Structure and Dynamics of Suicidal Behaviour in Poland

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A suicide does not want to die —
they just can’t keep on living…
B. Hołyst

Streszczenie. The deliberate taking of one’s own life, the complete abandonment of the struggle for its continuance, is undoubtedly one of the hardest-to-explain tragedies affecting humanity. Taking a decision with such irreversible consequences, a human being is in a psychological state which causes an internal blockade, lack of will and ability to search for an alternative way of coping with the situation in which they have found themselves. Research into the phenomenon of suicide is constantly underway. The literature on the subject has developed a number of definitions and concepts relating to the suicidogenic situational system, which consists, among other things, of the mental state and personal circumstances of the individual contemplating a suicide attempt. The dynamics of suicide attacks over the last decade, indicating a clear increase in suicide attempts and successful suicides, particularly among children and adolescents, are a major cause for concern. The factors determining this trend require comprehensive analyses that will enable effective measures to be taken to help people in crisis, for whom psychological pain and the narrowing of perspective is an insurmountable obstacle.

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The essence of suicidology and the aetiology of suicide attempts

The fundamental task of suicidology is considered to be the study of etiological factors, as well as the characterisation and prevention of suicide and suicide attempts. Self-destructive behaviour, including self-harm and suicidal thoughts, is also a subject of interest of this field of science. Sucidology as a science seeks to understand the links between the suicides committed and the determinants that contribute to their occurrence. Such a comprehensive approach enables a better understanding of the phenomenon and the prediction of suicidal tendencies.

One of the pioneers of modern knowledge of suicide is Emile Durkheim, who in 1930, in his work _Le suicide_, in an attempt to explain this phenomenon, stated that suicide is any death resulting from a direct or indirect negative or positive action carried out by the very victim, who knows what the outcome of this action will be.

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Often quoted in the relevant literature, the above definition, covering a wide range of behaviours, e.g., heroic acts, has some drawbacks, however, since, among others, it:

— Does not exclude self-destructive behaviour that is undertaken not with the aim of self-destruction, e.g., being involved in addictions or engaging in risky sports,
— Does not take into account the motives for suicidal action, which makes it possible to distinguish suicidal action from, e.g., an unfortunate accident,
— Does not exclude risk-of-death behaviour undertaken to save lives, such as rescue operations.4

In addition, research conducted among people who have made suicide attempts and/or the content of suicide notes allow us to conclude that these people often have doubts about the rightness of their action until the end. Suicide is therefore a complex problem, both in its motives, its action, and the anticipation of its consequences.5

The multifaceted nature of suicidal behaviours is confirmed by Brunon Hołyst, one of the leading Polish criminologists and suicidologists, who divided the suicidal act into subsequent stages, among which there are the following:

1. Imagined suicide — at this stage, the individual becomes aware that suicide could be one of the ways to cope with a problem. Imagining the act of suicide occurs in many people, but only a small subset of them decide to carry out these imaginings. Most individuals who have suicidal thoughts push them away from themselves.

2. Desired suicide — at this stage of the suicidal act, suicidal thoughts take on a persistent form and motivate the individual towards self-destructive behaviour. Alongside the thoughts of suicide itself, there emerges a desire for death.

3. Attempted suicide — at this stage, driven by the desire for death, individuals make a conscious attempt to take their own lives.

4. Completed suicide — the final stage, involving the suicidal act that ends in the person’s death.6

Professor Hołyst, considering suicide as a multifactorially conditioned behaviour, proposes a definition of suicidal behaviour, stating that ‘suicide is not only a case of tragic self-destruction but also a lasting sequence of interconnected thoughts and actions, sometimes spanning over years’.7 The author of such an approach indicates that suicide is composed of individual traits of a given person, including their past, psychological characteristics, disorders, and illnesses, intersecting with the second element, which is the individual life path. Professor Hołyst refers to this described relationship as a suicidogenic situational system, occurring in individuals demonstrating a readiness to end their own lives.8

The causes of suicides initiate a process that culminates in a suicidal act. Erwin Ringel, in relation to individuals attempting suicide and seeking to identify a characteristic psychological state present in them prior to committing suicide,

