

## SUICIDE IN TEEN AGE GROUP



Mr. Pravin Ramesh Gholap,  
Principal,  
Vishwasattya College of,  
Nursing Ozar ( Mig ), Nashik.

### Abstract :

*In an developed and developing county life style is very fast. Parents have more ambition from their child if it is not full fill by them they will come in the depressed and quite there life. An overview of teen suicide examines its incidence, myths about those who attempt or commit suicide, and characteristics of those who attempt suicide. warning signs of potentially suicidal behavior are described: a previous attempt, talks or thoughts about suicide or death, changes in personality or mood, poor school performance, sadness irritable, changes in eating or sleeping patterns, withdrawal from friends and activities, loss of interest in school and other activity, unusual risk-taking, drug-abuse, and making final arrangements,*

*Case studies illustrate dynamics and issues in teen suicide including listening, caring, and accepting others' feelings when dealing with a potentially suicidal friend; managing suicidal thoughts by talking to friends, seeking advice, and accepting that nobody's perfect; and coping with feelings of anger, guilt and helplessness after a friend commits suicide. Other studies highlight suicide warning signs and how to react to them in a friend; the reactions of other teens to a peer who has attempted suicide; and interacting with the family and friends of a person who has committed suicide.*

**Key Words : Suicide, Teen Age.**

### Introduction :

Suicide is an irrational desire to die. Suicide effects are tragic and felt long after the individual has taken their own life . It is the third most common cause of death among adolescents' between 15-24 years of age and the sixth most common cause of death amongst 5-14 years old.

Suicide behavior is complex some risk factor, very with the age. Gender and ethnic group and many event change over the time. There is normal reaction to the pain of loss, rejection, or disappointment. Those with serious mental illness, however often experience much more extreme reaction, reaction that can leave them mild in hopelessness' when all hopes is lost, Some feel that suicide is the only solution.

Suicide routes differ between boys and girls think about the suicide about twice as often as boys and tend to attempt. Suicide by overdosing on drugs or cutting themselves. Yet the boys die by suicide about four times an often girls perhaps because they tends to use. More lethal method. Such as firearm hanging or jumping from heights.

### **What is Suicide :**

Suicide is an act of killing one self suicide is the process of purposely ending one's own life. The way societies view suicide varies widely according to culture and religion. For example many western culture as well as mainstream Judaism, Islam and Christianity tend to view living one self is quite negative.

### **Definitions Of Suicide :**

"The conscious act of self induced annihilation as a multidimensional malaise in a needful individual, who defines an issue for which the act is perceived as the best solution".

Edwish Shncidman, 1985

"Deliberately initiated action and the person had a specific intension to cause his or her own death".

Unni Sadanandan

"Individual, who is overloaded with internal I conflicts and frustrations, which are resulted due to varied reasons deliberately or consciously decides to end his life and commits suicide".

“Suicide is the act of killing oneself purposely”

Merrlam– Webster1904

**Suicide sign :**

Suicide among teens is of teen occurs following a stressful life event, break up with boy friend or girl friend the death. Death of loved one problem at school, physically and mentally harassment from teacher.

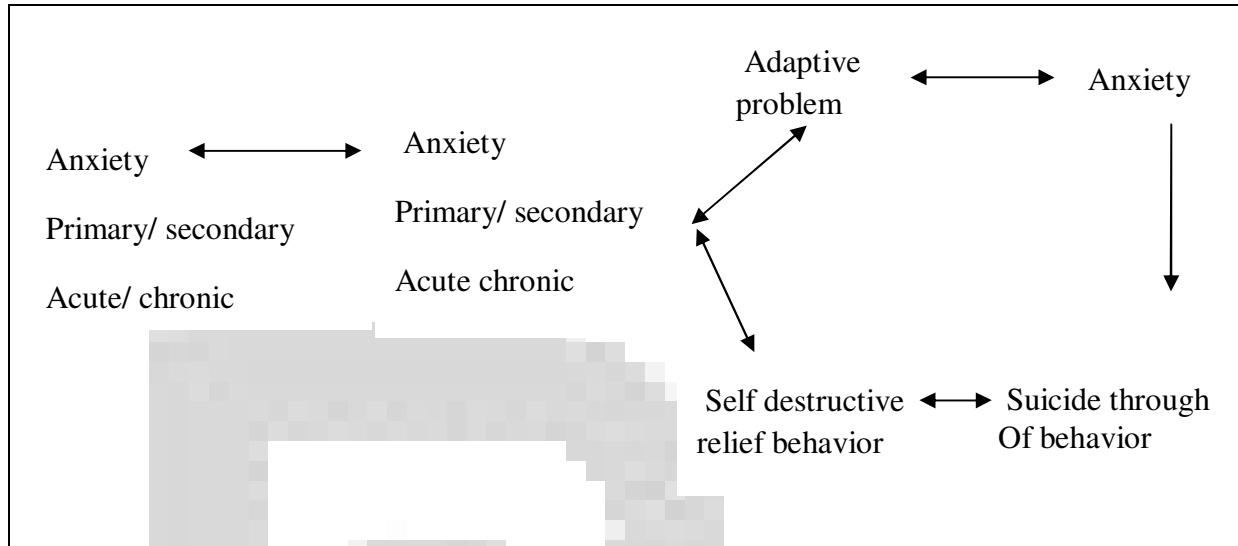
Some common symptoms :

