CHILDREN AND ADOLESCENTS SUICIDE: A SILENT REALITY

NATÁLIA ALVES **BORGES**[1*], NOELLY SILVA **BORBUREMA**[1], EVARISTO NUNES DE **MAGALHÃES**[2]

1. Undergraduate student of Medicina – Faculty of Minas – FAMINAS-BH; **2.** Psychologist by Federal University of Minas Gerais (UFMG), PhD in Health Science by UFMG, Professor of Medical Psychology – Faculty of Minas - FAMINAS-BH.

* Coração Eucarístico de Jesus Street, 287, Ap. 21, Coração Eucarístico, Belo Horizonte, Minas Gerais, Brazil. ZIP CODE: 30465-560. nataliaborges.to@gmail.com

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ABSTRACT

Suicide is by definition an intentional act of killing of yourself, which affects many people from childhood to adulthood and old age, being an outlet towards the solution of psychosocial problems involved. This research is a literature review, which was performed by searching national and international bibliographic data, aiming to portray the context and the factors involved in suicide of children and adolescents, and the reasons why the suicidal act occurs. Thus, it is valid to analyze the understanding of suicide and definition of death for this age group, for the purpose of identifying preventive measures to reduce the risk factors and increase protective factors. Suicide in children and adolescents although it is rarely discussed, it is very relevant because the presence of risk factors is constantly experienced by society.

KEYWORDS: Suicide, children and adolescents, psychosocial problems, risk factors, prevention.

1. INTRODUCTION

According to the World Health Organization (WHO)[1], suicide is a leading cause of death worldwide and results from an interaction of biological, social, cultural and environmental. In Brazil, according to the Ministry of Health (2011)[2], in 2009 presents suicide as the fourth leading cause of external death in adolescents 10-19 years and the sixth leading cause in children aged 5 to 9 years old.

Moreover, according to WHO data, from 2002 to 2012, the suicide of children and pre-teens aged 10 to 14 years in Brazil grew 40% and aged 15 to 19 years, the increase was 33 5%. These growth figures are worrying, since the suicide of children and adolescents is rarely discussed in the literature and are often seen as accidents or other causes and not always documented.

Suicidal behavior, according Werlang *et al.* (2005)[3], It is divided into three categories, which consist of suicidal ideation (composed of thoughts, ideas, plans and desire to kill), suicide and completed suicide attempt. Because of this, it is necessary to identify this behavior in the early stages to prevent the suicidal act.

It is estimated that for an adult suicide is consummated, there must be 10 to 20 attempts that did not result in death, on the other hand in the case of children, about 300 attempts are estimated for completed suicide, this is due to the use of little lethal methods or difficulty in getting instruments. Children, especially, have great vulnerability, which reflects the fact that many of them on the various risk factors and stress conditions, try to take their own lives without even knowing what it means.

According to WHO (2000)[1], Studies show that adolescent males commit suicide more compared to female adolescents. However, suicide attempts rates are two to three times higher among girls. This is due to the fact that they have higher frequency of depressive symptoms than boys, but they are more willing to talk about their problems and seek help, which can prevent the onset of suicidal act. Unlike the boys are more aggressive and impulsive, and seeking more violent strategies for the involvement of suicide.

Therefore, this article aims to present an overview of the different perceptions of how suicide is addressed, as well as understanding of suicidal behavior with focus on factors related to children and adolescents, its etiology and concept of death of concepts for this age group and also, emphasize preventive measures, since the suicide of children and adolescents is a public health problem and is often underreported.

2. MATERIAL AND METHODS

In this literature review article was performed by searching bibliographic databases such as Science Direct, Scielo, electronic journals in psychology without delimiting specific period in order to identify the main themes, it was used as keywords: "suicide", "suicide of children and adolescents", "juvenile suicide" and "suicide prevention". Was used as a criterion of choice papers until 2015, written and published in Portuguese and English, selecting those that emphasized the risk factors of child and adolescent suicide, preventive measures as well as the understanding of death for this age group.

3. LITERATURE REVIEW

Different views on suicide

Since the nineteenth century several theories have been published in the literature, in order to define the causes of suicide. First, the sociologist Émile Durkheim published the book "Suicide", which stated that it was strongly related to three main factors: hit individuals who were less integrated in their family group, religious or political; applied to companies in which an individual should sacrifice for the group; and due to the deregulation of social mechanisms. Shortly after this theory was complemented by Maurice Halbswachs, with the book "The causes of suicide" in which specified that the only cause of suicide was loneliness[4].

