

SUICIDE AMONG CHILDREN AND ADOLESCENTS: A MENTAL HEALTH AND PUBLIC HEALTH ISSUE

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Suicide among children and adolescents is a problem that has grown increasingly serious over the past few years.

It is thought to be the third-leading cause of death among adolescents between the ages of fifteen and twenty-four and the seventh-leading cause of death in the eight-to-fourteen-year-old age group.

In Argentina, according to the latest figures from the National Ministry of Health, the suicide rate is 7.2 per 100,000 residents. This figure exceeds the homicide rate, which is currently at 5.2.

According to the WHO, “Suicide is a serious public health problem. We need to change societal attitudes toward mental illness and suicidal behavior so that people at risk and their families do not feel afraid, ashamed or discriminated against when they seek help.”

One analysis revealed that **Google searches having to do with taking one’s own life totaled between 900,000 and 1,500,000**, among which include phrases such as “suicide prevention” (23%), “direct suicide prevention hotline” (12%) and “songs about suicide” (60%) stood out, but so did “how to commit suicide” (which increased by 26%), “committing suicide” (an 18% increase) and “how to kill yourself” (a 9% increase). Despite the fact that it is an individual process that is often hidden, there are always signs that a person with a depression diagnosis needs to get help from his or her social network or from a health professional.

Depression and suicidal tendencies are mental disorders that can be treated. For this reason, it’s important to recognize them — as well as the causes that give rise to

them — so that a diagnosis can be made and an appropriate treatment program put in place, along with prevention mechanisms that help to minimize or eliminate the potential for a fatal outcome.

The symptoms and signs that alert us to this situation are the following:

- 1- Changes in sleep habits and nutrition.
- 2- Withdrawal from partners, family, or daily activities.
- 3- Violent episodes, rebellious behavior, or running away from home.
- 4- Drug and/or alcohol use.
- 5- Extreme neglect of personal appearance.
- 6- Marked changes in personality.
- 7- Persistent boredom, problems with concentration and academic performance.
- 8- Frequent, non-specific complaints about sleep that are associated with mood.
- 9- Loss of interest in habitual pastimes and hobbies.
- 10- Low tolerance for compliments or recognitions.
- 11- Complaints about being or feeling like “a bad person.”
- 12- Phrases like, “I won’t keep being a problem,” or “I won’t bother anyone again,” or “I don’t care about anything.”
- 13- Putting affairs in order.
- 14- Giving away prized possessions.
- 15- Cleaning bedrooms.
- 16- Getting rid of things that are of personal value.
- 17- Becoming overly happy after having gone through a period of depression.
- 18- Suffering psychotic symptoms (hallucinations and/or delirium)

It’s important to make it clear that when people say that they are going to kill themselves, it’s not just to get attention. They may not really want to kill themselves, but care must be taken with young people’s tendency toward action.

As for triggers that may have elevated risk factors (suicide or self-injuring behavior), the following are frequently observed:

- a- Parental divorce.
- b- The forming of a new family, a blended family with new siblings.
- c- Relocation.
- d- Domestic violence.
- e- Psychological and sexual abuse.
- f- Bullying.

There may also exist RISK FACTORS and PROTECTIVE FACTORS that are yet to be discovered which may either increase the risk of suicide or moderate it.

In regard to the RISK FACTORS, they are:

- 1- Today's society, which is a "culture of risk."
- 2- The veneration of image and looks, which leads to a focus of aesthetics and a life of hedonism.
- 3- Promiscuity.
- 4- Problematic substance use.
- 5- Personal characteristics (personality traits).
- 6- Psychopathology (depression and excess stress).
- 7- Low self-esteem
- 8- Dysfunctional families (poor communication and interaction between members, intra-family violence, a history of family psychiatric issues).
- 9- The quality of the social networks (membership of groups involved in risky behaviors, lack of an institutional network)
- 10- Level of education (high dropout rates).
- 11- External locus of control
- 12- Low levels of resilience.
- 13- Lack of a primary bond between mother-child and the potential risk of subjectification.

PROTECTIVE FACTORS are biophysical, family, and social factors found in individuals that encourage human development and the maintenance and/or recuperation of health. EARLY DETECTION LESSENS VULNERABILITY.

Among PROTECTIVE FACTORS, we find:

- 1- A stabilizing family having good interpersonal communication. Flexible and with steady emotional relationships.
- 2- High self-esteem.
- 3- A defined and very well-internalized life project.
- 4- A well-established internal locus of control.
- 5- High level of resilience
- 6- Defined sense of meaning in one's life
- 7- Social models that promote constructive coping.
- 8- Having measured social responsibilities while contending, at the same time, with achievement-oriented demands requiring an average intelligence and average cognitive skills.
- 9- Having experienced episodes of self-efficacy and self-confidence.
- 10- Having a positive self-image.
- 11- Having the ability to give stress a subjective and positive meaning.
- 12- Having coping strategies that are geared toward problem resolution
- 13- Investing time in the creation of stable friendships.
- 14- Taking part in play and in recreational activities of a physical, athletic, cultural, artistic, musical, or literary nature.

When suicide and self-injuring behavior are regarded as the result of multiple causes and the products of a complex etiology in which multiple risk and protective factors converge, new strategies and resources that will help promote healthy lifestyles that tend to diminish and prevent them will be created and planned out. And to this end, it is necessary to take action at different levels, both disciplinary and trans-sectoral, that works toward a NETWORK made up of different governmental and non-governmental elements and toward interdisciplinary cooperation. At the present time, this kind of work will be done in the field of infant and child mental health, or at least we will attempt to carry it out so as to not inflict institutionalization on children and adolescents, which may later become a source of stigma for them. In some cases in which risk factors predominate and, lacking suitable "emotional containment" in the family environment, we will proceed with their hospitalization, taking into

consideration that it will be for a limited duration so that they may again be reinserted into society, a crucial element in order to avoid their marginalization, in every sense of the word.