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Editorial

Protective factors against suicidality in childhood and adolescence

Naresh Nebhinani, Kartik Singhai

Address for correspondence: Dr. Naresh Nebhinani, Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur, Rajasthan. Email: drnaresh_pgi@yahoo.com

Adolescence phase is characterized by a multitude of challenges which enhance the vulnerability of an individual to various mental health outcomes. Half of the lifetime cases of psychiatric disorders present by the age of 14 years and three-fourth of the all lifetime cases of psychiatric disorders evolve by age of 24 years [1].

India is accounting high number of suicides in the world, despite having significant growth in economic power, literacy rates and health indices. Children and adolescents constitute about two-fifth of Indian population. Evidence of suicidal ideation in preadolescent children is substantial. Adolescents who have suicidal ideation have a 12 times greater risk of suicide at the age of 30 [2]. Suicide is the second common cause of death in the age group of 15-29 years [3].

During the growing phase of childhood and adolescence, we need to work for building their psychological immunity as it protects from unforeseen adversities, and day to day stressors. It boosts their adaptive resources through goal orientation, emotional regulation, problem solving skills, positive thinking, and self-efficacy [4,5]. Preventive mental health strategies are extremely important to improve outcomes of mental illness as in life course multiple risk factors cumulatively increase the vulnerability to mental illness [6].

Research on the determinants to suicide is abundant with risk factors, while protective factors remain less well studied. For effective suicide prevention we need to focus on protective factors

beyond the mental disorder paradigm and design multipronged holistic approach [7]. This is an overview to discuss about protective factors that play an instrumental role in tackling the very disturbing problem of childhood and adolescence suicide.

The recent Adolescent Brain and Cognitive Development (ABCD) study conducted on a US-based population of children reported child psychopathology and family conflict as the most wholesome risk factors for suicide [8]. Another study on 390 adolescents in Taiwan found association of depressive symptoms and emotion-focused coping with suicidal ideations [9]. Emotional regulation deficits significantly predicted severity of suicidal ideation in follow up study amongst 387 adolescents [10]. Academic issues and behavioral problems in school years have shown to increase suicidal risk in later years. Therefore, it is highly important to timely identify and address the school difficulties to obviate adverse outcomes in different spheres of life [11].

Protective factors against suicidality in children and adolescents

Overall, though suicide remains a widely researched area, but protective factors remain comparatively lesser studied. Data is further needed in this area, especially from lower-middle income countries (LMIC). More than just individual factors, it is the relationship between suicidality, risk and protective factors and the ensuing trajectory that forms the underpinning of the eventual outcomes.

Parent-family connectedness has been studied as an important protective factor among youth in LMICs [12]. We should also nurture connectedness of children and adolescents with their family, peers, school and social groups, as it has shown to improve their psychological well-being, adaptive coping, resilience and prosocial behavior [13,14]. Additionally, a recent systemic review identified several family related variables like family functioning and parental

understanding, peer and school-related variables like close friends and school competence as protective factors against suicidality among youth in LMICs [15]. School connectedness and academic functioning are also reported as protective factors [16]. In a recent study on 1386 Spanish high-school adolescents, positive school climate has shown to protect against suicidal behavior through improving the quality interaction between students, parents, peers, teachers and school staff [17].

In a recent study on 10,291 U.S. school students, school-wide peer and youth–adult relationship networks with greater peer social integration were found to be protective against suicidal behavior through improving healthy coping, cohesion and protective bonds across school populations [18]. A qualitative study among Guyanese youth revealed themes of positive social support and involvement in community activities as bearing a protective role against suicidality [19]. Therefore, public health initiatives are necessary to promote positive school climate, adaptive family functions, community activities and social support.

Psychological resilience is individual's ability to adapt in stressful situations or adversity [20]. Studies conducted over the past two decades strongly support the resilience as a protective factor against suicide. Resilience promoting measures reduce the risk of suicide in the general population as well as those at an elevated risk. Psychosocial factors strongly associated with resilience are positive emotions, emotional regulation, cognitive flexibility, altruism and high coping efficacy to name a few. The Bhagavad Gita emphasize to practice three tenets of yoga i.e. path of knowledge, path of action and path of meditation, which can help in developing resilience at individual, group, and societal levels [21].

'Self-esteem' is individual's appraisal of self-worth [22] and it has protective role on their mental health [23]. Self-esteem is the affective component of self-concept and addressing the same in

prevention strategies may considerably reduce the risks of suicide. A recent retrospective study conducted in Paris reported significant effect of self-esteem (with social and familial dimensions) on suicide intent [24].

'Problem-focused coping' refers to individuals actively taking efforts to resolve their problems and facing them head on. Individuals' with problem-focused coping have better resilience, therefore have lesser risk for self-harm.

