

# Suicidal ideation or self-injurious behaviors in Mexican school-aged adolescents

Ideación suicida o conductas autolesivas en adolescentes mexicanos en edad escolar  
Ideação suicida ou comportamentos autolesivos em adolescentes mexicanos em idade escolar



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## Resumen

Las familias mexicanas con hijos adolescentes han cambiado sus roles de acuerdo con el contexto, impactando los procesos comunicativos y psicológicos afectivos, presentando desregulación emocional, desesperanza, síntomas depresivos que conducen a ideación suicida y conductas autolesivas. El objetivo del estudio fue analizar indicadores psicosociales predictivos para la ideación suicida y el comportamiento autolesivo en adolescentes en edad escolar. Con una metodología cuantitativa analítica empírica, con un diseño explicativo no experimental, se identificaron los valores de fuerza predictiva a través de un análisis de trayectoria de mínimos cuadrados no ponderados de ecuaciones estructurales con 835 adolescentes en la escuela utilizados mediante muestreo intencional no probabilístico con consentimiento informado y asentimiento. Ajustes óptimos del modelo predictivo y confiabilidad aceptable observados en los siete instrumentos y un modelo propuesto con factores distales como el funcionamiento familiar y la regulación emocional, factores intermedios como la desesperanza y factores proximales como la ansiedad y la depresión. Se encontró que las variables distales e intermedias contribuyeron a la predicción de ambos fenómenos, pero que las proximales diferenciaron la contribución de la depresión con la ideación suicida y la ansiedad con la conducta autolesiva. Se concluyó que el funcionamiento familiar promueve el desarrollo de la regulación emocional, que, a su vez, se asocia con la aparición de desesperanza cuando hay crisis emocionales en los adolescentes. Cuando la desesperanza se asocia con la depresión, aumenta la probabilidad de presentar ideación suicida, mientras que, si la desesperanza se asocia con la ansiedad, aumenta la probabilidad de presentar conductas autolesivas sin ideación suicida.

## Abstract

Mexican families with adolescent children have changed their roles according to the context, impacting the communicative and psych affective processes, presenting emotional dysregulation, hopelessness, depressive symptoms that lead to suicidal ideation and self-injurious behavior. The aim of the study was to analyze predictive psychosocial indicators for suicidal ideation and self-injurious behavior in school-aged adolescents. With an empirical analytical quantitative methodology, with a non-experimental explanatory design, the predictive strength values were identified through an unweighted least squares trajectory analysis of structural equations with 835 adolescents at school used through non-probabilistic intentional sampling with informed consent and assent. Optimal adjustments of the predictive model and acceptable reliability observed in the seven instruments and a model proposed with distal factors such as family functioning and emotional regulation, intermediate factors such as hopelessness and proximal factors such as anxiety and depression. It found that the distal and intermediate variables contributed to the prediction of both phenomena, but that the proximal ones differentiated the contribution of depression with suicidal ideation and anxiety with self-injurious behavior. It concluded that family functioning promotes the development of emotional regulation, which, in turn, is associated with the appearance of hopelessness when there are emotional crises in adolescents. When hopelessness is associated with depression, the probability of presenting suicidal ideation increases, while if hopelessness is associated with anxiety, the probability of presenting self-injurious behavior without suicidal ideation increases.

## Resumo

As famílias mexicanas com filhos adolescentes mudaram seus papéis de acordo com o contexto, impactando os processos comunicativos e afetivos psíquicos, apresentando desregulação emocional, desesperança, sintomas depressivos que levam à ideação suicida e comportamento autolesivo. O objetivo do estudo foi analisar indicadores psicossociais preditivos para ideação suicida e comportamento autolesivo em adolescentes em idade escolar. Com uma metodologia empírica analítica quantitativa, com desenho explicativo não experimental, os valores de força preditiva foram identificados por meio de uma análise de trajetória de mínimos quadrados não ponderados de equações estruturais com 835 adolescentes na escola utilizada por meio de amostragem intencional não probabilística com consentimento informado e assentimento. Ajustes ótimos do modelo preditivo e confiabilidade aceitável observados nos sete instrumentos e um modelo proposto com fatores distais, como funcionamento familiar e regulação emocional, fatores intermediários, como desesperança, e fatores proximais, como ansiedade e depressão. Verificou-se que as variáveis distais e intermediárias contribuíram para a predição de ambos os fenômenos, mas que as proximais diferenciaram a contribuição da depressão com ideação suicida e da ansiedade com comportamento autolesivo. Concluiu-se que o funcionamento familiar promove o desenvolvimento da regulação emocional, que, por sua vez, está associada ao aparecimento de desesperança quando há crises emocionais em adolescentes. Quando a desesperança está associada à depressão, a probabilidade de apresentar ideação suicida aumenta, enquanto se a desesperança estiver associada à ansiedade, a probabilidade de apresentar comportamento autolesivo sem ideação suicida aumenta.