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5 Ibid.
8 S. Falaciński, H. Witkowska, Życie mimo wszystko: rozmowy o samobójstwie, Warszawa, 2022, pp. 31–32.
introduced the term ‘pre-suicidal syndrome’, which he later named the ‘presuicidal syndrome’.
9 Based on research conducted among over seven hundred patients following suicide attempts, he diagnosed that all of them had developed a distinct way of perceiving the surrounding reality. Those individuals, as a result of various life experiences and specific personal characteristics, found themselves in what is referred to as a ‘suicidal crisis’.10

The process of ‘getting to the point of suicide’, referred to as the presuicidal syndrome, suicidopathy, suicidality, or prodromal states, is highly complex and consists of several stages.11

According to Ringer’s typology, this process encompasses:

1. Situational constriction, i.e., the fixation of an individual on their own experiences and the restriction of natural expansion. This state can be compared to being in a room where the walls start closing in, and the person inside feels trapped, seeing no way out other than suicide.12

There are several factors that can lead to a state of situational constriction, such as:
— The effect of random misfortune, for example, a reaction to the death of a loved one;
— The result of one’s own inappropriate actions, for instance, the suicide of Adolf Hitler, committed in the face of defeat;
— One’s own perception of a situation as a dead-end road. Crisis situations are an inherent part of life; however, the subjective assessment of a situation can become distorted and obscure real threats. For instance, a person receiving a diagnosis of a terminal illness might envision only a tragic outcome. The number of suicides committed due to the fear of the consequences of cancer is significantly higher than the actual number of deaths resulting from it.13

2. Aggression inhibition. Ringer divided the position of psychoanalysts, assuming that directing aggression towards oneself is a static result of blocking the possibility of discharging it externally. This is somewhat derived from a hydraulic assumption that if a person is aroused to aggression, the energy built-up for carrying out aggressive intentions accumulates and must eventually find an outlet.14 When we experience negative emotions, such as anxiety or anger, the need to rid ourselves of them grows. Suppressing these emotions leads to an ever-increasing sense of frustration, which in turn can result in self-aggressive behaviour. It has also been demonstrated that individuals with low self-esteem and those rejected by their environment tend to exhibit strong tendencies toward self-aggression.15

3. Imagining death. Most people experience such thoughts at some point in their lives. They arise against the backdrop of pivotal events as reflections, intrusions, or associations and are tied to a contemplation of life’s negation.

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10 S. Falaciński, H. Witkowska, *Życie…*, op. cit., p. 41.
Initially, they emerge as one of several solutions, gradually capturing more attention, until they ultimately evolve into a persistent desire. Suicidal thoughts can be manifested in varying degrees of intensity, and the intention behind them can also vary. They are characterised by what is called ambivalence, involving a simultaneous desire for continued life as well as the experience of death. These two desires engage in a unique struggle with each other.

Suicidologist and professor at the University of California, Edwin Shneidman, is considered the creator of the concept of ‘psychache’, which is an integral part of suicidal thoughts and behaviours. Shneidman defines psychache as an intense, chronic, and even unbearable psychological or mental pain, the strength of which is so great that individuals experiencing it desire to escape from their suffering to such an extent that it drives them towards suicide. The author believes that the causes of suicide should be attributed to both psychological pain and the disturbance of the mind, brought about by the persistent unfulfilment of psychological needs, which exposes individuals to escalating agitation and stress.

On the other hand, Polish suicidologist Halszka Witkowska, regarding the etiology of suicides, points to the principle of the ‘three Bs’, which are determined by the combination of helplessness, hopelessness, and psychological pain (in Polish: bezdarność, beznodzbieżność, ból). She refers to the theory of Roy Baumeister, in which suicide is understood as an escape from psychological pain. Witkowska emphasises that what individuals struggling with this kind of pain have in common is the resurfacing of repressed and unresolved past traumas — metaphorically illustrated as a glass gradually filling up. The above is also combined with problems with envisioning the future and a lack of belief that something good can still happen. Individuals in a suicidal crisis also exhibit a deprivation of needs — an inability to fulfil expectations that are very significant for a given person.

Based on research concerning the relationship between suicides and economic conditions conducted in Australia and London, it was observed that suicides occur to a greater extent in places with either extreme poverty or extreme wealth. The suicidal act is an attempt to escape from conditions perceived as insurmountable obstacles.

