



Suicidal thoughts and self-destructive tendencies among adolescents¹

<https://doi.org/10.34766/fetr.v58i2.1279>

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Abstract: One must not ignore or underestimate it when adolescents say that they feel like a burden to those around them or that their life has no meaning. Suicidal thoughts in young people can be a signal of a threat to health or life or of a weakened mental condition. Increasing awareness of the frequent thoughts of giving up and the experience of a lack of meaning in life, characteristic of adolescents, helps to develop standards and preventive strategies in the field of mental health care. The article is an attempt to define terms related to suicide, data regarding the magnitude of the phenomenon among young people and discuss the causes of self-harm and suicide. It is also a reference to the approach of dialectical behaviour therapy (DBT), which considers, for example, emotional dysregulation and suicidal tendencies as a transdiagnostic problem. The characteristics of the transactional model in DBT emphasise that what is most important for a favourable prognosis is the provision of adequate support from the close environment, especially parents and professionals. Suicide prevention among children and adolescents is possible through scientific conferences, suicidological research and preventive programmes. Multidisciplinary cooperation to prevent suicidal intentions during childhood and adolescence is essential. In conclusion, as far as working with patients with emotional dysregulation and suicidal tendencies is concerned, the guiding motto of DBT should be stressed, which is to shape “a life worth living.”

Keywords: adolescents, dialectical behaviour therapy (DBT), family, self-destruction, suicidal thoughts.

Introduction

Adolescents saying that they feel like a burden to those around them or have no meaning in life must not be ignored or disregarded. It can be a signal of a threat to health or life or of a weakened mental state. The common occurrence of suicidal and self-destructive tendencies in adolescence contradicts the developmental tasks of that period when the entire life opens up as the most important assignment and value to be fulfilled (Śledzianowski, 2017). For many young people, that stage of life is a period of “storm and stress” due to the rapid changes occurring while they grow up (J.J. McWhirter, B.T. McWhirter, A.M. McWhirter, E.H. McWhirter, 2001).

1. Defining terms

At the outset, it is important to note that not all suicidal thoughts lead to suicide attempts or suicide. When dealing with a young person reporting suicidal thoughts, it is advisable to use common sense. At the very beginning, a distinction should be made between concepts related to suicide, but of greater or lesser importance for the assessment of suicide risk.

Thoughts of resignation mean fantasies or wishes for the loss of life, usually related to a long-term frustrating personal or medical situation. A teenager having such thoughts may say, for example, “life has

1 Article in polish language: https://www.stowarzyszeniefidesetratio.pl/fer/58P_Fedo.pdf

The Transactional Model of Emotion Dysregulation

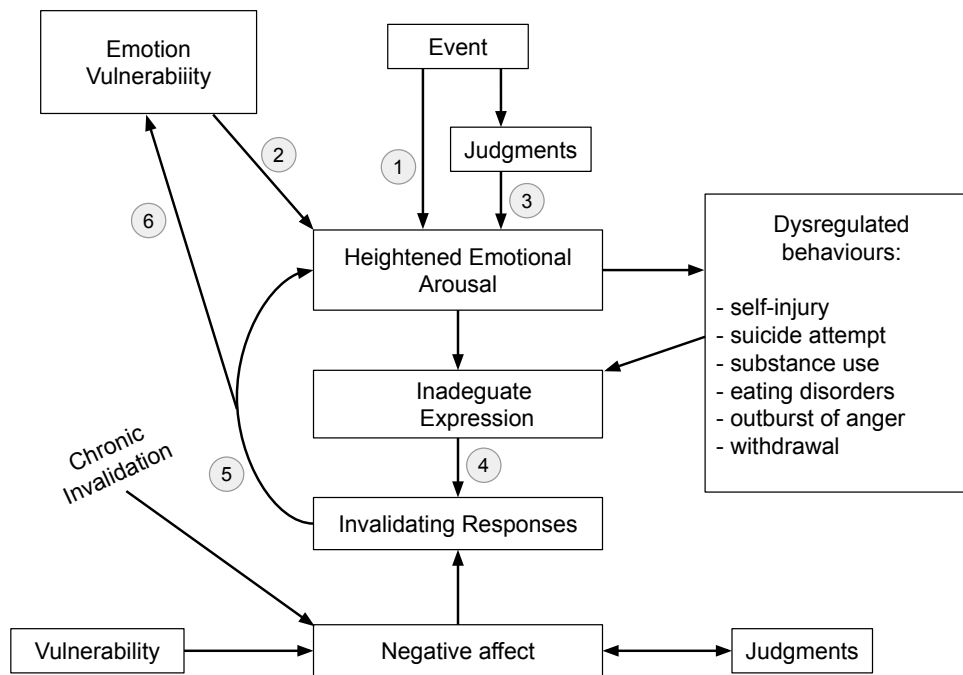


Figure 1. The transactional model of emotion dysregulation. Source: Alan Fruzzetti, 2024

no meaning”, “it would be better if I didn’t exist...”, “I wish I could cease to exist...” or “I wish I didn’t have to wake up again...” (Janas-Kozik, Kozera, 2021).

