ગુજરાત સંશોધન મંડળનું ત્રૈમાસિક
Journal of The Gujarat Research Society
ISSN: 0374-8588
Volume 22 Issue 1, January 2020

SUICIDE ATTEMPTS BY ADOLESCENTS

Major (Dr.) Rekha Sinha
Department of Humanities
Jain (Deemed-to-be University), Ramnagar District, Karnataka - 562112
Email Id- rekha.sinha@jainuniversity.ac.in

Abstract

Suicide is the third-leading cause of death for adolescents 15 to 19 years old. Pediatricians can take steps to help reduce the incidence of adolescent suicide by screening for depression and suicidal ideation and behavior. This report updates the previous statement of the American Academy of Pediatrics and is intended to assist the pediatrician in the identification and management of the adolescent at risk of suicide. The extent to which pediatricians provide appropriate care for suicidal adolescents depends on their knowledge, skill, comfort with the topic, and ready access to appropriate community resources. All teenagers with suicidal thoughts or behaviors should know that their pleas for assistance are heard and that pediatricians are willing to serve as advocates to help resolve the crisis.

Keywords: *Adolescents, Deaths, Suicide, Suicide Affects, Suicidal Adolescent.*

I. INTRODUCTION

The number of adolescent deaths that end result from suicide inside the united states had been growing dramatically in the course of latest a long time until 1990, when it commenced to decrease modestly. In 2003, there were 3988 suicides amongst human beings 15 to 24 years antique; 1487 (eleven% of deaths) have been among those 15 to 19 years old, and 2501 (thirteen% of deaths) have been amongst those 20 to 24 years' vintage[1]. The genuine range of deaths from suicide surely may be better, due to the fact some of those deaths may additionally have been recorded as "unintended. "From 1950 to 1990, the suicide rate for teens 15 to 19 years' antique increased through three hundred%,3 however from 1990 to 2003, the fee in this age group reduced via 35%.1 Adolescent boys 15 to 19 years old had a suicide fee that was 6 times greater than that of their girl opposite numbers, whereas the fee of suicide attempts became twice as high among girls than among boys[2].
Four The ratio of attempted suicides to finished suicides amongst kids is predicted to be 50:1 to one hundred. Five Suicide affects younger humans from all races and socioeconomic

groups, despite the fact that a few agencies appear to have better charges than others. American Indian/Alaska local adult males have the very best suicide charge, and black girls have the bottom fee of suicide[3]. A statewide survey of students in grades 7 thru 12 observed that 28.1% of bisexual and homosexual boys and 20.5% of bisexual and homosexual women had said attempting suicide.6 The 2003 young people danger conduct Survey of students in grades 9 through 12 within the use indicated that during the three hundred and sixty five days earlier than the survey, 28.6% of students felt sad or hopeless almost every day for at least 2 weeks in a row, sixteen.5% had deliberate a suicide strive, eight.5% had attempted suicide, and .nine% had made a suicide strive that required clinical interest[4].
Firearms, used in half of of finished suicides amongst humans 15 to 19 years of age, have been the main method of suicide for boys in this age group in 2003 (54% of suicides) and the second one-main method for girls (29%).1 Suicide attempts that involve a firearm usually are deadly, because there may be little hazard for rescue. Firearms within the domestic, irrespective of whether they are stored unloaded or stored locked, are associated with a better risk of finished adolescent suicide.7,8 In 1 study, while firearms have been gift within the home, every of the practices of securing the firearm (preserving it locked and unloaded) and the ammunition (keeping it locked and saved away from the firearm) have been associated with reduced threat of young people shootings that resulted in unintentional or self-inflicted damage or dying[5]. Dad and mom have to be warned about the lethality of firearms in the home and suggested strongly to take away them from the premises or, at the least, to secure them.10 Ingestion of capsules is the most not unusual pronounced method of attempted suicide among adolescents.11 but, the incidence of suicide tries the usage of other techniques, consisting of putting, is not recognized, due to the fact sufferers who do now not die may not be added for clinical remedy. Eleven teens appear to be at a lot extra chance from media exposure than adults and might imitate suicidal conduct seen on to. Media coverage of an adolescent's suicide may also lead to cluster suicides, with the importance of extra deaths proportional to the quantity, period, and prominence of the media insurance.

