Journal of Health Development
e2663-1776

Review

Pre-suicide Attitudes in Young People: A Mini-Review of Risk Factors and Psychological Perspectives

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Received: 14 July 2025
Revised: 28 August 2025
Accepted: 14 September 2025
Published: 30 October 2025

Citation: Akmaral Baspakova; Lazzat Zhamaliyeva; Anara Abitova; Aigerim Umbetova. Pre-suicide attitudes in young people: a mini-review of risk factors and psychological perspectives. J Health Dev. 2025, 60 (5), jhd026. https://doi.org/10.32921/2663-1776-2025-60-5-jhd026

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Abstract

The suicide deaths of young people constitute a serious public health crisis around the world, and pre-suicide attitudes encompassing thoughts, emotions, and behaviors that precede suicide play an important risk indicating role for professionals in suicide intervention. This mini-review provides a systematic overview of recent literature on the psychological, social, and environmental determinants of pre-suicidal cognitions in adolescents and young adults: aged 15–25. Findings highlight the multilevel nature of the phenomenon, which involves mental health problems, social and behavioral correlates, and the amplifying role of digital media, which may push young people into states of crisis or anxiety due to exposure to harmful online content: e.g., cyberbullying. The review also examines protective factors, such as strong social support networks, access to mental health treatment, and programs fostering resilience and coping skills. Additionally, cultural and gender differences in the expression of pre-suicide attitudes and help-seeking reluctance among youth are highlighted. This article synthesizes recent empirical work and theoretical frameworks, identifying gaps such as the need for longitudinal studies and culturally sensitive measures. Finally, it discusses the necessity of early intervention, school and community-based prevention programs, and macro-level policy changes to address this growing epidemic.

Ключевые слова: pre-suicide attitudes, young people, suicidal ideation, risk factors, mental health, prevention strategies.

1. Introduction

Suicide is one of the leading causes of youth mortality worldwide, carrying devastating social, emotional, and economic consequences. Recent epidemiological data reveal alarming increases in suicidal behaviors among adolescents and young adults, a trend linked to societal stressors such as the COVID-19 pandemic, economic instability, and rising psychological distress. While the most measurable outcome is suicide death, pre-suicidal attitudes including suicidal ideation, hopelessness, and preparatory behaviors—serve as critical warning signs preceding severe outcomes. Understanding these

precursors is essential for early intervention and preventive strategy development [1].

Research indicates that pre-suicidal tendencies in youth stem from a complex interplay of psychological, social, and environmental factors. While mental health disorders (particularly depression and anxiety) are well-established risk factors, emerging evidence highlights the contributory roles of trauma, social isolation, academic pressure, and problematic digital media exposure [2]. Conversely, protective factors—such as strong social support, mental health care access, and adaptive coping skills—can mitigate risk. However, significant gaps remain in identifying at-risk youth, understanding cultural and gender differences in suicidality, and scaling effective prevention programs for broader accessibility.

This mini-review synthesizes current knowledge on pre-suicidal attitudes in young people, focusing on key risk and protective factors, underlying psychological mechanisms, and implications for prevention. By consolidating recent findings, we aim to inform future research and evidence-based interventions targeted at reducing suicide risk among digitally immersed youth.

2. Methodology

In this mini-review, we present evidence of pre-suicide attitudes (PSAs) among youth (aged 15–25) derived from systematic review of recent literature according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Searches were conducted in PubMed/MEDLINE, Web of Science, and Scopus using such keywords as «pre-suicide attitudes», «youth suicidal ideation» and «protective factors». Inclusion criteria were peer-reviewed articles (2000—2024) published in English; exclusion criteria were clinical-population-only studies and non-empirical works. Data extracted related to the sample, risk and protective factors, theoretical influences and the outcome of interventions, which were analyzed into the thematic categories of psychological, social, and structural interventions. Quality appraisal of included studies was conducted by the Newcastle-Ottawa Scale for the case-control and cohort study, and the Cochrane Risk of Bias Tool for the Randomized Controlled Trial (RCT); we noted high risk studies but included them for thematic completeness. Language bias and heterogeneity in PSA definitions are limitations.

