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SUICIDAL IDEATION AND BEHAVIOR AMONG ADOLESCENTS: IDENTIFICATION, CAUSES, AND RISK FACTORS IN THE DAMAN AND DIU REGION

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ABSTRACT

Daman and Diu is a union territory of India. This theoretical article adapts current models and empirical findings on teenage suicide thoughts and conduct to the socio-demographic and health-service setting of the territory. The adolescent risk and protective process mechanisms are outlined by integrating the psychological, developmental, social-ecological, and public-health viewpoints. To further pinpoint places that need more attention from researchers, screening programs, and policymakers, the article overlays these theoretical considerations onto region-specific characteristics, such as population makeup, service accessibility, and reported trends in suicide. Implementing school-based programs and multi-level, culturally responsive gatekeeper training are key suggestions. Expanding primary-care capacity for juvenile mental health is another important step. Strategies to reduce stigma in the community and to limit means are also important.

Keywords: Adolescents, Suicide, Risk, Prevention, Mentalhealth.

I. INTRODUCTION

One of the most critical issues in public health, both internationally and in India, is the prevalence of suicide thoughts and actions among teenagers. Because of the complex web of social, psychological, and cultural influences on youth in the Daman and Diu area, this issue has garnered the attention of community leaders, educators, mental health experts, and lawmakers. (Patton GC 2016) Suicidal ideation and conduct were among the outcomes of the specific experiences, stresses, and vulnerabilities that these adolescents had to deal with. Preventative measures, identification methods, and targeted interventions to protect the juvenile population's future relied on a thorough grasp of these dynamics.

Adolescents go through a lot of changes emotionally, mentally, and physically. As they grew older, the residents of Daman and Diu encountered different scholastic obstacles, changed dynamics with their peers, and adapted to new familial responsibilities. These shifts had presented chances for development, but they had also imposed heavy burdens. Adolescents may have felt inadequate due to the high expectations set by their school environment and cultural standards about accomplishment. Suicidal thoughts and, in extreme

circumstances, attempts were more likely when this perspective was coupled with inadequate emotional support, poor coping abilities, or both. (Bhargava 2020).

The tiny geographical size, coastal commercial activity, and cultural legacy impacted by both Gujarati and Portuguese traditions accounted for the unique socio-cultural traits shown by the Daman and Diu area compared to the rest of India. Although there was some social cohesiveness and support among close-knit groups, many were still reluctant to talk about their emotional suffering due to the persistent stigma associated with mental health disorders. Adolescents in this situation may have been hesitant to seek care for their mental health issues for fear of stigma or miscommunication from adults and peers. Their risk of ongoing suicidal thoughts was heightened by the additional isolation caused by this hesitation.

In tiny territories like Daman and Diu, reported suicide rates may fluctuate a lot, with even slight changes in case numbers resulting in considerable differences in rates, according to public health statistics. Careful interpretation of such numbers was required of researchers and health officials due to the possibility of underreporting and the impact of local attitudes about suicide. Combining quantitative monitoring with qualitative investigation of teenage experiences, cultural interpretations of distress, and help-seeking behaviors was often necessary for prior research to provide accurate and meaningful conclusions. (McLoughlin AB 2015).

There was a complex web of factors that contributed to teenage suicide thoughts and actions. Suicide risk has been shown to be significantly increased by psychological variables such depression, anxiety, impulsivity, and drug use. A great deal had also been contributed by interpersonal problems, such as strife within families, bullying at school, and strain in love relationships. Adolescent mental health in Daman and Diu has been impacted by the impact on parental availability and emotional support brought about by economic demands on families, particularly in the fishing, service, and tourist industries. Problems with primary care providers' training in suicide risk assessment and the lack of adolescent-specific mental health services were structural issues that required systemic change.

