

# A Review Appraisal of Suicide Risk Among Adolescents

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**Abstract:** *Educators, psychologists, psychiatrists, social workers, and sociologists should conduct research on teenage suicide, which remains a significant concern in Romania and on a global scale. The literature on adolescent/teen suicide over the past fifty years reveals that it has been studied in a relatively small number of countries, with American researchers dominating the field. The research was conducted on samples of varying ages, contingent upon the definition of the phrase "adolescent" and the method of approach. A review of the literature indicates that there is a distinct vocabulary associated with the term "suicide" and that there are individual preferences regarding the use of various synonyms. Examples from literature are provided to illustrate three categories of causes/factors/stressors/triggers for adolescent suicide: biological, environmental, and psychological. The absence of research on adolescent suicide in Romania should serve as a foundation for both quantitative and qualitative investigations of this issue*

**Keywords:** Risk Factors, Prevention, Mental Health, Intervention Strategies

## I. INTRODUCTION

Suicide was the third leading cause of death for American adolescents aged 15–19 in 1999 (American Academy of Pediatrics, 2000). In 2008, it remained the third leading cause of death for young people aged 15–24 and the sixth leading cause of death for children and adolescents aged 5–14 (American Academy of Child and Adolescent Psychiatry, 2008). In 2010, suicide remained the third leading cause of death for American young people aged 15–24 (National Center for Health Statistics, 2010, in Shimshock, Williams, Sullivan, 2011). It had already become the second most common cause of mortality among American adolescents aged 15–19 seventeen years later (Shain, 2016). Cutler, Glaeser, and Norberg (2001) provide an intriguing examination of the increase in suicide rates among young Americans prior to 2001. In 2019, the World Health Organization reported that "every 40 seconds, someone loses their life to suicide" (2019). However, the time interval for adolescent suicide is not specified. Fortunately, the Organization for Economic Cooperation and Development (OECD) (2017, 1) noted that, between 1990 and 2015, "teenage suicide rates have, on average, declined slightly over the past two decades or so  $\frac{1}{4}$   $\frac{1}{2}$ ,  $\frac{1}{4}$ with  $\frac{1}{2}$  much of this decline occurring during the 2000s." In 2015, the highest teenage suicide rates were in countries such as Canada, Estonia, Latvia, Iceland, and New Zealand (10+ suicides per 100,000 adolescents), while the lowest suicide rates were in countries such as Greece, Israel, Italy, Portugal, and Spain (less than 3 suicides per 100,000 adolescents) (OECD, 2017, 2). The 2017 OECD report does not contain any information regarding adolescent suicide in Romania. In contrast, Eurostat (2020) reports that in 2016, there were 3.98 suicides per 100,000 inhabitants aged 15–19. This figure is lower than the average of the European Union, which is 28 countries, which is 4.22. However, it is higher than countries such as Luxembourg (0), Greece (1.12), Portugal (1.79), Cyprus (1.96), Italy (2.11), Bulgaria (2.57), Spain (2.59), Denmark (3.14), France (3.37), and The Netherlands (3.8). This is in contrast to countries such as Iceland (18.16), Ireland (10.21), or Norway (10.13), which are at the top of the teenage suicide list.

### Adolescence

Adolescence is defined as "the period that follows the onset of puberty during which a young person transitions from a child to an adult" (Lexico). In addition to this definition, other dictionaries provide a legal perspective and define adolescence as "the period of life during which a child develops into an adult: the period from puberty, which is

typically interpreted as 14 for boys and 12 for girls, to maturity, which is legally terminated at the age of majority, the age at which full civil rights are granted." (Merriam-Webster). An adolescent is a male or female who is in the process of transitioning from a child (a young human being below the age of adolescence or below the legal age of majority) to an adult (a person who is fully grown or developed). Synonyms for "a person aged between 13 and 19 years" (Lexico) and "a teenager" (Lexico).

This phase of life is characterized by exceptional biological, cognitive, psychological, and social development, which results in the following: autonomy, emotional development, identity, moral development, self-concept development, self-esteem development, sexual development, a system of beliefs, and the first legal issues, including alcohol use and abuse, childbearing, conduct problems, crime, delinquency, drug use and abuse, pregnancy, running away, and youth gangs. The purpose of this article is to trace the extensive voyage of adolescents from self-harm (Harrington, 2001; Wood, 2009; Greydanus, Apple, 2011) to suicide (Seroczynski, Jacquez, Cole, 2003).

