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Population: About 6483 adolescents aged 13–18 years and
their parents taking part in the National Comorbidity
Survey Replication Adolescent Supplement (NSC-A).
Setting: USA; years of study not reported.
Assessment: Data were collected through face-to-face
household interviews with adolescents, and parent-
completed questionnaires. Non-fatal suicidal behaviours
were assessed using a modified suicidal behaviour module of
the Composite International Diagnostic Interview (CIDI),
which assesses lifetime occurrence of suicidal ideation and
age of onset. Among those reporting ideation, suicide plans
and attempts were assessed. Diagnoses of mental health dis-
orders were derived using data from a modified version of
CIDI, developed for adolescents and administered by trained
lay interviewers.
Outcomes: Lifetime prevalence of suicidal ideation, plans and
attempts. Assessment was made of the association between
suicide behaviours and mental health disorders, which were
categorised as fear and anger disorders (specific) phobia, panic
disorder/agerophobia, social phobia, intermittent explosive
disorder; distress disorders (separation anxiety disorder, post-
traumatic stress disorder; major depressive disorder and/or dys-
thyemia (MDD/DYS)and generalised anxiety disorder; disrup-
tive behaviour disorders (attention-deficit-hyperactivity
disorder (ADHD), oppositional defiant disorder (ODD),
conduct disorder and eating disorders (including anorexia
nervosa, bulimia nervosa and binge eating disorder); and sub-
stance abuse (alcohol and illicit drug abuse). Bipolar disorder
was also assessed during the CIDI interview. Parent and ado-
lescent reports were combined to derive Diagnostic and

Suicidal behaviours are common
among US adolescents and are
associated with mental health
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QUESTION
Question: What is the prevalence of non-fatal suicidal
behaviours among US adolescents and what is their associ-
ations with mental health disorders?

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The adolescent supplement to the National
Comorbidity Survey Replication (NCS-R) is the
largest adolescent mental health survey con-
ducted to date. Epidemiological studies have great
potential to elucidate risk factors because adoles-
cent suicide is exceptionally rare, occurring at a
base rate of <0.001% in the population. Moreover,
in spite of notable public health efforts, we are no
nearer to identifying the 0.001% and preventing
untimely death. Nock and colleagues examine
suicide thoughts, plans and attempts in a sample
large enough to understand these risk behaviours.
Nock and colleagues are the first to report how
often and how quickly adolescents transition among
suicide thoughts, plans, and attempts. They also
report that over half of the suicidal adolescents
began mental health treatment before the onset of
suicidality. Thus, for many youth, professional inter-
vention did not prevent suicide risk. The odds of
suicidality were also elevated for nearly every psychi-
atic condition, suggesting that providers should
assess risk, regardless of diagnosis.
Youth suicide is preventable and devastating.
Although epidemiological designs have the potential
to identify those at highest risk, this requires the
right questions be asked of participants. As is often
the case with large surveys, the NCS-R falls short of
this goal. The survey neglected to assess non-
suicidal self-injury, which predicts suicide and is
highly prevalent among adolescents. In addition,
many risk, vulnerability and protective factors are not
included in diagnostic interviews (eg, interpersonal
relationships, current plans and access to means).
Our knowledge base is now sophisticated enough to
design epidemiological studies specific to suicide. A
handful of questions will no longer suffice.
In the meantime, mental health practitioners and
scholars cannot relegate suicide assessment,
research or prevention to those who study and treat
depression. Suicide is not a symptom, but a health
problem in its own right. The results of this study
are plain. Adolescents with psychopathology are at
heightened risk, and therapy may not reliably change
this. Indeed, reducing suicidality has proven difficult
in clinical trials. Future research should examine how
often mental health professionals fail to even ask
‘Have you ever harmed yourself on purpose or
thought about doing so?’

Sheila Crowell, Mona Yaptangco
Department of Psychology, University of Utah, Salt Lake
City, Utah, USA
Competing interests None.
Funding Time spent writing this commentary was
supported by grant PRG-0-104-11 from the American
Foundation for Suicide Prevention to Sheila E Crowell,
PhD.
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Evid Based Mental Health 2013 16: 106 originally published online
October 8, 2013
doi: 10.1136/eb-2013-101395

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These include:

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Supplementary material can be found at:
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