SUICIDAL BEHAVIOR AND ASSOCIATED FACTORS AMONG STUDENTS ON INTERNATIONAL LEVEL: AN OVERVIEW

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ABSTRACT

Suicide is one of the world's most common causes of death in late childhood and adolescence, however it happens more frequently in older persons than in younger ones. Numerous young lives are directly lost as a result of this, but it also has disruptive psychological repercussions and harmful socioeconomic implications. These young individuals are predisposed to mental health issues, particularly as they enter puberty. This stage of life is marked by change, mobility, and simultaneous transitions from one state to another in a number of different areas. Young people must make decisions concerning significant, concrete aspects of their lives, such as education, housing arrangements, peer groups, etc.

They must also deal with fresh difficulties in terms of forming their own identities, enhancing their sense of self, gaining more freedom and accountability, establishing fresh personal connections, etc. They experience continual, shifting psychological and bodily processes themselves in the interim. In addition, kids frequently deal with classmates and important relatives who have great expectations for them—sometimes even excessively high ones.

A certain amount of helplessness, uncertainty, worry, and a sensation of losing control are unavoidably brought on by such circumstances. Young people need access to considerable supportive resources, such as a secure living environment, close connections, a structural framework, and financial means, in order to handle these issues and successfully manage these emotions. Risk factors may be thought of as elements that weaken this support or make it more difficult to access these resources, whilst protective elements fortify and safeguard these resources or function as a buffer against risk factors.

From the standpoint of general mental health, youth suicide is a critical issue that has to be addressed. We thus require thorough understanding of the risk variables influencing young people's suicide conduct. The most significant risk factors for late school-age children and teenagers are briefly summarised in this little review, according to the findings of relevant scientific research.

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INTRODUCTION

Suicide is defined as a lethal act of self-harm with some indication that the person intended to die. Each year, more than 800,000 individuals die by suicide in the world. By the year 2020, 1.5 million people are anticipated to have committed suicide. In 2015, there were 10.7 suicide deaths per 100,000 people, or roughly one death every 20 seconds. Suicide is the fifteenth biggest cause of death worldwide, accounting for 1.4% of all fatalities. Suicide kills

far more males than it does women. Male to female ratios range from 4 to 1 in Europe and the Americas to 1.5 to 1 in the Eastern Mediterranean and Western Pacific area, with higher ratios seen in wealthier nations.

All age groups in the population are affected by suicide, although the rates globally obviously climb as people get older. The greatest rates are observed among the oldest adults, those 80 and older (60.1 per 100,000 males and 27.8 per 100,000 women), those 70 to 79 (42.2 and 18.7, respectively), and those 60 to 69 years old (28.2 and 12.4 respectively). These numbers are substantially lower among younger persons, with 15.3 and 11.2 per 100,000 for males and females between the ages of 15 and 29, and 0.9 and 1.0 per 100,000 for those between the ages of 5 and 14.

Scientists and decision-makers have grown more concerned as a result of these facts and the discovery that generally, these numbers have not tended to fall clearly and gradually over recent decades. The general public is becoming more and more aware of the severe negative repercussions of youth suicide, including not only the immediate loss of many young lives but also the upsetting psychological ramifications and detrimental socioeconomic implications on a broad scale. Suicide among young people is one of the primary concerns that has to be addressed through efficient preventative measures from the standpoint of public mental health.

It is crucial to understand the risk factors influencing young people's suicide conduct as much as possible. This short review provides a brief summary of the key risk factors identified by this field's scientific research in the sections that follow.

COMPREHENDING SUICIDE AND SUICIDAL BEHAVIOUR

Suicide is defined as "the act of taking one's own life," coming from the Latin word suicidium. Suicidal activity that does not result in death, such as attempted suicide, is considered self-injury since there is at least some desire to terminate one's life. When someone indirectly aids another person in taking their own life by giving them instructions or the tools to do so, this is known as assisted suicide. This contrasts with euthanasia, in which a third party plays a more active role in hastening a person's demise.

Suicidal ideation is having suicidal thoughts without really trying to terminate one's life. It could or might not entail precise intention or forethought. When someone commits a murder-suicide (also known as a homicide-suicide), they also intend to take the lives of others.

Extended suicide is a unique instance of this, in which the murderer views the victim as an extension of themselves and hence commits the murder. Egoistic suicide is defined as a suicide where the cause is a sense of exclusion from society.

suicide is thus death brought on by self-destructive activity with the intention of also dying as a result of the behaviour, An attempt at suicide. a self-directed, possibly harmful activity that is not lethal and is not done with the intention of dying as a result. Injury and suicidal conduct may or may not follow a failed suicide attempt. includes preparational actions, more suicidal conduct, attempted suicides, and suicide.

