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## **PREVENTION OF SUICIDAL BEHAVIOR IN ADOLESCENTS**

### **Abstract**

The problem of manifestation of suicidal behavior in adolescence is becoming increasingly important and attracts the attention of many scientists. The aim of the study was to study the specifics of suicidal behavior of adolescents with the subsequent development of a set of measures aimed at correcting the destructive personal activity of children in this age group. Main research methods: descriptive, experimental, diagnostic (testing), corrective. The practical significance of the study lies in the fact that the proposed diagnostic and corrective methods can be used in the practical activities of school psychologists. The article deals with the social and psychological foundations of suicidal behavior in adolescents; developed a program of psychological methods and techniques aimed at preventing suicidal behavior among adolescents; a pilot study was conducted to identify and prevent suicidal behavior among adolescents; recommendations on psychological prevention of manifestations of suicidal behavior in adolescents are given.

**Key words:** suicide, suicidal behavior, character accentuations, psychological adaptation, prevention.

### **Introduction**

The relevance of research. The problem of manifestation of suicidal behavior in adolescence is becoming increasingly important and attracts the attention of many scientists. The relevance of the study lies in the fact that suicide takes on the character of a «big epidemic», «plague of the 21st century». Data from the World Health Organization and the United Nations indicate that about 400-500 thousand people commit suicide every year, and the number of attempts is ten times higher. Suicide comes out on top in terms of prevalence and is today one of the global problems of the entire human community and a great burden on society.

Large-scale studies of Kazakh and foreign psychologists in the field of suicidal behavior of adolescents (U. Kozhantayeva, R.I. Mukhanova, L. Mafson, A.G. Ambrumova, V.T. Kondrashenko, A.E. Lychko, S.A. Kulakov, E. Sher et al.) among the factors that cause deviant behavior, they name, first of all, the family, but, in addition to family problems, the problem of the relationship of the child in society also occupies an important place. This is due to the fact that adolescents have a very weak psyche, while they have a crisis of adolescence.

The importance of the problem of adolescent suicidality as an indicator of the mental health of the entire population, the low level of organization of psychological and pedagogical interaction in terms of «family – school – society», the need to create a system of psychological preventive and crisis services makes the problem of psychological prevention of suicidal behavior among adolescents relevant and very significant.

### **Material and methods**

The aim of the study was to study the specifics of suicidal behavior of adolescents with the subsequent development of a set of measures aimed at correcting the destructive personal activity of children in this age group.

Based on the purpose of the study, the following tasks are implemented: 1) consideration of the social and psychological foundations of suicidal behavior in adolescents; 2) development of a program of psychological methods and techniques aimed at preventing suicidal behavior among adolescents; 3) research aimed at identifying and preventing suicidal behavior among adolescents; 4) development of recommendations for the psychological prevention of manifestations of suicidal behavior in adolescents.

Object of study: tendency to suicidal behavior in adolescents.

Subject of research: dependence of the level of psychological adaptation and propensity to suicidal behavior in adolescents. The hypothesis of the study is the assumption of an increase in positive motivation and a decrease in the destructive activity of the individual, subject to the complex work of a psychologist to prevent suicidal behavior in adolescents.

### **Literature review**

In this study, the methodological basis was the work of Kazakh and foreign researchers B. N. Kylyshbayeva, A. G. Ambrumova, G. Bannikov, V. T. Kondrashenko, K. Kasenov, A. E. Lychko, E. Sher, E. Durkheim and others in the field of general psychology, deviantology, conflictology and suicidology.

The following research methods are defined: descriptive, experimental, diagnostic (testing), corrective.

The practical significance of the study lies in the fact that the proposed diagnostic and corrective methods can be used in the practical activities of school psychologists.

### **Main provisions**

Experimental base: students of the 9th grade of a school in Almaty.

Phenomenology of the concepts «suicidal attitude, suicide, suicidal behavior»

The concept of «social attitude» is used to refer to the one-sided psychological connection of a person with people, any animate and inanimate objects and phenomena of the reality surrounding him.

Suicide in the theory of psychology and deviantology is interconnected with the concepts of «social attitude». For the prevention of suicidal behavior, it is important to clarify the specifics of its socio-psychological foundations, which are primarily associated with social attitudes. [2, p. 341].

In modern social psychology, there are various definitions of a social attitude, more often they use the one given by G. Allport: a social attitude is a state of psychological readiness of a person to behave in a certain way in relation to an object, determined by her past experience [3].

