International Journal of Applied Research 2019; 5(9): 379-382

ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2019; 5(9): 379-382
www.allresearchjournal.com
Received: 03-06-2019
Accepted: 16-07-2019

Dr. Jyotika Rathore
Associate Professor,
Department of Psychology,
Navyug Kanya
Mahavidyalaya, Lucknow,
Uttar Pradesh, India

Correspondence
Dr. Jyotika Rathore
Associate Professor,
Department of Psychology,
Navyug Kanya
Mahavidyalaya, Lucknow,
Uttar Pradesh, India

Causes of the rise in teenage suicides and their prevention and treatment

Dr. Jyotika Rathore

Abstract
Here, we summarize the current state of research pertaining to suicidal thoughts and behaviors in youth. We review their definitions/measurement and phenomenology, epidemiology, potential etiological mechanisms, and psychological treatment and prevention efforts. Suicide has become one of the leading cause of death in adolecesnt age group. In this abstract we are trying to find out causes of increasing trends and preventive stratigies.
Teenage suicide continues to be a serious issue both worldwide and in Romania and, therefore, it deserves to be studied by educators, psychologists, psychiatrists, social workers, and sociologists. A close study of literature in the field of adolescent/ teen suicide over the last fifty years shows that it has been studied in a relatively small number of countries. Three types of causes/ factors/ stressors/ triggers for adolescent suicide are illustrated with examples from literature: biological, environmental, and psychological.

Keywords: Adolescent suicide, firearms, suicide prevention

Introduction
Depression is a mental health disorder. It causes chemical imbalances in the brain, which can lead to despondency, lethargy, or general apathy towards life. Almost half of 14- and 15-year-olds have reported feeling some symptoms of depression, which makes coping with the extensive stresses of adolescence all the more difficult. Symptoms of depression in youth are often overlooked or passed off as being typical "adolescent turmoil."
Another serious problem that can lead teens to suicide - or aid in their plans to end their lives - is the easy access many of them have to firearms, drugs, alcohol, and motor vehicles. For the general population, about 30% of suicides involve firearms. Of all firearm-related deaths that occur, about 80% are suicides.
Each year, approximately 800,000 people die by suicide worldwide. Whereas suicide is a leading cause of death across all age groups, suicidal thoughts and behaviors among youth warrant particular concern for several reasons., suicide ranks higher as a cause of death during youth compared with other age groups. It is the second leading cause of death during childhood and adolescence, whereas it is the tenth leading cause of death among all age groups. Third, many people who have ever considered or attempted suicide in their life first did so during their youth, as the lifetime age of onset for suicidal ideation and suicide attempt typically occurs before the mid-20s (suicide death is preventable, with adolescence presenting a key prevention opportunity resulting in many more years of life potentially saved. Here, we will review the current state of the literature on suicidal thoughts and behaviors among youth. *Suicidal thoughts and behaviors* include suicidal ideation, suicide attempt, and suicide death. We begin by defining and describing each of these outcomes, and then summarize their known epidemiology, mechanisms, and related treatment and prevention efforts.
This review uses the following definitions of suicidal thoughts and behaviors. *Suicidal ideation* is the consideration of or desire to end one's own life. Suicidal ideation typically ranges from relatively passive ideation (e.g. wanting to be dead) to active ideation (e.g. wanting to kill oneself or thinking of a specific method on how to do it). *Suicide attempt* is an action intended to deliberately end one's own life.

The most common method among youth is typically overdose or ingestion, followed by hanging/suffocation and the use of a sharp object (e.g. cutting; Cloutier, Martin, Kennedy, Nixon, & Muehlenkamp, *Suicide death* is a fatal action to deliberately end one's own life, as frequently determined by a medical examiner, coroner, or proxy informant. There are some distinct patterns across geographical regions, likely associated with variable access to lethal means. Suicide death by jumping in front of a moving object (e.g. trains), for instance, is more common among adolescents in countries with highly developed railway systems.

