

Title:

Intersectional inequities in suicide ideation by race, sexual orientation, and gender among U.S. high school students pre and post 2020: An application of random effects intersectional MAIHDA

Authors: Junaid S. Merchant¹, Thu T. Nguyen¹, Katrina Makres¹, and Clare R. Evans²

1. Department of Epidemiology & Biostatistics, University of Maryland School of Public Health, College Park, MD, USA

2. Department of Sociology, University of Oregon, Eugene, OR, USA

Abstract

Quantifying intersectional health inequities and examining changes over time are foundational to social epidemiology. I-MAIHDA (intersectional multilevel analysis of individual heterogeneity and discriminatory accuracy) is a recent innovation that simplifies quantitative intersectional analyses while providing methodological improvements over conventional approaches. We illustrate the use of logistic I-MAIHDA with random effects to estimate intersectional inequities in suicidal ideation among U.S. high school students before and after 2020 by race, sexual orientation, and gender, using 2017-2021 data from the Youth Risk Behavior Surveillance System. The U.S. faces a youth mental health crisis made worse by the many disruptions of 2020, including the beginning of the COVID-19 pandemic. Before 2020, we found substantial inequities in ideation, ranging from 9.8-12.7% among heterosexual boys to over 50% among bisexual Multi-race/Other and White girls. We also found notable changes pre/post 2020. Strata at the lowest (heterosexual boys) and highest risk (bisexual girls) showed little change, while middle risk-ranked strata (Black Other/Questioning and lesbian girls, White Other/Questioning boys and girls, and Multi-race/Other gay boys) reported large increases in ideation. Our findings suggest worsening teen mental health in the 2017-2021 period, particularly among racial and sexual orientation minorities. We illustrate the value of I-MAIHDA for understanding changes in intersectional health inequities.

Introduction

Numerous lines of research warn of a growing youth mental health crisis in the United States (U.S.), especially among teen girls, sexual minorities, and certain racial and ethnic groups (1–3). High school students have increasingly reported persistent feelings of sadness over the past decade, but the multi-faceted disruptions of 2020 appear to have exacerbated this trend and widened inequities in adverse mental health outcomes (4). In particular, the rising prevalence of suicidal *ideation* (i.e., seriously considering suicide) and suicide *attempts* have made suicide one of the leading causes of death for U.S. teens (5–7). Youth who are girls, Black, and/or identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQIA+) have been disproportionately impacted (4,8). Suicidal ideation is linked to psychosocial stressors and is associated with increased odds of subsequent suicide attempts (9–11), making it an important outcome for understanding the circumstances contributing to mental health inequities that can inform interventions. Myriad factors may have

contributed to the alarming increase in teen suicidal ideation in recent years, including the social and financial disruptions of the COVID-19 pandemic (12), high profile cases of police brutality against Black Americans (13,14) racist/xenophobic rhetoric directed at Asian Americans during the COVID-19 pandemic (15,16), and the proliferation of state-level policies targeting LGBTQIA+ youth (17). These factors are thought to have differentially impacted youth with minoritized identities, but few studies have investigated changes in suicidal ideation at the *intersections* of race, sexual orientation, and gender.

A growing body of research recognizes the value of investigating youth mental health inequities using an intersectional framework (18,19). Intersectionality emerged from Black feminist scholarship and focuses attention on interlocking systems of power and oppression (e.g., racism and sexism) underlying the unique experiences of individuals with multiple marginalized identities (e.g., Black women) that cannot adequately be explained by their additive impact (20–22). Systems of oppression such as racism, sexism, and homophobia are central drivers of health inequities that impact risk as well as resources and opportunities. Various aspects of daily life are impacted, including access to housing, employment, education, exposure to air and environmental contaminants, and quality health care (CITE). Intersectionality has gained traction as a broader framework for examining how the disadvantages *and* privileges afforded at intersecting social positions can vary across time and place to shape the exposures, risks, and resources that relate to health outcomes (22,23). For example, gender and sexual minority youth are at higher risk for numerous negative mental health outcomes, but teens who also have minoritized racial identities are even more likely to self-report depressive symptoms and suicidal ideation (24–26), despite being less likely to experience bullying and cyberbullying (25,27). Moreover, although depressive symptoms have increased among all demographics of high school students in recent years, Black girls and sexual minorities in particular experienced significant increases in self-reported sadness and suicide-related behaviors (8,28,29) and had the largest increase in emergency room visits for suspected suicide attempts at the beginning of the COVID-19 pandemic (30,31). These findings demonstrate the utility of intersectional research for disentangling the exposures and outcomes associated with mental health outcomes for different marginalized groups but leave open questions about overarching teen mental health inequities before and after 2020. To address these gaps, we focus on vulnerable groups identified in prior work, but provide a more stratified investigation of suicidal ideation at intersections of race, sexual orientation, and gender.