The main function of the installation is the regulation of the individual's social behavior. The system of individual attitudes provides the possibility of his orientation in social reality. The social attitude occupies a significant place in the formation of suicidal behavior.

Ringel (1953) came to the most important conclusion that any suicidal action is preceded by a syndrome consisting of three components: inversion of aggression (turning on oneself); suicidal fantasies; narrowing [3, p. 94].

The narrowing caused by insults, disappointments and failures means a regressive development trend (partial return to previous stages), as a result of which internal and external development opportunities are limited, interpersonal relationships are reduced, and objective perception is distorted. The regression is based on severe neuroticism in childhood with the experience of «insecurity».

Of particular importance is how the child experiences relationships with parents, what feelings of significant objects are internalized by him, what images of parents continue to exist in his unconscious, influencing the behavior of the individual throughout her life [4, p. 226].

Family influence plays a significant role. It is known that the presence of suicide in the family history increases the risk of suicide. Also, the personal characteristics of parents, depression, anxiety and other psychological disorders can act as a factor in suicidal dynamics.

«Suicidal behavior in adolescents» was described by A.E. Lichko as the main problem of borderline psychiatry, i.e., areas of study of psychopathy and non-psychotic reactive states against the background of character accentuation» [5, p. 73]. According to the author's observation, only 5% of suicides and attempts fall on psychoses, while on psychopathy – 20–30%, and all the rest on the so-called teenage crises. Under the conditions of predispositional disadaptation and the impossibility of changing the conflict situation in a real way, the only reaction that replaces all other actions is suicide as a way of self-elimination from any activity. E. Shneidman [6] considered suicide from the point of view of psychological needs.

In accordance with his theory, suicidal behavior is determined by two key points: mental pain, which turns out to be stronger than anything else, and a state of frustration or distortion of the most significant need of the individual.

In studies of the socio-psychological approach, there are also widely represented works that study the relationship between personality traits and suicidal behavior. It is widely believed that the type of deviation, such as violent or self-destructive, is determined by the warehouse of the individual. A.E. Lichko [5, p. 78] notes the relationship between the type of accentuation of the character of a teenager and suicidal behavior. Thus, suicidal demonstrations in 50% of cases are combined with hysteroid, unstable, hyperthymic types, and attempts – with sensitive (63%) and cycloid (25%) types. E.I. Lichko notes the extremely low suicidal activity of schizoids. V.T. Kondrashenko [7, p. 138], on the contrary, cites data in favor of the schizoid, psychasthenic, sensitive, excitable and epileptoid types. The authors agree that asthenic, hyperthymic, unstable types of adolescents are practically not prone to attempts and suicides.

Suicidal behavior is defined as conscious actions guided by notions of taking one's own life. In the structure of the considered behavior, there are: the actual suicidal actions; suicidal manifestations (thoughts, intentions, feelings, statements, hints).

Suicidal acts include attempted suicide and completed suicide. A suicidal attempt is a purposeful operation of the means of depriving oneself of life, not ending in death. An attempt can be reversible and irreversible, aimed at depriving oneself of life or for other purposes. Completed suicide – actions completed by a fatal outcome. Suicidal manifestations include: passive suicidal thoughts (imaginings, experiences); suicidal thoughts; suicidal intentions.

Suicides are divided into three main groups: true, demonstrative and covert [7], [8]. True suicide is driven by the desire to die, is not spontaneous, although sometimes it looks rather unexpected. Such a suicide is always preceded by a depressed mood, a depressive state, or simply thoughts of passing away. Moreover, those around such a person may not notice. Another feature of true suicide is reflections and worries about the meaning of life.

Demonstrative suicide is not associated with a desire to die, but is a way to pay attention to one's problems, call for help, and engage in dialogue. It could also be some form of blackmail. The fatal outcome in this case is a consequence of a fatal accident.

## Results and discussion

Hidden suicide (indirect suicide) is a type of suicidal behavior that does not meet its signs in the strict sense, but has the same direction and result. These are actions that are accompanied by a high probability of death. To a greater extent, this behavior is aimed at risk, at playing with death, than at escaping from life. Such people choose not an open exit from life "of their own free will", but the so-called suicidal behavior. This is risky driving, and extreme sports or dangerous business, and voluntary trips to hot spots, and the use of hard drugs, and self-isolation. The form of hidden suicide is not typical for adolescence.