A WORLDWIDE SCENARIO OF SUICIDAL BEHAVIOUR

Approximately 1.5% of all fatalities globally are caused by suicide, making it a global public health problem. The frequency of it is high among adolescents and young adults. Suicide is a global public health issue that is becoming worse. Everybody is as much a cancer patient as you are a suicide victim. The World Health Organization (WHO) estimates that over one million individuals worldwide commit suicide each year (mean mortality rate: 16 per 100,000), or one suicide every forty seconds. According to estimates, there would be 1.53 million suicide fatalities worldwide in 2020, with one death and one to two suicide attempts occurring every 20 seconds.

Young adulthood and adolescence are at risk for suicidal behaviour. Every year, almost 1 million individuals die by suicide throughout the world, and college and university students who have suicidal thoughts are particularly at danger. College and university students most commonly die by suicide, which accounts for 19% of all fatalities in this cohort. Suicide is the top or

second highest cause of mortality among college and university students, according to studies. Suicidal conduct among college students was prevalent in a range of 1.3% to 32.7%. 12,13 Each year, over 1100 college students commit suicide. 13 Additionally, between 6.4% and 9.5% of college and university students have had significant thoughts of suicide, and between 1.3% and 1.5% attempted suicide at the conclusion of the academic year.

Suicidal thoughts may emerge in university students at a crucial juncture as they transition from adolescent to early adulthood and deal with the challenges of academic life. Drug overdose, poisoning, hanging, diving into wells, and other methods are examples of suicide. 3 The top three ways that young people commit suicide are with a gun (46%), suffocation (37%), and poisoning (8%). Both sexes of teenagers who attempted suicide most frequently chose hanging, with men preferring it more, while girls preferred poisoning.

One European research that looked at the incidence of suicidal behaviour among college students in eight different nations found that 32.7% of participants had ever considered suicide, 17.5% had made preparations to commit suicide, and 4.3% had actually tried it. The incidence of suicidal ideation, intentions, and attempts over the course of a year was also 17.2%, 8.8%, and 1.0%, respectively.15 A Cambridge University research found that the lifetime prevalence of these behaviours was 22.3%, 6.1%, and 3.2%, respectively. This equated to 10.6%, 3.0%, and 1.2% for 12-month prevalence.6 A research conducted in Swaziland among school-age teenagers revealed that 18.3% of 1866 female students and 15.6% of 1672 male students engaged in suicide behaviour.

One study from the University of Maryland found that 7.9% of college students had suicidal thoughts and 11.4% had seriously contemplated trying to commit themselves in the previous year. According to two Brazilian studies, suicidal thoughts is present in 9.9% and 12.5% of people. In two surveys conducted in China, testimonies of 10.72% and 19% of university students reported suicide. An Iranian research found that 4.1% of 1517 pupils reported suicidal ideation. In Pakistan, the total rate of suicidal ideation is 31.4%, whereas the lifetime frequency of suicidal ideation among university students in India is 11.7%. Zambia had the greatest rate of suicide thoughts among all students (31.9%), followed by Kenya (27.9%), Botswana (23.1%), Uganda (19.6%), and Tanzania (11.2%), according to a research conducted in Sub-Saharan nations.

According to a research conducted in Ghana, 18.2% of students in a university had suicidal thoughts, 22.5% had suicidal intentions, and 22.2% had attempted suicide. According to a Ugandan survey, 21.6% of participants had thought about suicide in the previous 12 months. According to a Tanzanian survey, 6.3% (n=136) of high school pupils had thought about suicide and 7.0% (n=149) had developed a plan to try it. According to a WHO research, female sex, youth, being single, and having a mental disease are all risk factors for suicidal behaviours in both developed and developing nations.

FACTORS LINKED WITH SUICIDE

In the last several decades, a number of population-based psychological autopsy studies of suicides have been carried out. These research involved interviews with key informants and records analysis, as well as follow-up examinations of individuals who had tried suicide in their youth.

Each suicide is ultimately caused by a highly unique, dynamic, and complex combination of genetic, biological, psychological, and social elements, it is universally acknowledged that many causes can lead to suicide. However, it is feasible to pinpoint many elements that are unmistakably linked to a higher risk of teenage suicide, therefore this is extremely important in terms of prevention.

Mental Ailments

The majority of research concur that mental problems and suicide are strongly related. Nearly 90% of suicide victims have experienced at least one mental illness. Between 47 and 74% of the risk of suicide is shown to be contributed by mental illnesses. The disorder that occurs here the most commonly is affective disorder. In 50–65% of suicide cases, and more frequently in girls than in males, criteria for depression were discovered. Alcohol consumption, in particular,

is substantially correlated with substance addiction and the risk of suicide, particularly in older teens and males. Personality disorders including borderline or antisocial personality disorder were present in 30–40% of suicide victims.

