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Review Article

Adolescence Suicide: Role of Self-Efficacy

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Abstract

Suicide in adolescents is increasing on globe. Thousands of teenagers are committing suicide especially in Asian countries including India and Japan. There are several factors responsible for suicidal acts encompassing personal, familial, psychological, emotional, genetic determinants. The current manuscript is aimed at elaborating the concept, epidemiological information, and psychosocial nature of suicide with emphasis on role of psychological factor of 'self-efficacy' in intricacies of adolescents' suicide, as well as, its intervention. For accomplishing this task, major research papers (mostly from last 20 years) have been reviewed which are available online. In addition, few older references (between 1990 - 2000) were also consulted. Lastly, some methodological limitations and suggestions on future researches have been discussed in upshot..

Keywords: *Adolescence; Suicide; Self-Efficacy; Family; Intervention*

Suicide is an intentional self- murder or killing or causing death to oneself. It has originated from its Latin *suicidium*, from *sui caedere* means 'to kill oneself'. Suicide is committed in destress, despair which tends to attribute to a psychological disorder/s. Among such disorders, depression is most common but, bipolar affective disorder, schizophrenia, substance abuse are also highly likely. This is a very popular act and practice in adolescent and young adults in the age-group of 15 - 24 years [1,2]. It is now the most common cause of death in both age-groups of 15 - 29 years and 15 - 39 years [3]. Firstly, Emile Durkheim investigated and elaborated on impact of socio-cultural factors on suicidal risks, how social and cultural influences impact on the risk of suicide and observed that suicide rates in the European countries were different on various socio-demographic factors and eventually concluded "the suicide rate varies inversely with the integration of social groups of which the individual forms a part." Further he talked about egoistic and anomic types of suicide and said that the former is determined by lacking a meaningful family and social relationships, whereas, the later occurs when there is broken relationship between an individual and society due to social or economic adversity. On the contrary, the altruistic suicide is a result of excessive integration of individuals in society.

Suicide is an important problem of public health as almost 0.9% of all deaths are attributed to suicide. More than 2000 persons are estimated to commit suicide each day worldwide [3]. Grimly, this is the third leading cause of death for adolescents 15 to 19 years old [4] and gradually become more popular nowadays [1]. In India, nearly 10000 adolescents are committing suicide every year (Female: Male ratio is: 2:1) with highest number is Maharashtra and Tamil Nadu [5]. According to Garai [6], in every hour there is one adolescent student committing suicide in India with further exceeding rate of 28 per day. Indian researches showed that many suicidal students are from

coaching institutes [7], 20 - 30% of male adolescents and up to 10% of female adolescents are sexually active before marriage; 14.5% were drug users in the age-group of 12 - 17 years; 13.9% belonged to the age range of 18 - 23 years; more than 22% of teenagers were likely to be depressed; 40% adolescents were admitted to severe anxiety [8]. Between the years of 1950 to 1990, rate of suicide among adolescents increased by 300% in the age-group of 15 - 19 years, out of which, the male adolescent in 15 - 19 years of age-group old had a 6 times greater risks than their females [4]. The ratio of attempted and completed suicides among adolescents was estimated to be 50:1 and 100:1 respectively. Similarly, the incidence of unsuccessful suicide attempts was higher among female adolescents than among male counterparts [9]. The statewide survey of students in grades 7 through 12 found that 28.1% of bisexual and homosexual males and 20.5% of bisexual and homosexual females had reported attempting suicide. The National Youth Risk Behavior Survey of students in grades 9 through 12 indicated that nearly one fourth (24.1%) of students had seriously considered attempting suicide during the 12 months preceding the survey, 17.7% had made a specific plan, and 8.7% had made an attempt [10]. Firearms, used in more than 67% of suicides, are the leading cause of death for males and females who commit suicide [11,12]. The most common method of adolescents for attempting suicide has been ingesting pills. The adolescents and youth have also been affected by media as they imitated increased rate of suicidal behavior seen on television as compared to adults [13]. In consequence, such media coverage is likely to increase cluster suicide adolescents and youth to be committed within a 1-2 weeks afterward [13].

Adolescents at increased risk

Although, no specific tests can identify suicidal persons, specific risk factors exist. For example, usually risky adolescents have a clinical history of depression, physical or sexual abuse; correctional history or staying at correctional centres, previous suicide attempt/s, psychiatric family history (especially depression and suicidal behaviors), disruption in family, and certain debilitating chronic physical or psychological illness [14,15]. Psychosocial factors like conflicts with parents, break-up in relationship, scholastic problems or failure, legal problems, social isolation were also reported in attempting suicide by adolescents. Investigations have also shown that monozygotic twins, victims of community violence have high rate of suicidal attempts, whereas, homo- and bi-sexual adolescents exhibit increased depression, suicidal thoughts and history of such attempts nearly three times higher than normal adolescents [16,17].

