

DOI: 10.21767/2471-9854.100028

## Suicide Approach in Adolescents

**Sergio Perez\***

Section of Suicidology, Cuban Society of Psychiatry, Bayamo, Granma, Cuba

\***Corresponding author:** Sergio Perez, Section of Suicidology, Cuban Society of Psychiatry, Bayamo, Granma, Cuba, Tel: +5355342824; E-mail: serper.grm@infomed.sld.cu

**Received date:** Sep 12, 2016; **Accepted date:** Sep 13, 2016; **Published date:** Sep 18, 2016

**Copyright:** © 2016 Perez S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Citation:** Perez S. Suicide Approach in Adolescents. Clin Psychiatry. 2016, 2:3.

### Opinion

Good care is out of the question when it is based on misleading foundations. When it comes to suicidal behavior in adolescents, it is necessary to get rid of some beliefs that have been denied by suicidal adolescents themselves, myths that hinder the prevention of this self-destructive behavior, the different types of suicidal communications hinted by them, and the nature of depression in this particular age group in order to make an early diagnosis and provide timely treatment.

It is also important to pay attention to bullying, a common form of violence in schools that is increasing in most countries and can lead to the suicide of the bullied victims or to real tragedies when, exceeded the limits of their tolerance, the victims decide to take revenge on those responsible for their suffering such as victimizers, accomplices or simply witnesses, by killing several classmates, schoolmates, teachers and anyone standing on their way, prior to committing suicide.

The correct way to manage a suicidal crisis in adolescents should begin with an adequate detection and evaluation of the suicide risk, taking into account some principles which, if violated, may interfere with the achievement of the main goal of any suicide prevention action: to keep the adolescent alive.

The suicide prevention chain in adolescents starts with the adolescents themselves and their capacity to provide self-help, but it also involves the family, friends, teachers, significant others such as a priest or pastor, pediatricians, family doctors, psychologists, and juvenile psychiatrists. All these chain links are important because suicide prevention is a task for those who are capable of detecting any manifestation of suicidal communication and know what to do to keep the suicidal adolescent alive until specialized care is provided.

Complicating even more an already complicated problem—and suicide is a complicated problem—is an easy task anyone can do. Simplifying a complex problem such as suicide, however, requires some knowledge on the matter.