



Risk for suicidal problems in poor-help-seeking adolescents with psychotic-like experiences: Findings from a cross-sectional survey of 16,131 adolescents



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ABSTRACT

Background: Recent evidence suggests that psychotic-like experiences (PLEs) in the general population are important markers of risk of suicidal problems. However, there have been no epidemiological studies investigating help-seeking status in individuals with PLEs and elevated risk of suicide.

Methods: Information on PLEs, self-awareness of mental distress (SAMD), help-seeking behaviours (HSBs), and suicidal problems was collected from 16,131 Japanese adolescents. Participants were divided into two groups, those with and without PLEs, and then both groups were further divided into three subgroups: a group without SAMD, who had no HSB by definition; a group with both SAMD and HSB; and a group with SAMD but without HSB (poor-help-seeking group), yielding a total of six groups.

Results: Adolescents with PLEs (14.3%) had significantly higher risk of suicidal problems than those without PLEs. Among the individuals with both PLEs and SAMD, 38.1% did not seek any help (poor-help-seeking status). Among the six groups, odds of suicidal ideation was the highest among poor-help-seeking adolescents with PLEs, with a 20-fold increase compared to those without PLEs, SAMD and HSB (adjusted for age and sex), while the odds was increased 10-fold in those with PLEs, SAMD and HSB. After adjusting for anxiety/depression level, the odds ratios remained significant in both poor-help-seeking adolescents with PLEs ($OR = 3.8 [3.0–4.9 (95\% CI)]$) and those with PLEs, SAMD and HSB ($OR = 2.5 [2.0–3.1]$).

Conclusions: Adolescents with PLEs and self-awareness of mental distress are at high risk for suicidal problems, particularly those without help seeking.

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1. Introduction

For suicide prevention, it is important to investigate help-seeking status in individuals who have elevated risk of suicide (Michelson and Hindley, 2012). Several studies have highlighted that the risk of suicide is significantly higher for people with psychotic disorders compared to the general population (Caldwell and Gottesman, 1990; Radomsky et al., 1999; Palmer et al., 2005; Mitter et al., 2013), and

recent evidence suggests that psychotic-like experiences (PLEs) in the general population are potentially important markers of risk for suicidal problems in adolescence (Nishida et al., 2010; Kelleher et al., 2012). For example, Kelleher et al. (2012) found that psychotic experiences in the general adolescent population were associated with 10-fold increased odds of suicidal behaviours. However, to our knowledge, there have been no population-based studies investigating whether this risk is modified by help-seeking behaviour due to self-awareness of mental distress.

In order to assess the risk of suicidal problems in the general population, it is important to consider two different types of non-help-seeking: (1) adolescents who do not have help-seeking behaviours (HSB) because they do not report self-awareness of mental distress (SAMD) and (2) adolescents who do not have HSB despite reporting

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SAMD. Some studies have indicated that suicidal adolescents are less likely to engage in help-seeking strategies than their healthy counterparts (Gould et al., 2004; Fortune et al., 2008). This implies that there might be a ‘poor-help-seeking’ subgroup with severe mental distress in the general population, in which case. It is important to examine suicide risk in adolescents who do not engage in help-seeking behaviours despite having self-awareness of mental distress.

1.1. Aims of the study

The present study had the following goals: (1) to investigate the prevalence of poor help seekers with PLEs in a general population of adolescents and (2) to examine the risk of suicidal problems in relation to presence/absence of PLEs and help-seeking behaviours. We hypothesized that the risk of suicidal problems is positively associated with PLEs, and that this association is particularly strong in those who do not seek help despite self-awareness of mental distress (poor help seekers).

2. Methods

2.1. Study design and procedures

The present study was an anonymous cross-sectional survey in Japan of adolescent students in public junior high schools (7th–9th graders, age range 12–15 years) and public senior high schools (10th–12th graders, age range 15–18 years). The survey was conducted between 2008 and 2009 using a self-reported questionnaire. The principal investigators of the study asked all heads and administrators of public junior high schools in the city of Tsu and public junior high and senior high schools in Kochi Prefecture to participate the survey. Of the 138 junior and 36 senior high schools invited, 47 (34%) junior and 30 (83%) senior high schools participated.