Young persons with eating disorders, particularly anorexia nervosa, as well as those with schizophrenia frequently die by suicide, however schizophrenia as a whole only accounts for a very small percentage of total youth suicides. Last but not least, links have been shown between anxiety disorders and suicide, albeit it is challenging to gauge the impact of mood and substance use problems, which are frequently also present in these instances. In general, the risk of suicide is markedly increased when mental problems coexist. The high frequency of comorbidity between emotional and drug use disorders is particularly significant in this case.

Previous Suicidal behaviour

A history of self-harm or prior suicide attempts has been strongly linked, according to several research, to suicide. A previous suicide attempt preceded between 25–33% of all suicide cases, a tendency that was more common in boys than in girls. According to research, boys who have attempted suicide before are 30 times more likely to try suicide again than those who haven't. The risk of suicide is three times higher for girls who have made past suicide attempts. According to research conducted in the future, 1-6% of those who attempt suicide pass away by suicide during the first year. According to research, the risk of suicide is mostly associated with the act of self-harm itself and less with the severity of suicidal intention.

Predisposing Personality

Impulsivity is linked to suicide. Even while we are aware that the suicidal process might take weeks, months, or even years, especially in teenagers, the lethal shift from suicidal thoughts and attempted suicide to completed suicide frequently happens quickly, unexpectedly, and impulsively. Another risk factor for young people committing suicide is having trouble controlling the various, frequently conflicting, and intense emotions and mood swings that come along with facing new and constantly changing challenges in various domains. This risk factor is likely influenced in part by bio-neurological factors. Additionally, it was shown that young persons who took their own lives had worse problem-solving abilities than their classmates.

They exhibited a very passive approach in their behaviour, waiting for others to handle both straightforward issues and more complicated interpersonal issues. With limited specific recollections of prior beneficial remedies, some researchers suggest memory impairments in this situation. Others attribute it to the inflexible thinking style that is typical of these adolescents. This method of thinking, sometimes known as "dichotomy thinking," leaves little room for nuance and gradation, leading people to perceive events and articulate their feelings as wholly "black" or "white," totally wonderful or utterly negative. Their self-image can also be attributed to this. It frequently results in insecurity, low self-efficacy, and low self-esteem, but it may also produce rage and violent behaviour, emotional crisis, and suicidal crisis, especially when combined with perfectionist personalities.

Family Issues

The familial setting in which young people live or have grown up is one of the most crucial sources of assistance for dealing with the numerous issues that adolescents face. Numerous research have connected various family structure and process risk variables to suicide behaviour. Families are thought to play a role in 50% of incidents of juvenile suicide. A history of mental illnesses in the immediate family members themselves, particularly depression and drug misuse, is a significant risk. It is unclear if these problems have a direct effect on the kid's suicidal conduct or whether they have an indirect effect by inducing mental disorders in the youngster as a result of the home environment.

Researchers also discovered an increased prevalence of suicidal conduct in young people's families who had lost loved ones to suicide. The mechanics behind this discovery have received a lot of attention. Although the kid may exhibit

some imitation behaviour, adoption studies have shown that biological relatives are more likely than adopted relatives to exhibit suicidal conduct, which lends more credence to a genetic explanation. The latter is also consistent with the fact that occasionally, without the child's knowledge, suicidal conduct on the part of the parents has occurred in the past. Most likely, both genetics and imitation contribute.

Lack of communication between family members in general, as well as with the kid or regarding the child's difficulties, is another factor in many suicide instances. Direct arguments with parents may have a big impact, but so can a lack of communication or ignoring the need for communication. Furthermore, it appears that domestic violence—not only aggression directed at the kid but also violence amongst family members—is frequently identified in the background history of cases of young people taking their own lives. The children involved are only sporadically more likely to commit suicide after their parents divorce, and this link is likely complicated by the practical, financial, and socioeconomic effects of living in a one-parent household or by relational background variables connected to the divorce.

Certain life experiences and traits

Although there might be a wide range of risk factors that are directly connected to particular significant life events, some event stressors have been found to be more frequently linked to adolescent suicide than others. The majority of young people place a high value on belonging to peer groups, forming new close connections, creating confidence, and establishing self-confidence in the context of dealing with new obstacles, developing their own identity, and establishing self-confidence. Therefore, it should come as no big surprise that interpersonal losses, such as relationship breakups, friend deaths, and peer rejection, can have a significant influence on kids and account for around one-fifth of all incidents of youth suicide.

