Anuario de
Psicología
The UB Journal of Psychology | 54/2

Universitat de Barcelona

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Anuario de Psicología
N.º 54/2 | julio 2024 | págs. 38-49

Enviado: 6 de septiembre de 2023
Aceptado: 5 de marzo de 2024
Publicado: 31 de julio de 2024

DOI: 10.1344/ANPSIC2024.54.2.4

ISSN: 0066-5126 | © 2024 Universitat de Barcelona

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

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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, doleful, dramatizing, 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 (β=.048, p=.007) and depressive affect (β=.051, p=.007). On the other hand, egotistic was found to be a protective factor (β=-.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.

Diferències en patrons de personalitat i síndromes clínics entre pacients ambulatoris adolescents amb i sense ideació suïcida

Resum

El suïcidi és un problema de salut pública amb greus implicacions personals, socials i econòmiques. La relació entre els pensaments suïcides i les característiques individuals encara no s'ha esclarit en els pacients psiquiàtrics adolescents. L'objectiu d'aquesta investigació és analitzar les diferències en els patrons de personalitat, les síndromes clíniques i les preocupacions expressades entre pacients ambulatoris adolescents amb i sense ideació suïcida. Les mesures administrades van ser una entrevista clínica sobre salut mental i el *Millon Adolescent Clinical Inventory*. La mostra va consistir en 44 adolescents de l'Hospital de Dia Infantojuvenil de Castelló. Un 59,1% va referir que havia tingut idees suïcides i un 40,9% no va experimentar aquests pensaments. Els resultats mostren diferències estadísticament significatives entre ambdós grups en els factors següents: inhibit, pessimista, histriònic, egocèntric, autopunitiu, tendència límit, difusió de la identitat, desvaloració de si mateix, descontentament amb el propi cos, insensibilitat social, afecte depressiu i tendència al suïcidi. La regressió logística binària va indicar que els factors de risc que millor explicaven la presència d'ideació suïcida són la desvaloració de si mateix (β = .048, p = .007) i l'afecte depressiu (β = .051, p = .007). Per altra banda, el factor egocèntric va resultar ser un protector (β = –.032, p = .004). Aquestes troballes destaquen la importància d'avaluar l'autoestima, l'autoconfiança, la desesperança i el biaix cognitiu negatiu dels adolescents psiquiàtrics per prevenir la conducta suïcida.

Paraules clau

Ideació suïcida, suïcidi, adolescència, trastorn psiquiàtric, pacients ambulatoris.

Diferencias en patrones de personalidad y síndromes clínicos entre pacientes ambulatorios adolescentes con y sin ideación suicida

Resumen

El suicidio es un problema de salud pública con graves implicaciones personales, sociales y económicas. La relación entre los pensamientos suicidas y las características individuales todavía no se ha esclarecido en los pacientes psiquiátricos adolescentes. El objetivo de esta investigación es analizar las diferencias en los patrones de personalidad, los síndromes clínicos y las preocupaciones expresadas entre pacientes ambulatorios adolescentes con y sin ideación suicida. Las medidas administradas fueron una entrevista clínica sobre salud mental y el Millon Adolescent Clinical Inventory. La muestra consistió en 44 adolescentes del Hospital de Día Infanto-juvenil de Castellón. Un 59,1% refirió que había tenido ideas suicidas y un 40,9% no experimentó estos pensamientos. Los resultados muestran diferencias estadísticamente significativas entre ambos grupos en los siguientes factores: inhibido, pesimista, histriónico, egocéntrico, autopunitivo, tendencia límite, difusión de la identidad, desvalorización de sí mismo, desagrado por el propio cuerpo, insensibilidad social, afecto depresivo y tendencia al suicidio. La regresión logística binaria indicó que los factores de riesgo que mejor explicaban la presencia de ideación suicida son la desvalorización de sí mismo (β = .048, p =.007) y el afecto depresivo (β = .051, p = .007). Por otro lado, el factor egocéntrico resultó ser un protector (β = -.032, p = .004). Estos hallazgos destacan la importancia de evaluar la autoestima, la autoconfianza, la desesperanza y el sesgo cognitivo negativo de los adolescentes psiquiátricos para prevenir la conducta suicida.

Palabras clave

Ideación suicida, suicidio, adolescencia, trastorno psiquiátrico, pacientes ambulatorios.

INTRODUCTION

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; Large et al., 2021). As a matter of fact, authors such as Glenn et al. (2017) considered a continuum in suicidality, whose first stage would be suicidal ideation. Thereafter, suicidal thoughts can escalate to self-injurious behaviors and suicide attempts. Some studies show that the most likely period of escalation is in the first year from the time suicidal ideation first appears (Glenn et al., 2017; Nock et al., 2013). Moreover, the development of these thoughts at an early age increases the risk of attempted suicide, emphasizing the role of early detection to prevent adolescent suicide (Gabilondo et al., 2007). However, there are adolescents with suicidal ideation who do not escalate to attempted suicide, so it is important to further investigate the underlying factors (Peters et al., 2019).

