Differences in personality patterns and clinical syndromes among adolescent outpatients with and without suicidal ideation

Carlos García-Montoliu, Estefanía Ruiz-Palomino, Matilde Espinosa-Mata, Teresa Álvarez-Núñez, Matias Real-López

Abstract
Suicide is a public health problem with serious personal, social, and economic implications. Relationships between suicidal thoughts and the individual characteristics have yet not been clarified among adolescent psychiatric patients. The aim of this research was to analyze the differences in personality patterns, clinical dysfunction and expressed concerns between adolescent outpatients with and without suicidal ideation. Measures administered were a clinical interview about mental health and the Millon Adolescent Clinical Inventory. The sample consisted of 44 adolescents of the Child and Adolescent Day Hospital of Castellón. Of these, 59.1% reported having had suicidal ideation and 40.9% did not experience these thoughts. The results show statistically significant differences between both groups in the following factors: inhibited, dullful, egotistic, self-demeaning, borderline tendency, identity diffusion, self-devaluation, body disapproval, social insensitivity, depressive affect, and suicidal tendency. Binary logistic regression indicated that the risk factors that best explained the presence of suicidal ideation were self-devaluation ($\beta$=.048, $p$=.007) and depressive affect ($\beta$=.051, $p$=.007). On the other hand, egotistic was found to be a protective factor ($\beta$=.032, $p$=.004). These findings highlight the importance of evaluating self-esteem, self-confidence, hopelessness, and negative cognitive bias of psychiatric adolescents to prevent suicidal behavior.

Keywords
Suicidal ideation, suicide, adolescence, psychiatric disorder, outpatient.
Suicide is a tragic phenomenon that implies great suffering and considerable emotional, social and economic impact (Echeburúa, 2015). According to the World Health Organization (2023), suicide is a public health problem that affects all countries with no exception. The latest data indicate that more than 700,000 people die worldwide each year. This problem is the third cause of death among young people between 15 and 19 years old. In Spain, the incidence of suicide deaths is over 4,000 people per year, and it is more frequent among males. Moreover, the first peak occurs in adolescence, a developmental stage in which the incidence of suicide has increased in recent years. In 2021, suicide was the leading cause of non-illness related deaths (National Statistics Institute, 2021).

Suicidal ideation refers to cognitions related to suicide, death or harming oneself. Some authors include plans for suicide in the definition. Differences in the conceptualization of suicidal ideation can be found throughout the literature (Berman & Silverman, 2017). Despite these differences, there seems to be agreement that suicidal ideation is one of the strongest predictors of future suicidal behaviors, and consequently special clinical and empirical attention is required (Duarte et al., 2020; Echeburúa, 2015).
other factors, such as thought and sleep disturbances, in

ers (Moselli et al., 2023; Vuijk et al., 2019; Wolff et al.,
lescent outpatients or inpatients with psychiatric disor-
psychotic disorders, and conduct disorders among ado-
tories are major depressive disorders, eating disorders, substance use disorders, attention-deficit hyperactivity disorders, and personality disorders (Doering et al., 2019; Guedria-Tekari et al., 2019; May et al., 2012; Nock et al., 2013; Orn et al., 2019; Pica-zo-Zappino, 2014). Similarly, the disorders most closely
related to suicidal behaviors are major depressive disor-
der, borderline personality disorder, anxiety disorders,
psychotic disorders, and conduct disorders among ado-
late patients with psychiatric disorders (Moselli et al., 2023; Vuijk et al., 2019; Wolff et al., 2018). Furthermore, it should be noted that there are other factors, such as thought and sleep disturbances, in

this population group that also increase the probability
of having suicidal thoughts regardless of the influence of
mental health problems (Thompson et al., 2020).

