

SUICIDE PREVENTION IN ADOLESCENTS WITH MENTAL DISORDERS

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Abstract. *The suicide movement among adolescents is one of the most pressing problems of modern psychiatry. The increase in suicide, which has ended in recent decades, requires the development of modernized corrective programs and the Prevention of adolescent suicide.*

Keywords: *suicide, adolescents, mental disorders, correction.*

Introduction. The article is dedicated to treating media information security as an important aspect of preventing and preventing suicide activities in adolescent environments. Information security is understood as protection against negative psychological influences and threats to the inexperienced audience of children and adolescents [1-3].

One of the most pressing problems of modern Russian society is the preservation of the direction of suicide among young people. Regardless of the level of preventive and preventive work of teachers, psychologists, health and population care professionals with families and adolescents at risk, adolescent suicide does not lose its importance. The problem of high levels of suicide activity in the youth environment is now exacerbated and is being considered multilaterally [4-7].

Studies conducted allow you to distinguish many factors that motivate a teenager to commit suicide: conflicts in the family and school, peer humiliation, lack of formation of compensatory mechanisms, problems with age-related changes. Personal characteristics that can serve as the basis for suicide attempts include stiffness, dependence on others, intensity of needs, viscosity of response, addition of neurotic elements, depressive symptoms, psychosomatic disorders. Science has also developed the aspect of child-parent relationships and the effect of disruptive strategies of family education on neuroticism and the psychological exhaustion of the child [8-11]. A number of sociological studies show that the attitude towards suicide is determined in accordance with the traditions, norms, prevailing worldview accepted and widespread by society. Despite the multifaceted approach and a high interest in this phenomenon in science, many aspects of suicide behavior are still poorly understood, making its prevention practice difficult. This, including the immersion of parents in children's lives and activities, is due to family members' interest in the safety of information received by the child from the media [12-15].

Publications on this problem reveal the meaningful universality of the research topic, in which one of the important factors promotes the right to information security. This concept, on the one hand, refers to the peculiarity of raising children in a family, which is aimed at controlling,

checking, selecting and performing a qualitative analysis of the flow of information from the media [16-19].

On the other hand, it means carrying out a deeper and more detailed procedure to rebuild a teenager's relationship with his parents. The main neoplasm of adolescence is the feeling of adulthood, when a teenager seeks to release the rules and regulations established by parents [20]. For this reason, it is important to understand that everything Liberal-tolerance and undeniable authoritarianism-causes discontent and aggression or typical indifference and passivity [21].

A meaningful analysis of the problem shows that the protection of childhood and adolescence is in the jurisdiction of a number of sections of the law and, first of all, the Family Code, which assigns the main responsibility to legal representatives (parents, guardians). That is, a suicide attempt or suicide is a family problem that loved ones cannot prevent [22, 23].

Juvenile justice institutions deal with issues of State Protection of minors. Juvenile technology is a set of measures aimed at the implementation and protection of the rights, freedoms and legitimate interests of minors, helping to reveal their individual potential for free development in society and independently abandon asocial behavior [24-26].

Although to some extent these institutions protect the legitimate interests of the family and childhood (considering, for example, that TV shows are already working with 5+ or 16+ vision authorization signs, etc.), the issue of the right to information security remains open [27-30].

Recently, modern scientists have paid great attention to information resources (Internet, television, etc.), from which young people and adolescents receive a wide variety of knowledge. Research in this area shows that network content meets all the possible requirements of the Internet consumer: you can get information on any topic, including suicide, pornography, awareness of the effects of certain drugs. Psychologists are trying to assess the degree of influence of the exact facts of violence published in the media on the formation and strengthening of any deviant behavior in the psyche of young people [31-36]. There is plenty of evidence to support the fact that some forms of documentary suicide reporting, media, and internet depictions of suicide behavior are associated with statistically reliable increases in suicide rates. Suicide rates are known to rise within 10 days of television coverage of suicide. The frequent display of violence and cruelty on television contributes to a decrease in the intellectual level, provokes impressions of an intensely corrupt image, fosters moral permission, forms deviant and delinquent behavior in minors. Accordingly, it can be argued that society's assessment of immorality, immorality and violence in a certain sense becomes the norm of behavior and qualitatively changes the conditions of socialization of an individual [37-41]. The mobile and unstable psyche of adolescents is subject to an information attack every day, and it is necessary to realize that in any information that includes an aggression or autoaggression program, the violence component is correspondingly included in the composition of the personality. Child psychiatrists point out the obvious fact that the presentation of action films, horror films contributes to the development of aggression. After watching scenes of violence, many children and adolescents experience an exacerbation of socio-pathological behavior based on depression, which later leads to emotional abuse and dullness of the moral qualities of the individual [42-46].

The purpose of the study: was to develop scientific and practical recommendations for the Prevention of repeated suicide attempts in adolescents with mental disorders.