Parents were informed of the research project by letter and asked to notify the school if they did not want their child to participate. On the day of the survey, students were also given the choice of opting out. Each teacher reported the total number of students present and absent on the day of the survey. The study was approved by the ethics committees of Tokyo Metropolitan Institute of Medical Science, Mie University School of Medicine and Kochi Medical School.

2.2. Participants

Of 19,436 students in the relevant classes, 18,250 agreed to participate. Of the remainder, 798 were absent on the day of the survey and 388 declined to participate. Among those agreeing, 1,973 were excluded from the analysis because of incomplete answers to questions regarding psychotic-like experiences, self-awareness of mental distress, help-seeking behaviours or demographic characteristics. Thus, responses from 16,131 students were analysed (83.3% of all students in the relevant classes). Of these students, 48.1% were male, and 51.9% were female. Their ages ranged from 12 to 18 years, with a mean age of 15.2 years ($SD = 1.7$ years).

2.3. Measures

The participants were asked to fill in an anonymous self-report questionnaire including questions about age, gender and the following variables:

Psychotic-like experiences

Psychotic-like experiences (PLEs) were assessed by four items adopted from the schizophrenia section of the Diagnostic Interview

Schedule for Children (DISC-C) (Costello et al., 1982). These items were previously used in a birth cohort study and have been found to be good predictors of schizophrenia spectrum disorder in adulthood (Poulton et al., 2000). The items were (1) ‘Some people believe that their thoughts can be read. Have other people ever read your thoughts?’ (2) ‘Have you ever had messages sent especially to you through the television or radio?’ (3) ‘Have you ever thought that people are following you or spying on you?’ (4) ‘Have you ever heard voices that other people cannot hear?’ Possible responses were ‘no’, ‘yes, probably’ or ‘yes, definitely (only once or more than once)’. We defined ‘yes, definitely’ as the presence of a hallucinatory and delusional experience and ‘no’ or ‘yes, likely’ as no experience. We defined ‘adolescents with PLEs’ as adolescents who reported at least one type of PLEs.

Help-seeking category: Self-awareness of mental distresses and help-seeking behaviours

Self-awareness of mental distress (SAMD) and help-seeking behaviours (HSB) were assessed by the following question: ‘Are you currently consulting anyone to discuss your psychological stress or mental health problems?’ Possible responses included ‘No, I do not need to consult because I have no psychological stress or mental health problems’ (No SAMD/No HSB); ‘Yes, I am currently in discussion about my psychological stress or mental health problems’ (SAMD/HSB); and ‘No, I am not currently consulting anyone despite having some psychological stress or mental health problems’ (SAMD/No HSB). The third response option (SAMD/No HSB) represented ‘poor help-seeking’. HSB was defined as help seeking with professionals (i.e. general practitioners, psychiatrists, psychologists and school nurses) and/or non-professionals (i.e. friends, family members, and school teachers).

Suicidal ideation

Information about the presence or absence of current suicidal ideation was collected by asking the following question: ‘Do you currently have thoughts that your life is no longer worth living?’ The four possible responses were ‘no’, ‘probably no’, ‘probably yes’ and ‘yes’. A response of ‘yes’ or ‘probably yes’ was regarded as the presence of suicidal ideation.

Self-harm

Self-harm behaviours in the previous 12 months were assessed by two questions. The first was ‘Have you intentionally hurt yourself within the past year?’ Response options were ‘yes’ and ‘no’. Respondents who answered ‘yes’ were then asked to provide a written description of the actual act. Based on the definition used in a previous study (Hawton et al., 2002) and in a comparative study of seven countries (Madge et al., 2008), self-harm was defined as an act with a non-fatal outcome in which an individual deliberately did one or more of the following: initiated behaviour (e.g., self-cutting, jumping from a height), which was intended to cause self-harm; ingested a substance in excess of the prescribed or generally recognized therapeutic dose; or ingested a non-ingestible substance or object. Classification of the episode as self-harm or otherwise was based on independent ratings by two researchers using these criteria. The kappa value for agreement between the two raters was 0.83 (95% confidential interval [CI] 0.79–0.86). Any classification discrepancies between the two raters were resolved by discussion.

GHQ-12

The GHQ-12 is one of the most widely used self-report measures for assessing anxiety and depression (Goldberg et al., 1976). It has been used and validated in younger samples as well as in adults (Kaneita et al., 2007). Additionally, previous studies have established the

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