Suicide attempts and suicides in Poland in the light of statistical data

Suicidal acts are one of the most pressing social issues. The statistical data is alarming. In Poland, more people die from suicides than in car accidents. Every 10 years, our country loses the equivalent of a city similar in size to Elk or Belchatów.

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16 I. Pospiszyl, Patologie..., op. cit., p. 106.
19 S. Falaciński, H. Witkowska, Życie... op. cit., p. 41.
On average, there are two students who have attempted suicide per every 28-member class. Each suicide and suicide attempt affects up to 20 people in their closest circle.\(^{20}\)

An analysis of statistical data concerning the number of suicide attempts covering the past decade shows a noticeable increasing trend in suicidal attempts from year to year. However, it is important to remember that a number of such cases go entirely unrecorded or unnoticed. For instance, due to fear of ostracism or adverse reactions from their environment, cases where there has been no immediate threat to health or life might not be reported. Additionally, they might not be categorised as suicide attempts, but rather as unfortunate accidents or poisonings.

The dynamics of reported non-fatal suicide attempts from 2012 to 2022 are depicted in the chart below.

**Chart 1. Number of suicide attempts in Poland from 2012 to 2022**

![Chart 1](chart1.png)

Source: Author’s own elaboration based on statistical data provided by the Public Information Bulletin of the National Police Headquarters.

The upward trend in suicide attempts in Poland from 2018 to 2022 was as follows:

- 2018: 11,167 — 28 case more compared to 2017;
- 2019: 11,961 — 794 cases more compared to 2018;
- 2020: 12,013 — 52 cases more compared to 2019.

A significant increase of 13,798 reported cases of suicide attempts was recorded in 2021, which is 1,785 cases (14.8%) more than in 2020. In 2022, there was another increase of 5.2% — a total of 14,520 suicide attempts were reported, which is 722 more non-fatal suicide attempts than in the previous year.

The statistical data presented in the chart below, illustrating the number of fatal suicide attempts from 2012 to 2022, is also a cause of considerable concern.

Chart 2. Number of suicide attempts in Poland in 2012–2022

Source: Author’s own elaboration based on statistical data provided by the Public Information Bulletin of the National Police Headquarters.

The rate of suicides committed between 2012 and 2014 shows an upward trend. During the analysed period, the lowest number of suicide deaths, i.e., 4,177, was recorded in 2012, while the highest number of suicide deaths, 6,165, occurred in 2014. In 2013, 6,101 people died by suicide, an increase of 46% compared to the previous year. The year 2015 witnessed 5,688 suicide deaths, 477 fewer than in 2014, so there was a downward trend in suicides committed in 2015, which continued until 2018.

The figures for suicides committed between 2016 and 2018 are as follows:
— 2016: 5,405 suicide victims, 283 fewer than in 2015;
— 2017: 5,276 suicide victims, 123 fewer than in 2016;

In 2019, one can see a slight increase in the number of suicides — up to 5,255 cases; in the following two years, the rate stabilised to some extent, finally reaching 5,108 suicide deaths in 2022.

However, it should be stressed that the statistical data provided by the National Police Headquarters only include those cases of suicide attempts and deaths that were reported to law enforcement authorities. According to the World Health Organisation, for every suicide death of a young person recorded in official records, there are between 100 and 200 attempts. If we assume that this rate is also applicable to Poland, between 12,700 and 25,400 people under the age of 18 attempted to take their own lives last year.²¹

Some changes, clearly visible in the chart below, have appeared in the structure of suicides, taking into account the gender and age of the victims.

The chart above shows all 58,723 suicide deaths that occurred between 2012 and 2022 by the age group of the victims, and their analysis allows one to formulate the following trends:

— Suicides, regardless of age group, were more often committed by men;
— The highest number of deaths, 5,338 over the ten-year period, was recorded among men aged 55–59. Among women, 919 deaths were registered over the same period of time, while the age group with the highest number of suicides is between 60 and 64 years of age;
— The lowest number of suicide cases was recorded among children aged 7–12. However, what is alarming is that over the last ten years, 13 girls and 21 boys in this age group took their own lives.
Suicide attempts among children and young people in Poland

Adolescence is characterised by the occurrence of turbulent changes in human functioning, simultaneously at the physical, mental and spiritual levels. A discrepancy between the physical and emotional development often becomes apparent, leading to mental imbalance. An adolescent is characterised by such features such as unstable aspirations, aggressiveness, negativism, and emotional and social immaturity, which takes the form of, e.g., the constatation of previous principles and views, lack of ability to cope with difficult situations, increased susceptibility to suggestion or low resistance to stress. In the face of such rapid changes, a feeling of helplessness emerges, which is the basis for the onset of depression and, consequently, also for suicide attempts.22

The dynamics of suicide attempts and fatal suicides committed by children and young people up to the age of 18 between 2012 and 2021 is shown in the chart below.

