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Research Article

Promoting Mental Health of Youth's: An Approach to The Prevention of Suicidal Risk

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Abstract

Fronting an uncertain and violent environment, youths are increasingly vulnerable, depressed and disinterested in living. This reality requires the urgent need to promote individual and social mental health of young people. This study, descriptive and inferential purpose to evaluate the level of suicidality and depression among students aged 12 to 18 years in the Autonomous Region of Madeira (RAM), Portugal. The sample consisted of 1,557 adolescents with a mean age of 15.2. The instruments of measurement selected were the Stork Suicidal Risk Scale and the Zung Depression Scale. The informed consent, anonymity and confidentiality of the data were guaranteed. Most young people do not present suicidal risk (67.7) or depression (81.5%). However, 16.8% of young people should be the target of our concern about suicide, since 10.1% show a slight risk of suicide, 4.0% have a significant suicidal risk and 2.7% a very important suicide risk. A similar apprehension should be considered in relation to depression, then 18.2% present dysthymia and 0.3% major depression. Variables studied such as school failure, unmarried parents, suffering from some illness and lack of socializing with colleagues, significantly influence both suicidal risk and depression. There is highly significant association between depression (p = 0.000) gender (p

= 0.000) and age group (p = 0.043), being the most prominent values in a group of 15 to 18 years and in females. Variables studied such as school failure, unmarried parents, suffering from some illness and lack of socializing with colleagues, significantly influence both suicidal risk and depression (p≤0.05). In summary, mental health (depression and suicide risk) is a challenge for future research in university students, comparing Portugal and Brazil for the development of strategic programs to promote mental health of young people and implementation of social and educational policies to prevent these mental disorders.

Keywords: Suicidal Risk; Mental Health; Depression; Adolescents; Youths; Prevention

Introduction

The promotion of mental health of young people is one of the key fundamentals facing the world in the third millennium. Due to unexpected environmental changes in everyday life, young people are confronted with situations of hostility and insecurity, often creating mental disorders especially depression and suicide. The increase in daily

violence, the spiralling of individualism as opposed to the collective, the new family organizations and unhealthy lifestyles contribute enormously to the emergence of these mental disorders at ages increasingly young. Youth unemployment in Portugal has alarming values, as one in four young people aged 15 to 34 years (28%) do not work [1]. In the same sense, school absenteeism affects one fifth of these youngsters (22.7%). In this scenario the school should be the institution par excellence on the bridge between the family and the outside world, especially for those who are pursuing university studies due to competitiveness that settled so alarming.

The depression and suicide are gradually social phenomena of importance in all societies globally. The depression is one of the most common psychiatric disorders in adolescence in the 21st century [2] and interferes significantly in life, social relations and overall well-being, and can lead to limit situations such as the risk of suicide ideation [3]. According to the prognosis of the World Health Organization (2017) [4] about mental health, depression emerges as the world's most common disease by the year 2030.

At the same time, study the risk of suicide requires a tireless pursuit of your motives, just requires a deep reflection about what feelings, faults, failings, secrets or dilemmas they destroy a person in despair. Young people are among the most affected being gradually vulnerable to deviant behaviours. Worldwide, suicide is one of the three leading causes of death in the most economically productive age group (15-44 years) and the second leading cause of death in the age group of 15 to 29 years [5].

The World Health Organization [6] points to the main causes of death in adolescent traffic accidents, collective and relational violence, mutilation, AIDS and drowning. Similarly, it reveals that it is one of the three leading causes of death in females in the age group between 15 and 19 years of age. In Portugal, suicide is responsible annually for more than 1000 deaths occurring mostly in young ages [7]. According to data from the Portuguese National Institute of Statistics [1], in recent years the suicide has recorded higher values of deaths by traffic accidents, being among the five leading causes of death in the age group of 15-19 years, being the second most common cause of death in the age group of 15-29 years [8].

The passage from childhood to adolescence leads to the loss of security in order to be autonomous and occupy a place in the adult world. This is one of the reasons for the teens to be taken as one of the most prone to suicidal behaviour [9].

In this way it becomes crucial to understand how young people can acquire suicidal behaviours, as well as the factors that influence this act. In fact, a wide variety of risk factors, such as anxiety symptoms, States of depression, substance use, weak family support, friendship issues and stories of abuse may lead to suicidal ideation in adolescents. However, some studies show that certain risk factors are developed because of the impact of the economic crisis in the family, financial and social environment in which the teenager is inserted and claim that the suicide attempts and self-harmful behaviours are the main concerns of public health among teens [10].

