Risky behaviors mediate association between bullying, suicide attempts in youth

By Amanda Oldt

PHILADELPHIA — General risk-taking behaviors, such as substance abuse, lying and aggression, mediated an association between peer victimization and past suicide attempts in adolescents with depression, while nonsuicidal self-injury did not, according to data presented here.

“Compared to nondepressed youth, depressed adolescents are significantly more likely to report suicidal ideation, plans and attempts; therefore, identifying risk factors for suicidality among depressed adolescents is critical,” Jeremy Stewart, PhD, of McLean Hospital and Harvard Medical School, and colleagues wrote. “Meta-analyses indicate that interpersonal rejection and peer victimization are robustly associated with adolescent suicidality. However, the underlying mechanisms that drive this relationship remain unclear.”

To address these research gaps and identify what mechanisms of bullying lead to suicidality, Stewart and colleagues assessed approximately 400 adolescents diagnosed with depression who presented to McLean Hospital for anxiety and mood disorders. Adolescents were interviewed regarding suicide plans, ideation and attempts in the month prior to hospitalization, as well as peer victimization, risky behavior engagement and non-suicidal self-injury.

Researchers found that peer victimization was not associated with suicidal ideation or planning, but was associated with suicide attempts.

Non-suicidal self-injury did not mediate this association, according to Stewart. The association between peer victimization and suicide attempts was mediated by general risk-taking behavior.

“Adolescents who were bullied reported greater general risk-taking behavior,” Stewart told Healio.com/Psychiatry. “And those general risk-taking behaviors were associated with more frequent suicide attempts prior to hospitalization.”

Stewart and colleagues plan to conduct a second study among a subset of these study participants to assess how peer feedback is processed and how it affects suicidality.

Adolescents will complete the Chatroom Task, an ecologically-valid peer feedback task, where they will create an online profile that they are told other teenagers will review.

Participants will receive equal amounts of acceptance and rejection feedback while electroencephalography data are recorded.

“Our research could guide the types of issues that are relevant for predicting or determining suicide risk. Essentially we found that having one’s reputation exposed is equally as bad or worse than being called names or pushed around,” Stewart
said. “This finding highlights what to pay attention to if a teen comes into the office depressed and the clinician is trying to assess risk management in terms of suicide. It guides the type of information that may be relevant when doing an assessment or taking a history.”

“At least in these high-risk adolescent inpatients, our findings suggest we need to broaden our scope of self-destructive behaviors that we assess and that could be implicated in suicide,” Stewart said. “There is an important message here to understand that there are normative issues that occur among adolescents, but that doesn’t mean they don’t contribute to risk for serious outcomes or that we should accept them as things that just happen.”