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ON THE STUDY OF BEHAVIORAL SUICIDE RISK FACTORS

Abstract. Factors that increase the risk of suicide are: family problems (including the Commission and attempted suicide by family members), frequent cases of psychological pressure from both peers and teachers; school bullying; poor psychological stability (depression, lack of willpower, auto-aggression). Knowledge of these factors is necessary for parents, teachers, school psychologists, social teachers, peers of adolescents in order to timely recognize the danger of suicide and take the necessary measures.

Studies of suicide risk factors are relevant due to the fact that they determine the transition from conception and conflict to the implementation of the intention in the form of a suicide act. The article presents differences in perceptions of suicide risk factors and best practices in the study of suicide risk factors, in particular, interesting and advanced studies reflected in the articles of authors from different countries and different periods.

It is noted that researchers from foreign countries often do not use mass methods of assessing the situation, preferring a specific sample or more complex methods.

As a result of the review of studies to identify suicide risk factors, it is noted that the suicide risk in adolescence has a multifactorial nature, including both psychopathological and psychological mechanisms, as well as environmental and social factors.

The growth of auto-destructive behavioral trends at this age, followed by the choice of suicide as a way to solve the problems requires a thorough analysis of the personality of the minor, the sphere of interpersonal relations, features of education and other circumstances for the subsequent formation of strategies of psychosocial prevention and adaptation, as well as the development of forms and methods of psychological and social support for adolescents in the group of suicidal risk.

Hermeneutic analysis of criminal case materials within the framework of forensic examination of the mental state of a teenager who committed suicide, as well as access to various sources of information about mental development, personal characteristics, family relationships and situational circumstances preceding suicide are considered as a promising method of suicide risk analysis. It is stated that this will allow to analyze the factors in the aspect of their temporary development, as well as interaction with each other.

Key words: suicide, auto-aggression, auto-injury, auto-destructive behavior, self-destructive behavior, suicidal behavior, suicidal risk, Avital activity, behavioral factors of suicidal risk.

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Суицидтік тәуекелдің мінез-құлықтық факторларының зерттеуі туралы

Аңдатпа. Өзіне-өзі қол жұмсау қаупін арттыратын факторлар: отбасылық қолайсыздық (оның ішінде отбасы мүшелерінің өзіне-өзі қол жұмсауы және жасау әрекеті), құрдастары мен мұғалімдер тарапынан психологиялық қысымның жиілеуі; мектеп жарақаты; әлсіз психологиялық тұрақтылық (депрессивтілік, ерік күшінің жоқтығы, аутоагрессия) болып табылады. Бұл факторларды білу ата-аналарға, педагогтарға, мектеп психологтарына, әлеуметтік педагогтарға, жасөспірімдердің құрдастарына суицидтік қауіпті дер кезінде тану және қажетті шаралар қолдану үшін қажет.

Суицидтік тәуекел факторларын зерттеу олардың ойдан және жанжалдан суицидтік әрекет түріндегі ниеттерді іске асыруға көшуді анықтауына байланысты өзекті болып табылады. Мақалада суицидтік тәуекел факторлары мен суицидтік тәуекел факторларын зерттеудегі озық тәжірибе, атап айтқанда әр түрлі елдер мен әртүрлі кезеңдегі авторлардың мақалаларында көрініс тапқан қызықты және озық зерттеулер туралы түсінік беріледі.

Алыс шетелдерден келген зерттеушілер көбінесе ерекше іріктеуді немесе неғұрлым күрделі әдістерді қалай отырып, жағдайды бағалаудың жаппай әдістерін пайдаланбайды.

Суицидтік тәуекел факторларын анықтау үшін жүргізілген зерттеу нәтижесінде, жасөспірімдер жасындағы суицидтік тәуекел психопатологиялық және психологиялық тетіктерді, сондайақ орта және әлеуметтік факторларды қамтитын көп факторлы табиғатқа ие.