In a comprehensive way, in the genesis of youth suicide, we find root causes, associated with a high degree of suffering can be physical, psychological or socio-cultural origin and scientific evidence shows that factors such as hopelessness, interpersonal skills, social isolation, depression and unemployment, in connection, increase and trigger the suicide. The suicide is seen by young people as a desire to change and/or end up with the problems they experience [9].

It should be noted that during adolescence suicide is seen as a tragic phenomenon, which continues to grow. We consider it necessary to implement the prevention of the risk of youth suicide in the programs of the health and teaching professions, as well as to the community, in order to increase the knowledge in the field of dyad adolescence-suicide, aiming at the reduction of this problem.

In the present study we opted for summarize the stages of adolescence in two according to age [11]: Pre Adolescence (12 to 15 years) in which the adolescent struggle against the dilemma of feelings of loneliness, isolation and regression and the safety that parents constituted; and the Adolescence Itself (of 15 to 18 years) period in which the teenager looking for emotional independence in relation to parental and social pairs objects exert a greater importance on empowering thoughts, desires and activities. Depression is one of the most common psychiatric disorders in adolescence in the 21st century [2] and interferes significantly in life, social relations and overall well-being, and can lead to limit situations such as the risk of suicide ideation [12].

Therefore, reflected the importance of the early detection of mental problems of young people in school context for future universities function as prime locations for culture and education aimed at social maturation of young, boosting the social adjustment individual and your own socialization. The experience (and) with professors and colleagues represents a primordial experience in personal development, with repercussions on social adaptation. The scientific evidence and the worldwide health agencies warn of the vital need to promote the mental health of adolescents and young adult.

Goals

Based on previous assumptions, the authors developed a study whose goal is intended to evaluate the level of suicidal risk and depression of young students from 12 to 18 years of the Autonomous Region of Madeira (RAM), Portugal.
In the same way intends to select intervention strategies for mental health promotion and prevention in young people, on the basis of the data obtained.

Methods

Type of study*:* quantitative, transversal and inferential statistics.

Population: a representative sample (n=1557 students) stratified, probabilistic, and of both sexes, by municipality of RAM and grade level (with a sampling error of 1.2%).
Inclusion criteria: young people attending normal school, students from the 7th grade level, of 12 to 18 years inclusive, be considered "normal", without psychiatric complaints and which are not under the action of stimulants or depressants of the Central Nervous System.

Exclusion criteria: students with psychiatric treatment, aged below 12 and over 18 years, hat do not meet properly the sociodemographic data questionnaire or the measuring instruments used in this study.

Data collection: all data were collected at the beginning of the school year 2014/2015. We informed in advance the directors of the school councils, we gave them knowledge of the tests, to select the dates and classes for the administration of the questionnaires. The entire administration of the questionnaires was managed by the author of the study.

Ethical Issues: the approval of the Ethics Committee of the Secretariat of Education of Madeira and the directors of the selected schools was obtained and guaranteed the confidentiality, anonymity and informed consent not only of the adolescents themselves, but also the parents ' own.

Data Collection Instruments

Characterization survey: sex; age; health; need for medical consultation; age of the parents, educational establishment; grade level; school failure; profession/occupation of father and mother; composition of the family; consumption of alcohol and drugs; socializing with colleagues and sports.
The Zung Depression Scale (ZDS): The scale translated and validated by Jardim (2002) [13] is composed of 20 items scored on a Likert scale (1 to 4), The scores indicate the severity of the depression, handing out the scores for the following ranges:

- 20-49 normal affective depression;
- 50-59 mild depression;
- 60-69 moderate depression;
- ≥ 70 severe or major depression.

Most people with depression have a score between 50 and 69, while a score of 70 and above indicates severe depression or major. Used in multiple situations, primary health care, psychiatric and drugs tests various situations.

The Suicidal Risk Scale of J. Stork: This measuring instrument in addition to the possibility of diagnosing the suicidal risk within a range of behaviors, allows, also, a suicidal depressive personality profile and therefore used in determination of the depression, allowing the depression in its two strands, feeling and action. The authors kept the theme of j. Stork: loss of subject (6 items); anguish (17 items); guilt (8 items); Ideal of himself (15 items); family situation (11 items); relationship with his mother (9 items); relationship with the father (4 items); aggression (4 items); addiction (1 item); psychosomatics (1 item). The scale was validated for the Portuguese population [15]. The scale was reduced to 175 items to 76, saving, however, your validity. This scale assumes the existence of a relationship between the suicidal act and a depressive type personality or depressive personality profile.