However, for psychoanalysis, the suicidal act is seen as the prevalence of the death drive on the life drive, which is associated with the individual desire and anguish. For Freud (1920, cited by Senna *et al.,* 2014)[5], there must be a balance between the two drives in which the death drive is linked to the service of life, and states that this can be expressed through aggression and, when focused on the individual, culminating in suicidal act.

Again according to Freud's view that exposes in his text "Mourning and Melancholia" cited by Marqui (2009)[6] the characteristics presented by a similar melancholic individual to suicide:

“Melancholy still shows something else that is absent in mourning - an extraordinary decrease in self-esteem, an impoverishment of his ego on a large scale. In mourning, it is the world becomes poor and empty; in melancholia it is the ego itself. The patient represents his ego to us as valueless, incapable of any achievement and morally despicable; he scolds and degrades, waiting to be expelled and punished”. Freud apud Marqui (2009)[6,7].

he Theory of Freud can be illustrated by a sentence described by the French novelist Gustave Flaubert, published in 1853: "You can die, since they cannot make others die, and every suicide is perhaps an embedded murder." In this context, it can be inferred that the suicide rate is higher in structured societies and where the outer violence is more orderly and regulated, as stated Souza (2015)[4].

It is observed, then the text of Freud (2012)[7] "The malaise in civilization", which supports the idea that society, when organized, generates a set of conflicting rules with individual desires. Thus society imposes restrictions against the welfare of its population, which can lead to psychic conflicts and lead to suicide. At the same time, children and adolescents may develop a behavior suicidal ideations by feel repressed by rules and afflictions judged unbearable that generate conflicts with themselves and find in death the only solution.

Suicide is complex and inherent to own reasons for each individual, from the Greco-Roman society to contemporary cases of suicides are recorded due to various causes and ideas. According to Souza (2014)[4], in the Greco-Roman society, was preferred death to dishonor, reasons had major suicide rates; in middle age, suicide was considered "devil's art" and was forbidden and punished; and in modern and contemporary society, suicide is related to many reasons one of which psychosocial problems that affect the entire world's population.

Understanding suicidal behavior in children and adolescents

Suicide in children and adolescents is very complex, and its main causes are due to biased factors the society of XXI century, since suicidal behavior is multifactorial, triggered by genetic and environmental factors that instigate children and adolescents end up with the very life.

First, it is valid to define how children and adolescents define the concept of death, in order to infer that suicide is for them. According to Nunes *et al.* (2015)[8] to understand the concept of death by children, should bear in mind the concept of reversibility, which is to mentally reverse a kind of reasoning. From this, they identified three basic components to characterize the concept of death, among them is the irreversibility in which it is inferred the understanding that a living individual when it dies, does not return to live; non-functionality in which cease all vital functions and universality which defines that everyone is affected by the death, including the children themselves.

Nagy (1959, cited by Torres, 1980)[9] also identifies the relationship of these components with the concept of death. However, notes the existence of three stages, the first of which comprises children up to 5 years, and determines that they do not have the concept of death defined, understanding it as a reversible and temporary event; the second step involves children 5 to 9 years and determines that the child can already understand death as avoidable, but irreversible and that affects everyone, including herself; and finally, the third and final stage comprises children aged 9 to 10 years and determined that only at this stage the child begins to understand death as inevitable and that through it ceases to all activities of the body.

Thus, according to the concept of death established by children and adolescents can understand what suicidal act is for these, in order to merge rational and irrational beliefs, sometimes articulate and logical, sometimes inconsistent and incomprehensible. According to Secj (2010, cited by Sebastian, 2012)[10], the cause of suicide should not have just a single factor, should be considered a history of the subject, their problems and past conflicts and can therefore, it is an accumulation of previous problems that hit the peak in adolescence.

As a result, there are several factors that can lead children and teenagers to a suicidal act, among the most relevant and to be emphasized here are the psychosocial and

neurobiological.

Psychosocial aspects

Many factors are essential for the psychological and social development of a child, the most important is the family environment you are in, as well as their emotional relationships. According to Steinberg (2000, cited by Hutz, 2002)[11], the family is responsible for the socialization process of children, through which they acquire appropriate behaviors and acceptable to the culture, provides a social performance and the acquisition of autonomy. It is in infancy and childhood, you understood from birth to six years of age, there is more interaction with his family and established patterns of attachment that are crucial to the development of a pattern of social behavior and personal.

Given this assumption, according Hutz (2002)[11], parents who show little interest in education and lack of emotional care of children are considered negligent. These are considered less able to control the behavior of children and do not show affection, so parents are little involved with the education of children, and do not show interest in their activities and feelings, what do they do not play the role of socializing. As a result, education with this reckless familiar pattern, affects the psychological development of children and adolescents, undermining their social competence, academic and personal, increasing the occurrence of mental disorders such as depression, anxiety and somatization and externalizing problems of their feelings are risk factors act or attempted suicide for this age group.

