Original Research Paper Psychology

CREATING AWARENESS AND COUNSELLING OF CARETAKERS FOR PREVENTION OF SELF-HARM AND SUICIDAL TENDENCIES AMONGST ADOLESCENTS WITH PSYCHIATRIC ILLNESS

Dr. Pankaj Singh NKP Salve Institute of Medical Sciences, Digdoh Hills, Hingna Road, Nagpur 440019, Maharashtra, INDIA.

Dr. Pradeep Pazare NKP Salve Institute of Medical Sciences, Digdoh Hills, Hingna Road, Nagpur 440019, Maharashtra, INDIA.

Dr.Nilofer Mujawar NKP Salve Institute of Medical Sciences, Digdoh Hills, Hingna Road, Nagpur 440019, Maharashtra, INDIA.

Dr.Swati Phulpagar NKP Salve Institute of Medical Sciences, Digdoh Hills, Hingna Road, Nagpur 440019, Maharashtra, INDIA

ABSTRACT This paper has as objective to creating awareness and counselling of caretakers for prevention of self-harm and suicidal tendencies among children with psychiatric Illness. Sample for the study includes 134 school going Children (boys 58 and 76 girls) between the age group 12 to 16 years, from different schools from Nagpur .School going children (boys and girls) that referred by doctors for academic, self-harm, suicidal tendencies and behavior problem. They were administered the Beck Youth Inventories™ - Second Edition (BYI-2), was administered to determine why the school going children self-harm and suicidal tendencies behavior problem, the sample group. The data were analyzed with the help of compared "t" test, an analysis of variance showed significant at 0.05 level. Present study help delineate the distinct pathways through which the influence of coping management strategies as suicidal thinking and suicidal tendencies is transmitted. More specifically the study find that cognitive behaviour therapy, cognitive mapping, proper coping strategies (counselling & guidance) ,emotional stability, naturally adopted by male and female were protective in reducing risk of suicidal thinking and suicidal tendencies over a six months follow –up period., and parents support improvement can be obtained through communication, and caregiver support to strengthen child competency and teach them new skills that will enhance safety.

KEYWORDS : Beck Youth Inventories, CBT, CMT, awareness and counselling .

Introduction –

It's not clear how much people can learned this behaviour from their family, peer-group, working environment, parents or other role models. However there is numbers of evidence that people can change the way in which they cope to prevent reaching the stage where they think negative. Most of the studies on teenage suicide have been focused on living as such lack of standardized definitions of different suicidal behaviour. Suicide is the intentional taking intention of self-destruction is lacking it is called attempted suicide. Indian's suicide rate per 100000 people compared to other countries, according to the World health organization, Genava. About 800000 people commit suicide worldwide every year of their 135000 (17%) are residents of India, a nation with 17.5% of world population. Between 1987 and 2007, the suicide rate increased from 7.9 to 10.3 per 100000, with higher suicide rate in southern and eastern states of India. In 2012, Tamil Nadu (12.5% of all suicide), Maharashtra (11.9%) and West Bangal (11.0%) had the highest proportion of suicides. Among large population states, Tamil Nadu and Kerala had the higher suicide rate per 100000 people in 2012. The male to female suicide ratio has been about 2:1. Numbers of studies suggest that suicidal tendencies and thinking behaviour as attempt to escape from a feeling of entrapment. Those how thinking suicidal believe that they cannot escape from an external and internal situation, even didn't get the proper salutation or guidance from support group.

Suicide occurs throughout the lifespan and was the second leading causes of death among 15- 29 years olds globally in 2012. The reasons behind a teen's suicide or attempted suicide can be complex. Although suicide is relatively rare among attempts increases greatly during adolescence. Suicide is the third- leading cause of death for 15-24 years old, according to the centres for disease control and prevention, after accidents and homicide. It's also though that at least 25 attempts are made for every completed teen suicide.

Causes for self-harm and Suicidal thoughts

1. Family factors – Like death or separation from parent, broken home, over expectation low expectation, over fighting, support group, curtailment of liberty etc.

2. Social factors- Financial support, urbanization, lack of friends, overcrowding, school failure, phobia.

3. Emotional functioning-
   a. Diagnosis (major depression, recovery from recent depression, alcoholism, bipolar, OCD, borderline personality disorder).
   b. Recent loss or anniversary of a loss.
   c. Fantasy to reunite with a dead loved one.
   d. Stresses (chronic or associated with recent changes).
   e. Poor coping ability.
   f. Degree of hopelessness or despair.

