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Review Article

Adolescence And Risk of Suicidal Behavior

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Abstract

Introduction: Adolescence is considered one of the healthiest stages of life (10-19 years), in which it is necessary to prepare them so that they are able to develop 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. Suicidal behavior in adolescents is a common health problem that has increased in recent years. Currently in adolescents it has had an increase worldwide and is among the five causes of death between the ages of 15 and 19 years.

Objective: To deepen 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. Web sites were also visited, which were a must for their prestige and leadership on the subject.

Development: 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 that contribute to its prevention.

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

Introduction

Adolescence is defined as a stage of the life cycle between childhood and adulthood, which begins with pubertal changes and is characterized by profound biological, psychological and social transformations, many of them generating crises, conflicts and contradictions. It is estimated that one in five people in the world is a teenager. 85% of them live in poor or middle-income countries, and about 1.7 million of them die every year [1]. According to the World Health Organization, adolescence is the stage that elapses between 10 and 19 years, considering two phases: early adolescence from 10 to 14 years, and late adolescence from 15 to 19 years. In adolescence, suicide is a tragic reality, occupying a place among the three leading causes of death in most countries and in some, it is only surpassed by another type of violent death: motor vehicle accidents and the worst thing is that the tendency is to increase according to the estimates of the World Health Organization (WHO).

The WHO defines the suicidal act as any action by which an individual causes himself harm regardless of the degree of intention and that we know the true motives, and suicide as the death resulting from a suicidal act, that is, suicide is the action of taking one's life

voluntarily and premeditated. Suicide attempts, along with suicide, are the two most representative forms of suicidal behavior. Suicidal behavior is shaped by suicidal ideation: threats, gesture, attempt, and fait accompli [2]. The World Health Organization (WHO) in its report "Health for the world's adolescent" called for greater attention to be paid to adolescent health because road traffic injuries, HIV/AIDS and suicide are the leading causes of death and because they constitute Depression is the leading cause of illness and disability in this population group [3].

Globally, depression is the leading cause of illness and disability in this age group, and suicide ranks third among the causes of mortality. According to several studies, one in two people who develop mental disorders have the first symptoms by 14 years of age. If adolescents with mental health problems receive the care they need, deaths and lifelong suffering can be avoided [3]. Suicide in adolescents is a health problem worldwide occupying the third place in occurrence and Cuba is not exempt from this problem currently occupying the fourth cause of death preceded by deaths by aggressions [3]. The increase in rates for these causes in children and adolescents has now caused great interest in studying these behaviors in health professionals, teachers, parents, and other social groups. 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 technologies, without adult supervision, increase the risk of this behavior in this population group [4-6].

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, and in the rest of the world. Web sites were also visited, which were a must for their prestige and leadership on the subject. The terms adolescence, risk factors and suicidal behavior were used. All classifications that addressed the same or similar criteria for the definition of cases were considered. A first literature search was carried out that addressed the characteristics of adolescents, the definition of suicidal behavior and risk factors that affect these behaviors in adolescents. In a second stage of the review, the terms used to carry out the search were expanded and those articles that, through different terms, addressed suicidal behavior with the focus of its impact on adolescence as a health problem were included. For the elaboration of the search strategies, the controlled language DeCS was consulted, and the corresponding Boolean operators were included. The documents corresponding to the period 2001 - 2019 were selected and due to the importance of the subject treated, a 1999 article was included.

Development

Adolescence and predisposing factors to suicidal behavior

In adolescence, 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 lead to risk factors for committing a suicidal act or behavior.

These adolescents generally come from broken families, with deficiencies in the economic aspect, social and cultural deficits, alterations in relationships inside and outside the family group, or what could be called multi-problem families, or families that, due to their intra-family characteristics and/or the environment in which they live, can be classified as high risk, with educational poverty. and exposure to adverse family situations [2].