## Citar como:

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## Introduction

Difficulties in intra-family relationships with adolescent children have increased due to the change in the roles and competencies of parents according to contexts and historical moments, determined by economic and socio-labor crises (Castaño et al., 2020; González et al., 2020; Kong & Yasmin, 2022). Likewise, in the face of disagreements in family relationships, difficulties in adapting to the social institutions of school have implied problematic manifestations in the emotional management of adolescents based on the perception of the functionality of authority, affectivity, and sexuality (Nuñez-Naranjo et al., 2021). Family dysfunction and emotional dysregulation in adolescents generates perceptions of affective impotence and hopelessness (Benavides-Mora et al., 2019; Luna, 2024), which have been identified as predictors of a depressive or anxious state that, in turn, determine suicidal ideation or self-injurious behavior in young adolescents (Cuadra-Peralta et al., 2021; Stornello & Pojani, 2024; Varela & Linares, 2024).

Suicide is an unfortunate event that represents a complex psychosocial process, in which a person plans and decides to take their own life using different means and rituals of behavior (Garza et al., 2019). The suicidal act can be understood as an individual psychological phenomenon with cognitive and emotional processing of inadequate self-reference (Marina et al., 2021); however, aspects of social order are also decisive from the effects of problematic interpersonal relationships that lead to adverse experiences with others in family, school, and community contexts (Heider, 2016; Pluck et al., 2013).

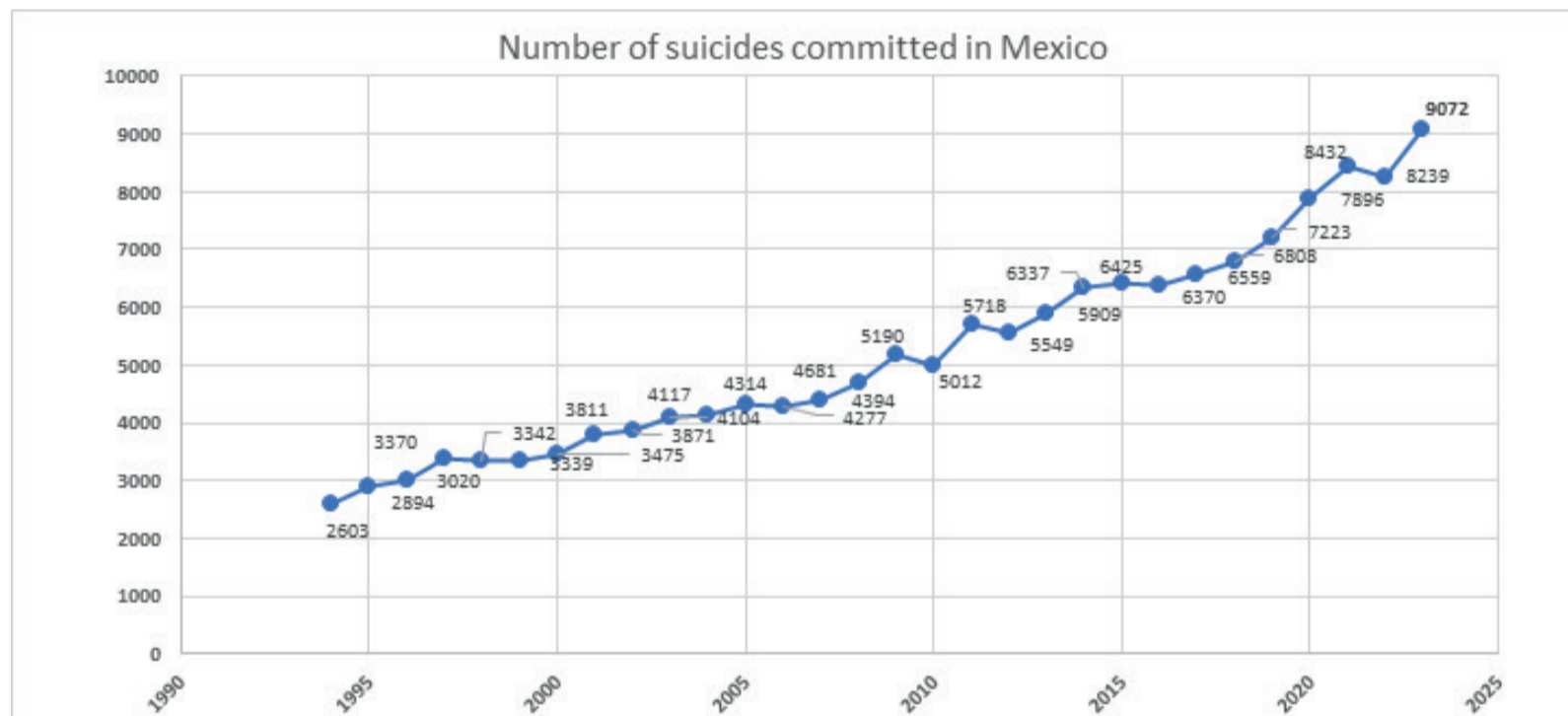
Suicidal ideation is a set of thoughts that constituted from the intentional planning of causing one's own death, whose content represented by adverse experiences evoked with hopelessness, disability, and a depressed mood (Xiao et al., 2022). Actions where means and tools used to take one's own life, called suicide attempts, maintain manifestations of rituals of specific farewell behaviors with written and/or verbal warnings in various unilateral communications towards others (Cortés et al., 2021). However, suicidal ideation is a multi-causal psychosocial phenomenon recorded in its consummation through different public health institutions regardless of the clarity of knowledge of the psychosocial processes that precede it (Alvarino, 2019; Guzman, 2025). Likewise, the self-injurious behavior consists of a series of activities carried out by the person reflecting external physical damage (cuts, bites, burns, etc.) or internal damage (addictions, diseases, disorders, etc.), based on complex behaviors causing body pain for a certain and episodic time (Güichá & Ballesteros, 2024).