4. Cultural or media factors –
   a. Media – you tube, movies, whatsup videos, video-games.
   b. TV advertisement, TV programs (CID, FIR, CRIME PETROL) etc.

5. Mental/ Physical condition-
   a. Epilepsy
   b. Mental illness.
   c. Chronic pain
   d. Chronic insomnia
   e. Recent childbirth
   f. Progressive illness.
   g. Other illness

6. Personality characteristic-
   a. Aggression
   b. Hypersensitive
   c. Suggestible
   d. Anxious or depressive
   e. Isolation
   f. Impulsivity
   g. Rigid

7. Other factors-
   a. Heavy drug use
   b. Change in academic performance
   c. Pregnancy
   d. Homosexuality (additional stressors/ lack of social support)
   e. Running away
   f. Preoccupation with the violent death of another person.
   g. Learning disability
   h. Loss of support system
   I. Many more.

Young adolescents self-harm and suicidal tendencies are purposeful injury or harm to one-self. Some people self-harm and suicidal tendencies as a way of dealing with very difficult thoughts and feelings that they can't cope with in more positive ways. Not, everyone with depression self-harm or suicidal tendencies similarly many adolescents who self-harm or suicidal tendencies are not depressed. Self-harm can also a suicidal act although not everyone who self-harms is suicidal. Those who self-harm may be at a higher risk from suicidal though. Suicidal behaviour can occur at any time in the lifespan but is rarely seen in children under the age of 5. In pre-pubertal children the behaviour will often consist of behaviour (eg. Sitting on a ledge) , that a parent has forbidden because of the risk of accident .Approximately 25% -30% of person who attempt suicide will go on to make more attempts. There is significant variability in term of frequency; method, and lethality of attempts. However, this is not different from what is observed in other illness, such as major depression, in which frequency of episode, subtype of episode, and impairment form a given episode can vary significantly-(DSM-V).

Issues in failure in care of suicidal persons in India- (S. Nambi 2014)

- Non-availability of the correct statistics.
- Failure to identify assesses and manage person with suicidal tendencies.
- Failure to have a national suicidal policy and national suicidal prevention program.
- Failure to control the sale of organophosperous compounds and psychotropic drugs.
- Failure to have suicidal prevention clinics and crisis intervention centres.
- Lack of trained counsellors.
- Inadequate mental health professionals.

As opposed to suicidal behaviour, self-harm is defined as deliberately hurting oneself without meaning to cause one's own death. Some researchers have some other names to refer to this phenomenon such as self-injuries behaviour (Alpher & Peterson,2001; Bockian,2002). Many risk factors most strongly associated with teenage self-harm and tendencies are psychological disorder, particularly bipolar disorder, deep depression, poor in academic, physically issues, psychological factors, family and social factors.

Method of suicidal or help harm:

Poisoning	Hanging	Firearms
Jumping from heights (Building)	Jumping in fount of bus/train (Vehicular Impact)	Jumping in lake ,river, sea, well (Drowning)
Sharp weapon (Blade , knife, shopner ,blade ,gun)	Electric shock (Electrocution)	Books, aids, suicidal sites , lovers leaps (Media)
Suffocation	Drug overdose	

Purpose of the study and research questions

This paper has as objective to creating awareness and counselling of caretakers for prevention of self-harm and suicidal tendencies among children with psychiatric Illness.

Participants

The sample of the present study School going adolescence who self- harm, suicidal tendencies and behaviour problem, referred at Medical College NKPSIMS & LMH ,Nagpur were included in the study. A total of 134 students in Grades 8, 9, 10, 11 and 12 in school and 134 parents participated in this study. The students were 12 to 16 years old and studding in different school in centre India Nagpur (Maharashtra). The study sample consisted of 134 adolescents, 58 boys (43%) and 76 girls (57%), who completed both the suicidal behaviour items. In the study sample a total of 134 parent's participant on creating awareness and counselling program.

Material & Methods:

1. Place of Study: This study was conducted at central India Nagpur (Maharashtra)
2. Period of Study: June 2014 to January 2017 (2 year 7months)

3. Inclusion Category

- School going children (boys and girls) (Age group 12 - 16 years)
- School going children (boys and girls) that referred by doctors for self-harm, suicidal tendencies and behaviour problem.

