

THE LINKS BETWEEN SUICIDAL BEHAVIOUR AND ENDORSEMENT OF MYTHS ABOUT SUICIDE IN YOUNG PEOPLE

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Abstract

For many years in Lithuania the rate of suicide mortality has been remarkable in magnitude, especially in the young population. Social and public health determinants, risk behaviour issues, prevention and control of suicide in teenagers and young people needs urgent attention.

The aim of the study was to investigate the self-reported perception of young people – the university students – concerning suicide, the myths and reality of this phenomenon, and the links between suicidal behaviour and endorsement of myths about suicide. The self-reported survey was conducted in the university settings. The results of the survey showed that young people lack knowledge about the phenomenon of suicide and suicidal behaviour, and they still believe myths about suicide. The study revealed that one-fifth of young people had suicidal thoughts, and boys along with urban residents and suicidal family were at higher risk. Half of the students surveyed self-reported suicidal peers in their environment. Young people lack knowledge on suicide prevention and preventive events. The study revealed that raising awareness, obtaining knowledge, and providing information to young people on the phenomenon of suicide, suicidal behaviour, and warning signs of possible attempt and suicide risk are the priority issues. Suicide prevention activities on individual, community, local, and national levels need to be addressed.

Keywords: *suicide, behaviour, myths, students, young people.*

Introduction

Suicide among young people aged 15 to 29 years takes the second place in the structure of deaths after road traffic injuries, and accounts for 8.5% of all deaths (WHO, 2016). According to the World Health Organization (WHO), 3 times more men than women in high-income countries (Lithuania has been included among them since 2012 as well) die from suicide (WHO, 2016). Lithuania has been at the forefront of suicide rates in Europe for a number of years and does not leave the top five in the world (WHO, 2016; GHO, 2018; OECD, 2018; Institute of Hygiene, 2018).

According to statistical records, during 2017, in Lithuania, 748 people (595 men and 153 women) died from suicide in Lithuania (in 2016 – 823), and among them – 94 young people (79 boys and 15 girls, 46 urban and 48 rural inhabitants) in the 15-29 age group. In 2017, mortality from intentional injury (suicide) (codes X60-X84 by ICD-10 AM) in Lithuania was 26.4/100.000 population (in 2016 – 28.7/100.000) (45.6/100.000 – for men and 10.0/100.000 – for women) (Institute of Hygiene, 2018). It is noticed that in Lithuania, mortality from suicide increases during the economic recession, as a consequence of unemployment, social insecurity and economic instability (Strukcinskiene, Raistenskis, Radziuviene & Strukcinskaite, 2018).

Suicide is one of the leading causes of death among young people aged 15-24 years. More people were deceased from suicide than killed in wars, murders or acts of terror (Leonavicius & Valius, 2017). In 2017, the mortality rate from suicide in Lithuania was 14.3/100.000 population for young people aged 15 to 24 years (in 2016 – 13.6/100.000), 24.1/100.000 – for boys and 3.8/100.000 – for girls (Institute of Hygiene, 2018). Mortality and health indicators show that intentional injury and suicide themes are of great importance for Lithuania. Concern about suicide encourages us to investigate the approach to the phenomenon of suicide, its perception, myths about it, seeking for explanation, and preventive ways to reduce this dramatic phenomenon. From the perspective of the population's mental health, suicide among young people is one of the key issues that needs to be addressed through effective and preventive measures (Bilsen, 2018).

Suicide is a social, biological and psychological phenomenon that is also affected by genetic, psychiatric, family, cultural, interpersonal, logical, philosophical-existential factors. In addition, suicide among young people is the consequence of a complex interaction of factors, the final outcomes (Leonavicius & Valius, 2017; Hawton, Saunders, & O'Connor, 2012; Zaborskis, Sirvyte, & Zemaitiene, 2016). There are many times (that is 10-20 times) more suicide attempts than suicide deaths. Every year all over the world, approximately three adults in 1000 have tried to commit suicide, and about 2.5% of population tried to attempt suicide at least once per life span (Bilsen, 2018; Nock, Borges, Bromet, Alonso, Angermeyer, Beautrais, et al., 2008).