The scientific literature remains scarce on the study of
personality characteristics associated with suicidal be-
havior, mainly maladaptive personality traits. Personality
traits are considered consistent and stable characteristics,
whose early detection and intervention would be essen-
tial to preventing suicide (Singh & Rani, 2014). Some
authors argue that personality traits would play an im-
portant role in the transition from suicidal ideation to
suicide attempt (Mars et al., 2019). High neuroticism
appears as the most relevant predictor associated to the
development of suicidal ideation (García-Herrero et al.,
2018; Morales-Vives & Dueñas, 2018). Low extraversion
and agreeableness, high openness, psychoticism,
perfectionism, impulsivity, and hopelessness, among
others, have also been related to suicidal ideation (Boot,
et al., 2022; DeShong et al., 2015; Huang et al., 2019;
McCallum et al., 2022; Na et al., 2020; Singh &
Rani, 2014; Sukkyung et al., 2022). Most of these stud-
ies have been carried out with a normotypic population
and adults. Another aspect to be noted is the different
influence of the personality traits in suicidal behavior de-
pending on the stage on the continuum of suicidality.
There could be differential personality profiles between
people with suicidal ideation, people with suicidal at-
temted and people with completed suicide (Lewitzka et
al., 2017). Regarding pathological personality patterns, a
study carried out with normotypic adolescents in Spain
found positive relationships between suicidal ideation
and the traits of doleful, unruly, forceful, oppositional,
borderline tendency and self-demeaning. This research
also highlighted negative relationships between suicidal
ideation and the traits of conforming, submissive, dram-
atzing, and egotistic (Sanchis & Simón, 2012). Recently,
other researchers have analyzed pathological personality
patterns in a Spanish pediatric sample hospitalized for
suicidal behavior. According to this research, the adoles-
cents obtained higher scores in introversive, self-demean-
ing, doleful, and oppositional patterns, and lower scores
in conforming, egotistic, and dramatizing patterns (Vil-
lar-Cabeza et al., 2022).

The multicausality of adolescent suicidal behavior
complicates the understanding. Other factors specific to
the evolutionary stage are also important in explaining
suicidal thoughts. Adolescence is a period of imbalance
across various levels – biological, psychological, and so-
cial – that can act as stressors and factors of vulnerabil-
ity (Canbaz & Terzi, 2018; Morales-Vives & Dueñas,
2018). Some of the concerns strongly related to suicidal
behavior are problems in the school setting, gender non-
conformity, peer rejection, and negative family environ-
ment (Baiden & Tadeo, 2020; Cheek, et al., 2020; Co-
hen et al., 2020; Dardas, 2019; Iranzo et al., 2019; Kwok
& Gu, 2019; Pflederer et al., 2019; Spivey & Prinstein,
In adolescent psychiatric patients, Stewart et al. (2019) found that interpersonal loss was the most influential stressor in suicide attempts. Moreover, having suicidal behavior is associated with high-risk behaviors, such as smoking, unsafe sex, and the consumption of alcohol and other substances (Kim et al., 2020).

Given the above, the aim of this study is to examine the differences in personality patterns, expressed concerns and clinical syndromes assessed by the MACI between adolescent psychiatric outpatients with and without suicidal ideation. The following hypotheses are also proposed:

1. Outpatients with suicidal ideation will score higher on personality patterns characterized by problems in emotional regulation, self-punishment and dysphoric mood.
2. Scores of expressed concerns related to low self-esteem and lack of social support will be higher in the suicidal ideation group.
3. Depressive affect will be the clinical syndrome that best explains suicidal ideation.

METHOD

Study design

This study is based on an analytical, observational, cross-sectional, and retrospective design. The presumed relationship between several variables was evaluated. No intervention was performed, and the measurement of the variables was carried out only once at a specific time, on admission of the outpatients to the Child and Adolescent Day Hospital of Castellón. The non-probability method of convenience sampling was used. Both the study design and the type of sampling were based on the clinical research methods recommended by Argimon and Jiménez (2019).

Scores on several variables that, according to previous scientific literature, may be at risk for the development of suicidal ideation were compared. This comparison was made between two groups of adolescents diagnosed with a psychiatric disorder: a group without suicidal behavior, and a group with suicidal ideation.

