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SUICIDE

IN ADOLESCENCE: A SILENT AND PRESSING PROBLEM

EL SUICIDIO EN LA ADOLESCENCIA: UN PROBLEMA SILENCIOSO Y APREMIANTE

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ABSTRACT

The research arose on the basis of the social and scientific foundations related to suicide starting from the center of adolescence. The authors proposed suggestions from the psycho-social point of view to prevent suicide as a way to solve problems in this early stage of life. In this sense, the objective of this work was to design a psychosocial strategy to prevent suicide through the implementation of actions aimed at adolescents prone to this mode of action. To solve the objective, the qualitative approach was used, and interpretative methods, documentary review, and analysis-synthesis were used. A bibliographic review of scientific articles from the Scopus, Web of Science and Google Scholarly databases of empirical studies related to theoretical-practical elements related to suicide, its manifestations, causes and treatments to prevent it was carried out. The results revealed the need to pay special attention to adolescents with psychological and psychiatric disorders to prevent them from resorting to this route to solve their problems.

Keywords:

Suicide, adolescence, disorders, prevention, psychosocial suggestions.

RESUMEN

La investigación surgió sobre la base de los fundamentos sociales y científicos relacionados con el suicidio a partir del centro de la adolescencia. Las autoras propusieron sugerencias desde el punto de vista psico-social para prevenir el suicidio como vía de solución a problemas en esta temprana etapa de vida. En este sentido, el objetivo de este trabajo fue diseñar una estrategia psico-social para prevenir el suicidio mediante la implementación de acciones dirigidas a los adolescentes propensos a este modo de actuación. Para dar solución al objetivo se utilizó el enfoque cualitativo, y se emplearon los métodos interpretativos, la revisión documental, y análisis-síntesis. Se efectuó una revisión bibliográfica de artículos científicos de las bases de datos Scopus, Web of Science y Google académico de estudios empíricos relacionados con elementos teórico-prácticos relacionados con el suicidio, sus manifestaciones, causas y tratamientos para prevenirlo. Los resultados revelaron la necesidad de brindar especial atención a los adolescentes con trastornos psicológicos y psiquiátricos para evitar que apelen a esta vía para dar solución a sus problemas.

Palabras clave:

Suicidio, adolescencia, trastornos, prevención, sugerencias psico-sociales.

INTRODUCTION

Nursing has experienced various situations of change, it has evolved according to the events that have occurred in the course of human history. It is necessary for the nursing professional to function in practice as a partner in the patient's health care. The knowledge and understanding of the different situations that lead to suicidal ideation will make it possible to perform well based on the understanding and acquisition of skills for their care.

The increase in the number of patients who attempt against their lives; the painful and sadness of this situation with its biological, economic and social repercussions and the fact of knowing that to a greater or lesser degree it can be prevented (Baños et al., 2023). The epistemic study conducted argued that individuals can adjust their behavior according to changes in the environment or their internal conditions such as anxiety, depression and can lead to suicide (Higueras, 2024).

Suicide has been a fact that has always been present throughout the history of mankind and has been studied by different researchers (Laferté & Laferté, 2000; Tirado & Díaz, 2022; Villalobos et al., 2023). This has antecedents that date back to the very existence of man and its characteristics vary according to the culture and the existing socioeconomic structure, finding data on it, from the oldest civilizations during the Middle Ages, although they experienced a decrease in its incidence later. Suicide reappears again, impetuously in the eighteenth century to the present day, a phenomenon that has occupied the attention of philosophers, physicians, sociologists, psychologists and educators (Guadalupe & Santos, 2024).

This act is complex, involving psychological, social, biological, cultural and environmental factors, and is the second leading cause of death in the 10-24 age group. Suicide is estimated to be the fourth leading cause of death in young people aged 15-19 years, and 77% of these deaths occur in low- and middle-income countries. In addition, the type of suicide performed by these people is by ingestion of pesticides, shooting with firearms and hanging, which is one of the most common methods worldwide (World Health Organization, 2025).

In the Caribbean and Latin America, the Pan American Health Organization (2025), showed that more than 700,000 cases take their lives after several suicide attempts. Also, many people have experienced loss, stress and suffering, therefore, it is necessary to create and promote social ties to generate awareness, have hope, approach their loved ones to improve mental health and improve their emotional wellbeing. On the other hand, it was reported that 79% of suicides occur more frequently in men and three times more than in women (Laferté & Laferté, 2000; Tirado & Díaz, 2022; Villalobos et al., 2023).

