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Psychopathology profiles of acutely suicidal adolescents: Associations with post-discharge suicide attempts and rehospitalization

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Abstract

Background: Suicidal adolescents are heterogeneous, which can pose difficulties in predicting suicidal behavior. The Youth Self-Report (YSR) psychopathology profiles predict the future onset of psychopathology and suicide-related outcomes. The present study examined the prevalence and correlates of YSR psychopathology profiles among suicidal adolescents and prospective associations with post-discharge rates of suicide attempts and psychiatric rehospitalization.

Methods: Participants were acutely suicidal, psychiatrically hospitalized adolescents (N=433 at baseline; n=355 at follow-up) who were enrolled in a psychosocial intervention trial during hospitalization. Psychopathology profiles were assessed at baseline. Suicide attempts and rehospitalization were assessed for up to 12 months following discharge.

Results: Latent profile analysis identified four psychopathology profiles: subclinical, primarily internalizing, and moderately and severely dysregulated. At baseline, profiles differed by history of non-suicidal self-injury (NSSI) and multiple suicide attempts (MA) as well as severity of suicide ideation, hopelessness, depressive symptoms, anxiety symptoms, substance abuse, and functional impairment. The dysregulation profiles predicted suicide attempts within 3 months post-discharge. The internalizing profile predicted suicide attempts and rehospitalization at 3 and 12 months.

Limitations: This study's participants were enrolled in a randomized trial and were predominantly female, which limit generalizability. Additionally, only a history of NSSI was assessed.

Conclusions: The dysregulation profile was overrepresented among suicidal youth and associated with impairment in several domains as well as suicide attempts shortly after discharge. Adolescents with a severe internalizing profile also reported adverse outcomes throughout the study period. Psychopathology profiles warrant further examination in terms of their potential predictive validity in relation to suicide-related outcomes.

Key words: Youth Self-Report; dysregulation profile; adolescent; suicidal behavior; hospitalization

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