4. Exclusion

- School going children (boys and girls), at different schools from central India Nagpur.
- Sample size: School going children who self- harm, suicidal tendencies and behaviour problem, referred at Medical College NKPSIMS & LMH ,Nagpur were included in the study (N=134)

5. Study Design: Cross sectional study (Questionnaire based)

Procedure of Data collection

For collection of data from NKPSIMS & LMH Nagpur city of Maharashtra was chosen. By keeping age and gender requirements in mind the subjects were selected more than the required then the test of Beck Youth Inventories™ - Second Edition (BYI-2), was administered to determine why the school going children self-harm and suicidal tendencies behaviour problem, the needed 150 subjects have been selected randomly from different schools, which consists 134 school going Children (boys 58 and 76 girls).

First of all, checklist of trails was administered on the subjects to get their original viewpoint. The subjects were randomly selected sample in NKPSIMS and Lata Mangeshkar Hospital and Research center Nagpur, school going Children 12 years to 16 years (boys 58 and 76 girls) each subjects took about 25 min to respond on the entire above tools. A period of two year seven months was devoted for the data collection.

Measuring Instruments-

A checklist developed by Beck Youth Inventories™ - Second Edition (BYI-2) - Judith S. Beck, PhD, Aaron T. Beck, MD, John B. Jolly, PsyD, four different categories scale factors among children.

1. Self –Concept
2. Anger
3. Anxiety
4. Disruptive Behaviour
5. Depression

Statistical Analysis

The obtain data were statistically analyzed by applying descriptive (Mean, Standard Deviation, t-value) of significance of mean differences in term of various variable. We have entered all data in Microsoft Excel and further Statistical Analysis was done with the help of QI-Macros 2014 Software.

Result

Table no. 1:3- Mean and SD of boys and girls along with their statistical significance of difference between mean

Area		Mean	SD	t-value	Significance Level
Self-Concept	Boys	11.39	5.54	2.868	Significant at $P < 0.05$ level
	Girls	10.05	8.36		

Anger	Boys	9.120	9.12	4.311	Significant at P < 0.05 level
	Girls	7.24	3.48		
Anxiety	Boys	10.91	4.32	3.797	Significant at P < 0.05 level
	Girls	9.82	2.00		
Disruptive Behaviour	Boys	4.27	2.37	8.899	Significant at P < 0.05 level
	Girls	7.22	4.03		
Depression	Boys	8.44	7.02	6.122	Significant at P < 0.05 level
	Girls	5.84	2.90		

*P < 0.05, SD- Standard deviation

In present study relationship between parents and adolescent was not found to be significant associated with the problem under study. Low and expectation parent's children self- esteem and therefore more psychiatric problem like- depression, anxiety, adjustment disorder, OCD, borderline personality disorder. In present study, a higher prevalence of emotional and behavioural problem was observed 52% boys and 71% girls are facing depression , 78% boys , and 42% girls showing anxiety disorder, 59% boys , and 88% girls showing adjustment disorder , 3% boys , and 0% girls showing Obsessive–compulsive disorder and , 0% boys , and 0% girls showing Borderline personality disorder. Lack of ability to talk and fear with mother , father, has been shown to significantly associated with development of depression, anxiety, adjustment disorder, Obsessive–compulsive disorder, borderline personality disorder in children of 12 -16 years of age, and present study showed that adolescent girls more effected as compare to adolescent boys. Social disadvantage and stressful life events (such as homelessness, unemployment, incarceration, family problems, violence and abuse Clifford et.al. (2013), Clarke et.al. (2011).Gould et.al.(1996);Hollis (1996), indicate that low level of communication between parents and children may act as a significant risk factor.

While family discord, lack of family support and disturbed parent-child relationship are commonly associated with child and adolescent psychopathology (Violent behaviour, mood disorder, alcohol, and substance abuse disorder). In present study 41% boys , and 57% girls showing introversion personality, 95% boys , and 50% girls showing aggression, 53% boys , and 20% girls showing hyperactive behaviour ,43% boys , and 63% girls showing isolate, 65% boys , and 33% girls showing impulsive behaviour, 81% boys , and 49% girls showing rigid behaviour. See table no. 1:1

Table no. 1:1- Percentages of adolescence (boys and girls) , emotional and behaviour disturbance

Areas	No. of Adolescence boys	Percentage	No. of Adolescence girls	Percentage
Depression	30	52%	54	71%
Anxiety Disorder	45	48%	32	42%
Adjustment Disorder	34	59%	67	88%
Obsessive–compulsive disorder	02	3%	0	0
Borderline Personality	0	0	0	0
Introversion personality	24	41%	43	57%
Aggression	55	95%	38	50%
Hyperactive Behaviour	31	53%	15	20%
Isolate	25	43%	48	63%
Impulsive Behaviour	38	65%	25	33%
Rigid Behaviour	47	81%	37	49%