Warning signs and risk factors

Suicidal tendencies don't emerge all of a sudden rather there are some displayable signs of warning. It happens when adolescents lose their hope in all corners of life. Therefore, it is important to consider that adolescence is a very difficult and turbulent stage wherein children may not be able to identify or differentiate suicidal signs. Some important and useful warning signs and risk factors [18] of adolescent suicide are:

- Withdrawal from family and peers
- Loss of interest in previously pleasurable activities
- Difficulty in concentrating on scholastic works
- Neglect of personal appearance
- Visible and obvious changes in personality
- Sadness and hopelessness
- Sudden weight loss or gain caused by change in eating patterns

- Changes in patterns of sleep
- Often or frequent lethargy/lack of energy
- Signs and symptoms of clinical depression
- Teenage pregnancy
- Ongoing victimization through physical and sexual abuse
- Disciplinary difficulties with school or judicial system
- Conflicts with or between parents/guardian
- Exposure to suicidal incidents.

Despite warning signs, it should not be forgotten that, sometimes, many suicidal adolescents duly appear depressed, but some others may be adept in hiding their problems and mislead by a disguise of inordinate energy. Therefore, at times, uncharacteristic excess confrontational agitation or aggressive acts/hyperactivity may indicate some serious underlying problems like suicide. In addition, low level of self-esteem and self-depreciating remarks, outrightly talking about suicidal contents may also provide serious indications toward suicide or related attempts.

Role of self-efficacy intervening suicide

Self-efficacy is corresponding to a person's belief in his/her own competence. It is defined as an ability to control one's own situation/s with an aim to achieve set goal/s [19]. Our perception is that one's own self-efficacy duly affect social relationships and interactions with people in surrounding in all possible ways. Therefore, it is essential to understand and nourish self-efficacy capable to brighten our life with increased productivity and happiness. Isaac., *et al*. [20] emphasized that it is not general self-efficacy, rather, health-related self-efficacy is more relevant in suicidal behaviour of adolescents. They correlated female adolescents with lower level of education and poorly self-rated physical and mental health status with suicidal thoughts and behaviour. Further they added that lower level of health-related self-efficacy could increase suicidal ideation for lifetime, indicate similar attempts committed in the past and intention for suicidal attempts in future. In this context, role of family is very important. Linga and Yaacobb [21] conducted a comprehensive study on adolescents in Malaysia in similar context and observed a negative correlation between paternal approval and suicidal ideation or thinking of adolescents. In addition, they also investigated adolescents' self-efficacy being affected by paternal approval, as well as a relationship between their level of self-efficacy and suicidal ideation. The findings revealed that adolescents who received relatively a high level of paternal approval from their father showed corresponding higher level of self-efficacy with less probability suicidal ideation. On the contrary, a positive correlation was observed between level of adolescents 'self-efficacy and their paternal approval demonstrating role of fathers' approval to self-efficacy of their adolescent children. Further it was explored that increased level of self-efficacy was a mediating factor between paternal approval and suicidal thinking. These findings were supported by Luca, Wyman, and Warren [22] who also observed that paternal support (from father) is very important in minimizing the risk of suicidal ideation in teenagers. Similar results were reported by Piña-Watson, Castillo, Rodriguez and Ray [23] who studied adolescents' relationship with their father in relation to suicide and reported that increased amount of paternal connectedness could decrease adolescents' suicidal ideation, whereas, decreased level of such connectedness of adolescent children with their father tend to induce suicidal ideation and thinking in teenagers. Thus, adolescents with supporting father figure, giving them adequate or high level of approval in preferring and doing as per their choice and interests in life, are least risky to depression and suicidal thinking. Later, it was investigated by Czyz., *et al*. [24] reporting that parents with low self-efficacy

experienced more suicidal ideation in their female adolescent children, showed relative inability to recognize warning sings of suicide in their wards, as well as, facilitating a sense of commitment in refraining them from suicidal thinking and act, and were not confident in assuring that their children will not commit suicide in future.

How self-efficacy affects human function in adolescence

Choices regarding behavior

Adolescence will be more inclined to take on a task if they believe they can succeed. They generally avoid tasks where their self-efficacy is low but will engage in tasks where their self-efficacy is high. At times, adolescents with high self-efficacy (higher than their actual ability) duly overestimate their existing abilities for accomplishing tasks which lead to serious difficulties. Likewise, teenagers with low level of self-efficacy (lower than their ability) are unlikely to progress and develop desirable level of skills.