Chart 4. Number of non-fatal suicide attempts and fatal suicides among people under 18 years of age between 2012 and 2021

Source: L. Kicińska, J. Palma, Zachowania samobójcze wśród dzieci i młodzieży. Raport za lata 2012–2021.23


23 L. Kicińska, J. Palma, Zachowania samobójcze…, op. cit., p. 5, [accessed: 05/08/2023].
The above statistics clearly show an upward trend over the decade in question in both suicide attempts and fatal suicides by children and young people up to the age of 18. Between 2012 and 2016, there was a systematic decrease in fatal suicide attempts in the age category analysed, but from 2017 onwards, a gradual increase can be seen, reaching 127 cases in 2021. Differences in trends in suicide attempts and fatal suicides by the gender of the victims for both forms of the self-destructive behaviour can be seen in the chart below, covering the period 2020–2021.

Chart 5. Suicide attempts and fatal suicides in 2020–2021 among boys and girls under 18 years of age

![Chart showing suicide attempts and fatal suicides by gender and year](image)


An analysis of the statistical data clearly indicates an upward trend in suicide attempts by boys, with a parallel, clear increase in suicide attempts by girls. It is also apparent that the number of suicides committed by adolescents under the age of 18 is increasing, with an evidently higher percentage of such behaviour in boys.

The data for suicide attempts by children and adolescents is very worrying, with as many as 1,496 people under the age of 18 attempting suicide in 2021, 127 of which ended in death. In the age group analysed, there is an increase of 77% of suicide attempts and 19% of suicide deaths, respectively, compared to 2020. In addition to the overall increase in suicidal behaviour and suicide deaths, the increasing trend regarding suicidal behaviour among girls causes particular concern. In 2021, the National Police Headquarters registered a 101% increase in such cases.

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Four out of five suicides in Poland are committed by men; when it comes to suicide attempts, many more occur among women. This problem should be looked at from a socio-cultural perspective. In our society, there is a stereotypical acceptance of the fact that women, being more emotional, cry more often, the result of which is that their tears or lower moods are often belittled. We treat crying and hysteria in teenage girls as an expression of teenage rebellion. We think that it is a temporary state that will pass. We do not pay much attention and we do not analyse the real reasons for such situations. We lose our vigilance, fail to see the need for help, or when we finally do — it comes too late. It is girls who are more likely to observe unrealistic ideals on social media, to try to meet expectations as to their physical appearance, to fulfil an imposed need for popularity, which often leads to deprivation of needs and loneliness. Adults should therefore be alert and respond to any alarming signs that show that a young person is no longer coping with his or her emotions — often disturbed by, e.g., hormonal disorders, pressure from peers and the environment on how he or she should look, expectations of performance at school, self-perception and self-assessment. Time spent in online will not replace interpersonal relations, nor will it create the sense of security provided by close relationships with the family. The time will, instead, foster the creation of illusory ideas about the surrounding reality and the pursuit of a perfect image or figure. Struggling with problems which are belittled and treated as trivial by adults, an individual closes in on themselves, gradually isolates, escapes into an illusory world of fantasies and dreams, while harbouring a sense of hopelessness, failure and loneliness. The cries for help, for attention, are not always made through clear messages; they are often non-verbal signals such as sleep disturbances, mood changes, weakened appetite, anxiety, irritability, sadness, neglect of one’s appearance, breaking up of existing friendships, loss of interests. Sometimes, children are unable to talk about their emotions, or simply do not know how to name or describe them. They are afraid of people’s reactions, unsure whether they will be listened to and understood, or whether their dilemmas will further upset adults, who have their own problems. It is therefore important for the child to know that he or she can always count on support, and will be listened to, regardless of the time and the problem at hand. This is particularly important given the increasing number of children and young people being diagnosed with depressive conditions and presuicidal syndrome. After all, the statistics only cover reported cases. The question remains: how many young people are crying out for help but no-one is responding? How long will these children be able to cope on their own before they develop suicidal thoughts or behaviour?