Intersectional investigations of youth mental health are important for understanding socio-contextual factors impacting different populations, but there are several limitations in the extant literature. Most studies have examined a small set of intersecting identities by focusing on just two identity dimensions (e.g., race and gender (26)), dichotomizing minority and majority group status (e.g., heterosexual versus sexual minorities (24)) or examining a subset of racial categories (e.g., Black, Hispanic, and White students (25,27)). A more comprehensive, intersectional, multi-dimensional evaluation of teen mental health is needed. Moreover, few studies have examined changes in intersectional mental health disparities before and after 2020, a period characterized by notable disruptions in many aspects of life (12). Thus, the experiences of groups who faced unique challenges, like Asian Americans, have remained under-explored. These limitations are due, in part, to methodological considerations of the statistical power needed to examine fully disaggregated social strata (29,32). Nonetheless, they limit our understanding of the true range of youth mental health inequalities and the relative risk experienced in different intersectional groups. Intersectional multilevel analysis of individual heterogeneity and discriminatory accuracy (I-MAIHDA) is a recent methodological innovation with comparative advantages over conventional approaches, such as single-level regression models, particularly when sample sizes are small and the number of interaction effects is large (33–37). By leveraging the inherent properties of multilevel models, I-MAIHDA provides a robust, theory-informed descriptive modeling approach for obtaining interpretable, precision-

weighted intersectional effect estimates. This is particularly important for examining multiply minoritized populations that often have smaller sample sizes even in large datasets.

The overarching goals of the present study are to: 1) quantify the extent of intersectional inequity in self-reported suicidal ideation among U.S. high school students by race, gender, and sexual orientation, 2) examine changes in suicidal ideation from pre-2020 (in 2017 and 2019) to post-2020 (in 2021) for all groups, and 3) evaluate shifting inequity patterns in suicidal ideation pre- and post-2020. We used data from the Youth Risk Behavior Surveillance System (YRBSS) conducted by the Centers for Disease Control and Prevention (38) and fit a series of logistic models following the I-MAIHDA approach (34,39,40). We examined the probability of self-reported suicidal ideation across 40 social strata of U.S. youth at the intersections of 4 sexual orientation-, 5 racial-, and 2 gender-identities. In addition to these substantive contributions, we demonstrate the use of random effects I-MAIHDA to examine inequality changes over time in repeated cross-sectional surveys, an approach with broad potential in epidemiology and beyond.

Methods

Data

The YRBSS surveys are conducted by the CDC every two years in coordination with health and education departments of participating U.S. states (38). YRBSS includes self-reported measures of mental health outcomes and behaviors from representative state-level samples of high school students that has good test-retest reliability (cite). In 2017, more states began collecting self-reported sexual orientation and gender identity information. Thus, we focused on the cross-sectional YRBSS data collected in 2017, 2019, and 2021, which includes responses from large samples of high school students across 44 states, yielding an original sample of N=520,129 observations. Figure 1 summarizes the data exclusion process. Briefly, we excluded 142,767 observations that were missing the necessary demographic or dependent variables, which yielded a final analytic sample of N=377,362 respondents across 36 states (Figure 2). Supplemental Table 1 provides the sample sizes for each intersectional stratum, overall and by year. Supplemental Table 2 provides details for the states included in the primary and supplementary analyses, including the total and usable observations per state (overall and by year), and the reasons why observations were excluded. This table reveals that of the 14 states that were excluded for missing data, six states had not collected any survey measures, seven states did not ask about sexual orientation, and one state did not ask about suicidal ideation. Thus, our estimates are not nationally representative given the exclusion of 14 states.

Figure 1. Data exclusions and summary of analytic sample

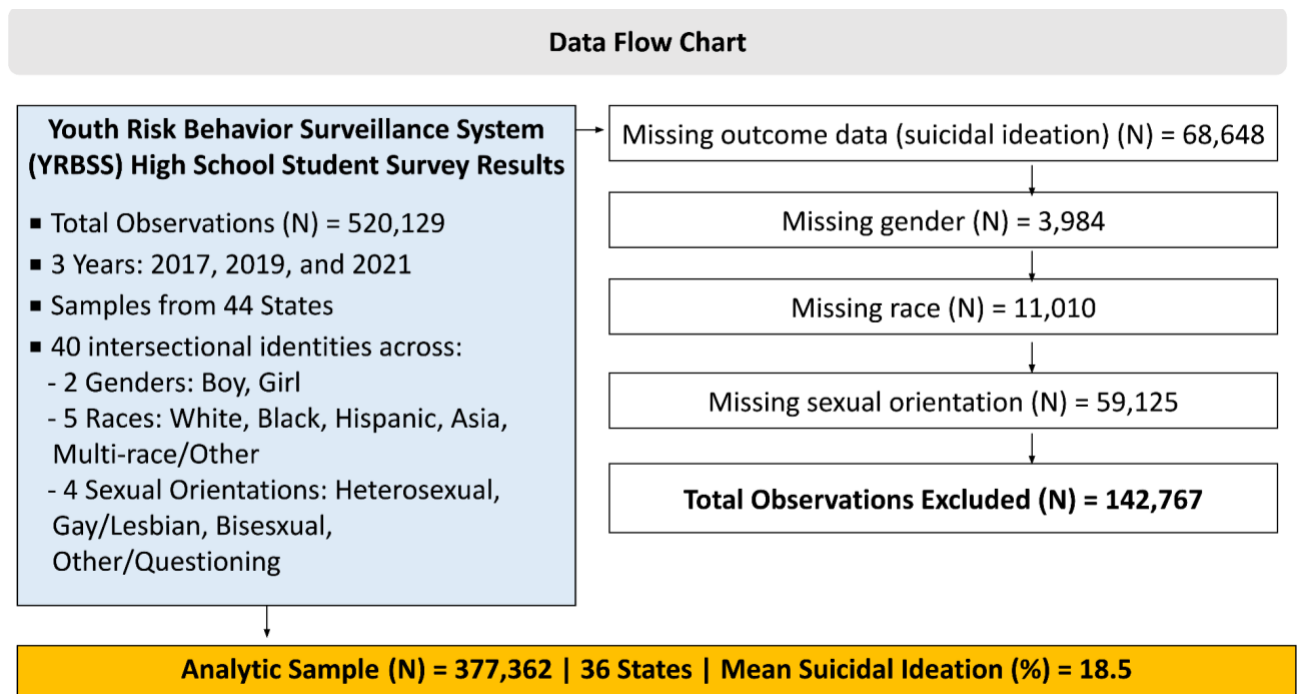


Figure 2. States included in main and supplemental analyses, color-coded by the number of years for which we have data

