

Mental health problems often go undetected in youth who die by suicide, analysis suggests

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Three out of five youth who died by suicide in the U.S. did not have a prior mental health diagnosis, signaling missed opportunities to identify children and adolescents for suicide prevention strategies, including



therapy or medications to treat depression.

This finding comes from an analysis of over 40,000 suicides by youth of 10–24 years of age from 2010 to 2021, recorded in the Centers for Disease Control and Prevention National Violent Death Reporting System. Results were published in the journal *JAMA Network Open*.

"We discovered that certain youth who died by <u>suicide</u> were less likely to have a documented mental health diagnosis, including those who used firearms, were of minoritized race or ethnicity, males, and children younger than 14 years of age," said co-author Jennifer Hoffmann, MD, MS, emergency medicine physician at Ann & Robert H. Lurie Children's Hospital of Chicago and Assistant Professor of Pediatrics at Northwestern University Feinberg School of Medicine.

"Our findings point to the critical need to increase equitable access to mental health screening, diagnosis, and treatment for all youth."

Dr. Hoffmann and colleagues found that two out of three suicides by firearms—the most common method used by youth in this study—lacked a preceding mental health diagnosis. The authors highlight the need to increase barriers to firearm access, especially given the impulsive nature of many youth suicides.

They note that an estimated 22.6 million U.S. children live in households with firearms, and 4.5 million are exposed to firearms stored loaded and unlocked.

"To reduce the risk of youth suicide by firearms, counseling is needed to encourage parents to store firearms in the home safely. These messages should be delivered in community and <u>school settings</u>, in addition to doctors' offices," said Dr. Hoffmann.



"Secure storage laws, also known as child-access prevention laws, have also been demonstrated to reduce <u>firearm</u> suicide rates, and more states need to enact this type of life-saving legislation."

Dr. Hoffmann also emphasized that to help prevent suicide, parents should talk more with their kids, especially with preteens and boys, about potential worries or distressing events kids might be experiencing.

"Stressful life circumstances can be <u>risk factors</u> for <u>youth</u> suicide, even in the absence of a mental health diagnosis," she added. "It is also important to bring preteens and teens in for a wellness check every year, so their pediatrician can screen for mental <u>health</u> issues."

Co-authors from Lurie Children's also include Elizabeth Alpern, MD, MSCE, and Karen Sheehan, MD, MPH.

More information: Youth Suicide and Preceding Mental Health Diagnosis, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.23996

Provided by Ann & Robert H. Lurie Children's Hospital of Chicago

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