In this sense, the higher the score of the subject on the scale, the greater the probability of the subject have a depressive personality (or depression) and, consequently, the greater the risk suicidal.

This scale, depending on the score obtained by the subject, provides five levels of risk: 0-63 Normal State; 64-79 Intermediate State or Doubtful; 80-97 Weak Risk; 98-107 Suicidal Risk Important; above 107 Suicidal Risk is extremely important.

Prediction of statistical treatment

Descriptive statistics: frequencies, averages and standard deviation; Correlational statistics: Cronbach's alpha coefficient and the Pearson correlation coefficient and Inferential statistics: Student's T test for comparison of averages and multivariate testing-analysis of variance with Post hoc comparisons (Tukey). The statistical calculations effected through the IBM SPSS Program 22.

Results and Discussion

The average age of young people is 15.2 years, 55.2% female. Most shows no depression (81.5%), or suicidal risk (67.7%), as we can see in Table 1. However as regards depression noted that 18.5% have depressive mood (18.2%) and major depression (0.3%). As for the risk suicidal 16.8% of young people should be the subject of concern, as 10.1% reveal weak risk, 4.0% showed important suicidal risk and 2.7% suicidal risk is extremely important.

Variable	N	%
Rank of suicidal risk		
"Normal" State	1054	67.
Intermediate state or doubtful	241	7
Weak risk	158	15.
Suicidal risk important	62	5
Suicidal risk is extremely important	42	1 4.0

		2.7
$\bar{x}$ = 51.49; Md = 48.00; s = 27.29; x_{min} = 2.00; $x_{máx}$ = 146.00; p = **0.000**		
Level of depression		
"Normal" State	1270	81.
Dysthymia	283	5
Major depression	4	18. 2 0.3

Table 1: characteristics of the sample in terms of suicidal risk and depression.

There is an association between suicidal risk and depression (p = 0.000) and between the two gender disorders (both p = 0.000) and age group (respectively p = 0.000 and p = 0.043), being the highest values of 15 to 18 years, as we can verify in the (Tables 2 and 3). A study conducted a decade ago by Reinherz et al. (1995) [15] confirms these data revealing that the 15 years of age is considered a critical age for the manifestation of suicidal behaviours and depression. Similarly, a survey conducted in Porto Alegre, Brazil [16] showed that suicidal ideation occurs more at around 15 years.

There is highly significant difference in suicidal risk and depression according to sex (both p=0.000), showing that the young females have a higher predisposition to this disturbance. Accordingly, a study reveals that female adolescents are more prone to grow mental disorders compared to young males [17].

In addition, scientific evidence confirms that girls demonstrate a higher tendency to develop suicidal ideation [10, 18-21].

Variable	Depressio		
	n	r	p
Suicidal risk	1557	+0.67	**0.000**

Table 2: Correlation between the suicidal risk and the depression.

Age Group	N	$\bar{x}$	s	t	p
Suicidal Risk					
[12-15]	710	47.56	26.97	-5.241	0.000
[15-18]	847	54.78	27.13		
Depression					
[12-15]	710	41.19	8.54	-2.026	0.043
[15-18]	847	42.09	8.93		
SEX	n	$\bar{x}$	s	t	p
Suicidal Risk					
Male	698	47.95	27.24	-4.638	0.000
Female	859	54.36	27.01		
Depression					
Male	698	39.93	8.17	-7.288	0.000
Female	859	43.10	8.98		

Table 3: Comparison of suicidal risk and depression depending on the age group and sex of youths.

We note that there is a statistically significant difference in the number of deprecations young experienced and the suicidal risk (p=0.000) and depression (p=0.000), being A survey of Monteiro (2013) [22], carried out at the national level, shows that the presence of depressive symptom is strongly associated with the failure and low more relevant in that fail only once (x respectively), according to (table 3).

The marital status of the parent's influence on suicidal risk and depression (p = 0.003; p = 0.003), being most evident in young people whose parents are not married. Similarly, Stadelmann et al. (2010) [23] emphasizes the failure in marriage or not being married as typical examples of social situations that lead to the suicidal risk and depression. The family problems and dysfunctional families are among the first causes invoked by young suicides [9]. In the same way, another research [24] emphasizes the failure in marriage or not being married as typical examples of social situations that contribute to suicidal risk.

