



Psychological Panaceas To Help Teenagers From Depression And Suicidal Tendencies

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Abstract: Increasing number of suicides among teenagers is one of the scary problems faced in our present-day complex society. Suicide is the second-most leading cause of death among young people aged between 15 to 24. In year 2019, India recorded annual youth suicide rates as 80 per 100,000 in females and 34 per 100,000 in males. Addressing this rising rate of suicide among children and adolescents in India or elsewhere requires a comprehensive and multifaceted approach. This paper reviews the risk factors for suicide in teenagers, to which prevention procedures could rationally be directed. A range of suicide preventive interventions including hotline and crisis services, educational and screening procedures, effective treatment of suicide attempters, minimizing opportunities for suicide imitation and controlling access to the methods most often used to commit suicide has been deliberated in this paper. The paper also dealt with frequent warning signs of distress as contemplated by youth. Parents, teachers, and friends are in a key position to pick up on these signs and get help. Most important is to never take these warning signs lightly or promise to keep them secret. When all adults and students in the social community are committed to making suicide prevention a priority and are empowered to take the correct actions, we can help youth before they engage in behavior with irreversible consequences.

Index Terms - Prevention, Suicide, Teen, Adolescence, Death, Tendencies, Mental Health, Parental Expectations.

I. INTRODUCTION

Death due to suicide is an extremely unpleasant and distressed event, but still are taking place around us. As per World Health Organization (WHO) estimate, approximately 1 million people die each year from suicide. It is even more painful and harrowing, when our teenagers and adolescent commit suicide in early stages of life. As per a study in 2021 suicide is the 11th leading cause of death for people of age more than 10 years (Study by Centers for Disease Control and Prevention (CDCP)). A 40 years study by the American Foundation for Suicide Prevention (AFSP) revealed that approximately 100,000 teens in the age group of 15-19 years died by suicide between 1975 and 2015.

It is difficult to understand what drives so many individuals take their own lives? But a suicidal person is in so much pain that they can see no other option. So, suicide is a desperate attempt to escape suffering that has become unbearable. Suicidal people cannot see any way of finding relief except death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. It is immensely much more heartbreaking, when we find teenagers or adolescents at tender ages decides to take their own life. Although highly unpleasant and painful for society, occurrence of such events is also on rising trend. Suicide is the second-most leading cause of death, after road accident, among young people aged between 15 to 24. In year 2019, India recorded annual youth suicide rates as 80 per 100,000 in females and 34 per 100,000 in males. The alarming rising trend of student suicides is corroborated by data in Figure 1. Figure 1 depicts numbers and % of student suicide in various parts of India in year 2022.

Suicide is a complex subject and result of numerous diverging contributing reasons. One of the significant contributing factors, which the present paper has dealt with, is related to psychological aspect of mental health issues such as stress, depression, anxiety, desolation, inability to fulfil high parental and peer expectations etc. These mental health conditions that initially starts from stress grows into a frustration and in extreme conditions turns into depression, prompting teenagers, sometimes to initiate extreme step to end their lives.

