

PSYCHOEMOTIONAL DISORDERS AND SUICIDAL BEHAVIOR AMONG YOUNG PEOPLE: A COMPREHENSIVE ANALYSIS OF SOCIAL, BEHAVIORAL, AND PHYSIOLOGICAL DETERMINANTS

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Abstract. *The article examines the growing problem of psycho-emotional disorders and suicidal states among young people. The aim of the work is to identify and analyze the key factors contributing to the development of these conditions, with an emphasis on social (media influence, comparison with others), behavioral (physical inactivity, screen time, sleep disorders), and physiological (micronutrient deficiency, neurotransmitter imbalance) aspects. Using data from Uzbekistan (student surveys, UNICEF statistics) as an example, the regional specificity of the problem is shown. Directions for prevention are proposed, including psychological support, lifestyle correction, and educational programs.*

Keywords: *psycho-emotional disorders, suicidal behavior, youth, social media, screen time, sleep disorders, Uzbekistan, prevention.*

Introduction

Suicide is recognized by the World Health Organization as one of the global public health problems. According to estimates, suicide is the second leading cause of death among young people aged 15–29 [1]. Of particular concern is the increase in the number of completed suicides and suicide attempts in the adolescent and young adult population. In the age range of 14 to 19 years, intensive psychosocial restructuring, identity formation, aggravation of interpersonal relationships, and an increased importance of peer evaluation occur. In combination with the immaturity of coping mechanisms for stress, this creates prerequisites for maladaptation and suicidal risk.

In suicidology (A.G. Ambrumova et al.), suicide is considered a consequence of the socio-psychological maladaptation of an individual in conditions of microsocial conflict [2].

Suicidal behavior refers to any internal and external forms of mental acts guided by ideas of self-deprivation of life. In recent decades, researchers have increasingly paid attention to the multifactorial nature of suicidal behavior, involving the interaction of social, behavioral, and biological factors.

The aim of this work is to systematize data on the influence of social (media, suppression of achievements), behavioral (physical inactivity, screen addiction, sleep and eating disorders), and physiological factors on the psycho-emotional state of young people, and also, based on the analysis of regional data (Uzbekistan), to propose preventive measures.

Materials and Methods

The study was conducted as an analytical review with elements of secondary data analysis. Publications from WHO, UNICEF, as well as the results of empirical research conducted in Uzbekistan were used.

In particular, data from a survey of 350 students in Tashkent (2023) concerning habits of using smartphones before bed and subjective assessment of sleep quality were analyzed.

Materials from the UNICEF national study "The Situation of Children and Adolescents in Uzbekistan" (2021) on social isolation among young people were also used. The literature search was carried out in the PubMed, eLibrary.ru, and Google Scholar databases using keywords: adolescent suicide, psycho-emotional disorders, screen time, social media, sleep disorders, micronutrients.

Results

Social Determinants

The modern social environment is characterized by total digitalization of communication.

Adolescents spend a significant part of their time on social networks, which generates a number of psychological effects.

- **Social Comparison Effect.** Viewing the "idealized" lifestyles of peers and celebrities creates a feeling of inferiority in adolescents. This contributes to the development of anxiety-depressive states and a decrease in self-esteem [3].

- **Emotional Overload.** Constant involvement in online communication, the need to respond to messages and maintain a virtual image lead to cognitive exhaustion, decreased attention span, and emotional burnout.

- **Suppression of Personal Achievements.** In conditions of fierce competition for recognition on social networks, adolescents tend to devalue their own successes, especially in the absence of support from significant adults. This intensifies the feeling of social isolation.

Behavioral and Physiological Factors

- **Physical Inactivity and Screen Time.** A decrease in physical activity and an increase in time spent in front of screens lead to a reduction in the production of endorphins and serotonin, which directly affects the emotional state. Numerous studies record a correlation between prolonged smartphone use (more than 7 hours a day) and increased levels of depression, anxiety, and suicidal thoughts.