For the purpose of this review, we exclude self-injurious actions in the *absence of suicidal intent* (e.g. nonsuicidal self-injury, suicide gesture). While there is frequent co-occurrence and association between nonsuicidal and suicidal thoughts and behaviors among youth, nonsuicidal and suicidal thoughts and behaviors remain phenomenologically distinct. Because these terms describe behaviors that may be in the absence of suicidal intent, they remain outside the scope of the present review.

Epidemiology

Below we summarize the known prevalence, onset, and course of suicidal thoughts and behaviors, as well as patterns observed across specific demographic populations of youth. Much of what is known about suicidal thoughts and behaviors among youth around the world draws from individual country-level studies. Whenever possible, data from the World Health Organization (WHO) and cross-national studies are featured.

Psychological risk factors

Below, we discuss prominent psychological correlates and risk factors of suicidal thoughts and behaviors among youth. These are organized into the domains of affective, cognitive, and social processes, and have primarily been measured through self-report, behavior, and physiology. For the purpose of the present review, affective processes pertain to psychological factors that are emotionally valanced, and largely pertain to negative affect. Implications of positive affect (or lack thereof), as well as affect or emotion regulation, are also described. Cognitive processes pertain to impulse control (*i.e*. impulsivity) and select information-processing biases. Social processes pertain to psychological processes oriented toward others, including the observed degree and engagement in interpersonal relationships. Overall, psychological processes have received varying degrees of evidence. Negative affect-related processes have been most strongly supported (with notable exceptions), and prominent cognitive and social processes have received moderate support. The present focus on psychological processes paper marks a departure from the more traditional focus on suicidal thoughts and behaviors as an outcome of psychiatric diagnoses. This approach represents an area in need of greater attention as described under future directions.

Affective processes

Evidence in support of negative affect-related processes ranges from strong to moderate, depending on the aspect of negative affect examined. Strong evidence supports worthlessness and low self-esteem as risk factors for suicidal thoughts and behaviors in youth. Other aspects of negative affect, such as hopelessness, may play a more nuanced role in predicting suicidal thoughts and behaviors. Multiple longitudinal studies involving adolescents have now demonstrated that hopelessness may be a more distal risk factor, as it does not predict suicidal ideation or attempt controlling for baseline factors such as suicide attempt history and depression. Although hopelessness may not uniquely account for the occurrence of suicidal thoughts and behaviors within a single, fixed time point among adolescents, emerging work highlights the role it may play in identifying chronicity and trajectory of suicidal thoughts and behaviors over time.

Other aspects of positive affect, including blunted reward responsivity and reward learning deficits, have been assessed using physiological and behavioral measures in cross-sectional studies.

The ability to observe and change emotions is highly relevant to the experience of negative and positive affect. There are few longitudinal studies showing that distinct facets of emotion dysregulation relate to suicidal ideation and attempt during adolescence. Ultimately, it was shown that having limited emotion regulation strategies was more predictive than difficulty identifying rumination and suppression of negative thoughts and feelings, have been linked with suicidal ideation in adolescents and young adults as well. Emerging work on adaptive strategies among youth (e.g. distraction and problem-solving) points to promising alternatives that may buffer against suicide risk, and be even more predictive than maladaptive strategies.

Social processes

Despite the relatively high degree of attention received, there remains moderate evidence in support of loneliness as a direct and proximal risk factor for subsequent suicidal ideation and attempt during adolescence. Bivariate prospective models demonstrate a significant relationship over time, but multivariate prospective models suggest that the effect of loneliness on suicidal thoughts and behaviors during adolescence may be mediated by psychopathology. Related to loneliness, specific aspects of the Interpersonal Theory of Suicide such as thwarted belongingness and perceived burdensomeness have been shown to predict suicidal thoughts and behaviors in youth. Continued exploration of gender-specific effects, and the interaction between social and other psychological processes, is encouraged.