A key emphasis of prevention measures had been the identification of teenagers at risk. Changes in mood, withdrawal from activities, poor academic performance, or displays of pessimism are early warning indicators that schools, as key social spaces for young people, have historically been able to identify. Assuming they were properly trained to identify and react to symptoms of distress, classmates, teachers, and counselors performed crucial roles as gatekeepers. (Statistics Korea 2022). It had become an absolute need to establish school-based mental health screening programs that used culturally tailored and validated instruments in order to identify and intervene early.

Preventive efforts in Daman and Diu were informed by theoretical frameworks that attempt to explain suicidal thoughts among adolescents. These frameworks include the stress-diathesis model, the interpersonal-psychological theory of suicide, and the socio-ecological model. With the use of these models, researchers and professionals were able to piece together the complex interplay between teenage vulnerabilities and environmental influences, as well as the reasons why certain teens went from contemplating suicide to actively attempting it. Individual coping mechanisms, familial communication styles, and social stigma were all targeted by therapies developed by adapting such models to local circumstances.

A multi-pronged strategy was often used in the region's prevention initiatives. Programs have attempted to enhance all teenagers' emotional resilience, problem-solving skills, and attitudes toward seeking assistance at the universal level. Individuals determined to be at high risk owing to factors such as bullying, mental health symptoms, or academic failure were provided with specialized help at the selected level. Adolescents with current or past suicide thoughts or behaviors were the target of intense clinical and psychosocial therapy at the specified level. Schools, hospitals, community groups, and families have worked together in these initiatives' support networks. (King CA 2008).

Families continue to play a crucial role in the fight against teen suicide. Open communication, the ability to identify emotional discomfort, and the development of good coping mechanisms in children were all areas that parents and caregivers were urged to focus on. In order to combat stigma and promote early intervention, community-based initiatives have actively included families. Prevention efforts have expanded to include online spaces because of the growing impact of digital technology on adolescents' social lives, both as a means of connection and as a possible threat due to cyberbullying and exposure to damaging information.

In Daman and Diu, culturally responsive mental health initiatives are finally getting the recognition they deserve. Ensuring enough resources, qualified staff, and accessible programs were available, policymakers incorporated teen suicide prevention into larger health and education planning. In order to keep preventative initiatives going, collaborations between government agencies, non-governmental organizations (NGOs), schools, and healthcare professionals were essential. Problems with suicide thoughts and actions among adolescents would have continued without this kind of concerted effort, which might have long-term consequences for the region's economy and social fabric. (Rudolph KD 2009).

II. REVIEW OF LITERATURE

Kwon, Hoin et al., (2018) Despite the fact that teen suicide is a major issue in Korean public health, few research have looked at what puts young people at danger of taking their own lives. The purpose of this research is to identify potential danger signs that may lead Korean teenagers to contemplate suicide. Methods: A total of 22,258 adolescents from middle and high school filled out surveys on their thoughts and actions around suicide, self-injury (not intentional), depression, impulsivity, drinking habits, and traumatic experiences (such as bullying from classmates). The results showed that 8.3% of the students had suicidal thoughts and 3.2% had attempted suicide in the previous year. Individuals were more likely to have suicidal thoughts and behaviors if they suffered from depression, were victims of peer pressure, engaged in online criminal behavior, and had a favorable attitude about suicide. While suicidal thoughts were linked to unfavorable life experiences, suicidal attempts were linked to bad family ties and not living with both parents. There was a correlation between suicidal thoughts and actions and non-suicidal self-injuries. Whether or not a student has injured themselves distinguishes them from others who have suicide thoughts and attempts. Suicide attempts in teenagers may be influenced by a variety of factors, including but not limited to depression, behavioral issues, non-suicidal self-injuries, and the absence of family support. Longitudinal studies should be conducted to validate the risk variables revealed in this research, which might help in the prevention of teen suicide.