Suicidal thoughts – a psychopathological symptom involving the entire spectrum of deliberations and fantasies about suicide (without actual intent to commit it). In some cases, it may entail suicidal intent and impulses to deprive oneself of life (Janas-Kozik, Kozera, 2021; Holka-Pokorska, 2016).

Parasuicidal behaviour (pseudo-suicide, para-suicide) – acts committed by a young person against themselves that did not result in death, but were deliberate. Deliberate self-harm is a term similar to parasuicidal behaviour (Holka-Pokorska, 2016; Linehan, 2007; Zorraquino, 2002).

Suicidal behaviour – preparing and talking about specific suicide plans, attempting or committing suicide (Holka-Pokorska, 2016).

There is also the presuicidal syndrome – a set of symptoms that, despite various motivations, affect approximately 80% of people who attempt suicide. It consists of three elements: 1) narrowing of the areas of functioning and perception of reality, 2)

self-aggression – directing accumulated anger towards oneself, and 3) conviction that suicide is the only solution to the situation (Chatizow, 2018; Janas-Kozik, Kozera, 2021).

Any situation of danger associated with the appearance of suicidal thoughts confronts professionals with the challenging task of conducting a health assessment and an accurate differential diagnosis. The clinical examination is supported by the suicide risk assessment algorithm and screening tools (Pettit, Buitron, Green, 2018; Szostakiewicz, 2020; Szostakiewicz, 2022). The concept of a continuum of suicidal behaviour – from thoughts through attempts to commitment – is widely recognised (Verduyn, Rogers, Wood, 2022).

In health care, the risk of attempting suicide is treated as a life threat. Frequent suicidal thoughts, suicidal tendencies and a declared desire to commit suicide are grounds for taking a patient to a psychiatric hospital without their consent or the consent of their legal guardian, where they can be examined by a physician – a psychiatrist (Holka-Pokorska, 2016; Szostakiewicz, 2020; Dz. U. /Journal of Laws/ 1994

No. 111 item 535). According to the standards of professional conduct of physicians-psychiatrists, psychologists and psychotherapists, during the examination of the mental state of a patient, it is necessary to assess the risk of suicide (Szostakiewicz, 2022).

According to the ICD-10 classification, still in force in Poland, and the ICD-11, gradually implemented, neither self-destructive tendencies, suicidal tendencies nor suicide constitute a separate nosological unit. Instead, they are perceived as symptoms of various health problems. The focus is on identifying causal factors, for example, depressive disorder, ADHD, PTSD, abnormal personality development, domestic or peer violence etc. (Szostakiewicz, 2020). Dialectical behaviour therapy also emphasises the transdiagnostic nature of, among other things, suicidal tendencies (Figure 1) (A. Fruzzetti, 2024).

In the latest version of the US Diagnostic and Statistical Manual of Mental Disorders V Edition (DSM-5) classification, new, separate diagnoses can be found: *suicidal behaviour disorder* (SBD) and *non-suicidal self-injury* (NSSI). In the case of NSSI, the purpose of interventions is different (to relieve tension) and less life-threatening methods are used (Janas-Kozik, Kozera, 2021).

Advocates of treating suicidal behaviour as a separate disease entity justify their position, among other things, by referring to facilitating research to better understand the suicide phenomenon. Opponents of treating suicidal behaviour separately within the system of classification of mental disorders argue that although suicidal thoughts, intentions and attempts usually appear in connection with mental illnesses, medicine alone is unable to deal with them (Ziółkowska, 2016).

2. Scale of the phenomenon

Suicidal thoughts in adolescence are a common symptom, affecting several% of teenagers. At the same time, the number of suicide attempts is much higher than the number of actual suicides. It is estimated that in the teenage group, the ratio may even be as high as 100:1 (Szostakiewicz, 2020).