3. Risk factors for pre-suicide attitudes

The development of pre-suicidal attitudes in young people arises from a dynamic interplay of psychological vulnerabilities, environmental stressors, and societal factors, all of which are shaped by developmental stages. Depression plays a particularly significant role, with research indicating that depressed adolescents are approximately 12 times more likely to develop suicidal ideation than their non-depressed peers (meta-analysis). A key empirical example is the relationship between depression and thought disorders, which becomes especially pronounced when depression co-occurs with hopelessness and emotional dysregulation core components of the negative cognitive triad, where youth perceive themselves, their world, and their future in overwhelmingly pessimistic terms [3].

Anxiety disorders further exacerbate risk through mechanisms such as chronic worry, avoidance behaviors, and physiological hyperarousal, which gradually deplete coping resources. Trauma exposure, particularly interpersonal traumas like maltreatment, heightens vulnerability by disrupting attachment systems and self-worth. Post-traumatic stress disorder (PTSD) symptoms compound this risk through maladaptive stress responses [4].

From a neurobiological perspective, these clinical features are supported by structural and functional brain differences, including: Reduced prefrontal cortex activation during decision-making, impairing impulse control and problem-solving. Altered amygdala reactivity to emotional stimuli, which may lower distress tolerance and increase emotional volatility [5].

The social ecology of adolescence creates multiple risk pathways through shifting peer and family dynamics. Peer victimization including both traditional bullying and cyberbullying – exhibits a dose-response relationship with suicidal ideation, where chronic exposure fosters internalized shame and eroded self-worth. Digital environments introduce additional risks due to the pervasive accessibility of online platforms; cyberbullying victims face 2.5 times higher suicide risk than non-victimized peers, particularly when attacks target identity or involve social exclusion [6].

Family systems influence risk through:

- Direct pathways – high-conflict environments, parental mental illness, and emotional neglect;
- Indirect pathways – absence of secure attachment or open communication, which would otherwise serve as protective factors.

Even in low-conflict families, adolescent suicidal ideation may stem from perceived emotional distance or invalidated distress, limiting help-seeking.

The transition to adulthood introduces stressors like academic pressure, financial instability, and identity struggles that can overwhelm coping capacities [7]. Cultural context further modulates these relationships: collectivist cultures - family honor may suppress expressions of individual distress and individualist cultures - achievement pressures show stronger ties to suicidality.

Contemporary models emphasize dynamic risk interactions across the lifespan, where endogenous vulnerabilities intersect with cumulative stress and access to lethal means. The Integrative Motivational-Volitional Model posits that: perceived burdensomeness and thwarted belongingness drive suicidal planning and acquired capability (e.g., fearlessness about death) and cognitive narrowing facilitate transition to action [8].

This explains why 60–80% of individuals with suicidal ideation never attempt suicide, underscoring the need to identify factors that disrupt this progression. Emerging research on neurocognitive markers may help pinpoint high-risk subgroups, while community-based strategies (e.g., means restriction, mental health literacy) can reduce population-level risk [9]. Critical gaps remain in: culturally responsive assessment; developmental timing of interventions; ethical use of digital platforms for prevention. A multidisciplinary approach integrating clinical psychology, public health, and policy—is essential for effective youth suicide prevention (Table 1).