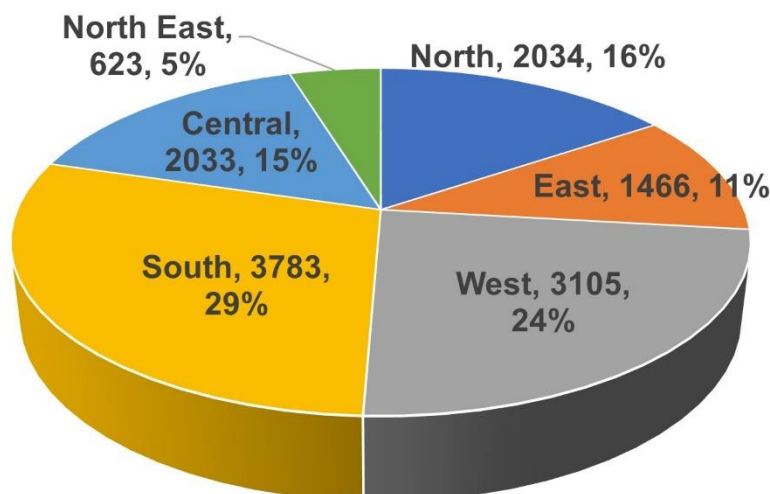


Figure 1: Numbers and % of Student Suicide at different zones of India in 2022

Early adolescence is a period of significant change, during which children undergo with the physical changes associated with puberty and face new challenges. New research suggests that there is a significant developmental lag between the intensification of emotional and behavioral states that accompany the hormonal changes of puberty in early adolescence and the mastery of cognitive and emotional coping skills that are enabled through cortical development during late adolescence and early adulthood. This lag leaves vulnerable adolescents prone to increased moodiness with biased interpretations of experiences, self-criticality, poor judgement and emotion focused coping (Dahl, 2003; Rudolph & Clark, 2001; Sethi & Nolen-Hoeksema, 1997; Shibley, Mezulis, & Abramson, 2008). These features may also contribute to the increase in suicidal ideation (Garrison et al., 1991). The objective of this study is to understand the reasons that push teenager and adolescent towards suicide.

The paper also dealt with panaceas for preventing teenage suicide by creating supportive environment including providing access to the mental health services, teaching coping skills, promoting positive relationships etc. This also encompasses improving awareness of parents, teachers and community about the warning signs of suicide and response mechanisms.

II. SUICIDAL TENDENCIES AMONG TEENS AND ADOLESCENCE

Teenage and adolescence suicide is a serious and growing problem. The teenage years are generally emotionally turbulent and stressful. Commonly teenagers face immense pressure for achieving success in life. They struggle with self-esteem issues, parental and peer pressure, self-doubt and feelings of alienation, which are some of salient causes suicide. Depression is also a major risk factor for teen suicide. Analysis of frequent suicides by students at Kota, India has revealed severe mental stress issues like extensive educational curriculum, tough competition, constant pressure to do better, the burden of parents' expectations and homesickness are the some of the salient causes of suicide.

The teenagers committing suicide are generally not psychotic or insane, but they are upset, grief-stricken, depressed or despairing. Majority of them seeks external help before attempting suicide. Studies indicate that more than 50% of suicide victims had sought medical help in the six months prior to their death. Suicide among teens also happens after a stressful life events like problems at school, childhood abuse, breakup with boyfriend or girlfriend, death of loved one, major family conflicts etc. Some of the very common warring signals commonly exhibited by teens, who are thinking about suicide might:

- a) Talking about suicide or death in general.
- b) Giving hints that they might not be around anymore.
- c) Talking about feeling hopeless or feeling guilty.

- d) Withdrawing from friends or family.
- e) Refusal to personal appearance.
- f) Increased signs of irritability, anger and sadness.
- g) Writing songs, poems, or letters about death, separation, and loss.
- h) Starting giving away valuable possessions to siblings or friends.
- i) Losing desire to take part in favourite things or activities.
- j) Having trouble concentrating or thinking clearly.
- k) Having changes in eating or sleeping habits
- l) Engaging in risk-taking behaviours.
- m) Increasing trend in losing interest in school or sports.
- n) Increased use of alcohol or drugs.
- o) Posting on social media indicating feeling of isolation, depression and sudden mood changes.
- p) Struggling with self-esteem issues, self-doubt and feelings of alienation.

Though many suicidal teens appear depressed or downcast indicating some of the aforesaid signs. However, others hide their problems and does not exhibit any warning signals or may obscure them underneath a disguise of excess energy. If an adolescent starts displaying uncharacteristic agitation and hyperactivity, it may also signal the existence of an underlying problem. This restlessness may take the form of confrontational or aggressive behavior. Any previous attempts at suicide are loud and clear cries for help, which demand responses before it's too late (Mrudula Mahajan, 2016). Awareness of risk factors and warning signs, along with knowledge of what to do to help, can make difference in the lives of others. There is always a hope that suicide can be preventable.

III. RISK FACTORS OF SUICIDE

According to the U.S. Department of Health and Human Services (DHHS), at least 90% of all people who die by suicide suffer from one or more mental disorders such as depression, bipolar disorder, schizophrenia or alcoholism, conflict with others, Family conflict and poor relationships in general. Feeling of worthlessness, helplessness and hopelessness, history of or current experiences of bullying, suicidal thoughts self-injury, loss of close people etc. are also contributing factors. Depression in particular plays a large role in suicide. The difficulty that suicidal people have imagining a solution to their suffering is due in part to the distorted thinking caused by depression. (Gupta Vanishka et al., 2024)

Common suicide risk factors also include; Mental illness, alcoholism or drug abuse, previous suicide attempts, family history of trauma or abuse, terminal illness or chronic pain, recent loss or stressful life event, social isolation and loneliness. As per Northwestern Medicine Psychologist Nicole L. Francen Schmitt, PsyD, following factors also contribute to the recent increase in youth suicide rates such as:

- Increased access to social media.
- Negative online media.
- Feelings of Isolation.
- Inadequate self-care.
- Stigma around mental health care.