Social communication and response processes are critical to maintaining interpersonal relationships. Innovative work has been initiated in this area, although most of it has been through cross-sectional studies and remains tentative. This has been possible through the application of machine learning techniques to the dynamic components of prosody and As another example in the area of social response processes, adolescents who have experienced suicidal ideation or attempt have been shown to demonstrate atypical (*i.e*. hypo- or hyperresponsive) patterns of cortisol response to social stress compared with nonsuicidal adolescents although findings remain mixed in directionality.

Genes

The exact role of genetic heritability in suicidal behavior is less clear, although convincing studies do suggest that there is a heritable component of suicidal behavior. For example, recent meta-analytic data have demonstrated that across a

range of studies, there are significant differences in suicide rates between mono- (MZ) and dizygotic (DZ) twins, with overall concordance rates for registry-based studies of 24% MZ and 2.8% DZ. In a very large (n = 85,000) study of twins in Sweden, researchers found concordance rates of 5.8% MZ and 1.8% DZ. Thus, it appears sex may be a relevant moderator when considering the heritability of suicide and could perhaps help clarify mixed findings within this area of the literature.

There remain several areas in need of greater attention within the realm of genetic risk for suicide. First, the field is sorely lacking genome-wide association studies (GWAS) to identify genetic variants of suicide-related outcome among youth. To date, research has examined the contribution of specific candidate genes in suicide risk among youth. Although less convincing, this approach has allowed researchers to examine genetic markers of behavioral traits in relation to certain outcomes, such as suicide attempt found that a polymorphism in the promoter region of the serotonin transporter gene (5-HTTLPR) is associated with aggressive behavior in a sample of adolescent suicide attempters, but not associated with suicidal attempt, per se. One distinct possibility is that genes influence suicidal behaviors via other risk factors such as impulsive aggression, as described above.

The possibility of a Gene × Environment interaction producing increased risk for suicide has also been examined, although results have not demonstrated consistent results. Although some studies have reported these interactions.

Treatment of suicidal behavior

How do we reduce risk of suicide early in life? What are the best psychological intervention and prevention strategies for children and adolescents? Here, we primarily draw from randomized controlled trials (RCTs) to outline the efficacy of psychotherapeutic approaches intended to treat and prevent suicidal thoughts and behaviors among youth.

Psychological treatment

Overall, psychological treatments with the strongest preliminary support of efficacy for reducing suicidal thoughts and behaviors among youth emphasize behavior change, skill-enhancement, and strengthening of interpersonal bonds.

Individual and family therapy

Attachment-based Family Therapy (ABFT) aims to enhance the quality of attachment bonds via an interpersonal approach to individual and family therapy, as well as parent skills training. Adolescents receiving 6 months of I-CBT had significantly fewer suicide attempts over an 18-month study period. These findings are promising because the intervention effects were maintained after delivery of treatment. Similarly, ABFT is one of the few modalities to evidence positive outcomes in a predominantly ethnic minority sample. However, the findings for both trials are limited due to low rates of treatment completion in the control condition.

Several forms of individual treatment that teach psychological and interpersonal skills have been shown to decrease the risk of suicidal behavior among youth. For instance, dialectical behavior therapy (DBT), a treatment focused on strengthening skills in interpersonal effectiveness, as well as mindfulness, distress tolerance, and emotion regulation, has been adapted for adolescents (by adding family therapy, and multifamily skills training.

Brief interventions during high-risk periods

Interventions implemented post discharge from emergency departments (ED) or acute care settings are another important part of suicide treatment efforts gaining empirical support. In addition, multiple-component post-ED interventions have been found superior to routine care for improving outpatient treatment compliance. Initial evidence from a small RCT indicates that these interventions may also be efficacious for reducing suicide attempts (SAFETY Program; The promising effects observed on suicide behavior outcomes remain to be replicated since the initial trial was limited by high drop-out rates in the control group.

