ВЫЯВЛЕНИЕ РИСКА СУИЦИДАЛЬНОГО ПОВЕДЕНИЯ У ПОДРОСТКОВ В ОБЩЕОБРАЗОВАТЕЛЬНЫХ ШКОЛАХ

IDENTIFICATION OF THE RISK OF SUICIDAL BEHAVIOR
IN ADOLESCENTS IN SECONDARY SCHOOLS

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Аннотация:

Целью данного исследования было выявление суицидальных рисков у подростков в общеобразовательных школах. Особое значение придается психодиагностическому скринингу, направленному на своевременное выявление подростков с рисками суицидального поведения. В теоретической части работы рассматриваются скрининговые социально-психологические инструменты. Приводятся две основные категории методов: направленные на выявление психологических особенностей, связанных с высокой вероятностью суицида, а также методы, включающие прямые вопросы о наличии суицидальных мыслей и намерений.

В эмпирической части исследования представлены данные скринингового психодиагностического обследования, проведенного на выборке (n=2023) подростков 10-18 лет в общеобразовательных школах с применением методов, направленных на определение риска суицида, а также на выявление модификаций тела и разных видов самоповреждающего поведения. По результатам исследования выделены две группы подростков: с высоким риском, а также с тенденцией к риску суицидального

Abstract:

The purpose of this study was to identify suicide risks in adolescents in secondary schools. Special importance is given to psychodiagnostic screening aimed at timely detection of adolescents with risks of suicidal behavior. The theoretical part of the study the main issue was describing screening socio-psychological tools are considered. There are two main categories of methods: aimed at identifying the psychological characteristics associated with a high probability of suicide, as well as methods that include direct questions about the presence of suicidal thoughts and intentions.

The empirical part of the study was done by interviewing of adolescents (n=2023) aged 10-18 years in secondary schools using methods aimed at determining the risk of suicide, as well as to identify body modifications and different types of self-injurious behavior. The study shows two groups of adolescents: with a high risk of suicidal behavior, as well as a tendency to risk. The results of the study indicated the importance of socio-demographic and psychological characteristics of adolescents at risk. The differences in the age and gender characteristics of adolescents are shown.

поведения. Исследование позволило выявить специфику социально-демографических и психологических особенностей подростков с высоким риском суицидального поведения. Показана динамика суицидального риска в разные возрастные периоды, а также гендерные особенности. Особое значение уделяется взаимосвязи суицидального поведения и употребления психоактивных веществ. Отмечается связь высокого уровня употребления психоактивных веществ у подростков с высоким риском суицидального поведения. Результаты исследования могут применяться для совершенствования механизмов выявления риска суицидального поведения у подростка в общеобразовательных школах. Рекомендации, сформулированные на основе исследования, могут учитываться при организации профилактической работы, направленной на своевременное выявление и предотвращение суицидального поведения у подростков в общеобразовательных школах.

Ключевые слова:

суицидальное поведение, аутоагрессивное поведение, общеобразовательные школы, профилактика, скрининг, подростковый возраст, несуйцидальное самоповреждение, употребление психоактивных веществ, группа риска.

Particular attention is paid to the relationship of suicidal behavior and use of psychoactive substances. There is a high level of psychoactive substance use in adolescents with high risks of suicidal behavior.

The results of the study can be applied to improve the detection of the risk of suicidal behavior in adolescents in secondary schools. Recommendations formulated on the basis of the study can be taken into account in the organization of preventive work aimed at the timely detection and prevention of suicidal behavior in adolescents in General education.

Key words:

suicidal behavior, self-harm behavior, secondary school, prevention, screening, adolescence, self-injurious, substance use, risk group.

Relevance

Suicidal behavior of children and adolescents is invariably one of the most pressing social problems [1,2]. Numerous epidemiological studies indicate an increase suicidally attempts and completed suicides among children and adolescent populations [3,4]. The solution to this problem is traditionally associated with the detection and prevention of autoaggressive behavior [5]. The main types of autoaggressive behavior, in addition to suicidal behavior, include self-injury, use of psychoactive substances, risky behavior and other behaviors in which the subject manifests physical and/or psychological aggression on himself [6,7]. Timely detection of adolescents with suicidal risk, as well as other risks of autoaggressive behavior ensures the success of subsequent preventive and psychocorrectional work. Special emphasis in the implementation of these measures at the national level is on the resources of the education system. What is associated with the possibility of both

longitudinal monitoring of the child included in the educational process, and the possibilities of forming psychological and pedagogical impact on the maturing psyche. Among the most significant recommendations of the World Health Organization for teachers and other staff of secondary schools should be noted the need for timely detection of adolescents with personal disorders and provide them with psychological assistance; regular interviews with adolescents; monitoring of verbal and non-verbal suicidal manifestations.