Participants

The initial sample consisted of 51 adolescent outpatients with mental disorders. However, seven of these adolescents were excluded because they did not complete the instruments in full. Therefore, the final sample consisted of 44 adolescent outpatients (14 female and 30 male) between 12 and 17 years old ($M$=14.11, $SD$=1.21) admitted within a partial hospitalization program at the Child and Adolescent Day Hospital of Castellón. This represents 92.16% of the patients admitted to the hospital in four years. The most common profile was a Spanish adolescent (95.4%) who attends 1st year of first cycle (lower secondary education, called ESO (40.9%), and lives in a common law family (59.5%) of a medium-low socioeconomic status (95.4%). The most frequent disorder was ADHD combined presentation (31.8%), followed by major depressive disorder (18.2%) and oppositional defiant disorder (11.4%). Moreover, 37.2% of the adolescents showed comorbid psychiatric disorders, of which negative defiant disorder (37.5%) was the most prevalent. Of the participants, 59.1% (26 adolescents) reported having had suicidal ideation (SI group), and 40.9% (18 adolescents) did not experience this type of thoughts (non-SI group). Furthermore, the mean age of the SI group and non-SI group were 14.35 ($SD$=1.26) and 13.78 ($SD$=1.06), respectively. No statistically significant differences were found between the SI group and the non-SI group with respect to age ($U=169$, $p=.104$).

Measures

1. The ad hoc clinical interview. This instrument is composed of the common admission questions about sociodemographic, health status data, past psychiatric and medical history, treatments, substance use history and other high-risk behaviors, the patient’s personal, familiar, social, and academic functioning, psychosocial stressors, family history, and other contextual information. Suicidal behavior (suicidal ideation, suicide attempts, and non-suicidal self-injury) was examined in the mental status exam. Suicidal ideation was selected as a criterion variable for the present study. These thoughts were assessed with the question: “In the last few weeks, have you had thoughts about suicide or committing suicide?”.

2. The Spanish adaptation of the Millon Adolescent Clinical Inventory (MACI) by Aguirre (2004). A 160-item questionnaire with 27 scales that assess 12 personality patterns, seven clinical syndromes, and eight expressed concerns among the adolescent clinical population. In addition, it contains four control scales to improve the detection of distortions in the responses. The base rate scores range from 0 to 115 points, distributed as follows: from 0 to 59 points mean non-problematic clinical traits; from 60 to 74 points mean slightly problematic clinical traits; from 75 to 84 points mean problematic clinical traits, and from 85 to 115 points represents clinical traits of a major problem. Questionnaire scales showed good internal consistency (Cronbach’s alpha of between .63 and .92).

Procedure

Data coming from the mental health assessment protocol of the Child and Adolescent Day Hospital of Castellón. Patients referred to the program by other mental
health-related services in which they did not fulfill diagnostic or severity criteria. Adolescents and family are provided information about the program and written consent is signed. The assessment process has a duration of around four sessions and consists of a broad interview (nursing, psychiatry, and psychology) and a battery of questionnaires self-administered under the supervision of the clinical psychologist. The data contain 92.16% of the patients admitted during four years at the hospital. In addition, these data were collected and recorded in a digitized database according to the principles of Organic Law 3/2018, of December 5, Protection of Personal Data and Guarantee of Digital Rights. The procedure was approved by the Research Committee at the Consorcio Hospitalario Provincial de Castellón.

### Analysis of data

The data analysis was carried out using the statistical software SPSS Statistics v. 23.0. Statistical tests were carried out depending on the nature of the variables. Frequencies and descriptive statistics were used to describe sample characteristics (e.g., age, gender, percentages, etc.). Secondly, prior to the differential analysis, the Shapiro Wilk test was used to test the normality of the variables of the MACI. Egotistic, unruly, conforming and sexual discomfort scales did not meet the criteria (p<.05). Thus, the Mann-Whitney U test was used with these non-normal scales to compare the scores between the two groups (adolescents with and those without suicidal ideation). On the other hand, the t-test was used with the normal MACI scales. The size of the differences between the groups was calculated using Cohen’s d test. Following the recommendations of Domínguez-Lara (2017) for the interpretation of effect size in studies with this type of design, the cutoff points used were .41 minimum necessary, 1.15 moderate, and 2.70 strong. Furthermore, bivariate correlation (r_p) was used to assess effect size for those cases in which the Mann-Whitney U was performed to compare groups. In this case, the cut-off points used were .10 small, .30 medium, and .50 strong. Finally, a binary logistic regression by the forward Wald method was carried out to estimate the occurrence of suicidal ideation.

