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Review Article

Adolescence, Suicidal Risk and Prevention

Alba Cortes Alfaro*

Professor and Assistant Researcher, School Health Department, National Institute of Hygiene, Epidemiology and Microbiology, Cuba

***Corresponding Author:** Alba Cortes Alfaro, Professor and Assistant Researcher, School Health Department, National Institute of Hygiene, Epidemiology and Microbiology, Cuba.

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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 potential 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 risky behaviors. Suicidal behavior in adolescents is a frequent health problem that has increased in recent years. Currently in adolescents it has had an increase and worldwide it is one of the five causes of death between the ages of 15 to 19 years.

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

Method: A bibliographic review was performed 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. Websites on the Internet of obligatory consultation for their prestige and leadership on the subject were also visited.

Development: The general characteristics of healthy adolescents and risk factors that make them vulnerable to suicidal behavior are exposed, which allows reflection on the topic that contributes to their prevention.

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

Keywords: *Adolescence; Suicidal Risk; Prevention*

Introduction

Adolescence is considered one of the healthiest stages of life (10 - 19 years), in which they need to be prepared to be able to develop their potentials and although it remains true, it is also one of the most complex and problematic because it is really a vulnerable period for the appearance of risky behaviors, which can find themselves on their own or attend and bring health consequences. These criteria have generated some degree of neglect in the care of healthy adolescents, as well as the adequate training and training of the human resources provided by health services. In adolescence itself two intimately related aspects are distinguished: the person is recognized and the person is conscious. Recognizing yourself identifies as a subject with duties and rights and being aware is that they are visible to belong to a community to which it brings individual reality and where it shares values and projects with those who integrate it. It is also characterized by the search for oneself and its identity, a need for independence and its group tendency.

Adolescence is also a stage full of changes and new challenges in many areas: physically, psychologically, relationally, academically among others. It is a period of transformation, transition and resolution of new experiences.

Authors such as Erikson, Perkins and Piaget have conceptualized the different psychological challenges that the teenager has to solve in his evolution into adulthood. Erikson highlights identity as the main objective at this stage, achieving on this path a sense of independence and control. It also points to social relationships as the most important element during this period, while in previous stages the school and family had more relevance. Perkins and Piaget highlight the transition from child to adolescent thinking as the transition from concrete to bad, white or black) to abstract (more elaborate thinking, integrating these concepts: good ones are not so good bad the bad ones are not so bad) and raises four basic questions that the teenager has to solve: Who am I?; Am I normal?; Am I competent?; Can I love and be loved? [1].

This stage is therefore a scenario of conflict between the dependence that young people still have their caregivers and the growing need for autonomy, freedom and the construction of a vital project of their own. A stage of learning, developing and acquiring strategies necessary to face the challenges of adult life, in which there may be questions of family and social values before finishing making them their own [1]. Stage in which there are among others, mental changes such as those related to mood [2] that if you do not have adequate management of the environment around you, can lead to a depressive state. The World Health Organization (WHO) argues that this depressive state is mainly presented between the ages of 15 and 24 [3] in areas where the adolescent does not present an atmosphere suitable for his development: loneliness, lack of family communication, early marriages, crime, bullying, drug addiction, discrimination, abuse against lesbian, gay, transsexual, bisexual-LGBT community etc. making it today a public health problem, both in industrialized and developing countries [4].

This behavior includes suicidal ideation of the desires, thoughts, and plans to commit a suicidal act; consummate suicide (act of consciously killing death, considering death as an end), suicide (voluntary act performed by the person with the intention of death, but without achieving it) and parasuicide (non-fatal self-harming conduct performed by the individual and in which his intentionality or orientation towards death is not essential) [5].

Other authors see it as a continuum ranging from cognitive aspects such as suicidal ideation and planning, to behavioral aspects, such as suicide or suicide attempt [6].

While suicidal behavior can be seen by the adolescent as a possible solution to his problems, it is not a valid act of fully conscious choice, but a position of forced cornering, determined by the adverse circumstances the adolescent may be facing. At this stage the burden of individual pressures or responsibilities is increased, which together with inexperience and immaturity generate stumbles that can result in moments of anguish, loneliness and frustration, which lead to risk factors to commit a suicidal act or behavior.

