

EDITORIAL

Teen Suicide Prevention

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Suicide is "any self-destructive behaviour that has an intent to seriously damage oneself or cause death". It is the second leading cause of death among adolescents. India reported the highest suicide rate in 2021 with 12 suicides for every 100,000 population. Furthermore, this trend, according to Indian National Crime Records Bureau (NCRB) has risen at the rate of 6.2% compared to the year 2020. [1]

The interaction between multiple factors like biological, psychological, socio cultural, and family-like factors can cause contribute to suicide in teens. The increase in suicide rates among females could be attributed to gender-specific stressors, violence, and discrimination. The rise in male suicide rates could be attributed to financial strain, academic pressure, and substance abuse. [2]

Emotional dysregulation has been found to be a common underlying factor in various studies examining suicidality in children and adolescents. In a study done by Trigylidas *et al*, assessing children with certain mental disorders who died by suicide, it was found that depression was existing in 40.8%, attention-deficit/hyperactivity disorder in 20.6%, oppositional defiant disorder/conduct disorder in 20.1%, and bipolar disorder in 16.3% of the children. ^[3]The 2019 world wide statistics show that an estimated 166 million adolescents (89 million boys and 77 million girls) had mental health conditions, which means one in seven adolescents experience mental health issues. ^[4]

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The increase in the rate of suicidal ideation is seen due to the inability to cope with the additional problems that life throws during a bad mental state. This eventually leads to premature suicidal ideation and the means of suicide is perceived as the easily available option to the individual. Media is a double-edged sword indeed and the pandemic brought this fact to light even better. On the one hand, we had children struggling with technology and trying to access virtual means of education, while on the other hand, those with very easy access started to develop screen addiction. The instances of cyber bullying have increased significantly since the pandemic. Exposure to on screen violence, gaming and cyber abuse at such an early age can pose challenges to the mental health of young kids. Since the internet almost always leaves a permanent trail, the impact of cyber bullying on a young developing mind is long lasting and can scar one for life.

Children/Adolescents spend most of their time at schools and colleges. Bullying has come up an emerging menace in schools leading to poor self esteem and self injurious behaviours. Incidences of suicides in Kota- considered to be the hub of aspiring students is an eye opener for all; an alarming total of 28 suicides happened in Kota in 2023 - mostly among NEET and JEE aspirants. More than half of them who decided to end their lives were younger than 18 years and 12 of them died within six months of

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arriving in the city. Packed schedules, cut throat competition, constant pressure to do better, the burden of parents' expectations leads to a vicious cycle of poor self esteem and negative thought process with suicidal ideation. Even if these issues are discussed with the families, majority parents refuse to accept feedback provided to them and want their children to continue anyway in their preparation for entrance exams. [6] Educational institutes should address suicide prevention on a priority basis. For instance The Incredible years-Teachers Classroom Management Program (IY TCM) is an evidence-based prevention program formulated to coach, thereby decreasing the instances of disruptive behaviours and aggression in students. It is used extensively in the United States. It works with educators to enhance their capabilities in classroom management and to reinforce home-school collaborations in the following areas: (a) efficacious classroom handling skills; (b) social and emotional training of students; (c) developing a positive student-teacher bond; (d) using suitable discipline strategies; (e) collaborating with caregivers; (f) teaching effective social skills, anger management strategies, and problem-solving skills in the classroom; and (g) reducing the degree of classroom aggression. In a study done by Chuang et al [7] on 105 teachers and 1,817 students from kindergarten to third grade across 9 elementary schools, to assess the benefit of the IY TCM program, it was found that children with aggressive behaviors were benefitted from the targeted interventions entailing social-emotional coaching. The program had several positive outcomes-better math skills, prosocial behaviors, better emotional regulation, and a reduction in observed aggression.

Parenting plays an important role in determining the attitude of a child towards the negative events in life. Punitive styles comprising of spanking and physical corrective measures have been associated with higher rates of child disruptive behaviours, aggression, and bullying. Parents can play a pivotal role in understanding

the challenges these teens face and help building a safe environment where they can be emotionally expressive. [2] Indian Academy of Pediatrics has recommended screening for mental distress, mental disorders and suicidal and para suicidal behaviour during adolescent health visits. Risk assessment can be done using mneumonic "IS PATH WARM"-I- Ideation, S- Substance abuse, P- Purposelessness, A- Anxiety, T- Trapped, H-Hopelessness, W- Withdrawal, A- Anger, R-Recklessness, M- Mood changes. Pediatricians should collaborate with psychiatrists, psychologists, social workers, educators, and counsellors to formulate a plan including life skills training, building resilience, and therapy for mental disorders along with training on positive parenting. [8]

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