Adolescence is essentially a time of changes in which the process of transformation of the child into an adult occurs, it has peculiar characteristics, and it is also a stage of discovery of one's own identity (psychological identity, sexual identity) as well as individual autonomy [1]. In the emotional aspect, the arrival of adolescence means the emergence of the affective capacity to feel and develop emotions that are identified or related to love. Formal thinking appears, discovers that it is capable of arguing, analyzing and begins to do so, sometimes they fall into contradictions when talking to an adult, which are normal since they are exercising their ability to reason; They also begin to generate their own theories.

As a result, they begin to develop their codes of conduct, values and ethics; Progressively it modifies its role in the family, from child-dependent to adult-independent with increased responsibilities and capacity to exercise their freedom. The most dangerous characteristic of adolescent thinking is that of "feeling invincible", always thinking that bad things "happen to others", accidents, assaults, pregnancies, psychotic outbreaks from drug intake and ethyl comas [7]. 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, are critical, intellectually rigid, do not tolerate the slightest failure, and sometimes are c It has been shown that adolescents who report having had a sad childhood, you are more likely to have suicidal ideation. On this basis, Pérez et. al. (2010) affirms "belonging to families with low levels of cohesion presenting conflicts with father and / or mother, witnessing family arguments due to economic problems, unemployment, history of suicidal behavior in a close relative, among others, enable suicidal ideation and attempt". According to González Fortaleza (cited by Martínez and de la Peña, 2000), the main risk factor in children and adolescents is a dysfunctional family environment, feeling disadvantaged with their friends, having low self-esteem, impulsivity, poor communication with their parents and isolating themselves in problematic situations.

School difficulties are predictors of suicidal ideations and behaviors at this stage of life. In other cases, vulnerability to perceiving certain life events as a direct threat to their self-image or dignity; separation from friends, classmates, boyfriends and girlfriends; the death of a loved one or significant other; interpersonal conflicts or loss of valuable relationships; disciplinary problems at school or legal situations for which the adolescent must respond; acceptance of suicide as a form of problem-solving among friends or membership group; peer pressure to commit suicide

under certain circumstances and in certain situations; failure in school performance; the high demands on parents and teachers during the examination period; unwanted pregnancy or other sexually transmitted infection; suffering from a serious physical illness; being a victim of natural disasters; rape or sexual abuse, with greater danger in the case of family members; being subjected to death threats or beatings; being teased at school; failing to meet the expectations placed by parents, teachers, or other significant figures [8].

Other [9] factors associated with suicidal behavior in adolescence are:

- Having alterations in pubertal development: Early menarche, disability or mental retardation.
- Neglect and family-related problems: frequent escapes, desertion from home, economic problems.
- Eating disorders: malnutrition.
- Intellectual risks: such as illiteracy, poor performance and/or school dropout, crisis of authority, misused leisure.
- Factors associated with chronic non-communicable diseases such as high blood pressure, diabetes and cancer.

Biological factors: smoking, alcoholism and other drugs

- Sexual risks: pregnancy, infertility.
- Independence: fighting for your identity, changing mood.
- Social factors: isolation, depression, criminal and/or aggressive behavior, and suicidal behavior.

Most suicides are preceded by verbal or behavioral warning signs such as talking about wanting to die, feeling great guilt or shame, or feeling an extra burden to others. Other signs are experiencing a sense of emptiness, hopelessness, trapped or no reason to live; manifest extremely sad, anxious, agitated or full of anger; with excruciating pain, whether emotional or physical.

It is important to highlight the influence and credibility when assessing the myths related to suicidal behaviors in this population group [10] acquires great relevance that although they are culturally accepted criteria and enthroned in the population do not reflect scientific veracity because they are erroneous value judgments regarding suicide, suicides and suicide attempts, who must be eliminated. With each myth they try to justify certain attitudes of those who sustain them, which become a brake on the prevention of this cause of death.

