

Identification of Depressed Adolescents with High Suicidal Risk: A Comprehensive Analysis

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Abstract

This research paper explores the complexities of identifying and addressing suicidal risk among depressed adolescents, with a particular focus on the influence of family dynamics and academic pressure in various educational settings. Adolescence is a critical developmental stage where mental health concerns, including depression and suicidal ideation, are increasingly prevalent. The study examines the role of familial relationships, parenting styles, and support systems in either mitigating or exacerbating suicidal tendencies. Additionally, it investigates how academic stress, particularly in urban and rural settings, contributes to adolescent distress and potential suicidal behaviour. Using a multidisciplinary approach, the study integrates psychological, sociological, and educational perspectives to analyse risk factors and propose preventive strategies. Findings highlight the urgent need for targeted interventions, including mental health support in schools, family counselling, and policy reforms to alleviate academic stress. The paper advocates for a collaborative effort among educators, parents, and policymakers to create a supportive environment that prioritizes adolescent mental well-being.

Key words: Adolescent mental health, depression, Suicidal risk, psychological well-being, Parental influence, School-based interventions, Suicide prevention strategies.

Introduction

Adolescents' depression and suicidal tendencies are major global health issues. It is vital to identify depressed adolescents who are at high risk of suicide to enable prompt interventions and prevent tragic outcomes. This research aims to create and test a comprehensive screening tool for accurately detecting depressed teenagers with increased suicide risk. Adolescent depression is marked by ongoing feelings of melancholy, despair, and disinterest in activities. When these symptoms are accompanied by suicidal thoughts or actions, they pose a grave threat to young people's well-being and lives. Early identification of high-risk cases is difficult due to the intricate interaction of biological, psychological, and social factors that influence suicidal tendencies.

This study aims to address the pressing need for enhanced suicide risk evaluation techniques by combining various risk factors and warning indicators associated with suicidal tendencies in adolescents suffering from depression. Through the examination of a wide array of clinical, behavioural, and psychosocial variables, we strive to create a more precise and dependable assessment tool for healthcare providers, educators, and mental health specialists.

The identification of suicidal adolescents is hindered by stigma, underreporting of symptoms, and the lack of standardized screening protocols. Many adolescents do not seek help, and their symptoms often go unnoticed by caregivers and educators. Furthermore, the overlap between typical adolescent behaviour and depressive symptoms complicates early detection.

The investigation will utilize a quantitative data analysis from adolescent using BDI (Beck depression Inventory) scale. This comprehensive approach will facilitate a thorough understanding of the risk factors and their comparative significance in forecasting suicidal behaviour among depressed teenagers. The ultimate objective of this research is to contribute to the formulation of evidence-based interventions and preventive measures, potentially decreasing the occurrence of suicide attempts and completions within this at-risk population. The results may also guide policy decisions and resource distribution for adolescent mental health services, leading to better outcomes for young individuals grappling with depression and suicidal ideation.

Review of Literature

Several studies have explored the identification and assessment of suicidal risk in adolescents with depression. Research indicates that early detection through validated screening tools and behavioural assessments can significantly reduce the risk of suicide.

- **Psychological Perspectives:** Smith et al. (2020) and Brown & Harris (2018) suggest that depressive symptoms such as hopelessness, self-hate, and chronic sadness strongly correlate with suicidal ideation in adolescents. Cognitive-behavioural models highlight the role of negative thought patterns in exacerbating depressive symptoms.
- **Behavioural Indicators:** Jones et al. (2019) highlighted the importance of behavioural cues such as withdrawal from social activities, increased aggression, and changes in sleep patterns as warning signs of severe depression and potential suicidality.
- **Environmental and Social Factors:** Lee et al. (2021) suggested that adverse childhood experiences, family dysfunction, and peer victimization are significant contributors to adolescent depression and suicidal tendencies. Socioeconomic status and access to mental health resources also play a critical role.
- **Screening and Assessment Tools:** Wilson et al. (2022) studied the effectiveness of tools like the Beck Depression Inventory (BDI), the Patient Health Questionnaire (PHQ-9), and the Columbia-Suicide Severity Rating Scale (C-SSRS) has been extensively studied. Research demonstrates that a multi-tiered screening approach combining self-reports, clinician assessments, and AI-driven predictive analytics provides the most accurate risk assessment.
- **Digital and AI-Based Tools:** Patel & Kumar (2023) studied and explore the potential of artificial intelligence in identifying suicidal tendencies through social media behaviour analysis, sentiment detection, and predictive analytics, thereby supplementing traditional clinical assessments.
- **School-Based Mental Health Programs:** Garcia & Williams (2022) suggest that implementing structured mental health programs in schools significantly enhances the early identification and intervention of adolescents at risk for suicide.

- **Role of Family and Peer Support:** Thompson et al. (2023) underscores the importance of family cohesion and peer support in mitigating depressive symptoms and reducing suicidal risk among adolescents.
- **Neurobiological and Genetic Factors:** Roberts et al. (2021), indicate that adolescents with a family history of mental illness are at a higher risk of developing depression and suicidal tendencies, highlighting the need for targeted interventions.

Depression and Suicidal risk in adolescents:

In India, adolescent depression and suicide risks and actions are serious public health issues that result from a complex interaction of personal, societal, and cultural variables. According to recent data, almost 35% of suicides in the nation are committed by people between the ages of 15 and 24, highlighting the critical need to address mental health concerns in this population.

Adolescent Suicidal Risk and Depression

Adolescent depression rates have been on the rise, according to studies; estimates place the prevalence of depressed symptoms at 15-20% of teenagers (Kessler et al., 2010). Teens who suffer from depression are also much more likely to have suicidal thoughts and attempts, according to study. According to the World Health Organisation (WHO, 2020), the second most common cause of death for people between the ages of 15 and 19 is suicide.

Depression: According to a Maharashtra study, 49.2% of teenagers enrolled in school showed symptoms of depression, with 7.7% suffering from severe depression. According to a different survey, the prevalence rate among teenagers was 14.19 percent. Furthermore, according to other sources, rates range from 31% to 57%.

Suicidal Behaviour: According to data from the National Crime Records Bureau (NCRB), 10,730 teenagers under the age of 18 died by suicide in 2021.

According to BMC Psychology comprehensive research, 11% of Indian adolescents reported having suicidal thoughts, and 3% reported having attempted suicide. Additionally, studies have shown that between 0.6 and 21.7% of high school students have suicidal thoughts, and between 0.39% and 8% have attempted suicide.

Suicidal Risk and Depression

Among adolescents in higher secondary school, several factors influence depression and suicide risk:

1. **Academic Pressure:** Stress, anxiety, and depressive symptoms can be brought on by high standards, a fear of failing, and competitive settings (Verma et al., 2019).
2. **Social and Peer Influences:** According to Keles et al. (2020), social media exposure, peer rejection, and bullying all contribute to low self-esteem and feelings of loneliness.

3. Family Dynamics: According to Restifo and Bogel's (2009), exposure to domestic abuse, dysfunctional family settings, and a lack of parental support all raise a person's risk of developing depression.
4. Biological and Psychological variables: Teenage depression and suicidality are influenced by hormonal fluctuations, genetic susceptibility, and neurobiological variables (Thapar et al., 2012).
5. Substance Abuse: According to Nolen-Hoeksema (2012), adolescents who use drugs or alcohol are more likely to have depressed symptoms and consider suicide.
6. Trauma and Abuse: According to Bridge et al. (2006), there is a clear correlation between depression and an elevated risk of suicide and childhood abuse, neglect, and traumatic events.

Indian adolescents are more likely to experience depression and engage in suicide behaviour due to several factors:

Mental Health Conditions: Mental health issues were present in about 54.28% of adolescent suicide deaths.

Family Dynamics: In 34.28% of youth suicide cases, there were negative or traumatic familial conditions. Married teenage females are more likely to experience family violence, which has also been linked to despair and suicidality.

Academic Stress: Academic stress accounts for 22.85% of adolescent suicides, which is a serious worry. Students in India frequently experience higher levels of stress as a result of the competitive educational environment.

Social and Lifestyle Factors: Relationship problems and cultural expectations are among the social and lifestyle factors that are associated with about 20% of youth suicides.

Suicide Exposure: Teenagers who have firsthand knowledge of a suicide victim, like a friend or relative, are more vulnerable and may engage in imitation.

Substance Abuse: Adolescent suicidal behaviour has been linked to the use of alcohol and other substances.

Gender Differences: Compared to their male peers, female adolescents frequently report higher rates of depression and suicide thoughts.

Effects of Adolescent Depression and Suicidal Risk:

Suicidal thoughts and depression can have serious repercussions, such as:

- **Academic Decline:** Absenteeism, poor focus, and lack of enthusiasm all have a negative impact on academic performance (Weissman et al., 2017)
- **Self-harm and suicide attempts:** According to Glenn et al. (2018), many teenagers use self-harming behaviours as a coping strategy.
- **Long-Term Mental Health Issues:** According to Kovacs and Lopez-Duran (2010), adolescents who experience untreated depression are at an increased risk of developing persistent mental problems as adults.

Objectives:

- To study the prevalence of normal depression level among higher secondary school students.
- To study the prevalence of mild mood disturbance depression level among higher secondary school students.
- To study the prevalence of borderline clinical depression level among higher secondary school students.
- To study the prevalence of moderate depression level among higher secondary school students.
- To study the prevalence of severe depression level among higher secondary school students.
- To study average prevalence of extreme depression level among higher secondary school students.

Hypothesis:

- There is average prevalence of normal depression level among higher secondary school students.
- There is average prevalence of mild mood disturbance level among higher secondary school students.
- There is average prevalence of borderline clinical depression level among higher secondary school students.
- There is average prevalence of moderate depression level among higher secondary school students.
- There is average prevalence of severe depression level among higher secondary school students.
- There is average prevalence of extreme depression level among higher secondary school students.

Delimitations:

- The proposed study is delimited to higher secondary schools of Durg District in Chhattisgarh state.
- The study is delimited only on higher secondary school adolescents.

- In the study, there is no gender base specification.

Methodology

In present study Descriptive method is used. survey method to collect data from the population. random sampling technique is used to collect sample from population.

Population and sample:

The target population of the present study comprises all adolescents falling within the age group of 17 to 19 years studying in higher secondary classes. The accessible population is the adolescents falling within the age group of 17 to 19 years, living in Durg district. In this study 300 adolescents between the age group of 17 to 19 years selected as sample.

Description of tool:

In this present study used Beck depression inventory as a tool. The Beck Depression Inventory (BDI) is a powerful youth mental health assessment tool that helps professionals understand a young person's behavior and mental health. The BDI is widely used in clinical and research settings due to its ability to provide accurate and reliable assessments of mental health. It is designed to assess a wide range of emotional and behavioral issues that young people may face, including depression, anxiety, and disruptive behavior disorders. The BDI questionnaire is designed for young people ages 7 to 18 and can be administered individually or to groups. The assessment can be completed in 5-10 minutes and scored using a key provided in the manual. The Beck Depression Inventory (BDI) is a widely used tool for assessing depression severity in adolescents.

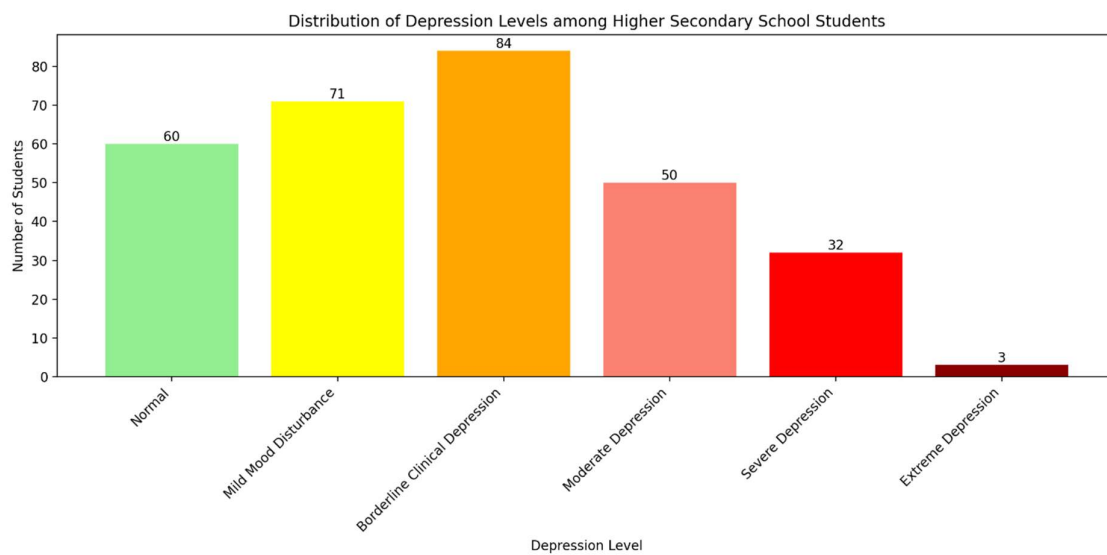
Data analysis

Frequency Distribution Table

Table 1: Distribution of Depression Levels among Higher Secondary School Students (N=300)

Depression Level	Number of Students	Percentage	Cumulative Percentage
Normal	60	20	20
Mild Mood Disturbance	71	23.67	43.67
Borderline Clinical Depression	84	28	71.67
Moderate Depression	50	16.67	88.34
Severe Depression	32	10.67	99.01
Extreme Depression	3	1	100.01

Visual Representations:



Findings:

- Total sample size: 300 students
- Normal students: 60 (20%)
- Students with varying degrees of depression: 240 (80%)
 - Mild Mood Disturbance: 71 (23.67%)
 - Borderline Clinical Depression: 84 (28%)
 - Moderate Depression: 50 (16.67%)
 - Severe Depression: 32 (10.67%)
 - Extreme Depression: 3 (1%)

Interpretation:

- **Normal:**

Students categorized as "Normal" (20% of the sample) show no or minimal depressive symptoms. This group represents students with healthy mood regulation and typical day-to-day experiences.

- **Mild Mood Disturbance:**

The "Mild Mood Disturbance" group indicates students experiencing slight depressive symptoms that might impact their daily functioning but generally do not require clinical intervention. In your data, this group comprised 23.67% of the sample, suggesting a noticeable portion of students experience fluctuations in mood without reaching clinical thresholds.

- **Borderline Clinical Depression:**

With 28% of the sample falling into this category, these students display symptoms that are nearing clinical significance. This is the largest group in your sample, indicating a critical mass of students showing sufficient symptoms that could escalate into more severe issues if left unaddressed. Early intervention programs could be beneficial for this group.

- **Moderate Depression:**

Students with moderate depressive symptoms (16.67% of the sample) likely experience more pronounced challenges that affect their academic and social functioning. These individuals may benefit from counselling or other supportive interventions to prevent further deterioration.

- **Severe Depression:**

Representing about 10.67% of the students, the severe category includes those with intense depressive symptoms. This group is at high risk for substantial functional impairment and may require more immediate and focused clinical intervention.

- **Extreme Depression:**

Although a very small subset (1%) is categorized under "Extreme Depression," these students are at the highest risk and likely require urgent psychiatric evaluation and treatment due to the extreme nature of their symptoms.

Overall, this distribution highlights that while a significant portion of students falls into the normal range, a majority (80%) exhibit some degree of depressive symptoms, with particularly high rates in the borderline clinical depression category. This suggests a pressing need for mental health resources and early interventions within the higher secondary school environment

Suggestions:

This study reveals a pressing need for comprehensive mental health interventions in the higher secondary school setting. The high prevalence of depressive symptoms suggests that mental health should be treated as a priority alongside academic achievement. A multi-faceted

approach involving students, teachers, parents, and mental health professionals is recommended to address this concerning situation effectively.

Below are tailored suggestions for various stakeholders based on the interpretation of the depression levels among the students:

For Students:

- **Self-awareness and Self-care:**
 - Monitor your mood and emotions regularly.
 - Practice stress reduction techniques such as mindfulness, meditation, or regular physical exercise.
- **Seek Help:**
 - If you experience distressing symptoms, consult a school counsellor or trusted teacher.
 - Engage in peer support groups, where sharing experiences can provide relief.
- **Healthy Lifestyle:**
 - Maintain a balanced diet, adequate sleep, and regular physical activity, all of which positively impact mental health.
- **Time Management:**
 - Organize your study schedule to avoid burnout and leave time for leisure and hobbies.

For Schools:

- **Implement Mental Health Programs:**
 - Introduce regular mental health workshops and seminars.
 - Develop school-based counseling services and peer mentoring programs.
- **Create a Supportive Environment:**
 - Promote an inclusive and understanding school culture that destigmatizes mental health issues.
 - Implement early identification programs to recognize students who may be at risk.
- **Curriculum Integration:**

- Integrate mental health education into the curriculum to build awareness from an early age.
- **Monitoring and Follow-up:**
 - Establish systems for regular mental health screening, referrals, and follow-ups to ensure ongoing support.

For Teachers:

- **Observation and Early Identification:**
 - Stay alert to changes in student behavior and mood changes that might indicate distress.
 - Use classroom interactions as opportunities to connect and check-in with your students.
- **Training and Development:**
 - Participate in professional development on mental health first aid and counseling basics.
 - Learn strategies to manage classroom stress and support students in distress.
- **Support and Referral:**
 - Provide academic accommodations if necessary, and refer at-risk students to school counselors or mental health professionals.
 - Foster a classroom environment that values empathy and open communication.

For Parents:

- **Communication and Engagement:**
 - Maintain open lines of conversation about feelings and daily experiences.
 - Recognize early signs of distress and engage in supportive dialogues.
- **Create a Supportive Home Environment:**
 - Monitor and encourage healthy lifestyle habits including sleep, nutrition, and physical activity.
 - Reduce undue academic pressure and encourage a balance between schoolwork and leisure.
- **Seek Professional Help:**
 - If you suspect your child is severely depressed, consult mental health experts.

- Participate in parent training or workshops focused on adolescent mental health.
- **Collaboration:**
 - Work closely with school officials to remain informed about your child's well-being.
 - Form support networks with other parents for collective resilience and advice.

For Peer Groups:

- **Foster a Caring Environment:**
 - Create supportive groups where friends can talk openly about stress and challenges.
 - Encourage collective activities that promote positivity and mutual care.
- **Peer Support Initiatives:**
 - Organize student-led clubs or activities that focus on mental health awareness.
 - Identify and support at-risk peers by encouraging professional help when needed.
- **Reduce Stigma:**
 - Promote understanding and empathy by challenging misconceptions about mental health.
 - Celebrate diversity in emotional experiences and provide reassurance that seeking help is a sign of strength.

For Society:

- **Awareness and Education:**
 - Launch public campaigns to destigmatize mental illness and spread awareness about adolescent depression.
 - Collaborate with media to promote stories of recovery and resilience.
- **Accessibility of Mental Health Resources:**
 - Increase funding for school mental health programs and community counseling centers.
 - Ensure that mental health services are accessible and affordable for all.
- **Policy and Advocacy:**

- Advocate for policies that prioritize mental health in educational institutions.
- Support legislation that promotes mental health screening and interventions for young people.
- **Community Initiatives:**
 - Develop community-based programs that engage students in healthy activities.
 - Support organizations and non-profits dedicated to youth mental health.

Implementing these suggestions can help create a robust support system that promotes early detection, timely intervention, and overall improvement in student well-being. Each group plays a crucial role in building a more understanding and resilient educational and social environment.

Strategies for Prevention and Interventions

Adolescent depression and suicidal risk must be addressed using a multifaceted strategy:

- **School-Based Mental Health Programs:** According to Arseneault et al. (2011), offering peer support groups, counselling services, and awareness campaigns can assist in identifying and assisting kids who are at risk.
- **Parental Involvement:** Adolescent mental health depends on promoting open communication, positive parenting, and emotional support (Restifo & Bogels, 2009).
- **Psychotherapy:** Adolescent depression can be effectively treated with Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) (David-Ferdon & Kaslow, 2008).
- **Crisis Intervention and Suicide Prevention Hotlines:** According to March et al. (2004), suicide attempts can be avoided by providing prompt assistance via crisis intervention programs and helplines.
- **Psychiatric Support and Medication:** Under professional supervision, antidepressants such as SSRIs are recommended in severe cases (Thapar et al., 2012).

For overcoming these obstacles, a diversified strategy is needed:

Mental Health Education: Including lessons on mental health in school curricula can help destigmatize these problems and promote behaviour that involves seeking treatment.

Counselling Services: Students who require immediate assistance can benefit from the establishment of easily available counselling and support services in educational institutions.

Family Involvement: Teaching families about mental health helps promote nurturing homes and the early detection of teenagers who may be at risk.

Implementation of Policies: It is essential to create and implement policies that lessen academic pressure and advance students' wellbeing.

Community Programs: Adolescents' coping strategies and resilience can be strengthened by community-based programs that provide leisure and skill-building opportunities.

Given the high rate of depression and suicidal thoughts among Indian teenagers, educators, medical professionals, legislators, and families must act quickly and cooperatively to establish a nurturing atmosphere that puts young people's mental health first.

Conclusion

Adolescent depression and suicide risk in upper secondary school are severe mental health issues that need immediate intervention. To properly address and lessen these problems, cooperation between educators, parents, mental health specialists, and legislators is crucial. Future studies should concentrate on creating preventative strategies, advancing early detection techniques, and expanding teenage access to mental health treatments

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