The Link Between Mental Illness and Suicide –
What the Research Literature Tells Us

- **Mental Illnesses are the #1 risk factor for suicide.** Those who require hospital admission for treatment of mental illness are at particularly high risk (Mortenson et al., 2000). According to the World Health Organization (WHO), “the role of major depression in suicide is particularly strong, with this diagnosis thought to be present in approximately 65-90% of all cases with psychiatric pathologies.” An analysis by WHO in 2004 found 87.3% of 3,275 persons studied, who died by suicide, were previously diagnosed with a mental disorder (Centre for Suicide Prevention, 2007).

- **The numbers are most likely higher because not everyone who struggles with mental illness has been diagnosed.** Some people choose not to seek professional help due to stigma or other barriers. “Stigma stops patients from getting the best treatment, or at times, from getting any treatment at all” (Dubin and Fink, 1992). Others don’t have access to care because of lack of insurance or other reasons.

- **Psychological studies estimate high frequency of mental illness among youth who die by suicide.** A study done in juvenile justice settings indicates that 73% of completers of suicide had history of substance abuse and 66% had a history of mental illness (Hayes 2009). Data from the Idaho Detention Clinicians Project showed that 27% of the youth identified as having mental illnesses in detention had not been diagnosed prior to their incarceration (McDonald, et al. 2009). Data from studies that examine the circumstances surrounding a suicide (psychological autopsy), suggest as many as 90% of the people who completed suicide had some type of mental illness contributing to their death (Ernst, et al. 2004).

- **Mental Illnesses are more common than most people think.** According to the National Alliance on Mental Illness (NAMI), the most serious mental conditions affect 5 million to 10 million adults (2.5 to 5.4 percent) and 3 million to 5 million children ages 5 to 17 (5 to 9 percent) in the United States. But many people have conditions in varying degrees along the continuum of mental illnesses and substance use that can contribute to suicide (Webster 2007).

- **Mental Illnesses are medical conditions that can be treated successfully.** “Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses can be treated successfully. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan” (NAMI 1996). Correctly indentifying and treating mood disorders and other mental illnesses is a critical step in suicide prevention (Rimer 2007).

**Mental Illness and risk for suicide must be taken seriously.** Not everyone who thinks about, attempts or completes suicide has a mental illness. Most people with mental illnesses are not suicidal. However, mental illnesses still are the “most powerful and clinically useful predictors of suicide”, especially if a person with a mental illness also has other social or demographic risk factors (Rimer 2007).

If you or someone you know has thought about or shown risk factors for suicide, help is available at 1-800-273-TALK (8255)
REFERENCES:


For Information or trainings on youth suicide prevention, Contact Ann D. Kirkwood, Senior Research Associate, Idaho State University, Institute of Rural Health, 1311 E. Central Dr., Meridian, ID, 83642, kirkann@isu.edu

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