

SUICIDE IN ADOLESCENTS: AN EMERGING EPIDEMIC

Suicides among young people continue to be a serious problem. **According to WHO report (2009), suicide is the third leading cause of death for 15 to 24 year olds, and the sixth leading cause of death for 5 to 14 year olds.** Medically serious suicide attempts occur in approximately 3% of adolescents. A prior suicide attempt is one of the best predictors of both, a repeat attempt and an eventual completed suicide. The teen years are an anxious and unsettling period, as boys and girls are forced to redefine themselves as adults. This transition is difficult, often leading to confusion and sometimes isolation from family or peers. Unfortunately, some may, at one point or another, perceive suicide as a permanent answer to problems that are, more often than not, just temporary. The self-doubts, confusion, and pressures to succeed or conform can come at a high price for troubled adolescents. Teenagers experience strong feelings of stress (academic, emotional etc), confusion, self doubt, pressure to succeed, financial uncertainty and other fears while growing up. For some teenagers, Parental divorce, the formation of a new family with step-parents and step-siblings, or moving to a new place can be very unsettling and can intensify self doubts. Some of them view suicide as the only permanent solution to their temporary problems.

High Risk Groups

- Teenagers who are perfectionists or overachievers.
- Teenagers who have recently undergone a life-changing event such as blindness, loss of limbs, deafness, pregnancy or loss of a loved one.
- Teenagers with conduct disorder (a high level of aggressiveness).
- Teenagers who move to a different town, city, or country and are separated from the people with whom they were once close.
- Teenagers from emotionally dysfunctional families, where they don't feel safe to talk about things or show their true feelings, and where they are regularly invalidated.
- Adolescents who are physically or mentally disabled.
- Adolescents who have mental disorder, such as clinical depression, schizophrenia, eating disorders, body dysmorphic disorder, social anxiety or bipolar disorder and substance abuse.
- Students who have failed in school or exams.
- Victims of bullying.

Preventive Measures

School based interventions involving crisis management, self esteem enhancement and the development of coping skills and healthy decision making have been demonstrated to reduce

the risk of suicide among the youth. Over time, caring is best maintained through personalized instructions, regular student conferences, activity fostering, social and emotional development and opportunities for the adolescents to attain positive status. Problems encountered in the school like poor scholastic performance and recent decline in academic interest needs to be addressed sensitively. A good rapport formation with the adolescent is the cornerstone for good outcome where the adolescents feel free to share their feelings and at ease. When talking to a teenage person who is contemplating suicide. It is important to take the threat seriously as seventy five percent suicide attempters give some warning of their intentions to a friend, teacher or family member. **Never tell them not to worry about their feelings, or that the feelings will go away on their own and they will get better on their own.** Never leave anyone alone that you feel may be in danger of hurting themselves. Regular suicide prevention, awareness and workshops too help in addressing this issue.

The need of the hour is the contribution made by teachers, psychologists, psychiatrists and families in effectively dealing with this situation in order to address the problem properly and helping our dear adolescents not falling in prey to this predator.

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Preventive mental health | Apollo clinic