Suicidal behaviour in adolescents: what can be done?
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ABSTRACT

Adolescents in India form a major proportion of the population. This age group encounters many stressful events which are more specific to this age group like need to perform in exams, compete for various professional courses, broken love affairs etc. Besides this is the age group for onset of major psychiatric disorders. All these factors make this population very vulnerable to suicidal behaviours. However, there is limited data with regard to suicidal behaviour in this population from India. There is an urgent need to study the various factors associated with suicidal behaviour and how suicidal behaviour can be prevented in this age group.

INTRODUCTION

According to the census of 2001, 45% of population of India is in the age range of 0-19 years, with 21.8% in the adolescent age group of 10-19 years. [1] When we compare to rest of the world, India has the largest population of adolescents in the world. [2] Considering the fact that children and adolescents are future of any country and society, it is very important for any state to formulate policies to reduce morbidity and mortality in this age group.

One of the major causes of mortality in the adolescent age group is suicide. Large proportions of adolescents indulge in or experience suicidal behaviour in the form of suicidal ideation, suicidal attempts and parasuicide. A study from south India which analysed the mortality rates for the years 1992 to 2001, for the subjects in the age-group of 10-19 years using verbal autopsy reported that a quarter of all deaths in young men and between half to three fourths of all deaths in young women were due to suicide. Further this study showed that the mean suicide rate was 148 per 1,00,000 for females aged 10-19 years and 58 per 1,00,000 for males in the same age group. [3] Studies which have evaluated suicidal behaviour in the adolescents from community have reported that 8.82% of adolescents report life as a burden, 6% report having current suicidal ideations, 21.7% report life time prevalence of suicidal ideations, 11.7% report suicidal ideations in last 1 year, 8% report life time suicide attempt and 3.5% report suicide attempt in last 1 year. [4,5]

Considering the high prevalence of suicidal behaviour, it is very important to understand the risk factors associated with suicidal behaviour in adolescents from India.

DISCUSSION

Unfortunately the data is limited and comes from stray studies from different parts of the country. The socio-demographic factors which have been found to be associated with suicidal behaviours (i.e., those with suicidal ideations, attempts and deliberate self harm) in adolescents in studies from India include Hindu religion, [2] older adolescent, [2,5] female gender, [2,5] and working for income after school/college. [2] The academic issues which have been linked to suicidal behaviour are history of running away from school, [5] academic problems, [6] failure in exams, [7] conflicts with classmates, punishment or negative comments by teachers and learning problems. [8] A study from Delhi reported that more than half of the suicides (56%) occur during the months of March to July, [9] the time period of the year which corresponds to highest level of academic stress in the form of appearance in the examination and declaration of results.

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With regard to mental morbidity, evidence suggest mental illness in the family, especially that of parents, and parental alcoholism are associated with suicidal behaviours in offspring. It has been seen that parental generalized anxiety disorder and depression predict the onset and persistence (respectively) of suicide plans among offspring with suicidal ideation, whereas parental antisocial personality and anxiety disorders emerged as the only predictors of the onset and persistence of suicide attempts among ideators. Parental death by suicide was a particularly strong predictor of persistence of suicide attempts among offspring. These associations persisted even after controlling for comorbidity of parental disorders and for the presence of mental disorders among offspring. The prevalence of psychiatric disorder in adolescents with attempted suicide or deliberate self harm has been reported in the range of 30% to 52%. Common methods of committing/ attempting suicide are poisoning followed by hanging for completed suicides.

Factors which have been found to be protective against suicidal behaviours in adolescents include having close friends and understanding parents.

Besides the data from these studies, there is some evidence from the studies from the West that suggests the role of media (copy cat suicides) and social media in precipitating suicidal behaviour in adolescents.

Keeping all these factors in mind, what can be done?

The best way to avoid lethality of suicidal behaviour is prevention. For this it is important to remember that suicidal behaviours are on a continuum with varying levels of severity or progression ranging from occasional suicidal idea to serious suicidal thought, extending to suicidal planning and then suicidal attempt, and finally culminating in completed suicide. One off suicidal idea is common but the frequency of such thought process and behaviours decreases as one goes up the ladder of the continuum. Considering this fact, there is a need to evaluate the at risk children for suicidal behaviour by direct questioning. Additionally the parents and teachers should be trained to pick up the at risk behaviour and encouraged to seek consultation at the earliest. It is suggested that the school staffs can act as “gatekeepers” or “gateway providers” for the treatment net by identifying students who appear to be in emotional turmoil and encouraging them to consult mental health professionals.