#### **Suicide: terminological issues**

Suicide is "the deliberate termination of one's own life" (Medical Dictionary). Due of its frequency, suicide has several names. Thus, literature utilizes parasuicide, suicidality, suicidology, cluster/imitative suicide, presuicidal conduct, suicidal/suicide attempt, suicidal behavior, communication, ideation/thought(s), process, suicide cluster, suicide plan, or suicide risk

AAP (2000, 871) defines suicide clusters as "additional deaths from suicides in youths within a 1- to 2-week period afterward." Based on US and Hong Kong cluster suicide studies, Manson et al. (2013) concluded that suicidal conduct may be viral, facilitating suicide clustering.

The Medical Dictionary defines parasuicide as "attempted suicide, emphasizing that death is not the intended result in most such attempts" (ibid.). Kreitman et al. (1969, 746-747) used attempted suicide to avoid using terms like willful self-poisoning and self-injury.

Parasuicide is suicide attempt. Uses American Academy of Pediatrics (2000). Wasserman et al. (2008) evaluated young Vietnamese suicide attempters' psychosocial variables, suicidal communication, and process. Gulbas et al. (2011) compared low-income Latino homes with and without a daughter who tried suicide organizing structure. The consequences are obvious. In Benin, Randall et al. (2014) showed that drug usage and violence greatly predict suicide attempts. US teens who have attempted suicide are more likely to commit suicide, according to Shain (2016). Koyanagi et al. (2019) analyzed bullying and suicide attempts in 48 low- and middle-income countries across multiple continents. Scientists revealed that victimization may be a global risk factor for adolescent suicide attempts.

"Any action that could cause a person to die, such as intentionally crashing a car or consuming a drug overdose." (MedlinePlus). Four types of suicidal people are identified by Cross, Cassady, and Miller (2006, 296): "(1) ideators are those who contemplate suicide (the most significant group); (2) gesturers are those who make suicidal gestures that are deemed not to be serious attempts to end their lives (a smaller and less studied group); (3) attemptors are those who make attempts but are unsuccessful in their attempts to end their lives; and (4) completors are those who complete suicide (a relatively small group)." Research by Goodwin and Marušič (2003) indicates that American teenagers who feel inadequate are more prone to commit suicide. To evaluate how violence influences suicide, Belshaw et al. studied sexual assaults and drug use in 2012. They found that traumatized American youths plan and attempt suicide more often. Chen (2013) evaluated parent-adolescent agreement on American teens' suicidal behavior, one-year depressive symptoms, and suicide outcomes. She found parents may intervene more when they saw suicide behavior than contemplation.

A Medical Dictionary Suicidal communication is "a person's suicidal behavior or expression of suicidal ideation or intent to complete suicide." It indicates seeking assistance. Wasserman et al. (2008, 47-48) found four suicide-related verbal and non-verbal communication patterns among Vietnamese adolescents: Direct verbal suicide communication indicating intentions; indirect expressing misery, meaninglessness, and no solution.

Ideas of suicide. Kaltiala-Heino et al. (1999) evaluated school bullying and severe suicide ideation. Bullies in Finland had greater suicide rates, according to their research. This examination occurred about 20 years ago. A quantitative research by Goodwin and Marušič (2003) indicated that emotions of inferiority are associated with higher suicide ideation among teenagers in the US. In another quantitative study, Cross, Cassady, and Miller (2006) examined how

psychological personality influences suicide ideation in gifted American teens using The Suicidal Ideation Questionnaire. Female talented adolescents had greater suicide ideation than male brilliant adolescents, although gifted adolescents did not. Shimshock, Williams, and Sullivan (2011) conducted a cluster-randomized intervention experiment to assess whether American teens at risk for suicide self-reported suicidal thoughts. They observed that mental health concerns and a low sense of belonging influence suicide thoughts. Chen (2013) demonstrated that suicidal action is more significant in suicide prevention than ideation in a one-year depressed adolescent's parent-adolescent agreement regarding suicidal ideas. Strandheim et al. (2014) evaluated health and lifestyle variables among 13–15-year-old Norwegian teens and 17–19-year-old suicidal ideation in a population-based prospective cohort study. The study indicated that one in six 17–19-year-old girls had suicide thoughts, behavioral difficulties, obesity, and pain. Young people aged 13–15 have increased depression. Zong (2015) and Cross, Cassady, and Miller (2006) studied South Korean suicide ideation using the SIQ. She showed that social connections greatly influence melancholy and suicide thoughts in South Korean teens. Hesapçioğlu, Meraler, and Ercan (2018) conducted a quantitative research on Turkish high school students' suicidal ideas and bullying. Non-bullied teens reported lower suicide thoughts. According to Wasserman et al. (2008, 47), suicide is a continuous process from thought to planning and attempt. Culture shortens suicide times in the West.

Medical Dictionary defines suicidality as "the probability of an individual committing suicide". Klomek et al. (2007) studied American female adolescent bullying and suicide. According to their findings, bullying and victimization may raise child suicide risk. According to Ying (2013, 102), Malaysian youth's perceived parenting style authoritative, authoritarian, or permissive correlated with bad life ideas and suicide. According to study, liberal parenting (totally accepting, tolerant, seldom worried) is linked to negative suicidal thoughts and authoritative parenting (great role model, guiding, supporting) to positive ideation. In Finland, Klomek, Sourander, and Elonheimo (2015) explored how childhood bullying influences adult criminality, psychopathology, and suicidality.

#### **Suicide cluster is a synonym for cluster suicide**

Suicidal ideation, suicidal attempt, and suicide plan are all immediate precursors to suicide (Nock et al., 2008). Using an in-depth interview, Wasserman et al. (2008) conducted an analysis of the cases of 19 Vietnamese suicide attempters aged 15–24. They discovered that five of them had a suicide plan, which included the purchase of pesticides and raticides, one to three days prior to their fatal attempt. Klonsky, May, and Saffer (2016, 309) defined suicidal ideation as the act of "planning, contemplating, or thinking about suicide."

Suicidology is defined as "the science of suicide, suicidal behavior, and suicide prevention" (Medical Dictionary). In an effort to standardize the nomenclature of suicidology, Silverman (2006) proposed synonyms for suicidal ideation, suicidal intent, and suicidal threat or gesture.

#### **Causes of suicide in adolescence**

According to Harrington (2001, 47), the cause of suicide is typically a combination of predisposing constitutional factors resulting from genetic endowment or prior experience and precipitating stressful events. This statement was made nearly two decades ago. The researcher also proposed a model of teenage suicide in which individual disposition (e.g., mental disorder, personality, or substance abuse) influences triggers (e.g., altered state of mind, opportunity, or stressful event). This, in conjunction with the social milieu (e.g., media coverage, role models in the community, or taboos), either inhibits or facilitates suicide (Harrington, 2001, 54). Smischney, Chrisler, and Villarruel (2014, 2–5) and McLoughlin, Gould, and Malone (2015, 767–776) have identified biological, environmental, and psychological factors/stressors (whether long-term or short-term stressors – see Wasserman et al., 2008) as the causes/factors/stressors/triggers for adolescent suicide.

The subsequent biological factors are linked to the suicidal behavior of adolescents:

**Ethnicity:** The suicide rate of Alaskan Natives or Native American adolescents is 2.4 times higher than the national average. Hispanic adolescents have a higher suicide attempt rate than African American or Caucasian adolescents. Latina adolescents report attempting suicide more frequently than African American or Caucasian adolescents (Smischney, Chrisler, Villarruel, 2014, 2).

**Gender:** According to Portes, Sandhu, and Longwell-Grice (2002), male adolescents suppress their emotions, while female adolescents express them, and suicide is a means of expressing their need for assistance. McAndrew and

Garrison (2007) suggest that American female adolescents become suicidal over relationship issues, while suicidal male adolescents are more concerned with achievement. Despite the fact that female adolescents have higher rates of anxiety, depression, suicidal ideations, suicidal thoughts, and suicide attempts (via drug overdose and poisoning), male adolescents are four times more likely to commit suicide (via firearms) (Smischney, Chrisler, Villarruel, 2014).

**Sexual orientation:** Gay and bisexual male adolescents experience higher rates of suicidal ideation and attempts than their heterosexual counterparts due to the elevated likelihood of social stigma, peer rejection, parental rejection, and victimization.

Environmental factors that are considered to be associated with suicidal behavior in adolescents include:

Family stress and conflict (academic failure, loss of a loved one, military deployment of one parent, parental divorce, physical abuse, marital breakdown, sexual abuse) might produce impulsivity, despair, hopelessness, or vulnerability in teenagers. Lack of healthy identity increases suicide risk, according to Portes, Sandhu, and Longwell-Grice (2002). Malaysian teens committed suicide due to familial issues (Kok, Goh, 2011). Shah and Punjani (2012) connect parental maltreatment to Pakistani adolescent suicide. Stress and discomfort affect Norwegian teens' suicide ideation (Strandheim et al., 2014).

Hyatt and College (2010) say low self-esteem, social self-concept, and social skills may make adolescents, particularly females, feel alone or rejected. Robu (2013) disputes the importance of self-esteem in suicide attempts, however Strandheim et al. (2014) relate overweight Norwegian teens to suicidal ideation.