Throughout adolescence, teen and young adults experience major physical, social, emotional and psychological changes. These changes and the subsequent feelings of stress, uncertainty, fear, confusion, hopelessness and external pressure can lead some young people to feel overmatched and to see suicide as their only option. Adolescence is a time of change, so different risk factors can arise at different times for young adults that include: Existing mental health or substance use disorder- depression, anxiety and alcohol used are most common. Impulsive behaviors and tendencies, Romantic breakups, Peer or social conflict, Firearm in the household, Family history suicide, Exposure to suicidal behaviors to other, Prior suicide attempts.

As per Dr. Francen Schmitt a common misconception is that self-injurious behavior, such as cutting, burning or picking at skin is suicidal behavior. "Self-injury is not necessarily always a predecessor to suicide, but it is something to seek support from a mental health professional. It's a way that signifies something is wrong and the child needs attention."

IV. FACILITATING MEASURES TO SUPPORT TEENS WITH PROBABLE SUICIDAL TENDENCIES

Following facilitating measures are often found helpful to support teens with probable suicidal tendencies:

1. Keep an open door- Assure them that they can trust you and are always available to talk. If their peer's exhibit suicidal behaviour they can come as a trusted adult.
2. Always' empathize but don't criticize- Don't say that you are overacting but encourage to say about their needs.
3. Don't minimize their feelings- Don't give them advice like, "Be positive" etc. Rather you can say, "How can I support you?"
4. If the teen is in imminent danger due to a suicide threat or attempt you can call 911 or (TNSPL) The National Suicide Prevention Lifeline no. is 988 that offers confidential support for 24/7 at no cost. The organization offer several immediate supports for 24/7 hours.
5. Acknowledge negative feelings and provide support- If teen is going through a rough time try to provide support and listen to their concerns, also provide spiritual, emotional and personal support and offer problem solving and coping techniques that can improve the situation.
6. Be honest- Always try to be attached and talk to them about some of the emotions they are experiencing. Also try to recall about their past experiences which were more challenging and how they overcame them.
7. Promote social connectivity- Identify ways to connect more as a family and provide opportunities to connect with peers and other adult caregivers. These social connections can help override a teen's feelings of loneliness and helplessness and allow them to transition to a sense of belonging and importance.
8. Ask questions and have conversations- First and foremost, it's important to talk about their anxiety or worries. Listen to them carefully to understand their feelings. Try not to make assumptions or dismiss their worries. Reassure them that recognizing and talking about problems is good and show them that how much concerned you are about them. When noticing changes in the teen that can be unsettling, be proactive and if you are worried about their suicidal thoughts you can directly ask about their hearing themselves. Asking about suicidal thoughts does not cause harm rather it often helps the teen to come out of this tendency. If the answer is "Yes" then express your concerns about their feelings and seek professional help.
9. Seek professional help- There are many treatment options for people contemplating taking their own life. More than 90% of people who commit suicide have one or more treatable mental illness, coping techniques and emotional support are proven methods to aid those in need.
10. Making a regular routine may help a person with depression feel more in control. Make a schedule for meals, medicine, physical activity, social support and sleep. Also contact with the helpful organizations.
11. (CDCP) Centre for Disease Control and Prevention- Suicide Prevention Resource for Action highlights strategies based on the best available evidence to help states and communities prevent suicide. Such as Improve access and delivery of suicide care, promote healthy connections, teach coping and problem-solving skills, Identify and support people at risk, lessen harms and prevent future risk.

V. DIAGNOSIS

When the teen is suspected with depression, it is of foremost importance to consult a suitable medical professional. Following preliminary evaluation tests are helpful under strict supervision of a capable medical professional:

- a) Physical exam-The doctor may do physical exam and wants to know deeply about teen-agers health to determine the causes of depression because depression is also linked up with an underlying physical health problem.
- b) Lab test- A doctor may do a complete blood test to make sure whether it's functioning properly.
- c) Psychological evaluation- A doctor may talk with the teen about his thoughts, feelings and behaviour which will help in diagnosis for related complications.