Table 1 - Risk and protective factors for pre-suicide attitudes in youth

Category	**Risk Factors**	**Protective Factors**	**Theoretical Models**	**Intervention Strategies**
Psychological	Depression, anxiety, hopelessness, emotional dysregulation, low self-esteem	High self-efficacy, emotion regulation skills, optimism, future orientation	Cognitive-behavioral model: negative triad, Integrated Motivational-Volitional Model model defeat/entrapment.	Cognitive therapy, resilience programs
Social	Cyberbullying, social isolation, family conflict, trauma	Family/peer support, school connectedness, LGBTQ+ GSAs	Interpersonal-Psychological Theory of Suicide (IPTS) theory: thwarted belongingness/perceived burdensomeness	Family therapy, peer support, anti-bullying programs
Neurobio-logical	Reduced prefrontal cortex activity, amygdala hyperactivity	—	Neurocognitive research: decision-making/impulsivity	Early mental health interventions
Cultural	Stigma collectivist cultures, achievement pressure individualist cultures	Cultural pride, spirituality, ethnic identity	Cultural-existential models: meaning-making	Culturally adapted interventions, community engagement
Environmen-tal	Access to lethal means, harmful online content	Means restriction, positive media exposure	Dynamic risk interaction model: cumulative stress	Media guidelines, safe storage campaigns
Prevention	—	Universal programs, crisis chatbots	Integrative biopsychosocial models	Multilevel strategies: schools → clinics → policy

4. Protective factors and resilience

While extensive research has examined risk factors for suicidal behavior in youth, an equally critical yet often underemphasized area is the study of protective factors and resilience in suicide prevention. These elements play a vital role in mitigating suicide risk by enhancing coping capacities, strengthening supportive relationships, and promoting emotional well-being. Resilience - defined as the capacity to adapt and recover from adversity - represents a particularly crucial component in risk reduction frameworks. This section examines key protective factors operating at individual, interpersonal, and societal levels, while also reviewing evidence-based strategies for fostering resilience among young people.

A constellation of psychological characteristics and adaptive coping skills significantly enhances young people's ability to manage distress without resorting to suicidal ideation or behavior. Among these protective factors, self-efficacy - one's belief in their capacity to handle - demonstrates particularly strong negative associations with suicidality [10]. Adolescents with high self-efficacy tend to employ adaptive coping strategies such as problem-solving and emotion regulation when facing stressors, rather than becoming overwhelmed by them. Evidence-based interventions like the Penn Resiliency Program, which targets self-efficacy enhancement, have demonstrated significant reductions in both depressive and suicidal symptoms among adolescent participants [11].

Emotion regulation competencies constitute another critical protective factor. Youth who can effectively identify, process, and modulate intense emotional experiences show lower rates of impulsive self-harm behaviors. Therapeutic approaches incorporating distress tolerance training and nonjudgmental emotional awareness, such as mindfulness-based interventions, have proven effective in reducing suicidal ideation in clinical trials [12].

Furthermore, optimism and future orientation serve as powerful buffers against suicidal tendencies. Adolescents who maintain a sense of meaning and hope during adversity are significantly less likely to consider suicide as a viable option [13]. School-based prevention programs like Sources of Strength, which cultivate goal-setting skills and future-focused thinking, have successfully enhanced resilience and protective factors in youth populations.

Social support represents one of the most robust protective factors against suicide among youth. Family cohesion—characterized by emotional closeness, mutual support, and secure attachments—serves as a critical buffer against suicidal ideation. Adolescents with emotionally available parents, who provide a secure base for discussing problems, demonstrate greater resilience to stress and depression. Evidence-based family interventions, such as Attachment-Based Family Therapy (ABFT), which specifically target suicidal ideation by repairing parent-child relationships, have proven effective in reducing suicidal thoughts [14].

Beyond familial support, peer relationships play a pivotal role. Youth with strong prosocial peer networks exhibit lower susceptibility to suicidal ideation, even when facing bullying or other stressors. Peer-led suicide prevention programs, where adolescents are trained to provide support and encourage help-seeking behavior, have shown promise in reducing stigma and facilitating early intervention. Additionally, school connectedness—feeling valued by teachers and peers is associated with reduced suicidal behavior [15]. Schools that implement social-emotional learning (SEL) programs foster environments where students feel safe, respected, and empowered to seek help.