Suicidal ideation and self-injurious behavior without suicidal ideation are two major problems that affect a significant percentage of adolescents associated with other psychosocial factors. The presence of different events or stressful circumstances impacts adolescents

aged 14 to 17 years on their emotional stability due to inadequate family or social relationship conditions (Flores et al., 2019). The family is the entity that generates protective psychological resources for a healthy life, however, family dysfunction with failure in communication, adaptive attachment, management of authoritarian parental style or competence and weak intra-family cohesion, lead to problems of emotional control and affection in adolescents (Olson et al., 2019; Guatrochi, 2020; de Leon & Beate, 2024).

The World Health Organization [WHO] cited in Gabilondo (2020), has identified that every forty seconds there is a victim of suicide between the ages of 15 and 29, presenting itself as the fourth cause of death particularly in low – and middle-income countries such as Mexico. Suicide is a relevant public health problem, since by 2021 almost one million people had taken their lives in the world (Organización Panamericana de la Salud [OPS], 2021). In Mexico, the phenomenon of suicide has shown an upward trend, registering 9,042 completed suicides in 2023 (Instituto Nacional de Estadística y Geografía [INEGI], 2024). Figure 1 shows the increase in the period over the last two decades.

Figure 1  
Completed suicide in Mexico from 2000-2024



Source: INEGI (2024).

On the other hand, European studies indicated that self-injurious behavior is committed in between 13% and 29% of adolescents between 10 and 15 years of age (Flores-Soto et al., 2018). Instead, in Mexico, the prevalence ranges from 13% to 23% (Duarte et al., 2020), although the trend registers a decrease in self-injurious behavior, the prevalence is still relevant, since for the year 2018 variations of 13% observed (Mayer et al., 2016).

Several studies have found that family dysfunction is an important predictor of suicidal ideation in adolescents, mainly due to weak cohesion among its members (Dávila-Cervantes & Luna-Contreras, 2019; Niebles, 2019), as well as child abuse and the problems between the members (González, Silva et al., 2020). Other studies have linked family dysfunction with deficits in coping skills (Burgos et al., 2017; Carqueo-Urizar et al., 2020) and emotional dysregulation (González, 2022). Likewise, family dysfunction associated with emotional dysregulation has led to symptoms of depression, anxiety, and low self-esteem (Herskovic & Matamala, 2020; Lozano-Blasco & Cortés-Pascual, 2020). Thus, the exposure of adolescents to hostile, incongruent family

contexts and authoritarian parenting patterns predict emotional and cognitive conflicts, increasing the probability of depression (Ochoa, 2015).

The prevalence of physical self-harm such as cuts or bites has been related to environmental situations of psychosocial stress or contextual anxiety in adolescents (Nock, 2010; Ulloa et al., 2020). Santos & Faro (2018) proposed that private superficial wounds in adolescents serve purposes of stress mitigation, relaxation, and even as manifestations of social acceptance, although it has hardly as part of parasuicidal behaviors. Studies have reported the association of family dysfunction and emotional dysregulation with anxiety symptoms (Orgilés et al., 2012; Bonilla-Sepúlveda, 2021).

Bojórquez et al. (2020) stated that suicidal ideation was recreated with a kind of cognitive anteroom characterized by feelings of loneliness or helplessness in the face of the difficulties of resolving stressful situations. Hopelessness has a state of helplessness where lost motivation affects the adolescent cognitively and behaviorally,

preventing a feeling of well-being and the generation of life plans or expectations with a positive or healthy sense. In this state, no responses to avoid or prevent aversive stimulation, this is because they do not find any reinforcer for the escape behavior, or because they have the conclusion that it is impossible to escape (Abello et al., 2016). Other studies have linked hopelessness with symptoms of depression (Sibela et al., 2015; Honorato et al., 2019).

Explanatory models for understanding suicidal ideation and self-injurious behavior without suicidal ideation in adolescents have addressed separate explanations. The contribution of this research consists of identifying a comprehensive explanatory predictive theoretical model sufficient to observe the factors that have the greatest influence and magnitude of effect of the two study variables. This identification will strengthen the diagnostic mechanisms that affect adolescents in terms of differentiating the consequent manifestations of suicidal ideation and self-injurious behavior; as well as allow the design of future research and timely prevention processes with elements of comprehensive psychosocial psychoeducational intervention. Therefore, the aim of the study was to analyze predictive psychosocial indicators for suicidal ideation and self-injurious behavior in school-aged adolescents.

## Methodology

With an empirical-analytical perspective and quantitative methodology of transversal temporality, through a non-experimental design, the project was favorably approved by the Research Ethics Committee of the Autonomous University of Ciudad Juárez.

## Sample of participants

The sample size was considered using the a-priori formula called: Sample Size Calculator for Structural Equation Models [Software] (Soper, 2022) with an anticipated effect size of 0.1, desired statistical power level of 0.8, with 1 latent variable, 6 observed variables and a probability of  $p=0.05$ ; establishing a minimum sample of 320 participants considering that there are more than six million adolescents enrolled in Mexico. However, a sample of 835 participants was achieved by meeting the criterion of 10-20 participants per calculated parameter that allowed the structural equation model to be conducted (Kline, 2011).

