

## Suicide Thought among Children

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✓ Çalışmamızda özkıyım düşüncesi taşıyan çocukların prevalansı ve bu prevalansı etkileyen faktörlerin belirlenmesi amaçlanmıştır. Çalışma grubunu Elazığ ili yarıkentsel bir bölge ilkokulunun (Fevzi Çakmak) yaşları 9-11 arasında değişen 373 öğrencisi oluşturmuştur. Çalışma grubunda Çocuklar için Depresyon Ölçeği (ÇDÖ) ile tarafımızdan hazırlanan ve çalışmanın bağımsız değişkenlerini irdelemeyi amaçlayan bir anket formu verilmiştir. ÇDÖ'nin dokuzuncu maddesinde yer alan "kendimi öldürmeyi düşünüyorum" cevabını işaretleyerek, bu düşüncüyü taşıdığı belirtilen çocuklarla görüşülerek psikiyatrik değerlendirilmeleri yapılmıştır. Depresyon ve depresif bulgular tespit edilen 46 öğrencinin 10'unda (%21.7) ve depresyon tespit edilmeyen 327 öğrencinin 14'ünde (4.3%), toplam 373 öğrencinin 24'ünde (%6.4) özkıyım düşüncesi bulunmuştur.

Sonuç olarak; çocuklarda özkıyım düşüncesinin en fazla depresif bozukluklarla birlikte olduğu, ancak hiçbir psikiyatrik rahatsızlık olmadan da çocuğun çevresel etmenlere bağlı çatışmalara ikincil özkıyım düşüncesinin varlığı saptanmıştır.

**Anahtar Kelimeler:** Özkıyım, çocuk, depresyon.

✓ In this study we aimed to determine the prevalence of the children having suicidal thoughts and identifying the factors influencing this prevalence. The study group consisted of 373 pupils of Elazığ Fevzi Çakmak Primary School and their ages were from 9 to 11 years. Depression Scale for Children (DSC) was used to measure the extent of the depression among the children and those who replied "yes" to question of whether they consider suicide were interviewed and psychiatric evaluations were made. A separate questionnaire developed by ourselves for determining the independent variables of the survey was used together with the DSC. Suicidal thoughts has been observed that 10 (21.7%) of 46 pupils whom intense depressive findings were discovered, and 14 (4.3%) of 327 pupils in whom depression could not be diagnosed, and total 24 (6.4%) of 373 pupils.

In conclusion; the suicidal thoughts among the children are mostly accompanied by depressive disorders, although secondary suicidal thoughts resulting from environmental factors without any psychiatric disorders exists.

**Key words:** Suicide, children, depression.

At present shift toward adolescents and children is reported in the age profil of the suicide attempts<sup>(1,2)</sup>. The encounter of the psychiatrist with the children and adolescents occurs after this behavior and the studies inquiring into the matter concentrate on this point<sup>(3,4)</sup>.

Turgay (1992) stated that many children and adolescents continue living without any suicidal attempts despite their psychiatric problems, that the studies to be performed on such individuals may yield valuable in-

formation on the ways and means to prevent suicidal attempts, that one of the most efficient methods to differentiate the children and adolescents likely to commit suicide from the others would be to screen those having psychiatric disorders and that it is important to identify in advance the clinical traits which increase the suicide probability<sup>(5)</sup>.

In our study, based this assumption, we aimed to determine the prevalence of children having suicidal thoughts and identi-

fying the factors influencing this prevalence rather than determining those displaying suicidal behavior.

### MATERIALS AND METHODS

The study population was 373 pupils of Fevzi Çakmak Primary School at the Yıldız Quarter which is a semi-urban area within Elazığ province. Depression Scale for Children<sup>(6)</sup> was used to measure the extent of the depression among the children and psychiatric evaluations made on those, following their interviews, who marked with a "yes" the question of whether they consider the suicide. A separate questionnaire, developed by ourselves for determining the independent variables of the survey was used together with the Depression Scale for Children (DSC). The questionnaire contained questions covering the environmental and familial factors. Data concerning the children's scholar performance were gathered from their instructors. Statistical analysis of the data consisted of chi-square test for trend and Fisher exact test.

### RESULTS

The ages of 373 pupils constituting the population of the study ranged from 9 to 11 years, mean  $10.33 \pm 3.14$  years. One hundred and sixtysix pupils (44.5%) were females and 207 (55.5%) were males. Ten (21.7%) of 46 pupils with intense depressive findings, and 14 (4.3%) of 373 pupils in without depression (total 24 (6.4%) of 373 pupils) had replied "yes" to the questions of whether they thought of committing suicide, in the question 9 of the DSC. Eleven of these were females and 13 males (45.8% and 54.2% respectively).