Осы жастағы аутодеструктивті мінез-құлықтық үрдістердің өсуі пайда болған проблемаларды шешу тәсілі ретінде кейіннен суицидті таңдау кәмелетке толмаған адамның жеке басын, тұлғааралық қарым-қатынас саласын, тәрбие ерекшеліктерін және басқа да мәнжайларды кейіннен психоәлеуметтік алдын алу және бейімдеу стратегиясын қалыптастыру үшін мұқият талдауды, сондай-ақ суицидтік тәуекел тобына кіретін жасөспірімдерді психологиялық және әлеуметтік қолдаудың нысандары мен тәсілдерін әзірлеуді талап етеді.

Суицидтік тәуекелді талдаудың перспективалы әдісі ретінде суицидті жасаған жасөспірімнің психикалық жай-күйін сот сараптамасы шеңберінде қылмыстық іс материалдарына герменевтикалық талдау, сондай-ақ суицидтің алдындағы психикалық дамуы, жеке ерекшеліктері, отбасылық қатынастары және әртүрлі жағдайлар туралы ақпарат көздеріне қол жеткізу қарастырылады. Бұл факторларға олардың уақытша дамуы, сондай-ақ өзара іс-қимыл аспектісінде талдау жүргізуге мүмкіндік береді.

Түйін сөздер: суицид, аутоагрессия, аутотравматизм, аутодеструктивті мінез-құлық, өзін-өзі бұзатын мінез-құлық, суицидтік мінез-құлық, суицидтік тәуекел, авиталдық белсенділік, суицидтік тәуекелдің мінез-құлық факторлары.

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Об исследовании поведенческих факторов суицидального риска

Аннотация. Факторами, повышающими суицидальный риск, являются: семейное неблагополучие (в том числе совершение и попытки совершения суицида членами семьи), участившиеся случаи психологического давления как со стороны сверстников, так и учителей; школьная травля; слабая психологическая устойчивость (депрессивность, отсутствие силы воли, аутоагрессия). Знание этих факторов необходимо родителям, педагогам, школьным психологам, социальным педагогам, сверстникам подростков для того, чтобы своевременно распознать суицидальную опасность и принять необходимые меры.

Исследования факторов суицидального риска актуальны в силу того, что именно они определяют переход от замысла и конфликта к реализации намерения в виде суицидального поступка. В статье приводятся различия в представлениях о факторах суицидального риска и передовой опыт в исследовании факторов суицидального риска, в частности интересные и передовые исследования, нашедшие отражение в статьях авторов из разных стран и разного периода.

Отмечается, что исследователи из стран дальнего зарубежья зачастую не пользуются массовыми методами оценки ситуации, предпочитая специфическую выборку или более сложные методы. В итоге проведенного обзора исследований на выявление факторов суицидального риска, отмечается, что суицидальный риск в подростковом возрасте имеет многофакторную природу, включающую как психопатологические, так и психологические механизмы, а также средовые и социальные факторы.

Рост аутодеструктивных поведенческих тенденций в данном возрасте с последующим выбором суицида как способа решения возникающих проблем требует тщательного анализа личности несовершеннолетнего, сферы межличностных отношений, особенностей воспитания и других обстоятельств для последующего формирования стратегий психосоциальной профилактики и адаптации, а также выработки форм и способов психологической и социальной поддержки подростков, входящих в группу суицидального риска.

В качестве перспективного метода анализа суицидального риска рассматривается герменевтический анализ материалов уголовного дела в рамках судебной экспертизы психического состояния подростка, совершившего суицид, а также доступ к различным источникам информации о психическом развитии, личностных особенностях, семейных отношениях и ситуационных обстоятельствах, предшествовавших суициду. Констатируется, что это позволит провести анализ факторов в аспекте их временного развития, а также взаимодействия между собой.

Ключевые слова: суицид, аутоагрессия, аутотравматизм, аутодеструктивное поведение, саморазрушительное поведение, суицидальное поведение, суицидальный риск, авитальная активность, поведенческие факторы суицидального риска.