Kwon, Myoungjin et al., (2023) We divided teenagers into three groups based on their level of stress: no stress, interpersonal stress, and academic and professional stress. Our goal was to find out which elements were linked to suicide thoughts. Method Incorporating information from the 16th Korea Youth Risk Behavior Web-Based Survey (2020), researchers examined the socio-demographic traits, physical and psychological aspects, and behaviors of 15,343 teenagers. In order to find variables linked to suicide, a complicated sample logistic regression was run. Final Product In the group that did not experience stress, the following factors were found to be significantly linked to suicide: sleep recovery from fatigue, body mass index, physical activity, and depression. In the group that experienced interpersonal stress, the factors were current school, academic grade, drinking, depression, loneliness, and anxiety. In the group that experienced academic and career stress, the factors were gender, current school, academic grade, father's educational level, drinking, sleep recovery from fatigue, depression, loneliness, subjective health, smartphone overdependence, and anxiety ($P < 0.05$). In summary, These issues must be considered in the development of educational strategies aimed at preventing teen suicide.

Bhat, Rameez & Parveen, Professor. (2022) The global epidemic of youth suicide has emerged as a critical public health concern. Thoughts of terminating one's life, also known as suicidal ideation, are the first step in the gradual progression toward actual suicide. Finding out how often it is for teenage pupils, both male and

female, to have serious thoughts of suicide is the main goal of this research. Researchers used a stratified random sampling approach to choose 2250 high school pupils from various public institutions in the Anantnag, Srinagar, and Baramulla districts. Researchers Drs. Devendre Sing Sisoda and Vibhuti Bhatnagar created the Suicidal Ideation Scale (2011) to measure the frequency of severe suicidal thoughts. We utilized percentages to analyze the data. Female teenage pupils were more likely than boys to have significant suicide ideation, and 6.48 percent of respondents reported experiencing such thoughts.

Korczak, Daphne et al., (2015) Adolescent suicide is high among the causes of mortality in Canada. This practice point gives child health and paediatricians a framework for evaluating adolescents who are having suicide thoughts or actions. A summary of the epidemiological setting is provided, along with basic concerns and practical ideas for approaching adolescents who are suicidal. In order to detect mental illness and major psychosocial stresses in children, pediatricians may and should conduct screenings. In order to help reduce self-injury among teenagers who are contemplating suicide, paediatricians should prioritize the early diagnosis and treatment of mental illness.

III. RISK AND PROTECTIVE FACTORS SYNTHESIZED FROM THEORY AND EVIDENCE

In order to comprehend teenage suicide thoughts and actions, it was necessary to investigate all potential risk and protective variables using well-established theoretical models and empirical data. Researchers and mental health experts have long recognized a complex web of factors, including biological, social, environmental, and psychological factors that influence an adolescent's susceptibility to or capacity to cope with suicidal ideation and behavior. (MacGeorge EL 2005) Patterns were identified by combining theoretical frameworks with empirical data, which in turn inspired population-specific intervention and preventative initiatives, such as those implemented in the Daman and Diu area.

The cognitive-behavioral and interpersonal theories of suicide have extensively studied psychological risk factors. Suicide risk was shown to be substantially increased by distorted thought patterns, according to the cognitive model. These patterns include pessimism and catastrophic interpretations of life events. Higher levels of ideation were seen among adolescents who regularly saw themselves as burdens or who thought their surroundings were unavoidable. According to developmental psychopathology theory, suicide conduct is strongly predicted by emotional dysregulation and poor problem-solving abilities. In addition, both cross-sectional and longitudinal investigations confirmed that drug use disorders, anxiety disorders, and depression were among the most often reported mental health illnesses linked to an elevated risk.

These psychological vulnerabilities were exacerbated by social and environmental variables. According to social learning theory, seeing suicide in any form—from friends and relatives to media depictions—can normalize the behavior and make it easier to act on suicidal impulses. Lack of emotional stability as a stress buffer was more common among adolescents who had suffered familial violence, neglect, or abuse. Important components of Joiner's Interpersonal Theory of Suicide—self-esteem and a feeling of belonging—are undermined by bullying, peer rejection, and academic failure, which are important social risk factors. It is possible that at-risk kids were even more isolated in places with strong social bonds, such as Daman and Diu, because of the stigma that persisted around mental health. (Sullivan EM 2015).