The main conditions for the timely detection of suicide risk in adolescents in secondary schools is a psychodiagnostic screening, as well as monitoring their characteristics in the emotional, behavioral spheres, and individual conversation aimed at verifying the identified risks. A number of schools are introducing mandatory anonymous psychodiagnostic testing conducted by the Ministry of Education and Science of the Russian Federation, developed by specialists of Moscow State University. The applied methodological complex is aimed at identifying adolescents at risk, including the identification of suicidal risk.

During the screening examination, the question arises about the choice of psychodiagnostic tools to effectively identify adolescents with suicidal risk. The methods used can be divided into two main categories: methods that identify psychological characteristics associated with a high probability of suicide, and methods that include direct questions about the presence of suicidal thoughts and intentions.

The first category includes: methods for determining the degree of risk of suicide I.A. Pogodina. The method allows to establish the degree of risk of suicide in difficult life circumstances. Another widely used psychometric tool is a questionnaire of suicidal risk A.G. Shmeleva, designed by T.N. Razuvaeva for rapid diagnosis of suicidal risk of students in grades 8-11. The method of diagnostics of suicidal tendencies "Suicidal motivation" by Y.R. Vagina, reveals motivational characteristics of suicidal behavior. The questionnaire of suicidal risk in children by A.A. Kucher and V.P. Kostjuevich is designed specifically to identify suicidal intentions in children and adolescents. Research methodology the propensity to victimization behavior by O.O. Andronnikova includes the scale of inclination to self-harm and victim behavior and is designed for high school students. A questionnaire for determining the risk of suicide, "Suicidal person-19" by P.I. Yinackevich. The method is designed to identify individuals who have a tendency to suicidal reactions, the formation of these high risk groups, says the initial level of development of the tendency of a person to suicide in the period of the survey [8,9].

The second category includes the following methods: the Questionnaire "Suicidal personality-45" by P.I. Yinackevich contains questions corresponding to suicidal manifestations, allows us to state the initial level of suicidal tendencies [8]. "Methods of body modification and self-harm" by N.A. Polskaja, aimed at identifying

signs of body modifications, suicidal and non-suicidal self-harm [10]. Psychodiagnostic methods of conversation: the Prognostic table of the risk of suicide in children and adolescents by A.N. Volkova, "Map of the risk of suicide" (option by L.B. Shnider for teenagers) [9].

Despite the variety of psychodiagnostic methods used, the number of undetected suicide attempts and completed suicides among adolescents remains high. This may be due, on the one hand, to the peculiarities of screening methods in educational institutions. What can be attributed to the fact that during such testing teenagers refuse it, their answers are formal or have a high degree of conformity. In some cases, parents are prohibited from participating in such testing. On the other hand, with different sensitivity of psychodiagnostic tools, depending on gender, age specifics and other. For example, the questionnaire of suicidal risk for adolescents does not make it possible to clearly differentiate the differences between the groups of normal and suicidal risk, so that the use of this Questionnaire for the diagnosis of suicidal risk is difficult [11]. All this leads to a superficial assessment of suicide risk among students and does not allow to provide timely, targeted assistance.

An important component of the timely detection of adolescent suicide in educational institutions is to monitor the peculiarities of the dynamics of the state forces of class teachers, subject teachers, teachers-psychologists, social workers. Being daily in the educational process the teenager is "in sight" of teachers and peers. Attentive attitude to changes in mood, emotions, behavioral reactions of a teenager often becomes an important aspect for the detection of suicidal thoughts and intentions. In solving this problem, an important role should be given to informing all specialists of secondary schools about the behavioral and emotional manifestations of adolescent suicide. Verification of the identified risks during the screening examination should be carried out in the course of an individual conversation with a teenager. The atmosphere of trust, openness and support are important conditions for such a conversation.

Materials and methods

In order to identify suicide risks in secondary schools, we conducted a study of adolescents aged 10-18 years. This study was characterized by the features of the selection of psychodiagnostic tools, including a short screening method aimed at identifying suicidal tendencies, as well as a method to identify other forms of autoaggressive behavior: self-injurious behavior, the use of psychoactive substances.

Research methods: questionnaire for determining the risk of suicide, "Suicidal person-19" (Yunackevich P.I., 1999); "Methods of body modification and self-harm" (Poljskaya N.A., 2017). The study was implemented during the period from 2017 to 2019.