From the perspective of Amaral et al. (2020), worldwide, suicide constituted 1.8% of the global burden of disease in 1998 and in 2020 it represented 2.4% in market economy countries and in the countries of the former socialist bloc in adolescence is an alarming and, unfortunately, growing public health problem. This stage is of great importance in a person's life, marked by profound physical, emotional and social changes. During this period, adolescents face numerous pressures and challenges that can affect their mental and emotional health.

Due to its high prevalence and progressive rise, suicide has become a global public health issue. Suicide mortality has grown by more than 60% in the last half century and every year an average of 800,000 deaths occur due to suicide, making it one of the first four causes of death and the second leading cause of death in adolescents and young adults in the world. This is related to the fact that adolescence is a critical stage during which there are significant physical and psychological changes that increase vulnerability to suicidal behavior and other mental health problems (Laferté & Laferté, 2000; Tirado & Díaz, 2022).

Suicide is a global public health problem that affects according to the World Health Organization (2025), 800,000 people annually, with a rate of 1.3 per 100 deaths in 2020. In the world, Primary Health Care has been recognized as the most appropriate place to identify people at risk of suicide. Education and training in skills for early identification and management of suicidal behavior has been described as an effective strategy for its prevention.

However, the associated beliefs, myths and social stigma are important barriers for professionals to implement preventive actions and serve to justify certain attitudes among those who hold them. In non-mental health professionals, greater negative feelings towards these patients and a lower self-perception of professional competencies regarding suicidal behaviors have been described.

METHODOLOGY

The study led to an approach to the current state of suicide as a worrying and relevant issue affecting the world population. Due to the increase in mortality in recent decades, it constitutes a serious health problem that requires special attention, particularly in adolescents. To offer an overview of the behavior of suicide in the world through the knowledge of epidemiological aspects, the pathophysiology of suicide, its risk factors, the psychopathological profile of suicidal adolescents, as well as the methods most commonly used to commit suicide, were what led to the realization of the present research.

A bibliographic review of scientific articles from the Scopus, Web of Science and Google Scholar databases related to the topic in question was carried out. The qualitative approach was used, and a set of critical arguments

were analyzed using the interpretative methods of analysis-synthesis and documentary review, which were appropriate for examining the texts and articles presented here and providing a solution to the proposed objective of designing a psycho-social strategy to prevent suicide through the implementation of actions aimed at adolescents prone to this mode of action.

DEVELOPMENT

This phenomenon has occurred throughout human history, but the perception of it has not always been the same. In ancient Greece, suicide could even be well regarded if it was performed as a way of avoiding dishonor. In Rome it was initially legal, but later it was forbidden, for a purely economic reason: the death of slaves generated losses for them. But what marked its stigma in Western society was the arrival of the Church, which came to consider it a sin, since the sixth commandment, "thou shalt not kill", also implied not killing oneself (Laferté & Laferté, 2000; Tirado & Díaz, 2022).

However, with the Renaissance, another turn in the perception of suicide was experienced, defending it in a certain way. And with the Enlightenment, authors such as David Hume promulgated that since it did not affect anyone but the individual himself, and in a certain way was for his benefit, suicide could not be a crime. In the 19th century, the focus definitely shifted from the religious question to the mental health of the suicidal individual, moving from talk of sin to talk of insanity. Finally, in the middle of the 20th century, suicide ceased to appear in the penal codes of many European countries (Laferté & Laferté, 2000; Tirado & Díaz, 2022).

Suicide is the deliberate act of taking one's own life. A person who commits suicide has the intention to die and to cause his or her own death. Suicidal behavior includes completed suicide, attempted suicide, and suicidal ideation, thoughts, and ideas. According to the Centers for Disease Control and Prevention (CDC), approximately 1.2 million adults, including 243,000 Latinos/Hispanics, attempt suicide each year.

A review of specific literature (Laferté & Laferté, 2000; Tirado & Díaz, 2022) found that more than 1 in 5 people who died by suicide had expressed suicidal intent. Compared to women, men have a three times higher risk of taking their own lives than women. The use of firearms was responsible for almost half of the suicides. However, suicide can be prevented by knowing the risk factors and detecting the warning signs. By knowing and sharing this information, the tragic loss of 130 people a day to suicide can be prevented.