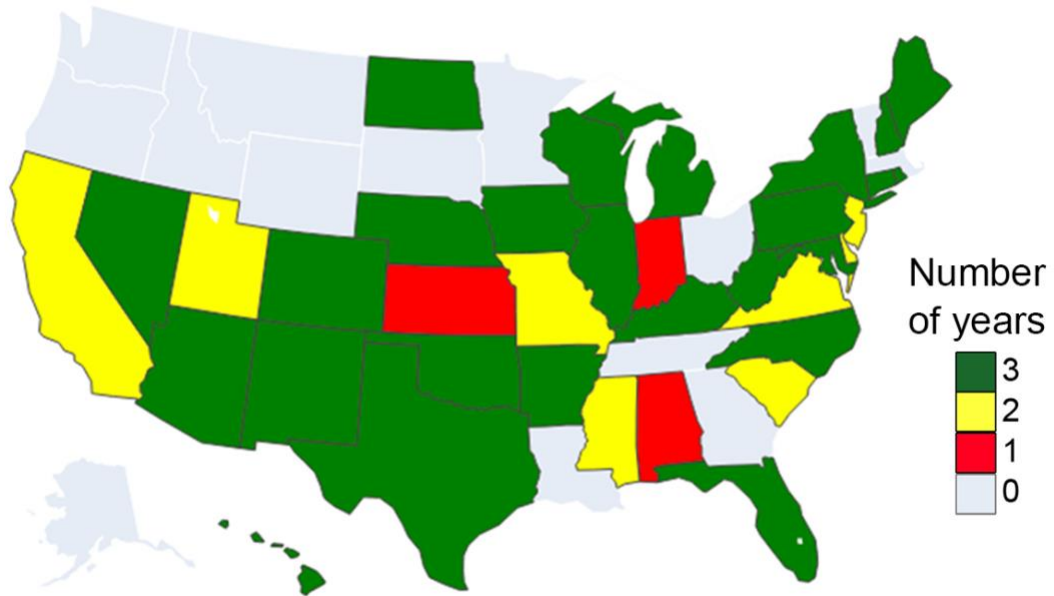


Table 1. Characteristics of high school students in YRBSS sample used in our analysis of suicidal ideation by year

	Total	2017 N = 134,611	2019 N = 135,558	2021 N = 107,193
Gender				
Age: Mean (SD) [min-max]	15.7 (1.2) [12-18]	15.8 (1.2) [12-18]	15.8 (1.2) [12-18]	15.6 (1.2) [12-18]
Gender				
Girl	192,777 (51.1%)	69,181 (51.4%)	69,364 (51.2%)	54,232 (50.6%)
Boy	184,585 (48.9%)	65,430 (48.6%)	66,194 (48.8%)	52,961 (49.4%)
Race				
Asian	20,028 (5.3%)	7,600 (5.6%)	7,075 (5.2%)	5,353 (5.0%)
Black	52,334 (13.9%)	19,012 (14.1%)	18,138 (13.4%)	15,184 (14.2%)
Hispanic	78,844 (20.9%)	27,692 (20.6%)	29,107 (21.5%)	22,045 (20.6%)
Multi-race/Other	35,297 (9.4%)	12,977 (9.6%)	12,477 (9.2%)	9,843 (9.2%)
White	190,859 (50.6%)	67,330 (50.0%)	68,761 (50.7%)	54,768 (51.1%)
Sexual Orientation				
Bisexual	35,598 (9.4%)	10,919 (8.1%)	12,162 (9.0%)	12,517 (12%)
Heterosexual	308,007 (81.6%)	113,194 (84.1%)	113,550 (83.8%)	81,263 (75.8%)
Gay/Lesbian	11,482 (3.0%)	3,891 (2.9%)	3,787 (2.8%)	3,804 (3.5%)
Other/Questioning	22,275 (5.9%)	6,607 (4.9%)	6,059 (4.5%)	9,609 (9.0%)
Suicidal Ideation (yes)	69,916 (18.5%)	22,772 (16.9%)	24,747 (18.3%)	22,397 (20.9%)

Intersectional Strata

Most states collected YRBSS survey questions with seven race/ethnicity categories and 5 sexual orientation categories, but far fewer collected questions about minority gender identities (e.g., transgender), which was more recently added. Therefore, we used self-reported sex (assigned at birth) as the closest available proxy for gender identity and used the terms