Materials and methods. In the comprehensive examination of 123 adolescents (16,41±1,12 years old) who were admitted to a mental hospital after suicide attempts, three groups

were allocated: the first group - 52 patients who tried to commit suicide in severe stress reactions and adaptation disorders; the second group-49 patients who tried to commit suicide with the existing mental pathology of the border registry (personality disorder) and (or) ; the third group is 22 adolescents who have suffered from various mental disorders with real psychotic symptoms present in the clinical picture.

During the study, the effectiveness of the interaction between the main subjects of the social environment of the examined adolescents (parents, teachers, school psychologists, medical workers) was analyzed, as a result of which the inconsistency and low level of interaction of the main branches of the psychoprophylactic process were determined.early detection of adolescents with suicidal behaviors and Prevention of their suicide relapse. The low level of interaction of psychiatric, teaching and family ties in the social environment of adolescents helped to form non-constructive forms of response of these subjects: from replacing problems in the family to stigmatization in the educational community. Only 26.66% of observations revealed the active interaction of teachers and school psychologists in psychoprophylactic work, which was manifested in the organization and conduct of individual joint conversations with a teenager. It was in this case that a positive result was achieved, which was mainly caused by indirect participation in psychoprophylaxis and in the family environment of those examined, which was reflected in the highest indicators of social adaptation of such adolescents in a catamnestic analysis. Based on a clinical and social assessment of the suicidal behavior of those examined, a system was proposed to optimize the interaction of subjects of the social environment of adolescents who tried to commit suicide, which involves the creation of independent crisis centers within educational institutions to carry out coordination work on early diagnosis, urgent correction, further rehabilitation and Prevention.suicidal behavior in this age group. The contingent of the Crisis Assistance Center should consist of a clinical psychologist (crisis psychological assistance) and a child psychiatrist of the appropriate specialty. The proposed optimization system involves the use of individual diagnostic criteria for suicide risk to predict the emergence and recurrence of suicide behavior by all subjects of the social environment of adolescents, as well as a differentiated approach to the separation of groups with a high risk of suicide.

Research results and discussion. The results of the study made it possible to identify three main groups of the following criteria: clinical-anamnestic, psychological and psychopathological. All the established criteria have a high correlation coefficient with the degree of severity of a suicide attempt and allow you to predict the likelihood of a completed suicide. Additional features that determine high levels of suicidal behavior in those examined, but not statistically reliable in relation to other characteristics ($p \leq 0.05$), the presence of depressive-paranoid and depressive syndromes of high intensity senestopathic pain in the composition, lack of work (reading) and suicidal actions in relatives.

According to the results of the study, it can be noted that, in addition to the above criteria for predicting the likelihood of recurrence of suicide, with the presence of somatoneurological complications ($r_s \leq +0.75$; $p < 0.01$), the dominant motivation for choosing, eliminating, self-punishment and abstinence from life ($r_s \leq +0.76$; $p < 0.01$), the maintenance of suicidal tendencies in the acute postsuicidal period ($r_s = +0.41$; $r < 0.05$) and a formal critical or uncritical attitude towards suicide behavior ($r_s = +0.29$; $R < 0.05$).

Based on the identified risk factors of suicide attempts and suicide, the main areas of psychoprophylaxis were formed: psychiatric, psychological, social, educational and educational

character. These areas of psychoprophylactic work are aimed at the main subjects of the social environment of adolescents, at the coordinating work of crisis assistance centers, which distribute areas of responsibility between them.

A general assessment of the effectiveness of the recommended therapeutic rehabilitation measures and the prevention system of suicide behavior among adolescents, as well as the activities of crisis assistance centers, was carried out 1-2 years after discharge from the hospital at the stage of catamnestic observation of those tested for recurrence of suicide. A catamnestic study found low recurrence of suicide in all clinical groups. At the same time, the proposed algorithm showed sufficient effectiveness in adolescents with borderline mental disorders, among which the incidence of suicide was 13.00%, and the effectiveness among adolescents with psychotic disorders was low (40.91% of repeated suicide attempts for 2 years; $p < 0.05$ compared to other groups).

In assessing the performance of crisis assistance centers, only 2 out of 25 researchers who tortured suicide during the catamnestic follow-up phase (8.00%; $p < 0.01$ compared to all adolescents who attempted suicide in catamnesis) belonged to the third clinical group of adolescent examiners, students of educational institutions selected to test the psychoprophylaxis system of suicide behavior.

Conclusion. Thus, the assessment of the organization of psychoprophylaxis work with adolescents who tried to commit suicide determined the adequate interaction of the social environment engaged in psychoprophylaxis (parents, teachers, school psychologists, medical workers) without clearly separating the areas of responsibility. also, the absence of a differentiated approach to the separation of groups with a high risk of suicide, which significantly reduces the effectiveness of psychoprophylaxis. Prevention of suicide behavior helps to create crisis support centers within educational institutions that coordinate the activities of the subjects of the adolescent's social environment. Therapeutic and preventive measures against adolescents with suicidal behavior provide a sequence of medical and rehabilitation procedures within the framework of the diagnostic, therapeutic and preventive stages.

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