SOCIOCULTURAL REPRESENTATIONS OF ADOLESCENT SUICIDE ATTEMPTS: A VIEW FROM STUDENTS AND STAFF AT "DOMINGO ARENA" / PIEDRAS BLANCAS TECHNICAL HIGH SCHOOL

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Introduction.

A psychosocial and epidemiological understanding of suicidal behavior is crucial as the phenomenon of suicide grows and worsens worldwide.
Statistics fail and are underestimated when they refer to children and adolescents.
The tendency is to deny or hide it, because of the feelings triggered by the act, with a prevalence of myths among the population.
Social representations (SR) provide insight into what people, what they believe and how they act or react to it.
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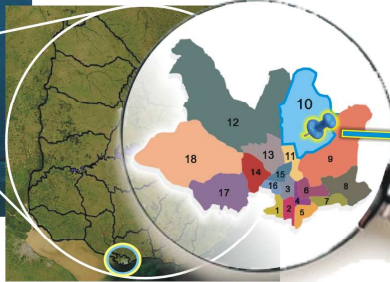
Uruguay in Numbers:

Population: 3.305.723 inhabitantes
Adolescents: 535.449 inhabitantes (16.19 % of the population
10 - 14 years: 270.922
15 y 19 years: 264.527 (INE, 2006)

Zone 10 in Numbers:
Population: 67,533 inhabitants
40 % < 18 years
20 % 10 - 20 years
Area with the highest rate of adolescent pregnancy (80/1000), at the national level (76/1000)

General Objective:

To enquire into the presence and frequency of risk factors in adolescents who have attempted suicide, at the UTU (technical high school) "Domingo Arena" Piedras Blancas, and examine SRs of death and suicide in adolescents and educators, 2009-2010.

Specific Objectives:

1) Identifying students with risk factors;
2) Measuring depression and feelings of hopelessness;
3) Describing the characteristics of at-risk students;
4) Studying SRs of death in adolescents and educators.

Method. Cross sectional study.

Tools: Beck scales (Depression - BDI, Hopelessness - BHS, Suicidal Ideation - BSI), multiple-choice questionnaire,
3 questions about SR (written for students and semi-structured interviews with school authorities, teachers, instructors, psychologists, administrative personnel).
Sample: All students between 14 and 19 who consented in writing *(Law 17,823, Art. 8,Code for Children and Adolescents)*
and whose parents / guardians authorized their participation in writing.
Results. 310 students participated, 19% of which have family members with attempted suicide, 33% know someone who attempted suicide,
17% have a relative who was or is in psychiatric treatment.
The analysis of the responses identified the following: definitions of death, associated feelings and value judgments.

Conclusions: Among adults, the myth that talking about suicide is contagious persists.
They identify risk factors but do not know how to handle them. The students are more open to discussing the issue and have lower levels of prejudice.

Table 1

	Communicational	Committing	Getting involved
Adults	Tendency to hide the issue. Myth: Fear that suicidal thoughts might be "contagious".	"Protective" attitudes (not consciously identified as such, e.g. being supportive, showing affection, encouraging them), keeping a "distance" from the other.	They identify risk factors but don't know how to deal with them. Difficulty distinguishing limits in terms of what they can and cannot do with respect to the issue and professional / institutional duties ("Do we educate / instruct or do we make up for family deficiencies?").
Adolescents	Willingness to talk about the issue.	Greater disposition to reach out to someone who is at risk.	They exhibit a tendency to help individuals at risk and find solutions together with peer.

The answers obtained are related to the emotional sphere; processing levels were identified:
a) concrete - helping without first reflecting;
b) encouraging the "other" to abandon the idea of suicide by appreciating peer and those around him or her (relatives, friends, etc.);
c) committing to reflect together with peer,
d) greater processing - understanding the situation and reaching out to external resources (adult role models, professionals, etc.),
e) disqualifying the individual with suicidal ideas as a way of avoiding getting involved.

Table 2

Answers		Adolescents	Adults
What is death to you?	**Definitions**	Natural process, end of a cycle, associated to a terminal illness, "end of life", "something that is going to happen to all of us".	Same definitions as those given by the students. Concept that has changed over time in the historicity of the individual.
	Associated feelings	Sadness, bewilderment, worry, desire to experience it, fear, relief, guilt, omnipotence, frustration, something unwanted, suffering, pain.	Fright, impotence, distress, emotional shock, extreme situation located temporally and spatially. Difficulties in acknowledging / talking about it,depends on the age it happens at (youths are hit hardest).
	Uncertainty	"It comes when you least expect it"; "It can happen to you today, tomorrow, the day after".	
	Beliefs	"When you don't exist anymore and can't come back to life"; "Not being in this world anymore"; "An eternal rest".	Of a religious nature in some cases (reincarnation).

Table 3

Answers		Adolescents	Adults
Give 2 reasons that you think someone could have for wanting to kill themselves.	**Reasons**	**Social**: drugs, suffering maltreatment / abuse / discrimination, economic problems, etc. **Family-related**: not having any support, domestic violence, etc. **Personal**: problems with girlfriend/boyfriend, depression, unsolvable problems, serious illnesses, things not turning out well.	**Social** - Stress, fast pace of living, loss of reference points, drug abuse, isolation, violence, sociocultural and economic discrimination. **Family-related** - Bad relationship with parents and between the parents themselves, neglect, intra-family violence, family dissolution, lack of affection, family history of suicides, etc. **Personal** - Lack of projects, social integration, low self-esteem, life histories, few options, rebelliousness, depression.
	Associated feelings		Distress, somewhat shocking, questioning personal life. Guilt. Not wanting to know.
	Cultural Aspects	"Trying to kill yourself is wrong"; "They're cowards and can't face their problems"; "They don't have the guts to deal with life".	
	Beliefs		Of a religious nature in some cases (reincarnation)

Table 4

	Shift			
	Morning	**Afternoon**	**Night**	**Total**
Cases detected	23	13	15	51
Dropouts	5	3	3	11
Interviews conducted	17	7	14	38
IAE history without current elements	4	0	2	6
Referrals to ESM	4		2	6
Total number of cases			51	
Total number of cases of clinical interviews held			38	

Certain needs are highlighted in the adults:
A) The need to have **tools** to properly prevent at-risk situations;
B) Willingness to receive **training on the issue** with specialized personnel;
C) Predisposition to **discuss** the **issue publicly**;
D) The need to apply an **interdisciplinary approach** to understand the phenomenon.