“girls” and “boys” when referencing our sample to reflect the binary response options that respondents answered. Because our investigation focuses on the social determinants of health based on the socialization of gender, we follow the convention in epidemiology research and refer to this as our binary gender variable (36). Moreover, because some of the race, ethnicity, and sexual orientation categories had relatively small samples, we combined multi-race, other race, Hawaii/Pacific Islander, and Alaska/Native American into the “Multi-race/Other” race group, and combined “other”, “not sure”, and “don’t know” responses of the sexual orientation question into “Other/Questioning” category. Although I-MAIHDA is a robust approach for estimating effects for small sample-sized groups, there are still practical considerations related to small samples (34,36,37). For this study, we balanced pragmatic considerations of allowing large enough strata sizes to study cross-sectionally over the years, and the theoretical motivation for investigating groups identified in prior research, but future research can build on this foundation to further investigate subgroup inequities. This yielded 40 identity strata at the intersection of 2 genders (boys and girls), 5 racial identities (White, Black, Hispanic, Asian, and Multi-race/Other), and 4 sexual orientations (heterosexual, gay or lesbian, bisexual, and other) categories. Table 1 provides descriptive statistics for our final analytical sample, and additional details can be found in Supplemental Table 1.

Year

Year was included as a dummy variable in some models coded as 1 for observations from the YRBSS 2021 data collection wave, and 0 for observations from the 2017 and 2019 survey waves. It is important to note that the suicidal ideation outcome we focused on asks about thoughts of suicide in the past 12 months (see below). Thus, we use the term “post-2020” to reference the YRBSS collection wave, even though participants’ self-reported suicidal ideation includes thinking back to 2020.

Dependent Variable: Passive Suicidal Ideation

For our primary analyses, we focused on the “passive” suicidal ideation question that asks, “During the past 12 months, did you ever seriously consider attempting suicide?” (Yes/No response options). We chose this question rather than the “active” suicide plan question (i.e., “During the past 12 months, did you make a plan about how you would attempt suicide?”) because research suggests a progression from passive ideation to active planning in suicidal behavior, thereby making passive suicidal ideation an important, early indicator for targeted interventions (cite).

Analyses

We implemented the logistic specification of the I-MAIHDA approach (34) to examine intersectional inequities in self-reported suicidal ideation by race, sexual orientation, and gender from pre- to post-2019. All analyses were conducted in Stata version 18.0 (41) and R version 4.2.2 (42) using the glmmTMB package (43). Code for running these analyses can be found at: https://github.com/JunaidMerchant/MAIHDA_YRBSS. Following the approach outlined by Evans et al. (39) for conducting I-MAIHDA with random effects, we include pre/post-2020 binary variable as a random coefficient to examine inequity patterns across strata within and between time periods. I-MAIHDA is a recent methodological innovation with advantages over conventional, single-level modeling approaches with fixed interaction terms (33,35–37,44,45). Results from single-level models become increasingly complex and less interpretable as more

intersecting social dimensions are considered because the number of interaction terms increases geometrically. Moreover, some strata may have small sample sizes, which can result in unstable estimates (33,36,37). I-MAIHDA models are two-level multilevel random effects models where individual observations (level 1) are nested in intersectional strata (level 2), and the number of strata is defined by the combinations of sociodemographic variables analyzed. The sociodemographic identity variables are theorized as proxies for positionalities within interlocking systems of oppression (e.g., racism, sexism, homophobia/biphobia), not individual level “risk factors.” By leveraging the inherent properties of multilevel models, such as relative parsimony and precision-weighted effect estimates, I-MAIHDA addresses many of the limitations of the conventional approach (35,44,45).

For methodological illustration purposes, we provide details of all the steps of our model-building process and how to interpret key estimates so researchers can replicate our procedure in other studies. We hypothesized that we would find: 1) meaningful inequities in suicidal ideation across intersectional strata, both pre- and post-2020; 2) a general increase in suicidal ideation from pre- to post-2020 due to the significant social disruptions of this period; and 3) that different strata would experience different increases in ideation over this period.

Model 1 (null)

The null or “empty” I-MAIHDA Model 1 is fit for baseline comparison purposes, with individuals (level 1) nested in the 40 intersectional strata (level 2), but it includes no fixed effects beyond the intercept. It is specified as:

$$\begin{array}{c} y_{ij} \sim \text{Bernoulli}(\pi_{ij}) \\ \left| \text{logit}(\pi_{ij}) = \log\left(\frac{\pi_{ij}}{1 - \pi_{ij}}\right) = \beta_0 + \mu_{0j} \right. \\ \left. \mu_{0j} \sim N(0, \sigma_{u0}^2) \right. \end{array}$$

Where y_{ij} is a binary measure for suicidal ideation (1=yes, 0=no) for individual i in stratum j , which follows a Bernoulli distribution with probability of $y_{ij} = 1$ given by π_{ij} . $\text{logit}(\pi_{ij})$ denotes the logit link function, which maps these probabilities onto the logit or log-odds scale. The right-hand side of the equation contains only the overall intercept β_0 and the stratum-level residual for stratum j (given by μ_{0j}). μ_{0j} is assumed to be normally distributed with a mean of 0 and between-stratum variance σ_{u0}^2 . In logistic I-MAIHDA (and other multilevel logistic models) there is no individual-level residual estimated because the outcome is expressed in terms of logit probabilities. After fitting the model on the logit scale (here and in later models), stratum-specific estimates can be calculated and then converted back to the probability scale. In this model, the total degree of inequity in predicted probabilities of suicidal ideation between strata is captured by σ_{u0}^2 , though this estimate does not adjust for compositional effects (e.g., strata may be differentially composed of observations from different survey years).