The sample focused on the attribute was representative of adolescents in Ciudad Juárez at the secondary and high school levels of the public and private sectors, participating voluntarily through informed consent and assent ensuring confidentiality and anonymity, 264 adolescents from 5 public high schools, 91 from 2 private high schools, as well as 480 from 2 public high schools. By means of non-probabilistic intentional convenience sampling (Baena Paz, 2017), institutions invited students from 14 to 17 years of age who were not under psychiatric or psychological treatment in their schools when they enrolled. Invited to 939 adolescents, 590 in 2021 and 267 in 2022, however, 835 adolescent students agreed to participate with parental consent.

## Instruments

A sociodemographic data questionnaire used to obtain general data such as age, sex, educational level, place of birth, residential area,

type of school, type of family, place in the family, with whom they live, and whether they have received mental health care. Likewise, seven validated instruments we used: (1) Family Functioning Scale FF-IL validated by Ortega et al. (1999), considering the original elaboration by Atri & Zetune (1987), which has fourteen items. (2) Emotional Regulation Difficulties Scale [DERS] was developed by Marín et al. (2012), with a psychometrically and conceptually adjusted four-factor structure with 24 items with 45% of the variance, where De la Rosa-Gómez et al. (2021) found internal consistency of  $\alpha=.800$  in Mexican samples with acceptable reliability according to Muñoz-Martínez et al. (2016). (3) Beck's Despair Scale validated by Córdova (2011) and has twenty items. (4) The Hamilton Anxiety Rating Scale (HARS) developed by Hamilton (1959) and validated by Rylander (1982) and Hallit et al. (2020), is a hetero-administered scale of fourteen items that assesses the degree of anxiety of the patient.

Also, (5) The Center for Epidemiologic Studies Depression Scale in adolescents [CES-D-R] developed by Radloff (1977) and adapted to the Mexican population by González-Forteza et al. (2015) with thirty-five items. (6) Positive and Negative Suicidal Ideation PANSI developed by Osman et al. (1998) and validated by Villalobos (2010) with fourteen items. (7) The Self-Injurious Thoughts and Behaviors Scale [EPCA] developed by García-Nieto et al. (2013), in their section on self-injurious behaviors, which has adequate reliability ( $k=.90$ ).

The data were analyzed using the Statistical Program for Social Sciences SPSS version 29 with descriptive statistics of the sample, ANOVA mean difference analysis, linear correlation-regression between the study variables considering the Kolmogorov-Smirnov normality analyses, and using the AMOS Graphics program, unweighted least squares factor analyses were performed to estimate the causal relationships of suicidal ideation and self-injurious behavior.

## Results

### Sample descriptions

The total biannual sample (2021-2022) was 835 participants, 576 (69 %) from 2021 and 259 (31 %) from 2022. The average age of the participants was 14.9 years, with 82 % being originally from Ciudad Juárez and 61 % were women. 41 % at the secondary level and 59 % at the baccalaureate level; 89 % from public schools and 18 % work with remuneration. 63 % reported living with both parents, with 63 % corresponding to nuclear families and 34 % single-parent. 32 % registered as older siblings, 29% as middle siblings, 34% as younger siblings and 5 % as only children. 70 % (589) reported not having a mental health professional, psychologist, or psychiatrist. Of the 30 % (246) who indicated treated in the past before the pandemic, 10 % (91) stated that they are currently interested in mental health care treatment through therapies or pharmacology.

### Study variables

On the FF-IL Family Functioning scale with Cronbach's alpha of  $\alpha=.883$  and McDonald's Omega of  $\omega=.917$ ; yielded a mean of  $x=47.9$ ,  $SD=11.7$  between **17** and **70** points, 24 % (205) reported indicators of a functional family, 43 % (361) moderately functional family, 27 % (222) dysfunctional family and 6 % (47) severely dysfunctional family. A statistically significant difference by type of family, as there was greater family functionality in adolescents from a nuclear family ( $x=49.3$ ), than

in single-parent ( $x=45.7$ ) and extended ( $x=43.6$ ) ( $F=11,220$ ,  $sig.=.000$ ). Likewise, men reported greater family functioning ( $x=50.4$ ) than women ( $x=46.2$ ) with a significant difference ( $F=26,198$ ,  $sig.=.000$ ), and as age and educational level increase, family functioning decreases ( $x=53.2/12$  years to  $x=43.8/17$  years) ( $F=13,930$ ,  $sig.=.000$ ). In addition, students in private schools showed greater family functioning ( $x=51.6$ ) than those in public schools ( $x=47.4$ ) ( $F=10.198$ ,  $sig.=.001$ ). Also, schoolchildren who reported that they would currently be interested in having psychological care had lower family functioning ( $x=43.1$ ) than students who had never had psychological care ( $x=48.5$ ) ( $F=17,382$ ,  $sig.=.000$ ), regardless of place of origin.