NS- Numbers of students
%- Percentage

Being socially isolated from society can take a toll on mental health and lead a person to become depressed and consider suicide. Socializing and interacting with other people is a basic human need. If social needs are not met, a person can start to feel lonely which leads to depression and possibly suicidal thoughts. Loneliness is defined as a general feeling of sadness as a result of being alone or feeling disconnected from others. Isolation is being separated from others in your environment. Someone can become isolated based on circumstances or as a result of personal decisions. Various reasons that a person could feel lonely or isolated include: living alone, death of a close friend or family member, poor physical health, mental illness, sleep disturbance being introverted, fear of rejection.

Living isolated from others can lead to an array of problems including mental health conditions, low energy, substance abuse, negative feelings, and/or sleep problems. These findings sustain associations found in the present study where sleep problems were correlated with depression and depression, anxiety, adjustment disorder, OCD, borderline personality, academic difficulties. Around 17% boys and 59% girls reported sleep problems in this study were also significantly related to psychological difficulties, self-harm and suicide tendencies. Sadeh et al. (2002), found that inpatient children's self-ratings of depression, hopelessness and low self-esteem were significantly correlated with objective sleep measures indicating poorer sleep quality. See table no-1:2

Table no. 1:2- Percentages of adolescence (boys and girls) , peer support, sleep disturbance, breakup/rejection in love

	Lack of Peer support		Sleep Disturbance		Breakup/ Rejection in Love	
	NS	**%**	**NS**	**%**	**NS**	**%**
Boys	24	41%	10	17%	15	26%
Girls	51	67%	45	59%	26	34%

NS- Numbers of students
%- Percentage

The need for human belonging is so strong that some people are willing to join groups and/or humiliate themselves just to be in a relationship with another person. As far as romantic relationships are concerned, the act of a break-up can trigger intense feelings of depression, anxiety, guilt and panic – leading a person to deal with a lot of emotional pain. Often times in the news we read about people committing suicide as the result of a break-up with a significant other. Rejection in love, breakup or feeling alone are one of the major reason for negative thoughts for themselves .Romantic relationship too can be characterized by intense conflict and feeling of insecurity, exploitation, and sadness -Joyner & Udrg (2000); Richards, Crowe, Larson & Swarr, (1998)

Children often value their friends because they provide opportunities for emotional support, confidence, feeling happy in different environments and self-disclosure, and healthy friendship or peer-relationship indicates healthy functioning. Present study show that adjustment, emotional experience born from closeness, can damage, social fear, adolescent's intrapersonal adjustment, emotional, and adjustment and result in negative behaviour. Having multiple friends is usually and rightly considered a positive sign of adjustment with peers. Yet, in specific friendships, feelings of jealousy can arise in one member if their friend's interest in, or activities with, an outsider highlights their own shortcomings in important areas or is perceived as an infringement on the quality or sovereignty of the relationship. There is evidence that feelings of jealousy, an emotional experience born from closeness, can damage children's intrapersonal adjustment and result in negative behaviour (Parker, Low, Walker, & Gamm, 2005).

One of the greatest contributions to stress in children is hurry to get ready to go from one place to another, to do well in school and to become an all-round achiever. In education field there is very competitive atmosphere everyone has high expectation from student whether school teachers or parents or society. Hence, students have a lot of responsibility to fulfil their desires. Stress also occurs in response to pressures such as homework, tests overload of non- school activities, conflict with friends and family and the physical and emotional changes that come with growing up.

According to present study, prevalence age group is 12 to 16 years, it was also seen both gender are showing low academic achievement,

and were found to be suffering from behavioural, health, home, emotional problem. 70% of adolescence (boys/Girls), they thought that their parents were unhappy with their academic performance had developed the above mental health problem. These problems can create further difficulties for the adolescent, causing social isolation and withdrawal, poor school performance and attendance, and repeated suicide attempts. The academic delays make them prone to being bullied by their peers and develop a social complex--anxiety. Daydreaming becomes an escape route from depression and suicidal thoughts. 42% adolescents (41% boys and 42% girls) are suffering from learning disorder in the school in the study area. Learning disorder children are exhibiting significant behavioural problem than normal children. Individuals with learning disabilities develop a negative self-perception of themselves unlike their peers who do not have a learning disability, LaBarbera, (2008). There is literature linking depressive tendencies, negative self-perceptions, low self-esteem, or emotional and behavioural disorders, anxiety and suicidal behaviour of those who have a learning disability. Children with a learning difficulties experience limitations in an academic environment and have been known to show a "learned helplessness" or a lack of perseverance when failure persists. Children with a learning disability do not have strong self-perception due to the endless series of failures. They often compare themselves to their non-learning disabled peers (Abar, Taj, & Malik, 2010). See table no.1:3