In this order of ideas, Castellero (2017), argues that "*suicidal thoughts are one of the most important areas of research and intervention in Psychology*" (p.6). Taking into

account this statement many of the public health initiatives have to do with the prevention of this problem, with making available to people who need it care services that prevent as far as possible to go from ideas to action. Suicidal thoughts are considered to be all those thoughts that an individual has about intentionally and plannedly taking his or her own life.

Therefore, these thoughts can range from the mere desire to die to the active realization of concrete plans for the implementation of self-injury. The latter, in which the subject has elaborated the how, where and when, is the most dangerous and prone to performing the act. Although thoughts and wishes of death may appear on a specific occasion, in general when we speak of suicidal ideation or suicidal thoughts we usually refer to a recurrent thought pattern in which the wish to die appears. It can appear in a purely cognitive form, although the most common is that there is a certain longing or desire at an emotional or motivational level. Most suicidal thoughts occur at times of intense emotional pain and suffering (Tirado & Díaz, 2022).

The individual feels that no matter what he/she does, he/she will not be able to modify the reason for his/her suffering. He/she does not feel capable of finding a solution, but rather feels powerless and in absence of any control. The person with these thoughts tends to suffer from a deep sense of hopelessness, usually the underlying idea. The objective sought in itself with suicidal ideation is not to end one's own life, but to end this state of pain and helplessness (Ortiz & Cepeda, 2020).

Apart from this, there are other types of suicidal thoughts that are linked more to the attempt to harm other people or achieve specific goals. For example, in some cases one can reach the thought of using one's own death or suicide attempt in an instrumental way to achieve a good for oneself, such as the attention of others or in the case of vicarious violence or loved ones (e.g. collecting insurance, or to provoke guilt and suffering to someone who is considered responsible for the individual's pain (Ortiz & Cepeda, 2020).

The causes for the presence of suicidal thoughts can be many and very different, depending on the specific case. As has been indicated, as a general rule, this type of thoughts usually occur after the experience or notification of a painful event or a loss in which deep feelings of pain, guilt and/or shame appear that escape the individual's control and plunge him/her into a state of despair in which no possible solution can be found.

The presence of abuse, loss of loved ones, either by death or breakup, or power or an anxiogenic situation from which it is not possible to escape are usually the most frequent triggers. Examples would be the experience of rape, prolonged isolation, physical incapacitation, having caused and/or survived an accident, continuous bullying,

bankruptcy, the diagnosis of diseases such as cancer, dementia or HIV or the suffering of some mental disorders that involve psychological suffering.

In the case of young people, we can see that the highest incidence of suicide occurs between 15 and 19 years of age. Suicidal behavior is highly prevalent worldwide. Developed countries report high mortality rates due to this behavior and offer data that rise above 30 suicides per 100 000 inhabitants and in some exceed 40; failed attempts are raised in an indicator of around 10 for each completed suicide (Borges et al., 2015; Amaral et al., 2020).

In Latin America, cases of suicide attempts are high according to age group, despite the fact that Canada, the United States, Cuba and Venezuela register the highest rates. In the United States of America, it is estimated that for every death by suicide there are 25 failed attempts, of which the highest proportion corresponds to adolescents, reaching 100 to 200 failed suicide attempts for every completed attempt. In the Americas, urban areas and young people have been identified as the population groups with the highest suicide risk (Borges et al., 2015; Amaral et al., 2020).

Theoretical background: adolescence, suicidal behavior, suicide, warning signs, risk factors and protective factors

The social sphere of young people, their links with other adolescents and the need to be accepted in the group becomes one of their strongest motivations (Centella et al., 2024). The community of interests and similar feelings constitute the basis of these groups; the exchange of new emotional experiences makes them feel understood and accepted in a group where learning is permanent. From this perspective, the authors considered that for a better understanding of the present research it is necessary to conceptualize three important terminologies. Suicidal Behavior (SC), Suicide Attempt (SI) and Suicide. Suicide attempt, together with suicide, are the two most representative forms of this behavior, although not the only ones.