The suicidal thoughts of 10 children forming the group having depression were questioned to find out whether they have

intentions to commit it. Four of the children reported that they had not envisaged a method though they plan it, two proposed to terminate his life by ingestion of medicines, two by hanging himself, one by jumping from a height and one by laceration. Three individuals from the group of 14 who did not have depression, had adaptation disorder, and two displayed obsessive compulsive disorders. In the remaining nine individuals, the suicidal thoughts consisted of secondary impulsive attempts intended to punish the family, friends, instructors or other close circle acquaintances for clashes occurring on the day of survey or a few days before. Eleven of the children (78.6%) in this group stated that they intended to terminate their lives by ingesting medicines. The other three children mentioned serious suicidal intentions by hanging himself, jumping from a height and throwing himself before an oncoming car. In our study a review was made of the familial and environmental characteristics of 14 pupils who had suicidal thoughts and did not display depression in their psychological evaluations against those of 313 without depression and suicidal thoughts. The results are summarized in the Table I.

As will be noted from the table I, lack of success at the school and father's alcohol use have a higher rate although the difference is not statistically significant and the paternal abuse is predominant in the group where suicide is envisaged.

### DISCUSSION

It was reported that a depression may well exist for a long time underneath the wish of a young person who intends to terminate his or her life and that this feeling may be brought to surface through an empathic interview<sup>(7)</sup>. In our study we tried to

**Table-I:** Familial and environmental traits of students with and without intentions of suicide in group without depression

	Suicidal thoughts (+)		Suicidal thoughts (-)		
	n (14)	%	n (313)	%	p
Father abuse	4	28.6	26	8.3	=0.045*
Unemployed father	2	14.8	27	8.6	NS*
Father's alcohol use	8	57.1	136	43.5	NS**
School failure	4	28.6	48	15.3	NS*
Maternal headache	8	57.1	158	50.5	NS*
Maternal pseudoseizure	1	7.1	34	10.8	NS*
Maternal perfectionism	7	50.0	140	44.7	NS**

\* Fisher exact test

\*\* Chi-square test

establish an emphatic relation with the children, and determined through the DSC suicidal thoughts in 10 (21.7%) of 46 students having depressions and intense depressive feelings as ascertained by the DSC and interviews. This result was assessed as concurrent with the literature<sup>(8,9,10,11)</sup> indicating that the depression is one of the most important factors contributing to the genesis of suicidal attempts among the children.

Though the studies carried out suggest the depression as a risk factor for suicidal attempts among the children and adolescents, the depression may not necessarily underlie these attempts<sup>(12,13)</sup>. In fact, in 14 (4.3 %) of 327 students without depression suicidal thoughts has been observed. In their reevaluation made one week after their reply in the affirmative to the question of whether they thought of suicide, these children confirmed that their reaction was based on their state of mind stemming from

their clashes, ire, helplessness, feeling of revenge or wish to draw attention. These findings were indicated as feelings prevailing prior to the suicidal attempts in several studies<sup>(14,15,16)</sup>. In our three cases, adaptation disorder was noted. This disorder is known to be risk factor in the suicidal attempts<sup>(17)</sup>. In two cases diagnosed as obsessive compulsive disorder, the suicidal thoughts were found to have stemmed from the obstacles of explaining the problems to the nearest members of the family. The alcoholic habits of the father and the scholar failures were shown in irevious studies to be risk factors for suicidal attempt<sup>(18,19,20,21)</sup>. Though the alcoholic fathers and scholar failures were very frequently encountered around the children having suicidal thoughts and depression; the difference was not shown to be statistically significant when compared with the group without depression and suicidal thoughts, whereas the paternal abuse appeared to be

important factor in the childhood suicidal intentions. There are studies reporting that rebuks and use of physical violence to children are the most important factors triggering the childhood suicidal attempts (22).

In this study on 101 randomly selected primary school pupils with ages from 6 to 12, Pfeffer found that three had already attempted suicide and that the suicidal prevalence was 12 percent and determined that these children had problems akin to those who received psychiatric assistance because of their previous suicidal attempts(22). Velez and Cohen found the suicidal thought prevalence among children as 6.7 percent (21). This result conforms to our rate of 6.4 percent.