Children who carry out a suicide act have significant psychological characteristics, among them the most relevant are second Alencar (2012)[12], one of the impulse control disorder, low tolerance to frustration and a tendency to demand attention and affection, with previous suicide attempts and constant threats, manipulation in relation to colleagues, jealous brothers, present desire to die and low self-esteem.

In addition, WHO (2000)[1] emphasizes that suicidal behavior is more common (in children and adolescents) due to psychiatric disorders, among them the most important and relevant are: Depression - may have antisocial behavior and usually have somatic complaints such as headache, stomach pain, leg or chest.

Anxiety disorders: may have psychosomatic symptoms, and show a strong association between suicide attempt and anxiety especially in men.

Alcohol and drug abuse: history of alcohol abuse was found in one in four children and adolescents who committed suicide act.

Eating disorders: due to the idealization of the body. Especially the girls suffering from anorexia and bulimia, suicide risk is about 20 times that of young people.

Psychotic disorders: few children have a severe form of psychotic disorders such as schizophrenia or bipolar disorder. Also, several authors reveal the reasons why children and adolescents commit an act or try tive suicide. For Seminotti (2011, cited Cavalin, 2012)[13] this is due to the stressor in children, which is preceded by the abandonment or significant losses, accompanied by lack of support from other people or family members; Harold Jacobzine (1960)[14], notes that a high incidence in children was observed with suicidal behavior, which had disorganized homes and broken resulting from death, separation or divorce of parents; and yet for Fernandes de Abreu (2010)[15] adolescents and children who attempt suicide, almost always have a long history of progressive family instability and discord, reaching a point where they feel unable to communicate with parents or ask for support to them.

Moreover, according Cavalin (2012)[16], depressive symptoms in children who attempted suicide are evident after the attempt. Most of them lose their motivation to attend school, are isolated, have no desire to perform daily tasks, show irritability with family and close people. In this sense, depression in children and adolescents may manifest disinterest in activities before attractive, and the constant presence of moodiness games, games and sports.

According WHO (2000)[1], suicidal ideation and suicide attempts in children and adolescents often appear in victims of sexual abuse, which often occurs within the family and is omitted for fear or guilt. Maltreatment in children can also cause acts of rebellion that lead to suicidal behavior, according Bakwin (1957)[17], they believe that if they commit suicide, provoke guilt in their parents. Also reveals that maltreated children at home, can react with a rebellious behavior and suicide act precipitates the fear of punishment.

Therefore, according to the WHO (2000)[1], failure or low power to deal with problems, low self-esteem, as well as conflicts on its sexuality, can lead to suicide teenagers, as a family history of psychiatric illness intrigues, family rejection, substance abuse and other stressful life situations that increase this suicidality. Also, it states that specifically in the case of child suicide is often found experiences of a dysfunctional family life and conflict, in which changes can cause feelings of helplessness, loneliness and loss of control. Yet, there is a strong relationship between the abuse of children and adolescents by peers or adults and greater suicidal ideation and suicide attempt by them.

Many cases of attempt or act of suicide in children and adolescents are omitted, the family denies and masks the event, either for lack of knowledge, because sometimes these acts are considered as accidents or carelessness by denial or fear of the consequences of their statement as to the cause of death[13].

Neurobiological aspects

The etiology of suicide may be caused by a genetic

component, as shown have different genetic and epidemiological studies affirmed by Turecki (1999)[18]. However, according to this, not yet know the exact way in which genes increase the predisposition of certain individuals commit suicide, although there is evidence that genetic factors have a great influence on this pre-disposition due to the modulation of impulsive behaviors and aggressive impulsive. Thus, according Calderaro and Carvalho (2005)[19] not only heredity will cause suicidal behavior, but the fact of genetic predisposition to be associated with the adverse conditions of external reality.

Based on studies that have focused on the tryptophan hydroxylase gene encoding (TPH), whose activity controls the rate of serotonin synthesis, could identify a significant association between a polymorphism of this gene and the presence of suicidal behavior among alcoholics with criminal problems as Nielsen report *et al.* (1994)[20].