The analysis of the statistics for 2022 leads to the conclusion that the upward trend in suicide attempts and successful suicides by children under the age of 18 not only continues, but shows a significant escalation as compared to the previous years.

26 S. Falaciński, H. Witkowska, Życie… op. cit., pp. 57–58.
In 2022, a total of 2,093 cases of suicide attempts were recorded among people under 18 years of age, while in 2021 the number was 1,496, which shows an increase of almost 71.5%. There was also a drastic increase as regards suicides ending in death, with 156 such cases recorded in the age category analysed, so the increase reached over 122% as compared to the previous year, when 127 such cases were recorded. It should also be of concern that the highest number of deaths due to suicide attempts occurs in people aged 25–39. Therefore, another trend can be shown, i.e., a decrease in the average age of those committing suicide, since, as mentioned earlier, between 2012 and 2021, the most frequent successful suicide attempts were

Source: Author’s own elaboration based on the data of the National Police Headquarters.²⁷

²⁷ https://www.ciekawestatystyki.pl/2022/10/ilosc-samobojstw-w-polsce-i-na-swiecie.html, compiled on the basis of the data from the National Police Headquarters, [accessed: 05/08/2023].
made by people aged 55–59. What remains unchanged, however, is that fatal suicide attempts predominate among males. Also, it needs to be clearly emphasised that the number of children and adolescents presenting suicidal behaviour, which is increasing year by year, requires immediate attention and response.

So-called imitative suicides, referred to as the suicide epidemic, have also become the subject of research by suicidologists — these terms refer to the same phenomenon and are sometimes used interchangeably. They are cases of suicides that resemble each other in aspects such as time, place, characteristics (e.g. synonymous method of taking one’s own life). These suicides interact with each other; after one suicide is committed, there may be further suicides that are twinned. Young people who are just forming their worldview and personality are particularly susceptible to this phenomenon. It has been proven that there is a correlation that when a suicidal death of a well-known person occurs, an increase in suicides is noticed as a result, according to the terminology proposed by R. Cialdini, of so-called ‘monkeying around’. An increase in such situations occurs when information about the suicide has been disseminated by the mass media. An attempt to explain this phenomenon was made by David Philips, who called it the Werther effect, by reference to the novel The Sufferings of Young Werther by Johann Wolfgang von Goethe. After the publication of this work, there was a sharp increase in suicides in Europe. However, avoiding talking about the problem will not change anything, silence will not make the problem disappear. It is therefore worth mentioning the so-called Papageno effect. It consists in the fact that if information about suicide is given responsibly, and is accompanied with the mention of institutions offering help, if it is emphasised that suicide is not the only solution to the problem and an example is given of a person who managed to overcome the crisis, it is possible to make people seek help and the number of suicides will decrease. An example of the Papageno effect lies in the events that took place at the 2017 MTV Video Music Awards or the Grammy Awards ceremony a year later. The American rapper Logic, performing live the song 1–800–273–8255, the title of which is also an emergency number for people in crisis, singing the words ‘I want you to live’, ‘It may be hard, but you have to live’, caused the number of calls to the help hotline to increase significantly. It is important that the communication of suicide should not be or resemble a search for sensationalism; suicide deaths should not be romanticised or idealised, as for example in the TV series Thirteen Reasons Why. The details of, e.g., how suicide was committed or the content of an idol’s suicide note, should not be made public in order to avoid identification with the idol, imitation, or building of a suicide hero cult among their fans and admirers.