Adolescence is the period of growth that occurs after childhood and before adulthood, between the ages of 10 and 19 years. The period of duration is lengthening: biological maturity is reached at an earlier age, while social and economic independence appears later, therefore this stage does not occur immediately nor is it marked only by pubertal changes. The developmental process of adolescence takes on new forms from a psychological, biological and social point of view and, according to Centella et al. (2024), it usually goes through three periods:

- Initial or early adolescence (pre-adolescence) from 10 to 14 years.
- Middle adolescence (adolescence proper) between 12, 13 and up to 16 years of age.

- Late adolescence, between 16 and 19 years of age.

Young people are very concerned about their future, their personal and social relationships, about achieving a place in society and their self-affirmation; this is the stage in which they prepare to make the transition to adulthood and define their life plans with respect to career, love and family (Amaral et al., 2020). The basis of family relationships is the effort made by the adolescent to achieve independence, which entails a certain degree of conflict. In this sense, family relationships are one of the critical areas for the development of the adolescent's personality, because they involve a particular relationship between the adolescent and his or her family that may exceed his or her psychosocial resources. The authors consider that the family can become a determining factor in the psychological and personal development of the young person.

Through the practice of educational styles or patterns, relationships and interactions and pressures of the family system, situations are created that can be directly related to suicide attempts. The family environment endowed with an atmosphere of acceptance and affection favors security and basic trust, so necessary in adolescence. Parents are the mediators par excellence of the educational process and of the appropriation of the culture of the new generations (Moreno et al., 2025).

In other words, hence the importance of preparing them to play this role in the turbulent, changing and contradictory conditions of adolescence. Suicide, from the Latin *suicidium*, is the act by which a person intentionally causes his or her own death. It is usually the consequence of psychic suffering and despair derived from or attributable to life circumstances such as financial difficulties, problems in interpersonal relationships, painful illnesses, loneliness, adverse political circumstances or psychological harassment (Borges et al., 2015).

In this same line of thought, the above circumstances can give shape to a psychiatric pathology and be categorized as mental disorders such as depression, bipolar disorder, schizophrenia, borderline personality disorder, alcoholism or drug use. The most important known indicator and individual risk factor is the history of an unsuccessful suicide attempt.

From the perspective of Palacio et al. (2015), it is known that suicide methods vary by country and are partially related to their availability. The most common are hanging, poisoning with pesticides, handling firearms and poisoning with drugs. Every year 726,000 people die by suicide.

Based on the above, according to the World Health Organization (2025), suicide is currently the third leading cause of death worldwide among people aged 15-29 years. It is more common in men than in women; the former are three to four times more likely to commit suicide

than the latter. It is estimated that there are ten to twenty million suicide attempts each year, which, when not fatal, can result in long-term injury and disability. In turn, unfinished attempts are more common in young men and women in general.

Thus, the authors of this article consider that the view of suicide is influenced by different factors such as religion, honor and the meaning of life. Traditionally, Abrahamic religions consider it a sin, due to their belief in the sanctity of life. During the samurai era in Japan, Harakiri was respected as a way of making amends for failure or as a form of protest. The Hindu ritual called sati, banned in the British Raj, involved the immolation of the widow on the funeral pyre of her recently deceased husband, either voluntarily or under pressure from family or society (Aggarwal, 2009).

Although in several countries suicide or attempted suicide is considered a crime, in most Western nations it is not punishable. During the twentieth and twenty-first centuries, suicide by immolation was sometimes used as a form of protest, while suicide attacks, such as kamikaze, have been used as a military and terrorist technique (Aggarwal, 2009).

On the other hand, Castellero (2017), considers that generally, before reaching the act of suicide, a series of self-destructive thoughts go through the mind of the individual. These ideations can occur in a wide spectrum, from the mere imagination of "what if...", to the elaboration of a detailed plan that inexorably ends in the deprivation of one's own life. We speak of a series of phases during suicidal ideations, argued by Castellero (2017), and adapted to the present research:

- Ideational: includes the first lucubrations about the idea of taking one's own life.
- Struggle: such ideas gain strength, and generate anxiety to the individual, who doubts about the decision to take.
- Relaxation: after deciding to commit suicide, the person stops feeling anguish.

In contrast to this system of phases, suicidal behavior can also occur suddenly; for example, due to an extremely high peak of stress combined with a series of other factors. When the individual is in some phase of suicidal ideation, he usually shows a series of symptoms that should be like a "red alert" for all the people around him, especially for health professionals. They would include anhedonia, anxious depressive symptoms, loss of sleep and/or appetite, and difficulty concentrating, among others.