Protective factors at the community and cultural levels further mitigate suicide risk. For marginalized groups, such as LGBTQ+ and ethnic minority youth, identity affirmation and cultural pride can counteract the effects of minority stress. Programs that affirm cultural heritage or provide safe spaces for identity exploration—such as Gay-Straight Alliances (GSAs)—are linked to reduced suicide risk [16-17]. Similarly, religious or spiritual involvement is associated with lower suicidality when perceived as a source of meaning and social acceptance.

Above the individual and the dyad are the macro-social interventions that operate to build resilience. Timely, evidence-based mental health care is important; young people who get appropriate care for depression, anxiety, or trauma are much less likely to attempt suicide [18]. School- and community-based mental health services and telemental options can be used to address gaps in care among underserved populations.

Means restriction approaches that include safer firearms and medication storage practices have resulted in significant reductions in youth suicide [19]. Media campaigns to educate parents about lethal means safety can help avert impulsive suicide. Also, media

recommendations of no sensationalized reporting in the field of suicide decrease contagion effects.

Key to the impact of suicide prevention is a layered approach which focuses on resilience across all levels. Providing universal prevention programs, such as mental health literacy programming that is delivered to all students in schools, increases protective factors for all students. Selective interventions aim to identify high-risk groups (e.g., trauma-exposed or LGTBIQ+ youth) and to provide targeted support. These interventions offer heightened care to young people who already have suicidal ideation and integrate clinician-delivered treatment with building resilience.

It has been proposed that digital mental health interventions, for example, Artificial Intelligence Chatbots and crisis text lines can improve protective factors through immediate assistance. But these should supplement, not supplant, human connections.

5. Psychological perspectives

Psychological theories of youth suicidality offer different yet complementary models for understanding the development of suicidal thoughts and behaviors among young people. The cognitive-behavioral perspective focuses on negative cognitions, particularly hopelessness and impaired problem-solving, both of which have been consistently identified as robust predictors of suicidal ideation in adolescents. Neurocognitive research supports this view, demonstrating that many suicidal youths exhibit deficits in executive functioning and emotion regulation. These findings have directly informed the development of effective interventions such as Cognitive Therapy for Suicide Prevention.

Similarly, the IPTS provides a complementary framework, proposing that lethal suicidal behavior emerges from the dangerous intersection of thwarted belongingness and perceived burdensomeness, combined with an acquired capability for self-injury. Empirical studies with adolescent populations support these constructs, showing that repeated self-harm or exposure to painful experiences increases acquired capability, while social isolation and feelings of being a burden intensify suicidal desire [20]. This theory helps explain why only a minority of youth who experience suicidal ideation eventually act on these thoughts - a crucial insight for risk assessment and intervention targeting.

Building on these concepts, the IMV offers a more detailed pathway from suicidal thoughts to action. The model emphasizes the central role of defeat, entrapment, and humiliation in the motivational phase, and highlights the importance of impulsivity and access to means in the volitional phase [21]. Longitudinal studies with adolescents have supported this developmental model of suicidal behavior.

The developmental psychopathology perspective provides essential context by examining how suicide risk arises from the interaction between typical adolescent brain development and environmental stressors. Neuroscientific evidence indicates that youth who attempt suicide show distinct patterns of connectivity in brain regions involved in emotion regulation and decision-making, which may explain their heightened vulnerability during this developmental stage [22]. Finally, cultural-existential models contribute additional insights by exploring the role of meaning-making processes, cultural narratives about suicide, and minority stress in shaping culturally specific manifestations of suicidal behavior.