The Emotional Regulation Difficulties Scale obtained a Cronbach's Alpha of  $\alpha=.890$ . and McDonald's Omega of  $\omega=.935$ . With a mean of **53.41**, an SD of 22.179, between a minimum of **0** and a maximum of **96**, with a sample of  $N=835$ , 52.8 % (441) were in the category of very severe in emotional dysregulation, 14.3 % (119) with a severe result, 20.1 % (168) moderate, 6.5 % (54) mild, 4.2 % (35) minimal and 2.2 % (18) absent. Emotional dysregulation was greater in men ( $x=60.3$ ) than in women ( $x=48.9$ ) ( $F=56.393$ ,  $sig.=.000$ ). Likewise, through one-way ANOVA analysis, as age and educational level advance, emotional dysregulation ( $x=59.8/12$  years- $x=49.2/17$  years) ( $F=9.053$ ,  $sig.=.000$ ) was lower, with those enrolled in private schools reporting greater emotional dysregulation ( $x=60.4$ ) than in public schools ( $x=52.5$ ) ( $F=10.354$ ,  $sig.=.001$ ) mainly in secondary schools ( $x=60$ ) than in high school ( $x=48.8$ ) ( $F=54.771$ ,  $sig.=.000$ ). In addition, those who are in treatment to take care of their mental health showed less emotional dysregulation ( $x=48.9$ ) than those who are not ( $x=55.2$ ) ( $F=14,480$ ,  $sig.=.000$ ), regardless of the place of birth and type of family.

The Beck Despair Scale obtained an  $\alpha=.785$  and a McDonald's Omega of  $\omega=.815$ ; as well as a mean of  $x=6.2$ ,  $SD=5.0$  from 0 to 20 points, where 37 % (308) are at high levels considering a cut-off point of 8 according to the author, while 63 % (527) low levels There was a statistically significant difference being greater in women ( $x=6.8$ ) than in men ( $x=5.2$ ) ( $F=21.561$ ,  $sig.=.000$ ). Also, as age and educational level advance, the degree of hopelessness ( $x=5.4/12$  years- $x=7.1/17$  years) ( $F=3.301$ ,  $sig.=.006$ ) is greater, mainly in public schools ( $x=6.4$ ) than in private schools ( $x=4.5$ ) ( $F=11.160$ ,  $sig.=.001$ ). There was even a greater degree of hopelessness in those who belong to an extended family ( $x=7.6$ ) than in single-parent ( $x=6.7$ ) and nuclear ( $x=5.8$ ) ( $F=4.038$ ,  $sig.=.018$ ); and in those who are in treatment to take care of their mental

health ( $x=7.3$ ) over those who are not ( $x=5.7$ ) ( $F=17,449$ ,  $sig.=.000$ ), regardless of place of birth.

The Hamilton Anxiety Scale obtained an  $\alpha=.924$  and an  $\omega=.924$ . With a mean of  $x=33.5$ ,  $SD=12.6$  between 14 and 70 points, 50 % (419) were in mild anxiety, 40 % (331) moderate anxiety and 10 % in high anxiety. A significant difference was found, as age advances and the educational level, the higher the level of anxiety ( $x=29.6/12$  years- $x=36.2/17$  years) ( $F=9.237$ ,  $sig.=.000$ ), mainly those in public schools ( $x=33.9$ ) than in private schools ( $x=29.9$ ) ( $F=8.411$ ,  $sig.=.004$ ); and those who belong to an extended family ( $x=37.9$ ) who are single-parent ( $x=34.3$ ) and nuclear ( $x=32.8$ ) ( $F=3.509$ ,  $sig.=.030$ ); as well as in anxiety, it was higher in those who receive treatment to take care of their mental health ( $x=39.8$ ) than in those who do not ( $x=32.7$ ) ( $F=25,897$ ,  $sig.=.000$ ), regardless of place of birth.

The Center for Epidemiologic Studies Depression Scale in adolescents obtained an  $\alpha=.964$  and an  $\omega=.975$ , with a mean of  $x=90.2$ ,  $SD=33.7$  between **35** and **171** points; 44 % (366) registered non-significant levels, 40 % (336) moderate levels and 16 % (133) significant levels of depression. The difference was significant, being greater in the 2022-opening group ( $x=97.7$ ) than in the 2021-lockdown group ( $x=86.6$ ) ( $F=19.208$ ,  $sig.=.000$ ) and in women ( $x=98.1$ ) than men ( $x=77.8$ ) ( $F=78.137$ ,  $sig.=.000$ ). Likewise, as age and educational level advance, the higher the level of depression ( $x=79.4/12$  years- $x=98.6/17$  years) ( $F=11,535$ ,  $sig.=.000$ ), especially in public schools ( $x=91.7$ ) than in private schools ( $x=77.8$ ) ( $F=13.837$ ,  $sig.=.000$ ). In addition, adolescents from extended families showed greater depression ( $x=100.8$ ) than those from single-parent families ( $x=93.7$ ) and from nuclear families ( $x=87.6$ ) ( $F=4.819$ ,  $sig.=.000$ ). Also, those who are in treatment to take care of their mental health ( $x=106.3$ ) over those who are not ( $x=88.2$ ) ( $F=24,092$ ,  $sig.=.000$ ), all regardless of place of birth. The findings indicated the trend without significant difference that 43 % of the adolescents in school with significant indicators of depression maintained high indicators of anxiety and hopelessness. However, without considering anxiety, 65 % of adolescents with significant depression maintained high levels of hopelessness ( $Chi^2=310,778$ ,  $df=4$ ,  $sig.=.000$ ); Not considering hopelessness, 72 % of the participants with significant depression maintained elevated anxiety ( $Chi^2=506,190$ ,  $df=4$ ,  $sig.=.000$ ); and without considering depression, 33 % of the students with high anxiety maintained high hopelessness ( $Chi^2=169,069$ ,  $df=4$ ,  $sig.=.000$ ). The descriptives of the variables are shown in Table 1