The discovery of the bodies of missing girls on 28 February 2015, aged 15 and 17, who had committed suicide in the forest near Jasło, caused a wide social resonance. In connection with that tragic finding, attention was drawn to the statistical increase in the cases of pre-suicidal syndrome in Poland (Śledzianowski, 2017). The dynamics of suicide attempts in the 13–18 age group are variable. In 2015, 469 (114 fatal) suicide attempts were recorded, in 2016 – 466 (101 fatal), in 2017 – 702 (115 fatal), in 2018 – 746 (92 fatal) and in 2019 – 905 (94 fatal) (Omeljaniuk, 2021).

The data collected by the National Police Headquarters since 2020 show an increasing number of suicide attempts in the 13–18 age group. For example, 814 suicide attempts were recorded in 2020, 1,411 in 2021, 2,008 in 2022, and 2,054 in 2023. In 2023, that age group ranked first in terms of the number of suicide attempts. Of those, 138 attempts ended in death. Young people between the ages of 19 and 24 came second (1,736 suicide attempts, 304 fatal). The third place was occupied by adults at the age of 35–39, with 1,582 suicide attempts including 534 fatal (National Police Headquarters reports). Since 2019, the number of suicide attempts ending in death has shown an upward trend. It is believed that the lockdown may have intensified the phenomenon of suicides among older youth (Omeljaniuk, 2021). In 2023, there was an 8% decrease in deaths due to suicide (138) among young people at the age of 13-18 compared to 2022 (150 fatal) (Witkowska, Kicińska, Palma, Łuba, 2024).

At the same time, research reports show that there are gender differences when it comes to self-harming tendencies. In Poland and most regions of the world, girls and young women are more likely to undertake suicide attempts, while fatal suicide attempts are more common among boys and young men (Holka-Pokorska, 2016; Ivey-Stephenson et al., 2022; Szostakiewicz, 2020).

Taking into account the correct observation that there are two non-overlapping sources of epidemiological data on the number of suicides in Poland: Statistics Poland data and reports of the National Police Headquarters, the above alarming statistics are underestimated (Gmitrowicz, 2016; Szostakiewicz,

2020; Śledzianowski, 2017). The first WHO report on suicide prevention, published in 2014, found that globally, suicide was the second cause of death (after road accidents) among young people aged 15–29 (Hołyst, 2018; WHO, 2014). The widescale alarm about suicide prevention among children and adolescents prompts a search for the causes of that phenomenon.

3. Reasons for self-harm and suicide among children and adolescents

Based on sociology, the main suicidogenic features include the breakdown of integration and the condition of society manifested by weakening family ties, family crises, e.g., a dysfunctional family (especially with a parent's alcohol problem), loneliness and isolation (Durkheim, 2006; Formella, 2020; Jarosz, 2004; Jarosz, 2013; Hołyst, 2021). The cause of the increase in suicide of a socio-cultural nature is also a huge crisis of values (Nieroba, 2021). An interesting study was conducted by Steven Stack, in which he included church membership as a religious support system. He concluded that each one% drop in church membership meant a 0.59% increase in youth suicide (Stack, 1983).

Psychological theories also attempt to explain motives for suicidal behaviour. Edwin Shneidman, considered the father of suicidology, focuses on the individual dimension of the act of suicide. He sees the source of suicidal tendencies in pain and mental suffering resulting from the unmet needs of a given person (Ziółkowska, 2016).

Based on the cognitive behaviour therapy (CBT) paradigm, there is a correlation between thoughts, emotions and behaviour. According to Aaron Beck's cognitive theory (1985), suicidal behaviour can result from depressive cognitive distortions. As per dialectical behaviour therapy (DBT), suicidal behaviour understood as impulsive behaviour is a non-adaptive attempt to regulate a negative affect that is overwhelming, uncontrollable and intensely painful (Linehan, 2007). The founder of DBT, Marsha Linehan, who devotes her life and work to helping people with suicidal ten-

dencies, claims that suicidal behaviour is a cry for help from the environment (Linehan, 2007; Linehan, 2021). At the same time, in line with dialectics – as a method of examining and discussing opposing opinions to discover the truth – in the course of her research, the psychotherapist developed a list of reasons that keep alive those who think about suicide. The forty-seven reasons were assigned to six categories: 1) desire to live and belief in finding other solutions, 2) responsibility towards one's family, 3) responsibility for children, 4) fear of suicide, 5) fear of social disapproval, 6) moral objections (Linehan, 2021).