Hawton, Saunders, & O'Connor (2012) stated that risk factors for self-harm and suicide in young people and adolescents may include socio-demographic and educational (low socio-economic status, restricted educational achievements), individual negative life events and family adversity (parental separation or divorce, parental deaths, adverse childhood experiences, parental mental disorders, family history of suicidal behaviour, interpersonal difficulties), psychiatric and psychological (mental disorders, drug and alcohol misuse, hopelessness) (Hawton et al., 2012). Similarly, Bilsen (2018) refers that the increased risk of suicide among young people is related to mental disorders, previous suicide, personality issues, genetics and family factors, along with psychosocial stressors (conflicts, bullying, violence, problems in interpersonal relationships, academic stress) and negative influence of media or peers (imitation, copying) (Bilsen, 2018). Accessibility to the means is an important risk factor. People, who think about suicide, are usually ambivalent (having a sense of duality) about this decision. Young people in particular are characterized by the fact that the transition from suicidal thought to actual suicide attempt often occurs impulsively as a reaction to acute psychosocial stressors (Bilsen, 2018; WHO, 2014). Globe and Gostautas, investigating the suicidal tendency of Lithuanian teenagers, found that it could be associated with harmful habits, negative family environment, learning and behavioural problems, and personality problems (depression, low self-esteem, loneliness, closedness, impulsiveness) (Globe & Gostautas, 2013).

The lack of knowledge and awareness, the lack of timely help and support, make it possible in a dramatic way to lose young people, who could grow, develop, create, work, and enjoy life. The society lacks understanding, perception, and a proper approach to the phenomenon of suicide. Stigmatization concerning mental health and suicide still exists in society, and remains a taboo for an open discussion on suicide (WHO, 2014). Raising public awareness, breaking taboos, and education on myths about the phenomenon of suicide could help prevent these intentional fatal injuries. According to Aukstuolyte (2013), “the person himself/herself chooses to live or not to live. It is his/her right. Nevertheless, the professionals, politicians and civil servants concerned stretching out a helping hand could help him/her choose life rather than death” (Aukstuolyte, 2013, p.43). Both teenagers/young people and their parents lack information about suicide among young people. They would like to know more about how to identify a suicidal young person and how to prevent him/her from committing suicide (Schwartz, Pyle, Dowd, & Sheehan, 2010; WHO, 2014). The public should be provided with more information on how to recognize potentially suicidal behaviour, how to interpret signs sent by a young person with suicidal thoughts – signs of seeking for help and support, and of the message sent. It is necessary to explain more on the prevalent myths about suicide. WHO recommends paying more attention to these statements or myths about suicide (WHO, 2014):

- “Once someone is suicidal, he or she will always remain suicidal”;
(In fact, heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life).
- “Talking about suicide is a bad idea and can be interpreted as encouragement”;
(The fact is that given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide).
- “Only people with mental disorders are suicidal”;
(In fact, suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder).
- “Most suicides happen suddenly without warning”;
(The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course, some suicides occur without warning. However, it is important to understand what the warning signs are and look out for them).
- “Someone who is suicidal is determined to die”;
(Fact: On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide).
- “People who talk about suicide do not mean to do it”.
(People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression, and hopelessness and may feel that there is no other option).

Recently, in Lithuania, where poor mental health indicators were reported, adolescents and young people experience stress due to high levels of busyness, overloaded educational programs, overwork, and burnout. Long-term tension, a low threshold of sensitivity to stress,

episodic mental health problems, economic burden, being unable to find help, or even non-seeking for help, can provoke suicidal thoughts for a young person. Therefore, it is necessary to prevent this and to avoid tragic consequences. Thus, research on suicidal behaviour in young people, belief in myths, and knowledge on the suicide phenomenon is urgent and necessary. The studies on intentional injuries, especially on suicidal behaviour, along with education and awareness rising possibly would enable reduction of suicides and would help to achieve more effective suicide prevention outcomes. The aim of the study was to investigate the self-reported perception of young people – the university students – concerning suicide, the myths and reality of this phenomenon, and the links between suicidal behaviour and endorsement of myths about suicide.