The significant domains of school and family are connected to other significant stressors associated to suicide. In 14% of suicide instances, there were issues at school and academic stress. Young people who are "drifting," meaning they are not in school or working, are far more likely to commit suicide because there is less structure and predictability in their lives. When a student misses a few days of class, suicide frequently follows, especially for those under the age of 15. 40 percent of suicide instances are preceded by severe disputes with parental figures. Bullying, cyberbullying, mental and physical/sexual abuse, and disciplinary difficulties, such as with the police, were other specific stressful events linked to suicide. These events are more prevalent in suicide cases including drug misuse disorders.

Contagion-Imitation

Younger individuals are more susceptible to being influenced by the conduct of others because they are more suggestible than older ones. Many academics advise using the term mimicry as opposed to contagion. Contagion implies an infectious condition that impairs the ability of those who are "infected" to act and make their own decisions. Imitation is the process of picking up new behavioural patterns through observation of the behaviour of the model. Young people's imitation of suicide behaviour can be sparked on a large scale (for example, by news broadcasts), but it is also likely to be brought on by direct interaction in their daily environment (e.g., peer groups, friends, school environment). According to research, there are several variables that may affect mimicking effects.

First and foremost, the model's attributes are crucial. In general, there are larger imitation effects when the young person and the model share characteristics (such as age, gender, mood state, or background circumstance), when they have a close relationship, or when the model is someone they look up to (e.g., celebrities).

Second, it's crucial to consider if and how often the behaviour of the model is reinforced. The more often this conduct is accepted, seen as advantageous, comprehensible, and occasionally even commendable and daring, the more probable it is that young people would copy it.

Thirdly, the frequency and style of how the model's behaviour is presented, such as the size and quantity of headlines, the amount of repeats, and whether a true narrative is used or not, are crucial. Studies have revealed a dose-effect relationship. When a string of genuine suicides,

typically involving teens, occur in a certain location and over a defined period of time, this imitation behaviour can occasionally take on significant dimensions and become known as suicide clusters.

Available Resources

People who are contemplating suicide frequently have mixed feelings about it. Particularly in young people, the leap from suicidal thinking to actual suicide frequently takes place impulsively in response to severe psychological pressures. The capacity to commit suicide can be essential for making that shift at that moment and that particular circumstance, and the technique used may also affect how deadly the deed is. It is occasionally connected to regional trends in suicide techniques. In keeping with this, young people typically hang themselves, leap from great heights, rush into oncoming traffic, or poison themselves with prescription medications they have stored up.

The techniques used by adolescents are more varied; in addition to hanging and poisoning, young males in particular also utilise guns. According to certain research, limiting the physical accessibility of suicide tools might be crucial in preventive methods. Particularly in the suicidal process that precedes suicide, such as sensationalised media reporting or comprehensive internet material regarding means and ways of committing suicide, cognitive availability can also play a significant role in teenage suicide.

CONCLUSION

A significant issue in public mental health is youth suicide. Young individuals, and particularly teenagers, are prone to mental health issues by nature. Suicide is generally uncommon in youngsters, but it becomes much more common during puberty. A significant number of early deaths, a great deal of needless suffering, and social loss are caused by youth suicide, which ranks as the top cause of mortality among young people globally despite a minor decline in the European area. Individual attempts to forecast and prevent suicide usually fail because each suicide is the consequence of a complex dynamic and distinctive interaction between several contributing elements. On the other side, we are learning a lot more about risk factors.

Key risk factors for juvenile suicide include mental diseases, prior suicide attempts, certain personality traits, genetic loading, and familial dynamics along with triggering psychosocial stresses, exposure to role models who inspire, and the availability of methods of suicide. The only way ahead is to provide coordinated and multi-sector (primary, secondary, and tertiary) preventative activities that aim to lower these risk factors and improve protective variables as much as feasible.

Key prevention tactics can be population-based (such as mental health promotion, education, awareness through campaigns on mental resilience, careful media coverage, limiting access to means of suicide), target high-risk subgroups (such as specific school-based programmes, educating gatekeepers in various domains, offering crisis hotlines and online help, detecting and coaching dysfunctional families), or even concentrate on people who have been identified as suicidal (e.g., improving mental health treatment, follow-up after suicide attempts and strategies for coping with stress and grief)

The complex suicide process must be further unravelled in tandem with sustained and significant efforts to scientifically support and (re)evaluate ongoing and new prevention strategy plans, which is largely a matter of policy priorities and funding. This is necessary to increase the number of successful attempts to address youth suicide in the future.

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