More Frequent Mental Health Visits May Reduce Suicide by At-Risk Youth

Youth with depression, schizophrenia, substance use and bipolar disorder are more apt to harm themselves and should be regularly assessed.

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During the last 20 years, suicide rates among young people ages 10 to 24 in the United States have increased significantly. Now, a new study published in JAMA Pediatrics suggests that individuals in this group who have more mental health visits are less likely to die by suicide, reports The Ohio State University Wexner Medical Center.

For this multistate study of Medicaid enrollees, researchers examined the data of 910 youth ages 10 to 18 who took their own lives between 2009 and 2013. These children and teenagers were compared with a control group of 6,346 youth who were matched based on age, gender, race, ethnicity, state and Medicaid eligibility category.

Investigators reviewed the behavioral health visits, associations between visits, clinical characteristics and suicide in the six-month period prior to the date of death of individuals in both groups. Clinical characteristics included psychiatric diagnoses—such as depression, bipolar disorder, anxiety disorders, schizophrenia/psychosis and substance use—and chronic medical conditions, including diabetes, seizure, cerebral palsy, asthma or cancer.

Findings showed that 4% of young people who died by suicide were diagnosed with at least one mental health condition in the six months before their death. Those with epilepsy, depression, schizophrenia, substance use disorder and bipolar disorder exhibited the highest risk for suicide.

But here's the good news: Scientists noted that the chances of suicide dropped among youngsters who received consistent mental health care, and this therapy seemed to confer a protective benefit against suicide.

According to Cynthia Fontanella, PhD, an associate professor in the department of psychiatry and behavioral health at Ohio State Wexner Medical Center and the study's lead researcher, young people with psychiatric disorders—especially those with mood disorders, schizophrenia and substance use—"should be regularly assessed for suicide risk and receive high-intensity, evidence-based treatments for suicidality, such as cognitive behavioral therapy.

Fontanella called suicide among young people a major public health concern. “Based on our findings, we believe that implementing suicide screening protocols for youth enrolled in Medicaid—targeted on the basis of frequency of visits and psychiatric diagnoses—has the potential to decrease suicide rates,” she concluded.

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