Symptoms caused by major depression can vary from person to person. To clarify the type of depression, doctor may use one or more specifiers that means depression with specific features like:

- i. Anxious distress- Depression with unusual restlessness or worry about possible events or loss of control.

- ii. Melancholic features- Severe depression with lack of response to something that used to bring pleasure and associated with early morning awakening, worsened mood in the morning, major changes in appetite, feelings of guilt and agitation or sluggishness.
- iii. Atypical features- Depression that includes the ability to be temporally cheered by happy events, increased appetite, excessive need for sleep, sensitivity to rejection and a heavy feeling in arms and legs.

An accurate diagnosis is the key to getting appropriate treatment. There are several other disorders that include depression as a symptom such as:

1. Bipolar 1 and 2 disorders- These mood disorders include mood swings that range from major highs to major lows. It's sometimes difficult to distinguish between bipolar disorder and depression.
2. Cyclothymic disorder- This type of disorder involves highs and lows that are milder than those of bipolar disorder.
3. Disruptive mood dysregulation disorder- In this type of disorder children includes chronic and severe irritability and anger with frequent extreme temper outbursts. This disorder typically develops into depressive disorder or anxiety disorder during the teen years or adulthood.
4. Persistent depressive disorder- This is also called dysthymia, this is less severe but more chronic form of depression.
5. Some other causes of depression include that are caused by the use of recreational or illegal drugs, certain prescribed medications or a medical condition.

VI. TREATMENT

Treatment depends on the type and severity of teen-agers depression symptoms. A combination of talk therapy and medication can be very effective. If the teen has severe or is in danger of self-harm, they may need a hospital stay until the symptoms improve.

The Food and Drug Administration (FDA) has approved two medications for teen depression- Fluoxetine (Prozac) and Escitalopram (Lexapro). Most antidepressants are generally safe but the FDA requires the strictest warning for prescriptions. Though it's uncommon, some children, teens and young adults under 25 may have an increase in suicidal thoughts or behaviour when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. They should be watched closely for unusual behavior, especially when first beginning a new medication. For most teens who need an antidepressant outweigh any risks. Antidepressants are more likely to reduce suicide risk in the long run by improving mood.

VII. FINDING THE APPROPRIATE MANAGING MEDICATION

Everyone is different, so finding the right medication or dose for the teen may requires some trial and error, which needs patience. Some medications need several weeks or longer to take full effect and for side effects to ease as the adjusts. Encourage the teen not to give up. Carefully monitor the use of medication because overdose may be a risk for teens with depression. The doctor may prescribe only small supplies of pills at a time, so that the teens does not have a large amount of pills at once. It is also necessary to lock up the pills in the home to reduce the risk of suicide. If the teen has bothersome side effect's they should not stop taking antidepressant without consulting doctor. Some antidepressants can cause withdrawal symptoms, but quitting suddenly may cause a sudden worsening of depression.

VIII. PSYCHOTHERAPY

It is also called psychological counselling or talk therapy. This is a general term for treating depression by talking about depression and related issues with a mental health professional. Different types of psychotherapy can be effective for depression, such as CBT or interpersonal therapy. Psychotherapy may be done one-on-one basis, with family members or in a group. Through regular sessions teen can learn about the causes of depression, how to identify and make changes in unhealthy behaviors and thought, explore relationships and experiences, find better ways to cope and solve problems, how to set realistic goals, regain a sense of happiness and control, helps ease depression symptoms such as hopelessness and anger and adjust to a crisis or other current difficulty.

In some teens, depression is so severe that they have to stay in the hospital, especially who is in danger of self-harm or hurting other people. During the stay in hospital help them to keep calm and safe. Day treatment programs also may help which provides the support and counselling to get depression symptoms under control. But never replace conventional medical treatment with alternative medicine because alternative treatments are not always good substitute for medical care.

Some alternative treatments or complementary therapy also helps in dealing with depression like Acupuncture. Relaxation techniques like deep breathing, Yoga, Meditation, Guided imagery, Massage therapy, Music or art therapy, Spirituality etc. are also found to be effective. However, relying solely on these methods is not enough for treatment, but they may be helpful when used in addition to medication and psychotherapy. Lifestyle and home remedies also help the teenagers such as:

- Stick to the treatment plan.
- Learn about depression.
- Encourage communication with the teen.
- Pay attention to warning signs.
- Help your teen adopts healthy habits.
- Help your teen avoid alcohol and other drugs.
- Eliminate or limit access to items that could use for self-harm.
- Encourage to make healthy friendships, stay active, ask for help, have realistic expectations, simplify life, connect with other teens who struggle with depression.