Introduction

About one million people worldwide commit suicide every year. Given that data from statistics indicate the apparent cases of suicide, the real suicide rate may be 2 to 3 times higher. In 2018, Kazakhstan saw a suicide rate of 27.5 per 100 thousand population. Since January 2018, there were 390 suicide attempts registered in the country, which is almost equal to the corresponding amount (401 cases) in the same period in 2017. Out of registered suicides, twenty involved adolescent girls and four involved children (Bulletin of the World Health Organization, 2018). The Committee for Legal Statistics and Special Accounts of the Republic of Kazakhstan reported 3.542 suicides (178 of which involved minors) and 4234 suicide attempts in 2018 (Analytical Information, 2017).

Date from statistics indicate that minors represent the greatest group being at risk of suicide. Risk factors for suicide are family distress (including suicide or suicide attempt of a family member); the increasing incidence of psychological pressure inflicted by both peers and teachers; school bullying; weak psychological stability (depression, lack of willpower, auto-aggression). The Committee for Legal Statistics indicates that the general causes suicidal activity in children and adolescents are destructive interpersonal relationships, low stress tolerance, information overload, and psychological instability. Another reason is that a person seeks to protest and attract attention (Analytical Information, 2017). According to the WHO Mental Health Action Plan 2013-2020, the rate of suicide in countries will be reduced by 10% by the year 2020 (Bulletin of the World Health Organization, 2018). In this regard, this study is based on the ideas of S. Freud concerning the essence of suicide. According to him, a human has two primary conflicting instincts: the life instinct [Eros] and the death instinct [Thanatos]. The Eros loses his power as a person ages, while Thanatos becomes more and more powerful and assertive. Thanatos fulfils oneself only by causing death of the person. According to Freud, suicide and murder are manifestations of the destructive influence of Thanatos or aggression (Carr & Lapp, 2006). Researchers who study issues surrounding suicide partially agree with this (Tikhonenko & Safuanov, 2016; Mokhovikov, 2017; Vagin, 2018). They also claim that in recent years, the death instinct often prevails over the instincts of young people.

At the current moment, there are several classifications of risk factors. Thus, risk factors are divided into topical (acute) and chronic suicide risks. In conjunction with acute risk factors, such as a stress due to relationship termination, chronic risk factors, such as mental disorders, such as depressive or bipolar disorder, significantly increase the likelihood of suicidal behavior (Beautrais, 2000; King et al., 2013). In addition, it is proposed to divide risk factors into recent (e.g., symptoms of depression coupled with feelings of resentment, hopelessness, loneliness, anger) and potential (e.g., family disharmony, and disharmony of personality structure (Bannikov et al., 2015). According to American psychologists. the suicide danger and risk are largely associated with the Internet use. Thus, those who play video games or dive into the Internet for more than 5 hours a day may be at risk of developing depression and suicidal thoughts (Messias et al., 2011). Of particular concern is the use of Internet by adolescents with suicidal ideas to search for suicide-related information. Such searches stimulate suicidal behavior with a high probability of completed suicides (Hagihara et al., 2012).

Social and ethno-psychological factors are also referred to as suicidal risk factors. Zheng and Wang (2014) distinguish demographic and psychological factors as social risk factors. Their study proves the need for a multi-factor approach to understanding and preventing suicide by college students (Zheng & Wang (2014). Thus, Turkish researchers constructed a profile of uncompleted suicide attempts regarding individual, social and psychological factors (Iskender et al., 2016). These factors explain the surge in suicidal activity in individual countries and regions. Thus, in some republics of the Russian Federation (i.e., Tuva Republic, the Republic of Buryatia, and the Republic of Sakha), the relative suicide rate is several times higher compared with other regions (Polozhiy & Panchenko, 2012). In the US, higher suicide rates are recorded among American Indians and indigenous people of Alaska (Beautrais, 2000).

Among social factors of suicidal behavior, there are family factors (in particular, mental health problems, family history of suicidal behavior, relationships, affection and conflicts) and peer relationships (including the acts of bullying). Factors, such as family and sexual abuse, the neglect of child's needs, and relationships with parents, are often encountered in situations of suicidal behavior of adolescents; foreign researchers have been mentioning this for many years (Fergusson et al., 2000; Stewart et al., 2015). In addition, the loss of a parent to death or divorce, or living apart from one or both biological parents is a significant risk factor (Bridge et al., 2006).

Parental divorce is one of the frequent causes of suicidal behavior among Lithuanian adolescents. Some manifestations of suicidal behavior were significantly associated with low satisfaction in family relationships, low father's and mother's emotional support, authoritarian-repressive father's parenting style, and permissive-neglectful mother's parenting style (Zaborskis et al., 2016). A powerful suicide risk factor is the parental history of suicide attempts, which conveys a nearly 5-fold increased odds of suicide attempt in children (Brent et al., 2015). The behavioral risk factors for suicide include personality and individual differences, cognitive factors, social aspects, and negative life events (O'Connor & Nock, 2014); identity factors (especially gender identity, gender and sexual preferences) (Remafedi et al., 1998). There is a strong effect of sexual orientation on suicidal thoughts. This effect mediated by critical youth suicide risk factors, including depression, hopelessness, alcohol abuse, recent suicide attempts by a peer or a family member, and experiences of victimization (Russell & Joyner, 2001).

The terms "auto-traumatism" and an "auto-aggressive" act are often used in the literature to define suicidal actions. If the ultimate goal of an autoaggressive act is to commit suicide, then it should be labeled a suicidal act. In modern-day literature, especially in the Western literature, there are popular terms like "self-destructive" or "indirect selfdestructive" behavior. The indirect self-destructive behavior refers to the act of inflicting aggression on oneself. Indirect self-destructive people have intentions that are not directly related to death or conduct self-harm with a motive that is not to be determined. Some studies demonstrate people with indirect self-destructive behavior who engage in interactions during which unintentional harm is inflicted. In other words, actions of indirect self-destructive people are aimed at causing direct or indirect damage to one's own somatic or mental health. These actions threaten the integrity of personality and have a negative effect on personality development (Andronnikova, 2010; Tormosina, 2014; Kerig, 2017; Firestone, 2018; Tull, 2018).

In foreign suicidology, the interest in self-harm is associated with the influence of media on the suicidal behavior (Ruder et al., 2011; Hawton et al., 2012; Daine et al., 2013). In an article analyzing the influence of online images on self-harm in individualt aged 16-24, the authors emphasize a vital role that the Internet plays in young people self-harm practices (Jacob et al., 2017). This study sees suicidal behavior as a form of self-destructive behav-

ior, a kind of self-directed violence, which is not in the human nature. By contrast, anti-suicidal behavior is a form of creative behavior, which is a natural characteristic of a human being. While the suicidal behavior is a decrease in energy (vital activity) in the favor of death instinct (avital activity), the antisuicidal behavior is a natural rise of vital forces or energy, positive thinking, and an optimistic attitude. The latter is not dependent upon success, stress, and other circumstances arising in life (Vagin, 2001). To create a system for preventing suicidal behavior among adolescents, the study has to conduct a comprehensive analysis of common suicide risk factors and a thorough analysis of those factors that are more likely to cause suicidal vulnerability. Unlike other behavioral factors (macro-social factors like media influences, the Internet use, and social stratification by material wealth; psychological factors; psychopathological factors; micro-social environment factors, etc.), suicide risk factors are dangerous, as they do not provoke suicidal behavior but mark its initial stages. In this regard, this group of the most dangerous, difficult preventable factors requires a special investigation. Parents, teachers, school psychologists, social teachers, and adolescents may need the knowledge of these factors to recognize suicidal danger in time and take action. The study of behavioral risk factors for suicide may be the framework for an early diagnosis of suicidal tendencies among adolescents. The purpose of this article is to highlight the most significant behavioral risk factors for suicide in urban adolescents.

Materials and methods

Research design and sample

This study identifies the most significant behavioral risk factors for suicide among adolescents living in the city, such as Almaty, via a survey involving three groups of people. The first group includes psychologists employed in educational establishments, employees of psychological agencies, and health professionals employed in general medical hospitals.

The second group includes law enforcement officers, including those working with delinquent minors, adolescents who attempted suicide or have suicidal tendencies.

The third group was represented by randomly met teenagers, boys and girls aged 14 to 22 years. A special mini-survey asked respondents to identify those behavioral risk factors that have the greatest influence on adolescent suicidality and/or to choose them from the list.

Table 1 – Interview Survey Structure

	1	2	3	4
Stages and their content	Name the behavioral risk factors or choose from voiced factors (loss of interest in learning, decrease or loss of academic performance, increase or occurrence of absenteeism, leaving home, aggression, vagrancy, craving for alcohol, psychoactive substances, substance abuse and more.	To evaluate the role of certain behavioral factors of suicidal risk arising in adolescents (in free speech)	To focus on those of them that have the greatest impact on the suicide of a teenager (ranked by the level of influence of the factor)	To voice the hierarchy of the named factors according to the degree of reducing the risk of suicidal danger (starting with the most dangerous factor)

The survey sample is 437 respondents, of which the first group includes 183 professionals, the second -64 law enforcement officers, and the third -190 adolescents.

Data analysis

The relevance of survey data is justified by the purpose of information gathering (to highlight the most significant behavioral risk factors for suicide among urban adolescents). In addition, two groups of people consist of professionals, who use to deal with similar problems, and the third group includes representatives of the youth, who know the problem "from the inside".

Encouraging law enforcement officers to take part in a mini-interview was a challenge because employees working with adolescent suicides make effort to evade this problem due to personal helplessness and lack of professionalism. After the officers learned about the fact stating and trend identifying, rather than performance evaluative, mission of the survey, only 64 employees out of initial 183 volunteered to participate. The sample of adolescents grew from the expected 183 to 190 due to the interest in questions raised. Data analysis was carried out through the calculation of clear-cut responses and recording of information from survey forms that were subsequently processed via content analysis due to the diversity of answers.

Validity and reliability of results

Despite the regional focus and research date, many studies adhere to a similar viewpoint concerning the behavioral risk factors (Vagin, 2001; Myagkov, 2003; 2004; Altynbekov et al., 2009; Stadukhina et al., 2013; Brown & Jager-Hyman, 2014; Randall et al., 2014; Yen et al., 2015; Franklin et al., 2017).

The following are the main behavioral risk factors (Kassen, 2016: 11558):

Alcohol and substance abuse Running away from home Self-isolation from other people and life Sharp decrease in daily living activity

Change of habits (non-compliance with personal hygiene practices)

Interest in reading and talking about death and suicide

Frequent listening to mourning or sad music Putting affairs in order (resolving conflicts, writing letters to relatives and friends, giving away

Sudden changes in behavior and mood, especially those alienating an individual from relatives

"Flirting with danger"

possessions)

Visiting a doctor without obvious need

Disruptive behavior or decline in academic performance

Parting with expensive possessions or money Purchasing things needed to commit suicide.

Below is a brief description of those risk factors that subjectively are the most dangerous.

In age psychology, adolescence is a period of heightened sensitivity and vulnerability. As a result, an adolescent is vulnerable to subjectively unfavorable circumstances and actions that, in his/her opinion, characterize his/her maturity and independence.

The first factor that marks suicidal tendencies in an adolescent is the concern with death and suicide related topics. People around such a person may notice these tendencies from the books he/she reads, from the websites he/she browses, from his/her conversations with friends and sometimes parents. According to suicidologists, this is a high-risk factor and a direct indication for visiting a specialist. The second factor is a change in the adolescent behavior towards self-isolation, a decrease in daily living

activities, disregard for one's appearance, failure to follow personal hygiene practices, and the interest in listening to sad and mournful music. There are also signs of school disadaptation – the loss of interest in learning, a decline in academic performance, and absenteeism. Against this background, there are often links to cravings for psychoactive substances (alcohol, toxic and addictive drugs) to release mental stress. However, alcoholic or toxic intoxication causes the emotional and volitional control over arising impulses to reduce and the anti-vital tendencies that appear push to suicide. There are cases of inadequate reactions like the act of "running away from home" and vagabondism. Thus, the adolescent attempts to "run away" from a subjectively difficult situation and a suicide is an extreme way to fulfil this intention.

Results

Figure 1 displays the results of a miniinterview. According to professionals, who work with adolescents, the risk of suicide will increase significantly if the student loses interest in learning, lags in academic performance, and diminishes previously good attendance record. This behavioral factor scores 65.6%, as most schoolteachers and psychologists noted its pathogenic effect. The following factors are the act of "running away from home" and vagabondism: 50.8% of professionals consider this the ultimate reason for suicide. According to employees of psychological agencies, adolescents, who did not receive the warmth of family love, often leave their home due to the destructive influence of the family and are most prone to commit suicide.

The third and fourth places are occupied by alcohol craving (44.2%) and drugs/substance abuse (37.7%). Respondents who emphasized both of these factors are employees of psychological agencies or health professionals, who interact with suicidal adolescents more often than school teachers and psychologists. Among risk factors, a decrease in daily living activities holds a fifth position: 23% of professionals consider this factor to be significant. They believe that the reasons for such a change are personal immaturity, low self-esteem, communication incompetence, and the lack of parental support.

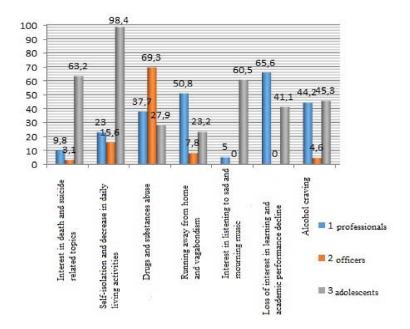


Figure 1 – The portion of behavioral risk factors for suicide according to respondents

The majority of professionals do not consider the interest in death and suicide related topics as a crucial factor (only 9.83% indicated its effect). The same is true for the interest in listening to sad and mourning music (4.97%). Psychologists define these behavioral factors as signs of imitation and grouping, which are reactions typical for teens, a kind of "fashion tribute" or a subculture manifestation. The second group (law enforcement officers) was categorical in their choices. From Figure 1, it can

be seen that their choice boiled down to one factor. This is explained by the nature of their work, which affected the relationship with other spheres (many refused to give answers, as they believed that the researchers were journalists).

The leading behavioral risk factor is the drugs/ substance abuse – almost 70% of officers identified it as the main factor. The majority saw factors, such as self-isolation, decrease in daily living activities (15.6%), "running away" and vagabondism (7.8%), alcohol craving (4.6%), interest in death and suicide-related topics (3.1%), as less influential but still a "good kick" if acting upon an individual simultaneously. Not unlike professionals, the officers expressed disbelief in that the interest in death and suicide related topics and listening to sad and mourning music can affect the development of suicidal tendencies and they did this even in a more categorical form. None of them emphasizes these factors as significant. In fact, they believe that these behavioral tendencies are manifestations of idleness, which comes from improper upbringing in the family or social immaturity of new generations. Meanwhile, the loss of interest in learning, declining academic performance, and absenteeism are not suicide factors but factors contributing to deviance and illegal behavior.

Respondents of the third group assign the selfisolation factor to the role of that influencing the formation of a suicidal personality: 98.4% consider self-isolation and decrease in daily living activities as the most significant. Adolescents view this factor as the most dangerous because if caused by social rejection it may result in developing ideas of one's own inferiority and death. The interest in death and suicide related topics was noted as a significant suicidal factor by 63.2% of adolescents, who reported on its effect on them, which could lead to suicidal behavior if it had not be for anti-suicidal factors (the support of loved ones, relationship with friends, engagement in sports, etc.). The same is true for the interest in listening to sad and mournful music (60.5%). An interesting fact is that these two factors were not classified as significant by professionals and officers, although they are in close interaction with adolescents.

