

NRS 420 Adolescence: Contemporary Issues and Resources: Teen Suicide

Student Name

Program Name or Degree Name (e.g., Bachelor of Science in Psychology), University

COURSE XXX: Title of Course

Instructor Name

Month XX, 2024

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Adolescence: Contemporary Issues and Resources: Teen Suicide

The rates of suicide among the youth have increased significantly over the past few decades, raising questions about risk, protective, and predisposing factors for self-harm. Cuesta et al. (2021) identify being male and having a history of suicide attempts as the most significant risk factors for teenage suicide. Moreover, bullying, psychiatric problems, drug abuse, and past sexual abuse predispose teenagers to suicide. Individuals from single-parent families and family dysfunctions are also at a higher risk of developing suicidal thoughts than the general population (Cuesta et al., 2021). Schools and healthcare institutions play an important role in managing the increasing rates of suicide rates, given that most teenagers operate within learning institutions. Nurses working collaboratively with school counselors are tasked with developing youth prevention strategies to mitigate the negative impacts of suicide on population health outcomes.

Assessment Tools

The Columbia Suicide Severity Rating Scale (CSSRS) tool assesses presenting symptoms and risk factors associated with suicidal thoughts through comprehensive semi-structured interviews (Baek et al., 2021). The assessment tool has several subscales to determine the clients' severity and intensity of suicidality, risk behaviors, and lethality of such behaviors. Similarly, the Beck Scale for Suicide Ideation (BSI) consists of a set of twenty-one questions to help healthcare providers measure the clients' predisposition to suicide and the severity (Andreotti et al., 2020). The self-report questionnaire covers essential topics such as the desire to die, frequency of suicidal ideation, and degree of control over such thoughts.

Establishing a Therapeutic Relationship

Whereas talking about suicide with teenagers can be uncomfortable, it is a critical conversation to have in families with intergenerational violence and periodic cycles of violence.

Depending on the clients' ages, there are different ways to approach such discussions. In establishing an effective therapeutic relationship, I will ask the teenagers directly about their feelings. Listen carefully to what they say and take their words seriously. Simple conversations can make significant differences in someone's life. I will subsequently share the concerns with counselors, facilitators, and parents if I am still concerned about the teenagers' risk of suicide. It is difficult to assess whether some teenagers are suicidal, preventing me from taking appropriate actions. In this regard, I will help students whose social behaviors or talks suggest that they may be suicidal to get appropriate resources.

Legal and Ethical Parameters

The traditional ethical principles, including autonomy, non-maleficence, justice, and beneficence, are confounding ethics of suicidal care. However, the nurses' duty to not harm compels them to share specific information with the clients' parents to manage suicidal patients and support their needs (Montreuil et al., 2021). For instance, grief and trauma are often passed from one generation to another. Cycles of intergenerational trauma can increase risky behaviors, predisposing children to suicidal thoughts. We often overlook intergenerational trauma as a significant risk factor for suicide. Counselors and facilitators should encourage parents to look out for suicidal behaviors among children. For most parents, there is a tendency to hide intergenerational suicide, keeping their family secrets. Hiding or lying about a family member's suicide from children erodes trust, predisposing them to higher risks of completing suicide. Preceding generations must know why they are at a greater risk since suicide has genetic ties.

Support Options

I recommend school-based youth suicide prevention programs to prevent and reduce the prevalence of teen suicides effectively. School counselors and teachers have an essential role

since they have daily contact with many teenage students (Stutey et al., 2021). Such professionals are in a position to determine and assess what learners do, say, and write. They are required to take action when they suspect that some learners may be at higher suicide risk. I will direct the patients and their families to professional help services even when suicide is not an immediate danger. I will encourage them to reach Suicide and Crisis Lifeline services to alleviate their psychological symptoms and suicidal thoughts. For crisis counseling, parents will call or text 988 to access emotional support for children in suicidal crisis or emotional distress. They can also access confidential counseling through the organization's website.

<https://988lifeline.org/contact-the-lifeline/>

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