

The impact of the environment on the distress and suicidal behaviour of children and adolescents

Meta Lavrič, Monika Brdnik, Vanja Gomboc, Nuša Zadravec Šedivy, Vita Poštuvan

University of Primorska, Andrej Marušič Institute, Slovene Centre for Suicide Research, Koper, Slovenia
meta.lavric@iam.upr.si, monika.brdnik@iam.upr.si, vanja.gomboc@iam.upr.si, nusa.sedivy@iam.upr.si,
vita.postuvan@upr.si

Abstract

Suicide is a serious public health problem, with adolescents being one of the vulnerable groups for suicidal behaviour. This paper provides an overview of environmental risk and protective factors for suicidal behaviour in adolescents, focusing on the importance of peers, the school environment, the wider community and the media. For each of the factors described, the potential for preventive interventions to reduce the risk of suicidal behaviour in adolescents is also presented. Due to the complexity of suicidal behaviour, preventive interventions need to be carefully planned and adapted to an understanding of the specifics of adolescence as a developmental stage. Through the factors described, each of us can contribute to the prevention of suicidal behaviour in adolescents by talking about these issues appropriately, reporting on them appropriately, and empowering young people to resolve distress and seek help by creating a safe and receptive environment.

Keywords: suicidal behaviour, adolescents, risk factors, protective factors, preventive activities

Introduction

Suicide is a serious public health problem; every year, around 800,000 people die by suicide (WHO, 2021a), i.e. one person every 40 seconds (NIJZ, 2020). In Slovenia, about 400 people die by suicide every year, but a significant decrease in the suicide rate has been observed for several years (SURS, 2022b). The suicide rate (number of deaths by suicide per 100,000 people), which is usually 20, was 17.08 in 2018. This was the lowest rate since 1965, i.e. since we have been systematically recording the suicide rate in Slovenia (NIJZ, 2020).

Vulnerability to suicidal behaviour among adolescents

Although suicide rates increase with age and are highest in older age groups, adolescents are considered a particularly vulnerable group for suicidal behaviour. Suicide is one of the leading three causes of death among adolescents (SURS, 2022a; WHO, 2021a). In Slovenia, approximately 20 children and adolescents between the ages of 10 and 19 died by suicide every year in the past. In recent years, i.e. since 2005, this number has slightly decreased, but we still record about 10 suicides per year in this youngest age group (SURS, 2022b). A similar decrease can be observed in other OECD countries (Organisation for Economic Co-operation and Development), but the decline in the rate is only for boys, while there is no similar decrease for girls; there is even an increase (Roh et al., 2018).

When we talk about suicidal behaviour, we are not only talking about deaths by suicide but also suicide attempts and suicidal thoughts, which are more common among adolescents than in other age groups (WHO, 2021b). Suicidal behaviour rarely occurs before the age of 12 and is most frequent between the ages of 14 and 19 (Tančič, 2009).

Adolescence is characterised by numerous changes at the social, emotional, physical and cognitive levels (Zupančič, 2009). The adolescence is full of various demands, both external and internal, which are related to the adolescents' developmental tasks. During this time, the adolescent has to adapt to physical changes, become emotionally independent, form a social gender role, establish new social relationships with peers, develop socially responsible behaviour, prepare for job, partnership and family, and form value orientations. The unsuccessful accomplishment of developmental tasks can lead to self-dissatisfaction, disapproval by others and poorer mental health. Furthermore, unsuccessful coping with developmental tasks in adolescence can also lead to unsuccessful managing of developmental tasks later in life (Roškar, 2009).

Due to the developmental characteristics, there are many obstacles when it comes to seeking help in times of need. These obstacles are (i) self-reliance or feeling that adolescents are responsible for solving their problems, (ii) fear of professional help or believing that professionals will not help them because they do not care or do not know how to help, (iii) suicidal ideation, which include social withdrawal and fear of the reactions of those around them, (iv) shame or fear of stigmatisation; (v) unavailability of support systems, where the barrier is both insufficient availability and unawareness of possible sources of help; (vi) fear that others will misunderstand the need; and (vii) feeling that those around them are indifferent or that no one cares (Rodham et al., 2004).