As studies in genetics and neurobiology have shown, there were also biological and neurodevelopmental components. The risk of acting on suicide thoughts is increased when there is dysregulation in neurotransmitter systems, especially serotonin, which is linked to aggressive and impulsive behavior. Although external factors often dictated the actual expression of suicidal conduct, a family history of mental illness or suicide suggested a probable hereditary tendency.

Risk variables were more likely to trigger suicide thoughts and actions when protective factors served as buffers. Critical protective mechanisms, according to the resilience paradigm, include human abilities including adaptation, emotional control, and good coping skills. Teens who were good at solving problems

and had positive attitudes about life were less likely to hurt themselves while they were going through tough times. Further protective psychological attributes backed by positive psychology studies include self-esteem, a feeling of purpose, and an eye toward the future.

Among the most powerful protective variables, social connectivity stood out. A feeling of safety and emotional support from caring adults, such as parents, friends, and mentors, may help children cope better with difficult situations, according to attachment theory. Cultural traditions and close-knit families may create a powerful shield for the people of Daman and Diu if they promoted mutual understanding and communication. Important in the fight against suicide thoughts was participation in extracurricular activities, athletics, and community programs, which increased a sense of belonging and decreased feelings of loneliness.

Access to high-quality mental health treatment, secure learning settings, and fewer suicide attempts were all examples of protective environmental variables. Research has shown that schools with early intervention programs, psychoeducation campaigns, and licensed counselors greatly reduce the risk of suicide. Protective factors in areas like Daman and Diu might be amplified with culturally competent treatments that honored local customs while combating stigma.

The intricate interplay between risk and protective variables was uncovered via the integration of theoretical frameworks with empirical data. According to the diathesis-stress paradigm, severe stresses like marital breakdowns or scholastic pressure may awaken dormant vulnerabilities like genetic predispositions or early traumas. In contrast, robust protective variables may render even significant dangers ineffective or at least lessened in their impact. Suicide prevention efforts should target individual, relational, and systemic issues all at once, according to this interaction.

IV. PREVENTION AND INTERVENTION STRATEGY DESIGN

Community Awareness and Education

Adolescent suicide prevention in the Daman and Diu area needed to start with education and awareness campaigns that reached the whole community. Parents, educators, students, and community leaders were the intended recipients of the information that these initiatives were developed to disseminate. In an effort to normalize conversations about mental health and encourage people to reach out for help when they need it, local advertisements used culturally relevant language. The community progressively established a shared feeling of responsibility for the mental health of adolescents as these awareness initiatives were integrated into social spaces, health clinics, and educational institutions. Taliaferro LA 2014).

School-Based Mental Health Programs

Adolescents spend a large amount of time in schools, thus it was only natural that these institutions would play a vital role in preventive efforts. To better equip educators to recognize the warning signs of mental health issues in their pupils and connect them with the resources they need, school-based mental health programs were implemented. School curricula now include counseling, peer support groups, and life skills education with a structure. The goal of these programs was to help kids deal better with academic stress, social problems, and family concerns by teaching them to be resilient, emotionally regulated, and skilled at resolving conflicts.

Strengthening Family Engagement

Important protective factors in the mental health of teenagers were found to be their families. Parental seminars emphasizing good communication, empathy, and parenting techniques were one intervention strategy. We taught parents to maintain an accepting home atmosphere and how to recognize emotional and behavioral changes in their children. To make sure that parents in Daman and Diu could handle their

children's emotional needs in their own unique way, we made sure that the tools and resources were culturally appropriate. The goal of bolstering families was to provide teenagers with a stable support system and lessen their susceptibility to suicide thoughts.