31 S. Falaciński, H. Witkowska, Życie mimo wszystko: rozmowy o samobójstwie, Warszawa, 2022, p. 257.
32 Ibid.
Conclusions

In Poland, about 15 suicides are committed every day, twelve of them by men. In our country, twice as many people die from suicide attacks as from road accidents. On the other hand, in the public space, this problem resonates with a disproportionately lower frequency in comparison to social campaigns concerning the observance of, for example, traffic regulations. It should be stressed that official data on the subject is underestimated. According to WHO predictions, there are up to twenty attempts per suicide and up to two hundred suicide attempts per suicide in the case of children. Furthermore, it should be borne in mind that persons attempting suicide are in the increased-risk category. The data presented clearly shows that there is a need for ongoing diagnosis of the causes behind the upward trend in suicidal behaviour and for the identification of factors causing emotional crisis and contributing to presuicidal attitudes among children and adolescents.

The dynamically changing reality of the modern world generates many risks. Children and adolescents, who often challenge the accepted social standards, are particularly exposed to them. The demands placed on the young generation, sometimes accompanied by a lack of support from adults, confusion as a result of rapid changes in the world and, consequently, an escape into the virtual world, are just some of the factors affecting children’s and adolescents’ sense of security. Young people are looking for and need simple solutions and clear guidance, as they find it very difficult to distinguish right from wrong, truth from falsehood, especially when they are still in the process of internalising existing norms and values.

An adult who has internalised existing norms and values, enriched by various, often difficult experiences from the past, has a certain resilience, and in traumatic situations is able to activate a specific defence mechanism, ordering the search for solutions to the problem, undertaking a fight for life and for its quality. The situation is different in the case of a person who, being afflicted by fate, despite the fact that they may have overcome many obstacles in the past, loses their resistance to stress acquired over the years. There occurs a metaphorical overfilling of the glass, resulting in persistent thoughts of escaping pain, which take the form of suicidal fantasies, self-aggression, alienation and extreme resignation from the struggle for survival. The above applies in particular to depressed, lonely, sick, elderly people, but also — and this requires special attention — to young people, and increasingly to children, as evidenced by the alarming statistics. We should therefore remain alert to the verbal, as well as non-verbal warning signals, which are sent out by people who are gradually losing hope for a better tomorrow, and whose confidence in the possibility of solving the problem, of emerging from the abyss of fear and hopelessness, is gradually disappearing.

Making reference to Emile Durkheim’s definition of suicide, it does not happen in a social vacuum. There are circumstances that determine the state of emotional constriction, leading to thoughts of resignation and, consequently, suicide attempt. It is therefore necessary to reach as wide a range of people as possible with the message that it is always possible to find a solution to the problem. According to Erwin Ringel, suicide can in all cases be a preventable phenomenon if treatment

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33 S. Falaciński, H. Witkowska, Życie…, op. cit., p. 54.
is initiated in good time and if it is managed professionally.\textsuperscript{34} It is also necessary to have the courage to signal one’s problems and to take advantage of help and support, including specialist assistance. On the other hand, in the interests of society, the state is obliged to provide access to fast, free and professional help and to implement prevention campaigns, which provide information about where and what kind of support a person affected by a crisis can count on. The topic of suicidal behaviour, in view of its nature and extent, should definitely cease to be a social taboo.

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Streszczenie. Umysłowe odebranie sobie życia, całkowita rezygnacja z podjęcia walki o jego trwanie, stanowi niezwykleśnie jedną z najtrudniejszych do wytłumaczenia tragedii dotykających ludzkość. Człowiek, podejmując decyzję, niosącą za sobą nieodwracalne skutki, znajduje się w stanie psychicznym powodującym wewnętrzną blokadę, brak chęci i umiejętności poszukiwania alternatywnego sposobu poradzenia sobie w sytuacji w której się znalazł. Badania nad fenomenem zjawiska samobójstwa nieustannie trwają. Literatura przedmiotu wykształciła szereg definicji i pojęć odnoszących się suicedógenego układu sytuacyjnego, na który składają się m. in. stan psychiczny i okoliczności, w jakich znajduje się osoba rozważająca podjęcie zamachu samobójczego. Niepokój wzbudza występująca na przestrzeni ostatniej dekady dynamika zamachów samobójczych, wskazująca na wyraźny wzrost prób samobójczych i samobójstw, szczególnie wśród dzieci i młodzieży. Czynniki determinujące zaistniałą tendencję należy poddać wszechstronnej analizie, która umożliwi podjęcie skutecznych działań pomocowych wobec osób będących w kryzysie, dla których ból psychiczny i zawężenie perspektywiczne stanowią przeszkodę niemożliwą do pokonania.