

Viewpoint

The Importance of Awareness and Prevention of Suicide Trends in Youth

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Suicide is an incident that is a severe problem in society which is currently widespread. Suicide is the act of ending one's own life by using several techniques, such as hanging, making an incision in a blood vessel, or crashing into a moving vehicle such as a train or motorbike. Based on data from the World Health Organization (WHO), as many as 703,000 people committed suicide, with variations in suicide rates in various countries between 2 and 80 suicide deaths per 100,000 population. Men have a suicide rate that is up to 2.3 times higher than women. The majority of deaths due to suicide are more significant in low- and middle-income countries (LMICs), up to more than 70%.¹

According to data from the Republic of Indonesia Police's National Criminal Information Centre, there were 971 suicides in Indonesia from January to October 2023. Compared to 900 suicides in 2022, it indicated an increase in the number of suicide cases in Indonesia during 2023. According to the report, Central Java, East Java, and Bali had the highest province number of suicides (Table 1). The National Police also reported that the majority of suicides (741 occurrences) occurred in dwelling or residential areas, followed by plantation (104 incidents) and rice field areas (18 cases).

Table 1. Number of suicide cases based on province.

Province	Suicide case (n)
Central Java	356
East Java	184
Bali	94
West Java	60
Special Region of Yogyakarta	48
North Sumatra	41
Lampung	27
West Sumatra	26
Bengkulu	22
North Sulawesi	18

The trend of suicide is found to be increasing at a young age in various countries such as Estonia, New Zealand, the United States, and Australia.² Suicidal ideation can occur in





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children and is relatively common in adolescents or adults. Still, suicide attempts are rarely made before puberty because of the role of cognitive abilities in planning and carrying out these attempts. However, the trend of suicidal thoughts is increasingly common in younger teenagers, who have a time of 1-2 years to realize the idea of suicide after it first appears.² This problem then becomes a significant health problem in various countries, and we need to be alert to the increasing trend of teenagers committing suicide in multiple countries around the world.²

Risk and Health Impact of Suicide Sign in Youth

The motive behind someone committing suicide is based on the social processes they face, whether during their life they were able to socialize with society or vice versa. Each individual has a different way of thinking, an ideology that follows the nature of his beliefs. Social interactions in society will also influence a person's attitude. This suicide incident is based on several behaviors that reflect how a person's life experiences pressure or a problem so that the rules that exist in his life become very influential in making decisions.³ These various external factors then contribute to the increased risk of suicide in adolescents.⁴

When someone commits an act of suicide, they often have previously attempted suicide using various techniques, and it is not uncommon for the suicide perpetrator to have previously conveyed his desire to end his life to those closest to him or those around him, implicitly or explicitly, and in this context which is often called a death message. Feelings of hopelessness and the influence of various personalities, such as higher levels of anxiety that are more commonly felt at a young age, are also factors that encourage suicidal ideation to appear.⁵

Adolescent personality problems are the most common factor found in adolescents, where adolescents with personality disorders have a higher risk of suicide.^{6,7} This problem can be traced to a history of child abuse, either physical or psychological violence.⁶ Adolescents with childhood experiences of maltreatment can experience emotional dysregulation, which has an impact on their vulnerability to current stressful events and contributes to being more vulnerable to committing suicide.⁶ Although a study by Kwan et al. shows that the pattern of adolescent suicide attempts is more or less medically fatal, adolescents tend to repeat suicide attempts, so mental health monitoring is needed for them both from the health system by the government and society.⁷

The Importance and Preparedness of Youth Suicide Prevention Strategies

WHO has made suicide prevention efforts one of its top public health priorities and advocates for the importance of suicide prevention being implemented in national health strategies, with a particular focus on youth and other vulnerable groups. This approach can involve increasing awareness of suicide risk as well as removing barriers to care or encouraging help-seeking behavior. In addition, this strategy encourages protection, such as social support and coping skills for mental health problems. These strategies may also support parenting patterns, increase educational or training opportunities, or improve conditions at school or in other environments conducive to mental health.

Schools have become the perfect place to develop suicide prevention programs because the majority of teenagers spend their time every day. Suicide prevention strategies in schools can build suicide awareness and help skills. In the United States, the suicide prevention curriculum

(Signs of Suicide (SOS)) and mental health promotion (The Youth Aware of Mental Health) can increase awareness of suicide risks, such as levels of depression and adolescent adaptation abilities.⁸ For adolescents at high risk of suicide, such as those with mental disorders and substance abuse, several programs such as C-CARE (Counselor—Care, Assess, Respond, Empower) and CAST (Coping and Support Training) facilitate counseling and intervention to improve self-esteem, decision making, personal control, and interpersonal communication. The existence of this program has an impact on reducing suicidal thoughts, depressive attitudes, and hopelessness.⁸

The level of healthcare settings plays a role in the degree to which individuals have developed signs of suicide.⁸ In this setting, pharmacological or non-pharmacological management is given according to the patient's condition. Administration of drugs such as selective serotonin reuptake inhibitors (SSRIs), lithium, and ketamine can reduce suicidal ideation in groups of young people with significant depression or bipolar disorder.⁹ Non-pharmacotherapy approaches such as cognitive-behavior therapy (CBT) and dialectical behavior therapy (DBT) function to improve individual coping strategies for stressors or triggers for suicide.⁹ However, follow-up is required for them after treatment at the healthcare facilities because adolescents tend to attempt suicide again. As many as 80% of suicide deaths result from non-fatal suicide attempts within one year after the previous attempt.⁹

Although youth suicide prevention programs have had a positive impact, several reports are indicating unanticipated adverse events resulting from these programs. Several studies report that some students feel upset and do not support the existence of a suicide prevention curriculum. In addition, limited resources can result in teachers or other parties experiencing overhaul, isolation, and incompetence in providing support for suicide prevention. Lack of preparation for suicide prevention programs will result in broader acceptance of suicide prevention programs. The cultural problem of society, which still considers suicide to be taboo and shunned, makes it difficult for high-risk groups to receive medical treatment and mental support.

Seeing the many challenges in dealing with trends in the risk of teenage suicide, cooperation between the government, health workers, and the community must be needed to be alert to the development of signs of suicide in teenagers. By knowing early, suicide can not only be prevented, but we can also help them to be better able to deal with the problems that trigger their desire to commit suicide. Preventing suicide and improving mental health in teenagers will prepare them as the next generation to become Indonesia's Golden Generation in 2045.

Keywords: Adolescent; Mental health; Suicide; Wellbeing; Youth

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