The psychoanalytic tradition allows us to get closer to understanding the underlying mechanisms of suicidal behavior – its unconscious motives. It has long been noted that the declared motives of behavior often do not correspond to its true causes. Psychoanalytic studies make it possible to distinguish between conscious and unconscious determinants of suicidality [3], [9], [6].

Another sign of depression and suicidal behavior is dysregulation of self-esteem. The basis for the development of such narcissistic vulnerability can be: early separation from the mother at the age of six months and the accompanying anaclitic depression (R. Spitz); lack of acceptance and emotional understanding on the part of the mother at an early age of 16–24 months. (M. Maller).

In turn, this leads to ambivalence, aggressive coercion of parents, depressive affect. The child does not develop internal psychological structures capable of regulating self-esteem. Therefore, another unconscious mechanism for the formation of suicidal behavior may be an excessive narcissistic need. Narcissism is associated with a sense of grandiosity and the need to receive validation of one's worth from outside. The flip side of the narcissistic dynamic is the experience of shame, envy, emptiness, and inferiority.

Objectively unfavorable situations associated with failure, conflict, stress can intensify these affects to the level of their unbearability and the appearance of suicidal intentions.

Suicidal behavior in childhood is in the nature of situational-personal reactions, which is associated, in fact, not with the very desire to die, but with the desire to avoid stressful situations or punishment. Most researchers note that suicidal behavior in children under 13 years of age is a rare occurrence, and only from the age of 14–15 years does suicidal activity increase sharply, reaching a maximum by 16–19 years of age [10].

In the studies of A. G. Ambrumova, it was shown that 770 children and adolescents with suicidal behavior, the youngest were children of 7 years old. The majority were girls (80.8%). The most common methods for girls were poisoning, for boys – vein cuts and hanging [7, p. 131].

According to V.T. Kondrashenko, the main cause of suicidal actions of adolescents in 26% of cases were painful conditions (psychosis – 10%, borderline conditions – 15%, somatic diseases – 1%), in 12% – a difficult family situation, in 18% – a difficult romantic situation, in 15% – unhealthy relationships with peers, especially in informal groups, in 8% – unhealthy relationships with adults, including teachers (didactogeny), in 7% – fear of responsibility and shame for the offense committed, in 5% – drunkenness and drug use, and 9% – other, including unexplained reasons [7].

Given the above, we can define the following risk group: adolescents with a previous (incomplete) suicide attempt (parasuicide). According to some sources, the percentage of adolescents who commit repeated suicide is as high as 30%; adolescents displaying suicidal threats, direct or veiled; adolescents with tendencies to self-harm (auto-aggression); adolescents who have had cases of suicidal behavior in their family; adolescents who abuse alcohol. The risk of suicide is very high – up to 50%.

Long-term alcohol abuse, alcoholism in several generations contributes to increased depression, guilt and mental pain, which often precede suicide; adolescents with chronic drug and substance use. Psychoactive substances weaken motivational control over behavior, exacerbate depression, cause psychosis; adolescents suffering from affective disorders, especially severe depression (psychopathological syndromes); adolescents suffering from chronic or fatal diseases (including when significant adults suffer from these diseases); adolescents experiencing severe loss, for example, the death of a parent (a loved one), especially during the first year after the loss; adolescents with severe family problems: leaving the family of a significant adult, divorce, family violence, etc.

Professionals dealing with these groups should beware of simplistic approaches or overly quick conclusions. Teenagers may be at risk, but this does not mean they are suicidal. It is important to emphasize that there is no single reason or motive for suicide. However, all hints of suicide should be taken seriously.

For the diagnosis of suicidal behavior in adolescence, a comprehensive psychodiagnostic program was used, including observation to identify various signs and verbal markers that indicate danger and the following 4 test methods: predictive table of suicide risk in children and adolescents; methodology for determining the level of depression V.A. Zhmurova; scale of socio-psychological adaptation (SPA) by K. Rogers and R. Diamond, adapted by T.V. Snegireva.

Planning a set of measures for the psychological prevention of suicidal behavior of schoolchildren was carried out taking into account the fact that psychological prevention can solve various problems: control and restriction of access to various means of auto-aggression; control of factors and identification of risk groups; providing psychological assistance to a particular person.