Another measure of between-stratum inequity/variance is given by the Variance Partition Coefficient (VPC), calculated as the between-stratum variance divided by the total variance. Since we do not estimate level 1 variance in logistic models, we use the latent response approach to approximate level 1 variance (46), which involves setting this equal to $\frac{\pi^2}{3} \approx 3.29$ where here π denotes the mathematical constant 3.142. As such:

$$VPC = \frac{\text{Level 2 Variance}}{\text{Total Variance}} = \frac{\text{Level 2 Variance}}{(\text{Level 2 Variance} + \text{Level 1 Variance})} = \frac{\sigma_{u0}^2}{(\sigma_{u0}^2 + 3.29)} \times 100\%$$

Model 2 (Fixed Year Effect)

Survey year ($\overline{post2020}$) is added to the model as a dummy fixed effect, with all else specified as before:

$$\logit(\pi_{ij}) = \beta_0 + \beta_1(\overline{post2020}) + \mu_{0j}$$

This adjusts for the compositional differences between strata by observation year and allows for estimating the overall difference in suicidal ideation between pre- and post-2020 periods for all strata (given by β_1), but this difference across periods is assumed to be the same in all strata.

Model 3 (Random Year Effect)

Year ($\overline{post2020}$) is treated as a random coefficient:

$$\logit(\pi_{ij}) = \beta_0 + \beta_1(\overline{post2020}) + \mu_{0j} + \mu_{1j}(\overline{post2020})$$
$$\begin{bmatrix} \mu_{0j} \\ \mu_{1j} \end{bmatrix} \sim N \left(0, \begin{bmatrix} \sigma_{u0}^2 & \sigma_{uou1} \\ \sigma_{uou1} & \sigma_{u1}^2 \end{bmatrix} \right)$$

In this model, β_1 is the overall (across all strata) difference in ideation between pre- and post-2020 periods, while μ_{1j} modifies this pre/post difference in stratum j , allowing us to calculate how suicidal ideation is different for each stratum ($\beta_{1j} = \beta_1 + \mu_{1j}$). In this model (and later in Model 5) the unexplained between-stratum variance pre-2020 is given by $Var(\mu_{0j}) = \sigma_{u0}^2$. The unexplained between-stratum variance post-2020 is calculated as: $Var(\mu_{0j} + \mu_{1j}) = \sigma_{u0}^2 + 2\sigma_{uou1} + \sigma_{u1}^2$, where σ_{u1}^2 is the residual variance in pre/post differences and σ_{uou1} is the covariance between μ_{0j} and μ_{1j} .

The VPC also depends on pre/post-2020 status, with VPC pre-2020 calculated as above, and VPC post-2020 calculated as:

$$VPC_{post2020} = \frac{(\sigma_{u0}^2 + 2\sigma_{uou1} + \sigma_{u1}^2)}{(\sigma_{u0}^2 + 2\sigma_{uou1} + \sigma_{u1}^2) + 3.29} \times 100\%$$

Model 4 (Fixed Year Effect + Fixed Main Effects)

Model 4 treats year ($\overline{post2020}$) as a fixed effect and adds a vector of level 2 additive fixed (or “main”) effects for race, sexual orientation and gender given by $\overline{\gamma_j}$ with associated parameter values β_α . Importantly, the model includes no fixed interaction effects between these variables, allowing stratum-level deviations from additive predictions to be captured by the stratum-level residual (μ_{0j}), which is now interpreted as a unique “interaction effect” for each stratum.

$$\logit(\pi_{ij}) = \beta_0 + \beta_1(\overline{post2020}) + \beta_\alpha \overline{\gamma_j} + \mu_{0j}$$

Model 5 (Random Year Effect + Fixed Main Effects)

The final, fully specified model includes all fixed main effects (as in Model 4) and treats year ($\overline{post2020}$) as a random effect (as in Model 3). In contrast to Model 4, this model allows a

unique “interaction effect” to be estimated separately for all combinations of strata and pre/post-2020 status.

$$\begin{aligned} \text{logit}(\pi_{ij}) &= \beta_0 + \beta_1(\text{post2020}) + \beta_\alpha \gamma_j + \mu_{0j} + \mu_{1j}(\text{post2020}) \\ \begin{bmatrix} \mu_{0j} \\ \mu_{1j} \end{bmatrix} &\sim N\left(0, \begin{bmatrix} \sigma_{u0}^2 & 0 \\ 0 & \sigma_{u1}^2 \end{bmatrix}\right) \end{aligned}$$

Following recommended practice (29,34,42), this model has two primary uses. First, it is used to generate final estimates of suicidal ideation in each stratum in each period (pre/post-2020) by combining all relevant fixed and residual effects for each stratum/period and converting them back to the predicted probability scale. Second, it can be used to evaluate the extent to which inequalities between strata follow ‘consistent patterns’ (e.g., follow fixed main effects) or whether there are ‘unique’ outcomes for some strata that break with the overall fixed effects patterns (either by having unexpectedly high or low predicted values, necessitating interaction effects to characterize them). A commonly used statistic to characterize this additive-versus-interaction effect magnitude in I-MAIHDA is the Proportional Change in Variance (PCV), which quantifies the amount of between-stratum variance that is accounted for by including fixed main effects in the model.

