The influence of Social Networks in Suicidal Behavior

PERSPECTIVE

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Abstract

Suicide is a serious public health problem worldwide in which they act influences multifactorial. We seek to clarify how social networks act on suicidal behavior. In this context, we conclude that the way in social networks interact with the risk factors determining how it can intervene in individual.

Suicide is a cause of death in which psychological factors are directly involved, as the individual ultimately forms a decisive intention to end their own life [1, 2, 3]. The suicidal downward spiral starts with ideation, which functions as an indicator of vulnerability and might lead to a suicide attempt or suicide. Suicidal ideation specifically involves thoughts about ending one's own life, from a range of general thoughts about death to more specific and elaborate ways to commit suicide. [4, 5] Suicidal ideation presents itself as one of the main predictors of suicidal risk, being used in many researches to estimate the presence of a suicidal process. [5]

Every year 800000 people die from suicide, with a rate of 11.4 per 100000. [6, 7] The WHO estimates that suicide represents 1.8% of the total global burden of disease and as such, suicide is a major, worldwide public health issue. [7] Borges et al. (2010) found that suicidal behaviors and their risk factors occur in the same prevalence and frequency for developed and developing countries. Social disadvantage and suicide might be associated due to several factors, such as higher incidence of mental disorders and lower access to medical care in such populations, even in developed countries. [8, 9]

While definitions of young adulthood vary, this period in the lifespan (approximately 18 to 35-40 years of age) is characterized by challenges regarding intimacy, occupation and lifestyle choices. [10, 11, 16]

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Young adulthood is a crucial time for establishing one's professional and personal future, with effects on health in both the short and long term. [12, 16] Young people are at a particular risk of suicide, which represents the second leading cause of death in this age group. [13, 16] Globally, suicide attempts tend to decline with age; in France, the highest rates of suicide attempts are observed between ages 15-19 years in women and between ages 20-25 years in men. [14, 16] Yet young adults are among the groups the least likely to seek care for psychological problems. [15, 16] For each completed suicide, it is estimated that 100-200 adolescents make nonlethal suicide attempts. [17, 18] Recent scientific evidences show that young people's suicidal behaviours (suicidal ideation and suicide attempts) are complex phenomena that seem to be rising, composing an important highlight of attention for social policies. [19, 5]

Since the seminal sociological study by Durkheim in the late nineteenth century [20, 29], suicides have been studied for both sociology interests and public health reasons. In particular, Durkheim and later scholars pointed out that social isolation, also referred to as the lack of social integration, is a significant contributor to suicidal behavior. [20-23, 29] Roles of social isolation in inducing other physical and mental illnesses have also been examined. [24, 29] Conceptual models that inherit Durkheim's idea also claim that social networks affect general health conditions including tendency to suicide. [25-28, 29]

Although suicide is a weighty problem in public health worldwide, issues related to developing effective screening and preventive interventions are still unresolved. [30, 31] Researchers have sought to identify the risk factors associated with suicide that could provide targets for effective prevention program. [31]

Costa et Al [78], (2014) distribution risk factors previously determined in six Categories as follows: Risk factors associated with sociodemographic components; Risk factors associated with genetic com-

ponents; Risk factors associated with Medicines and Drugs in general that interfere with bipolar disorder; Risk factors associated with Biological components; Risk factors associated with Psychological causes; and Risk factors associated with components of Religious and Spiritual. [78]

In the late 19th century, Emile Durkheim proposed that rates of suicide were partly associated with the extent to which individuals felt integrated with society and societal groups such as work and family. [32, 7] Durkheim proposed that a more dislocated society would lead to increased rates of suicide. More recent sociological accounts use network theory to specify the relationship between suicide and the 'presence or absence of interlocking social relationships'. [33, 7]

As Miller and Colleagues [18, pgs 286-287] note: 'The sociological theory of suicide, [34, 18] the psychache theory of suicide, [35, 18] and the interpersonal psychological theory of suicide (IPTS) [36-18] suggest that inadequate social support and strong interpersonal relationships increase risk for suicidal ideation and suicide attempts. The need to belong, in particular, is a central theme in Joiner's IPTS. These theories complement developmental research, which suggests that the maintenance of strong relationships with parents while concurrently establishing an independent network of close friends and close community connections (often within school settings) [37, 18] is needed for normative socioemotional growth.' Students with proper social support networks find it easier to develop coping strategies towards hostile situations. On the other hand, absent or weak social/family support often is often assumed as a higher suicide behaviour risk factor. [38-40, 5] Recent literature reviews conclude that perceived social support from parents and peers plays an important role in the development of adolescent Suicidal ideation and suicide attempts. [41, 18]

