

FACTORS THAT RAISE SUICIDE RISKS FOR TEENAGERS

ood and anxiety disorders are on the rise and are all too prevalent among adolescents in today's society. Sadly, with exposure to social media, the risk of cyber bullying only serves to exacerbate these already stressful times. Teen suicide in SA is increasing with the highest risk group being the 15-24 age category. This is largely due to pressures and changes so many adolescents are facing - this in a fast-paced and often unpredictable environment. While there has been much research on the topic of teenage suicide, this article aims to discuss some of the main risk factors affecting the South African youth of today.

INFLUENCE OF PEER RELATIONS

This is a stage where the adolescent begins to move from their primary value system to their peer value system, Often it presents a conflict as the two sets of value systems differ greatly, which is why you'll often find the adolescent has greater conflict with their parents. According to Erickson's theory of psych-social development (1968) this is a time where the adolescent is in the developmental stage, exploring their own identity - a period of selfexploration and self-definition. This process can be both positively and negatively influenced by the peer group with which the adolescent identifies. Where an adolescent experiences social alienation, rejection or bullying within their peer group, it has the potential to push an already vulnerable teen over the edge. There are countless stories of teenagers taking their own lives after exposure to this type of social rejection or alienation.

EXPOSURE TO DRUGS/ALCOHOL AND VIOLENCE

For many adolescents in our communities this is a daily reality. Teens exposed to violence in their community and homes, are left feeling

vulnerable and unsafe. Drugs and alcohol are often readily available and become a means of coping or escaping their reality, especially where social support and resources are lacking. Drugs or alcohol become a part of their very survival. Sadly this often leads to secondary problems including depression, anxiety, psychosis and conduct disorders. They are not able to then access the problem solving skills and developmental processes required to mature and adapt, to be able to share their experiences, to develop selfesteem, to manage conflict, to explore and to provide the basis for the next developmental stage of Intimacy. (Erickson, 1968).

UNDIAGNOSED PSYCHIATRIC CONDITIONS

Teenagers are largely reported to be moody, volatile, defiant and temperamental. This is a time of great confusion for them and their parents. It's not surprising that all too often psychiatric conditions in adolescence are either left undiagnosed and untreated or incorrectly diagnosed. Parents or health care professionals may not recognise signs of depression or anxiety as they're masked by other symptoms and behaviours. It's essential to do a thorough check of family history of suicide, depression and other mood disorders, anxiety and schizophrenia. Previous suicide attempts are also an increased risk factor for suicide.

SOCIO-ECONOMIC FACTORS, ILLNESS AND CHILD-HEADED HOUSEHOLDS

Illnesses in the family, poverty, and loss have left many young adolescents in charge of their physically ill parents and younger siblings. The HIV/Aids epidemic in SA has resulted in child-headed households, where there's no adult present, and children are looked after by the eldest child in the family. The stress this places on them is overwhelming and often leads to a place of hopelessness and despair. While they don't have the experience or maturity, they are placed in charge of caring for their siblings. They experience tremendous role confusion as they're placed in the role of a parent with all the financial and emotional responsibilities that go with this. This together with the trauma they face and their own sense of loss, places them at far greater risk for suicide.

Other risk factors include:

• Stressful or traumatic life events

- Poor academic achievement
- School/academic stress
- Community violence
- School violence
- Poverty
- School failure
- Low commitment to school
- Aggression toward peers
- Associating with drug-using peers
- Societal/community norms that favour alcohol and drug use
- Urban setting
- Poverty
- Associating with deviant peers
- Loss of close relationship or friends
- Poor problem solving skills
- Lack of parental supervision and support

The importance of developing and maintaining healthy peer relations is essential, as it provides a foundation from which the adolescent can negotiate conflict, share and support others, explore their world and learn about the opposite sex. Adolescents rely heavily on their peers for support during this somewhat turbulent time. Having close friends to talk to, who may be experiencing similar difficulties, will provide very necessary support and a sense of belonging and camaraderie. Research has indicated that the prognosis for depression is far better, where there is a good support system, and in teens their friends form a large part of their support system. Group therapy is also a very effective treatment for teens suffering with depression or anxiety. Society at large needs to talk about suicide in ways that help, not harm.

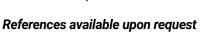


Limiting access to lethal means such as drugs, guns, razor blades, knives and tablets will limit the possibility for planned and impulse suicides. Adolescents in SA need the support of their families, teachers and the health care system so that those at risk can be recognised and given the care they need. This can no longer be ignored their voices need to be heard.

Other important resources and strategies needed:

- Presence of mentors and support for development of skills and interests
- Opportunities for engagement within school and community
- Peer support groups
- Physical and psychological safety
- Academic support
- Positive and secure attachments with caregivers
- Good coping skills and problemsolving skills
- Engagement and connections in two or more of the following contexts: school, with peers, in sport, employment, religion, culture
- Opportunities to develop skills in problem solving, conflict resolution, and handling problems in a nonviolent way
- Strong connections to family, friends, and community support
- Restricted from lethal means of suicide
- Cultural and religious beliefs that discourage suicide and support self-preservation
- Easy access to services
- Support through ongoing medical and mental health care relationships





WORLD MENTAL HEALTH DAY 2019

SADAG SUICIDE CALL CENTRE STATISTICS.

JANUARY - SEPTEMBER 2019

calls received to SADAG Call Center since January

Over

Suicide Calls received to Suicide Helpline in 8 months

We received over 15 000 sms's, emails, online forms and whatsapp chats

Over R75.5 Million worth of press & media

NEWS

Youngest Suicide in SA has been **6 vears old**

HELPLINES

SADAG receives

600+ calls

per day

*ONLY SUICIDE CRISIS HELPLINE IN THE COUNTRY

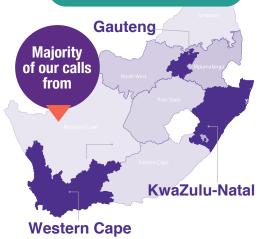
CALL CENTRE — OPEN



24 hours a day, 7 days a week

Volunteer Telephone Counsellors

> **Suicide Helpline Telephone bill is over** per month







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