II. DISCUSSION

Adolescents at Increased Risk

Although no specific tests are capable of identifying a suicidal person, specific risk factors exist. The clinician should use care in interpreting risk factors, however, because risk factors are common, whereas suicide is infrequent. In addition, the lack of most risk factors does not make an adolescent safe from suicide. Fixed risk factors include family history of suicide or suicide attempts, male gender, parental mental health problems, gay or bisexual orientation, a history of physical or sexual abuse, and a previous suicide attempt. Social and environmental risk factors include the presence of firearms in the home, impaired parent-child relationship, living outside of the home (homeless or in a corrections facility or group home), difficulties in school, neither working nor attending school, social isolation, and presence of stressful life events such as legal or romantic difficulties or an argument with a parent. Personal mental health problems that predispose to suicide include depression, bipolar disorder, substance

abuse or dependence, psychosis, posttraumatic stress disorder, panic attacks, and a history of aggression, impulsivity, or severe anger. More than 90% of adolescent suicide victims met criteria for a psychiatric disorder before their death. Immediate risk factors include agitation, intoxication, and a recent stressful life event[6].

Management of The Suicidal Adolescent

Control relies upon the degree of instant and intermediate chance (see the American Academy of baby and Adolescent Psychiatry exercise parameter for an overview and the thing by way for a practical manual to pediatric intellectual fitness evaluation, remedy, and structures of care). unluckily, no one can accurately expect suicide, so even professionals can most effective determine who is at higher danger[7]. Examples of youngsters at high threat include people with a plan or latest suicide try with a excessive chance of lethality; stated modern-day rationale to kill themselves; recent suicidal ideation or conduct followed by modern agitation or severe hopelessness; and impulsivity and profoundly dysphoric temper associated with bipolar disease, major melancholy, psychosis, or a substance use disease. a scarcity of things that imply high chance, in particular within the presence of a choice to receive assistance and a supportive own family, shows a lower threat but not always a low hazard. Low hazard is difficult to decide. For example, a youngster who has taken 8 ibuprofen capsules can also have the notion that it became a deadly dose and can do something greater lethal the following time. Alternatively, the adolescent might also have recognized that 8 ibuprofen pills aren't lethal and took the drugs as a rehearsal for a deadly attempt. in the presence of a current suicide attempt, the dearth of present day suicidal ideation may also additionally be deceptive if not one of the factors that led to the strive have changed or the motives for the attempt are not understood[8]. The advantage of the doubt is generally on safety inside the control of the suicidal adolescent. The term “suicide gesture” need to now not be used, as it gives a false feel of protection. “Suicide attempt” is a more suitable time period for any intentionally self-harmful behavior or movement that might fairly be expected to produce self-damage and is accompanied via some degree of purpose or choice for dying in addition to wondering with the aid of the affected person on the time of the conduct that the behavior had even a small opportunity of resulting in death. In a much less-than-impending affected person, reason can be inferred by way of the lethality of the behavior, along with taking a huge variety of pills, or by an affirmative answer to a question together with, “at the time of your action, might you have thought it okay in case you had died?” Kids who initially may additionally seem at low risk, funny story about suicide, or searching for treatment for repeated somatic complaints may be inquiring for assist the simplest way they can.

Their worries must be assessed thoroughly. youth who're judged to be at low danger of suicide have to nevertheless obtain near comply with-up, referral for a timely intellectual fitness assessment, or both in the event that they need to have any extensive degree of dysfunction or distress from emotional or behavioral signs and symptoms. For children who appear to be at mild or excessive chance of suicide or have attempted suicide, a mental fitness professional should be consulted immediately during the office visit. options for fast

