

Mortality from suicide in adolescence: a review**Mortalidade por suicídio na adolescência: uma revisão****Mortalidad por suicidio en la adolescencia: una revisión****Received: 24/05/2017****Approved: 15/10/2017****Published: 07/05/2018****Carlos Alexandre Schlichting¹****Maria Cecília Leite Moraes²**

Suicide among young people is an important increasing grievance that has become a source of concern and a global public health problem. This is an integrative review that aims to know the scientific production about suicide in adolescents from 1996 to 2013. The descriptors were: adolescents, suicide attempt, suicide. The searched databases were: Lilacs, Bireme, Scielo and Pubmed. We selected 55 articles, of which 14 were excluded because they did not meet the objective of the research. The results suggest associations with mental disorders, affective/emotional issues, family history, and socioeconomic problems. The highest prevalence of cases occurs in females aged between 15 and 19 years. We believe that the continuity of the investigations will contribute to a better understanding of the theme.

Descriptors: Suicide; Adolescent; Public health.

O suicídio entre jovens é um importante agravo que vem aumentando de maneira preocupante, tornando-se um problema de saúde pública mundial. Esta é uma revisão integrativa que tem como objetivo deste conhecer a produção científica acerca do suicídio em adolescentes no período de 1996 a 2013. Os descritores foram suicídio: adolescentes, tentativa de suicídio, suicídio. As bases de dados pesquisadas foram: Lilacs, Bireme, Scielo e Pubmed. Foram selecionados 55 artigos, dos quais 14 foram excluídos por não atenderem a proposta da pesquisa. Os resultados sugerem associações com transtornos mentais, questões afetivas/emocionais, histórico familiar, problemas socioeconômicos. A maior prevalência de casos ocorre em indivíduos do sexo feminino, na faixa etária entre 15 e 19 anos. Acredita-se que a continuidade das investigações contribuirá para melhor entendimento sobre o tema.

Descritores: Suicídio; Adolescente; Saúde pública.

El suicidio entre jóvenes es un importante agravante que viene aumentando de manera preocupante, volviéndose un problema de salud pública mundial. Esta es una revisión integrativa que tiene como objetivo conocer la producción científica acerca del suicidio en adolescentes en el periodo de 1996 a 2013. Los descriptores fueron: suicidio, adolescentes, tentativa de suicidio, suicidio. Las bases de datos investigadas fueron: Lilacs, Bireme, Scielo, y Pubmed. Fueron seleccionados 55 artículos, de los cuales 14 fueron excluidos por no atender la propuesta de la investigación. Los resultados sugieren asociaciones con trastornos mentales, cuestiones afectivas/ emocionales, histórico familiar, problemas socioeconómicos. La mayor prevalencia de casos ocurre en individuos de sexo femenino, en el grupo de edad de 15 a 19 años. Se cree que la continuidad de las investigaciones contribuirá para mejor entendimiento sobre el tema.

Descriptores: Suicidio; Adolescente; Salud Pública.

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INTRODUCTION

The World Health Organization (WHO)¹ conceptualizes suicide as an intentional act of end one's own life. It is a serious issue has been increasing at worrying levels, a fact that makes it an important public health problem². Suicidal behavior causes concern, especially among health professionals³.

Suicide and suicide attempt are not to be considered a disease. They are evaluated as a grievance, a behavior chosen by people who have specific characteristics. In some cases, they are individuals with psychiatric conditions who are unable to control or modify the experiences of suffering which they are going through, and consequently seek suicide as a solution⁴.

Throughout life, human beings are susceptible to experiencing different conditions that provoke a wide range of emotions: suffering, anguish and hopelessness. Such affections are commonly present in the existence of any person. The frequency and intensity in which these feelings are experienced, can elicit the manifestation of a severe psychic suffering, requiring immediate and effective interventions. Persistent dysphoric humor may be an evidence of a problem that may trigger a radical and frantic conduct such as suicide, which would be a way of ending the suffering of the tragic existence in which this individual assumes to be⁵.

Suicide in adolescence has called attention because of the age group itself, due to the lack of understanding about the fact and also due to the scarce discussion of the theme.

According to the Statute of the Child and Adolescent (SCA), adolescents are understood as subjects aged from twelve to eighteen years⁶. Biopsychosocial changes are a strong characteristic of this stage of development marked, especially, by the diversity of experiences, contradictory situations, and the search for identity. Important decisions are made in this period of life, and these may determine the trajectory of the individuals. In this moment, the person experiences discoveries, dreams,

conflicts and emotions attached to responsibilities and disappointments that precede the reality of adult life. Such circumstances lead to the production of unpleasant and disordered episodes that, depending on the degree, duration and extent seized by the young person, can be aggravated, resulting in the onset of a disease that is conducive to suicidal behavior.

A failure of the suicidal behavior produces a suicide survivor. However, it is worth to note that not all suicide survivors intend to continue living. It is also inferred that not all deaths are planned and desired. Therefore, formulating a correlation between the ideation and consummation of the act is a complex task. Suicidal ideation refers to suicidal thinking or idea. It encompasses desires, attitudes or plans that the individual has to kill himself.