Generally, the PCV is calculated through a comparison of between-stratum variance in two models—one inclusive of fixed main effects (as in Models 5) and one without (as in Model 3, the direct comparator of Model 5 because it also treats time as a random effect). However, because between-stratum variance differs in pre- and post-2020 periods ($\text{Var}(\mu_{0j})$ in pre-2020 and $\text{Var}(\mu_{0j} + \mu_{1j})$ in post-2020), we calculate PCV separately for each period:

$$\begin{aligned} PCV_{pre2020} &= \left[\frac{\sigma_{u0,Model3}^2 - \sigma_{u0,Model5}^2}{\sigma_{u0,Model3}^2} \right] \times 100\% \\ PCV_{post2020} &= \left[\frac{(\sigma_{u0,Model3}^2 + 2\sigma_{uou1,Model3} + \sigma_{u1,Model3}^2) - (\sigma_{u0,Model5}^2 + 2\sigma_{uou1,Model5} + \sigma_{u1,Model5}^2)}{(\sigma_{u0,Model3}^2 + 2\sigma_{uou1,Model3} + \sigma_{u1,Model3}^2)} \right] \times 100\% \end{aligned}$$

Supplemental Analyses

The focus of the current study is to characterize changes in overall intersectional inequity patterns of suicidal ideation among U.S. high school students. However, 11 states did not have data for all three years. The variation in state-level samples used across the years may bias our results, especially when considering that research indicates that there are state-level variations in mental health outcomes. Although adjusting for state-level effects is beyond the scope of the current work, we adjust for state-level samples across periods by calculating a set of supplemental I-MAIHDA models that are the same as the primary models but using only the 25 states with data for all three years. This ensured that the observed changes in suicidal ideation we quantified from our random coefficient models cannot be attributed to differences in the state-level samples (Supplemental Table 3-4; Supplemental Figures 2). Additional model specifications were fit to adjust for state-level clustering using fixed dummy variables. However, given that state-level policies or social/environmental effects may be part of the social production of observed inequality patterns, it is not obvious if controlling for state effects is a desirable approach, as it might have distorted or partially eliminated the inequalities of interest. In this case, results were generally robust to model specification, but this methodological issue

should be investigated in future research. Side-by-side comparisons of results from the primary and supplemental models are provided (Supplemental Table 5; Supplemental Figures 3).

Results

The analytic sample includes 377,362 respondents across 36 states, aged 12-18 years with a mean of 15.7 years (SD=1.2) (Table 1), with 51% girls and race/ethnicity breakdown of 5% Asian, 14% Black, 21% Hispanic, 50% White, and 9% Multi-race/Other. Eighty-two percent identified as heterosexual, 9% as bisexual, 3% as gay or lesbian, and 6% responded other (Table 1). Across the 2017-2021 period, a concerning 18.5% of students reported suicidal ideation. There were observed increases over time with 16.9% of respondents reporting suicide ideation in 2017 to 20.9% in 2021 (Table 1). The odds ratio for the fixed-year effect across all models indicates that the post-2020 years were associated with increased odds of suicidal ideation in the overall sample (Table 2). The VPC for both Model 1 (null model) and Model 2 (adjusted for fixed-year effects) was 11%, indicating meaningful between-strata inequities and considerable within-strata variability regardless of the adjustment for year. Model 3 included post-2020 as a random coefficient, enabling us to evaluate between-stratum inequities separately by period. Interestingly, between-stratum variance was slightly larger post-2020 ($Var(\mu_{0j} + \mu_{1j})=0.438$, VPC=11.7%) than pre-2020 ($Var(\mu_{0j})=0.414$, VPC=11.2%), suggesting stable-to-modest increases in intersectional inequities during this period (i.e., a relative increase of 5.8% in between-stratum variance). Supplemental analyses of the 25 states with data for all three years yielded very similar VPC estimates, suggesting that the increases are not due to differences in state samples available pre- and post-2020 (Supplemental Table 3).

Odds ratios (OR) for fixed main effects were similar between Models 4 and 5, so we focus on results for Model 5. In terms of general, consistent inequity patterns, the odds of reporting suicidal ideation were lower for Black (OR=0.85; 95% CI: 0.77, 0.95) and Asian (OR=0.80; 95% CI: 0.72, 0.89) respondents and higher for other/multiracial (OR=1.10; 95% CI: 1.00, 1.20) compared with White respondents. Girls had higher odds of suicidal ideation than boys overall (OR=1.60; 95% CI: 1.49, 1.72) and all sexual minorities had substantially higher odds of suicidal ideation than heterosexuals, with ORs ranging from 3.3 (95% CI: 2.72, 4.00) for other-sexual to 4.45 (95% CI: 4.09, 4.85) for bisexual individuals. While these fixed effects align with findings from past research, they are not sufficient to characterize the intersectional patterns. The PCV was 94.9 % pre-2020, suggesting meaningful interaction effects, but the PCV was larger post-2020 (98.9%), indicating that most of the post-2020 between stratum variance on the log-odds scale is explained by the fixed main effects.