Brunon Hołyst stated, "It is worth remembering that people do not commit suicide because they do not want to live. It is rather because they do not know how to go on living". Suicide or attempted suicide is usually not an act of chance, but a sequence of interrelated thoughts and factors that sometimes last for weeks, months or years (Holka-Pokorska, 2016; Hołyst, 2002). Brunon Hołyst summarises the motivations for suicidal behaviour as follows: "The purpose of suicide is the search for a solution to the problem; the task – depriving oneself of consciousness, psychological needs; the internal attitude – ambivalence towards life; the emotional state – a feeling of helplessness and hopelessness; the cognitive state – narrowing of horizons; the type of action – escape; the form of interpersonal communication – informing other people about the suicidal intention" (Hołyst, 2021, p. 42).

Children and adolescents in particular perceive suicide as a way of escaping from a problem for which they cannot find a solution. It is worth noting that an individual in a serious mental crisis may succumb to the so-called tunnel vision phenomenon, i.e. a state in which a person does not see alternative forms of solution to their situation (Jankowska, 2019).

4. Transdiagnostic nature of suicidal tendencies

Dialectical behaviour therapy emphasises the transdiagnostic nature of such issues as, among other things, emotional dysregulation, suicidal tendencies and relationship problems (A. Fruzzetti, 2024). DBT was

initially developed as a therapy for persons meeting the criteria of borderline personality disorder (characterised by repeated intentional suicidal behaviour and emotional dysregulation) (Flynn, 2024).

Tadeusz Bilikiewicz was the first psychiatrist to emphasise the importance of knowledge of psychiatric diagnosis by all doctors. The awareness of the course of mental illnesses, such as endogenous depression or schizophrenia, helps in the diagnosis of mental disorders and, consequently, can contribute to protecting patients in the risk group from realising suicidal intentions (Bilikiewicz, 1976). Empirical studies indicate that, on average, 45% of suicide victims had contact with primary care providers within 1 month of suicide. Older adults were more likely to contact primary care providers within 1 month of suicide than younger adults (Luoma, Martin, Pearson, 2002).

The correlation between depressive mood disorders and suicidal intentions in both adolescents and adults is undeniable. Nevertheless, non-depressed adolescents also experience suicidal thoughts. An additional diagnostic difficulty proves to be the absence of suicidal tendencies in some depressed adolescents. In view of the above, it is recommended that every minor be assessed for suicidal tendencies. Participation in preventive or therapeutic activities helps to stop the development of depressive symptoms and the potential risk of suicide (Czabański, 2023; Zorruguino, 2002).

The representative studies on suicide attempts conducted in the 1970s, involving a population of several thousand boys and girls, are still relevant. With all the reservations, which dictate caution in formulating generalising conclusions concerning the issue under consideration, there was no doubt that all forms of self-destructive behaviour (including self-harm) grew out of a disadvantageous family situation and were an indicator of the social maladjustment of the perpetrator of the act of aggression. It was also confirmed that individual manifestations of deviance usually occurred together (manifestations of social maladjustment and exclusion: e.g. running away from home, repeating a school year, drug or alcohol abuse, suicide attempts etc.) (Jarosz, 1979).

According to contemporary scientific reports, the risk factors for suicide in adolescence include diagnosis of mental illness (especially depression),

previous suicide attempts, feelings of hopelessness, family history of suicide or suicidal behaviour, divorce of parents, the experience of violence, difficulties at school, suicide in a peer group, being an LGBTQ person, inadequate problem-solving skills, negative media influence, easy access to tools facilitating the suicide attempt, difficult relationships with parents and peer violence (AACAP, 2001; Gmitrowicz, 2018; Hatchel, Polanin, Espelage, 2021; Kropiwnicki, Gmitrowicz, 2013; Nieroba, 2021; Stone, Grosby, 2014; Wasserman et al., 2012).

The majority of studies (also conducted in Poland) with the purpose of a better understanding of suicidal behaviour and creating prevention programmes or increasing their effectiveness focus on the factors that increase the risk of attempting suicide. The risk factors are described rather extensively, whereas far fewer studies take protective factors into account, thanks to which despite the subjective perception of life as unbearable and even when confronted with suicidal thoughts, an individual does not decide to attempt suicide or refrains from such an intention (Krawczyk, Gmitrowicz, 2014). The protective factors include: support from the family and school environment, the ability to cope with problems and find solutions, good self-esteem, social activities and hobbies, a sense of control over life or the purpose and meaning of life, having personal values, faith, religion (Borowiec, 2018; Gajewski, Kucharska, 2023; Krawczyk et al., 2014).

