

Suicide – An Underestimated Problem

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Abstract

Suicide is far from the most pleasant topic of conversation. However, experience shows how important it is to discuss it with professionals (doctors, psychologists, teachers), as well as parents and young people. Its significance is underestimated in society. However, to understand its scale, it is enough to note that approximately one million people worldwide take their own lives every year. This article briefly describes the prevalence of suicidal behavior, outlines the main protective and risk factors, describes methods for identifying and working with at-risk groups, and discusses actions to take in the event of a suicide attempt or suicide in a group.

Kew Words: suicide; self-harm; suicide attempt

Introduction

Suicide is far from the most pleasant topic of conversation. However, experience shows how important it is to discuss this issue with professionals (doctors, psychologists, teachers), parents, and young people. Its importance is underestimated in society. However, to understand its scale, it is enough to note that approximately one million people worldwide commit suicide every year [1-4]. This article briefly describes the prevalence of suicidal behavior, outlines the main protective and risk factors, describes methods for identifying and working with at-risk groups, and describes actions to take in the event of a suicide attempt or suicide in a group [8-9]. Boys commit suicide more often than girls. However, the rate of suicide attempts among girls is two to three times higher than among boys. Although girls are more likely to suffer from depression, they may find it easier to share their problems and seek help, which likely helps prevent fatal suicidal acts. Adolescents are more likely to be aggressive and impulsive, and often commit suicide under the influence of alcohol or drugs, which increases the likelihood of a fatal outcome [20].

Protective Factors

According to numerous observations, the main factors and circumstances that protect against suicidal behavior in young people are divided into familial, personal, cultural, and sociodemographic [4-9].

Family characteristics:

- good, cordial relationships between family members;
- family support. Cognitive style and personal protective

factors:

- good social skills (ability to communicate with peers and adults);
- self-confidence, self-esteem, belief in the ability to achieve life goals;
- ability to seek help when difficulties arise, for example, in studies;
- desire to consult with adults when making important decisions;
- openness to the opinions and experiences of others;
- openness to everything new, the ability to assimilate new knowledge [15].

Cultural and socio-demographic factors:

- social integration (participation in public life, for example, in sporting events, membership in societies, clubs, etc.);
- good, stable relationships with classmates;
- good relationships with teachers and other adults;
- support from loved ones [16-19].

ISK FACTORS AND SITUATIONS

It has been established that, under certain circumstances, suicidal behavior occurs more frequently in some families than in others due to genetic predisposition and the influence of external environmental factors. Research

shows that the factors and situations described below are often associated with suicide attempts and suicide in young people; however, it should be remembered that not all of these factors necessarily exist in each individual case [14]. It should also be remembered that the risk factors and situations described below vary widely across countries, continents, and even neighboring states, depending on their cultural, political, and economic characteristics [3-12].

Cultural and Sociodemographic Factors

Low socioeconomic status, low educational level, and unemployment in the family are risk factors.

The individual development of any young person is always intertwined with the collective cultural tradition. A person deprived of cultural roots suffers from severe identity issues and experiences difficulties associated with the development of less effective conflict resolution schemes [5]. In certain stressful situations, they may resort to self-destructive behavior, such as suicidal attempts or suicide [17]. Behavioral deviation from gender role stereotypes, as well as identity issues related to sexual orientation, are also risk factors for suicidal behavior. People who experience open rejection by their cultural group, family, peers, or educational or other institutional settings suffer from a serious lack of support, which disrupts optimal personal development [2-6]. Family characteristics and traumatic (stressful) events in childhood

Destructive tendencies in the family and traumatic stressful events experienced in early childhood have an impact on the entire subsequent life of young people, especially if they have failed to cope with the trauma [15]. The most common signs of family dysfunction and instability and negative life events that influence suicidality in young people are listed below:

- Mental health problems in parents, especially affective disorders (depression) or other mental illnesses [2];
- Alcohol abuse, drug addiction, or other types of antisocial behavior in family members [11];
- History of suicide and suicide attempts in the family [1];
- Domestic violence (including physical and sexual abuse of a child) [3];
- Lack of attention and care for children in the family, conflictual relationships between family members, inability to productively discuss family problems;
- Frequent quarrels between parents/guardians, constant emotional stress and a high level of aggression in the family;
- Divorce of parents, departure of one of the parents from the family, or their death;
- Frequent moves with a change of residence;
- Excessively high or too low expectations of children on the part of parents/guardians [1-9];
- Excessive authoritarianism of parents/guardians;
- Lack of time on the part of parents/guardians and, as a result, insufficient attention to the child's condition, their inability to promptly detect signs of stress, emotional disturbances, and signs of negative environmental influences [7];
- Inflexibility (rigidity) of family members;

- Upbringing by foster parents or guardians [6-12].

These negative family dynamics are often (but not always) accompanied by suicide attempts and suicides in children after they reach adolescence. Experience shows that suicidal young people are raised in families where the listed problems combine, increasing the risk of suicide. Often, young men and women from these families, due to loyalty to the family, do not seek outside help, receive no support, and are left alone with their problems [18-20].