IX. CONCLUSION

Suicide is a serious public mental health problem that can have long lasting effects on individuals, families, and communities. It is preventable which requires strategies at all levels of society. Everyone can help in preventing suicide by learning the warning signs, promoting prevention and resilience, and committing to social change. Individual factors, such as depression, stress, high-risk behaviours, internet addiction, self-harm, and complex psychosocial factors like permissive attitude toward suicide work together to develop suicidal tendencies in adolescents. Protecting factors against suicidal behaviour in adolescent include cognitive abilities, temperament, self-esteem, hopelessness, productive coping, defence mechanisms, self-control, spirituality and religion, reasons for living, positive attitude toward sports, caring for family etc.

Facilitating supporting measures are effective like talking to a suicidal person and let them feel that you care for them and they are not alone, To listening them carefully, be sympathetic and non-judgemental, offer hope and let the person know that their life is so much important for you etc. But never argue with the suicidal person, lecture on the value of life, promise confidentiality or be sworn to secrecy.

Three main factors that appears to increase the risk of suicide are psychological factors, stressful life events and personality traits. Medications under strict prognosis and supervision of a capable medical professional like antidepressants, antipsychotic medications, anti-anxiety medications can help to reduce mental illness symptoms, which can help the teens to reduce suicidal tendencies. Follow up on treatment, if the doctor prescribes medication make sure that they take it as directed. Be aware of possible side effects. It often takes time and persistence to find the medication or therapy that's right for a particular person.

LIST OF ABBREVIATIONS

AFSP	:	American Foundation for Suicide Prevention
CBT	:	Cognitive Behavioural Therapy
CDCP	:	Centres for Disease Control and Prevention
DHHS	:	Department of Health and Human Services
FDA	:	Food and Drug Administration
TNSPL	:	The National Suicide Prevention Lifeline
WHO	:	World Health Organization

REFERENCES

- [1] Anderson, 2002. Leading causes for 2000. National Vital Statistics Reports. Hyattsville, MD: National Centre for Health Statistics; 2002.
- [2] Dahl, 2003. The development of affect regulation: bringing together basic and clinical perspectives. *Annals of the New York Academy of Sciences*. 2003; 1008: 183-188. doi: 10.1196 / annals. 1301.019. [DOI] [PubMed]
- [3] Garrison et al., 1991. A Longitudinal study of suicidal ideation in young adolescents. *Journal of the American Academy Child and Adolescent Psychiatry*. 1991;30(4):597-603. doi: 10.1097/00004583-199107000-00011. [DOI] [PubMed]
- [4] Gupta Vanishka et al., 2024. Exploring The Factors Behind Teen Suicide, *International journal for Creative Research Thought (IJCRT)*, Volume 12, Issue 7 July 2024 , ISSN: 2320-2882.
- [5] J. Am. Acad., 1988. *Child Ado/esc. Psychiatry*, 1988, 27, 6:675-687.
- [6] Mrudula Mahajan, 2016. Suicidal Tendencies amongst Adolescents, *IJLTEMAS*, Volume V, Issue II, February 2016, ISSN 2278 – 2540.
- [7] Nicole L. Francen Schmitt PsyD, 2023. *Northwestern Medicine Psychologist*, Illinois School of Professional Psychology of Argosy, reviews October 16, 2023.
- [8] Rudolph & Clark, 2001. Conceptions of relationships in children with depressive and aggressive symptoms: Social- cognitive distortion or reality? *Journal of Abnormal Child Psychology*. 2001;29(1):41-56. doi: 10.1023/a:1005299429060. [DOI] [PubMed]
- [9] Sethi & Nolen-Hoeksema, 1997. Gender differences in internal and external focusing among adolescents. *Sex Roles*. 1997;37(9-10):687-700.
- [10] Shibley, Mezulis, Abramson, 2008. The ABCs of depression: Integrating affective, biological, and cognitive models to explain the emergence of the gender difference in depression. *Psychological Review*. 2008;115(2):291-313. doi: 10.1037/0033-295X.115.2.291. [DOI] [PubMed]