5. Suicide prevention among children and adolescents

The Epidemiology of Mental Disorders and Access to Mental Health Care (EZOP) report prepared by the employees of the Institute of Psychiatry and Neurology made it possible to examine the prevalence of the most commonly diagnosed mental disorders among the residents of Poland aged 18 to 64. The EZOP study confirmed the occurrence of the suicide phenomenon among adult Poles as a significant health problem in society. For that reason, as

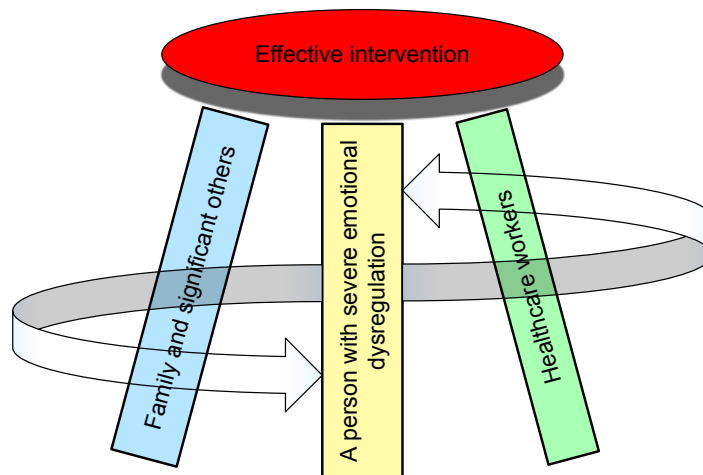


Figure 2. Pillars of systemic interventions within DBT. Source: Mary Kells, 2024

part of the National Programme for Mental Health Protection for 2017–2022, suicide prevention was one of the priority goals and tasks in health policy (Dz. U. of 2017, item 458). In Poland, the suicide rate among children and adolescents is alarmingly high (Borowiec, 2018; Jankowska, 2019).

Based on an agreement between the local government of the Lublin Voivodeship and Niepubliczny Ośrodek Zdrowia Psychicznego DIALOG (a non-public mental health centre) in Chełm, a health programme entitled “Prevention of depressive disorders among young people aged 16-17” was implemented in the Lubelskie Voivodeship. A group of 900 secondary school students (512 girls and 388 boys) aged 16-17, i.e. in middle adolescence, took part voluntarily in the above-mentioned preventive programme. At the stage of early psychological diagnosis, the adolescents were screened for the presence and intensity of suicidal or self-harming thoughts, intentions or acts using two diagnostic scales: the Beck Depression Inventory (BDI) and the Kutcher Adolescent Depression Scale (KADS).

The study found that 12% (61) of girls and 5.2% (20) of boys had suicidal thoughts, as measured using the BDI scale. When using the KADS scale, it was determined that 7.8% (40) of girls and 3.6% (14) of boys experienced suicidal/self-harming thoughts, intentions or acts. The obtained results confirm that in the study group, more girls than boys showed suicidal thoughts or plans.

The research provided empirical data proving that more than 10% of adolescents (7.8% of girls and 3.6% of boys) required specialist help due to suicidal thoughts or self-harming tendencies. Youth from large cities did not participate in the study, therefore it would be justified to continue similar research involving a wider population of adolescents. As a result of the implemented prevention programme, the study participants with self-harming tendencies were offered appropriate specialist assistance: clinical examination and referral for consultation with a psychiatrist and/or psychotherapy (K. Ziarek, R. Ziarek, 2015).

At the DBT Symposium, organised as part of the International Scientific Conference: “Tailor-made. Cognitive Behaviour Therapy” on 19 May 2024 in Warsaw, Armida Rubio Fruzzetti and Mary Kells referred to the Family Connections (FC) programme. Family Connections (FC) is an evidence-based programme addressed to families with a relative or close person suffering from severe emotional and behavioural dysregulation, including those diagnosed with borderline personality disorder (BPD). Developed by Alan Fruzzetti and Perry Hoffman in 2004, FC provides psychoeducation about BPD and family functioning according to current knowledge. The FC training includes 12 meetings and focuses on teaching individual and family skills, giving the possibility of receiving support from group members (A.R. Fruzzetti, 2024; Kells, 2024).

