gestures or changes in behavior what would happen. These, among other myths, constitute elements of interest that must be known and published.

8. Disclosing the warning signs of a suicidal crisis are also preventive measures to avoid suicidal behavior such as: inconsolable crying, a tendency to isolate, suicidal threats, wishes to die, hopelessness, sudden changes in behavior, affections and habits, isolation, unusual behaviors, excessive consumption of alcohol or drugs, making farewell notes, as well as guiding where to go in these cases, all of which provide tools for the population to have more resources to face individuals at risk.

Final Considerations

This small article on "Adolescent suicidal behavior and risk factors" is placed in the hands of personnel linked to work with adolescents, including parents and/or guardians, which will allow them to be in the best conditions to detect these behaviors, thus contributing to taking actions that prevent it.

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