Research embedded in these models has identified the astronomically higher risk of suicide among LGBTQ+ youth and other minority groups and medium-to large-sized gains we can make in culturally tailored interventions. These perspectives would seem to indicate that in order to effectively assess and treat suicidal youth, a multi-dimensional approach should be taken, including cognitive processes, interpersonal drive, developmental stage, and the cultural context. Novel applications in research are grounded in the clinical use of validated instruments (e.g., network analyses of suicidal cognition, digital phenotyping of warning signs, cross-cultural studies of emotion processing), being developed in concert with these studies [23]. The field is moving in the direction of integrated models that consider the complex interacting influences of biological, psychological, and social factors, with a focus on developmental sensitivity and idiosyncratic characteristics of developmental pathways to suicidality. This developing theoretical knowledge has direct clinical implications in terms of multidimensional formats for assessment, combined interventions, as well as developmentally timed prevention efforts which collectively present as the most viable approach to reduce youth suicide. Further theoretical development

in the area of dynamic system models of the geometric progression of suicide risk, person-oriented approaches to subgroup trajectories of the development of ideation and continued work in the cross-validation of extant pan-cultural models may be expected. The psychological investigation of youth suicidality continues to be an important and fast-developing area; each of these theoretical approaches contributes insights that productively build on each other and increase our understanding, prediction and prevention of these young people's distressing and devastating outcomes.

5. Conclusions

The increasing mortality rates from suicide in younger individuals emphasize the pressing need for effective upstream prevention strategies that are based on evidence. In this overview, the intricate role of risks of suicide (mental health problems, poor social background, social deprivation and environment) leading to childhood and adolescent pre-suicidal phenomena is discussed. Just as important are protective factors, such as resilience, strong social support and access to treatment, that can help combat vulnerability and promote recovery.

Psychological explanations, including a variety of cognitive-behavioral and cultural-existential models, have much to offer the identification of the proximal processes that connect individual and societal level influence to suicidal behaviors. Psychoanalytic theories such as these underscore the need to consider not only individual psychopathology but also interpersonal demands, developmental impediments and sociocultural conditions. In the end, stopping youth suicide will require many areas of expertise to work together — from clinicians and scientists to teachers and policy makers — to build a world in which youth can survive and thrive. In the end, stopping youth suicide requires interdisciplinary collaboration — clinicians, researchers, educators and policy makers — to build a society in which young people don't just survive but flourish. The increasing worldwide burden of youth suicide highlights that comprehensive, evidence-based prevention is more crucial than ever. Recent research evidences the joint contributions of pre-suicide mental states derived from dynamic interplay between psychopathological vulnerabilities, social-environmental stressors, and neurodevelopmental factors, and the existence of protective systems functioning in an integrated manner at an individual, relational, and systemic level.

Theoretical models tend to converge in highlighting the need to include the cognitive-affective and interpersonal levels, as well as the sociocultural level in preventing suicide. Comprehensive intervention should be implemented through the multidimensional levels from personal resilience (such as psychoeducation), social support network, environmental or structural policy, not only by prevention of risk factors, but also through increasing appropriateness in balance mental health services.

Future research should examine longitudinal risk stratification, further development of culturally validated assessment approaches, and scalable intervention delivery systems. Given the complex nature of youth suicidality, continuing transdisciplinary efforts to move mechanistic understanding to clinically meaningful results with impact on the population by creating developmental contexts that promote psychological health and reduce risk of suicide are required. In the end, protecting children from taking their own lives will also require inter-disciplinary work— from clinicians to researchers to educators to policy makers—to make a world where children not only survive, but thrive.

Conflicts of interest. The authors declare no conflicts of interest.

Funding. This study was conducted within the framework of the scientific and technical project of program-targeted financing of the Science Committee of the Ministry of Education and Science of the Republic of Kazakhstan «Pre-suicidal attitudes as a complex indicator and object of monitoring: a population study of youth and young adults in Kazakhstan» (BR24993083).

Author contributions. All authors fulfill the ICMJE authorship criteria and assume full responsibility for the integrity and accuracy of every aspect of the work.