**Table 1**  
Descriptive of the study variables.

Variable	Minimal	Maximum	Media	DS	Variance
Family functioning	<b>17</b>	70	47,9	11,7	137,3
Emotional Regulation	<b>0</b>	<b>96</b>	53.4	22,1	491,3
Anxiety	14	70	33,5	12,6	161,0
Hopelessness	0	20	6,2	5,0	25,4
Depression	<b>35</b>	171	90,2	33,7	1137,9
Suicidal ideation	<b>0</b>	<b>56</b>	16,6	12,7	163,1
Self-injurious behavior	11	60	22,9	8,4	72,1

N=835

The Positive or Negative Suicidal Ideation Inventory obtained an  $\alpha=.923$  and  $\omega=.917$ . With a mean of  $x=16.6$ ,  $SD=12.7$  and scores between 0 and 56 points, it recorded that 43 % (359) of the adolescents indicated significant suicidal ideation. It was found that the reported values were

higher in the sample of women ( $x=18.6$ ) than in that of men ( $x=13.5$ ) ( $F=32,290$ ,  $sig.=.000$ ); as age and educational level increase ( $x=14.5/12$  years to  $x=16.6/17$  years) ( $F=6.916$ ,  $sig.=.000$ ); extended families ( $x=23.9$ ) than single-parent families ( $x=17.9$ ) or nuclear families ( $x=15.5$ ) ( $F=9.363$ ,

sig.=.000) and public schools ( $x=17.2$ ) than private schools ( $x=11.8$ ) ( $F=14.559$ , sig.=.000); high school ( $x=19$ ) than secondary school ( $x=13.2$ ) ( $F=44.476$ , sig.=.000). As well as in those who are in treatment for their mental health care ( $x=24.8$ ) over those who are not ( $x=15.6$ ) ( $F=44,351$ , sig.=.000), regardless of place of birth.

The Self-Injurious Thoughts and Behaviors Scale obtained an  $\alpha=.819$  and an  $\omega=.956$ . With 13 items on the General Self-Injury Scale (EPCA), with a mean of  $x=22.9$ ,  $SD=8.4$  and scores between 11 and 60, it was observed that 75 % (629) of the adolescents reported absence of self-injurious behavior, 23 % (190) presented moderate levels and 2 % (16) significant levels. Higher scores were obtained in women ( $x=23.7$ ) than in men ( $x=21.6$ ) ( $F=11.674$ , sig.=.001), as age advanced ( $x=25.8/17$  years- $x=21.1/12$  years) ( $F=7.835$ , sig.=.000); and the type of family: extended family ( $x=27.5$ ) single-parent ( $x=23.9$ ) and nuclear ( $x=22.0$ ) ( $F=10.030$ , following=.000); in addition, those who are in treatment to take care of their mental health ( $x=29.5$ ) over those who are not ( $x=22.1$ ) ( $F=67,548$ , sig.=.000), regardless of the type of school and place of birth.

## Correlational analysis

Result a statistically significant positive relationship between family functioning and

emotional regulation ( $r=.478$ , sig.=.000). Also, between depression and hopelessness ( $r=.692$ , sig.=.000), depression and anxiety ( $r=.799$ , sig.=.000) as well as between hopelessness and anxiety ( $r=.566$ , sig.=.000), indicating that the greater one occurs, the greater the probability that the other two variables will occur. Other findings indicated that there were statistically significant negative correlations between family functioning with hopelessness, anxiety, and depression ( $r=-.400$  to  $r=-.499$ , sig.=.000); and between emotional regulation with them ( $r=-.653$  to  $r=-.817$ , sig.=.000). Likewise, statistically significant positive correlations were found between suicidal ideation and self-injurious behavior ( $r=.666$ , sig.=.000); as well as a negative relationship between family functioning and emotional regulation, with hopelessness, anxiety, depression, suicidal ideation and self-injurious behavior (see table 2).

**Table 2**  
Correlations into the study variables

N=835	Emotional Regulation	Hopelessness	Anxiety	Depression	Suicidal ideation	Self-injurious behavior
Family Functioning	.478**	-.400**	-.496**	-.499**	-.514**	-.385**
Emotional Regulation		-.714**	-.653**	-.817**	-.665**	-.496**
Hopelessness			.566**	.692**	.777**	.507**
Anxiety				.799**	.623**	.563**
Depression					.758**	.614**
Suicidal ideation						.666**

\*\*The correlation is significant at the 0.01 level (bilateral).