Information and communication technologies (Internet, mass media): the Internet can provide adolescents with information about how to commit suicide, media coverage of a suicide may lead to suicide clusters (suicide contagion); the relationship between cyberbullying and suicidal behaviour were investigated by van Geel, Vedder and Tanilon (2014) and by Hinduja and Patchin (2018), both in American adolescents; the relationship between Internet use and suicidal behaviour in British adolescents was investigated by Marchant et al. (2017), who found that the relationship between Internet use and self-harm or suicidal behaviour is associated with high levels of Internet addiction, Internet use, and websites with self-harm or suicide content; Scottye et al. (2013) investigated American adolescent suicide statements as part of suicidal intentions/thoughts on MySpace and reached the conclusion that these statements had a relationship-related context; Bányai et al. (2017) (studying a sample of Hungarian adolescents) and Yonker et al. (2015) found that depression, low self-esteem, and suicidality are impacted by social media because of the availability of suicide stories; Barry et al. (2017) found social media responsible for symptoms of anxiety, depression, hyperactivity/impulsiveness, inattention, and Oppositional Defiant Disorder in American adolescents; Calancie et al. (2017) identified Facebook as a stressor in Canadian adolescents with anxiety disorders; the relationship between new media screens and suicidal behaviour in American adolescents has been investigated by Twenge et al. (2017) (but their results are controversial).

### **Psychological factors**

Do psychological factors effect adolescent suicide?

Schizophrenia, PTSD, anxiety, depression: Depression was the major cause of juvenile suicide in Finland, according to Kaltiala-Heino et al. (1999). Bullied teens are more sad. Harrington (2001) studied suicide and depression. Bullying may exacerbate adolescent depression, according to Klomek et al. (2007). Strandheim et al. (2014) relate depression to suicidal ideation in Norwegian teens, whereas Robu (2013) links neuroticism to suicide attempts. Kroning and Kroning (2016) called despair preceding suicide a "silent crisis." Depressively (a sub-factor of neuroticism) was the biggest predictor of Filipino teenagers' suicide conduct, according to Reyes et al. (2017).

Poor coping skills: adolescents with aggressive (e.g. physical bullying, social bullying, and verbal bullying), impulsive, violent behaviour feel less supported by family and friends, hopeless, and lack positive coping skills and problem-solving skills; boy-girl relationship and stress from school work were identified as the main suicide factors in youth (Kok, Goh, 2011) (in Malaysia); bullying as a cause of suicidal behaviour has been extensively studied by Kaltiala-Heino et al. (1999) (in Finland), Klomek et al. (2007) (in Finland), Hyatt and College (2010) (in the USA), Shah and Punjani (2012) (in Pakistan), Klomek, Sourander and Elonheimo (2015) (in Finland), Tural Hesapçioğlu, Yeşilova Meraler and Ercan (2018) (in Turkey), Hinduja and Patchin (2018) (in the USA), Koyanagi et al. (2019) (in 48 countries across the world), and Alberdi-Paramo et al. (2020) (in Spain); Strandheim et al. (2014) cite conduct

problems among the causes of suicidal thoughts in Norwegian adolescents; violence is one of the causes of suicidal behaviour among adolescents in Benin (Randall et al., 2014) and in Hawaii (Baker et al., 2015); Alcohol use/abuse: Male teenagers are 17 times more likely to attempt suicide when intoxicated than sober adolescents, while female adolescents are three times more likely. Depression and behavior problem were more prevalent among suicidal Benin teens who used/abused drugs (Randall et al., 2014).

## **II. CONCLUSIONS AND RECOMMENDATIONS**

Reviewing adolescent suicide literature yields the following conclusions:

Teenage suicide is a worldwide and Romanian issue. A few nations, including Benin, Canada, China, Finland, Hungary, Malaysia, Norway, Pakistan, Philippines, Romania, South Korea, Spain, Turkey, UK, USA, and Vietnam, have studied adolescent suicide. Most of these investigations were undertaken by US scholars. The country and approach used to define adolescence vary somewhat.

The phenomenon's study created a "suicide"-based vocabulary. This vocabulary includes new terms ("parasuicide," "suicidality," and "suicidology") and phrases ("cluster/imitative suicide," "presuicidal behavior," "suicidal/suicide attempt," "suicidal behavior," "suicidal communication," "suicidal ideation/thoughts," "suicidal process," "suicide cluster," and "suicide risk."

Researcher preferences exist for cluster suicide and imitative suicide.

Three categories of causes, factors, stressors, or triggers for adolescent suicide are biological (ethnicity, gender, and sexual orientation), environmental (family stress and conflict, low self-concept, low self-esteem, low social self-concept, and poor social skills, and ICT), and psychological.

A complete study of adolescent suicide in Romania should begin with the lack of research (perhaps owing to the pre-1989 belief that everything was OK in a communist society and our young had no cause to be unhappy).

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