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Жастар арасындағы пресуицидтік көзқарас: Қауіп факторлары мен психологиялық перспективаларға қысқаша шолу

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Түйіндеме

Жастардың өз-өзіне қол жұмсауынан болатын өлім-жітім бүкіл әлем бойынша денсаулық сақтау саласының ауыр дағдарысына айналуда және пресуицидтік көзқарасты суицидке дейінгі ойларды, эмоцияларды және мінез-құлықты қамтитын, суицидке араша түсер мамандары үшін қауіпті көрсететін маңызды индикатор. Бұл шағын шолу 15-25 жас аралығындағы жасөспірімдер мен жастардың пресуицидтік танымның психологиялық, әлеуметтік және орта детерминанттарға қатысты соңғы жылдардағы әдебиеттерге жүйелі түрде негізделген. Нәтижелер бұл құбылыстың көпдеңгейлі табиғатын айқындайды: оған психикалық денсаулық мәселелері, әлеуметтік және мінез-құлықтық корреляттар, сондай-ақ зиянды онлайн-контенттің (мысалы, кибербуллинг) әсерінен жастарды дағдарыстық жағдайға немесе мазасыздыққа итермелеуі мүмкін цифрлық медианың күшейтуші рөлі жатады. Шолуда әлеуметтік қолдаудың мықты желілері, психиатриялық көмекке қол жеткізу және төзімділік пен күйзелісті еңсеру дағдыларын дамытатын бағдарламалар сияқты қорғаныс факторларын зерделейді. Сонымен қатар, пресуицидтік көзқарасты білдірудегі мәдени және гендерлік айырмашылықтар және жастар арасында көмекке жүгінуге құлықсыздық атап өтілді. Мақалада ұзақ мерзімді зерттеулер мен мәдени-сезімтал әдістемелердің қажеттілігі сияқты олқылықтарды анықтай отырып, соңғы эмпирикалық жұмыстар мен теориялық тәсілдер синтезделеді. Сондай-ақ, осы өршіп келе жатқан індетпен күресу мақсатында ерте араласу, мектептер мен қауымдастықтарға негізделген алдын алу бағдарламалары және макро деңгейдегі саясаттағы өзгерістер қажеттілігін талқылайды.

Түйін сөздер: пресуицидтік көзқарас, жастар, суицидтік ойлар, тәуекел факторлары, психикалық денсаулық, алдын алу стратегиялары.

Пресуицидальные установки у молодежи: Краткий обзор факторов риска и психологических перспектив

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Резюме

Самоубийства среди молодежи представляют собой серьезный кризис общественного здравоохранения во всем мире, а пресуицидальные установки, включающие мысли, эмоции и поведение, предшествующие суициду, играют важную роль в качестве индикатора риска для специалистов по предотвращению суицидов. Этот мини-обзор систематически рассматривает современную литературу о психологических, социальных и средовых детерминантах пресуицидальных когниций у подростков и молодых людей в возрасте 15–25 лет. Результаты подчеркивают многоуровневую природу этого явления, включающего проблемы психического здоровья, социальные и поведенческие корреляты, а также усиливающую роль цифровых медиа, которые могут подталкивать молодежь к кризисным состояниям или тревоге из-за воздействия вредоносного онлайн-контента, такого как кибербуллинг. В обзоре также рассматриваются защитные факторы, включая крепкие сети социальной поддержки, доступ к психиатрической помощи и программы, развивающие устойчивость и навыки совладения со стрессом. Кроме того, выделяются культурные и гендерные различия в проявлении пресуицидальных установок и нежелание молодежи обращаться за помощью. В статье синтезированы современные эмпирические исследования и теоретические подходы, а также выявлены пробелы, такие как необходимость лонгитюдных исследований и культурно-чувствительных методик. Наконец, обсуждается важность раннего вмешательства, школьных и общественных программ профилактики, а также макрополитических изменений для борьбы с этой растущей эпидемией.

Ключевые слова: пресуицидальные установки, молодежь, суицидальные мысли, факторы риска, психическое здоровье, стратегии профилактики.