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by Mariyati Mariyati

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Exploration of Risk Factors for Suicidal Ideation in Depressed Adolescents

Mariyati^{1*}, Arifianto²

¹Program Studi Pendidikan Profesi Ners, Fakultas Keperawatan Bisnis dan Teknologi,
Universitas Widya Husada Semarang, Indonesia

²Program Studi Keperawatan, Fakultas Keperawatan Bisnis dan Teknologi, Universitas
Widya Husada Semarang, Indonesia

Alamat: Jl. Subali Raya No.12, Krapyak, Kec. Semarang Barat, Kota Semarang, Jawa Tengah 50146

Korespondensi penulis : *maryhamasah@gmail.com

Abstract. Background: Adolescents are a vulnerable group for mental health problems, one of which is depression. Research on adolescents with depression with suicidal ideation in the General Hospital Polyclinic is still very rare. Adolescents who undergo depression treatment while in the RSU Polyclinic need to know the cause and how resilient they are to their suicidal ideation to be the basis for further intervention. Research Objective: This study aims to explore the risk factors for suicidal ideation in adolescents who experience depression in the Mental Health Polyclinic of Permata Medika Hospital. Methodology: Phenomenological studies are used as an appropriate method to explore the resilience experiences of adolescents with suicidal ideation who experience depression. Data collection was carried out through in-depth interviews with semi-structured interview guidelines. The participants in this study were 6 young adults who experienced depression. Data analysis used Colaizzi's theory with the stages of data transcription, significant statements, formulating categories, sub-themes and themes contained in significant statements. Results: The data analysis process found 2 themes consisting of risk factors for suicidal ideation: 1) Internal factors consisting of a closed and ambitious personality and physical illness, 2) External factors consisting of unpleasant experiences (bullying, loss, trauma, parental separation), parenting patterns, and unfulfilled desires. Conclusion: Depression and suicidal behaviour are closely related. The causes of suicide from parenting patterns in the family, closed personality, bullying, relationship problems and physical illnesses that result in prolonged sadness, distrust, depression, self-harm behavior to suicide.

Keywords: Suicide, Depression, Adolescents

1. INTRODUCTION

The World Health Organization (WHO) has determined suicide as a global phenomenon in all regions of the world, the second leading cause of death in 2016 with an age range of 15-26 years. The many changes that occur during adolescence, such as physical, hormonal, social, and psychosocial, often trigger emotional instability in adolescents which leads to suicidal ideation (WHO, 2018).

Variables that influence the incidence of depression include age, gender, marital status, smoking status, physical activity, hypertension, and cancer are factors related to depression in the population in Indonesia. Based on age, the age group 18-25 years and the age group 26-45 have a higher risk of experiencing depression compared to the age of 46-65 years. Adolescence and young adulthood are considered the peak age for the first onset of adult mental illness. People who smoke are exposed to nicotine, where long-term nicotine exposure during adolescence has been reported to accelerate the risk of mental

health disorders. Nicotine withdrawal (quitting smoking) also still carries the risk of experiencing mental problems such as depression (Simanjutak, Noveyanti, & Kinanthi, 2022).

Suicide does not have a single cause. In individuals who commit suicide, low social support systems such as kinship and friends or faith, work, and community support groups are often found. Parental divorce has its own impact on adolescents, such as shame, irritability, difficulty concentrating, loss of respect for parents, blaming parents, doing something wrong, having no purpose in life, feeling insecure with the surrounding environment, and others (Untari & Putri, 2018). Conflict with parents or older siblings can trigger distress for years and give rise to negative emotions such as stress, anger, and feelings of shame (Mukarromah & Nurul, 2014). Individuals with psychological distress have a higher risk of death compared to individuals without psychological distress (Forman, et al., 2014). Resilience has been known to reduce a person's level of psychological distress, so that the death rate from suicide can be reduced (Mahmood & Ghaffar, 2014).

Resilience can be interpreted as having a healthy response to a stressful environment. The definition of adolescent resilience is a prediction of an adolescent's ability to survive in unfavorable or stressful conditions. Resilient adolescents have better lives because resilience brings out the ability to control impulses, optimism, empathy, and self-efficacy. This resilience ability allows adolescents to interpret difficult events positively so that adolescents are able to turn difficult events into advantages that can encourage them to develop abilities and independence (Dewanti & Suprapti, 2014). Therefore, an ability is needed so that adolescents can adapt well, one of which is by increasing resilience.

Previous research revealed that out of 231 students at SMA X in Purwakarta, there were 12 students who had suicidal ideation and 219 who did not have suicidal ideation with a low level of resilience of 58 students, moderate resilience of 122 students and high resilience of 51 students (Kania & Tobing, 2020). Based on the phenomenon at Permata Medika Hospital in April 2024, there were 10 teenagers who experienced depression. 1 of them attempted suicide by taking excessive medication and 1 person had suicidal thoughts. The Criminal Information Center (Pusiknas) of the Criminal Investigation Unit of the Indonesian National Police recorded that actions against suicide cases reached 451 cases from January to May 2023, while in Central Java, actions against suicide cases during 2023 were 174 cases (Arifianto, 2023).

2. METHODOLOGY

Phenomenological study is used as an appropriate method to explore the resilience experience of adolescents with suicidal ideation who experience depression. Data collection was conducted through in-depth interviews with semi-structured interview guidelines. The participants of this study were 6 young adults who experienced depression. Data analysis used Colaizzi's theory with the stages of data transcription, significant statements, formulating categories, sub-themes and themes contained in significant statements. This research has received a letter of ethical approval from the ethics committee of Widya Husada University, Semarang with the number 52/EC-LPPM/UWHS/VI-2024.

3. RESULTS AND DISCUSSION

This study was preceded by an introduction to potential participants, an explanation of the study, and a request for willingness for participants who met the research inclusion criteria. The number of participants in this study was 6 during a 2-month data collection period. The characteristics of the five participants are as follows:

Table 1 Participant Characteristics (May-July 2024) n= 6

Initial	Age	Status	Orang tua	Perilaku bunuh diri
R1	23th	Student	Harmonious	Suicide Ideation
R2	26th	Work	Broken home	Suicide Ideation
R3	19th	Student	Harmonious	Suicide attempt
R4	19 th	Student	Broken home	Suicide attempt
R5	20th	Student	Broken home	Suicide Ideation
R6	19th	Student	Broken home	Suicide attempt

Based on table 1. shows that all participants are young adults, with the majority still being students with a background of divorced parents and 3 of them have attempted suicide.

The interview results were transcribed, read and observed repeatedly, obtaining significant statements with keywords, arranged into categories, sub-themes and themes. Based on the results of the data analysis, the themes obtained were:

The first theme, personality (ambitious and introverted), physical illness, relationship problems, parenting, unpleasant experiences (loss, unfulfilled desires, trauma and bullying). The following is a description of keywords, categories, sub-themes and

themes. Participant statements supporting a closed personality were revealed in 3 participants, while an ambitious personality in 1 participant was as follows:

"I like making my own targets, maybe too ambitious, maybe you could say and I don't like not accepting it" P1

"Now I choose to endure whatever work is, no matter how tiring the house is, I'd rather take care of it myself, whatever problem I have, I keep it to myself" P2

"Because at that time I was introverted, so there was a lack of communication and sharing about those methods." P3

"I don't trust anyone, so it's better for me to keep quiet and not tell anyone.. I used to tell my grandmother but when my grandmother was sick I was afraid of making her think" P4

Participant statements supporting physical illness were 2 participants who were due to benign tumors, supported by the following statements:

"I have a benign breast tumor, well at first I started to get stressed, coincidentally I was in my final semester" P1

"After surgery here, I wear a hijab..benign tumor" P3

External factors dominate as the cause of depression, because all participants experience it. These factors include relationship problems with partners (boyfriends), parenting, unpleasant experiences (loss, unfulfilled desires, trauma and bullying). Participants who have relationship problems with partners (boyfriends) are 3 people:

"I have a problem with my boyfriend.."P1

"I said I have a partner but I'm lonely, so far when I come home I rarely chat because he's busy"P2

"My boyfriend never pays attention, is not sensitive enough..and I often think about whether he's cheating"P6

Participants who have problems with parenting are 5 participants where 1 participant has harmonious but authoritarian parents while 4 participants have a background of divorced parents. This is supported by the following statement:

"Mom asked when you will graduate...you can graduate quickly like when you were in your undergraduate degree." P1

"There are a lot of troubles in the family, it just so happens that my father and mother are separated, broken home...I am an only child, I only live with my father, now I have been with my father for 4 years" P2

"My mother is abroad, she only gives me material, never asks how I am. I don't feel her attention" P4

"I finished my parents' divorce, my mother is abroad and has a boyfriend...my father cares about me" P5

"My father and mother are married and have their own families..they are all busy, while I am with my grandmother. I feel unwanted" P6

All participants experienced unpleasant experiences such as loss, unfulfilled desires, trauma and bullying. This was clearly expressed by 6 participants as follows:

The problem of loss was expressed by 2 participants, as follows:

"Now there is no more.. My grandmother has passed away. I feel like crying because I feel like my grandmother is gone, my grandmother is no longer here, when there was her, she often got scolded by her mother" P2

"My aunt was caring, I told her so I was relieved.. but my aunt committed suicide 2 years ago, since then I have no one and I am sad why my aunt is like that" P4

The problem of unfulfilled desires was expressed by the following 3 participants:

"So my target was to graduate in a year and a half but it turned out I couldn't achieve it and my friends who were other mentors even though only 2 or 3 times the guidance had been approved" P1

"When I was little, I hoped that when I received an award in front of my parents at graduation, it turned out they weren't there, it was really heartbreaking.. my parents did strange things like that, right? My mother remarried several times while my father brought women home several times" P2