Table no. 1:3- Percentages of adolescence, school change, low academic achievement, learning disorder, parents unhappy

	School Change		Low Academic Achievement		Learning Disorder		Parents are unhappy with academic performance	
	NS	**%**	**NS**	**%**	**NS**	**%**	**NS**	**%**
Boys	32	55%	45	78%	24	41%	41	71%
Girls	10	13%	38	50%	32	42%	53	70%

NS- Numbers of students
%- Percentage

Emotional disorders are common among people with learning disabilities than those who are non-learning disabled. Individuals with learning disabilities are more likely to develop self-harming disorders as a result to being labelled with a learning disability. The definition of self-harm is defined as a non-accidental injury, which produces bleeding of momentary or permanent tissue damage over a repeated amount of time. Self-harming is found to be a physical and emotional outlet to relieve the stressors of school and home life. Another part of self-harm is head banging, cutting, biting, scratching, and hair pulling (Lovell, 2004).

Furthermore, teacher-student relationships have an impact on the academic self-esteem of students (Ryan et al., 1994). High-poverty students often have low academic self-esteem and low confidence in their academic and vocational futures (Wentzel, 2003). Thus, positive relationships with teachers are important in supporting higher levels of self-esteem, higher academic self-efficacy, and more confidence in future employment outcomes (Ryan et al., 1994; Wentzel, 2003). Self-confidence and future aspirations have a significant impact on students' interest in school, their academic self-efficacy and in turn, their academic achievement (Wentzel, 2003). In addition to academic achievement, positive teacher-student relationships provide important social outcomes for students. Present study report that 62% of students feeling that they lag behind in their studies,have emotional and behavioural problems. Other authors have also reported that achievement pressure was an important factor in causation of psychiatric problems. Cohen P, Cohen J, Kasen S, (2007)Monck E, Graham P, Richman N(1994)

However relationship between father and adolescent was not found to be significantly associated with the problem under study. Various other researchers have also emphasized the importance of the adolescents' relationship with mother. Palosaari et al (1996) found that girls who had good bonding with their mothers had high self-esteem and therefore lesser psychiatric problems. Lack of ability to talk to the mother, has been shown to be significantly associated with development of depression in children of 12 to 17 years of age. This affects the female child more than male child.

In study 74% boys and 71% girls report high parents expectation, 83% boys and 89% girls report fear of failure, and 79% boys and 72% report fear with parents (Gould et al., 1996; Hollis, 1996) indicate that low levels of communication between parents and children may act as a significant risk factor. The gender difference in youth suicide is most likely due to the greater likelihood of males having multiple risk factors such as comorbid mood and alcohol abuse disorders, greater levels of aggression, and choice of more lethal suicide attempt methods, which make them more likely than females to make a lethal suicide attempt (Brent et al., 1999; Gould, Fisher, Parides, Flory, & Shaffer, 1996; Shaffer et al., 1996; Shaffer & Pfeffer, 2001).See table no. 1:4

Table no. 1:4- Percentages of adolescence, expectation, mental/physical punishment, fear of failure, fear with parents

	Expectation				Mental/Physical punishment		Fear of failure		Fear with parents	
	Low		High							
	NS	**%**	**NS**	**%**	**NS**	**%**	**NS**	**%**	**NS**	**%**
Boys	15	26%	43	74%	45	78%	48	83%	46	79%
Girls	22	29%	54	71%	20	26%	68	89%	55	72%

NS- Numbers of students
%- Percentage

Moderate or severe addiction to the media (television, internet, mobile, YouTube, whatsup) is also connected to an increased risk of self-harm, as well as increased levels of depression, anxiety, loneliness, and adjustment difficulties or thoughts about suicide. Present study showed that 45 % boys and 58% girls, who had carried out particularly violent acts of self-harm, suicidal tendencies. 35% adolescence said they had gone online to research self-harm beforehand. The media's positive role in educating the public about risks for suicide and shaping attitudes about suicide is emphasized. Young people who are already vulnerable to considering suicide are more likely to attempt suicide following media portrayals of suicide, this trend appears to be highest for young people aged between 15 and 19, with minimal effects on those above the age of 24, Gould, M., Jamieson, P., & Romer, D. (2003). Many emotional problems among our youths have started several moral debates about the side effect of social media, and overuse of social media can become a negative, associated with increased depression and anxiety. The National Children's Home study in Britain found that one in four children reported being bullied on the Internet. These issues left teenagers with deep mental scars, and have even lead to teen suicides-Campbell, Marilyn (2005).There are many stories about students at all grade levels engaging in severe harassing behaviour that prompts suicides or inflicts lasting physical or emotional scars. See table no.1:5