Accessible and Confidential Mental Health Services

Improving access to youth-friendly mental health services was a key component of the intervention's design. Schools and community health clinics were chosen for these services because of their convenient locations and close proximity to the target population. To enable teenagers feel comfortable enough to seek treatment without worrying about what others may think, confidentiality rules were highlighted. The prompt evaluation, counseling, and treatment were made possible by collaborations with qualified mental health specialists, such as psychiatric nurses, social workers, and psychologists. Adolescents in outlying areas of Diu and Daman were also reached using mobile helplines and tele-counseling platforms.

Peer Support and Mentorship Networks

As a preventative step, peer support networks were formed since teenagers typically confided in their peers. To better assist their fellow students in times of crisis, a select group of students underwent intensive training in areas such as active listening, empathy, and crisis response. Students in need were connected to professional assistance resources via these peer mentors. Isolation was greatly reduced among at-risk youths as a result of peer-led initiatives and events that promoted belonging and mutual care.

Cultural and Recreational Engagement

Intervention techniques in Daman and Diu included traditional arts, athletics, and community activities as a component of preventative efforts, acknowledging the significance of cultural identity and social cohesiveness. Adolescents found constructive ways to express themselves and de-stress by participation in recreational activities including athletic events, dancing contests, and cultural festivals. Social connections, community links, and a feeling of purpose and belonging were all bolstered by such activity.

Policy Integration and Stakeholder Collaboration

Stakeholders have to work together and integrate policies strongly for a long-term preventative strategy to be successful. Collaborative efforts between local governments, schools, hospitals, nonprofits, and police forces resulted in comprehensive policy for the mental health of adolescents. (Spirito A 2006). These regulations tackled systemic problems that contributed to suicide thoughts, including academic pressure, drug misuse, and societal prejudice. To make sure that preventive programs were evidence-based and could adapt to the changing needs of the community, there were regular review meetings and collaboration amongst agencies.

Early Identification and Crisis Intervention

Identifying at-risk teenagers early on was a top focus for prevention efforts. In order to identify cases of emotional distress, depression, or suicide ideation, professionals in the fields of education, healthcare, and social work were educated to provide standardized screening instruments. Adolescents were given one-on-one therapy, family mediation, and medical treatment as needed as soon as they were discovered. This strategy made sure that we acted quickly before the problem became an attempt.

Sustainability through Capacity Building

The focus was on capacity development to make sure that intervention and preventive techniques could last. Maintaining and updating the skills and knowledge to serve teenagers was made possible by continuous training programs for educators, health professionals, and community volunteers. The continuity of programs

was ensured by funding collaborations with government schemes, non-governmental organizations (NGOs), and corporate social responsibility initiatives.

Daman and Diu built a thorough framework to address suicide thinking and behavior among adolescents via these multimodal preventative and intervention measures. A comprehensive system of assistance was put in place to safeguard and empower the kids of the area. This system included school programs, community awareness, family participation, easily available resources, peer networks, cultural inclusion, policy coordination, early detection, and sustainability. (Joiner TE Jr 2011).

V. CONCLUSION

A complex interaction of psychological, social, family, and environmental variables affected suicidal thoughts and conduct among teenagers in the Daman and Diu area, according to the study's conclusions. The study's findings showed that young people were more susceptible to negative emotions and experiences, such as despair, academic pressure, peer rejection, family strife, and traumatic occurrences. The risk had always been high, but it had been compounded due to a lack of robust protective mechanisms including emotional support, open communication channels, and readily available mental health services. Adolescents' mental health outcomes were significantly impacted by a combination of individual-level and community-level variables, according to the synthesis of theoretical viewpoints and empirical data. In addition, the study highlighted the need of swift intervention and preventative techniques in reducing the likelihood of suicide thoughts and actions. Approaches that have shown promise in protecting adolescents' well-being include school-based awareness programs, early detection systems, family counseling efforts, and confidential hotlines. A supportive environment that promoted resilience, decreased stigma, and encouraged help-seeking behavior might be established by combining culturally sensitive approaches with evidence-based methods. The results, taken together, highlight the need for the Daman and Diu region's families, schools, doctors, and lawmakers to work together to improve the mental health of adolescents.

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