- Significant loss or gain in appetite
- Fatigue or loss of energy
- Neglect of personal appearance and family
- Talk about suicide or death in general
- Poor school performances
- Sadness, irritability or indifference
- Extreme anxiety panic
- Experience change in eating and sleeping and sleep habit
- Loss of Interest in school and activity

**Risk for suicide :**

There are many factors which can increase the risk of suicide including health problem, Major life changes

- A previous suicide attempt
- Of family history of depression or suicide
- A psychological disorder, especially depression, bipolar disorder and alcohol and drug use
- Feeling of distress irritability or agitation
- Emotional physical or sexual abuse
- Lack of a support network, poor relationship with parent and feeling of social isolation
- Dealing with bisexuality or homo sexuality in an un supportive family or community or hostile school environment.



**Fig : Conceptualization of the process of suicidal thoughts or behaviors**

**What we can do :**

Many teens who commit or attempt suicide give some type of warning to loved one ahead of time, so it is important to know the warning sign so teens. Who might the suicidal can get the help they need, part of preventing the teen suicide also includes recognizing the issues that can trigger feeling at teen depression leading to the suicidal thought

**Communicating With Your Teen :**

You have probably heard before, talking to your teen about suicide is one of the most important things you can do in helping to prevent a suicide attempt. Many times parents are unsure of what to say and instead say nothing. Here are some suggestions of how you can open the channels of communication and help your teen open up.

First, tell your teen you care; no matter the state of your relationship, just hearing this can go a long way. Tell your teen you are there if needed, and are willing to listen without judging. NAMI estimates that around 80% of all teens who attempt suicide give some sort of verbal or nonverbal warning beforehand, so be sure to take whatever your teen says completely seriously.

A common mistake parents make when dealing with a suicidal teen is thinking that if they mention suicide they will be planting the idea in their teen's brain. This is simply not accurate. In fact, by mentioning your fears, you are showing your teen that you take their actions and their life seriously. Remember, most people who are suicidal do not really want to die- they want to put an end to the suffering they are experiencing. When given an opportunity to be helped through that suffering, or when some of that suffering is alleviated by knowing they aren't alone, this can help reduce the desire to end the pain by more drastic means.

**Primary prevention :**

- Reducing availability of means of self harm
- Encouraging agencies that help people who social or emotional problem
- Efficient treatment of schizophrenia, depression, and the disorder with increased risk of suicide
- For those with disturbed psychosocial factor marital counseling, counseling in centers, schools colleges and university camp
- Public education to foster concept of positive mental health.

**Analysis Of The Suicide :****1. Precipitating stressor :**

Life stressors accompanied by increase in emotional disturbance include the loss of a loved person either by death or divorce, changes in roles.

**2. Relevant history :**

Has the individual experienced numerous failures or rejections that would increase his vulnerability for a dysfunctional response.

**3. Life-stage issues :**

Ability to tolerate losses and disappointments.

**4. Coping strategy :**

How has the individual handled previous coping situations?

**References :**

1. Mary C. Townsend : Psychiatry Mental Health Nursing- Concepts Of Care: 4<sup>th</sup> Edition, 2003 : I.A.Davis (Company) Publishers USA; Page No; 194-205. 256-266.
2. Gail W. Stuart And Michele T. Laraia; Principles And Practice Of Psychiatry Nursing: 8<sup>th</sup> Edition : Mosby Publication; 227-245
3. Donna C. Aguilera : Crisis Intervention-Theory And Methodology; 7<sup>th</sup> Edition: Mosby-USA; Page No.17-39.
4. Karen Huffma: Psychology In Action: 7<sup>th</sup> Edition, John Wiley And Sons, Inc.USA
5. Fontaine And Fletcher; Mental Health Nursing; 4<sup>th</sup> Edition; Addison - Wesley Newyork: 14-15.
6. Ahuja Neeraja : A Short Text Book Of Psychiatry; Jaypee Brothers Medical Publishers (P.) (LTD). New Delhi-1999.
7. Lalitha K; Mental Health And Psychiatry Nursing- An Indian Perspective, 1<sup>st</sup> Edition, VMG Book House- Bangalore. Page No.51, 602-609.
8. [www.google.com](http://www.google.com)
9. [www.medsol.com](http://www.medsol.com)
10. [www.pubmed.com](http://www.pubmed.com)
11. [www.teensucide.us](http://www.teensucide.us)
12. [www.susan-scheff.org](http://www.susan-scheff.org)
13. [www.nehc.med.mil](http://www.nehc.med.mil)
14. [www.kidshealhs.org](http://www.kidshealhs.org)
15. [www.nami.org](http://www.nami.org)
16. [www.psychocentral.com](http://www.psychocentral.com)