Parasuicide is a self-injurious behavior in which the individual voluntarily brings him/herself to the brink of death, knowing that it is unlikely to achieve that goal, with the intention of attracting the attention of the people around

him/her. The main difference in this case is that the person does not really want to die.

Murder-suicide: this is a different type of suicide, in which the person kills, or at least attempts to kill, other individuals just before or at the same time.

Warning signs of suicide

Based on the authors' experience, we propose several warning signs of suicide, as follows:

- One may talk or write frequently about death or suicide.
- Making comments about feeling incapable, useless or worthless.
- Using expressions that show a lack of motivation to live or a lack of a sense of purpose in life. For example, saying phrases such as "it would be better if I ceased to exist" or "I want to end this suffering."
- Increased alcohol consumption and/or drug abuse.
- Isolation from friends, family and community.
- Reckless behavior or doing riskier activities without thinking about the consequences.
- Marked mood swings.
- Talking about feeling trapped or "being a burden to others."

Suicide risk factors, warning signs and protective factors

The authors consider risk factors to be the characteristics that make it more likely that a person will have suicidal ideation or attempt suicide. There are warning signs that indicate an immediate risk of a person attempting suicide. Suicide is linked to mental health problems, such as depression and alcohol or other substance abuse. In young people, bullying, also called bullying, using social media or in online video games can have an impact.

A history of a previous suicide attempt is the most important risk factor for future suicidal behavior. The numbers surrounding this phenomenon, globally, are bleak. Approximately one million people worldwide decide to and do take their own lives. That is one voluntary intentional death every 2 minutes. There are certain episodes and circumstances that may increase the risk of suicide, not listed in any particular order except the first:

- Previous suicide attempt(s).
- A history of suicide in the family
- Substance abuse
- Mood problems or illnesses: depression, bipolar disorder
- Access to lethal means: owning firearms or having access to them

- Losses and other negative events: the breakup of a relationship or death of a loved one, academic failures, legal problems, financial hardship, bullying in school
- History/History of trauma or abuse
- Chronic illness including chronic pain
- Exposure to suicidal behavior of others

A recent report by the Pan American Health Organization (2025), emphasizes the complexity of suicide and notes that while mental health conditions may be a contributing factor, nearly half of suicide cases did not involve a known mental health condition. The main factors contributing to suicide are relationship problems with a partner, a past or recent crisis within the past two weeks, and substance use.

In some cases, a recent stressor, sudden catastrophe or failure can make people feel hopeless, hopeless, and unable to see a way out. These circumstances become a tipping point toward suicide. Many people who decided to commit suicide were facing a mental health problem and did not receive appropriate diagnosis and treatment (Corrales et al., 2021).

As with mental health, one of the biggest obstacles to preventing suicide is stigma. This prejudice manifests itself in discriminatory attitudes and behaviors from family members, peers, the media, educators, and others, which may affect a person's ability to seek help and make a speedy recovery. Hispanic/Latino populations have protective factors that include close manifestations of family affection, ethnic bonding, religiosity, and support provided in schools by teachers and/or mentors (Corrales et al., 2021).

These feelings of commitment and loyalty to family, a healthy ethnic identity, participation in Hispanic culture, and moral objections to suicide (e.g., from a religious standpoint) may help protect this particularly vulnerable group (Corrales et al., 2021).

Suicidal behavior: any action by which the individual causes injury to himself or herself, regardless of the lethality of the method employed and actual knowledge of intent, whether or not it results in the death of the individual.

Suicide attempt: any action by which the individual causes injury to himself, regardless of the lethality of the method used and the actual knowledge of his intention.

From the perspective of Martínez Casasola (2020), suicidology is the science that studies all suicidal behaviors, but does not stop there, but tries to develop a series of guidelines to prevent them. These objectives are achieved by drinking from two major branches of science, which are psychology and sociology. Suicidology does not only focus on suicide, but also studies other self-injurious behaviors that do not necessarily lead to death, as well as suicidal ideation and parasuicides.

From the point of view of Martínez Casasola (2020), it is stated that the typology and underlying motivations that lead to it are very varied. We can find cases of people who provide the means for an impaired loved one to die, others who kill people in their immediate environment and even cases of suicide attacks, either by shooting, explosives, with vehicles, etc.