Risk factors and protective factors for suicidal behaviour in adolescents

There is never just one cause of death by suicide, as different factors interact - risk factors that increase a person's vulnerability to suicidal behaviour and

protective factors that reduce that risk. Risk factors and protective factors can be further divided into individual factors, interpersonal factors and environmental factors (WHO, 2014). Individual factors include genetic and biological factors, personality traits, problem-solving characteristics, alcohol and other psychoactive substances use, mental health problems (especially anxiety and depression), social skills, self-esteem, etc. At the level of interpersonal relationships, the family is particularly important for children and adolescents, i.e. strategies for solving problems in the family environment, the presence of conflicts, violence or abuse, the socio-economic status of the family and deaths in the family, especially deaths by suicide. At the environmental level, the influences of peers, school and the media are especially important for children and adolescents. Factors in the wider environment are also important, such as access to professional help, information about mental health, stigmatisation of mental health problems and attitudes towards suicide (Gili et al., 2019; Kim, 2021; Werbart Törnblom et al., 2020; WHO, 2014).

The more risk factors present in an adolescent's life and the fewer protective factors present, the greater the adolescent's vulnerability to suicidal behaviour. However, suicidal behaviour is a complex process, so we cannot completely predict which factors increase the risk of suicide the most. Each person is unique, with their life history and experiences. Individual factors may be stronger in one adolescent and have a greater influence on suicidal behaviour than in other adolescents. Therefore, it is not only the number of risk factors or protective factors that is important, but also how important each factor is for young person and what role it plays in their life. Nevertheless, knowledge of the risk factors and protective factors is important for understanding the suicidal process, as it is a necessary prerequisite for effective prevention of suicidal behaviour.

The following chapters discuss environmental factors that are an important source of opportunities for preventing suicidality in children and adolescents (WHO, 2014). The factors addressed are peers, school, the wider community and the media.

The importance of peers regarding distress and suicidality of children and adolescents

The influence of peers and social groups is very important during adolescence. They provide a group and support to which the young person can turn in times of need and talk about problems they do not confide in their parents. They provide an environment where a young person can develop, connect with others and prove themselves. As part of a peer society, young people are usually well connected and spend a lot of free time together (Zupančič & Svetina, 2009). Close circles of friends are one of the strongest protective factors against suicidal behaviour (Barzilay et al., 2017). In close groups, distress can be recognised earlier and appropriate action can be taken (Barzilay et al., 2017; Fiegelman & Gorman, 2008; Werbart Törnblom et al., 2020).

Peer groups, however, can be a double-edged sword. An important risk factor for suicidal behaviour in peer groups is the group's approving attitude towards self-harming and suicidal behaviour and the display of maladaptive coping strategies in dealing with adverse life events (Fiegelman & Gorman, 2008). Conformity, belonging to a group and pressure from group members can influence the formation of specific attitudes that may contradict community attitudes and represent adolescents' resistance to norms, regardless of whether they benefit or harm adolescents (Zupančič & Svetina, 2009). Drug and alcohol abuse in the peer group can further increase the risk of suicidal behaviour (Werbart Törnblom et al., 2020).

Young people often imitate the behaviour and problem-solving strategies of their friends (Zupančič & Svetina, 2009). This can be particularly problematic when it comes to self-harming and suicidal behaviour (Fiegelman & Gorman, 2008; Gili et al., 2019; Werbart Törnblom et al., 2020). Therefore, when a young person dies by suicide, interventions need to address their close friends and the whole school. It is important to highlight the sources of help available to young people, to show and encourage constructive ways of resolving difficulties, and to provide space for conversations (Poštuvan et al., 2020).

