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REVIEW

Perceived Family Support in Adolescence and its Impact on Suicide risk: A Narrative Review

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Abstract

Purpose of the Review This narrative review focuses on the relationship between perceived family support and suicide risk in adolescence (10–19 years, with some evidence extending into young adulthood), emphasizing the role of family support as a buffer against stressful life events.

Recent Findings Suicide and suicidal behavior among adolescents are one of the major social and health problems of the 21st century. An emerging body of studies has explored the risk and protective factors independently, but less specific research has examined how these factors relate to each other. Specifically, family support appears to be one of the most significant attenuators of suicide risk in the presence of stressful life events or adverse circumstances. It is also worth considering the possible differential effects depending on other variables such as gender or age.

Keywords adolescence · family support · suicide behavior · suicide prevention

Introduction

Suicidal behavior is a serious social and health issue, accounting for over 700,000 deaths annually worldwide [1]. This problem is particularly alarming among adolescents, as suicide is currently the third leading cause of death for those aged 15 to 19 globally [1]. Epidemiological studies point to a rising trend in suicidal thoughts and behaviors, with the prevalence rate of suicidal ideation within this population ranging from 14% to 30%. Moreover, depending on the region and methodology used, suicide attempts are reported among approximately 4% to 10% of adolescents [2, 3]. In fact, suicide accounted for an estimated 112,900 deaths among adolescents and young adults aged 10 to 24 years globally in 2021 [4].

Suicidal behavior encompasses various aspects along a continuum of rising severity, including suicidal ideation, suicidal planning, suicide attempts, and death by suicide [5]. Within this context, death by suicide only represents 10% of all annual suicide attempts [6]. However, while most suicide attempts do not result in death, the consequences of suicidal behavior in adolescence extend far beyond mortality. Non-fatal suicide attempts are associated with significant physical injuries, long-term psychological sequelae [7], serious pain and suffering, and an increased likelihood of future suicide attempts [8, 9].

Adolescence and early young adulthood represent a developmental continuum of particular significance for the study of suicidal behavior. Following the World Health Organization, adolescence spans the ages of 10 to 19 years, within the broader category of young people, defined as those aged 10 to 24 years [10]. This period is characterized by profound emotional, cognitive, and social transformations, including the gradual renegotiation of family ties in

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