The “vast majority of youth with suicidal behaviors [i.e. ideation, making a suicide plan, and attempting suicide] have preexisting mental disorders” according to the authors of a study of more than 10,000 adolescents in the United States. However, the mental disorders most strongly associated with ideation are different from those associated with moving from ideation to plans, or with planned and unplanned suicide attempts. The authors therefore conclude that “distinct prediction and prevention strategies are needed for ideation, [suicide] plans among ideators, planned attempts, and unplanned attempts.”

Twelve percent of the sample of young people 13-17 years of age reported experiencing suicidal ideation at some point in their lives. One third of these ideators had gone on to develop a suicide plan, and 34 percent had attempted suicide. However, almost 38 percent of first attempts were not planned. Most of the attempts occurred within one year of the onset of the ideation.

Ninety percent of the young people who reported ideation and 96 percent of those who attempted suicide met the diagnostic criteria for at least one of 15 mental disorders included in the survey. Depression was the most prevalent disorder associated with the suicidal behaviors. The other disorders included in the survey were panic disorder and/or agoraphobia, social phobia, other specific phobias, intermittent explosive disorder, separation anxiety disorder, posttraumatic stress disorder, generalized anxiety disorder, attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, any eating disorder, alcohol abuse, illicit drug abuse, and bipolar disorder.

The prevalence of the mental disorders increased with the severity of the suicidal behaviors (i.e. mental disorders were more prevalent among the young people who had attempted suicide than among those who had planned suicides, and more prevalent among those who had planned suicides than those who had ideated).

The survey revealed that most youth reporting any of the suicidal behaviors received some type of treatment prior to the onset of suicidal behaviors. The most common service received (across all suicidal behaviors) was treatment by a mental health specialist, followed by school-based services. The authors point out that the adolescents in the survey typically began receiving services prior to the onset of suicidal behaviors – i.e., the treatment these youth received did not prevent them from thinking about, planning, or attempting suicide. However, the analysis could not determine how many of the adolescents would have become suicidal had they not received treatment.