Protective factors are mainly good peer (and teacher) relationships, the feeling of belonging to a group and the adolescent's feeling that peers like their presence in the group (Barzilay et al., 2017). Good peer relationships are a key factor in preventing suicidality in young people. Therefore, suicide prevention strategies must focus on connecting and building quality interpersonal relationships. Given the diverse profile of young people at risk of suicide, this is a protective factor that simultaneously improves their mental health and provides them with an additional support (Campisi et al., 2020).

The importance of the school environment regarding distress and suicidality of children and adolescents

Risk factors for suicidal behaviour in the school environment include peer violence, social exclusion and school failure. School professionals familiar with adolescents' home environments may also be attentive to chaotic or dysfunctional conditions in which adolescents live, such as poor living conditions, chronic illness and outbreaks of violence among adolescents (Greydanus & Calles, 2007).

Risk factor related to the school environment is also academic success or failure. Studies have shown that the main stressor for most adolescents between the ages of 12 and 18 is academic performance. Stress, related to school, school success and further education increase with age. It is reported by 45.6% of twelve-year-olds and 68.9% of eighteen-year-olds. Adolescents, exposed to long-term stress, also have a higher risk of experiencing anxiety, depression and suicidal behaviour (Kim, 2020).

Particular risk factors in the school environment are different forms of peer violence: physical, verbal or social (e.g., rumours), resulting from different dynamics of peer groups. More aggressive groups may use peer violence as an activity, causing “non-members” of the group to experience or deepen feelings of anxiety through rejection, ridicule or humiliation, which can lead to a lack of feelings of acceptance and loneliness in the person who is a victim of peer violence (Fiegelman & Gorman, 2008). Victims of peer violence are at higher risk of developing self-harming behaviour, anxiety, depression, suicidal ideation, suicide attempts and death by suicide. There are gender differences in victims of peer violence and the types of violence adolescents report. Boys are more likely to report physical and verbal violence, while girls are more likely to report relationship violence. Each form of violence can increase the likelihood of suicidal ideation among victims by 28% to 39% (depending on gender and form of violence) (Barzilay et al., 2017). Peer violence is the most important predictor of suicidal ideation in girls, while severe injuries, lack of friends and participation in fights significantly predict suicidality in boys (Campisi et al., 2020).

When it comes to peer violence, both sides need to be considered - the victim and the bully, because increased suicidal thoughts do not only occur in the victims. Peer violence does not directly affect death by suicide, but it does have a significant impact on suicidal ideation. Some studies also suggest that physical violence may contribute to an increased risk of suicide attempts (King & Merchant, 2008).

Participation in various forms of physical activity at school and in extracurricular activities has a positive impact on young people’s mental health and is an additional protective factor. A good relationship with parents is also an important protective factor in adolescence. From a school perspective, this includes parents’ involvement in the child’s activities and tasks (interest in their child, participation in parents’ meetings, etc.) and from an interpersonal perspective, it includes understanding and helping to solve problems, encouraging independence, accepting the child’s opinion, being willing to talk about life and difficult issues, and caring and loving the child. The absence of traits contributes to the risk of suicidal behaviour in adolescents (Campisi et al., 2020; Barzilay et al., 2017).

The school environment can be an important protective factor for adolescents. Teachers, counsellors and other school staff can quickly recognize warning signs and changes in adolescent behaviour. When distress is identified, they can also talk to the adolescent, make them feel safe and accepted, and refer them to the appropriate sources of help (Poštuvan et al., 2020).

The suicide of young people has an impact on the whole environment in which they lived, especially the school they attended and the community in which they lived. Therefore, it is most effective when suicide prevention in the school environment address different levels and target young people as well as school counsellors and teachers. It is important to act preventively, but it is also necessary to be prepared for postvention that follows death by suicide, as this is

an effective way to prevent further deaths by suicide. The most successful prevention programmes focus on raising awareness, reducing risk factors and promoting protective factors. Programmes implemented in adolescence are particularly important because they promote developmentally appropriate skills and a support system that is maintained into adulthood. They show the greatest effectiveness when introduced in the school setting (Singer et al., 2020). The results of interventions are visible at multiple levels. Teachers and professionals recognise young people in distress earlier, know how to talk to them and can offer appropriate help more quickly, which helps to reduce suicidal behaviour in schools (Poštuvan et al., 2020; Singer et al., 2020). Young people who participate in interventions are more socially integrated, seek help earlier and express fewer self-harming behaviours and suicide attempts. These young people are also more open-minded, perceive the distress of their peers earlier and act more properly. The interventions also influence attitudes toward suicidal behaviour and help-seeking in the school environment (Singer et al., 2020).