To study the socio-demographic and psychological characteristics of families of

adolescents with risks of autoaggressive behavior, we used a specially designed questionnaire and a questionnaire of dysfunctional beliefs in borderline personality disorder (PBQ-BPD, Kholmogorova A.V., 2016) [12].

Along with the identification of suicidal risk, the level of involvement in the processes of surfactant use was assessed, as this problem is closely related to suicidal behavior according to a number of authors [13-18]. The methodology used in the work to assess the use of surfactant by adolescents – “Methods of body modification and self-harm” (Poljskaya N.A., 2017), issues related to tobacco, alcohol and drug use.

There were examined the study involved 2023 adolescents, including 1010 boys, 965 girls, 48 without specifying gender. The frequency distribution of adolescents by age is presented in the table 1.

Table 1.

Frequency distribution of surveyed adolescents by age

Age	Frequency	Percent
Age not specified	58	2,9
10-11	31	1,5
12-15	1479	73,1
16-18	454	22,5

Research and Discussion

Gender and age features of suicidal risk in adolescents were found. Girls are significantly characterized by a high level of suicidal risk. The increase in suicidal risk in both girls and boys is at the age of 12-15 years (Fig.1).

Figure 1.

Age dynamics of risk of suicidal behavior in groups of boys and girls

The study identified a group of adolescents at high risk of suicidal behavior (n=131). The criterion for the formation of the group was the top quartile of the total score on the test "SL-19", as well as a positive response to the question of teenagers: "Were there any situations in Your life when You were going to "take your own life?" (methods of body modification and self-harm Poljskaya N.A., 2017). The selected group was 7% of the total sample. A group of adolescents with a tendency to suicidal behavior of 21% (n=420) was also identified (Fig. 2).

Figure 2.

The distribution of adolescents according to the degree of severity of rice ka suicidal behavior

The analysis of various risks of autoaggressive behavior of adolescents showed that 55% of adolescents with identified suicidal risk (n=131) have a high prevalence of other types of autoaggressive behavior: self-injury, use of psychoactive substances, risky behavior, etc.

The socio-demographic characteristics of persons belonging to the group of high suicide risk (n=131) were analyzed [19]. The average age of adolescents in the group is 14.4 years, of which the number of boys was 28%, girls - 72%. Psychosocial characteristics of families of adolescents at risk are characterized by negative psycho-emotional background (27%). Parents of adolescents at risk identified cases of completed suicide or suicide attempts implemented in 9% of cases. Families of adolescents with high suicide risk are characterized by the use of psychoactive substances, mainly alcohol (39%), to a lesser extent - drugs (7%). 14% of adolescents had physical violence in their families.

In the group of adolescents at high risk of suicidal behavior, there is a high level

of psychoactive substance use [13,20]: 56% note alcohol consumption; 21% use tobacco; 13% - drugs (Fig. 3).

Figure 3.

Substance use by adolescents at high risk of suicidal behavior

The study of psychological characteristics of adolescents with suicidal risk revealed the relationship between an increase in the level of dysfunctional beliefs of adolescents and an increase in suicide risk ($r=0.340$, $p=0.000$), as well as the increase in conflicts in families ($r=0.380$, $p=0.000$). Dysfunctional beliefs of adolescents include: the expectation of betrayal from other people, the expectation of exploitation or rejection, feelings of helplessness, inability to control their emotions.

Conclusion

Thus, in our study, the group of adolescents with suicidal risk in secondary schools was 7% of the total sample. This group is mainly composed of girls with a higher level of suicidal risk, as opposed to boys, increasing in the period of 12-15 years. The group of persons with high suicidal risk is characterized by the predominance of dysfunctional relationships in families, parents' exposure to the use of psychoactive substances, suicidal behavior. The increase in suicidal risk is associated with an increase in dysfunctional attitudes in adolescents, an increase in the frequency of conflicts in their families.

Practical aspects of the methodology of the study allow us to draw a number of organizational conclusions in the context of the prevention of suicidal behavior in

secondary schools. For timely detection of adolescents with suicidal risks in secondary schools it is necessary to carry out screening examinations at least once every six months. A set of psychodiagnostic methods should include compact screening questionnaires, allowing to quickly and effectively identify signs of suicide risk in adolescents. An important condition in the selection of psychodiagnostic complex is the targeting and duration of the procedure, not exceeding 20-30 minutes.

Special attention should be paid to students in grades 9 and 11 in the spring before the state examinations. These observations and interviews with the teenager allow to determine the necessary level of preventive intervention (primary, secondary or tertiary) and route the teenager for timely medical and psychological care. An important aspect is to reduce the time interval between the identification of suicidal risks and the implementation of appropriate specialist interventions to assist.

There is no conflict of interest.

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