

Study finds over 70 percent of suicidal teens don't get the mental health services they need

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Suicidal teens are not likely to get the mental healthcare they need. This is according to a team of researchers at Seattle Children's Research Institute, the University of Washington (UW), and Group Health Research Institute. The study, "Adolescents With Suicidal Ideation: Health Care Use and Functioning," was recently published in *Academic Pediatrics*.

The researchers found that only 13 percent of <u>teens</u> with suicidal thoughts received <u>mental health</u> visits through their healthcare network and only 16 percent received services in the year after, despite being eligible for and having access to mental healthcare without a referral and with relatively small co-pays. Additionally, when all types of mental <u>health services</u> were combined (including antidepressants and care received through outside sources), still only 26 percent of teens with suicide ideation in the study received services the year prior.

"Teen suicide is a very real issue today in the United States. Until now, we've known very little about how much or how little suicidal teens use healthcare services. We found it particularly striking to observe such low rates of healthcare service use among most teens in our study," said lead author Carolyn A. McCarty, PhD of Seattle Children's Research Institute, and research associate professor of pediatrics at the University of Washington School of Medicine.

According to the <u>Centers for Disease Control and Prevention</u>, suicide is the third leading cause of death for people aged 15 to 24 and the fourth



leading cause of death for children between the ages of 10 and 14. Identifying suicidal ideation is critical to preventing suicide. While many experts consider suicidal thoughts normative during adolescence, this study confirms teens with suicidal ideation experience more <u>functional impairment</u> such as interpersonal difficulties, school problems, and <u>mental health problems</u>. Researchers in this study found these impairments persisted into a six-month follow-up period. These difficulties can, in turn, intensify the need for mental healthcare.

In the study, Dr. McCarty and co-investigators examined the use of healthcare services among teens aged 13-18 who were patients at Group Health Cooperative. A total of 198 teens were studied, including 99 teens who endorsed suicidal thoughts, and 99 control teens, matched on age and gender. Administrative data spanning two years were collected from medical records, in addition to interviews conducted with teens and their parents.

Utilization of mental health services was low among both the control group and those with suicidal thoughts. Although 86 percent of the youth with suicidal ideation had seen a healthcare provider, only 13 percent had a mental health specialty visit, and only 7 percent received antidepressant medications. Only 10 percent of those without suicidal ideation had received any mental health visits within the Group Health Cooperative system in the prior year. However, respondents with suicidal ideation had significantly more severe depression, a greater prevalence of lifetime diagnosis of depression or anxiety, and higher scores of pediatric chronic disease. When all mental health service questions were combined, 26 percent of the teens with suicide ideation received services the prior year, and 16 percent received services in the following year. These findings confirmed previous studies examining self-reported mental health services among adolescents.

"We know that asking teens about suicidal ideation does not worsen their



problems," said Dr. McCarty. "It's absolutely crucial for a teen who is having thoughts of self-harm or significant depression to be able to tell a helpful, trustworthy adult."

"These findings underscore the need for clinicians to be aware of the potential for suicide in adolescence," added Dr. McCarty. "Primary care physicians and healthcare providers should be specifically assessing suicidal ideation in the context of depression screening for teenagers. Effective screening tools are available, as are effective treatments for depression."

Provided by Seattle Children's

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