Table no. 1:5- Percentages of adolescence, TV program, video games, movies, YouTube, what's up

	TV Program/Show		Video Games		Movies		YouTube		What's Up	
	NS	**%**	**NS**	**%**	**NS**	**%**	**NS**	**%**	**NS**	**%**
Boys	21	36%	47	81%	27	47%	35	60%	35	60%
Girls	42	55%	8	11%	13	17%	41	54%	52	68%

NS- Numbers of students
%- Percentage

Due to the social media (television, internet, mobile, YouTube, whatsup), which requires constant engagement, users experience factor of self-awareness that usually triggers depression. In addition social media promotes the projection of a perfect self, which leads to depression anxiety. Social media promotes superficial

connections that can end up causing long-term emotional and psychological disturbance. According to Dr. Davilla (2009), "Texting, instant messaging and social networking make it very easy for adolescents to become even more anxious, which can lead to depression." Clearly social media is inadvertently leaving youth susceptible to become overly self-conscious, anxious and ultimately depressed.

Conclusion –

Suicidal thinking and suicidal tendencies is common among people as in the general population and many risk factors cause's distress and discomfort for them. Present study help delineate the distinct pathways through which the influence of coping management strategies as suicidal thinking and suicidal tendencies is transmitted.

More specifically the study find that cognitive behaviour therapy, cognitive mapping , proper coping strategies (counselling & guidance) ,emotional stability, naturally adopted by male and female were protective in reducing risk of suicidal thinking and suicidal tendencies over a six months follow –up period. Parents support improvement can be obtained through communication, and caregiver support to strengthen child competency and teach them new skills that will enhance safety.

Most of the adolescents need support in coping with emotional and behavioural disturbance. Though many children of families with problems may be normal, knowledge of the family environment and problems in the adolescents-identifies the adolescent-family dyad that may need attention. It indicates towards the need for a multipronged intervention to prevent these problems in adolescents. School based psychological support can handle the problem in most effective way by providing help to the sufferers at earliest. It also seems imperative to have a post of counsellor in every school. The learning disability, learning difficulties, low academic achievement and assistance for the same may also be required as that is found to be an important determinant. A community intervention for addiction may also be required and school can become the base using innovative programs like student drama ,play act, music instrument playing, street plays etc. thus educating the family as well as the school children against addiction too. Close and supportive interpersonal relationships may also help to discourage maladaptive coping behaviours such as depression, anxiety, adjustment disorder, OCD, borderline personality, academic difficulties, suicidal behaviours or substance use and by virtue of normative social influences encourage adaptive coping behaviours such as professional help-seeking

Implications of the study

There are various reasons that lead the young adolescents to think and tendencies of suicide. Understanding those young adolescents needs and provide help primary support- (father, mother, brother, sister, cousins and elder person in home) or social support- friends, teachers professional psychologist and psychiatrics.

Limitation of the research

- Limited sample size
- Areas based research

Future research is required to further delineate and characterize the prevalence, frequency, and psychosocial correlates related to the teenagers suicidal tendencies.

Future prospect study should be developed in cooperating large sample size and mass study with appropriate methodology to capture the frequency and prevalence of teenager's suicidal tendencies, and management skills for parents, school, social and self.

Management

Cognitive-Behavioural Therapy - Cognitive-Behavioural Therapy Suicidal children and adolescents often experience negative cognitions about themselves, their environment, and their future. Cognitive-behavioural therapy (CBT) has been shown to be an effective intervention for depressive symptoms. Parents and adolescents received a psych educational manual about mood disorders and their treatments and were offered a management session to discuss these issues. The active intervention was described as a collaborative "guided discovery" to monitor and modify automatic thoughts, assumptions, and beliefs. Concrete examples were used to illustrate the cognitive behavioural treatment model that involves exploring concerns about autonomy and trust, cognitive distortions, and negative self-concepts, attributions, and cognitions

Cognitive Mapping Therapy

- Cognitive mapping is the task of mapping a person's thinking about a problem or issue.
- A cognitive map is the representation of thinking about a problem that follows from the process of mapping.
- Cognition can be used to refer to the mental models, or belief systems, that people use to perceive, contextualize, simplify, and make sense of otherwise complex problems.