School related and examination related stress is considerable in the country as academic performance and achievement are considered the key to success and upward social mobility. In the recent times, there have been certain changes in the education policies in the country like introduction of grading system rather than persisting with the marks system and introduction of the common national wide entrance examinations for various professional courses like medicine and engineering. It is expected that these changes would reduce the stress and performance pressure on the students. However, the impact of the same must be assessed in due course of time, because some of these may also have negative consequences, for example, if an adolescent is not able to qualify the nationwide entrance examination, then she/he has to wait for a complete year for the next entrance examination, which can be very stressful. There is need for schools to have counsellors who can guide the students and parents about the future career opportunities. Further based on the intelligence and aptitude of the adolescents, the counsellors can guide the parents with respect to the expectations the parents should have from their children. Considering the impact of peer problems and bullying by peers, there is a need for the schools to formulate policies to reduce bullying and peer problems at school.

Significant association has been found between the maternal working status and the presence of suicidality (ideations and attempts). Such an association does not implicitly convey causation, but may be suggestive of lack of supervision at home, presence of emotional distance or some other common vulnerability factor. Considering the fact that more and more couples are opting for nuclear family setup with both the parents working, it is imperative for the parents to spend as much quality time as possible with their children so that the adolescents feel cared for and are able to share their problems as well as their personal issues like school problems, peer problems and bullying by peers, there is a need for the schools to formulate policies to reduce bullying and peer problems at school.

The most common method of attempting suicide is use of poisons, especially the organophosphates and other pesticides. This may be due to the agrarian based economy and thus easy accessibility of pesticides. Considering the importance of use of organophosphorous as the most common mode of suicidal attempts there is a need to develop a clear policy with respect to the sale and purchase of the same. Further, the families which require the same for their occupational use should store these in safe places. Further, the families which require the same for their occupational use should store these in safe places.

Needless to say, whenever an adolescent is brought or approaches a mental health care provider or service, focused attention should be paid for evaluation of the suicide risk and management of the same. Evaluation of suicide risk is an ongoing process and takes into account a variety of risk and protective factors. A non-judgmental and empathic outlook may help develop
good therapeutic alliance, a key ingredient to improve prognosis in such cases. Assessment of suicidal ideations in detail (including intent, lethality, planning, methods of concealment from detection, etc) should be conducted after taking the family members in confidence. India being a family-centric society gives a unique advantage in the form of availability of family members for providing supervision and support to the patient. Nonetheless, there may be circumstances when the family members themselves exacerbate the stress in the adolescent (for example, by pressurizing for more marks in exams apparently in good faith). Therein, it is imperative to make efforts to make family members understand the mental condition of the young person and the advantages that may accrue by slightly modifying their approach. Detection of psychiatric disorders after evaluation merits the treatment with appropriate doses of psychotropics and a trial of psychotherapy whenever considered feasible and indicated.

An important policy issue with regard to suicide attempt is that as per the Indian Penal Code (IPC 309) an attempt to end life is a punishable offence. Considering this fact, many a times families although want to seek help, do not do so because of the fear of legal consequences. This leads to under reporting of suicidal behaviour and acts as a deterrent for seeking professional help. Taking this into account there is an urgent need to repeal the same.

With the vast intrusion of social media in India especially in the urban areas, specific challenges are being encountered. Though on one hand, such social networking provides excellent opportunity to gather social support and approval (mainly virtual and sometimes in person), on the other hand it may induce anxiety and become a source of conspicuous embarrassment. Such a situation puts vulnerable individuals to the risk of suicide. Since adolescents are more exposed to online and social media and are in the process of developing a stable sense of self, they are especially vulnerable to traumatic experiences exposed through these channels leading to suicidal ideations. Arguably, one may encounter with difficult experiences in the real world scenario too and may develop resilience in the process. But at the same time, implications of cyber bullying and medico-legal implications of the harassment needs to be further understood and explored, especially in the context of causing emotional distress. Moreover, websites and groups related to suicide on the internet have provided far greater opportunity to those who really want to commit suicide to achieve higher chances of a fatal outcome. Due to the unregulated structure of internet and free access from any part of the world, this becomes a potent resource in hands of those who want to meticulously inflict their departure from the mortal world. Whether and if such websites and groups should and could be curtailed or muted needs to be pondered upon.

CONCLUSION

To conclude, an emphasis on prevention for averting adolescent suicidal behaviour is likely to yield considerable benefits. Such a strategy involve multiple facets including early detection and treatment of psychiatric disorders, engagement of the youth in socially productive activities, restriction to the availability of lethal medications, suicide prevention help lines, and many more. Many non-governmental organizations (NGOs) have shown commendable promise by providing counseling and crisis intervention services to the adolescents in need (for example Maithi in Kochi and Jeevan Foundation in Chennai among many others). Further work still needs to be done to seriously tackle the problem of adolescent suicides. Concerted efforts using public-private partnerships may lead to creative solutions to the problem at hand. Adolescent and youth represent the future of any country, and attending to the mental health care needs would surely help in building a better nation.

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References:


