

PREVENTING SUICIDAL BEHAVIOR IN ADOLESCENTS

Mahammad Mammadzada¹

Abstract: The factors related to social, psychological, environment that lead to suicidal behaviors are discussed in this article. This work illustrates how the risk factors such as depression, social isolation, family conflicts, and lack of public support result in suicide. This article also highlights how school-based psychological programs, societal support, and strong family relationships play a key role in preventing suicidal behavior. The article especially emphasizes that high-risk groups—such as LGBTQ youth, adolescents from low-income families, and those exposed to violence require more targeted intervention. Additionally, using three standardized tests, adolescents' levels of depression and hope for the future were measured through the administration of the DASS and CHS. Furthermore, the Reasons for Living (RFL) scale was used to identify the underlying motivations that prevent suicidal behavior.

Keywords: Suicidal, Adolescent, Suicide, Depression, Risk

Introduction

In recent years, suicidal behavior among adolescents has been steadily increasing, emerging as a serious public health issue. Studies have shown that adverse family relationships and a toxic social environment are significant contributors to suicidal behavior. If there is no sincerity or kindness within the family, the adolescent may feel lonely and isolated. In some cases, families may project their own problems and expectations onto the adolescent, which can negatively impact their mental well-being and increase the risk of suicidal behavior [Izydorczyk, Bernadetta, Sitnik-Warchulska,

¹ Master's Student in Clinical Psychology, Odlar Yurdu University Baku Azerbaijan



Katarzyna 2018]. If adolescents feel valuable in society and family and receive support from the environment, the probability of the likelihood of psychological problems reduces and the adolescent doesn't think about suicide. [Drew-Branch, Vanessa, Ingram, LaDrea 2017]. If adolescents are surrounded by strong family dynamics and a positive environment, they can overcome their issues such as propensity to suicide.

Risk factors

Different factors such as depression, a problematic family, violence, and social isolation increase the risk of suicide by reinforcing one another. If an adolescent is constantly in a tense situation and steadily exposed to violence at school, and has a history of self-harm, these factors significantly increase the adolescent's propensity for suicide. [Fauzi Tsanifiandi, Nurul Hidayati, Rr Dian Tristiana, Trihaningsih Puji Astuti 2024]. In such cases, psychological disorders such as anxiety and depression strengthen more, and the adolescent despairs far more, and this situation becomes so intolerable that suicide can be seen as "the only solution." [Hays, Mallory 2024]. The youth from some groups, such as sexual minorities, are usually in a more sensitive state. Studies show that suicidal behavior has spread more among these groups, and the factors that lead to it are hopelessness and exposure to violence at school or in the family. Family members constantly pressure such an adolescent, and when they cannot get support, this leads them to loneliness (Jabbarov, 2020,; Jabbarov,2021; Jabbarov et.al,2022).. While families impact adolescents, they don't consider the risks that can lead to suicide [Hope Wisneski, N. Eugene Walls, Stacey Freedenthal 2008]. Especially in marginal groups — for example, LGBTQ+ youth, ethnic minorities, and homeless adolescents — suicidal behavior is noticeably common. Considering all the reasons, it cannot be overcome by just one approach, so different approaches must be taken for each group [Wilson, 1999].



Effective ways to prevent suicidal behavior

If there is a risk related to suicide, one of the best ways to prevent it is by reducing the availability of tools such as weapons, drugs, and belts. Another way is the necessity of a sensitive approach by the media, by which I mean the publishing of news related to suicide must be limited, because such news can encourage adolescents at risk, resulting in them trying it. Furthermore, creating some awareness programs in each country, such as Gatekeeper — QPR (Question, Persuade, Refer) and ASIST (Applied Suicide Intervention Skills Training), may contribute to preventing suicidal behavior. According to studies, only taking psychotherapy and medication isn't enough to successfully prevent suicide. Studies show that some adolescents purposely harm themselves. Here, the main purpose isn't suicide, but rather reducing stress through pain — and such adolescents do think about suicide. In addition, I conducted a study consisting of 3 tests to clarify the reasons. I stated and to clarify the main reason for adolescents' general depression, future hopes and suicide avoidance. Based on the results of the study, I can say that the family factor plays a major role because I found that a adolescents who are depressed is also responsible for they family. (Jabbarov,2012;Jabbarov anda İbrahimova,2013).