- **Sleep Disorders.**

The use of digital devices before bed suppresses melatonin production, disrupts circadian rhythms, and shortens sleep duration. Chronic sleep deprivation increases cortisol levels, impairs cognitive functions, and emotional regulation.

In the mentioned survey of Tashkent students, 60% of respondents indicated that they fall asleep with a phone in their hands, which is associated with lower self-rated health and complaints of poor sleep.

- **Micronutrient Deficiency.** Irregular eating, a fascination with fast food, and a lack of B vitamins, magnesium, zinc, and iron lead to disruption in the synthesis of neurotransmitters (dopamine, serotonin). This manifests as increased irritability, apathy, and decreased stress resistance.

Regional Features (on the example of Uzbekistan)

Research conducted in Uzbekistan confirms global trends. According to UNICEF data, more than 10% of adolescents in the country experience feelings of social isolation [5]. A survey of Tashkent students revealed a high prevalence of the habit of using gadgets before bed, which is associated with deterioration in sleep quality and decreased daytime activity.

These data emphasize the need to consider the regional context when developing preventive measures.

Discussion

The obtained results are consistent with the concept of the multifactorial nature of suicidal behavior. Social factors (media, pressure from social networks) create fertile ground for the development of neurotic reactions. Behavioral patterns (sedentary lifestyle, sleep disturbance) and physiological imbalance act as catalysts, increasing the vulnerability of the psyche.

It is important to note that the listed factors are closely interconnected. For example, prolonged screen time leads to physical inactivity and sleep disturbance, which, in turn, reduces the level of neurotransmitters and worsens the emotional state. A vicious circle can lead to the formation of a stable depressive background and, in extreme cases, to suicidal thoughts.

A limitation of this work is the lack of original empirical data controlling for confounding factors. The presented regional data are primarily descriptive. Nevertheless, they allow us to identify problem areas for further research and practical interventions.

Prevention and Correction

Effective prevention of psycho-emotional disorders in young people should be comprehensive and include the following directions:

1. Psychological support: organization of accessible crisis hotlines, school psychologists, support groups; introduction of cognitive-behavioral techniques to correct irrational beliefs associated with social comparison.
2. Educational programs: conducting lessons on digital hygiene, teaching skills for managing screen time, recognizing early signs of stress and depression.
3. Control of sleep and physical activity: promoting the avoidance of gadgets an hour before sleep, popularizing regular sports as a way to naturally stimulate the production of endorphins.
4. Nutraceutical support: when deficiencies are identified – dietary correction and prescription of vitamin and mineral complexes under medical supervision.
5. Social support: strengthening family ties, creating an atmosphere of acceptance and recognition of achievements in educational institutions, reducing the stigmatization of seeking psychological help.

Conclusion

Psycho-emotional disorders and suicidal behavior among young people are the result of a complex interaction of social (digital environment, comparison with others), behavioral (physical inactivity, screen addiction, sleep disorders), and physiological (micronutrient deficiency, neurotransmitter imbalance) factors. Data obtained in Uzbekistan confirm the relevance of the problem for the region and the need to implement targeted preventive programs. Further research should be aimed at developing and evaluating the effectiveness of specific interventions, taking into account regional specifics.

References

1. World Health Organization. Preventing suicide: a global imperative. – Geneva: WHO, 2014. – 98 p.
2. Ambrumova A.G., Tikhonenko V.A. Suicide as a phenomenon of socio-psychological maladaptation of the individual // Actual problems of suicidology. – Moscow, 1978. – pp. 6–28. (In Russian)

3. Twenge J.M., Martin G.N., Campbell W.K. Decreases in psychological well-being among American adolescents after 2012 and links to screen time during the rise of smartphone technology // *Emotion*. – 2018. – Vol. 18, № 6. – P. 765–780.
4. Boers E., Afzali M.H., Newton N., Conrod P. Association of screen time and depression in adolescence // *JAMA Pediatrics*. – 2019. – Vol. 173, № 9. – P. 853–859.
5. UNICEF. Analysis of the situation of children and adolescents in Uzbekistan. – Tashkent, 2021. – 120 p.