Recent prevalence studies carried out among normotypic youth populations have estimated that suicidal ideation appears in between 10% and 37% (Canbaz & Terzi, 2018; Chahine et al., 2020; Guedria-Tekari et al., 2019; Sampasa-Kanyinga et al., 2017; Van Meter, et al., 2023; Xiao et al., 2019; Zygo et al., 2019). These data differ between countries, which seems to indicate a certain influence of environmental and cultural factors. Specifically, studies of normotypic Spanish adolescents found a percentage ranging between 7.5% and 22% (Bousoño et al., 2017; Fonseca-Pedrero et al., 2018). On the other hand, having a psychiatric disorder in this evolutionary stage is considered a risk factor for the development of suicidal thoughts and behaviors (Orri et al., 2020; Gvion et al., 2015). The probability of having suicidal ideation and a suicide attempt is higher in this population group compared to the general population (Vuijk et al., 2019). Indeed, the rates among adolescent outpatients or inpatients with psychiatric disorders can exceed 90% (Glenn et al., 2017). Moreover, psychological autopsy research indicates that having a mental health problem in adolescence or adulthood is a relevant risk factor for completed suicide (Pacchioni et al., 2023).

Mood disorders are the psychiatric problems most linked to suicidal ideation and suicide attempts among non-hospitalized adolescents with mental health problems (Hatkevich et al., 2019), followed by anxiety disorders, psychotic disorders, disruptive and impulse-control disorders, trauma and stressor-related 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; Ortin et al., 2019; Picazo-Zappino, 2014). Similarly, the disorders most closely related to suicidal behaviors are major depressive disorder, borderline personality disorder, anxiety disorders, psychotic disorders, and conduct disorders among adolescent outpatients or inpatients 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 behavior, mainly maladaptive personality traits. Personality traits are considered consistent and stable characteristics, whose early detection and intervention would be essential to preventing suicide (Singh & Rani, 2014). Some authors argue that personality traits would play an important 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. al., 2019; McCallum et al., 2022; Na et al., 2020; Singh & Rani, 2014; Sukkyung et al., 2022). Most of these studies 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 depending on the stage on the continuum of suicidality. There could be differential personality profiles between people with suicidal ideation, people with suicidal attempted 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, dramatizing, 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 adolescents obtained higher scores in introversive, self-demeaning, doleful, and oppositional patterns, and lower scores in conforming, egotistic, and dramatizing patterns (Villar-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 social – that can act as stressors and factors of vulnerability (Canbaz & Terzi, 2018; Morales-Vives & Dueñas, 2018). Some of the concerns strongly related to suicidal behavior are problems in the school setting, gender nonconformity, peer rejection, and negative family environment (Baiden & Tadeo, 2020; Cheek, et al., 2020; Cohen et al., 2020; Dardas, 2019; Iranzo et al., 2019; Kwok & Gu, 2019; Pfledderer et al., 2019; Spivey & Prinstein,

2019). 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 and 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 gender (χ^2=1.293, p=.256) and 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 means slightly problematic clinical traits; from 75 to 84 points means 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, biserial correlation (r_{bis}) 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%), introversive (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 -0.96 and 0.79, and r_{bis} 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 R^2 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-

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

	Non-suicidal Ideation[a]	Suicidal Ideation[b]					
	M (SD)	*M (SD)*	*df*	*t/U*	*p-value*	95% CI	d/r_{bis}
Introversive	47.78 (23.26)	56.96 (21.12)	42	-1.361	.181	[-22.80, 4.44]	-0.41
Inhibited	45.89 (22.10)	60.58 (21.23)	42	-2.219	.032	[-28.05, -1.33]	-0.67
Doleful	45.39 (15.98)	60.00 (14.19)	42	-3.189	.003	[-23.86, -5.37]	-0.96
Submissive	42.06 (27.70)	47.62 (25.41)	42	-0.688	.495	[-21.87, 10.75]	-0.21
Dramatizing	66.06 (30.43)	41.04 (31.34)	42	2.634	.012	[5.85, 44.18]	0.79
Forceful	64.67 (22.36)	59.35 (22.39)	42	0.775	.442	[-8.53, 19.22]	0.23
Oppositional	53.72 (24.36)	64.65 (25.29)	42	-1.431	.160	[-26.35, 4.49]	-0.43
Self-Demeaning	43.33 (19.87)	59.31 (17.51)	42	-2.816	.007	[-27.42, -4.53]	-0.85
Borderline Tendency	47.06 (18.50)	60.15 (15.30)	42	-2.563	.014	[-23.41, -2.79]	-0.77
Egotistic	75.56 (27.86)	43.85 (32.23)	42	102	.002	[12.81, 50.61]	-.46
Unruly	65.00 (26.92)	62.19 (26.35)	42	225	.088	[-13.64, 19.25]	-.05
Conforming	51.33 (33.81)	32.77 (26.22)	42	162.5	.061	[0.29, 36.84]	-.30

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)