Methods

In order to carry out this review and to provide readers with 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, Latin America and the Caribbean, and in the rest of the world. Websites were also visited on the Internet for a must-consult for their prestige and leadership on the subject.

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

A first bibliographic search was conducted that addressed the characteristics of adolescents, the definition of suicidal behavior and risk factors that affect these behaviors in adolescents. Propias del At a second time in the review, the terms used to conduct 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.

The DeCS controlled language was consulted for the development of search strategies and the corresponding Boolean operators were included. Documents for the period 2001 - 2019 were selected and an article from 1999 was included because of the importance of the subject covered.

Development

General characteristics of adolescence that are predisposing factors of suicidal behavior.

In adolescence the burden of individual pressures or responsibilities is increased, which together with inexperience and immaturity generate stumbles that can result in moments of anguish, loneliness and frustration, which lead to risk factors to commit a suicidal act or behavior [7].

These adolescents usually come from unstructured families, with deficiencies in the economic aspect, social and cultural deficits, alterations in relationships within and outside the family group, or what might be called multiproblem families, or families that by their intra-family characteristics and/or the environment in which they live can be described as high risk, with educational poverty and exposure to adverse family situations.

WHO defines the suicidal act as any action by which an individual causes himself harm regardless of the degree of intent and whether we know the true motives, and suicide as the death resulting from a suicidal act, i.e. suicide is the action of taking their own life voluntarily and premeditatedly. Suicide attempt, along with suicide, are the two most representative forms of suicidal behavior [8].

For the World Health Organization, adolescence is the period between 10 and 19 years in which biological, psychological and social changes occur, and it is estimated that one in five people in the world is adolescents. 85% of them live in poor or middle-income countries, and about 1.7 million of them die each year [9]. Adolescence is essentially a time of change in which the process of transformation of the child into adult, has peculiar characteristics, and is a stage in addition, of discovery of one's identity (psychological identity, sexual identity) as well as of individual autonomy [9]. In the emotional aspect the arrival of [9] adolescence means the appearance of the affective ability to feel and develop emotions that identify or relate to love. Formal thought appears, discovers that it is able to argue, to analyze and begins to do so, sometimes they fall into contradictions when they speak to an adult, which are normal since they are exercising their ability to reason; they also start generating their own theories.

As a result, they begin to develop their codes of conduct, their values and their ethics; progressively changes its role in the family, from child-dependent to adult-independent with increased responsibilities and ability to exercise its freedom. The most dangerous feature of adolescent thought is "feeling invincible", they always think that bad things "happen to others", accidents, assaults, pregnancies, psychotic outbreaks from drug intake, and ethyl comas [7,8].

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, hyperperfitionist attitudes, are critical, intellectually rigid, who do not tolerate the slightest failure, and are sometimes convinced of their own evil and do not feel loved.

School issues are predictors of suicidal ideations and behaviors at this stage of life. In other cases vulnerability in perceiving certain life events as a direct threat to your self-image or dignity; the separation of friends, classmates, boyfriends and girlfriends; the death of a loved one or other meaningful person; interpersonal conflicts or loss of valuable relationships; disciplinary problems at school or legal situations that the teen must respond to; acceptance of suicide as a form of problem solving among friends or membership group; pressure on the group to commit suicide under certain circumstances and in certain situations; failure in school performance; the high demand of parents and teachers during the exam period; unwanted pregnancy or other sexually transmitted infection; suffering from a serious physical illness; falling victim to natural disasters; rape or sexual abuse, more dangerously in the case of family members; being subjected to death threats or beatings; be a source of mockery at school; breach the expectations placed by parents, teachers, or other meaningful figures [10].

Other factors [11] associated with suicidal behavior in adolescence include:

- Having alterations in pubertal development: Early menarquia, disability or mental retardation.
- Neglect and family-related problems: frequent leaks, home dropout, financial problems.

- Eating disorders: malnutrition.
- Intellectual risks: Such as illiteracy, poor performance and/or school dropout, authority crisis, misused free time.
- Factors associated with chronic noncommunicable diseases such as high blood pressure, diabetes and cancer.