Research Methodology

The survey was conducted at Klaipėda and Vilnius Universities using a written survey. 353 completed questionnaires were analysed (88% of distributed questionnaires) with more than half of the questions answered. The survey took place in 2018 in Lithuania. 353 university students aged 19 to 29 years participated in the study. Among the respondents there were 189 (53.5%) girls and 164 (46.5%) boys. 174 (49.3%) respondents lived in the city for the majority of their life, while 179 (50.7%) respondents – in the rural settings. An Institutional Bioethics Committee approved the study. The voluntary participation, anonymity, ethical, and legal aspects were discussed with respondents. Students who did not wish to participate in the survey did not fill in the questionnaires. Klaipėda University and Vilnius University researchers prepared the questionnaire using the *Suicide Opinion Questionnaire* (SOQ) (WHO, 2016; Nebhinani et al, 2016), *Attitudes Towards Suicide (ATTS)* questionnaire (Renberg & Jacobsson, 2003), and myths about suicide formulated by the WHO (WHO 2016). The questionnaire consisted of the general part (data on gender, living area, and age) and the specific part. The specific part of the questionnaire consisted of twenty-five items. For this paper we used the sections on awareness and knowledge on the phenomenon of suicide and the myths (twelve items, with answers: *agree, neither agree or disagree, disagree*), experience of suicidal behaviour – suicidal thoughts and attempts of suicide of the respondent, his/her family, and peers (six items with answers: *yes, no*), and the section on suicide prevention. The reliability was examined with internal consistency measure of Cronbach's alpha. The questionnaire form was piloted, discussed, and corrected to produce its final version. For statistical data analysis, the SPSS program (version 24.0) was applied; the Chi-square test and the Spearman's correlation coefficient were used. The significance level $p < 0.05$ was considered statistically significant.

Results

During the study, the respondents expressed their opinion on statements about the phenomenon of suicide. The majority of the respondents revealed their appropriate approach to the phenomenon of suicide and indicated that they “do not agree” with such statements as: “*There are situations in life where suicide is the only way out*” (286/81%), “*If a person wants to commit suicide, it is his/her affair and nobody should interfere with it*” (300/85%), “*If a person has suicidal thoughts, nothing will stop him/her*” (236/66.8%), “*If someone is suicidal, he/she will always be suicidal*” (258/73.1%), “*Talking openly about suicide with a person, who is contemplating suicide, is a bad idea and can be interpreted as encouragement*” (226/64%), “*Only people with mental health problems are suicidal*” (240/68%). Half of the respondents

stated that they “disagreed” with such statements as: “If a person wants to commit suicide, he/she wants to die” (182/51.6%), “Discussions about suicide publicly can encourage someone to commit suicide” (182/51.6%), “Suicide occurs for one specific reason” (200/56.7%). Nearly half of the respondents (151/42%) have the appropriate knowledge and disagree that “People who talk about suicide usually do not commit suicide”. Only about one-third (134/38%) of students are properly informed and disagree that “Most suicides occur without any warning signs (verbal, behavioural)”, and a quarter (90/25.5%) of the respondents think wrongly, stating that most often suicide occurs suddenly, without any warning/seeking for help signs. Unfortunately, only less than half of the students surveyed (144/40.8%) think that “Suicide cannot be justified”, and one fifth of respondents (67/19%) argue that there may be some special circumstances that make them justify such a meaningless way out of life (suicide). The other respondents did not have a clear opinion on the above-mentioned questions and responded to the statements “neither agree nor disagree” (Table 1).