### RESULTS

#### Description of features of the MACI in the total adolescent outpatients sample

Between 25% and 62% of the adolescent outpatients obtained mean scores indicating a problematic clinical trait in the MACI profile. Specifically, in the following Personality Patterns scales: unruly (52.3%), forceful (52.3%), oppositional (52.3%), inhibited (45.5%), dramatizing (40.9%), self-demeaning (40.9%), borderline tendency (40.9%), egotistic (38.6%), doleful (36.4%), introvertive (34.1%), submissive (27.3%), and conforming (25%); Expressed Concerns scales: identity diffusion (61.4%), self-devaluation (54.5%), body disapproval (54.5%), childhood abuse (54.5%), social insensitivity (47.7%), family discord (47.7%), peer insecurity (43.2%), and sexual discomfort (31.8%); Clinical Syndrome scales: substance abuse (61.4%), impulsivity (56.8%), depressive affect (54.4%), eating dysfunctions (52.3%), delinquent predisposition (52.3%), suicidal tendency (45.5%), and anxious feelings (31.8%).

#### Differences in personality patterns between the adolescent outpatients with and without suicidal ideation and regression analysis

Statistically significant differences between the groups were obtained in inhibited (p=.032), doleful (p=.003), dramatizing (p=.012), self-demeaning (p=.007), borderline tendency (p=.014) and egotistic (p=.002) domains. The group with suicidal ideation obtained higher mean scores in the inhibited, doleful, self-demeaning and borderline tendency scales, while the group without suicidal ideation did so in the dramatizing and egotistic scales. Scales had a small-moderate effect size and significant Cohen’s d ranged between -.96 and 0.79, and r_p ranged between -.46 and -.30 (Table 1). No gender differences were found in any of the personality patterns.

Secondly, binary logistic regression was used to explain the odds of having suicidal ideation. The multicollinearity test ruled out the dramatizing personality pattern (VIF=11.40). The Hosmer-Lemeshow test was not significant (p=.373). Nagelkerke’s R² indicated that egotistic explained the 27.5% of the variance of the suicidal ideation. This personality pattern appeared as a protective factor (β=-.032, p=.004). That is, the higher the score on the egotistic scale the less likely to have suicidal thoughts. Specifically, it decreases the likelihood by 3.1% (OR=0.969).

#### Differences in expressed concerns between the adolescent outpatients with and without suicidal ideation and regression analysis

Statistically significant differences between groups were obtained in identity diffusion (p=.031), self-devaluation (p=.002), body disapproval (p=.024), social insensitivity (p=.25) and sexual discomfort (p=.011) domains. The group with suicidal ideation obtained higher mean scores in the identity diffusion, self-devaluation and body disapproval scales, while the group without suicidal ideation did so in the social insensitivity and sexual discomfort scales. Scales had a small-moderate effect size and sig-
significant Cohen’s d ranged between -1.01 and 0.69, and \( r_{su} \) was -0.35 in the sexual discomfort scale (Table 2). No gender differences were found in any of the expressed concerns.

Secondly, binary logistic regression was used to explain the odds of having suicidal ideation. Hosmer-Lemeshow test was not significant (\( p = .356 \)). Nagelkerke’s \( R^2 \) indicated that self-devaluation explained the 28% variance of suicidal ideation. These expressed concerns appeared as a risk factor (\( \beta = .048, p = .007 \)). That is, the higher the score on the self-devaluation scale the more likely to have suicidal thoughts. Specifically, the likelihood increases by 4.9% (\( OR = 1.049 \)).