In several legal systems, besides suicide, deaths such as those not characterized as homicides, casual deaths or deaths due to spontaneous reasons are ratified as such⁸. The peculiarities of the different countries reveal the importance to know and control the particular epidemiological trends of each nation in order to establish the population groups that are most vulnerable to suicide⁹.

Few countries have reliable indicators of non-fatal suicidal behavior, a situation that may be associated with the complexity of obtaining reports on the theme. Data in clinics or hospitals that serve or may have assisted individuals who have threatened their own life are insufficient and may be mischaracterized. Several developed countries treat suicide attempts as an affront where the offenders are subjected to legal penalties, a fact that favors underreporting by health services⁹.

Over the past 45 years, suicide cases have grown 60% worldwide, becoming one of the three leading causes of death in the 15-44 age group, thus making it a risk group. In some nations, suicide is the second cause of death in the 10-24 age group².

The number of suicides and self-inflicted injuries (CID10 E950 to E959)¹⁰, injuries whose nature is unknown, i.e.

whether occasional or premeditatedly inflicted (CID10 E980 to E989)¹⁰, vary from 40% to 51% per year among adolescents, when compared with the rest of the population⁸.

World statistics estimate one million suicides per year. The data point to a rate of 16 deaths per 100,000 inhabitants, 3,000 deaths per day, which would result in one episode every 40 seconds. It is understood that at the moment of the consummation of a suicide, 20 people attempt to harm the own life³.

Primary care includes the promotion of health and the prevention of injuries, which includes problems such as suicidal behavior. This issue is also related to the area of mental health, which demands the training and qualification of health professionals for receiving these patients.

The interdisciplinary intervention in the assistance to suicidal behaviors presupposes a joint planning, linking technical approaches and reciprocity among professionals, in the sense of accomplishing goals. The interaction, the unfolding of actions and the use of technical differences are fundamental for the team to achieve its objectives. Professional diversity in the act of caring contributes to a more holistic approach, guaranteeing the preservation of life¹¹.

The objective of this study was to know the scientific production about suicide among adolescents from 1996 to 2013.

METHOD

This is an integrative review considering the period from 1996 to 2013 in the databases: LILACS (Latin American and Caribbean Literature in Health Sciences), BIREME (Regional Library of Medicine), SCIELO (Scientific Electronic Library Online), MEDLINE (*Medical Literature Analysis and Retrieval System Online*) and PUBMED (*Publisher Medline*). The descriptors used in the search were: suicide, adolescence, mortality. In a first survey there were 55 articles, in which 14 were excluded because they did not address the research question.

The study had an exploratory design with descriptive analysis. The criterion of inclusion of the articles was the age group of 12 to 18 years.

RESULTS

Among the 41 articles included in the study, 13 were published in Portuguese and 28 in foreign languages (Spanish and English).

The variables observed were: gender, age, schooling, color/race, method used for the suicide attempt, country of origin of the suicidal individual and aspects related to suicidal ideation.

The scientific production in Brazil about suicide in adolescence is still incipient. In turn, there was an increase in the number of publications since 1996, a fact related to the increase in the number of cases.

The selected studies originated from the following countries: Argentina, Canada, China, Colombia, Cuba, the United States, Japan, Portugal, Switzerland and Brazil.

DISCUSSION

Adolescence is a stage in which marked physical changes occur. The search for identity make adolescents critical, restless and often dissatisfied individuals, as they have to deal with a new body, new family and social perceptions, and a new role in society that is rooted on their sexual orientation and professional choice. Besides these particularities, they are unlimited human beings that are constantly in search of new challenges. At the same time that they adopt brave behaviors, they are immature and hesitant human beings¹². This ambiguity put them at constant risk due to the rapid alterations and alterity.

Developed countries such as the United States of America, have alarming rates of suicide attempts among adolescents, with higher numbers in high-income populations¹³. This condition contributes to the omission of the consummate suicides or attempts, resulting in inaccurate data. Moreover, families sometimes remain unaware of the suicide attempt of their adolescents, who were rescued by partners and/or friends. These episodes are

commonly associated with "unrequited love" and affective issues of a family character¹⁴.

Age

The articles show a consensus about age. In suicidal ideation in adolescence, the greatest number of cases occurs in the age group between 15 and 19 years. These data are in line with a study done in an Emergency Unit¹³.

Gender

Researches show a higher suicide rate among females. There is a gender effect in the differences related to personality traits, understood as predisposing or protective factors of suicide attempts in general, and in adolescents in a very particular way¹⁵.

The female gender seems to be more affected by the presence of pathological personality traits. In comparison with boys, adolescent girls are more sensitive to dysfunctional and maladaptive personality traits when it comes to assessing their contribution to suicide attempts¹⁵.

The studies show that 52% of the cases received in hospitals are female suicide attempters^{16,17}. Gender was also a variable associated with outcome, revealing a higher prevalence of suicidal planning and consummation among young women¹⁷.