## Predictive analysis

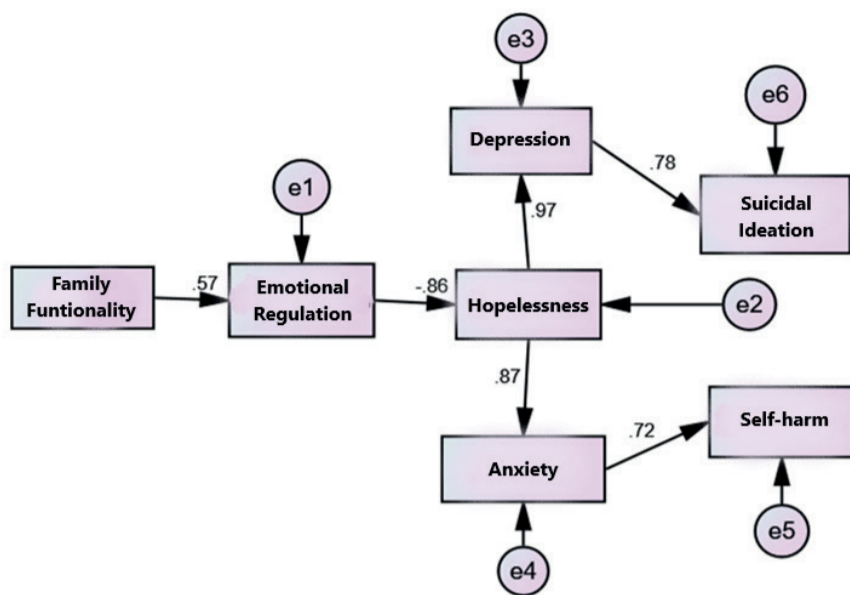
It was observed that family functioning was a predictor of emotional regulation ( $b=.444$ ,  $t=-14.752$ ,  $e=.057$ , sig.=.000) with a square mean of 54789.632 ( $F=151.604$ , sig.=.000). Emotional regulation was a negative predictor of hopelessness ( $b=-.653$ ,  $t=-24.912$ ,  $error=.006$ , sig.=.000), anxiety ( $b=-.714$ ,  $t=-29.441$ ,  $error=.014$ , sig.=.000), and depression ( $b=-.817$ ,  $t=-40.918$ ,  $error=.030$ , sig.=.000). This indicated that anxiety symptoms and depression were determined by the degree of hopelessness or negative assessment of the future. Hopelessness was determined by the emotional dysregulation of the participants and this, in turn, by family dysfunction.

According to linear regression analysis, hopelessness was observed to be predictive of depression ( $b=.692$ ,  $t=27.651$ ,  $error=.167$ , sig.=.000) with a mean square of 594.028 ( $F=764.587$ , sig.=.000), to a greater extent than anxiety ( $b=.566$ ,  $t=19.802$ ,  $error=.072$ , sig.=.000) with a mean square of 109.639 ( $F=392.113$ , sig.=.000). The negative evaluation of the future determined to a greater extent the symptoms of depression than the symptoms of anxiety. In addition, depressive symptoms were a

predictor of suicidal ideation ( $b=.758$ ,  $t=33.504$ ,  $error=.009$ , sig.=.000) to a greater extent than anxious symptoms ( $b=.623$ ,  $t=22.962$ ,  $error=.027$ , sig.=.000). Also, depressive symptoms predicted suicidal ideation ( $b=.758$ ,  $t=33.504$ ,  $error=.009$ , sig.=.000) to a greater extent than self-injurious behavior ( $b=.614$ ,  $t=22.460$ ,  $error=.007$ , sig.=.000). Likewise, hopelessness was a greater predictor of suicidal ideation ( $b=.777$ ,  $t=35.659$ ,  $error=.055$ , sig.=.000) than of self-injurious behavior ( $b=.507$ ,  $t=16.955$ ,  $error=.050$ , sig.=.000).

Various procedures were carried out through the SPSS-AMOS version 22 program using the unweighted least squares mechanism until optimal adjustments were found, since a kurtosis of 9,839 and a critical ratio of 12,664 were reported when considering the indicators of depression and suicidal ideation as well as those of anxiety with those of self-injurious behavior. In the same interaction of family functionality as an exogenous variable, finding that emotional regulation and cognitive processing of hopelessness were main mediating variables (see Figure 2), obtaining optimal adjustments of:  $CMIN=2037320.321$ ;  $NPAR=13$ ,  $p<.001$ ;  $RMR=9.827$ ;  $GFI=.998$ ;  $AGFI=.997$ ;  $PGFI=.535$ ;  $NFI=.997$ ;  $RFI=.996$ ;  $PRATIO=.714$  and  $PNFI=.712$ .

Figure 2  
Trail analysis using AMOS weighted minimums.



Source: Own elaboration.

## Discussion

The objective of the study was fulfilled in a relevant way by analyzing the psychosocial indicators predictive of suicidal ideation and self-injurious behavior in school-age adolescents. The functionality of the family with adolescent children can limit the development of psychological resources due to failures in cohesion, flexibility or communication, a result that corroborates the findings of Baumrind (1971), and Olson et al. (2019) which generates the need to design psycho-emotional support and care programs considering the actions of the members that make up the family nucleus in the management of limits and norms from a systemic and integral ecological perspective according to Guatrochi (2020), Castaño et al. (2020), Kong & Yasmin (2022) and Luna (2024).

The levels of affective affection shown in the present study indicated a relevant percentage of adolescents who experienced behaviors and thoughts that violated the value of hope in the construction of a future life plan (Estévez & Jiménez, 2017). One in four adolescents presented severe emotional effects and seven out of ten moderates, as they had difficulty identifying, expressing, and regulating emotions, which can increase the presence of psychopathological stages of anxiety or significant symptoms of depression (Carqueo-Urizar et al., 2020). Therefore, the study provides important factors regarding the mediating variables of emotional regulation difficulties and hopelessness, since the predictive force of family functioning with adolescent emotional regulation leads to a high risk of hopelessness (Mayer et al., 2016; Pérez & Guerra, 2014). The problems that arise when there are no necessary resources to know, understand and regulate emotions, can cause from the manifestation of depressive or anxious symptoms to an inability to interact socially, thus managing a series of socio-emotional conflicts which can limit or annul the adolescent's ability to adapt (Calejar et al., 2025).