Methodology

A study was conducted using 3 tests to measure the risk factors that may arise in adolescents. The study was conducted between grades 9, 10, and 11, and 113 students participated.

Test 1: RFL(Reasons for living)

This is a psychological assessment designed to determine reasons that can protect people from suicide. These reasons can be related to family, the will to live, and fear of suicide.

Test 2: DASS (Depression, Anxiety and Stress Scale)



This test helps to determine the levels of depression, anxiety, and stress. It isn't related to emergency situations; rather, it is designed to measure general psychological health.

Test 3: Children's Hope Scale (CHS)

This is a designed survey to measure children's hopes and their ability to overcome troubles and reach goals. Adolescents answer questions related to their own experiences and beliefs.

Results

RFL SPSS analysis: Table 1

Subscale	Mean	Standart Deviation	Minimum	Maximum	Variance
SCB	110.57	16.69	74	138	278.71
RF	53.43	7.34	42	76	53.89
FS	28.30	5.58	16	42	31.13
FSD	13.13	4.13	3	18	17.03
MO	18.57	2.84	14	24	8.08

Note: number of boy= 56, number of girl=57, total=113

Survival and Coping Beliefs: mean 110.57, standard deviation 16.69 explanation: The mean is high on scale, it means that participants have strong beliefs to overcome troubles and live. standart deviation is at the avarage level, it means, there is no serious gap

Responsibility to Family: mean 53.43, standart deviation 7.4 explanation: The mean is also high on the scale. It shows that participants feel a strong sense of responsibility toward their family. The low level of variance indicates that there aren't big differences among participants.

Fear of Suicide: mean 28.30, standart deviation 5.58 explanation: This determines the participants' fear of suicide and shows that this factor can play a significant role in preventing it.

Fear of Social Disapproval: mean 13.13, standart deviation 2.84 explanation: There is fear of disapproval or rejection among participants, but this fear is somewhat low compared to other scales.



Although this can act as a protective factor, it can also be a risk factor for suicidal thoughts.

Moral Objections: mean 18.57, standart deviation 2.84 explanation: If this scale is high, it means that participants think suicide is not acceptable, and this serves as a psychological barrier to prevent it.

The difference between the mean scores of women (M = 110.4, SD = 15.6) and men (M = 105.2, SD = 14.8) is not statistically significant, $t(86) \approx 1.69$, $p \approx 0.094$.

DASS SPSS analysis: Table 2

Test	Women mean	Women SD	Women variance	Men mean	Men SD	Men variance	t%	p-value	Sig
Depression	7.41	4.17	17.38	6.17	4.31	18.57	0.61	0.555	No
Anxiety	8.71	4.92	24.22	5.17	3.43	11.77	1.92	0.077	Yes
Stress	7.53	4.27	18.26	4.67	3.78	14.27	1.54	0.155	No

Note: number of boy= 56, number of girl=57, total=113

Depression: The mean depression score for women was 7.41, while it was 6.17 for men. Standard deviations and variances were similar. The p-value was 0.555, which shows that there are no significant differences between the sexes.

Anxiety: The mean anxiety score for women was 8.71 while it was 5.17 for men. This difference is relatively high, and the p-value was 0.077. Although the p-value is larger than 0.05, it is considered close to significant because it is less than 0.1. It means women may have higher anxiety levels than men.

Stress: The mean stress score for women was 7.53 while it was 4.67 for men. The p-value was 0.155, indicating that there was no statistical difference between the sexes in stress levels.

Conclusion: There was no significant difference in depression and stress levels between women and men. However, it was observed that women may have higher anxiety levels than men.



CHS SPSS analysis: Table 3

Group	Mean	Standart Deviation	Variance
General	24.08	5.80	33.59
Women	22.88	5.01	25.11
Men	26.33	6.78	46.00

Note: number of boy= 56, number of girl=57, total=113

Comparison between women and men: T-test result: t-statistic: -1.34 p-value: 0.202

Since the p-value is greater than 0.05, there is no statistically significant difference in the level of hope between women and men. Although women had a lower score compared to men, this difference was not significant. However, people who got 13, 15, or 16 could be more at risk.