Suicidal reactions, manifested at several levels of personal functioning, were taken into account. In the affective sphere, these are intense negative emotions (anxiety, loneliness, despair, longing, resentment). In the cognitive field, a non-adaptive concept of the situation arises with a pessimistic assessment of the present and future, with a distorted perception of time. Disturbances in personal identification affect self-esteem, reduce the ability to make decisions, violate confidence in the tolerance of affective stress. Behavior is often impulsive, unproductive.

Based on these assumptions, we considered it appropriate to carry out psychological preventive work among ninth grade students on the basis of observation, testing, training, as well as conversations and consultations with parents and teachers.



The study was conducted in 9 «A» and 9 «B» class. The sample consisted of 44 ninth-graders aged 15–16, male and female (23 boys and 21 girls). The methods discussed above were applied to ninth-graders.

Experimental work was carried out by methods of observation, conversations with adolescents, parents and teachers, a school physician, and testing.

Since the tendency to suicidal behavior can lead to a tragic ending, it is incorrect to divide classes into control and experimental. At the first stage, teenagers prone to depression, showing signs of deviant behavior, experiencing difficulties in interpersonal communication, having problems in the family, with teachers were identified among the ninth-graders. Emergency care was planned for them – the so-called crisis intervention.

Three possible degrees of suicidal risk were included in preventive work: insignificant risk (there are suicidal thoughts without definite plans); moderate risk (there are suicidal thoughts, a plan without a deadline); high risk (there are thoughts, a plan has been developed, there are deadlines for implementation and funds for this). Also, when assessing the risk of suicide, it was planned to identify a mental or somatic disease, the presence or absence of social support, the recent loss of loved ones, previous suicide attempts, the suicide plan and the availability of funds to carry out this plan, the possible influence of psychoactive drugs; study of family history (family history) during conversations with the class teacher, parents, school health worker.

In addition, purposeful conversations and consultations were held with parents of adolescents who approached the risk group for suicidal behavior, and teachers.

For all other adolescents, a set of general preventive measures was developed (conversations, class hours, etc.).

As a result of testing conducted by a psychologist on the basis of information received from teachers, a health worker, parents, their own observations and conversations, the following results were obtained.

The results of the study: the largest share belongs to academic failures, low school success. This problem was identified in 8 adolescents. She owns 36.3%. Five schoolchildren are characterized by the problem of an incomplete family (parents' divorce) – 22.7%. The same number – 6 and 6 refers to the problems «lack of reliance on a loving adult» and «impaired control, impulsiveness» (27.2% each, respectively). Of the 22 students in grade 9 «A», five have a problem associated with low self-esteem (22.7%).

They also face the problem of passivity, timidity, lack of independence. Among the problems of the whole class, the problem of the loss of both parents, disability and severe somatic illnesses, alcohol and drug use are absent. In the 9th «A» grade, there were no teenagers who would have scored more than 25 points. However, six out of 22 teenagers (4 girls and 2 boys) scored 23–24 points, and one of the six (girl) – 25 points. And although six teenagers did not score 25 points, they approached the maximum allowable level. Therefore, we considered it necessary to include them in the group that received special psychological assistance at the second stage of the experiment.

For further consideration of the ratio of the number of adolescents requiring special assistance and those to whom general preventive care can be applied (in percent). The results obtained indicate that the largest share is occupied by the following problems: 1) failures in studies, low school success – 40.9%; 2) accentuations of character, violation of control, impulsiveness – 36.3% each; 3) lack of reliance on a loving adult, divorce in the family – 31.8% each; 4) low self-esteem – 27.2%; 5) passivity, timidity, lack of independence – 22.7%.

As it turned out from conversations with teachers and a school doctor, one of the teenagers uses drugs and one girl is brought up in her grandmother's family. In the 9th «B» grade, teenagers who would have scored more than 25 points were also not identified. At the same time, the problems of seven adolescents are assessed on the scale of the prognostic table at 22–25 points, which also allows them to be classified as a group in need of special psychological assistance.

Thus, at the testing stage, 13 adolescents were identified who need special psychological assistance.

Analysis of the results according to the survey method of the level of depression by V. A. Zhmurov: the assessment of depression in the 9th «B» grade showed the following results: depression is absent or

insignificant – 13 schoolchildren (59.2%); depression is minimal – 1 student (4.5%); mild depression – 1 student (4.5%); moderate depression – 7 schoolchildren (31.8%); severe depression – no.

Analysis of the results according to the method of K. Rogers and R. Diamond – the scale of social and psychological adaptation (SPA).