The adolescent who suffer some disease significantly influences the appearance of suicidal ideation and depression (p=0.000; p=0.038)). The analysis of the average values (table 3), suggests that young people with disease tend to show more pronounced this mental disorder (x =56.86; x =42.50). Several studies confirm that physical diseases such as cancer, epilepsy, AIDS and some mental disorders (toxic addiction/alcohol and schizophrenia) appear to serious mental disorders in the young, which confirms the data obtained in this study [19, 24]. On the other hand, biological factors as existence of chronic diseases and mental disorders, cause the teenager

feelings of rebellion anguish and depression, feeling that life has no meaning, leading to suicidal ideation or suicide itself [25].

The use of drugs and alcohol (table 3) influences significantly in manifestation of suicidal risk and depression in young people in this study (p=0.000; p=0,050). Young people who use drugs and alcohol have a higher trend for suicidal risk (respectively, $\bar{x}$=63.93 e s=31.05; x =61.24 e s=28.42) and for depression (respectively, x =42.41 e s=31.05; $\bar{x}$=42.60 e s=28.42).

These data confirm studies carried out in Brazil [26,27] showing that individuals who use drugs have a higher predisposition to develop mental disorders, particularly anxiety, depression and suicidal ideation. Accordingly, studies in Rio Grande do Sul [28,29] reveal that drug use is associated with higher levels of suicidal ideation. Scientific evidence confirms the relationship between alcohol use and suicide [30] and that alcohol abuse may lead to suicidality through disinhibition, impulsiveness and impaired judgment, but it may also be used as a means to ease the distress associated with committing an act of suicide.

In synthesis, adolescents with suicidal risk and depression present high risk of developing drug dependence, physical illnesses, difficulties in academic work, social inclusion and having problems with the law [31,32]. The data found in this study corroborate with most of the surveys consulted, which implies an urgent need for more studies and in older adolescents who enter higher education or who begin to work.

Deprecations at School	n	$\bar{x}$	s	t	p
Suicidal Risk					
None	1107	49.17	26.79	14.122	0.000
One and more	450	57.10	27.78		
Depression					
None	1107	41.20	8.74	8.336	0.000
One and more	450	42.72	8.73		
Marital Status of Parent's	n	$\bar{x}$	s	t	p
Suicidal Risk					
Married	1215	50.41	27.01	-2.963	0.003
Not Married	340	55.36	28.03		
Depression					
Married	1215	41.29	8.73	-3.245	0.001
Not Married	340	43.04	8.80		
Suffering from Disease	N	$\bar{x}$	S	t	p
Suicidal Risk					
Yes	372	56.86	29.61	4.380	0.000
No	1185	49.80	26.31		
Depression					
Yes	372	42.50	9.59	2.072	0.038
No	1185	41.42	8.48		
Alcohol	n	$\bar{x}$	s	t	p
Suicidal Risk					
Yes	72	63.93	31.05	3.502	0.000
No	1485	50.88	26.96		
Depression					
Yes	680	42.4141.11	9.03	2.926	0.003

Table 4: Comparison of suicidal risk and depression depending on deprecations at school, marital status of parent's, disease and abuse of addictive substances.

Conclusions

This study has provided important information about depression and suicidal risk among young people of the autonomous region of Madeira. These results are crucial for statistics in this field due to the lack of studies on the students in these age groups.

In the same way it will be an incentive for the scientific community to carry out new research in young people. By corroborating research data from other regions on the factors associated with depression and suicidal risk, this research reinforces the importance that should be attributed to these aspects at a global level. At the same time, it will not only enable the development of local policies, but also transcend this goal.

The complexity of the mechanism of these behaviours of the psychological setting determines the imperative need for the implementation of inclusive and integrated programs and intervention strategies in youth with the focus on promoting mental health, social and educational policies. These programmes should cover a number of areas, such as the person itself, your family, your school, your community and the health care system.

In addition to improving these strategies, special attention should be given to patterns that work the self-esteem of these young people, in addition to the issues of healthy lifestyles, sex, interfamily aggressiveness and among friends/colleagues.

The screening of adolescents with depressive conditions and suicidal risk has been flawed, so we should extend this research to the university students. In universities is relevant and a priority to create a strategy that encompasses training programs of coping strategies and coaching, aimed at reducing the stigma about mental health, in order to facilitate applications for aid in situations of upheaval and rethink the true meaning that life holds for each and your community, never neglecting the socio- cultural and spiritual values, while respecting the bonds of social cohesion and integration in a globalized world. In the future Study the risk and suicidal depression is a challenge for future research in college students by comparing Portugal and Brazil to develop strategic programs for the promotion of mental health of young people and implementation of social and educational policies to prevent these mental disorders.

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