Figure 3 visualizes predicted probabilities of suicidal ideation for each stratum across periods, ranked from high to low based on pre-2020 ideation (from Model 5), while Table 3 provides the specific point estimates and rankings for the strata. This illustrates the substantial intersectional inequities in suicidal ideation across strata, ranging from less than 10% of heterosexual Black boys to over 50% for bisexual Multi-race/Other girls. In general, heterosexual boys of all races reported the lowest levels of ideation, followed by heterosexual girls of all races. Conversely, Bisexual girls of all races, White and Multi-race/Other lesbian girls, and White and Multi-race/Other bisexual boys were among the highest-ranked strata for suicidal ideation. Although the highest and lowest ranked strata typically did not change much from pre- to post-2020, the middle-ranked strata, particularly those including sexual and racial minorities, exhibited substantial increases in suicidal ideation, with Black lesbian girls showing the largest increase in ideation, from 32.5% pre-2020 to 43.2% post-2020 (difference=10.7% point increase; Supplemental Table 2).

Supplemental analyses of the 25 states with data for all three years yielded comparable ORs as the primary analyses for the fixed main effects of race, gender, sexual orientation, and year. Predicted probabilities of ideation calculated from supplemental Model 5 were also similar and generally retained the rankings of the highest and lowest strata, but there were some differences in the ranking of strata based on pre- to post-2020 increases. For example, White Other/Questioning girls went from being the 4th to the 7th ranked strata in terms of pre- to post-2020 increases in suicidal ideation, despite having nearly identical predicted probability estimates as the primary analyses.

Table 2. Logistic MAIHDA model results for suicidal ideation among U.S. high school students pre- and post-2020 at the intersection of gender, race, and sexual orientation

	Model 1: Null			Model 2: Fixed Year Effect (pre/post-2020)			Model 3: Random Year Effect			Model 4: Fixed Year Effect + Fixed Main Effects			Model 5: Random Year Effect + Fixed Main Effects		
Fixed Effects	Coefficient (SE) [95% CI]	exp(Coeff.) (SE) [95% CI]	z	Coefficient (SE) [95% CI]	exp(Coeff.) (SE) [95% CI]	z	Coefficient (SE) [95% CI]	exp(Coeff.) (SE) [95% CI]	z	Coefficient (SE) [95% CI]	exp(Coeff.) (SE) [95% CI]	z	Coefficient (SE) [95% CI]	exp(Coeff.) (SE) [95% CI]	z
Intercept	-0.9 (0.1) [-1.11, -0.7]	0.41 (0.04) [0.33, 0.5]	-8.77	-0.94 (0.1) [-1.14, -0.74]	0.39 (0.04) [0.32, 0.48]	-9.14	-0.96 (0.1) [-1.16, -0.76]	0.38 (0.04) [0.31, 0.47]	-9.42	-2.02 (0.04) [-2.1, -1.94]	0.13 (0.01) [0.12, 0.14]	-48.9	-2.08 (0.05) [-2.18, -1.98]	0.13 (0.01) [0.11, 0.14]	-40.0
	Log-Odds	Odds Ratio		Log-Odds	Odds Ratio		Log-Odds	Odds Ratio		Log-Odds	Odds Ratio		Log-Odds	Odds Ratio	
Year (base: pre-2020)															
post-2020				0.1 (0.01) [0.08, 0.12]	1.1 (0.01) [1.08, 1.12]	10.3	0.17 (0.04) [0.1, 0.24]	1.18 (0.04) [1.1, 1.27]	4.65	0.1 (0.01) [0.08, 0.12]	1.1 (0.01) [1.08, 1.12]	10.3	0.17 (0.04) [0.09, 0.24]	1.18 (0.04) [1.1, 1.27]	4.5
Race (base: White)															
Black										-0.22 (0.05) [-0.31, -0.13]	0.8 (0.04) [0.73, 0.88]	-4.83	-0.2 (0.05) [-0.29, -0.11]	0.82 (0.04) [0.75, 0.9]	-4.29
Hispanic										-0.03 (0.04) [-0.12, 0.06]	0.97 (0.04) [0.89, 1.06]	-0.69	-0.05 (0.04) [-0.14, 0.04]	0.95 (0.04) [0.87, 1.04]	-1.05
Asian										-0.25 (0.05) [-0.35, -0.15]	0.78 (0.04) [0.7, 0.86]	-4.95	-0.24 (0.05) [-0.34, -0.14]	0.79 (0.04) [0.71, 0.87]	-4.84
Multi-race/Other										0.11 (0.05) [0.02, 0.2]	1.11 (0.05) [1.02, 1.22]	2.33	0.1 (0.05) [0.01, 0.19]	1.11 (0.05) [1.01, 1.21]	2.21
Gender (base: Boy)															
Girl										0.45 (0.03) [0.39, 0.51]	1.58 (0.05) [1.48, 1.67]	14.88	0.45 (0.03) [0.39, 0.51]	1.57 (0.05) [1.48, 1.67]	14.68
Sexual Orientation (base: Heterosexual)															
Gay/Lesbian										1.26 (0.04) [1.17, 1.34]	3.51 (0.15) [3.22, 3.82]	28.5	1.31 (0.06) [1.2, 1.42]	3.7 (0.21) [3.31, 4.13]	23.34
Bisexual										1.53 (0.04) [1.45, 1.61]	4.61 (0.19) [4.26, 4.99]	37.67	1.52 (0.04) [1.44, 1.6]	4.58 (0.18) [4.23, 4.95]	37.97
Other/Questioning										0.97 (0.04) [0.89, 1.05]	2.64 (0.11) [2.43, 2.86]	23.42	1.04 (0.07) [0.9, 1.19]	2.84 (0.21) [2.45, 3.29]	13.97
Random Effects	SD	Variance		SD	Variance		SD	Variance		SD	Variance		SD	Variance	
Intercept (Strata)	0.649	0.421		0.645	0.416		0.643	0.414		0.081	0.007		0.144	0.021	
Year (Post-2020)							0.195	0.038					0.204	0.041	
Correlation Covariance							-0.054	-0.007					-0.852	-0.025	
Summary Statistics															
Between Stratum Variance	0.421			0.416			0.414			0.007			0.021		
Between Strat Var (Post-2020)							0.438						0.012		
VPC (%)	11.34			11.219			11.166			0.201			0.63		
VPC: Post-2020 (%)							11.748						0.369		
PCV (%)				M 1 - M2: 1.188						M 1 - M4: 98.337			M3 - M5: 94.928		
PCV: Post-2020 (%)													97.260		
Hausman Test				chi2 (1) = 1272, p-value < 2.2e-16						chi2 (9) = 13.60, p-value = 0.14					