Table 1. Students’ approach to the myths on the suicide phenomenon

Statement	Answers (Absolute numbers/Percent)		
	1. Agree	2. Neither agree nor disagree	3. Disagree
1. There are situations in life where suicide is the only way out	7/2	60/17	286/81
2. If a person wants to commit suicide, it is his/her affair and nobody should interfere with it	10/2.8	43/12.2	300/85
3. If a person wants to commit suicide, he/she wants to die	41/11.6	130/36.8	182/51.6
4. Discussions about suicide publicly can encourage someone to commit suicide	53/15	118/33.4	182/51.6
5. If a person has suicidal thoughts, nothing will stop him/her	13/3.7	104/29.5	236/66.8
6. If someone is suicidal, he/she will always be suicidal	15/4.2	80/22.7	258/73.1
7. Talking openly about suicide with a person, who is contemplating suicide, is a bad idea and can be interpreted as encouragement	33/9.3	94/26.7	226/64
8. Only people with mental health problems are suicidal	32/9.1	81/22.9	240/68
9. People who talk about suicide usually do not commit suicide	37/10.5	165/46.7	151/42.8
10. Most suicides occur without any warning signs (verbal, behavioural)	90/25.5	129/36.5	134/38
11. Suicide occurs for one specific reason	15/4.2	138/39.1	200/56.7
12. Suicide cannot be justified	144/40.8	142/40.2	67/19

The survey analysed the perception and knowledge of the phenomenon of suicide and the differences between gender. The results of the study revealed that statistically significant differences were found in the responses of girls and boys to

three statements. Significantly more boys (97/59.1%) than girls disagree that talking openly about suicide with a person, who is contemplating suicide, can encourage the person to commit suicide ($\chi^2 = 7.068$; $df = 2$; $p = 0.029$). More boys (79/48.2%) than girls disagree that people who talk about suicide usually do not commit suicide ($\chi^2 = 7.767$; $df = 2$; $p = 0.021$), and more boys (77/47%) than girls do not agree that suicide occurs without any warning signs (verbal, behavioural) ($\chi^2 = 10.518$; $df = 2$; $p = 0.005$). However, according to their opinion, the majority of issues did not show any significant differences by gender.

The survey aimed to find out whether students who have lived a larger part of their lives in different settings (urban or rural) have similar attitudes towards suicide. The results of the study revealed that there were no statistically significant differences between the residents of urban and rural population according to the provided statements.

The study analysed the experience of students regarding to suicide. One-fifth (21.2%) of students have suicidal thoughts, and 29 (8.2%) have tried to attempt suicide. Significantly more boys (26.4%) than girls (16.9%) have ever thought of suicide ($\chi^2 = 4.661$; $df = 1$; $p = 0.031$). Significantly more urban respondents (11.5%) than rural residents (5%) reported that they had tried to attempt suicide ($\chi^2 = 4.893$; $df = 1$; $p = 0.027$). When asked if someone in the family had suicidal thoughts, in the whole group “yes” was reported by 43 (12.2%) respondents, while for 32 (9.1%) of the respondents someone in the family had attempted suicide. Half (53.5%) of the respondents had acquaintances, friends, and peers who had suicidal thoughts, and one third (36.3%) of the students know friends, peers, or acquaintances who attempted suicide.

Correlation between respondents and family members with suicidal thoughts and suicide attempts were investigated using Spearman’s correlation coefficient (Table 2). There was an average positive correlation between the issues “*Have you ever thought about suicide?*” and “*Have you ever attempted suicide?*” ($R = 0.424$; $p < 0.001$). There was also a positive medium correlation between the answers to the issues “*Have you ever thought about suicide?*” and “*Has anyone in your family ever had suicidal thoughts?*” ($R = 0.251$; $p < 0.001$), and the answers to the questions “*Have you ever attempted suicide?*” and “*Has anyone in your family had suicidal thoughts?*” ($R = 0.172$; $p = 0.001$). Positive average correlation was also found between the statements “yes” to the issue “*Has anyone in your family ever had suicidal thoughts?*” and “*Has anyone in your family attempted suicide?*” ($R = 0.606$; $p < 0.001$). The study revealed that there is a weak positive correlation between the statements “yes” to the issue “*Have you ever attempted suicide?*” and “*Has anyone in your family attempted suicide?*” ($R = 0.121$; $p = 0.023$). In general, the study found a positive average correlation between suicidal thoughts of young people and suicide attempts; family suicidal thoughts and suicide attempts. In addition, a positive average correlation was observed between the occurrence of suicidal thoughts of the young person and the family members, and between the young person’s suicidal attempts and suicidal thoughts of family members. Attempts to commit suicide of a young person and of family members are weakly correlated.