Processing the results of testing the judgments of students 9 «A» showed the following results: a normal SPA index (38–44 points) characterizes 14 schoolchildren (63.8%); a high SPA index (47–49 points) was found in 2 students (9%). These schoolchildren (a girl and a boy) occupy leadership positions in the class; low SPA index (26–29 points) in 6 schoolchildren – the same ones that showed problematic results according to the first three methods (27.2%).

Their behavior is more or less “closed” – they are quite pronounced introverts, four of them have serious problems in their studies, skip classes, and are not friends with anyone in the class.

The other two, on the contrary, have fairly high rates of learning activity, but are also uncommunicative. In addition, they are characterized by imbalance, irascibility, and sometimes aggressiveness.

Processing the results of testing the judgments of pupils 9 «B» showed the following results: a normal SPA index (38–43 points) characterizes 13 schoolchildren (59.2%); a high SPA index (48–49 points) was found in 2 students (9%) a low SPA index (27–29 points) is observed in 7 schoolchildren (31.8%).

At the stage of primary diagnosis of identifying adolescents' susceptibility to suicidal behavior, which included observation, testing using three methods, conversations with teachers, a school health worker, provided an opportunity to assess the level of depression, to identify adolescents approaching the risk group. In the 9th «A» class there are 6 such children, in the 9th «B» – 7, which made it possible to separate them into a separate group, to which special training methods were applied. For all other ninth-graders, a program of general preventive measures was developed.

As a result of diagnosing, i.e., identifying adolescents with a high level of personal anxiety, signs of depression and a low level of maladjustment, the following actions were applied.

At the first stage, with ninth-graders (six teenagers from grade 9 «A» and seven from grade 9 «B»), individual conversations aimed at establishing contact, clarifying problems in interpersonal communication, communicating with teachers and parents, clarifying intellectual interests (what kind of music listens to what he reads, what films the teenager prefers).

At the second stage, they convinced teenagers that the negative situations they face in life are not exceptional. Examples from fiction, from the life of celebrities are very relevant here. Such associative connections are available to a problem teenager, since such children, as a rule, are highly intelligent.

At the third stage, actions were planned that were necessary to overcome the crisis in individual options that were acceptable specifically for this teenager.

At the fourth stage, active psychological support and an increase in self-confidence were carried out. Leading techniques at this stage: logical argumentation, persuasion, rational suggestion, actualization of personal resources. At the final stage of crisis work, we discuss how overcoming this traumatic situation will be useful for overcoming life's difficulties in the future.

Further work – work in a group using appropriate methods aimed at the formation of personal, cultural and socio-demographic protective factors. Classes in the form of group work with elements of training were held as a set of role-playing (simulating) games and exercises, group discussions and assessment exercises, which are productive methods that allow you to analyze attitudes towards issues of interpersonal communication, norms and values, as well as train communication skills.

In order to verify the effectiveness of correctional work, secondary diagnostics of students in grades 9 «A» and 9 «B» was carried out using the method of C. Rogers and R. Diamond as the most fundamental, characterizing the level of socio-psychological adaptation of adolescents.

Processing the results of testing the judgments of students 9 «A» showed the following results: normal index of SPA – 16 students (72.9%); high SPA index – 2 students (9%); low SPA index – 4 students (18.1%).

The re-diagnosis data showed the ratio between the levels of SPA has changed: the normal index of socio-psychological adaptation characterizes 16 ninth-graders, and not 14 as in the initial testing. In two adolescents who had a low SPA index and approached the risk group, it increased.

Accordingly, the results of re-diagnosis among students of grade 9 «B» are as follows: normal SPA index – 15 students (68.3%); high SPA index – 2 students (9%); low SPA index – 5 students (22.7%).

Thus, in the 9th «B» grade, the level of SPA also changed: two students with a low index from the group approaching the risk group, when retested, showed results corresponding to the normal level.

Discussion: recommended measures of general preventive and psychocorrective measures to prevent suicidal manifestations in adolescents: general preventive measures: increasing the level of psychological preparation of teachers, social educators, parents; the creation of centers dealing with the problems of suicidologists, an increase in the number of school psychologists who have knowledge of age-related pathopsychology and psychotherapy; creation of various extracurricular forms of psychological assistance: territorial psychological consultations, including in their structure a psychiatrist, psychotherapist, lawyer, theologian and other specialists; helpline for anonymous psychological assistance in crisis conditions, etc.; publishing articles and broadcasting video clips in the media on the prevention of suicidal behavior.