It may be asserted in conclusion that the suicidal thoughts among the children are mostly accompanied by depressive disorders, although the existence of secondary suicidal thoughts among the children as a result of environmental factors without any psychiatric disorders was proven.

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#### REFERENCES

1. O'Donnell I, Farmer R, Catalan J. Suicide notes. *Br J Psychiatry* 1993; 163:45-48.
2. Beratis S. Suicide among adolescents in Greece. *Br J Psychiatry* 1991; 159:515-519.
3. Mc Clure GMG. Suicide in children and Wales 1190-1990. *Br J Psychiatry* 1994; 165:510-514.
4. de Wilde EJ, Kienhorst ICWM, Diekstra FFW, Wolters, WH. The relationship between adolescent suicidal behavior and life vents in childhood and adolescence. *Am J Psychiatry* 1992; 149:45-51.
5. Tugay A. Çocuk ve Ergenlerde intihar girişimleri. *Türk Psikiyatri Dergisi* 1992; 3:183-189.
6. Öy B. Çocuklar için depresyon ölçeği: geçerlilik ve güvenilirlik çalışması. *Türk Psikiyatri Dergisi* 1991; 2:23-25.
7. Güleç C. Ergenlik çağı krizleri. XXI. Ulusal Psikiyatri ve Nörolojik ve Nörolojik Bilimler Kongre Kitabı, Adana, 1985:23-25.
8. Shafii M, Carrigan S, Whittinghill JR, et al. Psychological autopsy of completed suicide in children and adolescents. *Am J Psychiatry* 1985; 142:1061-1064.
9. Kuperman S, DW, Burns TL. Excess suicide among formerly hospitalised child psychiatry patients.. *J Clin Psycshiatry* 1988; 4988-93.
10. Shaffer D, Garland A, Gould M, et al. Preventing teenage suicide: a critical review. *J Am Acad Child Adoles Psychiatry* 1988; 27:675-687.
11. Pfeffer CR. Suicidal behavior of children: a review with implications for research and practice. *Am J Psychiatry* 1981; 138:154-159.
12. Fidaner H, Fidaner C. Dünyada çocuk ve adölesanlarda intihar epidemiyolojisi. *Türk Psikiyatri Dergisi*, 1991; 2:211-215.
13. Tezcan AE, Kalkan Oğuzhanoğlu N, Ülkeröğlü F. Çocuk ve gençlerde intihar girişimleri. II. Sosyal Psikiyatri Sempozyumu, serbest bildiri, İzmir, 6-8 Nisan 1995.
14. Beck AT, Steer RA, Kovacs M, Garrison B. Hopelessness and eventual suicide:

- 10 year prospective study of patients hospitalised with suicidal ideation. *Am J Psychiatry* 1985; 142:559-563.
15. Farmer RDT. Assessing in the epidemiology of suicide and parasuicide. *Br J Psychiatry* 1988; 153:559-563.
16. Fawcett J, Scheftner W, Clark D, et al. Clinical predictors of suicide inpatients with major affective disorders: a controlled prospective study. *Am J Psychiatry* 1987; 144:35-40.
17. Eğrilmez A, Kültür S, Ulun N. Suisid girişiminde bulunan ergenlerde psikiyatrik tanı, depresyon, anksiyete ve benlik saygısı. XXIV. Ulusal Psikiyatri ve Nörolojik Bilimler Kongre Kitabı, Ankara 1988:190-197.
18. Cirit H, Eğrilmez A, Kültür S. İntihar girişiminde bulunan erişkinlerde görülen psikiyatrik semptomatoloji ve aile özelliklerinin araştırılması. XXVI. Ulusal Psikiyatri ve Nörolojik Bilimler Kongre Kitabı, İzmir, 1990:547-552.
19. Hawton K. Assessment of suicide risk. *Br J Psychiatry* 1987; 150:145-153.
20. Brooksbank J. Suicide and parasuicide in childhood and early adolescence. *Br J Psychiatry* 1985; 146:459-463.
21. Velez CN, Cohen P. Suicidal ideation in a community sample of children: maternal and youth reports. *J Am Acad Child Adolesc Psychiatry* 1988; 27:349-356.
22. Sonuvar B. Gençlerde intihar ve intihar girişimleri. XXI. Ulusal Psikiyatri ve Nörolojik Bilimler Kongre Kitabı, Adana, 1985: 26-28.
23. Pfeffer CR. Suicidal fantasies in normal children. *J Nerv Ment Dis* 1984; 173:78-84.