Table 2. Correlations between variables (suicidal thoughts and suicide attempts)

		Have you ever attempted suicide?	Has anyone in your family ever had suicidal thoughts?	Has anyone in your family attempted suicide?
Have you ever thought about suicide?	R	0.424**	0.251**	0.101
	p	0.000	0.000	0.059
Have you ever attempted suicide?	R		0.172**	0.121*
	p		0.001	0.023
Has anyone in your family ever had suicidal thoughts?	R			0.606**
	p			0.000

**p < 0.01; *p < 0.05

Only one-third (38%) of young people have been involved in some kind of lectures, seminars, or other events on suicide prevention. About half of the girls (90/4.6%) and one-third of boys (44/26.8%) participated in preventive events. A significantly higher number of female students than male students attended an organized event for suicide prevention ($\chi^2=16.115$; $df=1$; $p < 0.001$). Less than half of urban respondents (77/44.3%) and about one third of the students who have lived the major part of their life in the rural area (57/31.8%) participated in suicide prevention lectures, seminars and other events. Significantly more urban than rural respondents improved their knowledge at some event on suicide prevention ($\chi^2 = 5.769$; $df = 1$; $p = 0.016$). This makes it possible to assume that urban residents have better access to information and preventive lectures, events, and seminars than rural residents. Such events are more likely to occur in urban areas than in rural areas.

Only one in five students subjectively indicated having sufficient knowledge on suicide prevention. When the respondents were asked whether, in their opinion, they had enough knowledge about suicide prevention, only 72 (20.4%) stated “*I have enough knowledge*”, 200 (56.7%) stated “*I have an average knowledge*”, and 81 (22.9%) students stated “*I do not have enough (I do not have) knowledge*”. The girls self-reported significantly more preventive knowledge (23.3%) than the boys (17.1%) ($\chi^2 = 7.48$; $df = 2$; $p = 0.024$). This shows that the girls are more interested in and care more about this important problem and actual issue. Nebhinani with co-authors (2016) revealed similar results at their study, stating that the majority of students did not participate in any suicide prevention programs, and most of them lack knowledge, awareness, and understanding of the suicide phenomenon (Nebhinani et al., 2016).

Discussion

This study showed that not all young people are aware of myths and the reality of suicide. Young people lack knowledge and information about the phenomenon of suicide. Unfortunately, myths about suicide still exist in Lithuania (Seibokaite & Genutyte, 2015). Our research has shown that most of young people do not agree that suicide can sometimes be the only way, that suicide is a personal matter and there is no need to interfere with it. However, one third of students do not know that we can and should help someone with suicidal thoughts or after attempts to kill himself/herself. Suicidal thoughts are not permanent, and person can go on and continue to live (WHO, 2014).

One of the myths about suicide is that only people with mental health problems are suicidal. One third of the respondents think this way. It is true that most of those who attempted

suicide did not suffer from any mental illness. However, patients with severe depression, anxious or bipolar disorders have an increased risk of suicide and belong to an increased risk group. Research studies show that the personality type may have links to the risk of suicide. There is a link between the increased suicide risk and the affective temperament of depressive, irritable, cyclothymic, dysthymic, and anxious personality types; while hyperthymic temperament has the lowest suicidal risk, and appears to be protective of suicidal behaviour (Tondo, Vasquez, Sani, Pinna, & Baldessarini, 2018; Vasquez, Gonda, Lolich, Tondo, & Baldessarini, 2018; Tanabe, Terao, Shiotsuki, Kanehisa, Ishii, Shigemitsu, et al, 2016; Karam, Itani, Fayyad, Hantouche, Karam, Mneimneh, et al., 2015).