In our country, under the UP IAM Slovene Centre for Suicide Research, the project Do You Understand (Yourself)?!?, financed by the Ministry of Health, is being implemented. The project ensures a holistic approach by involving all relevant groups through cooperation with the school system. It includes training for teachers and school professionals, training for parents, prevention workshops for young people and postvention activities for schools if a young person dies by suicide (Poštuvan et al., 2020).

The importance of the wider environment regarding distress and suicidality of children and adolescents

The wider community can play an important role in increasing and decreasing the risk of suicide. This is particularly important when dealing with young people who are more integrated into the community due to the specific characteristics of the life period (e.g. mandatory schooling).

At the community level, the risk of suicidal behaviour may be increased by limited access to professional help, as most adolescents at increased risk of suicide do not receive professional support. The latter may be due to several factors, including the lack of staff to provide quality treatment to children and adolescents in need and geographical limitations (Campo, 2009), as qualified professionals may be geographically distant (Fenichel et al., 2002). The stigmatisation of help-seeking and mental health problems can also make it difficult to access appropriate professionals and services (WHO, 2014). As a result, adolescents often find it difficult to admit that they need professional help (Moskos et al., 2007). Stigmatising attitudes towards family and friends (e.g., seeking help is a sign of weakness), lack of knowledge about the characteristics of mental health problems and available sources of help can further hinder recognition of distress or help (Moskos et al., 2007; WHO, 2014).

Nevertheless, the wider community can play an important role in preventing suicidal behaviour in children and adolescents. Protective factors at the broader community level include good relationships with friends and community, cultural and community beliefs that discourage youth from suicidal behaviour, and access to proper mental health services (CDC, 2021a). Geographical limitations in accessing suitable mental health services for children and adolescents are being overcome with new technologies and internet-based services. Online counselling can be equally effective in enabling the receipt of important information, helping to protect the life of a person in need, and choosing a specialist with the appropriate skills (Fenichel et al., 2002). In addition, access to appropriate services may be related to combating stigma. A recent study (Poštuvan et al., 2019) on young people belonging to sexual minorities showed that a community that accepts and supports these young people can help mitigate the adverse effects of bullying and victimisation and consequently reduce the risk of suicidality.

Connecting children and adolescents with the wider community is an important protective factor. Good relationships and connections with people from the wider community can strengthen the adolescent's sense of belonging to the community, which can reduce the risk of suicidal behaviour. Young people may be more motivated to find constructive solutions due to a sense of belonging, and community members may be more motivated to observe and refer a young person in distress to appropriate professional sources of help (CDC, 2021b). Therefore, for effective prevention of suicidal behaviour in children and adolescents, prevention work aimed at reducing stigma and providing information about the problem at the community level, not just at the level of those at risk, is important. Knowing sources of help and having the attitude that it is not a sign of weakness to seek (professional) support in an emergency can be extremely important (Gilchrist & Sullivan, 2006).

