



Prevalence and Correlates of Youth Suicidal Ideation and Attempts

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INTRODUCTION

Over the past three decades, Canadian governments have created mental health strategies and allocated resources to child development programs. These came partly in response to the levels of need identified through the 1983 Ontario Child Health Study (OCHS).

Research examining the presence of mental disorders among children and youth in the general population can inform policy and program priorities. Three decades on, the **2014 OCHS** serves as a second province-wide study of child and youth mental health.

This particular paper focuses on the prevalence and associated characteristics of suicidal ideation and attempts among youth in Ontario.

METHODS

The 2014 OCHS is a **provincially representative** survey of 6,537 households and 10,802 children and youth. For this paper, questions about suicidal ideation and attempt, non-suicidal self-injury, mental disorders, substance use, peer victimization, and exposure to child maltreatment were administered to all 2,910 youth aged 14 to 17 years in the study.

Suicidal ideation was assessed by asking youth, “In the past 12 months, did you ever seriously consider taking your own life or killing yourself?” Among youth who endorsed suicidal ideation, **suicidal attempt** was assessed by asking, “In the past 12 months, how many times did you actually try to take your own life?” In addition, the item used to assess **non-suicidal self-injury** asked, “In the past 12 months, did you ever deliberately harm yourself but not mean to take your life?”

Youth also completed a symptom checklist called the OCHS-EBS¹ to assess the prevalence of **mental disorders** (classified by DSM-5²) in the past 6 months. These mental disorders were grouped as: depression; anxiety disorders (generalized anxiety, separation anxiety, social anxiety); attention-deficit hyperactivity disorder; and behavioural disorders (oppositional-defiant disorder, conduct disorder).

Substance use was assessed by asking a series of questions on smoking, heavy episodic drinking (5 or more alcoholic drinks on the same occasion), and using cannabis, other illicit drugs and prescription drugs without a prescription over the past 6 months.

Furthermore, **peer victimization** was assessed by asking youth the frequency that they experienced physical, verbal and relational bullying by peers during the school year. Youth also responded to questions on their exposure to **child maltreatment** while growing up, whereby an adult committed physical, sexual or emotional abuse, physical neglect, or intimate partner violence.

RESULTS

Suicidal Ideation & Attempts

The overall prevalence of **suicidal ideation** and **attempts** in the past 12 months was **8%** and **4%**, respectively. Among youth who endorsed suicidal ideation, 47% also reported a suicidal attempt.

1. Ontario Child Health Study Emotional Behavioural Scales: Youth Version (2018).
2. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013).

Rates of all **clinical** risk factors (presence of mental disorders, especially **depression**) and **behavioural** risk factors (non-suicidal self-injury, substance use, peer victimization, exposure to child maltreatment) were significantly higher among youth reporting suicidal ideation or attempts, compared to non-suicidal youth.

Among youth endorsing suicidal ideation, **non-suicidal self-injury** and **substance use** behaviours were consistently more common for those who attempted suicide compared to those who did not.

In terms of socio-demographic characteristics, compared to non-suicidal youth, the prevalence of suicidal ideation and attempt was higher for **females**, and for those living with **one or no biological parent**, respectively. The prevalence of suicidal ideation and attempt was lower for those living in **rural and small-medium urban areas**, and for those with an **immigrant background**, respectively.

Non-Suicidal Self-Injury

The overall prevalence of **non-suicidal self-injury** in the past 12 months was **9%**, with rates four times higher among females (14%) compared to males (4%).

Among those youth who reported a **suicide attempt**, 64% also reported non-suicidal self-injury. Additionally, among those youth who experienced **suicidal ideation** (without an attempt), 41% reported non-suicidal self-injury.

The presence of non-suicidal self-injury was a clear differentiator for youth who reported suicidal ideation but did not attempt from those who attempted suicide. Youth reporting non-suicidal self-injury were about 4x more likely to have made a suicide attempt.

WHY IS THIS IMPORTANT?

Our findings demonstrate that youth reporting suicidal ideation, alone or alongside attempts, experience a wide range of **co-occurring mental health challenges** and **behavioural risks**. The high levels of mental health need associated with youth reporting suicidal thoughts and behaviours indicate that many of them require **mental health intervention**. However, the opportunities for these youth to obtain help may be limited, drawing attention to the importance of **increased outreach** and **access** to timely and effective mental health care.

The classification of youth into those who do not report suicidal ideation and attempt, those who report suicidal ideation but do not attempt, and those who report both suicidal ideation and attempt reveals a set of **distinct risk factors** that provides insight on the emergence of suicidal ideation and its transition to suicidal attempt.

These findings can potentially inform policy and program priorities in Ontario, particularly for youth experiencing non-suicidal self-injury, suicidal ideation, and/or suicidal attempt.

For more study and contact information, please visit:
<https://ontariochildhealthstudy.ca>

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