Many of the investigated young people do not perceive the need for open discussion about suicide with an individual with suicidal thoughts. Sincere, supportive, encouraging conversations could help reconsider various opportunities and alternatives to resolve the situation and encourage them to abandon their dramatic intentions. A person, who is experiencing a difficult life situation, who is upset, stressed, and confused, has nobody to talk to about his/her suicidal thoughts because of the widespread negative attitudes of society towards the phenomenon of suicide and stigmatization in relation to this problem. Timely conversation and support could help prevent suicide and save life. Half of the students surveyed do not know that suicide is not necessarily a desire to die. This can be a consequence of impulsiveness, ambivalence (WHO, 2014), crisis (Leonavicius & Valius, 2017), or negative life events (Hawton et al., 2012).

Just over half of young people do not know that suicide is caused not by the one exact cause, but by a number of complex causes and risk factors. Not all young people are aware that before a suicide attempt, the potential suicidal person seeks for help and provides various warning signs (behavioural, verbal), and can talk about his/her intentions (thus seeking for help). Unfortunately, only less than half of young people do not justify suicide. Other participants of the performed study believe that there could be some allegedly “serious” reasons and justifications for allowing suicide (or do not have the opinion about this subject). In fact, human life is an invaluable asset and wealth, and there could not be any reasons to lose it.

More and more research on aspects of young people’s suicide prevention is found in scientific literature. UK scientists believe that preventive initiatives should be focused on those with previous attempts of suicide. They underline the importance of prevention initiatives focused on the self-harm population, especially during the initial months following an episode of self-harm or self-poisoning (Hawton, Bergen, Cooper, Turnbull, Waters, Ness, & Kapur, 2015). US scientists are proposing to apply environmental modifications (reduction of access to lethal methods) and education (identification of individual risk factors) (Schwartz et al., 2010). Australian researchers suggest that young people need to be trained to communicate safely about suicide on social networks, and encourage providing preventive and emotional help for young people (Robinson, Bailey, Hetrick, Paix, O’Donnell, Cox, et al., 2017; Robinson, Hill, Thorn, Battersby, Teh, Reavley, et al., 2018). Scientists suggest education and information through the TALK program for adolescents, that helps to increase knowledge, their willingness to talk about suicide, and of seeking help for suicidal thoughts (Bailey, Spittal, Pirkis, Gould, & Robinson, 2017). In addition, it is recommended to reduce the risk of suicide in identifying signs of suicidal behaviours and in designing actions through smart education (Celiesiene & Kvieskiene, 2017; Kvieskiene, 2015).

Recently, young people spend a lot of time by a computer screen while performing various tasks and for leisure time. The endless overflow of information, its abundance and excess cause psychological stress and increase tension. Young people become more and more dependent on the internet. In addition, internet consumes (“takes away”) almost all of young people’s time, and no time is left for other activities, recreation, relaxation, inner harmony, physical activity, and outdoor recreation or staying in the fresh air. Individual closedness is increasing, the need for communicating is diminishing, and skills of live communication are not formed. Reserved personalities with low social competences appear. As a result, the feeling of loneliness increases, hopelessness and sadness deepen. Being unable to communicate, young people are shy, they are afraid to talk about their problems, have no courage to seek help, suspect they can be betrayed, suspect that their confidentiality and privacy will be violated, and bullying against them will increase as well. The impact of the internet, in the opinion of scientists, can be both positive and negative. The negative aspects of internet use on suicidal behaviour are usually associated with internet addiction, excessive use of the internet and websites with suicide and self-harm content, which can provoke suicide. However, the use of internet can also be a positive potential for reduction of social isolation and a source of help and therapy. Internet use helps to get a sense of belonging to the community, can help in times of crisis, and can be used for suicide prevention and education. Usage of social networks for suicide prevention can reduce stress, especially when communicating with peers. Safe suicide prevention messages, which can be disseminated via social media and educating young people how to talk safely about suicide online have multiple benefits (Marchant, Hawton, Stewart, Montgomery, Singaravelu, Lloyd, et al., 2017; Eichenberg, 2008; Robinson et al., 2017; Robinson et al., 2018).