The importance of the media regarding distress and suicidality of children and adolescents

The media and the way suicidal behaviour is portrayed in the media may increase or decrease the risk of suicide. The risk may increase if the way suicide is portrayed in the media is inappropriate (WHO, 2017) or if a person in distress identifies with a person reported in the media who has died by suicide. A person may identify with another person because of similar personality traits, life circumstances, or because of the person's status (e.g. the deceased was famous) (Pirkis et al., 2006). Since a famous person often enjoys the respect of the public and is perceived by people as a role model, the risk of imitating that person's behaviour is even greater if that person dies by suicide (Samaritans, 2020). The way suicide is portrayed in the media can also increase the risk of suicide. If the type of coverage reinforces suicidal behaviour (e.g. romantic or glamorous portrayal of a person and their (attempted) suicide) or if an adolescent is exposed to more extensive reporting of suicide, the risk is higher (Pirk-

is et al., 2006). The latter also increases with sensationalist reporting (e.g., simplified explanation of risk factors, graphic representation of the method used) (Samaritans, 2020).

One of the vulnerable groups particularly prone to imitate the behaviour displayed in the media or suicidal behaviour are adolescents (Gould, 2001), among whom the internet and (new) media are particularly popular (Maloney et al., 2014). In particular, the content published online can have an (even) greater influence on the users of these media (Pirkis & Nordentoft, 2011). In addition to (some) inappropriate media articles about suicide, other inappropriate content is also available on the internet (e.g. chat rooms that allow discussions about suicide, websites with factual information about suicide, and websites that encourage suicidal behaviour) (Biddle et al., 2008), which can provide very explicit descriptions of methods and information on how to obtain the desired method (Pirkis & Nordentoft, 2011). The internet also enables interaction with others who are thinking about or have accepting attitudes towards suicide, and young people are among the groups most frequently exposed to such and similar content (Dunlop et al., 2011).

Although the risk of imitating a suicide is higher if the person who died by suicide was real (i.e. it was not a fictional character from a series or movie) (Pirkis & Nordentoft, 2011), adolescents tend to imitate the suicidal behaviour of a fictional person (Pirkis & Blood, 2010). A recent study (Bridge et al. 2020) confirmed the link between the release of the television series *13 Reasons Why*, which focuses on a 17-year-old girl death by suicide, and the rise in suicides among American adolescents. Because of their similar age and similar problems, some adolescents who watched the series found it easier to identify with the main character of the series and, in certain cases, to imitate her suicide (Notredame et al., 2017), while other adolescents who had previously contemplated suicide reported feeling worse after watching the series (Rosa et al., 2019).

These findings highlight the need for the responsible and safe portrayal of suicidal behaviour in media content since responsible reporting on suicide can be a protective factor. Such content should, therefore, not contain information that could lead to identification with the deceased but should inform about the topic, highlight sources of help, and tell stories of people who have coped with distress in a constructive way (Maloney et al., 2014). Thoughtful reporting on suicide that does not sensationalise the topic but focuses on the real consequences of an (attempted) suicide can reduce the risk of imitation (Pirkis & Blood, 2010).

For people in need, various (more or less) interactive websites raise awareness, provide verified information and sources of help, and encourage a constructive solution to the distress (Barak & Grohol, 2011). One such website in the Slovenian setting is the psychoeducational website zivziv.si, which aims to raise awareness and provide information about suicidal behaviour. Preventive measures can be important as they help young people to deal with the problem

more constructively. This is even more important during adolescence, as most young people do not yet have as much experience with similar situations and therefore do not have a wide range of possible coping strategies.

Conclusions

Suicide is often just the end of a complex process that may have begun long before the actual act, and in the course of which the decision to die by suicide has changed, sometimes more, sometimes less. In this paper, we have examined the environmental factors that significantly influence the process in children and adolescents either as protective factors or as risk factors.

There are differences in which risk and protective factors are most important or have the greatest influence on the well-being of children and adolescents. For this reason, we have presented those that can be influenced with appropriate interventions.

Due to the complexity of suicidal behaviour, prevention measures need to be carefully planned and adapted to the understanding of the specific risk group (van der Feltz-Cornelis et al., 2011). Suicide in children and adolescents can be prevented. In this regard, peers, the school environment, the media and the wider community make an important contribution to prevention by discussing and reporting on these issues appropriately and empowering young people to resolve difficulties and find help. This can help create a safe environment for honest conversations and show that even major problems and hardships can be solved.

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