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EDITORIAL

UNDERSTANDING ADOLESCENTS' SUICIDAL IDEATION AND ATTEMPTS

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Suicide, sometimes known as intentional self-harm (ISH), is often tragic, resulting in irreversible personal, familial and social losses. Even nonfatal suicide is associated with severe posttraumatic problems. The rate of suicide has been used as an indicator of the quality of civilians' life, as well as an index of the society's progress. For instance, during the recent half century, when Australia has been transformed into a multicultural and prosperous nation, the suicide death rates per 100,000 population for both males and females have coincidentally dropped from 23.3 and 11.5 (year 1964) to 13.6 and 3.8 (year 2006), respectively.^[1] A similar trend can be found in North America, Europe, Asia and many other regions in the world.^[2]

Research on suicidal ideation and attempts has been so far conducted on a number of relevant factors, such as stressful life events, family history, mood disorders, trait predispositions, neurotransmitter malfunctioning, illness, risk-taking behaviors, experience of early

childhood abuse, family dispute, intimate relationship breakdown, peer influence, media and internet exposure, beverage, illusions, etc.^[2] The adolescent subpopulation (aged 15-19 years) has been identified as one of the most vulnerable groups. It should be noted that adolescents with suicidal ideation may still have psychopathological problems at their mature age.^[3] The research report *Stress and suicidal ideas in adolescent students in Chandigarh* published in this issue is a timely study in this field.^[4] Based on a psycho-social model, logistic regression analysis of 1078 high school students (from grade VII to grade XII) reveals that predictive variables for suicidal ideas were general health questionnaire (GHQ) scores, concern about future planning, academic incompetence, mother's working status, problematic peer relationship and so on. Given the fact that almost all previous theories and models were developed in western countries and tested mainly on Caucasian-background subjects, this study is of particular importance to enhance the external validity of psycho-social approaches.^[2,3] Future enquiries that reflect ethnic, geographical, socioeconomic and cultural diversities should be encouraged.

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In the current economic turbulence, problems in all aspects of life are likely to be intensified, and adolescents are sandwiched between the increasing pressure from their modernized schooling and the uncertainty about their future career planning. Empirical research projects, evidence-based preventive programs, and effective interventions in the field of adolescent suicide are more than ever needed. Several suggestions are offered below: a) Establish specific population models so that health service professionals and health policy makers can work together in a constructive way; b) Continue research on biological risk factors, such as the efficacy of antidepressant treatment and serotonin metabolism;^[2,5] c) Promote mental hygiene in generic formats, such as conducting stress management workshops or setting up a counseling center in the school; d) Identify individuals at risk by using inventories on psychosomatic symptoms and other warning signs;^[6] e) Implement case-controlled or placebo-controlled interventions, such as cognitive behavior therapy (CBT) combined with mediations; f) Plan and carry out follow-up studies on adolescents, with continued assessment and intervention; g) Employ ongoing diagnosis and analysis using clinical settings or hotline to verify findings from cross-sectional surveys and controlled experiments.

In general, research in the field of suicide

prevention suggests that all responsible members of the society should be alert and actively involved in the implementation of life-saving measures. However, researchers, practitioners and educators in the field of mental health are playing a critical role in providing evidence-based advice.

REFERENCES

1. Harrison JE, Pointer S, Elnour AA. A review of suicide statistics in Australia. *Injury Res Stat Series AIHW* 2009;49:1-106.
2. Bursztein C, Apter A. Adolescent suicide. *Curr Opin Psychiatry* 2009;22:1-6.
3. Reinherz HZ, Tanner JL, Berger SR, Beardslee WR, Fitzmaurice GM. Adolescent suicidal ideation as predictive of psychopathology, suicidal behavior, and compromised functioning at age 30. *Am J Psychiatry* 2006;163:1226-32.
4. Arun P, Chavan BS. Stress and suicidal ideas in adolescent students in Chandigarh. *Indian J Med Sci* 2009;63:281-87.
5. Simon GE, Savarino J, Operskalski B, Wang PS. Suicide risk during antidepressant treatment. *Am J Psychiatry* 2006;163:41-7.
6. Jin P, Yeung AS, Tang T, Low R. Identifying teachers at risk in Hong Kong: Psychosomatic symptoms and sources of stress. *J Psychosom Res* 2008;65:357-62.

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