"I wanted a complete family, when I went to my friend's house I cried because I was jealous of having a father and mother" P4

The problem of bullying was expressed by the following 3 participants:

"In elementary school, I was often called names, often slandered until junior high school because my friends were the same.. the way he bullied me was excessive" P3

"I was slandered by a nurse at the hospital, I was thought to be teasing a nurse, even though he was only helping me because I had a relapse at the hospital" P4

"I was teased by my friends, they avoided me.. Close to me when I bought snacks or gave me goods". P5

Participant statements that showed trauma consisted of 2 participants:

"I was treated to a strange, disgusting household life... no desire to get married" P2

"I've seen my friends swept away by the latest current... and another committed suicide... why did all my close friends die. I can't help but imagine that incident..." P4

18 Based on the results of the study, it shows that internal factors consisting of personality and physical illness support the occurrence of depression. The results showed that adolescents who had suicidal ideation were 206 (23.7%) respondents, while 663 (76.3%) other respondents did not have suicidal ideation. There is a significant relationship between suicidal ideation and stress levels (p value 0.000), anxiety (p value 0.000), and depression levels (p value 0.000) in adolescents (Windarwati, 2022).

Mental health and psychological support should be provided to adolescents to prevent increased suicidal ideation. History of self-harm behavior and current demographics were tested as predictors of trajectory using a taxonomic approach. Overall, suicidal ideation and depressive symptoms decreased during treatment. Gender, history of self-harm, and sexual identity were associated with variability in one or both trajectories of change. Results indicate individual variability in the rate of change among youth in service. This information can be used to assist in treatment planning and quality improvement efforts in service (Lopez, et al, 2023).

13 Regression analysis and mediation tests revealed that depression significantly mediated the relationship between gender role conflict and negative suicidal ideation, while self-esteem and depression significantly mediated the relationship between gender role conflict and positive suicidal ideation (O.Beaglaioich C, 2020). Depression begins with a negative perception of stressors, then a phase of stressor accumulation occurs that worsens the situation such as self-harm and ending one's life (Yosep, 2007). Depression is a state of emotion or sadness, helplessness, hopelessness and loss of enthusiasm for life. A person with depression is at risk of attempting suicide (Lubis, 2016). Depression is also characterized by feelings of sadness and emptiness, somatic and cognitive changes that significantly interfere with an individual's ability to function optimally (American Psychiatric Association, 2013). Women are at higher risk of experiencing depression than men (Nurul, et all, 2021).

Women have negative feelings and tend to feel dissatisfied with their bodies and consider their faces unattractive, while men perceive these changes as positive things that usually happen. In coping with strategies, women use more ineffective strategies such as internalization, intellectualization, rationalization so that they are unable to reduce the pressure from negative events they experience and are unable to maintain emotional

balance, while men more often use strategies to overcome external problems such as aggression, hyperactivity, rebellion and running away (Darmayanti, 2002).

Emotional development that is not yet fully stable and negative thinking causes stress in individuals. Stress can occur due to unwanted pressure on the mind such as burdens or family and environmental problems. Excessive stress in individuals that does not subside can cause someone to experience depression. The occurrence of depression can be at risk for the emergence of thoughts of ending life as a shortcut to solving problems that occur. The results of the current study are in line with previous studies stating that there is a significant relationship and positive correlation between depression and risk factors for suicidal ideation (Febrianti and Husniawati, 2021).

Depression can affect daily performance and social relationships with individuals. Depression is a cause of stress factors that can affect mental health and have an effect on thoughts of committing suicide (Izдания, et all. 2010). Young adults with depression are the largest group who commit suicide. Suicide begins with the emergence of ideas to end life in young adults who experience depression. The relationship between suicidal ideation and depression in young adults needs to be known to reduce the incidence of suicide. The purpose of the study was to determine the correlation between depression and suicidal ideation in young adults. Quantitative research method with cross-sectional design on 385 young adults aged 18-25 years who were selected through snowball sampling. The instrument used the Beck-Depression Inventory-II (BDI-II) and the Beck Scale for Suicidal Ideation (BSSI) Indonesian version. The results of the BDI-II reliability test have a Cronbach Alpha value of 0.964 and BSSI has a Cronbach Alpha value of 0.963. The correlation test uses Kendall Tau. The results of the study showed that the average respondent was depressed with a score of 12.58 and suicidal ideation 5.05. There is a significant correlation between the level of depression and suicidal ideation ($p < 0.05$). The direction of the correlation is positive and weak ($r = 0.442$). Depression in young adults is correlated with suicidal ideation.

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4. CONCLUSION

Based on the results of the analysis that has been done, it was concluded that there are interesting findings in this study, including that risky suicidal ideation is not only found in adolescents with low resilience levels, but risky suicidal ideation is also found in adolescents with moderate resilience levels. By increasing protective factors and reducing risk factors, resilience in adolescents can be increased. So that adolescents become easy to adapt to all changes that occur and are expected to reduce the emergence of suicidal ideation.

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