Self-destructive behavior:

These are all those behaviors that are aimed at deliberately harming oneself, but not necessarily leading to death, as most of them are usually much more subtle. These behaviors can be classified into two types:

Direct self-injurious behaviors:

They are aimed at producing immediate harm, and are carried out by means of all kinds of physical violence, trauma, incisions with sharp objects, burns. The most extreme expression of this behavior would be suicide.

Indirect self-injurious behaviors:

On the other hand, these types of actions consciously or unconsciously seek long-term harm. These include the abuse of substances such as alcohol, drugs, risky sexual practices without the use of adequate protection, engaging in dangerous sports, participating in uncontrolled gambling, or suffering from eating disorders.

In this same line of thought, certain authors (Martínez Casasola, 2020; Casas et al., 2024) state that the suicide note is a key element because, although it obviously does not serve to prevent the death of that particular individual, it does provide a lot of information about the causes that led him/her to make such a fatal decision. In this sense, Martínez Casasola (2020); Casas et al. (2024), analyze data that provide effective anti-suicide protocols to save people in similar situations. It is an element used by one out of every six people who decide to take their own lives, although according to studies it seems to be a strongly cultural factor, since in some societies the figure rises to one out of every two.

The objectives they seek in writing these pre-death lines are varied in nature. Some aim to alleviate the suffering of their loved ones, while others, on the contrary, seek to deepen it, making them feel responsible for this decision and even to indicate what they wish to be done with their body. Others use it more pragmatically to explain the reasons that led them to it and take the opportunity to express what they never dared to do and what tormented them.

In this same line of thought, it was known (Martínez Casasola, 2020; Casas et al., 2024) that there are reasons for those who do not write suicide notes. They are simply focused on the more practical preparations for the suicidal act and do not stop to think about writing. There are subjects who pretend death as accidental or even that

they have been murdered. In some cases, the decision is sudden even if it has been ruminated for some time and has not resulted in the note. In some cases, the person simply has nothing to say or, more dramatically, no one to say it to. Finally, there are those who do not know how to express their message, or simply do not want to.

Treatment for a case of possible suicide

In this sense, Guadalupe & Santos (2024), consider that in moments of suicidal ideation it is necessary to implement a rapid treatment that allows to act effectively on the core of the problem. It should be taken into account that in most cases the person who thinks about suicide and believes that there are possibilities of ending up opting for that option, warns or warns his friends or relatives. If suicide is imminent and the patient's safety may be seriously compromised, it is advisable to admit him/her to hospital immediately so that he/she can be monitored and appropriate treatment can be applied. For which it is necessary to resort to treatments related to: psychotropic drugs

Although the presence of suicidal thoughts does not necessarily imply the existence of a mental disorder, because they usually appear in contexts in which there are associated depressive symptoms, psychotropic drugs tend to be used as a general rule, in the form of different types of antidepressants. Specifically, one of the most common subtypes in these cases are tricyclic antidepressants, which have shown greater efficacy than other types of antidepressants in atypical depressions or with suicide attempts.

In relation to the previous idea, it is known, according to Villalobos et al. (2023), that these drugs generally take several weeks to take effect, the application of these anxiolytics reduces the anxiety and tension that usually induce the disorders associated with these ideas. That is why psychotropic drugs can be a useful patch, but not a definitive solution, it must be clear that the context in which the subject develops plays a very important role in suicidal ideation.

In cases where suicidal thoughts are linked to mental disorders, they often appear in patients with bipolar disorder, the thought usually appearing in the depressive phase, while the attempt at self-harm is usually more typical of manic phases. After this, which is the disorder with the highest number of suicide attempts, other disorders in which suicidal ideation appears with great frequency are substance addiction, especially alcohol addiction, major depression, schizophrenia and borderline personality disorder.

Another of the treatments that at a biological level has shown greater success in alleviating the depressive symptoms associated with suicidal thoughts is electroconvulsive therapy. Although it is not yet known why, it has

been shown to rapidly and effectively reduce depressive symptoms in atypical, psychotic and self-induced depression. That is why it is used in cases where immediate action is required.