'Psychological flexibility' (PF) is individual's ability to adapt situational demands for living meaningful life [25]. Substantial evidence supports the putative role of PF in psychological well-being and symptomatic relief from depressive symptoms [25-27]. PF forms one of the most fundamental underlying processes responsible for change during Acceptance and Commitment therapy (ACT) [26]. Another set of evidence supports the role of PF in reducing stress [25,28]. As a construct PF promotes psychological well-being and plays a protective role against suicide.

Viktor E. Frankl studied how some survivors of the Nazi concentration camp were able to do so by maintaining a "will to live" during the toughest of times [29]. Since his observations, the will to live has been renamed to "Meaning in Life" (MiL) with following constructs: "coherence" (cognitive component) and "purpose" (motivational component), with some adding another dimension called "significance" [30]. A recent systematic review found protective role of MiL against suicidal ideation, suicide attempt and completed suicide [31]. Psychotherapeutic interventions should identify MiL as a potential target to build upon where protection against suicidal behavior is warranted.

Enkvist et al. defined life satisfaction as a person's cognitive judgement of his own life [32]. Life satisfaction as a construct generally tries to capture the extent to which a person's life matches his or her expectations. Schapir et al. found the satisfaction with life as a protective factor against

suicide in adolescents [33]. Similar findings were suggested in a 20-year longitudinal study among 29,173 adults from a Finnish Twin cohort [34]. Extant literature forwards the influence of life satisfaction on general well-being, depressive symptoms and suicidality. Working on life satisfaction on an individual level and promoting it as a general measure of well-being provides an important tool for suicide prevention.

Emotional regulation (ER) refers to the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions [35]. Deficits in ER such as experiential avoidance serve as mediator to non-suicidal self-harm and suicidal behaviour. In experiential avoidance, a person tends to avoid strong, negative emotions by indulging in self-harm behaviour. Broadening the range of emotional regulatory competencies amongst children and adolescents thus serves as fruitful area to work upon which shall assist their own behavioral self-regulation and serve the purpose to protect against suicidal behaviour.

Religiosity is expression of individual's beliefs, relationship with the sacred, and associated practices [36-38]. Spirituality is conceptualized as the search for meaning in life, for a personal connection with transcendental realities, and for interconnectedness with humanity [38,39]. Scientific evidence reflects abundant material to prove the protective role against suicidal and non-suicidal self-injurious behaviour of religion and spirituality [40,41]. Strategies to promote the same at the individual and population level from the early reins of childhood and adolescence could provide a sound platform for psychological well-being, thus also protecting against suicidality.

Positive traits like virtues and character strengths have key role in promoting positive emotions in individuals. Several character strengths like kindness, teamwork, creativity, and judgement have shown to be protective against suicidal risk [42]. Other societal and individual protective

factors which deserve mention are good interpersonal relationships, support from significant others, help-seeking behavior, mental health literacy, assertiveness, emotional regulation, problem-solving skills, and healthy lifestyle with nutritional diet, physical activity, relaxation practice, and abstinence from drug use [14,43].

To conclude, editorial elaborates on the protective factors of high prudence with respect to childhood and adolescence and the risk for suicide. Rather than the individual factors related to suicide in childhood and adolescence, it is their interaction and the trajectory they follow that form the larger core. While evidence is more focused on the adolescent age group, it is beyond reasonable doubt that often the origins of suicidal ideation lie in the pre-adolescent age group. It is thus imperative that when preventive measures are designed, the target age group include the childhood population. While it is gloomy to read the suicide figures and the higher rates in the younger age group, what brings promise is that most protective factors such as resilience, coping or self-esteem are amenable to nurturing right from the early childhood. These in conjunction with other variables such as parent-family connectedness, positive school involvement and community activities should essentially form the core of well-being promoting strategies in childhood and adolescence. While suicide prevention as a target area deserves proper attention, specific focus on the well-being of individual and family, to sub serve the goal of reducing suicide rates in the childhood and adolescent promotion. What reads out as a disappointing figure is that only 28 nations worldwide hold a suicide prevention strategy at the national level. Countries like India which form a major chunk of worldwide suicide rates still lag behind in this area.

Further research is also warranted in this area such as factors mediating the pathway from suicidal ideation to attempt, qualitative studies to understand the perspectives of suicide attempt

survivors, cultural factors related to suicide are among the few where further research may help devise upstream suicide prevention strategies with specific focus on building protective factors during growing phase of childhood and adolescence.

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Dr Naresh Nebhinani, Additional Professor, Dr Kartik Singhai, Former Senior Resident, Department of Psychiatry, All India Institute of Medical Sciences, Jodhpur, Rajasthan.