Dialectical-Behavioural Therapy –

The "dialectical" in DBT means the therapy works by dealing with two things at once that might seem contradictory: acceptance of feelings (mindfulness) and learning to use thinking to change feelings. The treatment involves developing problem-oriented strategies to increase distress tolerance, emotion regulation, interpersonal effectiveness, and the use of both rational and emotional input to make more balanced decisions. It usually involves individual and group sessions over the course of a year.

Family Therapy

- **Family cognitive therapy -**aims to reframe the family's understanding of their problems, to alter the family's maladaptive problem-solving techniques, and to encourage positive family interactions.

- Many teens who commit or attempt suicide have given some type of warning to loved ones ahead of time. So it's important for parents to know the warning signs so teens who might be suicidal can get the help they need.

- Some adults feel that kids who say they are going to hurt or kill themselves are "just doing it for attention." It's important to realize that if teens are ignored when seeking attention; it may increase the chance of them harming themselves.

- Getting attention in the form of- doctor's appointments, and residential treatment generally is not something teens want — unless they're seriously depressed and thinking about suicide or at least wishing they were dead. It's important to see warning signs as serious, not as "attention-seeking" to be ignored.

See, understand and listen

- Keep a close eye on a teen who is anxiety, isolate, depressed and withdrawn. Understanding depression in teens is very important since it can look different from commonly held beliefs about depression. For example, it may take the form of problems with friends, grades, sleep, or being cranky and irritable rather than chronic sadness or crying.

- It's important to try to keep the lines of communication open and express your concern, support, and love. If your teen confides in you, show that you take those concerns seriously. It's important not to minimize or discount what your teen is going through, as this can increase his or her sense of hopelessness.

- If your teen doesn't feel comfortable talking with you, suggest a more neutral person, such as another relative, a coach, a school

counsellor, clinical psychologist, psychiatry, or your child's doctor.

Helping Teens Cope

- What should you do if someone your teen knows, perhaps a family member, friend, or a classmate, has attempted or committed suicide? First, acknowledge your child's many emotions. Some teens say they feel guilty, anxiety, depression, sadness — especially those who felt they could have interpreted their friend's actions and words better.

- Others say they feel angry with the person who committed or attempted suicide for having done something wrong. Still others say they feel no strong emotions or don't know how to express how they feel. Reassure your child that there is no right or wrong way to feel, and that it's OK to talk about it when he or she feels ready.

- When someone attempts suicide and survives, people might be afraid of or uncomfortable talking with him or her about it. Tell your teen to resist this urge; this is a time when a person absolutely needs to feel connected to others.

- School management, school counsellor, or teachers should alert when any students, harm him/her, calling in professional counsellor or clinical psychologist (RCI), to talk with the students and help them to cope, and mentation the record of those students progress and record. If your teen is dealing with a friend or classmate's suicide, encourage him or her to make use of these resources or to talk to you or another trusted adult and psychologist, or school counsellors.