ISSN: 0374-8588
Volume 22 Issue 1, January 2020

evaluation include hospitalization, transfer to an emergency department, or an appointment the same day with an intellectual fitness expert. Intervention should be tailored to the adolescent's wishes. Youth with a responsive and intact circle of relatives, appropriate peer members of the family and social assistance, hope for the future, and a preference to solve conflicts might also require most effective a short crisis-orientated intervention[9].
This is especially real while the appointment is made with someone aside from the scientific domestic practitioner or the person that finished the preliminary evaluation.24 Continuity of care, therefore, is of paramount significance. Contracting with the adolescent against suicide has not been demonstrated powerful in stopping suicidal behavior. The method may additionally still be beneficial in assessing threat in that refusal to comply with both not harm oneself or inform a precise person approximately intent to damage oneself is ominous. Running with a suicidal adolescent generally provokes tension in individuals who are imparting remedy. Suicide risk can only be reduced, now not eliminated, and threat elements offer no greater than guidance. plenty of the records concerning chance elements is subjective and must be elicited from the adolescent, who may have his or her personal schedule. Of path, clinicians' anxiety may be reduced with information and experience. Just as importantly, clinicians need to be aware about their personal anxiety to prevent interference in remedy and overreaction or under reaction[10].

Antidepressant Medications and Suicide

A whole assessment of the pharmacologic remedy of adolescent temper disorders is past the scope of this file. But, the food and Drug management directive of October 2004 and heavy media coverage make the usage of antidepressant medicines well worth mentioning. The FDA directed pharmaceutical organizations to label all antidepressant medicinal drugs dispersed in America with a black-field warning "to alert health care companies to an accelerated chance of suicidality (suicidal thinking and behavior) in children and youth being treated with these retailers."25 The FDA did not limit the usage of those medicinal drugs in children however referred to as on clinicians to stability improved risk of suicidality with clinical need and to reveal intently "for scientific worsening, suicidality, or unusual modifications in conduct."
The caution particularly stressed the want for close tracking throughout the primary few months of remedy and after dose modifications. A recent instance of the effectiveness of these medicinal drugs in teenagers is the remedy for youth with depression examine,28 a huge, well-designed look at that determined that a mixture of fluoxetine and cognitive behavioral remedy caused massive medical development in 71% of teenagers with important despair. This was compared with improvement of 61% for fluoxetine by myself, forty-three% for cognitive behavioral therapy by myself, and 35% for placebo. folks that have been handled with fluoxetine confirmed about two times the price of self-damage negative occasions as compared with folks that had been now not handled with fluoxetine.28 however, despite adolescents with the very best suicide danger being excluded from the study, 29% of the depressed patients stated suicidal mind before the start of remedy. After 12 weeks of remedy, this decreased to 10% throughout all agencies, with the combined-treatment

ISSN: 0374-8588
Volume 22 Issue 1, January 2020

organization showing drastically extra of a lower than the ones inside the placebo organization. The caution via the FDA was precipitated by means of a finding that in 24 clinical trials that involved greater than 4400 baby and adolescent patients and nine one of a kind antidepressant medicinal drugs, spontaneously stated suicidal ideation or behavior become present in 4% of the subjects who were taking medicine and a couple of% of the subjects who were taking a placebo. Contradictory findings of a mild discount of suicidality, but, had been observed whilst subjects were asked at each visit approximately suicidal ideation and conduct.

Advice for Pediatricians

1. Ask questions about mood disorders, suicidal thoughts, sexual orientation, and other risk factors associated with suicide in routine history taking throughout adolescence, preferably at both acute care and routine care visits.
2. Recognize the medical and psychiatric needs of the suicidal adolescent and work closely with families and health care professionals involved in the management and follow-up of youth who are at risk or have attempted suicide. Develop working relationships with emergency departments and colleagues in child and adolescent psychiatry, clinical psychology, and other mental health professions to optimally manage the care of adolescents who are at risk of suicide. Because mental and physical health services are often provided through different systems of care, extra effort is necessary to ensure good communication, continuity, and follow-up through the medical home.
3. Because resources for adolescents and physicians vary by community, become familiar with local, state, and national resources that are concerned with treatment of psychopathology and suicide prevention in youth, including local hospitals with psychiatric units, mental health agencies, family and children's services, crisis hotlines, and crisis intervention centers. Have a list of relevant telephone numbers easily available in the office.
4. Educate yourself and your patients about the risks and benefits of antidepressant medications and provide reassurance that the medications are relatively safe and depression is relatively dangerous.
5. Carefully monitor patients with depression, especially after the initiation of antidepressant medication treatment and dose changes.
6. Because there is great variation among general pediatricians in training and comfort with assessing and treating patients with mental health problems, as well as in access to appropriate mental health resources, consider additional training and ongoing education in diagnosing and managing adolescent mood disorders, especially if practicing in an underserved area. Pediatricians without such skills still have an important role in screening all patients and referring patients when necessary.
7. During routine evaluations, ask whether firearms are kept in the home, and discuss with parents the increased risk of adolescent suicide with the presence of firearms. Specifically, for adolescents at risk of suicide, advise parents to remove guns and ammunition from the house and secure supplies of potentially lethal medications.