### Table 1. Descriptive analysis of the personality patterns of the MACI and differential analysis of normally distributed scales (t-test, Mann-Whitney U)

<table>
<thead>
<tr>
<th></th>
<th>Non-suicidal Ideation(^a)</th>
<th>Suicidal Ideation(^b)</th>
<th>df</th>
<th>( t/U )</th>
<th>p-value</th>
<th>95% CI</th>
<th>( d/r_{su} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introversive</td>
<td>47.78 (23.26)</td>
<td>56.96 (21.12)</td>
<td>42</td>
<td>-2.219</td>
<td>.032</td>
<td>[-28.05, -1.33]</td>
<td>-0.67</td>
</tr>
<tr>
<td>Inhibited</td>
<td>45.89 (22.10)</td>
<td>60.58 (21.23)</td>
<td>42</td>
<td>-1.361</td>
<td>.181</td>
<td>[-22.80, 4.44]</td>
<td>-0.41</td>
</tr>
<tr>
<td>Doleful</td>
<td>43.33 (19.87)</td>
<td>59.31 (17.51)</td>
<td>42</td>
<td>-2.816</td>
<td>.007</td>
<td>[-27.42, -4.53]</td>
<td>-0.85</td>
</tr>
<tr>
<td>Borderline Tendency</td>
<td>47.06 (18.50)</td>
<td>60.15 (15.30)</td>
<td>42</td>
<td>-2.563</td>
<td>.014</td>
<td>[-23.41, -2.79]</td>
<td>-0.77</td>
</tr>
<tr>
<td>Egotistic</td>
<td>75.56 (27.86)</td>
<td>43.85 (32.23)</td>
<td>42</td>
<td>102</td>
<td>.002</td>
<td>[12.81, 50.61]</td>
<td>-.46</td>
</tr>
<tr>
<td>Unruly</td>
<td>65.00 (26.92)</td>
<td>62.19 (26.35)</td>
<td>42</td>
<td>225</td>
<td>.088</td>
<td>[-13.64, 19.25]</td>
<td>-.05</td>
</tr>
</tbody>
</table>

Note. The Mann-Whitney U test was used for the Egotistic, Unruly, and Conforming personality patterns. \( ^a n=18. \) \(^b n=26. \)

### Table 2. Descriptive analysis of the expressed concerns of the MACI and differential analysis (t-test and Mann-Whitney U)

<table>
<thead>
<tr>
<th></th>
<th>Non-suicidal Ideation(^a)</th>
<th>Suicidal Ideation(^b)</th>
<th>df</th>
<th>( t/U )</th>
<th>p-value</th>
<th>95% CI</th>
<th>( d/r_{su} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity Diffusion</td>
<td>50.61 (26.32)</td>
<td>66.00 (19.57)</td>
<td>42</td>
<td>-2.226</td>
<td>.031</td>
<td>[-29.34, -1.44]</td>
<td>-0.67</td>
</tr>
<tr>
<td>Self-Devaluation</td>
<td>46.72 (25.74)</td>
<td>69.35 (19.13)</td>
<td>42</td>
<td>-3.347</td>
<td>.002</td>
<td>[-36.27, -8.98]</td>
<td>-1.01</td>
</tr>
<tr>
<td>Body Disapproval</td>
<td>48.94 (28.17)</td>
<td>67.58 (24.22)</td>
<td>42</td>
<td>-3.247</td>
<td>.024</td>
<td>[-34.65, -2.61]</td>
<td>-0.71</td>
</tr>
<tr>
<td>Peer Insecurity</td>
<td>52.78 (26.24)</td>
<td>64.08 (23.16)</td>
<td>42</td>
<td>-1.507</td>
<td>.139</td>
<td>[-26.43, 3.83]</td>
<td>-0.45</td>
</tr>
<tr>
<td>Social Insensitivity</td>
<td>71.83 (25.51)</td>
<td>53.35 (26.31)</td>
<td>42</td>
<td>2.320</td>
<td>.025</td>
<td>[2.40, 34.57]</td>
<td>0.69</td>
</tr>
<tr>
<td>Family Discord</td>
<td>65.28 (25.59)</td>
<td>62.77 (23.21)</td>
<td>42</td>
<td>0.338</td>
<td>.737</td>
<td>[-12.47, 17.49]</td>
<td>0.10</td>
</tr>
<tr>
<td>Childhood Abuse</td>
<td>49.06 (30.67)</td>
<td>64.88 (23.83)</td>
<td>42</td>
<td>-1.926</td>
<td>.061</td>
<td>[-3.24, 0.76]</td>
<td>-0.58</td>
</tr>
<tr>
<td>Sexual Discomfort</td>
<td>55.83 (27.64)</td>
<td>36.23 (25.44)</td>
<td>42</td>
<td>136</td>
<td>.019</td>
<td>[3.29, 35.91]</td>
<td>-.35</td>
</tr>
</tbody>
</table>