Motivation

High self-efficacy in a task is likely to make more efforts, and persist longer, than those with low efficacy [25]. The stronger self-efficacy corresponds with active efforts, whereas low self-efficacy level provides an incentive to learn more about the subject.

Thought patterns and responses

Low self-efficacy can lead adolescence to believe tasks are harder than they can do. Such thought patterns are likely to cause poor planning for accomplishing tasks and excessive stress. As a result, the adolescents display erratic and unpredictable type of fanatic/impulsive behaviour.

How to increase self-efficacy in adolescent preventing suicide

1. **It's essential to take suicidal behavior or previous attempts seriously - and get assistance quickly:** Aside from professional treatment, suicidal teen needs to know about people who care, and are available to talk and provide good support implying listening (without passing judgment on their feelings) to what's troubling somebody. The affected or risky adolescents can be reassured that there are alternative solutions to problems other than suicidal thinking and acts. They can be prompted, motivated and given opportunities to come forward for open conversation about their ongoing feelings. Such provisions could be quite helpful in alleviating distress, loneliness and other negative feelings.

2. **To help adolescents to develop a positive mental assessment of their abilities:** It is possible to design a suitable and appropriate environment of learning and work that may provide the necessary feedback and support. Such ambience permit and motivate them more to develop a desirable level of self-efficacy increasing productivity and effective performance. Also, it could be useful to endure and alleviate unusually arising high level of stress which, in turn, making life more productive, satisfying and rewarding.

3. **Don't hesitate to bring up the subject of suicide, to ask direct questions and discuss extensively:** This is very useful for both suicidal and non-suicidal (but depressed and at stake of suicide). Because, non-suicidal adolescents may not be willing to participate in comprehensive discussion on suicidal issues and adopt the technique of self-efficacy despite being convinced. In similar vein, only reassurance may not be effective on suicidal adolescents until an open discussion on their existing and ongoing distress could be made, as well as possible maneuvers of self-efficacy be adopted.

4. **Developing confidence of adolescents in parents is highly desirable:** Some parents may find their adolescent child resisting their viewpoints on various issues and feel that their wards don't confide in them. In such situations, parents are required to un-

derstand their teenagers' views from their level, and later discuss pros and cons of the matters. Should the adolescent children still insist their parents, then, it could be a good idea to advise them to talk on same issues to a more objective and emotionally neutral person (in the opinion of the adolescent). This can include some pertinent and trusted persons like other family members, a school counsellor, a coach, or a family doctor.

5. **Restricting access to firearms and ammunition is also an important preventive measure:** Dangerous and harmful devices and weapons should not be allowed and duly kept out of reach of adolescent children as these are highly likely to increase successful suicide attempts.

6. **Academic self-efficacy:** Academic self-efficacy refers to a student's belief that he or she can successfully engage in and complete course-specific academic tasks, such as accomplishing course outcomes, competency skills, completion of assignments, successful passing the course/programme etc [26].

Conclusion and Suggestions for Future Researches

The evidence from the above discussion suggests that significant portions of adolescents' experience suicide or suicidal thinking. Self-efficacy is a positive aspect of the human cognition claiming a lot to contribute in lowering depression-related deadly complications, e.g. suicide. Role of significant others from family and society of adolescent children duly play an important and indispensable role in promoting self-efficacy and resulted decrease in suicidal complications. But the authors of this manuscript have observed some issues lacking in reported researches which are required to be addressed pertaining to the title. Neither there is comprehensive data on incidence and prevalence rates of suicide in urban and rural adolescents, nor there is adequate number of concluding researches on role of self-efficacy in minimizing suicidal thinking and behaviour on same demographic variable- worldwide in general and south Asia Indian sub-continent in particular. The convenience sampling technique have been endorsed in several studies which may not represent the population of adolescents with suicidal history and, thus, likely to provide inadequate data on their status of suicide and self-efficacy. The contribution of family in facilitating self-efficacy in adolescents with suicidal tendency is well-accepted and researches are evident on role of paternal approval and connectedness in preventing suicide among adolescents. However, gender factor has not been given due importance in sampling as no study was found comprising maternal parent and siblings/peer groups on same variables playing their role in preventing suicide equally in male and female adolescents. In similar way, impact of some additional but alike factors might have been studied. For example, contents of quality of life, locus of control, hardy personality, systemic (administrative, community-related) and climatic variables must be investigated for clinical implication, understanding psychosocial dynamics and interventional purposes. In relation to provision for educational intervention for preventing suicide in adolescents, curriculum-based preventive intervention should also be designed and widely investigated for propagating policy- and school-based intervention.

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