

Prevention of Suicidal Behavior in Adolescents: An Urgent Need

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Abstract

According to a new report from the World Health Organization (WHO) and partners, more than 3,000 adolescents die every day (or 1.2 million deaths each year) from causes that, for the most part, could be prevented. Among the main causes of death in adolescents are traffic accidents, lower respiratory tract infections and suicide. The most affected group for accidents are those between 15 and 19 years old, they are vulnerable to public roads as pedestrians, cyclists or motorcyclists.

Keywords: suicidal behavior; adolescents; WHO; self-control; coach; counselor at school; your teen's doctor

Summary

According to a new report from the World Health Organization (WHO) and partners, more than 3,000 adolescents die every day (or 1.2 million deaths each year) from causes that, for the most part, could be prevented. Among the main causes of death in adolescents are traffic accidents, lower respiratory tract infections and suicide. The most affected group for accidents are those between 15 and 19 years old, they are vulnerable to public roads as pedestrians, cyclists or motorcyclists [1].

According to a PAHO/WHO report, there is a call for greater attention to be paid to the health of adolescents to prevent deaths and improve their health. Reference is made to the fact that, in the Americas, interpersonal violence, injuries caused by traffic, and suicides are the three main causes of death in this population. Depression is among the top three causes of illness and disability. In the world they constitute it in this population group: traumas caused by traffic, HIV/AIDS and suicide [2].

Suicide is defined by the World Health Organization (WHO) as the deliberate act of taking one's own life. Its prevalence and the methods used vary according to different countries. From the point of view of health mentally, adolescents have particular vulnerabilities, due to their age development, characterized as a stage of full development and great changes. However, adolescence is not experienced in the same way by all people, it is determined by social, economic and cultural factors [3].

A majority of people who try to commit suicide have ambivalent thoughts so they do not necessarily seek death, so it is assumed that they do not want to die, but what they want is to stop doing it. This situation can be assessed with the idea that children between 8 and 11 years old have no idea that death is forever and neither do many adolescents. Hence, they may come to think that when they are dead, the people who made them suffer will reconsider and stop causing them pain when they are resurrected.

According to a WHO report (2001: 7), "occasionally having suicidal thoughts is not abnormal. These are part of a normal process of development in childhood and adolescence when trying to elucidate existential problems when trying to understand the meaning of life and death. Surveys conducted show that more than half of young people in higher secondary education report having suicidal thoughts.

Adolescents at risk of suicide may suffer psychological or mental vulnerability, caused by different factors. This does not mean that the existence of any of these factors determines a suicide, but they are elements to take into account. The most frequent are serious family problems such as situations of violence or aggression, sexual abuse, problems at school, both in relation to low grades and rejection by the peer group that, in some cases, becomes bullying, or bullying through teasing and aggression. Difficulties around sexual identification and fear of family reaction may also be risk factors. And especially previous suicide attempts [3].

It is important to pay attention to certain symptoms such as: listlessness and disinterest, sadness and loneliness that may be associated with

depression. In other cases, adolescents manifest depression through a high degree of excitability, other more observable are changes in the way they eat (loss or increase in appetite) or sleep disorders.

It is important to take into account for its prevention, among others: [4]

- Protective factors; the help to these adolescents to avoid suicidal behavior, such as suicide attempt, suicidal thoughts and ideas, and suicide itself.
- Social skills: that allow them to integrate into groups typical of adolescence at school and in the community in a positive way; have self-confidence, for which adolescents should be educated highlighting their successes, drawing positive experiences from failures, without humiliating them or creating feelings of insecurity.
- Ability to self-control over their own "destiny", and have good adaptability, responsibility, persistence, perseverance, reasonable quality of spirit and activity levels.

Other important aspects to take into account in the suicidal behavior of adolescents are those related to myths.

The myths about suicide, suicide and those who attempt suicide constitute obstacles to the prevention and identification of such behaviors, which is why it is imperative that they be disseminated and along with them the scientific criteria so that the population has more resources with which to deal with individuals at risk. Below are some of them. 5

Dr. Sergio Pérez, an outstanding connoisseur of the subject of suicidal behavior in adolescents, highlighted and enunciated, among others, some myths and gave his scientific response in this regard, which provides us with important elements for its prevention in this population group, such as:

1. The one 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, his movements become more agile, he is in a position to carry out suicidal ideas that still persist, and before, due to inactivity and inability to move agilely, he 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.

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 [5].

Parents or guardians can do a lot to prevent this:

- It is important for parents to know the warning signs so that suicidal teens can get the help they need because many teens who commit or attempt suicide have given warning signs so that teens who are suicidal they can get the help they need.
- It is a mistake to think, as some adults do, that young people who say they are going to hurt or kill themselves are "just saying it to get attention." It's important to realize that ignoring conspicuous teens may increase the chance that they will get hurt (or worse).
- ER visits, doctor visits, and treatment institutes are generally not something teens want, unless they are seriously depressed and contemplating suicide or wishing they were dead. It's important to view warning signs as serious, not "getting attention" that can be ignored.
- It is important to try to keep communication open and to express your concern, your support, and your love. If your teen confides in you, show her that she takes those concerns seriously. A fight with a friend may not seem important to you in a larger context, but for a teenager it can be intense

and overwhelming. It is important not to minimize or discount what your teen is facing, as this could increase her feelings of hopelessness.

- If your teen isn't comfortable talking to you, suggest a more neutral person such as another relative, a member of the clergy, a coach, a counselor at school, or your teen's doctor.
- When asked if they have thought of committing suicide or hurting their adolescents, some parents are afraid to ask them, since they think that they will sow the idea of suicide. It is always a good idea to ask, even if it is difficult. Sometimes it helps to explain why you are asking. For example, you might say, "I've noticed you mentioning your wishes to be dead too much. Have you thought about trying to kill yourself?"

It is important to get help immediately if you find out that your child is thinking about suicide, go to your doctor or the nearest health unit and always

remember that continuous conflicts between a parent and their child can worsen the situation for an adolescent who feels isolated, not understood, worthless or suicidal.

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