Note. The Mann-Whitney U test was used for the Sexual Discomfort expressed concern. \( ^a n=18. \) \(^b n=26. \)
Differences in clinical syndromes between the adolescent outpatients with and without suicidal ideation and regression analysis

Statistically significant differences between the groups were obtained in depressive affect ($p=.002$) and suicidal tendency ($p=.005$) domains. The group with suicidal ideation obtained higher mean scores in both scales. Scales had a small effect size and significant Cohen’s $d$ ranging between -0.94 and -0.84, respectively (Table 3). No gender differences were found in any of the clinical syndromes.

Secondly, binary logistic regression was used to explain the odds of having suicidal ideation. Hosmer-Lemeshow test was not significant ($p=.241$). Nagelkerke’s $R^2$ indicated that depressive affect explained the 27.4% variance of suicidal ideation. This clinical syndrome appeared as a risk factor ($β=.051$, $p=.007$). That is, the higher the scores on the depressive affect scale the more likely to have suicidal thoughts. Specifically, the likelihood increases by 5.2% ($OR=1.052$).

### DISCUSSION

According to the National Statistics Institute (2021), 75 children younger than 19 years commit suicide each year in Spain. An alarming number, with incidences usually higher than that reported, as observed by Giner and Guija (2014). Many more children may be experiencing intense suffering each day and thinking that death is a better option than life. As Echeburúa (2015) indicated, suicide becomes a vital emergency. This serious global health problem emphasizes that prevention should be a priority for all health systems.

Accordingly, suicidal thoughts are an important clinical indicator of committed suicide, as different studies have shown. For example, in the study by Duarte et al. (2020), suicidal ideation increased suicide attempts among adolescents by more than 3%. On the other hand, Copeland et al. (2017) found, in a 20-year longitudinal study from adolescence, that having suicidal ideation in childhood and adolescence was a risk factor for suicidal behaviors in adulthood. The risk of developing these behaviors has been found to be higher in psychiatric patients, as appeared in the meta-analysis by Hubers et al. (2018). Psychiatric patients with suicidal ideation have a higher risk of transitioning to suicide compared to non-clinical samples ($OR=1.4$). More recently, in a longitudinal study of 4,772 Canadian and British adolescents, Mars et al. (2019b) found that suffering from a psychiatric disorder is the differential factor between adolescents who transition from suicidal ideation to suicide attempt and those who only have suicidal thoughts. According to these studies, the greater risk for committing suicide would be the combination of a disorder with the presence of suicidal ideation. As psychiatric adolescents with suicidal ideation are a particularly vulnerable population, evaluating the pattern of psychological characteristics can provide key information for the design of programs to prevent suicidal behavior.

According to the biosocial-learning model of 1969 and the evolutionary model of 1990 developed by Milon, the adolescent’s functioning would be determined by the biological and social dimensions. The combination of these dimensions generates a personality pattern that provides meaning to clinical symptoms and interacts with the developmental concerns. Therefore, the psychiatric adolescents with suicidal ideation in our sample were significantly characterized by depressive affect and suicidal tendency. These symptoms emerge in a person-