The results obtained indicate that the active methods of influence (trainings) implemented in the experiment aimed at developing an active life position, reducing the level of disadaptation, personal anxiety and depression will help prevent suicidal behavior in adolescents.

## Conclusion

Suicidal behavior is currently a global public problem. Suicides in adolescents can be a manifestation of psychogenic, acute affective reactions, as well as the result of protracted reactive states. At the same time, the relationship between cause and effect may not be straightforward, but be mediated by many other factors: family and school microclimate, academic performance, relationships with peers, personal characteristics, etc.

The study examined the social and psychological foundations of suicidal behavior in adolescents; developed a program of psychological methods and techniques aimed at preventing suicidal behavior among adolescents; a pilot study was conducted to identify and prevent suicidal behavior among adolescents; recommendations on psychological prevention of manifestations of suicidal behavior in adolescents are given.

As preventive measures to prevent the emergence of a tendency to suicidal behavior in adolescents, there will be the following: relieving psychological stress in a traumatic situation, reducing psychological dependence on the cause that led to suicidal behavior, the formation of compensatory mechanisms of behavior, the formation of an adequate attitude to life and death; upbringing of the qualities and properties of the individual, including the upbringing of stable value orientations and moral attitudes, early identification of adolescents prone to self-destructive behavior, visiting exercises and trainings aimed at the formation of positive emotional – volitional qualities and stress resistance.

Consequently, to create a system for the prevention of suicide in adolescents, a set of organizational and pedagogical measures is needed that would actually ensure the implementation of the proclaimed principles of humanization in upbringing and education.

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**ЖАСӨСПІРІМДЕРДІҢ СУИЦИДАЛДЫҚ ҚЫЗМЕТІН АЛДЫН АЛУ****Андатпа**

Жасөспірімдік шақта суицидтік мінез-құлықтың көріну проблемасы барған сайын өзекті болып, көптеген ғалымдардың назарын аударуда. Зерттеудің мақсаты осы жас тобындағы балалардың жеке деструктивті белсенділігін түзетуге бағытталған шаралар кешенін кейіннен әзірлей отырып, жасөспірімдердің суицидтік мінез-құлықның ерекшеліктерін зерттеу болды. Негізгі зерттеу әдістері: сипаттамалық, эксперименттік, диагностикалық (тестілеу), түзетушілік. Зерттеудің практикалық маңыздылығы ұсынылған диагностикалық және коррекциялық әдістерді мектеп психологтарының практикалық іс-әрекетінде қолдануға болатынында. Мақалада жасөспірімдердегі суицидтік мінез-құлықтың әлеуметтік-психологиялық негіздері қарастырылады; жасөспірімдер арасындағы суицидтік мінез-құлықтың алдын алуға бағытталған психологиялық әдістер мен әдістердің бағдарламасын әзірледі; жасөспірімдер арасындағы суицидтік мінез-құлықты анықтау және алдын алу мақсатында пилоттық зерттеу жүргізілді; жасөспірімдерде суицидтік мінез-құлық көріністерінің психологиялық алдын алу бойынша ұсыныстар берілген.

**Тірек сөздер:** суицид, суицидтік мінез-құлық, кейіпкер акцентуациялары, психологиялық бейімделу, алдын алу.

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**ПРОФИЛАКТИКА СУИЦИДАЛЬНОГО ПОВЕДЕНИЯ ПОДРОСТКОВ****Аннотация**

Проблема проявления суицидального поведения в подростковом возрасте приобретает все более острую значимость и привлекает внимание многих ученых. Целью исследования явилось изучение специфики суицидального поведения подростков с последующей разработкой комплекса мероприятий, направленных на коррекцию деструктивной личностной активности детей данной возрастной группы. Основные методы исследования: описательный, экспериментальный, диагностический (тестирование), коррекционный. Практическая значимость исследования заключается в том, что предложенные диагностические и коррекционные методики могут быть использованы в практической деятельности школьных психологов. В статье рассмотрены социальные и психологические основы суицидального поведения подростков; разработана программа психологических методов и приёмов, направленных на профилактику суицидального поведения в подростковой среде; проведено экспериментальное исследование по выявлению и предупреждению суицидального поведения среди подростков; даны рекомендации по психологической профилактике проявления суицидального поведения у подростков.

**Ключевые слова:** суицид, суицидальное поведение, акцентуации характера, психологическая адаптация, профилактика.