Biological factors: Smoking, alcoholism and other drugs

- Sexual risks: Pregnancies, infertility.
- Independence: Fight for your identity, changing humor.
- Social factors: Isolation, depression, criminal and/or aggressive behavior and suicidal behavior.

Dr. Sergio Pérez was a prominent connoisseur of the subject of suicidal behavior in adolescents, highlighting and enunciating among a few other myths and gave his scientific response in this regard.

Other important aspects to consider in suicidal behavior in adolescents are those related to myths.

The myths about suicide, suicide and those attempting suicide are obstacles to the prevention and identification of such behavior, so scientific criteria are required to be disseminated and together with them so that the population has more resources with which to face the individuals at risk. Here are some of them [12].

Dr. Sergio Pérez [12] outstanding connoisseur of the subject of suicidal behavior in adolescents, he highlighted and enunciated among others some myths and gave his scientific response in this regard, which are highlighted below:

1. The one who wants to kill himself doesn't say it. Wrong criterion because it leads to pay no attention to people who manifest their suicidal ideas or threaten to commit suicide. Scientific criterion: out of ten people who commit suicide, nine of them clearly said their purposes and the other revealed their intentions to end their lives.

2. Whoever says it doesn't. Wrong criterion as it leads to minimizing suicidal threats which can be mistakenly considered blackmail, manipulation, boasting. Scientific criterion: everyone who committed suicide expressed with words, threats, gestures or behavioral changes what would happen.

3. Those who try suicide don't want to die, they just flaunt it. Wrong criteria because it conditions an attitude of rejection to those who try against their lives, which hinders the help these individuals need. Scientific criterion: although not everyone who tries to suicide wants to die, it is a mistake to label them as ardosos, because they are people who have failed their useful mechanisms of adaptation and find no alternatives, except to try against their life.

4. If he really wanted to kill himself, he'd have jumped in front of a train. Wrong criterion that reflects the aggressiveness generated by these individuals in whom they are not qualified to address them. Scientific criterion: every suicide is in an ambivalent situation; that is, the one who uses it, and providing another of greater lethality is classified as a crime of relief to the suicide (to help him commit it), penalized in the current penal code.

5. The guy who recovers from a suicide crisis is not in any danger of relapse. Wrong criterion that leads to a decrease in strict subject observation measures and the systematized evolution of suicide risk. Scientific criterion: Nearly half of those who went through a suicide 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 is able to take to the way in fact the suicidal ideas that still persist, and before, due to the inactivity and inability of agile movements, he could not do so.

6. When talking about suicide with a person at this risk, you may be encouraged to do so. Wrong criterion that instills fear in addressing the issue of suicide in those at risk of committing suicide. Scientific criterion: It has been shown that talking about suicide with a person at risk rather than 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.

7. A person who is going to kill himself does not issue any signs of what he is going to do. Wrong criterion that seeks to ignore the pro-behavioral manifestations of suicide. Scientific criterion: everyone who committed suicide expressed with words, threats, gestures or behavioral changes what would happen. These, among other myths, are elements of interest that must be known and published.

Disclosing the warning signs of a suicide crisis are also preventive measures to prevent suicidal behavior such as: inconsolable crying, tendency to isolation, suicidal threats, desires to die, hopelessness, sudden changes in behavior, affections and habits, isolation, unusual behaviors, excessive alcohol or drug use, parting notes, as well as guiding where to go in these cases all of which provides tools for the population to have more resources to deal with at-risk individuals.

Finally, the Pan American Health Organization(PAHO) and the World Health Organization (WHO) call for greater attention to adolescent health to prevent deaths and improve their health, as in the Americas, interpersonal violence, road traffic injuries and suicides are the three leading causes of death in this population, and depression is among the top three causes of disease and disability [13].

Final Considerations

It is put in the hands of the staff linked to work with teenagers including parents and/or guardians, this small article on "Adolescents, suicidal behavior and risk factors" which will allow to be in the best conditions to detect these behaviors thus contributing to take actions that prevent it.

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