Suicidal ideation

There is no single cause for suicidal ideation, but a group of factors that can induce it. This set includes psychiatric illnesses, use or abstinence from alcohol and other drugs, divorce or separation, social isolation and childhood trauma^{18,19}. The presence of mental disorders is the most prevalent risk factor among self-inflicted injuries in the surveyed studies.

The economic issue has a strong influence on family disruption, affecting children directly. It is, therefore, a strong risk factor for suicide in adolescents and young people. The dissolution of family ties combined with financial problems helps to trigger suicidal ideation, motivating adolescents to reach consummation¹⁴.

Another important situation is pregnancy during adolescence. This cases

may often lead to depression, a strong propelling condition for suicide¹⁹.

Interpersonal losses such as the death of a loved one and disruptions of love relationships are linked to 80% of suicide cases. Reports of violence and/or maltreatment (physical, verbal, and sexual abuse and violence) are present in 32% of the occurrences. Depression and other personal and familial psychiatric disorders occur in 31% of patients, and economic problems in 14% of the cases²⁰.

Also among the motivations related to suicide attempts are negative social circumstances to which individuals do not adjust, or situations that are beyond their control. The following must be mentioned: depression of the patient and of close relatives, addictions, and family history^{19,21}.

There are indications that the consummation of suicide is preceded by signs. Vulnerable patients at risk usually seek assistance in primary care units when they present suicidal ideation, before consolidating the act¹⁹.

Method for suicide outcome

The most commonly used methods are: drug overdose, hanging and wrist cutting²⁰.

Adolescents, in general, have an immature perception of death; they attempt suicide as a way of calling attention when they are going through some kind of trouble²¹.

Some circumstances favor this kind of suicidal attitude: easy access to psychotropic drugs, presence of sharp objects, chemical abuse, and solitude in a situation of crisis²⁰.

Color/Race

Suicide attempts and consummate suicides occurred in greater numbers among white adolescents and of other races when compared to black adolescents in the period and bases analyzed. This difference reached 60% and up to 70% in certain populations²⁰.

However, the researchers emphasize that suicide is a fact that does not select social class, sex, race, color, among other aspects²⁰.

Suicide is present within families, among adolescents who struggle to deal with

life problems. Difficult situations contribute to make young people mature, established and victorious in coping with inequality, misfortune, and family, sentimental, social, economic problems that are present in the modern days¹⁹. Vulnerable adolescents go through these experiences differently.

Marital status

Although there is no significant number of marital ties in adolescence, the variable marital status that showed a high incidence among unmarried individuals was compared. Single status is one of the risk factors for suicide²⁰.

Schooling

The highest rates of suicidal behavior were observed in adolescents with incomplete high school, reinforcing that low schooling has an important association with suicidal ideation^{21,22}.

Low maternal schooling also appears as a predisposing factor²³. However, filling the available time with activities and having no school failures, alone do not expose or prevent adolescents to suicidal ideation²⁴.

Country of origin

Suicidal events vary according to the region where young people live and study, associated with the fact that they had or did not have suicidal ideas²⁵.

In the temporal period and bases analyzed, Argentina, Canada, the United States, Suriname, Trinidad & Tobago, and Uruguay are countries that presented worrying rates of deaths due to suicide. However these data are not specific for adolescents and young people^{26,27}.

The number of suicides among adolescents in developed countries is quite significant. They occur due to different causes, and climatic and biological factors seem to have an important contribution in the indices of suicidal manifestations²⁷. Living in cold countries may represent a risk, as low temperatures influence the metabolism of certain precursors of organic welfare, although there is no scientific evidence to support this hypothesis²⁷.

The identification of factors related to suicide attempts is essential for the

adjustment of preventive and therapeutic strategies appropriate to regional realities. The inexistence of data on suicide attitude makes it difficult to periodically elaborate epidemiological research to analyze trends and the evolution of attempt/grievance rates in different communities²⁸.

There are indications that the consummation of the suicidal act is preceded by signs. When risk or vulnerable patients present suicidal ideation, they usually seek assistance in primary care units before consolidating the act¹¹.

CONCLUSION

Suicide among adolescents has grown dramatically, making it a major public health challenge. Its relevance is characterized by being a decisive and irreversible behavior when consummated.

Considering the premise that adolescents at risk of suicide express signs of their situation, it is inferred that the suicide can be prevented.

Qualification and availability of professionals and adequate reception are essential for an accurate diagnosis. The perception of a suspicious behavior, the ability to listen, and gaining the trust of individuals who manifest vulnerability are tools for prevention.

The discussion of the theme by the society is essential, since the values and the commitment with life can be constructed in this context. In the case of the age group in question, the school and family environments stand out.

The continuity of the study could be an effective intervention tool in a situation that has been manifested in an alarming way. Thus, further studies must be developed. Publishers

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CONTRIBUTIONS

Carlos Alexandre Schlichting did the bibliographical survey, interpretation of the findings and writing. **Maria Cecília Leite de Moraes** carried out the writing and the critical review.

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