<table>
<thead>
<tr>
<th></th>
<th>Non-suicidal Ideation*</th>
<th>Suicidal Ideationb</th>
<th>df</th>
<th>t</th>
<th>p-value</th>
<th>95% CI</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Dysfunctions</td>
<td>55.33 (25.60)</td>
<td>69.46 (21.91)</td>
<td>42</td>
<td>-1.963</td>
<td>.056</td>
<td>[-28.65, 0.39]</td>
<td>-0.59</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>64.44 (33.88)</td>
<td>70.65 (22.02)</td>
<td>42</td>
<td>-0.684</td>
<td>.500</td>
<td>[-24.84, 12.42]</td>
<td>-0.22</td>
</tr>
<tr>
<td>Delinquent Predisposition</td>
<td>64.00 (28.40)</td>
<td>52.08 (29.19)</td>
<td>42</td>
<td>1.347</td>
<td>.185</td>
<td>[-5.94, 29.79]</td>
<td>0.41</td>
</tr>
<tr>
<td>Impulsive Propensity</td>
<td>70.67 (25.10)</td>
<td>62.04 (26.65)</td>
<td>42</td>
<td>1.107</td>
<td>.274</td>
<td>[-7.09, 24.35]</td>
<td>0.33</td>
</tr>
<tr>
<td>Anxious Feelings</td>
<td>41.61 (25.36)</td>
<td>46.27 (22.45)</td>
<td>42</td>
<td>-0.642</td>
<td>.525</td>
<td>[-19.31, 9.99]</td>
<td>-0.19</td>
</tr>
<tr>
<td>Depressive Affect</td>
<td>47.22 (20.35)</td>
<td>68.00 (20.83)</td>
<td>42</td>
<td>-3.284</td>
<td>.002</td>
<td>[-33.55, -8.01]</td>
<td>-0.94</td>
</tr>
<tr>
<td>Suicidal Tendency</td>
<td>45.11 (21.14)</td>
<td>63.85 (20.24)</td>
<td>42</td>
<td>-2.965</td>
<td>.005</td>
<td>[-31.66, -5.81]</td>
<td>-0.89</td>
</tr>
</tbody>
</table>

*$n=18$. $bn=26$. 

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**Table 3. Descriptive analysis of the clinical syndromes of the MACI and differential analysis (t-test)**
Seman levels of self-criticism may be related to the risk of suicidal ideation. However, it seems that clinically significant levels of self-criticism are more likely to develop suicidal ideation. For example, Campos et al. (2018) found, in a longitudinal study, that young people who tend to be self-critical are more likely to develop suicidal ideation. The importance of self-criticism is difficult. Thirdly, in most cases, the effect size found in samples of normotypic, inpatient and outpatient adolescents. Pathological levels of this trait have been traditionally shared in the Dark Triad of personality traits, especially in the narcissism personality disorder according to Millon (1993). Curiously, a negative association appeared in our study with regard to suicidal ideation. Perhaps, a certain level of egotistic may be adaptive, because this trait is presented as self-confidence. This trait has been studied in the development of suicidal ideation, as presented in the review by Deeley and Love (2012). Self-confidence could be related to positive expectations about the future, an internal locus of control, and adaptive coping with stressful situations.

The present study is not without its limitations. Firstly, the measurement of the variables of interest was carried out with a transversal design. Therefore, it is difficult to establish a causal relationship between suicidal ideation and the MACI factors. Secondly, although the study sample represents a significant number of the adolescent outpatient population over the last few years has contributed to the question of what factors may predispose or precipitate this situation. Some advances have provided efficient specific treatments. However, the phenomenon of suicidal behavior is subject to societal changes, as cross-cultural studies have shown. This study highlights the importance of un-
nderstanding the development of suicidal ideation among Spanish adolescent outpatients. Our findings allow us to establish some strategies within the Child and Adolescent Day Hospital setting. Firstly, it is necessary to carry out risk assessment, so deeply evaluating suicidal thoughts (objective and subjective data) and addressing a section of the clinical interview to this specific aim are relevant. Secondly, the early detection of dysfunctional traits that increase the probability of suicidal ideation, through interviews or validated instruments. Thirdly, to design evidence-based treatments aimed mainly at adaptively managing negative affect and problems, fostering hope and flexible thinking, to ensure that the idea of suicide does not become an option for escaping from oneself.

References


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