Given the age vulnerability represented by the regulatory capacity of emotions and cognitions according to family functioning, the difficulty in the development of psychoemotional and psychosocial resources leads to manifestations and problems in mental health (Dávila-Cervantes & Luna-Contreras, 2019; Niebles, 2019). Although previous studies made it possible to establish the relevant predictive strength of family functioning with self-injurious behavior, as well as with suicidal

ideation. It was relevant to identify the simultaneous mediating factors of emotional regulation and hopelessness that had not been visible in the background of the study.

Although studies show that, on the way to interpreting the adversities that generate hopelessness in the life of an adolescent individually, the reality implies that hopelessness comes from difficulties in their social interaction without reinforcers in the face of certain escape behavior (Schunk & DiBenedetto, 2020; Khanolkar et al., 2025), or because they have come to the conclusion that it is impossible for them to escape from problems in the face of constant frustration, because the young person does not find reason or reasons to adapt when there is no adequate social support (Castro & Vargas, 2022).

The results obtained in relation to suicidal ideation are consistent with the findings of González-Forteza et al. (2015) and Honorato et al. (2019), since women are more vulnerable to the difficulty of emotional regulation when the family functions as a risk factor in according with Flores et al., (2019). On self-injurious behavior, similarities with the studies of Ulloa et al. (2020) where the influence of inadequate family functioning is important for adolescents to present self-injurious behaviors according to Carqueo-Urizar (2020).

In the findings, as age and educational level increased, the association between family functionality and emotional regulation was significant according to Boza & Antonio (2020), although the degree of hopelessness associated with anxiety levels in schooled adolescents was positively associated regardless of age according to Caguana-Sopa & Tobar-Viera (2022). as well as depression with suicidal ideation, especially in public schools compared to private schools, according to Gutiérrez-Mercado & Figueroa-Varela (2021).

## Conclusions

In the present study, there is a significant relationship between emotional dysregulation, hopelessness, depression, and suicidal ideation, as well as a significant relationship between emotional dysregulation, hopelessness, anxiety, and self-injurious behavior. Like this, suicidal ideation and self-injurious behavior are mutually exclusive, meaning that adolescents who self-injure did not present suicidal ideation (Zhang et al., 2025). The results obtained through the analysis of paths using unweighted least squares showed that psychosocial factors such as family functioning maintain influence on mediating factors such as emotional regulation and the cognitive perception of hopelessness. Although there were predictive relationships between hopelessness and indicators of depression and anxiety related to suicidal ideation according to studies conducted by Beck (1980), Barrera (2019), Villalobos (2009) and Castro & Vargas (2022), the model suggested that, with better statistical adjustments, it can be indicated that hopelessness, depending on emotional regulation, was the main risk factor for mental health in school-going adolescents.

Inadequate emotion regulation and negative cognitive processing of hopelessness led on the one hand, to the predictability of significant indicators of depression on the probability of presenting suicidal ideation in adolescents according to Benavides-Mora et al. (2019). On the other hand, the predictability of the relevant indicators of anxiety on the probability that the adolescent will experience self-injurious behavior without necessarily having the objective of taking her own life. Therefore, the methodology used allowed a relevant contribution to the relevance of the construction of a predictive psychosocial model through the analysis of pathways by examining

a set of relationships between contextual exogenous factors (Pérez & Guerra, 2014) and identifying their predictive causal relationships by making visible mediating variables that until now were perceived with imprecise determination (Hair et al., 2019). Based on the theoretical and background review, family functioning leads to the development of emotional regulation, which, in turn, is associated with the appearance of hopelessness. When hopelessness is associated with depression, the probability of presenting suicidal ideation increases, while if hopelessness is associated with anxiety, the probability of presenting self-injurious behaviors without suicidal ideation increases.

As limitations of the study, it was possible to identify the difficulty of replicating the model in other contexts, as well as the possibility of using other instruments that enable other ecological perspectives. In addition, it was not possible to control the possible sources of error that implied a collection by virtual means, enabling future studies that allow greater validation in according with Ramírez & Godeau (2025). Another aspect was that adolescents schooled in a locality were analyzed, which can limit the impacts of the variables studied in educational contexts as a protective factor, so it is recommended to replicate it at the national level. The data were analyzed through trail analysis or Path Analysis, so other SEM analyses with larger sample sizes can be integrated (Rendón-Macías & Villasís-Keever, 2017).

This will allow future studies to enable replication processes with other samples of schooled adolescents and to continue with the discussion of the presence of comorbidity between anxiety and depression as possible identifiers of non-suicidal self-harm and suicidal ideation, respectively. Likewise, it is relevant to consider the processes of interdisciplinarity and multifactorially for the classificatory identification of self-injury with comprehensive treatments according to Ascanio & Samyra (2024) and Carrera-Tigrero et al. (2025). This involvement would allow mental health professionals to foresee and address both associative conditions in psychosocial treatment plans and actions.

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