	Non-suicidal Ideation[a]	Suicidal Ideation[b]					
	M (SD)	*M (SD)*	*df*	*t/U*	*p-value*	95% CI	d/r_{bis}
Identity Diffusion	50.61 (26.32)	66.00 (19.57)	42	-2.226	.031	[-29.34, -1.44]	-0.67
Self-Devaluation	46.72 (25.74)	69.35 (19.13)	42	-3.347	.002	[-36.27, -8.98]	-1.01
Body Disapproval	48.94 (28.17)	67.58 (24.22)	42	-2.347	.024	[-34.65, -2.61]	-0.71
Peer Insecurity	52.78 (26.24)	64.08 (23.16)	42	-1.507	.139	[-26.43, 3.83]	-0.45
Social Insensitivity	71.83 (25.51)	53.35 (26.31)	42	2.320	.025	[2.40, 34.57]	0.69
Family Discord	65.28 (25.59)	62.77 (23.21)	42	0.338	.737	[-12.47, 17.49]	0.10
Childhood Abuse	49.06 (30.67)	64.88 (23.83)	42	-1.926	.061	[-32.42, 0.76]	-0.58
Sexual Discomfort	55.83 (27.64)	36.23 (25.44)	42	136	.019	[3.29, 35.91]	-.35

Note. The Mann-Whitney U test was used for the Sexual Discomfort expressed concern.
[a]n=18. [b]n=26.

nificant Cohen's d ranged between -1.01 and 0.69, and r_{bis} was -.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 (β=.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).

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 ranged 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 Millon, 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 3. Descriptive analysis of the clinical syndromes of the MACI and differential analysis (t-test)

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

[a]n=18. [b]n=26.

ality pattern characterized by hypersensitivity to pain, resigned acceptance of pain and guilt, hypervigilance to painful situations, hopelessness, and negative endogenous state. Also, this group was worried about physical changes and was shown to be dissatisfied and insecure about their identity (see Aguirre, 2004). It therefore seems that mental pain is the underlying characteristic of suicidal thoughts in our sample, as found in the systematic review by Verrocchio et al. (2016). However, the psychiatric adolescents without suicidal ideation in our sample were significantly characterized by excessive self-confidence and inflated self-image, highly self-centered, need for admiration and attention, fantasies of superiority, feelings of sexual discomfort and emotional indifference towards others (see Aguirre, 2004).

Three explanatory domains appear for explaining the 27-28% of suicidal ideation in our sample of adolescent outpatients: depressive affect, self-devaluation, and egotistic.

The importance of depressive affect is consistent with the international literature. Recent studies such as that of Avendaño-Prieto and Betancort (2022) highlight the influence of depression on suicidal risk in the normotypic population. Nock et al. (2013) found that depressive affect was determined to be the strongest predictor of suicidal ideation and the transition to attempted suicide in adolescence. On the other hand, longitudinal studies, such as that of Zubrick et al. (2017), reported that about 50% of adolescents with major depressive disorder had suicidal ideation. Some authors, such as Wang et al. (2015) and Gvion et al. (2015), highlighted the role of hopelessness in the suicidal ideation of depressed patients. Other authors such as Horwitz et al. (2017), outlined that hope is a protective factor for suicidal behaviors. Already in Beck's classic model it was explained that negative appraisals about the future influence the resolution of life events. Studies conducted on the cognitive approaches, such as Beevers and Miller (2004), have observed the negative cognitive bias of these patients. That is, a pessimistic cognitive scheme will affect flexible thinking and the development of new learning for solving problems. Moreover, according to Szczepanik et al. (2017), this biased interpretation would also cause behavioral and motivational difficulties, because it prevents clear differentiation between positive and negative reinforcements. This therefore creates a vicious circle of negative affect symptoms that is maintained or worsens.

Regarding the self-devaluation factor, closely related to self-esteem, self-criticism, and depressive affect, this has also been studied in adolescents with 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. Self-criticism can be a desirable skill to prevent dysfunctional behaviors. However, it seems that clinically significant levels of self-criticism may be related to the risk of suicide through the cognitive mechanisms of rumination, excessive self-evaluation, and worry. On the other hand, Primananda and Keliat (2019) suggested that devaluation is related to poor self-acceptance and dissatisfaction with life; consequently patients may question the meaning of life concurring with the critical period of adolescence. Self-esteem is also an explanatory variable of suicidal ideation, as Jang et al. (2014) reported. According to these authors, the combination of low self-esteem and depressed mood could worsen the severity of suicidal ideation. Specifically, Wild et al. (2004) highlighted the importance of taking account of the measuring of the multiple domains of self-esteem. In their research, low familiar self-esteem was the domain of self-esteem that best discriminated adolescents with suicidal ideation. Positive familiar functioning is a key aspect of adolescent patients, as observed in the effects of suicidal ideation treatment in Dardas' (2019) study.

Finally, the egotistic factor appeared as an explanatory feature in not having suicidal ideation in our sample. Previously, Sanchis and Simón (2012), Villar-Cabeza et al. (2022), and Jaksic et al. (2017) found similar results 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 outpatients in our setting, the number of participants is small, so generalizing results to the target population is difficult. Thirdly, in most cases, the effect size found was small, so these results should be interpreted with caution. Finally, no differences were found in the characteristics of both groups, but it would be interesting to include other clinical and contextual variables in future studies.

The increasing suicide rate among the adolescent 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-

derstanding 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.

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