This point of view corresponds to that of suicidologists regarding the crucial and often the leading role of the emotional semantic component of human psychology (Andronnikova, 2010; Bannikov et al., 2015). Nevertheless, the inconsistency that this survey reveals may indicate that professionals and officers lack the necessary psychological knowledge, or are insufficiently enlightened about

suicide related matters, or are reliant on personal experience. According to 45.3% of adolescents, alcohol craving occupies an important place among suicide risk factors. Practically the same amount of adolescents (41.1%) distinguished the loss of interest in learning, decline in academic performance, and absenteeism. A relatively high score is given to drugs/substance abuse: 27.9% of respondents consider it particularly significant when it comes to the formation of suicidal tendencies. According to 23.2% of adolescents, "running away from home" and vagabondism mark a relatively high risk of committing suicide.

The survey shows that the suicidal situation is considered the most serious by the third group (the adolescents), as evidenced by the absence of low scores among the given factors. Moreover, they view risk factors like the interest in death and suicide and the interest in listening to sad and mournful music as crucial. Figure 1 shows that among these factors, the most significant are considered selfisolation, decrease in daily living activities, drugs and substance abuse. At the same time, the majority of respondents in all three groups believe that drugs and substance abuse has the greatest influence on the formation of suicidal behavior in adolescents. It is true that increased sensitivity makes adolescent inadequately sensitive to external stressors. The inertness and mental rigidity cause a fixation on negative experiences, which is aggravated by psychoactive substances.

According to law enforcement among adolescents who committed suicidal acts. 75% occasionally tried toxic and even addictive substances. There is an opinion that the use of alcohol and drugs by adolescents is one of the most powerful suicide risk factors (Vagin, 2001). It is usually preceded by a period of unstable mood, short temper, dissatisfaction with previous activities and social circle, and depression. This is when an individual loses interest in learning, when conflicts arise in the family, and when "street leaders" become figures of authority in the eye of an adolescent. These "leaders" encourage the first intake of alcohol and drugs. The experienced sensations temporarily grant satisfaction and the feeling of serenity but when parents find out about this fact and start a "struggle" using punishment and pressure, an adolescent may react with strong emotions and protest. Thus, the further use of substances becomes a protest, "a challenge to society," and, above all, to those around an adolescent.

Another reason for substances abuse may be the uncontrolled thirst of adolescents for new sensations

and role-play. If adults start explaining the danger of a drug addiction, criminal or asocial future, then they will be "unheard" due to a temporary decrease in parental authority in the favor of another adolescent. During this period, adolescents may feel the impact of parents, teachers, law enforcement officers, etc. As a result, pedagogically illiterate adults may inflict too much pressure on an adolescent and push him/her to suicide.

Discussion

There are no similar studies with the participation of several groups of respondents. Similar studies also explore behavioral risk factors without clearly distinguishing them. Thus, there are a meta-analysis outlining the potential risk factors (Chang et al., 2016); a prospective study exploring the family factor (Brent et al., 2015); a study devoted to psychological factors, such as childhood abuse and disinhibition (Stewart et al., 2015); and a study concerning social networks (Zimmerman et al., 2016). Unfortunately, foreign studies do not distinguish between mental disorders, affective disorders, disorders associated with drugs abuse, schizophrenia and personality disorders. In general, researchers define them as a personality factor (Britton & Conner, 2010; Schneider, 2012), whereas in Russian suicidology, pathopsychological inclinations and behavioral deviations are considered as completely different risk factors (Myagkov, 2004; Tormosina, 2014; Bannikov et al., 2015; Vagin, 2018). Similar to this study in methods are a study that performs a mass assessment of suicidal behavior and risk among children and adolescents (Goldston, 2000), an online survey (Podlogar et al., 2015), and a study detecting suicidal ideation in online user content (Ji et al., 2018).

