

Adolescent Suicide

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Abstract: There has been a dramatic rise in adolescent suicide & it not only affects individuals but also has devastating effect on family, friends & community as a whole. An understanding of suicide in the Indian context calls for an appreciation of the literary, religious, and cultural ethos of the subcontinent because tradition has rarely permeated the lives of people for as long as it has in India. Suicide has been mentioned in the great epics of Ramayana and Mahabharata. When Lord Sri Ram died, there was an epidemic of suicide in his kingdom, Ayodhya. The Bhagavad Gita condemns suicide for selfish reasons and posits that such a death cannot have 'shraddha', the all-important last rites. Brahmanical view had held that those who attempt suicide should fast for a stipulated period. Upanishads, the Holy Scriptures, condemn suicide and state that 'he who takes his own life will enter the sunless areas covered by impenetrable darkness after death'.

Keywords: adolescent suicide, individuals, Indian, shraddha, Ayodhya.

INTRODUCTION

In adolescent suicide is the second most common mode of death after accident [1]. Suicide is now the second most cause of death in young adults ranging 15-35 years world over.

There has been a dramatic rise in suicide in last 40 years. Every 2 hours a youth commit suicide and it not only affects the individual but also has devastating affects on family, friends and community as a whole [1].

However inspite of the dramatic rise, suicide is still unrecognized & underreported due to stigma attached to it.

Suicide attempts occur 30-100 times more frequently than completed suicide. Nearly 10% of those who have previously attempted suicide do commit suicide later. Suicidal behavior in adolescent is dissimilar to that of adult population. Girls attempt three times more than boys.

According to NCRB statistics, suicide is adolescent a per the record is 9408, of which males were 4462 and females were 4946. out of this, issues related to marriage were 196, in which males were 51 and females were 145. In suicide related to illness, 904 was the total of which males were 420 and females were 484[2].

Causes of adolescent suicide:

BIOLOGICAL

In biological causes depression, physical illness and psychological changes due to puberty.

PSYCHOSOCIAL

Psychosocial changes include- Isolation, Withdrawn behavior, Lack of social skills, Lack of social integration, Peer problems, Unpopularity.

EMOTIONAL

An emotional cause includes- Sadness of mood, Lack of self-esteem, Feeling helplessness /hopelessness /worthlessness. Impulsivity, Anger, Identity crisis, Loneliness, Anxiety.

INTELLECTUAL CAUSES

Intellectual causes are those who are shy, who has pressure to achieve, self-criticism, inability to communicate feelings and those who see a lot of fault in themselves and in others.

SUBSTANCE ABUSE

The most important cause to contribute to impulsivity in adolescent is substance use. Adolescent tend to use substance of abuse when they are neglected, when there is a loss and when the family is not supportive.

One has to look out for the DANGER in adolescent suicide. It includes-

- Depression
- Abuse of substance
- Negativity
- Giving away positions
- Estrangement
- Rebellious nature.

Four personality characteristics among adolescent suiciders:

- Irritable and over sensitive to criticism.
- Impulsive and volatile,
- Withdrawn and Uncommunicative and perfectionist and
- Self-critical

Increased disturbance in the family and disciplinary crisis was the most common reason precipitating the suicide. This is common with a rate of four per thousand per year among 15-19 year olds.

Psychological characteristics of adolescent attempting suicide includes, deficiencies in interpersonal problems solving capacity. They tend to negatively evaluate the situation.

Adolescent have a more wishful thinking. The focus is given more on problems than on solutions. The sense of Hopelessness in depressed adolescent [5].

The warning signs of adolescent suicide include

- Sudden withdrawn behavior.
- Change in eating, sleeping habits.
- Social isolation.
- Isolation from friends.
- Withdrawal from regular activities.
- Neglect of self.
- Personality changes.
- Difficulty concentrations.
- Decline in academic activities.
- Drug Use.
- Rebellious behavior.
- Aggressive behavior.
- Decreased self care.
- Multiple non-specific somatic complaints.

The risk factors for suicide in adolescent include:

1. Past history of suicidal attempts.
2. Family history of suicidal attempts.

3. Psychiatric disorder
4. Recent losses.
5. Social isolation
6. Recent isolation
7. Recent stressful life events
8. Drug abuse, Domestic Violence, Availability of lethal weapons, insecticides, and psychotropic drugs.

Suicidal patients frequent psychiatry emergency services and are subject to recurrent crisis in management. It is difficult to identify the suicidal person with definiteness.

Risk factors age 13-30- male are predominant. Psychiatric illness, positive family history of early affective disorder, history of previous suicide attempt are the risk factors.

PREVENTION OF SUICIDE

Suicide is an important, largely preventable public health problem. It however is a difficult problem.

Early detection and adequate treatment is of paramount importance [3]. In psychiatrically ill patients, lithium, clozapine, olanzapine, antidepressant and behavior therapy has been shown to have anti-suicidal effects. One has to look out for previous attempt or any deliberate self harm as it is considered as one of the greatest predictor [1].

The identification of such individual needs a multidisciplinary approach with active participation of teachers and school authorities, health professionals and the legal system [3].

Given the strong link between negative life events in early childhood and suicide risk, it is important to identify populations that have been exposed to traumatic childhood experience, such as sexual and physical abuse and parental domestic violence.

Primary prevention strategies include promoting positive health and instilling adaptive coping strategies among children, improving awareness among parents, teachers and healthcare professionals, regarding child rearing practices and early intervention for maladaptive coping style [4].

At the community level, the establishment of social programs such as child and family support programs may prove useful. Death is a tragedy, suicide is an ultimate tragedy!

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