

Psycho-social adversity, mental health, and suicide in adolescents: are we doing enough to treat this population?

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Editorial

"The world is a fine place and worth fighting for..."
Ernest Hemingway, 1899-1961

Every September 10 since 2003, the International Association for Suicide Prevention (<https://www.iasp.info/es/index.php>) and the World Health Organization (WHO) have promoted World Suicide Prevention Day, with the aim of raising awareness in the general population whose suicide can occur from an early age, a condition which can be prevented.¹ Suicide is one of the leading causes of death worldwide, although its etiology is still not well understood.

This issue of SALUD MENTAL features interesting works ranging from themes such as assessing the effectiveness of psycho-social interventions in areas as stress or schizophrenia, aspects of assessing the perception and memory of music, the determination of variables related to accessing mental health services, and neuropsychological or mental health assessment in high-risk groups. However, one subject that particularly attracted my attention has to do with the study of suicidal behavior in children and adolescents and ultimately, its relation to mental health in that population.

Suicidal behavior, including self-harm without a clear suicidal aim, is a public health problem, and as such in most parts of the world, the suicide rate is considered an indicator of mental health among the population.² There has been an apparent increase in suicide in Mexico since 1970, at least according to one report, with an increase of 275% through 2007. According to Borges et al., in a previously published study, suicide in Mexico primarily increased between 1970 and 2007, among the 15 to 29 year age group.³ The authors of the present review, which spans 1998 through 2011, analyzed the data on deaths from the National Health Information System, as well as projections of the population from the National Population Council. In the population of 5 to 19 years, suicide represented some 7% of deaths due to external injuries with the male/female ratio being 2.2:1; however, women had the highest rate of change, at 6%.

Scientific evidence has consistently demonstrated that 1) environmental or experiential factors also contribute to the onset and persistence of suicidal behaviors, 2) environmental factors such as psycho-social adversity have a stronger association than the genetic factors already studied with negative mental health outcomes, 3) the presence of adversity in childhood is related to suicidal behavior in adulthood. One recent study overseen by the WHO based on surveys on the general population showed that the risk of suicidal intent or ideation increased by up to 6 times in accordance with the number of psycho-social adversities, especially those considered as intrusive and aggressive.⁴

The authors of the review presented in this article highlights two important aspects: a) the increase of cases of suicide in adolescents, as well as the methods used being more violent, and b) the persistent under-recording of this in Mexico. They highlight the importance of incorporating an assessment of mental health into the overall healthcare of every individual from an early age. This monitoring of children and adolescents would by necessity have to be included in primary level healthcare, particularly assessing those individuals who make up groups at high risk of mental health problems, as may be the case with children of parents with psychopathology. Scientific literature shows that suicidal behavior tends to occur in families; in other words, it seems that there exists an intergenerational transfer of suicide risk. It has also been demonstrated in both national and international studies that parental psychopathology is a risk factor for developing suicidal behavior in descendants of patients with mental disorders.^{5,6} This is primarily the case with mental disorders in parents, which are characterized by impulsive aggression and anxiety/agitation; these are the factors which show greatest consistency in being related to predicting suicidal behavior in the lifetime of their children.⁷ Research in this area has gone further still, even in-

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dicating that maternal suicidal behavior is a more powerful risk factor than that of the father in terms of finding such behavior in children. It is also indicated that children are even more vulnerable than adolescents.⁸

The study of suicidal behavior in recent years has included the assessment of non-suicidal self-injury (NSSI): injuries which fulfill the purpose of intentionally inflicting pain and damage on an individual's body without the presence of suicidal ideation. It has gained interest due to its frequent presence in adolescents, and it is associated with greater severity of psychopathology.⁹ Scientific evidence has shown that among adolescents who present some kind of NSSI, there is a greater risk of both attempting and completing suicide.¹⁰ In this respect, a study published in 2006 showed that 70% of adolescents with NSSI had at least one previous incident of suicidal intent; some 55% of the same sample had a history of multiple suicide attempts.¹¹ It has also recently been shown that suicide attempts within the group of children of parents with psychopathology are more strongly predicted when the adolescents present NSSI in comparison with a previous suicide attempt.⁹ Adolescents with NSSI frequently present affective, anxiety, eating, and externalized disorders, and even substance abuse.¹⁰

The identification and development of clinical instruments for the adolescent population which might be found to have a particularly high risk of suicidal behavior is a subject that must be approached in future investigations. Some efforts have been made in other countries (primarily developed countries) to try to identify these at-risk adolescents in the emergency rooms of general hospitals. It has been found that particularly young people who have a history of suicidal intent or ideation, as well as depression and alcohol abuse disorders, have a greater probability of being involved in a new episode of suicidal behavior.¹²

Finally, the findings shown in this issue of SALUD MENTAL reinforce the importance of considering the care and monitoring of child and adolescent mental health, in light of the increasing levels of violence and psycho-social

adversity in Mexico, and especially the study of the phenomenon of suicidal behavior from such early ages of childhood.

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