



Reducing Suicidal Behaviour in Adolescence and Child Health in India

Carli. A*

Department of Dentistry and Health Sciences, University of Melbourne, Australia.

INTRODUCTION

Suicide is a worldwide mental health issue affecting people of all ages. While suicide rates in children and adolescents are lower than in older populations worldwide, they are the third leading cause of death in 15–19-year-olds. Globally, boys die at a higher rate than girls, though girls die at a higher rate than boys in Bangladesh, China, India, and Nepal. In recent decades, there has been a general decrease in adolescent suicide rates. Over the same time period, however, increases have been reported in South East Asia and South America.

DESCRIPTION

Suicide risk and protective factors identified for children and adolescents largely overlap with those identified for adults. Nonetheless, developmental characteristics such as decision-making style, coping strategies, family and peer relationships, and victimisation may enhance the impact of some factors. Evidence-based suicide prevention strategies must be implemented. Restricting access to lethal means, as well as school-based awareness and skill training programmes and interventions delivered in clinical and community settings, have all been shown to be effective. The effectiveness of gatekeeper training and screening programmes in reducing suicidal ideation and behaviour is unproven, but it has been extensively researched in a variety of settings. The World Health Organization (2013) identified suicide prevention as a major public health priority and advocated for the development and implementation of comprehensive national strategies, with a focus on youth and other vulnerable populations. Furthermore, the current global crisis caused by the COVID-19 pandemic is raising concerns about the possibility of increased suicide rates around the world. Even if children are clinically less affected by COVID-19, they are over-exposed to the pandemic's indirect effects, such as separations, losses, school disruption, and social and health services disruption. Suicide death rates in youth under 14 years of age are approximately 0.6 per 100,000 in al-

most all regions of the world, and suicide in childhood and early adolescence is considered uncommon. Only a few studies, the majority of which were conducted in developed countries, have looked into suicide in this age group. When Lord Sri Ram died, there was a suicide epidemic in his kingdom, Ayodhya. Dadhichi, a sage, sacrificed his life so that the Gods could use his bones in their battle against the demons. The Bhagavad Gita condemns suicide for selfish reasons and claims that such a death is ineligible for "shraddha," or the essential last rites. The Brahmanical school of thought held that those who attempted suicide should fast for a set period of time. The Holy Scriptures, the Upanishads, condemn suicide, stating that "he who takes his own life will enter the sunless areas covered by impenetrable darkness after death." Suicide rates in India are comparable to those in Australia and the United States, and rising rates in recent decades are consistent with a global trend. The National Crime Records Bureau in India has data on suicide (NCRB; Ministry of Home Affairs). Suicide rates in India increased from 6.3 per 100,000 in 1978 to 8.9 per 100,000 in 1990, a 41.3 percent increase over the decade from 1980 to 1990 and a compound growth rate of 4.1 percent per year. Recent data, on the other hand, paint a different picture. Suicide rates decreased from 1999 to 2002, followed by a mixed trend from 2003 to 2006, and then increased from 2006 to 2010. Suicide among adolescents is a major public mental health issue. Adolescents, in particular, are a particularly vulnerable group for mental health issues.

CONCLUSION

Suicide is relatively uncommon in children, but its prevalence is increasing significantly. And, while youth suicide rates are slightly decreasing in the European region, it remains a leading cause of death among the young worldwide, resulting in a significant number of premature deaths as well as a huge amount of unnecessary suffering and societal loss. Individual efforts to predict and prevent suicide tend to fail because each suicide is the result of a complex dynamic and unique inter-

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Corresponding author Carli. A, Department of Dentistry and Health Sciences, University of Melbourne, Australia. E-mail: cobeldob@kent.edu.

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play of numerous contributing factors. On the other hand, our understanding of risk factors is rapidly expanding. Mental disorders, prior suicide attempts, specific personality characteristics, genetic loading, and family processes, in combination with triggering psychosocial stressors, exposure to inspiring models, and the availability of means of committing suicide, are all important risk factors for youth suicide.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.