It stands out and some myths are enunciated among others and their scientific answers are exposed as: The one who wants to kill does not say it. 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 hinted at their intentions to end their lives. The one who says it does not. Wrong criterion since it leads to minimize suicide threats which can be wrongly considered as blackmail, manipulations, boasts. Scientific criteria: everyone who commits suicide expressed with words, threats, gestures, or changes in behavior what would happen. Those who attempt suicide do not wish to die, they only flaunt. Wrong criterion because it conditions an attitude of rejection to those who try against their lives, which hinders the help that these individuals need. Scientific criterion: although not all those who attempt suicide wish to die, it is a mistake to call them boastful, because they are people who have failed their useful mechanisms of adaptation and find no alternatives, except to try against their life. 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 address them. Scientific criteria: every suicidal person is in an ambivalent situation; That is, of those who use it, and provide another of greater lethality is qualified as a crime of assisting the suicide (helping him to commit it), penalized in the current Penal Code. The subject who recovers from a suicidal crisis is in no danger of relapse. Wrong criterion that leads to reduce 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 consummated 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, his movements become more agile, he can carry out the suicidal ideas that persist, and before, due to the inactivity and inability of agile movements, he could not do it. Discussing suicide with a person at risk may prompt them to do so. 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 his head, reduces the danger of committing it and may be the only possibility offered by the subject for the analysis of his self-destructive purposes.

Disseminating the warning signs of a suicidal crisis are also preventive measures such as: inconsolable crying, tendency to isolation, suicidal threats, desire to die, hopelessness, sudden changes in behavior, affections and habits, isolation, unusual behaviors, excessive consumption of alcohol or drugs, make farewell notes, as well as guide where to go in these cases and thus give tools so that the population has a greater resource to face individuals at risk [11].

Recently, the Centers for Disease Control and Prevention provided information on increasing trends in suicide in various groups and time periods [12]:

- Among adolescent girls (aged 10-14), the overall suicide rate increased from 0.5% in 1999 to 2% in 2019.
- In adolescent males (aged 10-14), the overall suicide rate increased from 1.9% in 1999 to 3.1% in 2019.

Statistics related to suicide in high school students in the United States in 2015 highlights that:

- Between 2001 and 2015, emergency department visits for self-inflicted injuries, suicidal thoughts or suicide attempts increased in all age groups.

- In 2011, the sharp increase in suicide attempts was first observed, even as the actual number of suicides remained stable.
- Between 2006 and 2015, there were more than 40,000 suicides in people between the ages of 10 and 19. During the same period, 118,000 children and adolescents in the same age group needed medical treatment to treat suicide attempts.

Among the factors that may contribute to the increase in suicide attempts among children and adolescents are the increase in adolescent depression (especially in girls), the increase in opioid prescriptions for parents, exposure to increased suicide rates among adults in their circle, conflicting relationships with parents and academic stress. Suicide attempts often involve some ambivalence about the desire to die and are often a way of asking for help [12]. Studies indicate a predominance of males to commit suicide and attempted suicides in females.

The National Program for the Prevention and Attention to Suicidal Behavior, as part of the express will of the Cuban Government, was included in a macro-Program for Human Development, Equity and Social Justice, the results of which have been presented to ministers and senior officials of the Republic to, from an integrative view of the problem, identify and modify social and economic determinants that may influence. It is worth noting that for the first time in the country, within the National Health Survey, a section is dedicated to mental health in order to evaluate the prevalence of diseases such as depression (closely associated with suicide), anxiety, suicidal ideation, suicide attempt, cognitive impairment and others [13]. A study conducted in Colombia in the period 2009 to 2016, by age groups, highlights that in the distribution of suicide attempt rates, by age groups, a progressive increase was observed, with higher rates in the age group of 15 to 19 years, followed by the group of 20 to 24 years [14].

Conclusions

Suicidal behavior in adolescents is a serious health problem that must be addressed by the different elements of society since individual factors of the family and the community intervene.

Final Considerations

It is not intended to exhaust the topic, because in practice situations will arise that do not appear in any text. It is only a matter of making a modest contribution to the training of all personnel linked to work with adolescents that contributes to the reduction of these behaviors.

Acknowledgment

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Conflict of Interest

No conflict of interest.

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