8. Know the risk factors (e.g., signs and symptoms of depression) associated with adolescent suicide and serve as a resource on the issue of adolescent suicide for parents, teachers, school personnel, clergy, and members of community groups who work with youth.
9. Advocate for benefit packages in health insurance plans to ensure that adolescents have access to preventive and therapeutic mental health services that adequately cover the treatment of clinically significant mental health disorders.

III. CONCLUSION

Adolescent suicide is an important public health problem. Knowledge of risk factors may assist in the identification of adolescents who are at higher risk. It is important to know and use appropriate techniques for interviewing potentially suicidal adolescents. Mood disorders in adolescents have a variety of presentations. Management options depend on the degree of suicide risk. Treatment with antidepressant medications has risks and benefits.

IV. REFERENCES

[1] P. S. Bearman and J. Moody, “Suicide and Friendships among American Adolescents,” Am. J. Public Health, 2004, doi: 10.2105/AJPH.94.1.89.
[2] P. Wilkinson, R. Kelvin, C. Roberts, B. Dubicka, and I. Goodyer, “Clinical and psychosocial predictors of suicide attempts and nonsuicidal self-injury in the Adolescent Depression Antidepressants and Psychotherapy Trial (ADAPT),” Am. J. Psychiatry, 2011, doi: 10.1176/appi.ajp.2010.10050718.
[3] I. W. Borowsky, M. Ireland, and M. D. Resnick, “Adolescent suicide attempts: Risks and protectors,” Pediatrics, 2001, doi: 10.1542/peds.107.3.485.
[4] D. Ougrin, T. Tranah, D. Stahl, P. Moran, and J. R. Asarnow, “Therapeutic interventions for suicide attempts and self-harm in adolescents: Systematic review and meta-analysis,” Journal of the American Academy of Child and Adolescent Psychiatry. 2015, doi: 10.1016/j.jaac.2014.10.009.
[5] J. J. Muehlenkamp and P. M. Gutierrez, “Risk for suicide attempts among adolescents who engage in non-suicidal self-injury,” Arch. Suicide Res., 2007, doi: 10.1080/13811110600992902.
[6] A. M. Brausch and P. M. Gutierrez, “Differences in non-suicidal self-injury and suicide attempts in adolescents,” J. Youth Adolesc., 2010, doi: 10.1007/s10964-009-9482-0.
[7] B. N. Shain et al., “Suicide and suicide attempts in adolescents,” Pediatrics, 2007, doi: 10.1542/peds.2007-1908.
[8] S. Bauman, R. B. Toomey, and J. L. Walker, “Associations among bullying, cyberbullying, and suicide in high school students,” J. Adolesc., 2013, doi: 10.1016/j.adolescence.2012.12.001.
[9] B. Shain, “Suicide and suicide attempts in adolescents,” Pediatrics. 2016, doi: 10.1542/peds.2016-1420.
[10] M. K. Nock, T. E. Joiner, K. H. Gordon, E. Lloyd-Richardson, and M. J. Prinstein, “Non-suicidal self-injury among adolescents: Diagnostic correlates and relation to suicide attempts,” Psychiatry Res., 2006, doi: 10.1016/j.psychres.2006.05.010.