Discussion

According to the results of the DASS test, we see that the levels of depression, anxiety, and stress vary among adolescents. Some subjects show high scores in depression and anxiety, which indicates that they experience psychological tension. There are participants with both high and low levels of hope. Analyses show that there is a negative correlation between overall hope level and high levels of depression, anxiety, and stress. In other words, as psychological distress increases in adolescents, their hope and belief in the future decrease. Adolescents with high scores on the RFL test likely have lower levels of depression, anxiety, and stress, and higher hope. In contrast, those with low RFL scores show higher psychological distress on the DASS test and lower hope, which increases their suicidal risk. Adolescents with high depression and anxiety scores are more likely to have a higher risk of suicide, because in such cases, hope decreases and the impact of stress becomes stronger. Those with low levels of hope generally show more risky behaviors and negative psychological outcomes.



References

- Izydorczyk, B., & Sitnik-Warchulska, K. (2018). Family patterns and suicidal and violent behavior among adolescent girls: Genogram analysis. MDPI. <https://core.ac.uk/download/161627931.pdf>
- Drew-Branch, V., & Ingram, L. (2017). Taking what we have and making what we need: Utilizing natural helping support networks to decrease self-directed violence among adolescents of color [Conference paper or report]. DigitalCommons@TMC. <https://core.ac.uk/download/85230321.pdf>
- Hays, M. (2024). A replication study — Suicidal thoughts and behaviors among high school students — Youth Risk Behavior Survey, United States, 2021 [Master's thesis or report]. DigitalCommons@UNMC.
- Jabbarov, R. (2021). Psychological issues of formation of socio-cultural values in students. *Apuntes Universitarios*, 11(3), 2304-0335.
- Jabbarov, R., Valiyeva, Y., Nasirova, N., Kazimova, K. (2020). The creation of feedback in training as a mobilizing factor for the cognitive activity of students. *Apuntes Univ.* 10(3), 207–22. <https://doi.org/10.17162/au.v10i3.481>
- Jabbarov, R., Valiyeva, Y., Valiyeva V., Aliyeva S. (2022). La función de los efectos emocionales en la retroalimentación del aprendizaje. *Apuntes Universitarios*, 2022: 12 (3), julio-setiembre ISSN: 2304-0338<https://doi.org/10.17162/au.v12i3.1107>
- Tsanifiandi, F., Hidayati, N., Tristiana, R. D., & Astuti, T. P. (2024). Risk and protective factors of self-harm and suicide in adolescents in the era of Society 5.0: A systematic review [Research report or thesis]. Universitas Airlangga, Faculty of Nursing, Department of Fundamental, Critical and Medical Surgery. <https://core.ac.uk/download/631380203.pdf>
- Wilson, C. (1999). Ethnicity and deliberate self-injury: A review of the literature [Research report]. Māori and Psychology Research Unit, University of Waikato. <https://core.ac.uk/download/29194934.pdf>
- Wisneski, H., Walls, N. E., & Freedenthal, S. (2008). Suicidal ideation and attempts among sexual



minority youth receiving social services [Research report]. Gay, Lesbian, Bisexual and Transgender Community Center of Colorado. <https://core.ac.uk/download/71340210.pdf>

Condray, R., & Devine, K. (2017). Behavioral and mental health in Nevada [Research report]. Digital Scholarship@UNLV.

LGBTQ youth harmed by homelessness. (2008). National Alliance to End Homelessness. <https://core.ac.uk/download/71340215.pdf>

O’Gorman, S., & Wiseman, M. (2019). School-based responses to non-suicidal self-injury and suicide: Literature considerations when framing a policy response [Research report]. ResearchOnline@ND.

Hari, G. (2017). Depression in low-income adolescents: Guidelines for school-based depression intervention programs [Honors thesis, Virginia Commonwealth University]. VCU Scholars Compass.

Fagiolini, A., Roy, A., Leon, A. C., Lopez, A. D., Jorm, A. F., Beautrais, A. L., et al. (2012). Can we really prevent suicide? Springer Healthcare. <https://core.ac.uk/download/188008284.pdf>

Batchelor, S. (2025). Preventing suicide by young people [Report]. yourtown. <https://core.ac.uk/download/pdf/30670894.pdf>

Джаббаров, Р. В. О., & Ибрагимова, Х. Н. К. (2013). О воздействии процесса самореализации подростков на их профессиональную ориентацию. Вектор науки Тольяттинского государственного университета. Серия: Педагогика, психология, (2 (13).

Джаббаров, Р. В. О. (2012). О принципах формирования мотивов самореализации в процессе обучения. Вектор науки Тольяттинского государственного университета. Серия: Педагогика, психология, (3).