Psychological therapy

As far as psychological treatment is concerned, taking into account the need for early and rapid intervention in severe cases, it is usually necessary first to focus on behavioral treatment and then to treat the cognitive aspects. It is essential to help set relevant and accessible goals for the patient, graduating a series of steps that may initially serve to reduce interest in suicidal thoughts and direct him/her to something he/she wants to achieve. The main objectives to be worked on will be the recognition and expression of suffering, acceptance of the patient's feelings and emotions, redirecting the attentional focus and the negative thought pattern towards other more effective alternatives (ANAR Foundation, 2022).

Through behavioral techniques, according to the ANAR Foundation (2022), such as the gradual assignment of tasks, the control of environmental stimuli and behavioral experiments, the individual will try to find a motivation to endure or decrease the state of internal stress. On a more cognitive level, de-catastrophizing carried out with caution can help to combat the motive that has led the subject to desire his or her own demise. Beck's cognitive therapy can also be used to combat automatic negative thoughts. Problem-solving therapy, Rehm's self-control therapy or social skills training can help to regain the subject's sense of control. The use of dramatizations can be useful in order for the patient to feel relief by exposing the reason for his or her pain and working on his or her feelings.

According to a study conducted by the ANAR Foundation (2022), another useful therapy is dialectical behavioral therapy, specialized in aggressive and self-injurious behaviors, which helps to improve the patient's ability to cope while at the same time demonstrating an acceptance of the patient's suffering. The use of psychoactive substances such as alcohol or drugs can produce an exacerbation of symptoms, so that the control of consumption is a fundamental element to take into account. Especially if there is previous abuse or addiction.

However, in case of dependence, sudden withdrawal can cause the presence of anxiety that can be dangerous, so that such withdrawal should be guided by a professional. It is also important to have social support and a network that allows the individual to change his or her perspective on events or to take on new challenges and roles. Likewise, monitoring the mental and physical state of the individual and the fact that he/she does not remain isolated are protective elements that hinder self-injury (Villalobos et al., 2023).

To prevent suicide, it is effective to address the causes and circumstances through psychotherapy. Some limiting measures in the immediate moment and prior to the suicidal act are to limit access to methods, such as firearms, drugs and poisons, or substance abuse. Appropriate media coverage is considered to limit attempts. An approach directed towards the roots and causes of suicide implies, among other ways, working to improve economic conditions (Villalobos et al., 2023).

In this order of ideas, the authors of this article believe that in addressing the complexity of suicidal behaviors, it is necessary to begin by identifying the risk and protective factors surrounding the adolescent, as these are starting points that provide valuable information for the correct treatment. At present, the key risk factors range from health systems and society to the community, relational and individual levels. These include barriers to access to health care, disasters, wars and conflicts, previous suicide attempts (Pan American Health Organization, 2025).

These factors often act cumulatively to increase vulnerability to suicidal behavior. While the relationship between suicide and mental disorders is well established, many suicides can also occur impulsively in times of crisis, such as economic loss. Some protective factors are strong personal relationships, religious or spiritual beliefs, and positive coping strategies and wellness practices (Pan American Health Organization, 2025).

In this order of ideas, Barriga & Villalta (2019), consider that suicide is a public health problem that occurs at increasingly younger ages, for this reason it is important to develop strategies and programs for promotion and prevention in different contexts. From this perspective, these researchers attach considerable importance to the implementation of suicide prevention strategies due to their proven effectiveness in different scenarios.

Suicide prevention strategies for adolescents

From this perspective, and since this is an extremely delicate issue, in which it is necessary to act with the greatest possible responsibility, professionalism and effectiveness, it is not only necessary to understand suicidal behavior in depth, but also to respond preventively to the situation (Casas et al., 2024). In this sense, there are Mental Health professionals capable of providing very effective treatments to attend patients and carry out consultations with tendencies towards Cognitive-Behavioral Therapy and Dialectical-Behavioral Therapy among others with great scientific endorsement. This does not imply that from the place of family or friend nothing can be done to help, quite the contrary.