Several neurobiological studies have shown a reduction in the related serotonergic activity with high levels of impulsive traits and impulsive-aggressive derivatives of suicidal behavior, as stated by Mann (1998, apud Turecki, 1999)[21]. Through trials, it was possible to identify a greater number of 2A serotonin receptor (5HT-2A) of this link in the prefrontal cortex of suicide and the information obtained regarding the 5HT-2A receptor, suggest that the variation of genetic factors, especially the HTR-A2 gene, modulate significantly the number of 5HT-2A receptors. It is believed that the changes can be justified through adaptive and compensatory mechanisms or secondary regulation to decreased serotonergic neurotransmission or genetic mediation. Therefore, individuals who have a serotonergic reduction in the prefrontal cortex may have more 5HT-2A receptors along with impulsive, aggressive behavior. What about the HTR-A2 gene, does not confirm the genetic predisposition for the results obtained[22].

However, the contributory role exerted by the HTR-A2 gene has the potential susceptibility of suicide, even without demonstrated in the study records for resources failures. Already in separate study, Turecki (1999)[18] mentions the hypothesis that it is possible that genetic factors act by modulating the variability of the serotonergic system level and manifestations of impulsive and impulsive-aggressive traits, which could lead to the intensification of predisposition to suicide and other suicidal behaviors.

Intervention measures to combat suicide in children and adolescents

Suicide prevention should be prioritized in public policy and regarded as a public health issue. In general, according to the WHO (2014) [24] records that a person, it being of any age, commits suicide every 40 seconds in the world. And in absolute numbers, Brazil ranks as the 8th country in cases of suicide. But should not be discarded to prevent child suicide, which has a tendency to growth according to data from the violence map, the Ministry of Health.

The main challenges for the prevention of suicide, according to the World Health Organization (2006)[23] is the identification of people at risk and that it's vulnerable, to understand what factors influence the self-destructive behavior, and structure effective interventions.

Among several factors, according to World Health Organization (2000)[1], suicidal behavior can be prevented in children and adolescents by installing protective factors, removal of risk factors and avoid stressors those with greater predisposition and living in conflict and risk situations. Protective factors are needed as a good family standard, in order to have the support and greater relationship, community involvement, social integration, and access to mental health care, cultural factors and sociodemographic, comprising social integration through participation in sports clubs and activities as well as good relationships with schoolmates and teachers, and accept help from relevant people. Still, the risk factors and situations, such as personal loss, abuse, social stress, idiosyncratic behaviors, lack of impulse control, among others, should be identified so that there is an intervention. In addition, the identification school students in conflict and possible suicide risk is essential, by identifying suffering, which appears due to the lack of interest in usual activities, general decline in the notes, decreased effort, misconduct in classroom and unexplained absences and / or repeated. Must be evaluated, so the risk of suicide by the finding of previous attempts, depression and risk situations. Thus, after identifying child or adolescent risk behavior for a suicidal act it is necessary to provide psychological help and refer to treatment those who have psychiatric disorders.

According to the Ministry of Health of Brazil (2011)[2], some actions cannot be made before a suicidal behavior, among them, one should not ignore the situation, trying to get rid of the problem, leave the person alone, give false assurances and sworn to secrecy. Counseling is also an appropriate intervention for children and adolescents who have suicidal behavior which also involves the family context, as well, according to WHO (2006) [23] should be prioritized in the cognitive treatment behaves and mental capacity to face problems. Thus, we seek an improvement in self-esteem through the identification of involved emotional problems, self-understanding, behavior change and still prioritize better social interaction.

Therefore, for the prevention of suicide it is necessary to involve a variety of activities, including a structured family that allows the child a good education, family counseling, treatment of mental disorders, environmental control of risk factors and community education. The community of effective education allows access to knowledge to understand the causes of suicide and prevention measures and treatment of trigger mental disorders.

4. CONCLUSION

The attempted suicide in children and adolescents is not always taken seriously, it is interpreted as a way to draw attention and unimportant for family members who do not provide necessary psychological care. Although child suicide is rarely discussed in the literature, it is extremely important for both the family and for public health, because this is an increasingly important issue. This is due to the fact that the concept of death for children's thinking in some cases is seen as reversible or a kind of sleep. The act of killing is gradually understood realistically, as the child becomes a teenager, in which there is a cognitive maturation. Thus, the purpose of causing his own death is understood as a resolute alternative to escape the anguish, dissatisfaction and conflict situations that feel unable to cope and this act can be understood according to their conception of death.

Thus, some individuals with genetic aspects or depressive symptoms are more likely to cause death. Furthermore, the emergence of a family or psychosocial conflict lifelong triggering may be a risk factor. Thus, there must be intervention by health professionals so you can reduce risk factors and increase children and adolescents' protective factors from the moment there is suspicion and identification of suicidal ideation or impulsive and aggressive behavior. Yet, the construction and maintenance of a well-structured family and the relationship with parents and children confident are essential for good personal and interpersonal development of an individual, making its safe and with good capacity for emotional regulation basis.

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