

Adolescents and suicide/self-harm: from piercing to Blue Whale

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Introduction

- According to the *World Health Organization* (1), it has been reported a 60% global increase in recorded suicide mortality, over the last 45 years. The *Royal College of Paediatrics* includes **suicide** and **substance use disorders (SUD)** amongst the major *leading causes of death amongst children and adolescents worldwide*.
- **Non-suicidal self-harm** is a common widespread mental health threat amongst adolescents, with a lifetime prevalence around **17%-60%**, according to the different epidemiological studies (2). Deliberate self-harm may represent an important *risk factor for subsequent suicide* (3).
- Furthermore, clinicians are recently collecting several examples of **nonconventional suicide behaviours and non-suicidal self-harm attempts amongst youngsters**, like **tattooing, piercing** and the tragic '**Blue Whale Suicide Game**' phenomenon in which participants are purportedly assigned a curator who provides various acts of self-harm to be committed over the course of 50 days until participant was asked to win the game by committing suicide during the final day.

Objective(s)

- evaluating which are the most documented risk factors (both genetic and environmental)
- how they may interact each other in determining the occurrence of suicide and/or non-suicidal self-injury behaviours amongst youngsters.
- A specific section will deal with the '**Blue Whale**' phenomenon.



Method(s)

- A comprehensive review was here carried out by searching the following keywords (((*suicide*[Title/Abstract]) OR (*self-harm* [Title/Abstract])) AND (*adolescence*[Title/Abstract])) for the topics '*Adolescence*' and '*Suicide*'/'*Non-suicidal self-injury/self-harm*', by using MESH terms.

Results

- Overall, despite the occurrence of suicide amongst children/adolescents appears to be strongly influenced by cultural/social/economic variables worldwide, it has been hypothesized a plethora of risk factors (both genetic and environmental), including SUD. Suicide and non-suicidal self-injury behaviours represent a dramatic challenge for clinicians, particularly in the most vulnerable age of adolescence.



Conclusions

Tattooing, piercing and scarification may represent as well, in a larger way, non-suicidal self-harm attempts which should be more furtherly investigated. In addition, the recent emergence of the social network '**Blue Whale Game/Challenge**' phenomenon, should pose a great concern in terms of suicide risk amongst children/adolescents.

References

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