The support network is of vital importance to reverse this situation. Therefore, the authors assume that in order to prevent suicide in adolescents, it is necessary to implement strategies aimed at providing timely help to the people close to them when faced with a risk situation, for which they proposed taking into account the following:

- 1. Validate the suffering of the adolescent:** This moment represents the starting point for the analysis of what is related to suicide, motivates teamwork and justifies breaking with schematism and routine practices of everyday life. This will make people close to adolescents at risk of suicide feel that their pain, whatever it is, is acceptable and has a sense of existence. Never use phrases such as: his problem is no big deal or he will get over it. Even if there are good intentions behind these phrases, they do not acknowledge or empathize with the adolescent's suffering, which could aggravate the problem. Instead, it is recommended to point out that the pain they are feeling is valid, that these are signs that they are going through a difficult time and that it is necessary to ask for professional help.
- 2. Encourage direct communication:** Ask the adolescent directly if he/she has ever considered or is considering suicide. Far from encouraging such behavior, allowing the adolescent to talk about his or her suffering may be the first step in prevention. In order to achieve effective and necessary communication with the at-risk adolescent, it is important to identify the needs of the different social actors in the construction of knowledge on the subject under analysis.
- 3. Emphasize the urgency of consultation with a psychotherapist and/or psychiatrist:** If it is detected that a young person is at risk of suicide, it is essential that he or she receive care from a therapist, in a doctor's office, health center or hospital as soon as possible.
- 4. Accompany in the process:** The goal of friends and family members is to get the adolescent into the hands of a professional. He or she may resist this, so the best way to help is to contain the boy or girl while facilitating access to the space where he or she will be treated in order to act as quickly as possible. This might include telephoning the professional, finding out the hours of operation, or being willing to accommodate family routines to ensure that the adolescent receives appropriate treatment. Alternatives are designed to provide treatment needs around basic knowledge related to suicide and its application, as well as its manifestation in action. Training is pursued on the basis of proposed alternatives that understand the need to help the family and affected adolescents.

In order to achieve the expected results when applying this strategy, it was proposed to implement actions (Table 1) such as:

Table 1. Psycho-social suggestions to prevent suicide through the implementation of actions aimed at adolescents prone to this mode of action.

Suggestions	What?	What for?
Promotion	<ul style="list-style-type: none"> -Orient the population on warning signs of suicidal feelings, thoughts or behaviors. -Orient the population on risk factors. -To train technical and professional staff responsible for mental health, as well as parents and teachers of at-risk adolescents. -To achieve interdisciplinary and multifactorial integration. - Schedule home visits to patients with previous suicide attempts. 	<ul style="list-style-type: none"> -To raise awareness of what suicide attempts are and what are their predisposing factors. -To provide direct care to adolescents at risk. -To improve emotional bonds, communication and interactions among all family members. -To teach problem-solving attitudes and promote healthy personality development in children and adolescents. -To reduce the incidence of suicide attempts.
Prevention	<ul style="list-style-type: none"> -To detect adolescents vulnerable to suicide attempts. -To detect risk factors. -To direct educational activities to family and community. 	<ul style="list-style-type: none"> -To reduce the incidence of suicide attempts and modify habits and lifestyles. -To raise patients' quality of life and self-esteem.
Care	<ul style="list-style-type: none"> - Psychoanalysis -Apply timely treatment. 	<ul style="list-style-type: none"> -To stabilize the patient and inserting him/her in supportive psychotherapy.
Rehabilitation	<ul style="list-style-type: none"> -To carry out activities aimed at rehabilitation. 	<ul style="list-style-type: none"> -To treat the patient and to reincorporate him/her socially.

Consequently, the strategy was evaluated using different methods such as participant observation, interviews and surveys, which provided results to assess the effectiveness and reconsider the development of new actions or transform those already carried out.

CONCLUSIONS

This study showed that suicide is one of the most common causes of death in the adolescent population worldwide due to different causes and factors. From the analysis and study of the triggering factors obtained, it was found that family and school situations in adolescents are some of the causes that motivate this age group to use suicide as a solution to their problems. It was also shown that the incidence of sociocultural elements is another reason they take into account to carry out this type of departure, so it is necessary to implement the strategy designed for the prevention of this phenomenon and avoid its repetition.

In the research carried out on the behavior of suicide attempts in adolescents, positive results were obtained which in their quantitative and qualitative analyses allowed the fulfillment of the designed objective and thus arrive at criteria related to the fact that suicide attempts have increased considerably, constituting a serious and difficult health problem in adolescents; in this sense, a group of psycho-social suggestions are provided to prevent suicide through the implementation of actions aimed at adolescents prone to this mode of action.

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