Figure 3. Strata rank-ordered by pre-2020 predicted probabilities for suicidal ideation (square markers) with post-2020 suicidal ideation (circles) obtained from Model 5. The point estimates include 95% confidence interval bars based on the standard error of the mean. Sexual orientation by Gender categories is color-coded, and the y-axis contains the full description of each stratum, including race category.

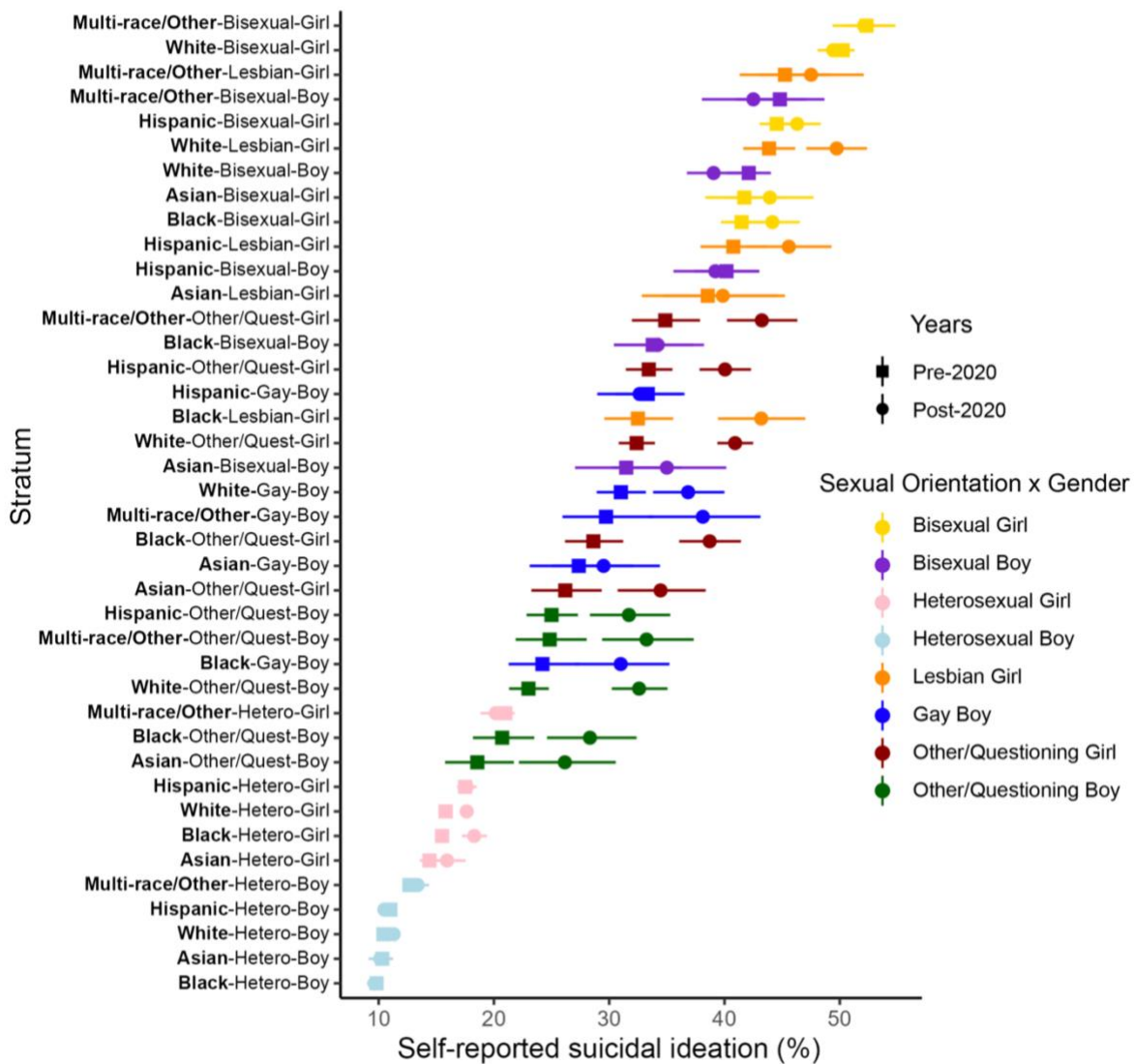


Table 3. