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All Aspects Of Adolescent Suicides

Oğuz POLAT

Acıbadem Mehmet Ali Aydınlar University, Faculty of Medicine, Department of Forensic
Medicine, İstanbul, Türkiye
ouzpol@yahoo.com, <https://orcid.org/0000-0001-8454-6817>

Alim CANSIZ

Acıbadem Mehmet Ali Aydınlar University, Faculty of Medicine, Department of Forensic
Medicine, İstanbul, Türkiye
alimcansiz11@hotmail.com, <https://orcid.org/0000-0003-3856-3661>

Abstract

Death is a difficult reality to grasp for adults, and even more so for children. It is generally thought that children cannot comprehend death until a certain age. Suicide attempts in children and adolescents show a sad increase in transition from childhood to adolescence. Suicides occur through various factors, primarily psychological, sociological, and biological factors. It is observed that suicides often rank 2nd or 3rd among the top 10 causes of death in children and adolescents worldwide. In a world that readily praises the potential of youth, the disquieting reality of adolescent suicide persists as a silent crisis. This article seeks to expose this silent struggle, delve into its multifaceted causes encompassing psychological factors and forensic sciences, and address the urgent need for collective action. Despite being overlooked by the public eye, adolescent suicides reveal a crisis in a period expected to be filled with boundless hope and enthusiasm. The statistics surrounding adolescent suicides present a story too alarming to ignore. This complex crisis includes psychological aspects, as the tumultuous journey of adolescence is characterized by emotional turbulence and the formation of identity. When these natural struggles intersect with issues such as depression, anxiety, or untreated mental illnesses, the risk of suicide escalates.

Keywords: Suicide, Adolescents, Death, Psychology, Forensic Sciences

1. Introduction

As a pervasive and multifaceted global public health issue, adolescent suicide has been steadily gaining momentum, while posing a substantial challenge to researchers, mental health professionals, educators, and policymakers striving to safeguard the well-being and future of the younger generation (Ozcan et al., 2018, McMahon et al., 2024, Wang et al., 2022, Levi-Belz & Blank, 2023). The increasing prevalence of suicidal ideation, attempts, and completed suicides among adolescents urgently demands a deeper understanding of the complex interplay of individual, familial, societal, and environmental factors that contribute to this devastating phenomenon (Aydin et al. 2015, Armstrong et al, 2023)

In recent years, the rising rate of adolescent suicide has highlighted the need for a more comprehensive approach to understanding the factors that contribute to this tragic outcome (Benton, 2022) Adolescence is a critical period in human development, characterized by rapid physical, emotional, and cognitive changes, as well as the formation of identity and the establishment of social connections (Eskin, 2013, Babajani et al., 2023, Edwards et al., 2023). Consequently, adolescents may be particularly susceptible to the stressors and challenges that they encounter in their day-to-day lives, which can exacerbate their existing vulnerabilities and, therefore, contribute to suicidal ideation and behavior (Dogan et al., 2016, Rabasco et al., 2024, Liu et al., 2024, Jia et al., 2024, Mota et al., 2024).

This article is a comprehensive examination of various factors identified in the literature as significant contributors to adolescent suicide; such as mental health issues, family dynamics, peer relationships, and societal influences. Additionally, this article explores how technology, particularly social media and cyberbullying, shapes the experiences and mental health of adolescents in today's rapidly evolving digital landscape. Furthermore, the article will delve into the strategies and interventions developed and implemented across different settings to prevent and mitigate the risk of adolescent suicide. These approaches encompass school-based programs, community engagement initiatives, public health interventions, and targeted interventions for high-risk individuals. Additionally, it will discuss the ongoing need for research, innovation, and collaboration among stakeholders to address the gaps and challenges in our understanding of and response to adolescent suicide. Understanding the victimological aspect of suicide is crucial in comprehending this complex issue, viewing suicide cases not just as the death of an individual but also as a phenomenon encompassing deep-rooted problems and effects (Polat, 2021). When examining the victimological dimension of suicide, we observe the influence of various factors. Firstly, the psychological distress and mental health issues experienced by individuals constitute a significant part of this process. Conditions such as depression, anxiety, and post-traumatic stress disorder can increase the risk of suicide, highlighting the importance of treating or managing these issues (Polat, 2020). Additionally, societal factors can also impact the risk of suicide. Social exclusion, discrimination, loneliness, and social isolation, for example, can trigger suicidal thoughts and actions. Furthermore, social problems such as economic hardships, unemployment, and domestic violence can also increase the risk of suicide (Polat, 2020; Polat, 2021). Furthermore, an individual's personal characteristics, past experiences, and life circumstances are also factors influencing the risk of suicide. Childhood traumas, family history, relationship problems, and overall quality of life can contribute to an increased risk of suicide (Polat, 2021; Witt et al., 2014). In conclusion, understanding the victimological dimension of suicide allows us to grasp that this issue is not solely a result of an individual's decision but rather emerges from a combination of various complex factors. Therefore, a comprehensive approach at the individual, societal, and institutional levels is necessary for suicide prevention and reducing its impacts. This may involve strategies such as increasing access to mental health services, strengthening social support networks, and reducing social inequalities.

By providing a comprehensive and multidisciplinary perspective on adolescent suicide, this article aims to contribute to the ongoing discourse on this critical public health issue. It seeks to raise awareness, foster dialogue, and encourage the development of effective, evidence-based strategies. Ultimately, the goal of this article is to encourage researchers, practitioners, educators, policymakers, and communities to collaborate in safeguarding the well-being and future of our youth.

2. Definitions of Suicide and Approaches to Suicide in the Literature

Suicide is a complex and multifaceted phenomenon that has been extensively studied across various disciplines (Kirtley & O'Connor, 2020). The term "suicide" refers to the act of intentionally ending one's own life, while "suicidal behavior" encompasses a range of actions, including suicidal ideation (having suicidal thoughts), suicide attempts (non-fatal self-directed harm with intention to die), and completed suicide (i.e, resulting in death) (Chu et al., 2017). Throughout the literature, suicide has been approached from several perspectives, with researchers adopting different theoretical frameworks and methodologies to understand and address this issue (Hom et al., 2016). Some of the key approaches to suicide in the literature include:

2.1. Psychological Approach

The psychological approach to understanding suicide is an essential perspective that delves into the individual's mental and emotional processes contributing to suicidal behavior (Fox et al, 2020). This approach takes into consideration a broad range of factors, including mental health disorders, personality traits, cognitive factors, and emotion regulation, in order to better comprehend the development and progression of suicidal ideation and actions (Cansız & Kösesoy, 2021).

2.1.1. Mental Health Disorders

Mental health disorders play a crucial role in the psychological approach to suicide. Research consistently shows that disorders such as depression, anxiety, bipolar disorder, and schizophrenia are significant risk factors for suicidal behavior. These mental health issues can lead to feelings of hopelessness, extreme emotional distress, and impaired judgment, which may result in an increased risk of suicide. Early identification, assessment, and treatment of mental health disorders are essential for suicide prevention.

2.1.2. Personality Traits

Certain personality traits have been linked to a higher risk of suicidal behavior. Traits such as impulsivity, aggression, and hopelessness may predispose individuals to consider or attempt suicide when confronted with challenging life circumstances. Understanding the role of personality traits in suicidal behavior can help in the development of targeted interventions and support for individuals at risk.

2.1.3. Cognitive Factors

The psychological approach also examines cognitive factors related to suicidal behavior, such as negative thought patterns, cognitive distortions, and problem-solving deficits. For example, an individual with a tendency to view their situation as hopeless and unsolvable may

be more likely to contemplate suicide as a solution. Cognitive-behavioral therapy (CBT) and other therapeutic interventions can help individuals develop healthier thought patterns and coping strategies, thus reducing their risk of engaging in suicidal behavior.

2.1.4. Emotion Regulation

Emotion regulation, or the ability to manage and respond to one's emotions effectively, is another key component of the psychological approach to suicide. Individuals who struggle with emotion regulation may be more susceptible to overwhelming emotions and stress, leading to an increased risk of suicidal behavior. Therapeutic interventions that focus on enhancing emotion regulation skills, such as dialectical behavior therapy (DBT), can be beneficial in reducing the risk of suicide among vulnerable individuals.

2.1.5. Life Events and Stressors

The psychological approach also considers the impact of significant life events and stressors on an individual's mental health and risk of suicide. Traumatic experiences, such as abuse, loss, or major life transitions, can contribute to the development of mental health disorders and increase the risk of suicidal behavior. Providing timely support and resources to individuals experiencing significant life stressors can be crucial in mitigating their risk of suicide.

In conclusion, the psychological approach to understanding suicide offers valuable insights into the individual factors contributing to suicidal behavior. By examining the roles of mental health disorders, personality traits, cognitive factors, and emotion regulation, this approach can inform the development of effective prevention and intervention strategies tailored to the unique needs and vulnerabilities of those at risk. A comprehensive understanding of suicide necessitates the integration of the psychological approach with other perspectives, such as the sociological, biological, and interpersonal approaches, to provide a holistic view of this complex and multifaceted phenomenon.

Sociological Approach: Researchers adopting a sociological perspective examine the influence of social factors, such as social integration, social support, and cultural norms, on suicidal behavior. Emile Durkheim's seminal work on suicide, which posits that the level of social integration and regulation within a society affects suicide rates, is a notable example of this approach.

Biological Approach: This perspective explores the biological and genetic factors that can contribute to suicidal behavior, such as neurotransmitter imbalances, genetic predisposition, and the role of the hypothalamic-pituitary-adrenal (HPA) axis in stress response.

Interpersonal Approach: Drawing from the Interpersonal Theory of Suicide, this approach emphasizes the role of hindered sense of belonging (lack of social connections) and perceived burdensomeness (feeling like a burden on others) as key drivers of suicidal desire, while acquired capability for suicide (a diminished fear of death and increased pain tolerance) determines whether an individual will act on their suicidal thoughts.

These approaches, along with others, have shaped the current understanding of suicide and informed the development of prevention and intervention strategies. By examining suicide from various perspectives, researchers are better equipped to identify risk and protective factors, understand the complex dynamics involved, and develop targeted interventions to address this critical public health issue.

3. Adolescent Suicides in Turkiye

Istanbul Youth Research Center announced to the public the results of its "Youth Suicides in Turkey" research, which it has been carrying out since February 2023 with the support of the Friedrich-Ebert-Stiftung Association (FES). According to the report, which focuses on the phenomenon of youth suicides, in Turkey, according to official statistics (TURKSTAT data), suicide cases resulting in death have been increasing in the last 11 years (between 2011-2022).

According to the TURKSTAT data between 2011 and 2022, the number of suicide cases resulting in death increased from 2611 in 2011 to 4146 in 2022. During this period, it has been observed that cases particularly concentrated within the age range of 15-39 years and the crude suicide rates increased. However, there is a tendency towards a decrease in suicide cases among older age groups. When considering all cases in 2022, the crude suicide rate is recorded as 4.88, while the average crude suicide rate among the age range of 15-39 is 7.38. Within this range, it has been determined that the crude suicide rate increases in the age ranges of 15-19 and 20-24, peaks in the 25-29 age range, and shows a tendency to slow down in the 30-34 and 35-39 age ranges. Similar distributions are observed in other years as well. According to these data, it is evident that youth suicide cases are particularly noteworthy. The geographical and urban distribution of suicides provides crucial data for understanding overall suicide trends. According to the 2022 TURKSTAT data, the region with the highest number of suicide cases is the Mediterranean Region, with 632 cases. Within this region, Adana (131 cases) and Mersin (142 cases) are the provinces with the highest numbers of cases. In the second place is the Aegean Region with 621 cases, where Aydın (79 cases), Denizli (72 cases), and Muğla (86 cases) stand out. Istanbul is in the third place with 508 cases. In all three regions, the age group with the highest number of suicides resulting in death is the 15-39 age range.

Turning back to the year 2011, the region with the highest number of suicide cases is the Aegean Region, with 449 cases. In this region, İzmir (149 cases) is in the first place. Istanbul is in the second place with 387 cases, and the Mediterranean Region is in the third place with 373 cases, where Adana (84 cases) and Mersin (72 cases) are prominent.

In these geographical regions, it is observed that suicide cases increase after the age of 15, stabilize in the 35-45 age range, and gradually decrease in the older age groups.

According to the report, when looked at in terms of the crude suicide rate, the suicide cases resulting in death have increased from 3.61 in 2011 to 4.88 in 2022. In 2011, the provinces with the highest rates were Ardahan (11.27), Tunceli (7.42), and Aydın (6.94), respectively. In 2022, the provinces with the highest crude suicide rates are Tunceli (14.28), Uşak (10.15), and Iğdır (9.34).

The crude suicide rates/orations identified in Tunceli between 2009 and 2022 are noteworthy: the crude suicide rate, which was 12.98 in 2009, rose to 16.27 in 2010. The lowest year was 2012 (the only year below the Turkish average) with 3.50. In other years, it has always been above the Turkish average, and this rate has increased from year to year.

Regarding the provinces with the fewest cases identified: In 2011, there was not a single recorded case in Bayburt; the province with the lowest crude suicide rate was Rize with 0.62. In 2022, the province with the lowest case rate is Gümüşhane with a crude suicide rate of 0.68.

One of the most distinguishing characteristics of suicide statistics from 2011 to 2022 is the relationship between education level and suicide rates: during this period, the number of suicides among graduates of middle school and high school equivalents has significantly increased. The percentage of middle school graduate suicides, which was 7.4% in 2011, increased to 26.9% in 2022; while the percentage of high school graduate suicides, which was 15.2%, jumped to 27.8%.

4. Adolescent Suicides in The World

Adolescent suicides are a significant issue worldwide, with suicide rates among adolescents increasing every day. It is such a significant problem that, according to the World Health Organization (WHO) statement in 2023, suicide ranks as the fourth leading cause of death among individuals aged 15-29, surpassed only by accidents, violence, and infectious diseases.

According to data shared by the Kaiser Family Foundation (KFF) in 2023, in the United States alone, 1,767 children aged 0-17 died by suicide.

According to OECD data, in 1990, there were on average 8.5 suicides per 100,000 teenagers aged 15-19 across the countries. By 2015, this rate had dropped to 7.4. Much of this decline occurred during the 2000s. Between 1990 and 1999, the OECD average teenage suicide rate remained relatively stable, at around 8.4 suicides per 100,000 individuals. However, this average decreased throughout the 2000s, reaching 6.3 per 100,000 in 2007. Except for 2008, the average rate remained below 7.0 until 2014, although it slightly increased in 2014 and 2015.

According to a report prepared by the Centers for Disease Control and Prevention (CDC) examining mental health and suicide tendencies between 2011 and 2021, 13% of high school girls had attempted suicide. 30% of these girls had seriously considered suicide. These alarming rates were even higher among LGBTQ+ youth. More than 20% of LGBTQ+ youth had attempted suicide, and 45% had seriously considered it. These findings indicate serious concerns about mental health and suicide risk among youth, particularly highlighting the higher risk among LGBTQ+ youth. This underscores the need for increased attention and resources for youth mental health and suicide prevention services in society.

5. Ideal of the Relationship Between Parent and Children

The ideal parent-child relationship is characterized by open, honest, and effective communication, which involves active listening, empathy, and mutual understanding. Parents create an environment where their child feels safe to express their thoughts, feelings, and concerns without fear of judgment. Unconditional love forms the cornerstone of this relationship, where parents provide unwavering support, acceptance, and affection, irrespective of their child's successes or failures. They consistently express love through both words and actions, creating a sense of security, self-worth, and belonging for the child. Trust and respect are nurtured by recognizing the child as an individual with their own thoughts, emotions, and boundaries. Parents trust their child's abilities, decisions, and judgment within age-appropriate limits, allowing them to develop independence and responsibility. Mutual respect is fostered by treating the child with dignity, acknowledging their unique perspectives, and involving them in decision-making processes that affect them.

Setting clear and consistent boundaries is crucial for the child's healthy development. These boundaries provide structure, guidance, and a sense of security. Parents communicate these boundaries effectively and enforce them in a fair and consistent manner. However, they also allow room for the child's growth, independence, and decision-making within those boundaries, ensuring a balance between guidance and autonomy. Emotional support plays a vital role in an ideal parent-child relationship. Parents are emotionally available for their child, actively listening to their feelings, providing comfort, and offering guidance during challenging times. They validate the child's emotions, teaching them healthy coping mechanisms and problem-solving skills. By fostering emotional intelligence and resilience, parents equip their child with the tools to navigate their emotions and relationships effectively. Spending quality time together strengthens the bond between parents and children. Engaging in shared activities, having meaningful conversations, and creating positive memories help build a strong

connection. Parents prioritize quality time and ensure they are fully present and engaged, showing genuine interest in their child's life.

Positive discipline is an integral part of the ideal parent-child relationship. It involves teaching and guiding the child toward positive behavior rather than resorting to punitive measures. Parents reinforce positive actions, set clear expectations, and provide constructive feedback. Discipline is consistent, fair, and age-appropriate, promoting the child's personal growth, self-discipline, and responsibility.

Parents serve as role models for their children, shaping their character and values. They model the behaviors they want to see in their child, such as kindness, empathy, integrity, and respect. By demonstrating these positive qualities, parents inspire their child to emulate them, ultimately contributing to the child's moral and ethical development.

As children grow, parents support their increasing independence and autonomy. They encourage the child to make age-appropriate decisions, take on responsibilities, and learn from their mistakes. Parents provide guidance, allowing the child to explore their interests, talents, and passions. This support fosters confidence, self-reliance, and a sense of identity.

6. Causes of Adolescent Suicides

6.1. Psychological Factors

Research conducted on individuals who have engaged in suicidal behavior indicates that 90% of those who have completed suicide are diagnosed with depression (Apaydın, 2016). Approximately 15% of individuals with depression lose their lives as a result of suicide attempts (Atli et al., 2014)). The suicide rate of people suffering from depression who killed themselves despite receiving medication and treatment is measured at 3%. This comparatively low rate indicates that there are many people who are depressed that do not receive any psychological support. The suicide rate among schizophrenia patients is around 10-15%, and the rate of suicide attempts among schizophrenic patients is reported to be between 20-50% (Atmaca et al., 2016). One striking point is that individuals diagnosed with schizophrenia tend to choose more painful and distressing methods when attempting suicide compared to other patients. Moreover, schizophrenia patients are at a higher risk for suicide. Overlooking the risk of suicide in schizophrenic patients while treating their depression can lead to adverse outcomes. Therefore, it is important to thoroughly examine the factors that can cause suicide in schizophrenia patients (Şevik et al., 2012). Individuals consuming large amounts of alcohol and other substances also exhibit high rates of both suicide attempts and completed suicides. It has been observed that individuals with such habits often engage in suicide by alcohol poisoning or overdose. Observations of individuals with these types of addictions are crucial. Monitoring high-risk individuals in inpatient units plays a significant role in reducing potential risks (Bakım, 2007).

6.1.2. Despair

According to Litman, hopelessness, which is considered one of the major reasons for the occurrence of self-harm, is also one of the main factors behind the decline in vital motivation. Hopelessness, which is evaluated as the development of negative thoughts about the individual's current and future conditions, also plays a predictive role in self-harm due to the formation of these thoughts. While hopelessness is commonly used as a situational factor, it has also been included in this research study to emphasize that it has characteristics of its own. The research should examine the relative predictable benefits of being hopeless compared to being hopeful and excited. Hopelessness, defined as pessimism about the future, has been

found to be a strong predictor of all indicators of suicidal thoughts and behaviors. In a classic study, it was predicted that 91% of suicides were based on hopelessness. However, the results of a 12-year study comparing hopelessness with suicidal ideation in Finland (based on a sample of 224 suicide attempts) showed that hopelessness was not a significant predictor of suicide. A recent small-scale study on suicide attempts showed that when analyzing suicide attempts and a history of confinement, future suicide attempts were not significantly predicted within 4 years. These mixed results suggest that while hopelessness may be important in the development of suicidal thoughts, other factors may be more effective in predicting suicide attempts.

6.1.3. Perfectionism

Despite several clinical studies, there is increasing evidence that perfectionism is associated with suicidal thoughts and suicide attempts. Perfectionism can be defined in many different ways, and not all types of perfectionism has the same risk of suicide. One type, called social perfectionism, is defined as the belief that individuals have unrealistic expectations of others. Such expectations may not be regarded well by the society. Recent research has shown that the social aspects of perfectionism increase suicide risk by promoting feelings of social isolation, which is consistent with the integrative motivation and desire model in interpersonal self-theory. Specifically, perfectionistic beliefs can interact with other factors to prevent escape from a suicidal event or increase the risk of suicidal ideation and self-harm. The Big Five Personality Traits are Neuroticism, Extraversion, Agreeableness, Openness to Experience, and Conscientiousness. Generally, high levels of neuroticism and low levels of extraversion are associated with selfish thoughts, efforts, and achievement, but there are exceptions as well. In an 18-year follow-up study of individuals with depression, neuroticism did not predict future suicide risk. The combined effect of high neuroticism and low leisure time may be a stronger suicide predictor than neuroticism alone. The proposed interaction in this regard is consistent with existing theories that suggest individuals who are more sensitive to suicide stress are at higher risk of suicide (Bongar et al., 1989).

6.2. Family Factors

Family is the social structure within which an individual constantly resides and fulfills all their needs from birth onwards in a changing societal structure (Bayer, 2013). Behaviors observed in societies where family structures are strong are more focused on strengthening social interactions. Having frequent activities that bring families together increases social communication. Factors such as iftar gatherings during the Ramadan month and other holiday celebrations in countries with a large Muslim population bring families together. Religious holidays, as well as various celebrations and festivals, are events that bring families together and strengthen social relationships. It is observed that families that make every effort to improve their relationships contribute to the developmental processes of children (Kocabaş, 2006). Customs and traditions can vary in different societies, and the reactions to events can also vary accordingly. For example, in Pakistan, where the jirga system is prevalent, the punishment given by the jirga to an individual who raped a 13-year-old girl was explained as the rape of the perpetrator's 16-year-old sister. This punishment given by the jirga demonstrates the public's reaction to such incidents (The Scottish Sun, 2017).

Many researchers consider family dysfunction as a contributing factor for suicidal attempts by young people, as it is seen as a component of their family (). Family dysfunction generally refers to situations such as separation, divorce, the death of one or both parents, and similar circumstances. In some cases where one parent has passed away, the young person may

stay with close relatives and may not receive the attention they expect. It can be argued that young people who grow up in environments where one parent is an alcoholic and resorts to violence often face problems and are unable to effectively resolve them, leading them to consider suicide as a way out. The reasons for suicide and suicide attempts encompass a wide range of factors, making it a subject that needs to be approached and examined from multiple disciplines such as biology, psychology, psychiatry, and sociology (Jeong et al., 2020).

McAnarney, emphasizing the importance of the family environment in the upbringing of young people, states that in environments where family bonds are strong, the suicide rate is low, whereas in environments lacking strong family bonds, the suicide rates are higher. Otto points out that the family environment becomes problematic due to factors such as mental illness, personality disorders, alcoholism, and other mental and social disturbances. The negative conditions of experiencing a troubled childhood, especially the breakup of the family, illegitimate birth, and the early loss of one or both parents, can expose children or young people to emotionally challenging situations they cannot cope with, leading to suicide being perceived as a challenge to adversities ().

Jacobs states that in young people who clearly display a tendency towards suicide, family control and demands are often excessive. He indicates that most of these young people come from low-income families with occasional control.

Suicide does not occur in a societal vacuum. Having a history of suicide in the family increases the risk of suicide, and this effect is independent of the mental disorders occurring in the family and therefore partly associated with social contagion. Adolescents exhibiting suicidal behavior establish relationships with their family or friends through these behaviors. The mother's suicide behavior is more strongly associated with the child's consequent suicide behavior than parental suicide behavior is likely to affect young adults or the elderly (Conejero et al., 2018). Many researchers consider family dysfunction as a contributing factor for suicidal attempts of young people, expressing it as a component of their family. Family dysfunction generally refers to situations such as separation, divorce, the death of one or both parents, and similar circumstances. In some cases where one parent has passed away, the young person may stay with close relatives and may not receive the necessary care. It can be argued that young people who grow up in environments where one parent is an alcoholic and resorts to violence often face problems and are unable to effectively resolve them, leading them to consider suicide as a way out. The reasons for suicide and suicide attempts encompass a wide range of factors, making it a subject that needs to be approached and examined from multiple disciplines such as biology, psychology, psychiatry, and sociology. A family needs to be more tolerant and forgiving to help its members maintain dependent interactions. Psychoanalytic family counseling emphasizes the interaction among family members with a highlight on the interaction between spouses and between each parent and child. Experiences with one's own family affects the individual's subsequent relationships because early experiences are internalized. They become internal models, the inner schemas of the relationship in one's psyche. In other words, experiences with the family during childhood influence individuals' close/intimate relationships. It is observed that the communication environment within the family is an important factor in adolescents' negative perception of their parents. It is stated that adolescents who attempted suicide and have substance abuse problems also have unhealthy communication with their parents. It has been found that adolescents with alcoholic parents are negatively affected by this, and these young people exhibit various adjustment problems and communication disorders. It has been determined that parents have an influential role in adolescents' substance use, and it has been found that substance-dependent adolescents have parents who are not fulfilling their functions adequately (Wagner et al., 2003).

In a study conducted by Kabasakal (2005), it is noted that the highest number of suicide cases is found between age groups of 15-24 and 25-34, and the leading cause of suicide is family

conflict. Furthermore, it can be said that the reasons for conflict among individuals in the 15-24 age group are more related to the family atmosphere, leading to disagreement or conflict between parents and younger generations or other members of the family. The tension arising from conflicts or similar reasons in relationships among family members paves the way for physical or psychological disturbances in the child. Individuals who cannot find the necessary material or emotional support from their family environment may seek solutions in negative habits such as alcohol or drugs (Kabasakal, 2005).

Individuals prone to suicide often exhibit behavioral disorders, and among these, aggression is the most common. Research conducted by Weissinger et al. (2022) on children indicates that severe arguments and intense violence within the family negatively affect children's academic performance and their attitudes towards daily life. According to Finch and Poznanski, the risk of suicide increases in young people who witness the death of a parent, guardian, or significant relative. Suicide and suicide attempts in young people can be a means of trying to be together again with the lost loved one. The situation that arises from the death of a parent, divorce, separation, or change in family composition can hinder the young person's ability to put themselves in the place of an adult model. This can lead to impulsive desires for self-harm and the actualization of such behaviors as a way to avoid facing failure (Velez-Grau et al., 2022).

Based on this situation, when family relationships serve as a balance to the lack of love experienced during childhood, young people often engage in intense emotionally charged relationships. Such a relationship can be a bond between two individuals who are not mature enough. If such a relationship breaks down, the result can be a profound and intense regret reaction. Additionally, at an early age, what accelerates suicidal tendencies in one's later life is not only the loss of a parent in childhood but also the loss of love that arises from the loss of a parent, which presents the individual with difficult problems to solve.

In suicidal behaviors of adolescents with a dysfunctional and worn-out family structure, it is observed that suicides stem from a disturbed psychology. Many of these children have been diagnosed with depression, and as a result of their suicidal behavior, symptoms such as school absenteeism and decreased zest for life are observed. The influence of familial factors has also been taken into account when observing suicide behaviors in adolescents. Accordingly, the socio-economic and demographic effects of families are interpreted as significant influences on suicidal behaviors in adolescents (Eraslan et al., 2021).

According to Pereira et al. (2018), negative experiences within the family have a significant impact on an adolescent's mental health. Although young individuals may appear independent and mature, they actually need the support provided by their family. The young person also requires a sense of security provided by the family. However, negative developments within the family environment negate the benefits it could provide. Family problems are closely related to suicidal behavior in adulthood and adolescence (Keitner et al., 1990). Furthermore, it is mentioned that in adolescents or young people, there is a higher level of forward-looking expectations or dreams, which often have a socio-economic character. If these expectations are not fulfilled, they may quickly fall into emotional emptiness.

Akbaş and Yiğitoğlu (2021) state that specific problems experienced by children during adolescence have a negative impact on their lives, and these negative conditions can also lead to trauma in children. Particularly during adolescence, where aggressive behaviors are observed, self-harm behaviors may also be observed.

According to Maslow, an important representative of positive psychology, individuals have unlimited needs, and when one need is satisfied, a new need emerges (McLeod, 2020). According to Maslow's hierarchy of needs, individuals determine their personal development from general to specific. This hierarchy consists of physiological needs at the base of the pyramid, followed by needs for safety, love/belonging, esteem, and self-actualization, and these

needs form a sequence among themselves, corresponding to levels of personal development. Every unmet need becomes a source of motivation in daily life for individuals, and once these needs are fulfilled, they lose their motivational impact (Cherry, 2021). Individuals cannot pursue another need without satisfying their current need (Mittelmann, 2016). When an individual satisfies their need, they pave the way for a new need to arise, creating a constant tension (Abulof, 2017). As individuals strive to achieve a new balance due to this tension, they both struggle and reject this attainment at the same time (Abulof, 2017). According to Maslow, one of the most effective ways to reduce this tension is to fulfill the "deficiency motivations" (thirst, sexuality). Only when these motivations are satisfied can an individual achieve balance. Although fulfilling deficiency motivations is effective in achieving balance, satisfying "motivations for growth" (unconditional love, curiosity, personal development) is both difficult and even when these motivations are met, individuals are not sufficiently satisfied, which increases the tension towards daily life (Yavaş et al., 2021).

6.3. School Factors Against Adolescents

When examining the relationship between the school environment and suicide risk among adolescents, it's essential to consider various factors. Academic pressure, including high expectations, exams, and competition, can contribute to increased stress and anxiety levels, elevating the risk of suicidal thoughts and behaviors (Park et al., 2021). Additionally, bullying and social isolation within the school setting can create a hostile environment for vulnerable students, further amplifying suicide risks. To address these issues, schools should provide psychological counseling services to support students' mental well-being and educate staff on recognizing and responding to signs of distress (Anderson et al., 2022). Nurturing positive peer relationships and offering programs to enhance social skills can reduce isolation. School-based suicide prevention initiatives, including education on recognizing warning signs and early intervention, play a crucial role in mitigating suicide risk. Fostering a supportive and inclusive school culture, where academic success is not the sole focus and where self-esteem is nurtured, is integral to creating a safe and protective school environment for adolescents (Clarke et al., 2022).

In addition to these measures, it's crucial to empower educators and staff with training on mental health awareness, risk assessment, and crisis intervention. Schools can also promote open communication channels between students, teachers, and counselors, encouraging students to share their emotional struggles without fear of stigma.

Furthermore, addressing the academic challenges that contribute to stress is essential. Schools can implement strategies like stress reduction programs, workload management, and fostering a growth mindset to reduce the pressure on students.

Lastly, acknowledging the diverse cultural and socioeconomic backgrounds of students is vital. Tailoring interventions and support services to meet the specific needs of different student populations can be more effective in reducing suicide risk. This holistic approach to suicide prevention in the school environment encompasses both identifying and addressing the factors within the school's control and creating a nurturing, inclusive atmosphere that prioritizes the mental well-being of its students, ultimately contributing to a safer environment for adolescents.

6.3.1. Bullying and Adolescents

The relationship between peer bullying and adolescent suicides is a complex and significant factor. Peer bullying, which involves intentional harm through constant threats, humiliation, physical or verbal attacks, has profound psychological effects on victims (Azua

Puentes et al., 2020). It can lead to low self-esteem, lack of confidence, anxiety, depression, and traumatic stress in targeted adolescents, all of which can increase the risk of suicide (Cuesta et al., 2021). Additionally, bullying often results in isolation and loneliness, as victims may withdraw from social interactions and develop a sense of being excluded or rejected by their peers (Ong et al., 2021). The prolonged exposure to bullying can create a sense of hopelessness and despair, further contributing to the vulnerability of adolescents to suicidal thoughts and actions. It is crucial to address and prevent peer bullying to protect the well-being and mental health of adolescents and reduce the risk of tragic outcomes such as suicide (Polat, 2021).

Furthermore, the impact of peer bullying on adolescent suicides extends beyond the immediate psychological effects. Persistent bullying can erode an individual's support system, as victims may find it difficult to trust others or seek help due to fear of judgment or further victimization (Bottino et al., 2015). This isolation can exacerbate feelings of despair and hopelessness, intensifying the risk of suicidal ideation. Additionally, the pervasive nature of modern technology and social media can amplify the effects of bullying, as cyberbullying allows for 24/7 harassment and public humiliation, further intensifying the emotional distress experienced by adolescents (Zaborskis et al., 2019).

It is important to recognize that peer bullying is often a reflection of wider systemic issues within schools, communities, and society as a whole (Kwan et al., 2022). Creating safe and supportive environments that promote empathy, inclusivity, and respect is crucial for preventing bullying and its associated consequences. Educational institutions should implement comprehensive anti-bullying policies and provide training for teachers and staff to effectively identify and address bullying incidents. Encouraging peer support programs and fostering a culture of kindness and acceptance can also contribute to reducing the occurrence of bullying (Dorol-Beauroy-Eustache & Mishara, 2021).

Furthermore, parents and caregivers play a vital role in recognizing the signs of bullying and providing emotional support to their children (Benatov et al., 2022). Open lines of communication and active involvement can help adolescents feel safe in seeking guidance and assistance when dealing with bullying situations. Additionally, mental health professionals should be involved to provide counseling and therapy to both the victims and perpetrators of bullying, addressing the underlying issues and promoting healthier coping mechanisms (Polat, 2021).

In summary, addressing the relationship between peer bullying and adolescent suicides requires a multifaceted approach that involves creating safe environments, implementing effective policies, promoting empathy and respect, educating stakeholders, and providing comprehensive support services. By addressing the root causes of bullying and fostering positive social interactions, we can work towards reducing the devastating impact of bullying on adolescent mental health and preventing tragic outcomes such as suicide.

7. Dangerous Dimensions of Adolescent Suicides

Adolescent suicide is a deeply concerning and complex issue that demands a thorough examination of its various dimensions and underlying factors. Extensive research in the field has shed light on the multifaceted nature of adolescent suicide and identified several key contributors to its dangerous dimensions, highlighting the need for comprehensive strategies and interventions. One significant factor associated with adolescent suicide is the presence of mental health disorders, including depression, anxiety, and substance abuse. Numerous studies have found a strong association between these conditions and suicidal thoughts and behaviors among adolescents (Bridge et al., 2006; Nock et al., 2013). Adolescents grappling with mental health challenges often experience feelings of hopelessness, emotional distress, and social

isolation, which can exacerbate their vulnerability to suicidal ideation and actions (Kessler et al., 2005).

The influence of peers and the prevalence of cyberbullying have also emerged as prominent contributors to adolescent suicides. In today's digital age, adolescents are exposed to online interactions through social media platforms, which can intensify feelings of inadequacy, rejection, and social exclusion. Cyberbullying, in particular, has been linked to increased rates of suicidal ideation and attempts among adolescents (Klomek et al., 2007). The anonymity and pervasive nature of online communication platforms can amplify the harmful effects of bullying, leading to devastating consequences for vulnerable individuals.

Furthermore, the academic environment can significantly impact adolescent suicide risks. High levels of academic pressure, competition, and the pursuit of academic excellence can impose immense stress on young individuals. The fear of failure and the constant need to meet unrealistic expectations can erode self-esteem and contribute to the heightened risk of suicide among adolescents (Conley et al., 2019). Educational institutions need to foster supportive and nurturing environments that prioritize mental well-being alongside academic achievement.

Dysfunctional family dynamics and adverse childhood experiences also play a crucial role in the development of suicidal ideation and behaviors among adolescents. Conflicts, neglect, abuse, or a lack of emotional support from the family can create an environment of distress, alienation, and emotional turmoil. Adolescents who experience strained relationships with their parents or siblings may struggle to cope effectively with their emotions, increasing their vulnerability to suicidal behaviors (Brent et al., 1993). Family-based interventions and support services are vital in addressing these underlying issues and providing a protective and nurturing environment for young individuals. Access to means of self-harm is another significant risk factor for adolescent suicide. Easy availability of firearms, medications, or other lethal methods increases the likelihood of completed suicides, particularly in impulsive situations (Miller et al., 2009). Restricting access to lethal means, promoting safe storage practices, and implementing responsible prescribing practices are crucial strategies in preventing adolescent suicides.

Moreover, the presence of stigma surrounding mental health issues and limited awareness about available resources act as significant barriers to help-seeking behavior among adolescents. Fear of judgment, rejection, or being misunderstood by peers, teachers, or family members can prevent young individuals from reaching out for timely support (Rice et al., 2012). Efforts should focus on destigmatizing mental health, increasing awareness about available resources, and promoting open discussions about mental well-being within schools, families, and communities.

Addressing the dangerous dimensions of adolescent suicide requires a comprehensive and multifaceted approach. It entails implementing evidence-based prevention programs, promoting mental health literacy and education in schools, creating supportive and inclusive environments within families and communities, enhancing access to mental health services, and integrating suicide prevention efforts into healthcare systems. Additionally, fostering positive coping skills, resilience, and emotional well-being among adolescents can contribute to reducing the incidence of suicidal behaviors (World Health Organization, 2014).

One important aspect of prevention is early identification and intervention for at-risk individuals. School-based programs that focus on mental health screening, training teachers and staff to recognize warning signs, and providing access to counseling services can play a significant role in identifying vulnerable adolescents and connecting them with appropriate support (Aseltine et al., 2007). Community-based initiatives, such as youth centers and support groups, can also provide a safe space for adolescents to share their experiences, build resilience, and receive guidance from trained professionals.

Collaboration between different stakeholders is essential for effective suicide prevention. Parents, educators, mental health professionals, policymakers, and community leaders must work together to create a comprehensive network of support. This includes establishing protocols for crisis response, improving communication and coordination between schools, healthcare providers, and mental health services, and implementing evidence-based interventions at both individual and community levels (Goldston et al., 2016).

It is crucial to invest in research that examines the effectiveness of prevention strategies and identifies emerging risk factors and trends. This includes studying the impact of social media and technology on adolescent mental health, exploring the role of cultural and societal factors in suicide rates, and developing innovative approaches to engage and empower adolescents in their own mental health care (Franklin et al., 2017). By staying informed and responsive to the evolving landscape, we can adapt our prevention efforts to effectively address emerging challenges.

Creating a supportive and stigma-free environment is essential in preventing adolescent suicide. Promoting mental health literacy and destigmatizing mental health issues through public campaigns and educational programs can help raise awareness and encourage help-seeking behaviors (Corrigan et al., 2016). Schools can implement anti-bullying initiatives, peer support programs, and promote positive school climates that foster acceptance, inclusivity, and emotional well-being.

Furthermore, fostering resilience and coping skills among adolescents is crucial for suicide prevention. Providing opportunities for social and emotional learning, teaching healthy coping mechanisms, and promoting self-care practices can equip adolescents with the tools they need to navigate challenges and seek help when necessary (Wyman et al., 2010). By nurturing a sense of belonging, purpose, and connectedness, we can build protective factors that mitigate the risk of suicidal ideation and behavior.

8. The Connections Between Technology Use and Suicides In Adolescents

Technology has become an integral part of adolescents' lives, offering them opportunities for communication, information access, and entertainment. However, excessive or problematic technology use can contribute to mental health issues and increase the risk of suicide among adolescents (Dreier et al., 2023).

One important factor to consider is the impact of social media on adolescent well-being. Adolescents spend a significant amount of time on social media platforms, where they engage in activities such as posting, liking, commenting, and comparing themselves to others. The constant exposure to carefully curated versions of others' lives can lead to negative social comparisons, feelings of inadequacy, and a distorted perception of reality. Research has linked high levels of social media use to increased depressive symptoms and suicidal ideation among adolescents (Boers et al., 2019; Sampasa-Kanyinga et al., 2020). Cyberbullying is another distressing consequence of technology use. It involves the use of digital platforms to harass, intimidate, or humiliate others. Cyberbullying can be relentless, as it can occur at any time and reach a wide audience. Victims of cyberbullying often experience emotional distress, social isolation, and a sense of powerlessness. The humiliation and shame associated with cyberbullying can contribute to increased risk of self-harm and suicidal behavior (Kowalski et al., 2014).

Moreover, exposure to explicit or graphic content related to self-harm or suicide can have detrimental effects on vulnerable adolescents. Online platforms may inadvertently expose young individuals to harmful content, which can trigger and normalize self-destructive behaviors. Research suggests that such exposure can increase the likelihood of suicidal ideation and suicide attempts (Marchant et al., 2017; O'Connor et al., 2017).

The addictive nature of technology can also exacerbate mental health issues among adolescents. Excessive use of digital devices, such as smartphones or gaming consoles, can lead to social withdrawal, disrupted sleep patterns, and reduced physical activity, all of which are risk factors for poor mental health and suicidal behavior (Lemola et al., 2015; Elhai et al., 2017).

It's important to note that not all adolescents are equally vulnerable to the negative effects of technology use. Factors such as pre-existing mental health conditions, family dynamics, and individual resilience play a role in determining the impact of technology on their well-being. Adolescents with pre-existing mental health issues may be more susceptible to the negative influences of technology and require additional support. Addressing the connection between technology use and adolescent suicide requires a multi-faceted approach. Prevention efforts should focus on raising awareness about the potential risks associated with technology use and promoting responsible digital citizenship. Schools, parents, and mental health professionals should educate adolescents about healthy online behavior, critical media consumption, and strategies to cope with cyberbullying.

Interventions should involve collaboration between technology companies, educators, and mental health professionals to create safe online environments, implement effective anti-cyberbullying measures, and provide resources and support for vulnerable adolescents. Online platforms can employ algorithms and content moderation strategies to identify and remove harmful content related to self-harm and suicide. Additionally, mental health professionals should receive training on how to address technology-related concerns in clinical settings. They can incorporate digital interventions into therapy, such as using smartphone applications or online support groups, to provide timely support and guidance to adolescents who may be at risk.

One of the major reasons for the dangerous dimension of the advanced cyber world is the ability of attackers to easily conceal their identities (Peterson et al., 2017). In the cyber realm where all forms of abuse and violence, especially emotional and sexual abuse, occur, children are the most vulnerable group at risk (Panahans et al., 2022). One of the main reasons why perpetrators particularly resort to cyber abuse to such an extent is the inadequate development of the legal system against cyber violence and the low probability of apprehension in cyber crimes. Despite efforts to take various measures against cyber violence, there are certain reasons for its widespread prevalence. These include:

1. **Pervasiveness:** The potential of violence to spread rapidly in the online environment.
2. **Accessibility:** The ease with which anyone can access and retrieve shared content in the global online space, where information remains permanently.
3. **Anonymity:** The ability of perpetrators to easily hide their identities in the cyber world.
4. **Action Distance:** The capability of cyber violence to occur from any distance, regardless of proximity.
5. **Automation:** The facilitation of violent actions and expressions through technology

One of the reasons why cyber violence poses such a significant risk, especially for children, is the lack of awareness among parents compared to other forms of violence (Relinque et al., 2022). Bullying is frequently observed on social media platforms where personal thoughts are often shared. Behaviors such as mocking the appearance of someone, ridiculing their ideas and beliefs, making threats, and blackmailing them have been reported (Nagle, 2018). Considering the destructive impact of such bullying, it is believed that children, who are more vulnerable than adults, will suffer more. In fact, Alotaibi et al. (2022) have demonstrated the link between cyber violence and suicide. Recently, a popular form of cyber violence targeting

children and adolescents is the "Blue Whale" challenge presented under the guise of a "game". In this game, which progresses through various rules and tasks, the child is threatened with harm to themselves and their family members should they fail to fulfill the given orders. This game has a severe traumatic effect on the participating child, often leading to suicide (Khasawneh et al., 2020). When considering technology as a factor, it poses a high risk depending on the exposure of users, and the inflicted bullying particularly lowers the life motivation of children, leaving negative traces in their daily lives. It should be noted that although children are often the victims, it has been reported that adults also suffer through cyber violence (Grossberg & Rice, 2023).

Further research is needed to deepen our understanding of the intricate relationship between technology use and adolescent suicide. Longitudinal studies and qualitative research can help identify specific risk and protective factors within the digital landscape. By continuously examining this dynamic relationship, we can develop evidence-based strategies to promote mental well-being and prevent suicide among adolescents in the digital age.

9. Forensic Science Dimension of Adolescent Suicides

The forensic aspect of adolescent suicides plays a crucial role in the examination of these tragic events and gaining a deeper understanding of them. Forensic sciences encompass various disciplines such as forensic medicine, toxicology, psychology, and psychiatry, which are utilized to investigate the environmental factors, causes, and consequences of adolescent suicides (Latysh, 2022).

Forensic pathologists conduct autopsies to examine adolescent suicides and determine the cause and manner of death. During the autopsy, physical findings, injuries, toxicological evidence, and medical history are examined to determine the cause of death and to identify contributing factors to the suicide. Toxicology analysis plays a significant role in forensic investigations of adolescent suicides. This analysis involves examining biological samples such as blood or urine to detect the presence of drugs, medications, or other harmful substances that may have played a role in the suicidal act. Psychological and psychiatric evaluations are conducted to assess the mental state of the adolescent prior to the suicide. These evaluations may involve reviewing the individual's medical records, interviewing family members or friends, and analyzing any existing suicide notes or electronic communications. The aim is to identify underlying mental health issues, psychosocial stressors, or risk factors that may have contributed to the suicide (Mejias-Martin et al., 2023).

Psychological autopsies, an essential component, delve into the psychological state of the deceased, examining medical records, conducting interviews with family and friends, and scrutinizing factors such as mental health history, recent life events, and the contents of suicide notes, all aimed at gaining a deeper understanding of motives and the individual's mental state leading up to the act (Papadodima et al., 2020). Crime scene investigations entail a meticulous examination of where the suicide occurred, considering elements like body positioning, the existence of suicide notes, and potential signs of foul play, ensuring a thorough reconstruction of events. In cases involving firearms, ballistics experts meticulously analyze the weapon, bullet trajectory, and gunshot residue, determining if the death resulted from a self-inflicted gunshot wound or if external factors were involved. Digital forensics ventures into the realm of electronic devices, extracting valuable insights from computers and smartphones, including online activity, social media interactions, and internet searches related to suicidal ideation, shedding light on the individual's mental state and potential sources of influence. Data analysis, another crucial aspect, utilizes statistical methods to identify trends, risk factors, and common characteristics among adolescent suicide cases, thereby aiding public health officials, policymakers, and mental health professionals in developing targeted prevention strategies.

Additionally, forensic experts examine digital evidence such as social media posts, online activities, or electronic communications to gain insights into the adolescent's emotional state, interactions with others, or potential exposure to online bullying or harassment. It is important to note that the examination of adolescent suicides within the realm of forensic sciences is a multifaceted and complex process. The findings from forensic investigations and evaluations can provide valuable information for understanding the environmental conditions, motivations, and potential prevention strategies related to adolescent suicides. The forensic science dimension of adolescent suicides not only contributes to piecing together the puzzle surrounding these heartbreaking events but also plays a pivotal role in informing and enhancing prevention programs and support services, paving the way for a more comprehensive understanding and, hopefully, the mitigation of such devastating incidents among adolescents.

10. Psychological Dimension of Adolescent Suicides

The psychological dimension of adolescent suicides encompasses a range of profound and complex factors. Numerous psychological factors can influence the risk of suicide, often involving multiple factors simultaneously. Suicide attempts or suicidal ideation are typically associated with the individual's emotional, social, and mental well-being (Shain, 2016).

The first factor is often related to mental health issues such as depression, anxiety disorders, or other mental health conditions. Adolescents are particularly susceptible to mood swings and emotional fluctuations during this period due to hormonal and brain developmental changes. If these difficulties are not adequately addressed or treated, the risk of suicide may increase (DeVylder et al., 2015).

A second factor is the quest for identity that emerges during adolescence. Adolescents may encounter challenges while exploring their identities and striving for acceptance. Certain groups, such as LGBTQ+ youth, may face additional struggles related to sexual orientation or gender identity, which can contribute to their vulnerability (Aranmolate et al., 2017).

Another important psychological factor is the experience of social isolation or a lack of social support. Adolescents who feel disconnected from their peers, family, or community are at a higher risk of suicidal thoughts or behaviors. Bullying, rejection, or a sense of being misunderstood can intensify feelings of loneliness and despair. Another crucial psychological factor is the presence of previous suicide attempts or exposure to suicide within the adolescent's social circle (Sahoo et al., 2023). Research has shown that individuals who have attempted suicide in the past are at a higher risk of subsequent attempts (Tsai et al., 2023). Additionally, being exposed to suicidal behaviors or losing someone to suicide can have a profound impact on an adolescent's mental well-being and increase their vulnerability. The presence of underlying psychological pain or emotional distress is also a significant aspect to consider. Adolescents who struggle with unresolved trauma, intense emotional pain, or feelings of hopelessness may view suicide as a way to escape their suffering (Perrot et al., 2018). It is important to address these underlying issues through therapy, counseling, or other appropriate interventions.

Moreover, certain personality traits and cognitive factors can contribute to the psychological dimension of adolescent suicides. Adolescents with low self-esteem, perfectionistic tendencies, or a pessimistic outlook on life may be more prone to suicidal thoughts and behaviors. Additionally, cognitive distortions such as negative thinking patterns, distorted perceptions of reality, or a sense of being trapped can further exacerbate an individual's suicidal ideation.

It is worth mentioning that the psychological dimension of adolescent suicides is complex and multifaceted, and there is often an interaction between various psychological, social, and environmental factors. Understanding these factors and their interplay is crucial for

implementing effective prevention strategies and providing appropriate support to adolescents at risk.

10.1. Self-esteem and Suicide Risk in Adolescents

Self-esteem, the subjective evaluation of one's self-worth, is a critical psychological factor in the lives of adolescents. Low self-esteem in this demographic has been identified as a significant risk factor for suicidal thoughts and behaviors. Adolescents with diminished self-esteem may grapple with feelings of inadequacy, self-doubt, and hopelessness, often exacerbated by peer pressure, bullying, and body image concerns (Sousa et al., 2023). These negative self-perceptions can erode their resilience and coping mechanisms, potentially leading to self-harming behaviors or substance abuse as maladaptive responses to stressors. Conversely, nurturing healthy self-esteem through supportive environments, positive role models, and interventions aimed at fostering resilience and coping skills can serve as a protective factor, reducing the likelihood of suicidal ideation and self-destructive behaviors among adolescents, highlighting the critical role self-esteem plays in adolescent mental health and suicide prevention strategies (Yin et al., 2022).

Low self-esteem, often rooted in feelings of worthlessness and self-doubt, can be a pivotal factor in the development of suicidal thoughts and behaviors during adolescence. Adolescents frequently grapple with a myriad of emotional challenges, including peer pressure, academic stress, identity formation, and body image concerns. When faced with these stressors, those with low self-esteem may struggle to maintain a positive self-image and cope effectively, making them more susceptible to feelings of hopelessness and despair (Zhao & Wang, 2023).

Bullying, both in-person and, increasingly, online, can be particularly damaging to self-esteem as it fosters a sense of rejection and isolation. Adolescents who experience persistent bullying may internalize negative messages about themselves, leading to further erosion of self-worth (Maclean et al., 2023).

Body image issues are another critical aspect, with societal standards and media portrayals often promoting unrealistic ideals. Adolescents who perceive themselves as falling short of these ideals may suffer from poor body image, which can significantly impact self-esteem. Such negative body image can fuel feelings of inadequacy and self-disgust, contributing to the development of suicidal thoughts (Holman & Williams, 2022).

Furthermore, self-esteem plays a crucial role in how adolescents cope with life's challenges. Those with higher self-esteem tend to employ more adaptive coping strategies, such as seeking social support or problem-solving, when faced with adversity. Conversely, individuals with low self-esteem may resort to maladaptive coping mechanisms like self-harm, substance abuse, or social withdrawal, all of which increase their vulnerability to suicidal behaviors (O'Neill et al., 2022).

Effective suicide prevention strategies must address these complexities. Promoting positive self-esteem in adolescents requires not only providing them with the tools to build self-confidence but also creating environments that foster resilience. Schools, families, and communities should work together to nurture an atmosphere where individuals are celebrated for their unique qualities and where academic success is not the sole measure of self-worth. By bolstering protective factors like social support networks and emotional resilience, comprehensive prevention efforts can significantly reduce the incidence of suicidal ideation and behaviors among adolescents, highlighting the intricate interplay between self-esteem and adolescent mental health (Korkmaz et al., 2019).

11. The Importance of Preventing Adolescent Suicides

Preventing adolescent suicides is crucial due to the vulnerability of this age group. Adolescents experience a multitude of physical, emotional, and social changes, making them particularly susceptible to the pressures of identity formation, academic stress, bullying, peer influence, and family conflicts. These challenges can lead to feelings of hopelessness and isolation, increasing the risk of suicidal thoughts and actions. By intervening and providing support, we can save young lives and preserve the potential contributions these individuals could make to society in their adult years.

The behaviors indicating that children are contemplating suicide are generally as follows:

- Frequently talking about death and expressing a desire to be reunited with the deceased.
- Giving away beloved and valuable possessions to those close to them.
- Purchasing weapons or obtaining drugs that can be used for suicide, and keeping them hidden.
- Saying goodbye to loved ones.
- Exhibiting calm behavior after a severe depression.
- Making plans and statements about ending their lives.
- Decreased interest in social activities.
- Increased self-destructive behavior towards oneself and others.
- Increased substance use or substance abuse.
- Disturbances in sleep and eating patterns.
- Academic failure (Sayar, 2021)

Not only adults but also children who are subjected to bullying by their peers exist, and the school is the most common place where this bullying occurs. Considering that the potential for suicide risk is evaluated as a consequence of all forms of violence, and the school is the place where children spend most of their time, it would be more appropriate to provide awareness campaigns specifically targeting suicide prevention in schools. Siyez (2005) has presented a three-stage suicide prevention model for preventing suicidal behaviors in schools in this regard.

11.1. Primary Prevention

Primary prevention in the context of suicide focuses on comprehensive strategies and interventions aimed at averting suicide before it ever becomes a risk (Adzrago et al., 2021.) These strategies are designed to target the entire population, including individuals who might potentially be at risk of suicide in the future. They encompass a wide range of initiatives, such as public awareness campaigns that educate the general populace about suicide, its risk factors, and the importance of seeking help for mental health issues. Additionally, school-based programs are crucial, as they equip students with emotional intelligence, coping skills, and resources for assistance while also training educators and staff to identify signs of distress in students (Weinstein et al., 2018).

Community-wide educational initiatives further extend this reach by conducting workshops, seminars, and training sessions for community members, leaders, and organizations (Okamura et al., 2021). These programs not only boost awareness but also provide individuals with the knowledge and skills necessary to recognize and respond to signs of suicide risk effectively. Ensuring that mental health services are easily accessible, affordable, and devoid of stigma is another fundamental aspect of primary prevention. When individuals can readily

access help for their mental health concerns, they are less likely to reach a crisis point (Albright & Tower, 2022)

Primary prevention efforts also include the establishment of crisis helplines and hotlines that are available 24/7, providing individuals in crisis with immediate support and resources (Roca & Gili, 2023). Advocating for legislation and policies that enhance mental health services, increase funding for suicide prevention, and regulate access to lethal means is another significant avenue to reduce suicide rates (Reifels et al., 2022).

Collaborating with media organizations to develop responsible reporting guidelines for suicide is vital to prevent the glamorization or glorification of suicide, which can negatively influence vulnerable individuals. Promoting responsible firearm ownership and secure storage of firearms, medications, and other lethal means can reduce impulsive suicide attempts.

Furthermore, primary prevention efforts extend to programs that focus on building resilience in individuals, especially among youth, to help them better cope with stressors and life challenges, reducing the risk of suicide. Encouraging social connectedness and community engagement can also play a pivotal role in reducing feelings of isolation and hopelessness, which are known risk factors for suicide.

Ongoing research into suicide risk factors and effective prevention strategies is essential for continuously improving primary prevention efforts. These strategies should also be evaluated regularly for their effectiveness, and adjustments should be made based on data and feedback. Recognizing that different populations may have unique risk factors and needs, primary prevention efforts should be culturally sensitive and tailored to the specific demographics of the community. Finally, collaboration between government agencies, non-profit organizations, healthcare providers, schools, and community groups is vital for a coordinated and effective primary prevention approach. In sum, primary prevention constitutes a comprehensive and multi-faceted effort aimed at addressing risk factors, promoting protective factors, and fostering a culture of mental health awareness and support to significantly reduce suicide rates among adolescents and the broader population.

11.2. Secondary Prevention

Secondary prevention in the context of suicide is a targeted intervention strategy aimed at identifying individuals who are currently at an imminent risk of suicide or have already engaged in suicidal behaviors. The primary objective of secondary prevention is to swiftly and effectively provide support and treatment to these individuals, with the goal of preventing suicide attempts and mitigating the harm associated with such behaviors (Pridmore & Pridmore, 2019).

This process typically begins with systematic screening and assessment conducted by healthcare professionals, mental health providers, and educators. The purpose is to identify warning signs, suicidal thoughts, self-harm behaviors, and underlying risk factors in individuals. Once individuals at immediate risk are identified, crisis intervention becomes paramount. This involves immediate actions such as contacting emergency services and creating a secure environment to prevent imminent self-harm or suicide (Pumariega, 2021).

A vital component of secondary prevention is the development of safety plans in collaboration with mental health professionals. These personalized plans assist individuals in recognizing and managing suicidal thoughts and behaviors. They typically include strategies for identifying triggers, developing coping mechanisms, and establishing a supportive network of individuals who can offer assistance during moments of crisis (Ivbijaro, 2021).

In severe cases where an individual's safety cannot be guaranteed, psychiatric hospitalization may be necessary to provide intensive treatment and monitoring. Psychotherapy or counseling is often beneficial for individuals identified as at risk, as it allows them to explore

the underlying factors contributing to their suicidal thoughts and behaviors. Medication management may also be integrated into the treatment plan for those with underlying mental health conditions.

Ongoing support and follow-up care are vital to ensure that individuals remain engaged in treatment, receive continuous assistance, and are monitored for any signs of relapse. Gatekeeper training programs educate various individuals, including teachers, healthcare providers, and community leaders, on recognizing signs of suicide risk and responding effectively by referring at-risk individuals to appropriate resources (Henry, 2021).

Crisis helplines and hotlines play a crucial role in secondary prevention by providing immediate support and resources for individuals in crisis. Peer support programs connect individuals at risk with peers who have faced similar challenges, offering a unique form of understanding, empathy, and hope. Involving the family in the treatment and support of at-risk individuals can also be essential for creating a safe and supportive home environment. Additionally, restricting access to lethal means, such as firearms and medications, is a critical safety measure for individuals with a history of suicide attempts or self-harm.

12. Conclusion

In summary, it is increasingly apparent that adolescent suicides cannot be simplistically isolated as individual struggles detached from their scholastic environments. Instead, these tragic events are closely intertwined with the multifaceted challenges presented within the school setting. Academic pressure, often manifesting as high expectations, fierce competition, and relentless exam schedules, acts as a crucible in which the emotional well-being of adolescents is tested. Moreover, peer interactions, both supportive and destructive, exert profound influence, with bullying and social isolation exacerbating the emotional turmoil many adolescents grapple with.

Self-esteem, a cornerstone of adolescent identity development, can be fragile and susceptible to the relentless demands of school life. Negative body image concerns, magnified by societal standards and media portrayal, further erode self-esteem, pushing adolescents into a spiral of self-doubt and despair. Understanding that adolescents are navigating complex ecosystems, where their academic performance, social interactions, and self-perception are all interlinked, is essential. Consequently, addressing adolescent suicides requires a holistic approach that addresses not only individual mental health, but also the broader school environment. Collaboration among schools, families, and communities is paramount to creating environments where students are not only academically challenged but also emotionally nurtured.

Self-esteem, a cornerstone of adolescent identity development, can be fragile and susceptible to the relentless demands of school life. Negative body image concerns, magnified by societal standards and media portrayal, further erode self-esteem, pushing adolescents into a spiral of self-doubt and despair. Understanding that adolescents are navigating complex ecosystems, where their academic performance, social interactions, and self-perception are all interlinked, is essential. Consequently, addressing adolescent suicides requires a holistic approach that addresses not only individual mental health but also the broader school environment. Collaboration among schools, families, and communities is paramount to creating environments where students are not only academically challenged but also emotionally nurtured. When examining the relationship between self-esteem and suicide in adolescents, it becomes evident that low self-esteem often acts as a significant risk factor. Adolescents with diminished self-esteem may grapple with feelings of inadequacy, self-doubt, and hopelessness, often exacerbated by peer pressure, bullying, and body image concerns. These negative self-perceptions can erode their resilience and coping mechanisms, potentially leading to self-

harming behaviors or substance abuse as maladaptive responses to stressors. Conversely, nurturing healthy self-esteem through supportive environments, positive role models, and interventions aimed at fostering resilience and coping skills can serve as a protective factor, reducing the likelihood of suicidal ideation and self-destructive behaviors among adolescents, highlighting the critical role self-esteem plays in adolescent mental health and suicide prevention strategies.

In this context, understanding that adolescents are navigating complex ecosystems, where their academic performance, social interactions, and self-perception are all interlinked, is essential. Consequently, addressing adolescent suicides requires a holistic approach that addresses not only individual mental health but also the broader school environment. Collaboration among schools, families, and communities is paramount to creating environments where students are not only academically challenged but also emotionally nurtured. By recognizing the intricate dynamics at play within the school system and proactively addressing school-related issues, we can hope to reduce the distressing prevalence of adolescent suicides. Empowering our youth to confront these challenges with resilience, hope, and a robust support system is the collective responsibility of society, ensuring they emerge from adolescence stronger and more equipped for life's complexities.

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