Technology-based interventions

Recent studies have begun to identify cognitive and affective markers of increased suicide behavior risk, which may serve as new treatment targets. Following up on this finding, in one recent study investigators used an evaluative conditioning procedure delivered via a game-like smartphone app to create in some adult participants an aversion to death/suicide/self-injury. These results are promising but preliminary, since intervention effects did not generalize to suicidal ideation and did not persist 1 month later. These caveats aside, the continued development and improvement of these types of interventions are encouraged given the low-cost and easily disseminable intervention format.

Prevention

In addition, a high-school-based RCT found significantly fewer self-reported suicide attempts and increased knowledge about suicide at 3-month postintervention among adolescents assigned to the Signs of Suicide program in comparison to the regular school curriculum However, there were no differences in suicidal ideation or help-seeking behaviors for students in the intervention group versus those in the lagged control group. Replication of findings is needed to strengthen empirical support for the aforementioned programs.

To date, there is modest evidence of improved rates of referral to mental health services and completion of referrals among high-school students from a small RCT evaluating screening with an adapted version of the Columbia Teen Screen versus routine school procedures. Similarly, there is preliminary evidence for improved attendance to mental health services However, replication of these findings with larger samples and longer time frames are necessary to determine the robustness of these effects. In addition, available evidence does not support the superiority of screening interventions for reducing suicidal thoughts and behaviors (Wasserman *et al*., 2015). More work is required to translate the improved referral and attendance rates into clinically meaningful effects for suicidal thoughts and behaviors. More evidence is needed regarding effects on intermediate outcomes (e.g. mental health referrals) and gatekeeper behavioral outcomes.. Data available from youth healthcare settings are also insufficient to determine the benefits of screening or gatekeeper programs for reducing suicidal thoughts and behaviors, but suggest that the programs would be acceptable to families and have promising potential for referral rates 2013).

Prevention and crisis support

Indicated prevention strategies such as suicide hotlines respond to the immediate needs of suicidal individuals during a crisis. Crisis support services such as school postvention programs address the needs of the surrounding community after a suicide-related event. The benefits of crisis lines for reducing suicidal behavior have not been studied in suicidal youth and results are mixed for adult callers.

Future directions

Throughout the review, we have highlighted knowledge gaps within specific content areas. But there remain several overarching caveats and limitations of the present review, which reflect those of the literature broadly. We highlight these below, and recommend ways for future research to address existing conceptual and methodological challenges.

Conclusion

In sum, the youth suicide literature has made significant advances in the areas of epidemiology, (potential) etiological mechanisms, as well as treatment and prevention. The field at present has developed a firm and increasingly cross-national knowledge base regarding the epidemiology of suicidal thoughts and behaviors; identified select environmental and psychological risk factors and novel biological correlates; and has taken promising steps forward to develop and begin testing intervention and prevention strategies. Importantly, there remain gaps sorely in need of attention. Acknowledging these gaps represents a critical first step to prompt innovative and promising directions for future work.

References

1. Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. Journal of Youth and Adolescence. 2009;38:1001-1014.
2. Asarnow J, Baraff L, Berk M, Grob C, Devich-Navarro M, Suddath R, *et al*. Effects of an emergency department mental health intervention for linking pediatric suicidal patients to follow-up mental health treatment: A randomized controlled trial. Psychiatric Services. 2011;62:1303-1309.
3. Aseltine RH, James A, Schilling EA, Glanovsky J. Evaluating the SOS suicide prevention program: a replication and extension. BMC Public Health. 2007;7:161.
4. Baumeister D, Akhtar R, Ciufolini S, Pariante CM, Mondelli V. Childhood trauma and adulthood inflammation: A meta-analysis of peripheral C-reactive protein, interleukin-6 and tumour necrosis factor-alpha. Molecular Psychiatry. 2016;21:642-649.
5. Bhui K, McKenzie K, Rasul F. Rates, risk factors & methods of self harm among minority ethnic groups in the UK: A systematic review. BMC Public Health. 2007;7:336.