The online screening tools for suicide risk assessment are becoming more common but they are linked to many difficulties compared to traditional methods. As we can see, researchers often do not use mass methods – they prefer working with a specific sample or more complex methods. For example, Canadian authors constructed a profile of suicidal attempts using several risk factors and warning signs, which they noticed among psychiatric patients (Bhatt et al., 2018). They applied a multivariable logistic regression analysis but dismissed sociodemographic risk factors, as they might not apply within psychiatric populations.

A meta-analysis of 365 studies that have attempted to longitudinally predict a specific suicide-related outcome over the past 50 years produced several unexpected findings (Franklin et al., 2017). These findings were made across odds ratio, hazard ratio, and diagnostic accuracy analyses. The prediction was only slightly better than chance for all outcomes because the combined effects of several risk factors have rarely been studied. The authors also indicate the homogeneity of their research. It turns out that many researchers do not touch upon behavioral risk factors due to the ambiguity of their structure, causelessness, and abrupt stress-related dynamics. However, a suicide risk in adolescence has a multifactorial nature, which includes both psychopathological and psychological mechanisms, as well as environmental and social factors. The growth of auto-destructive tendencies at this age, followed by a choice of committing suicide to solve the emerging problems, requires thorough analysis of adolescent's personality, his/ her interpersonal relationships, education and other circumstances. This will allow designing strategies for suicide prevention, as well as forms and methods for psychological and social support.

The interview survey allows us identifying the core reasons for the formation of suicidal tendencies in adolescents. These reasons linked to the failures of socialization process. Socialization is the process of forming a personality; the process of learning to behave in a way that is acceptable to society; the process of learning socially significant characteristics of consciousness and behavior that govern the relationship with society. Primary socialization occurs in the family, within which the whole complex of socially significant human qualities should be formed: morality, knowledge, conviction, diligence, culture, education, communication competence. Further socialization takes place in the school setting. Unfortunately, both types are not fully effective.

A hermeneutic analysis of criminal case files or data from forensic mental state examination of adolescents, who attempted/committed suicide, is a promising method for analyzing suicide risks. A hermeneutic analysis may also cover characteristics of mental development, personal characteristics, family relationships and situational circumstances that preceded suicide. This will allow an analysis of factors from the viewpoint of temporal development and mutual interaction. Such studies allow drawing a complete picture of what has happened alongside the conclusions about the core factors of suicide risk for each particular case and thus, contribute to the concept of suicidal behavior in adolescence.

To reduce the influence of behavioral risk factors for suicide among adolescent schoolchildren:

Have regular awareness sessions with parents and staff concerning the harmonious education of children, the psychological characteristics of their development, mental health, risk factors and signs of suicidal behavior, and the need for timely visits to psychologists and psychiatrists in cases of inadequate or abrupt changes in adolescent's behavior.

Organize differentiated suicide prevention classes for teachers, health professionals, psychologists and other specialists engaged the interaction with children and adolescents.

Train school doctors and psychologists to diagnose depressive and other suicide-prone conditions.

Include medical and psychological examinations into the program for annual medical exam.

Conclusion

Most respondents assigned high scores for risk factors like self-isolation, decrease in daily living activities, and drugs and substance abuse. The identified behavioral factors are a kind of nutrient medium for the suicidal behavior to develop. They usually affect adolescents in conjunction. The analysis of behavioral risk factors portrays a minor, who is prone to the commission of suicide.

It should be borne in mind that the adolescent suicidal behavior has specific characteristics. An adult is usually able to resist suicidal impulses for a long time by distracting himself or consciously addressing the so-called anti-suicidal thoughts (e.g. responsibilities towards the family, fear of death, religious prohibitions, etc.). By contrast, adolescents, due to personal immaturity, have these restraining mechanisms less strong. Therefore, in adolescence, the period preceding the commission of suicide is shorter. From this perspective, the interview survey in this study involves three groups of people and confirms the need to strengthen the prevention efforts of the entire teaching community and civil society.

Findings in the precious study (Kassen, 2016) concerning the avital activity of adolescents necessitated a research to acknowledge the existence of the problem and its trend towards progressively worse due to changes in social values, in the economic situation, in the needs of adolescents.

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