Cognitive style and personality traits

There are certain personality traits in young people that are often associated with suicidal behavior [2-7]. These include:

- mood instability;
- aggressive behavior, anger;
- antisocial behavior;
- a tendency toward demonstrative behavior;
- high impulsivity;
- irritability;
- rigidity of thinking and coping style;
- insufficient ability to overcome problems and difficulties (at school, among adolescents, etc.);
- inability to realistically assess reality;
- a tendency to "live in a world of illusions and fantasies";
- ideas of overestimating one's own personality, followed by feelings of worthlessness;
- easily aroused feelings of disappointment;
- anxiety and depression, especially with minor ailments or failures;
- complacency, excessive self-confidence;
- feelings of inferiority and insecurity, which may be hidden behind displays of arrogance, dominance, rejection, or provocative behavior towards school friends or adults, including parents [11-19];
- problems with gender identity or sexual orientation;
- complex, ambiguous relationships with parents, other adults, and peers [19].

The relationship between a variety of personality and cognitive factors and the risk of suicidal behavior in young people is of considerable interest; however, the accumulated scientific evidence regarding individual personality traits is limited and often contradictory [2-7].

Mental Disorders

Depression

The combination of depressive symptoms and antisocial behavior has been described as the most common precursor to suicide. Numerous studies indicate that approximately three-quarters of individuals who ultimately commit suicide exhibit one or more depressive symptoms, and many of these individuals suffer from severe depression [14]. Depressed girls tend to

withdraw, become silent, sad, and passive. In contrast, young men are more likely to exhibit destructive and aggressive behavior, requiring significant attention from teachers and parents. Aggression can lead to isolation and loneliness, which are themselves risk factors for suicidal behavior [12]. Although individual symptoms of depression and depression as a mental disorder are often observed in people at risk for suicide, suicidal thoughts and attempts are not always accompanied by depression. A person can commit suicide without being depressed, and a person suffering from depression may not attempt suicide [13].

Anxiety Disorders

Studies have shown a significant correlation between anxiety disorders and suicide attempts in males, while this association is weaker in females [13]. Anxiety as a personality trait appears to increase the risk of suicidal behavior relatively independently of depression, so anxiety levels should be assessed and appropriate treatment prescribed for those at risk for suicide. Furthermore, young people with suicidal thoughts often experience psychosomatic symptoms [4-9]. Alcohol and Drug Abuse

Among young people (adolescents, boys, and girls) at risk for suicide, many abuse alcohol and drugs. It has been established that one in four patients in this age group used alcohol or drugs before attempting suicide [6].

Eating Disorders

Due to dissatisfaction with their body image and appearance, many strive to lose weight and are often concerned about what foods they should eat and what they should abstain from [14]. Anorexia nervosa in girls is often associated with depression; the risk of suicide in this group is approximately 20 times higher than in the general adolescent population. According to recent studies, young men can also suffer from anorexia and bulimia. Psychotic Disorders It should be noted that most young people with psychoses (such as schizophrenia or manic-depressive psychosis) are exposed to not just one, but several suicide risk factors, such as alcohol, drug, and tobacco abuse [6-13]. Previous Suicide Attempts A history of one or more suicide attempts is a significant risk factor for suicidal behavior, regardless of the presence of the aforementioned mental disorders [16]. Negative Life Events as Triggers of Suicidal Behavior Young people with suicidal tendencies typically exhibit increased sensitivity to stressful influences, along with the aforementioned cognitive styles and personality traits (caused by inherited genetic factors, as well as family circumstances and negative stressful life events experienced in early life) [19]. This heightened sensitivity prevents them from adequately coping with current life difficulties, so suicidal behavior is usually preceded by stressful events. Psychotraumatic events evoke feelings of helplessness, hopelessness, and despair, which can trigger suicidal ideation and lead to a suicide attempt or suicide [20].

Risk situations and events that can trigger suicide attempts or suicide include:

- situations experienced as offensive, insulting, or unfair (even if objectively viewed, they are not) [3]. The fact is that vulnerable people often perceive the most trivial situations as deeply hurtful and react to them with anxious and chaotic behavior. Young men with suicidal tendencies tend to view such situations as a threat to their self-image and suffer from feelings of humiliation [3-9];

- family problems;

- Separation from friends, girlfriend/boyfriend, classmates,

etc.;

- Death of a loved one or another significant person;
 - Breakup of a relationship with a loved one;
 - Interpersonal conflicts or losses;
 - Problems with discipline and the law;
 - Peer pressure, primarily related to emulating self-destructive behavior
- other people's behavior;
- bullying, harassment by peers, prolonged exposure to the role of "scapegoat" or victim;
 - severe academic difficulties;
 - high academic performance standards (exams);
 - unemployment, employment problems, difficult economic circumstances;
 - unwanted pregnancy, abortion, and its consequences;
 - HIV infection or another sexually transmitted disease [8];
 - serious physical illness;
 - external emergencies and disasters, natural cataclysms [13].

Thus, the problem of suicidal behavior among adolescents is important and relevant, and the data presented in this article may help identify individuals prone to suicide and contribute to the prevention of self-aggressive behavior.

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