Reference

1. Abar, N., Taj, R, & Malik, M. A (2010). Conclusive study to uncover the attributors for success and failure of learning disable children. European Journal of Social Science, 16(4), 590- 592.
2. Ahmad A, Khalique N, Khan Z, Amir A. (2007). Prevalence of psychosocial problems among school going male adolescents. Indian J Community Med.;32:219–21.
3. Becker, Mark W., Reem Alzahabi, and Christopher J. Hopwood (2015). Media Multitasking Is Associated with Symptoms of Depression and Social Anxiety. Cyber psychology, Behavior, and Social Networking 16, no. 2 (2013): 132-35.
4. Brent, D.A., Baugher, M., Bridge, J., Chen, T., & Chiappetta, L. (1999). Age- and sex-related risk factors for adolescent suicide. Journal of the American Academy of Child and Adolescent Psychiatry, 38, 1497–1505.
5. Bhatia,M.S., Singhal, P.K. (2011). Problems of behaviour in children and adolescents . (forth edition); CBS publisher & distributors Pvt.Ltd., page no. 157-160 .
6. Chrisi A, Patten MA, Christian G.(1997). Depressive symptoms in Californian adolescents- family structure and parental support. J Adolescents Health. ;20:271–278.
7. Clifford, A., Doran, C., & Tsey, K. (2013). A systematic review of suicide prevention interventions targeting indigenous people in Australia, United States, Canada and New Zealand. BMC Public Health, 13 , 463-473.
8. Clarke, T., Robinson, E., Crengle, S., Fleming, T., Ameratunga, S., Denny, S., et al. (2011). Risk and protective factors for suicide attempt among indigenous Maori youth in New Zealand. The role of family connection. Journal of Aboriginal Health, 7 , 16-31.
9. Campbell, Marilyn (2005). Cyber bullying: An old problem in a new guise? Australian Journal of Guidance and Counseling, Australian Academic Press, 76
10. Cohen P, Cohen J, Kasen S.(1993). An epidemiological study of disorders in late childhood and adolescence- age and gender specific prevalence. J Child Psychol Psychiat. 1993;34(6):851–867.
11. Gould, Madelyn S. Annals.(2006). Suicide and the Media, the New York Academy of Sciences, 2006, Vol. 932. doi: 10.1111/j.1749-6632.2001.tb05807.
12. Gould, M.S., Fisher, P., Parides, M., Flory, M., & Shaffer, D. (1996). Psychosocial risk factors of child and adolescent completed suicide. Archives of General Psychiatry, 53, 1155–1162.
13. Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. The American Behavioral Scientist, 46 , 1269-1284.
14. Kotch, J.B., Lewis;T.,Hussey, J.M., English ,D., Thompsn, R.,Litrownik, A.J., Dubowitz, H. (2008) Importance of early neglect for children aggression. Paediatrics, 121, 725-731
15. Lovell, A. (2004). People with learning disabilities who engage in self-injury. British Journal of Nursing, 14(14), 839-844.
16. LaBarbera, R. (2008). Perceived social support and self-esteem in adolescents with learning disabilities at a private school. A Contemporary Journal, 6(I), 33-44.
17. L. KumarVijay (2007). Suicidal and its prevention: The urgent need in India, India J psychiatry; 49:81-84
18. Miller-Perrin, C.L., & Perrin,R.D. (2007). Child maltreatment: An introduction (2nd Ed.) thousand oaks, CA.
19. Monck E, Graham P, Richman N.(1994). Adolescent girls: background factors in anxiety and depressive states. Br J Psychiatry.;34(3):317–332.
20. Oquendo, M., Brent, D.A., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., et al. (2005). Posttraumatic stress disorder comorbid with major depression: Factors mediating the association with suicidal behavior. American Journal of Psychiatry, 162, 560– 566
21. Palossari C, Aro H, Laippala P (1996).Parental divorce and depression in young adulthood: Adolescent&s closeness to parents and self-esteem as mediating factor. Act Psychiatry Scand. 93:20–26.
22. Ryan, R. M., Stiller, J. D., & Lynch, J. H. (1994). Representations of relationships to teachers, parents, and friends as predictors of academic motivation and self-esteem. The Journal of Early Adolescence, 14(2), 226-249.
23. Suicide prevention (SUPRE) world health organization (2012)
24 Suicides in India (2012)– The register general of India, government of India
25. Starr, Lisa; Davilla, Joanne Dr.(2009). Excessive Discussion Of Problems Between Adolescent Friends May Lead To Depression And Anxiety. Stony Brook University.
26. Sadeh A, Gruber R, Raviv (2002). ASleep, neurobehavioral functioning, and behavior problems in school-age children. Child; 73: 405–17.
27. Starr, Lisa; Davilla, Joanne Dr.(2009). Excessive Discussion Of Problems Between Adolescent Friends May Lead To Depression And Anxiety. Stony Brook University.
28. Shaffer, D., Gould, M.S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., et al. (1996). Psychiatric diagnosis in child and adolescent suicide. Archives of General Psychiatry, 53, 339–348.
29. Shaffer, D., & Pfeffer, C. (2001). Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. American Academy of Child and Adolescent Psychiatry. Journal of the American Academy of Child and Adolescent Psychiatry, 40(7 Suppl.), 24S–51S.
30. Wekerle, C., Leung, E.,Wall. A.M., macmillan, H., Boyle, M., Trocme, N., & Waechter, R., (2009). The contribution of childhood emotional abuse to teen dating violence among child protective services involved youth. Child abuse and neglect, 33, 45-58.
31. Wentzel, K. R. (2003). Sociometric status and adjustment in middle school: A longitudinal study. The Journal of Early Adolescence, 23(1), 5-28.