Various physical activities are recommended for suicide prevention and mental health enhancement. Different forms of physical activity are suitable for reducing suicidal risk, strengthening mental stability, eliminating negative emotions, raising mood, and reducing stress. Physical exercises, sport activities, sport games, jogging, and yoga exercises reduce psychological tension, help eliminate stress-induced consequences, and overcome psychological injuries. Exercising and sport activities help one to relax after intense mental activity, keeping a balance between physical and mental work. Regular exercise, outdoor jogging, physical activity in household work, physical work in the garden all help to reduce depression, anxiety, fears, mood disturbances, eliminating suicidal intentions (Strukcinskiene et al., 2018). Physical activities help to improve well-being, increase employability, strengthen the body, reduce apathy, improve appetite; help to go to sleep faster, to relax, and increases willingness to live.

Despite the fact that mortality from suicide in Europe, the Baltic States, and Lithuania has decreased significantly (in Lithuania since 2002 both in the entire population and in the category of young people) (Värnik, 2012; Strukcinskiene, Andersson, & Janson, 2011), youth suicide prevention remains an issue that requires increased attention. The Ministry of Health of the Republic of Lithuania has prepared a description of the procedure for psychosocial assessment of a person with suicide risk in order to ensure early identification of possible suicides and provision of complex assistance. This procedure establishes the organization and provision of psychosocial assessment services in health care institutions for persons with the risk of suicide. The description of the procedure for psychosocial assessment of people, who experienced a suicide crisis was approved on July 26, 2018 by the Ministry of Health (SAM Ministerial Order No. V-856) (Ministry of Health, 2018). Enhancing awareness of the phenomenon of suicide, applying complex preventive measures at various levels (individual,

family, community, society, local, and national), using safety enhancement activities at micro and macro levels, would reduce suicide rates and would bring the joy of life for persons who avoided the tragedy.

Conclusions

The study revealed that young people lack knowledge on the phenomenon of suicide; some of them still believe myths about suicide. Students are unaware that suicide is not a desire to die, that warning signs occur before suicide and a person with suicidal intentions speaks about it, that it is possible to help the person with suicidal thoughts or previous attempts to commit suicide, and timely conversation can prevent this kind of intentional injury. Students lack the information that not only people with mental health problems are suicidal. Less than half of them realize that suicide cannot be justified. The study revealed that one-fifth of young people had suicidal thoughts, and boys along with urban residents and suicidal family were at higher risk. Half of the students surveyed self-reported suicidal peers in their environment. Young people lack preventive knowledge and preventive events, consequently, more attention should be paid to the education on the suicide phenomenon and to prevention of suicide among young people by providing all possible preventive measures. The study revealed that raising awareness, obtaining knowledge, and providing information to young people on the phenomenon of suicide, suicidal behaviour, and warning signs of possible attempt and risk could help to prevent suicide and save lives of young people. Suicide prevention activities on individual, community, local and national levels need to be addressed.

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THE LINKS BETWEEN SUICIDAL BEHAVIOUR AND ENDORSEMENT OF MYTHS ABOUT SUICIDE IN YOUNG PEOPLE

Summary

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Lithuania has been at the forefront of suicide rates in Europe for a number of years and does not leave the top five in the world. In addition, suicide in young people is the second cause of death globally. The article analyses the study that reveals the self-reported perception of young people – the university students – to the phenomenon of suicide. The results of the survey showed that young people lack knowledge about the phenomenon of suicide, and they still believe myths about the suicide. Students do not know that a suicidal person is not determined to die; that there are warning signs, whether verbal or behavioural, before suicide occurs; that a suicidal intent is talking about it; that it is possible to help the person with suicidal thoughts or with previous attempts to suicide, and timely conversation can prevent suicide. Students believe the myth that only people with mental disorders are suicidal. Less than half of respondents understand that suicide cannot be justified.

The study revealed that one fifth of young people had suicidal thoughts, and young men, urban inhabitants, and suicidal family were at higher risk. Half of the students self-reported suicidal young people in their environment. Young people lack preventive knowledge and activities; therefore, more attention needs to be put forth for education of young people on the suicidal behaviour and phenomenon of suicide, and for suicide prevention by providing all possible preventive measures.

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