

Youth Suicide and Preceding Mental Health Diagnosis

Background:

Suicide is a leading cause of death among US youth, with rates increasing in recent years. Understanding whether youth had a mental health diagnosis prior to their suicide, along with any sociodemographic differences in these documented diagnoses, may guide prevention efforts, particularly since mental health disorders are a known factor associated with heightened suicide risk.

In this study, researchers examined the association of documented mental health diagnosis with (1) sociodemographic and clinical characteristics, (2) precipitating circumstances, and (3) mechanism among youth suicide decedents.

Methods:

Data Collection:

- This study used mortality data from the National Violent Death Reporting System (NVDRS) Restricted Access Database.
- The study population included US youth aged 10 to 24 years who died by suicide between January 1, 2010, and December 31, 2021.
- Suicide deaths were determined using the ICD-10 cause-of-death codes and source documents.

Analysis:

- Descriptive statistics and chi-square tests were used to assess differences in documented mental health diagnoses among youth suicide decedents by sociodemographics, mechanism, and location.
- Multivariable logistic regression was used to determine sociodemographic and clinical characteristics, precipitating factors, and mechanisms associated with the presence of a documented mental health diagnosis.

Among youth aged 10 to 24 who died by suicide



3 in 5 did not have a previously documented mental health diagnosis

Key Takeaway

A substantial percentage of youth who died by suicide had no recorded mental health diagnosis, particularly among racially and ethnically minoritized populations, highlighting the need for early identification of mental health concerns and equitable access to mental health services.

Findings:

- 40.4% of youth who died by suicide had a documented mental health diagnosis.
- The odds of having a mental health diagnosis were lower among racially and ethnically minoritized youth than White youth.
- The odds of having a mental health diagnosis were lower among firearm suicides compared with other mechanisms.
- The odds of mental health diagnosis were lower among those aged 10 to 14 compared with ages 20 to 24.
- Females were more likely to have a documented mental health diagnosis compared to males.

Discussion:

The findings of this study underscore the critical need for improved detection and connection to mental health services, particularly for minoritized groups who may face systemic barriers to care. Additionally, universal lethal means counseling, especially in healthcare and community settings, is essential to address the higher risk associated with firearm suicides.

Citation:

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