A mental health diagnosis is a strong predictor of suicidal behavior and nine out of 10 people who end their life will have experienced clinically signifi-

cant mental health problems. [42, 3] One potential risk factor that has received comparatively little attention is the stigma associated with mental health problems and associated experience of discrimination. [43, 7] It has been suggested that the acceptance of stigmatizing beliefs about mental illness may influence levels of hopelessness. [44, 45, 7] For example, if individuals accept that they have a mental health problem, and internalize the often negative stereotypes associated with mental illnesses (e.g. dangerousness, chronicity), they will feel more hopeless and despairing of their future. Perceived racial discrimination and experience of acculturation in minority ethnic communities has been associated with increased risk of suicidal ideation [46, 47, 7] and there are similar findings in the Lesbian, Gay, Bisexual and Transgender communities. [48, 49, 7]

More recently, studies have shown a relationship between diabetes and psychiatric disorders. In fact, a recent survey showed that the prevalence of depression is approximately 10% higher in diabetic patients. [50, 51]

Psychiatric and physical disorders, which are most commonly affective disorders, contribute to suicide risk. [52, 53, 31] Additionally, demographic factors, such as a lower household income, lower educational attainment, unemployment, and living alone [54, 55, 31] as well as childhood maltreatment [56, 31] have been reported to be associated with increased suicide risk. [31] Demographic factors associated with suicidal ideation in univariate and most multivariate analyses were female gender, lower education, lower income, non-White ethnicity and Christian, non-Catholic religion. These variables are associated with social disadvantage in Brazil. [9]

However, these suggested risk factors may be insufficient to predict and prevent suicide because individual risk factors account for a small proportion of the variance in risk and lack sufficient specificity. [57, 31]

Masuda N. et al. [29] (2013) define suicide ideation by the membership of a user to at least one

community related to suicide. Then, we statistically compare users with and without suicide ideation in terms of users' properties including those related to egocentric networks.

In contrast, previous studies showed that suicidal behavior is less observed for individuals with more friends. [58, 59, 29] It has also been a long-standing claim that social isolation elicits suicidal behavior. [20-23, 29] As compared to typical users, some users may spend a lot of time online to gain many ties with other users and belong to many communities on the SNS. Such a user may be active exclusively online and feel lonely, for example, to be prone to suicide ideation. Although this is a mere conjecture, such a mechanism would also explain the strong contribution of the community number to suicide ideation revealed in our analysis. [29]

Media portrayals of suicide, in the news as well as entertainment media, have been associated with increases in suicide, particularly amongst the young. [60-64, 66] This phenomenon, known as suicidal 'contagion,' appears to be a short-term effect of exposure to stories in the media about persons committing or attempting suicide. [65, 66]

One potentially influential online source of information about suicidal behavior of others is the widespread use of social networking sites. [66]

There are more than 100,000 websites that deal with methods of committing suicide. [67, 66] A recently conducted content analysis of the top 10 sites retrieved when searching about 'suicide' and 'suicide methods' found that the three most frequently occurring sites were pro-suicide. [68, 66] Many websites dealing with methods of committing suicide contain detailed descriptions of such methods, [69, 66] and also suicide notes, death certificates, and pictures of people who have committed suicide. [70, 66] In these 'cybersuicides', individuals have committed suicide or carried out serious suicide attempts after obtaining information about suicide methods online. [71-75, 66] In a recent highly publicized case, a 24-year-old user of the

site announced his intention to commit suicide and was later discovered to have completed the act. [76, 66] A review of the comments he received revealed that many of the discussants were sympathetic and offered advice to the troubled young person. However, there were others who encouraged the person to complete the act. Psychiatrists have also noted similar occasions with young people under their care. [72, 77, 66]

In individual, large variables act alone or not, to generate suicidal ideation. Hardy only one variable has a significant effect, and the action of a set of variables a potentiating factor for the development of suicidal behavior. In this context, social networks attenuating, so that access to social networks serve as social integration in order to have a greater proximity between users to avoid suicidal idea, as well as in other cases serve to encourage overcoming the feeling.

However, on-line networks can enhance the depressed state of the individual especially when there is a lack of social support: family, friends, school.

May increase the isolation of minorities facilitating the practice of prejudice and creates a situation where environment is hostile and favorable to the presence of "bullying". Several times some users even encourage suicidal practice, including teaching means to achieve success. (Figure 1).

By means of media, suicide becomes a condition that can easily be disseminated and therefore should be avoided publication. The internet, for example, is a virtual space where there is no possibility of establishing borders to control the activity of users, therefore, a snapshot through high spread and encouragement to suicide.

The results of the studies in the literature show that the risk factors associated with suicide exist and are relevant to clinicians and researchers. Therefore, research becomes important to maintain the high quality of knowledge of the disorder. In consequence, improve the screening and the possibility of intervention in patients with suicidal ideation.

Figure 1: Multi-influence of Social Network.

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