Suicidal Ideation, Depression, and Help-Seeking Among Adolescents


Suicide is a leading cause of death among adolescents in many countries, including the United States, making identification of depression and suicidal ideation in this age group vitally important. Unfortunately however, many teens do not disclose their depression or suicidal ideation to mental health professionals and do not seek help for their problems. These three articles examine depression, suicidal ideation, and help-seeking and reveal disparities in race and socioeconomic status.

Carlton & Deane:

This article describes research into the relationship between help-seeking and suicidal ideation among 14 to 18 year old youths in New Zealand, which has one of the highest youth suicide rates in the world. Participants were randomly selected from two high schools and completed four questionnaires: the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), the Thoughts about Psychotherapy Survey, the Hopkins Symptom Checklist-21, and the Suicidal Ideation Questionnaire (SIQ). The authors hypothesized that participants, when directly asked if they would seek help in a hypothetical situation in which they had either a “personal-emotional” problem or suicidal thoughts, would be more likely to indicate help-seeking intentions for suicidal thoughts. Results from the 221 participants (51% female, mean age of 15.63) revealed, as hypothesized, that significantly more of the sample indicated intentions to seek help if they were to have suicidal thoughts than in the event of a personal-emotional problem. Importantly, however, and contrary to expectations, there was a significant negative correlation between current suicidal ideation, as measured by the SIQ, and help-seeking intentions, indicating that the more participants were actually experiencing suicidal ideation, the less likely they were to seek help. Participants’ attitude toward help-seeking, as measured by the ATSPPHS, was also a significant predictor of intentions to seek help. Other predictors of help-seeking beyond suicidal ideation and attitudes included psychological distress, treatment fears, gender, and prior help-seeking, together accounting for 23% of the variability in students’ intention to seek help for suicidal thoughts.

These results suggest the need for prevention planning and education, given that those with the most suicidal ideation were least likely to seek help. In addition, the significant relationship between attitude toward help-seeking and intention to seek help suggests the importance of interventions aimed at improving attitudes toward seeking help for mental health problems.

Morrison & Downey:

This article is comprised of two related studies. The first examined the impact of race on disclosure of suicidal ideation on intake forms at a university counseling center. Participants were placed into two groups: those who indicated suicidal ideation on the intake form (n = 22) and those who did not (n = 333). Additionally, a third group (n = 162) consisted of those who were assessed for suicide by the therapist and comprised all those who indicated suicidal ideation on the intake form, as well as some who did not. A subgroup of the third group (n = 49) consisted of those who were assessed by the therapist and found to have suicidal ideation, but who did not indicate suicidal ideation on the intake form, and were labeled as hidden ideators. Hidden ideators, therefore, are defined as clients who have

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suicidal ideation, but who do not disclose their ideation on intake forms or in therapy unless specifically questioned about this topic by the therapist. The researchers hypothesized that the hidden ideators group would be disproportionately comprised of non-Caucasian clients, whereas Caucasian clients would be more likely to indicate suicidal ideation on the intake form. Results revealed that of the 36 non-Caucasian clients who indicated suicidal ideation either on the intake form or through therapist interviewing, only one disclosed on the intake form. Chi-square analysis of independence confirmed the hypothesis, showing that there were significantly more non-Caucasian clients in the hidden ideators group, indicating that while these clients were, in fact, contemplating suicide, they did not disclose this information unless directly assessed by therapists.

In the second study, 159 African American and European American college students were asked to assume the role of a student seeking services at a university counseling center and were randomly assigned to one of two groups in which they were shown a video tape of either a female, African American or female, European American therapist asking them to complete some intake paperwork. The intake form of interest to this study was the Reasons for Living (RFL) Inventory, a questionnaire designed to elicit factors that would prevent individuals from killing themselves if they felt suicidal. Although there were no significant differences with respect to the race of the therapist, differences were found on the RFL, with African Americans having significantly higher mean scores on the moral objections ($t = 3.66, p < .01$) and survival and coping beliefs ($t = 2.12, p < .05$) subscales and higher scores on three other subscales that did not reach statistical significance. European Americans scored higher only on the social disapproval subscale, but the differences did not reach statistical significance.

Previous research has shown that European Americans kill themselves more frequently than African Americans, leading many to conclude that African Americans have less suicidal ideation. Yet these studies indicate that the reason for this disparity may be related to “better coping strategies and resiliency in the Black community” (p. 384) rather than less suicidal ideation. In fact, the results of the first study indicate that non-Caucasians, while disclosing suicidal ideation less on intake forms, may, nonetheless be contemplating suicide, a result with clear in-session assessment implications for clinicians working with non-Caucasian clients.

Wu et al.: This study used a subsample of 206 youth aged 9 to 17 (56% female; 40% Caucasian, 35% African American, 18% Hispanic, & 7% other) who were part of the Westchester County, New York site of the Methods for the Epidemiology of Child and Adolescent Mental Disorders study by the National Institute of Mental Health (NIMH) and who met DSM III R criteria for major depression or dysthymic disorders. The authors hoped to elucidate factors associated with receiving professional help for childhood depression and, among those who received mental health treatment for depression, factors associated with receiving antidepressant medication. Data were collected using the NIMH Diagnostic Interview Schedule for Children (DISC) for assessment of disorders, the Child Global Assessment Scale (CGAS) as a measure of impairment, and parental interviews. Results showed that 36% of the sample did not seek professional help for depressive symptoms. Significant differences were found between those who did and did not receive services, with African American youth being less likely to have received services, and those who received services having greater impairment and more symptoms. Among the group of youth who did receive services for depression, antidepressant medication was prescribed to 31% in the year before the interview and medication was significantly more likely to have been prescribed to children whose mothers had a higher education level or who were using medication for their own mental health problem and to youth who had a substance use disorder or had made a suicide attempt within the past six months. These findings suggest that African American youth are undertreated for depression and that mental health education may be an important intervention to provide so that parents can more readily identify and find appropriate treatment for childhood depression.