Armida Fruzzetti paid particular attention to the psychological difficulties experienced by parents in connection with their children's self-harm. She pointed out that those parents often experience stigmatisation also from professionals. While discussing the use of the transactional model, she indicated that reducing invalidating responses and increasing validating responses on the part of the family improved treatment outcomes in children and, consequently, reduced the suffering of all family members (figure 1, figure 2) (A.R. Fruzzetti, 2024). The FC programme has been popularised internationally and is currently implemented in twenty-eight countries (A.R. Fruzzetti, 2024; Kells, 2024).

Moreover, Mary Kells, a clinical psychologist and clinical leader of the National DBT Training Team in Ireland, presented the Clinician Connections (CC) programme, which originates from FC and consists of a one-day workshop for clinicians who work with individuals suffering from severe emotional and behavioural dysregulation. The CC programme was developed in response to concerns about staff burnout and its purpose is to provide the personnel with psychoeducation, therapeutic skills and professional support (figure 2) (Kells, 2024).

Daniel Flynn described research on publicly funded mental health services across Ireland. The participants were individuals who had attended the DBT programmes for adults ($n = 196$), adolescents who had taken part in the DBT-A programmes ($n = 84$) and DBT therapists trained under the National DBT Project ($n = 124$). Self-assessed clinical measurements were collected at four intervals during the intervention. Survey data regarding barriers and facilitators to DBT implementation were collected from DBT therapists at three time points: before DBT training, six months after the initiation of the programme and two years after the completion of the training (Flynn, 2024).

The results revealed a significant reduction in all measured indicators for DBT and DBT-A participants, including the presence and frequency of self-harm, suicidal thoughts and depression. A reduction was also noticed in the number of hospitalisations, hospitalisation days and emer-

gency department visits. Also, areas of barriers and facilitators to the implementation of DBT were identified among therapists. The results of the study provided evidence of the effectiveness of DBT for adults and young people using community-based services (figure 2). The study proved that a coordinated approach to the implementation of DBT can be beneficial in achieving positive outcomes in the Irish public mental health system (Flynn, 2024). Daniel Flynn, Principal Psychology Manager and national leader of DBT Strategy and Planning in Ireland, while evaluating the National Dialectical Behaviour Therapy (DBT) Project implemented in institutions providing mental health services also pointed to the greater cost-effectiveness of DBT compared to typical treatment (Flynn, 2024).

In Poland, the Working Team for Suicide and Depression Prevention at the Ministry of Health is preparing the National Suicide Prevention Programme. So far, the suicide prevention programmes established by local governments are small in scope and target only specific groups (Gmitrowicz, 2016; Szostakiewicz, 2020).

In 2022, the community of the Roman Catholic Church in Poland established the Papageno Team, a specialised pastoral care and support zone addressed to people in suicidal crisis, after a suicide attempt and those who experienced a suicide of a loved one. The Papageno Team project includes prevention, intervention and postvention, i.e. assistance to relatives, especially parents after the loss of a child due to suicide (Czajczyńska, Magierski, Terlikowska, 2024).

The implemented prevention programmes indicate the relevance of continuing suicide prevention in schools and involving institutions supporting the child and family in such activities. Currently, due to the ongoing global crisis as an aftermath of the pandemic and wars, integrated prevention is the recommended model, which consists of the simultaneous protection of children and adolescents from epidemic threats, risky behaviour, the weakening of their psychological condition and demographic problems (Grzelak, Żyro, 2023). Comprehensive prevention strategies will be more effective in identifying and supporting those at risk, strengthening social ties and other protective factors, as well as

providing support (Asarnow, Babeva, Horstmann, 2017; Ivey-Stephenson, 2022; Jankowska, 2019; McWhirter et al., 2001; World Health Organization et al., 2007). In preventive activities, it is worth following the principle of dialectical behaviour therapy, i.e., shaping “a life worth living” (Flynn, 2024).

Summary and conclusions

- Statistical data showing a high rate of auto-aggressive and suicidal tendencies among adolescents in Poland prove the need to implement appropriate interventions, as well as preventive and protective measures.

- Adolescents expressing suicidal thoughts require risk assessment and management in each case.
- Preventive measures are helpful detect suicidal thoughts in adolescents and in reducing the presence of such thoughts as a result of tailored interventions.
- Suicide prevention among children and adolescents is possible through scientific conferences, suicidological research and preventive programmes. Multidisciplinary cooperation to prevent suicidal intentions during childhood and adolescence is essential.
- The idea behind dialectical behaviour therapy of shaping “a life worth living” may be helpful in prevention efforts.

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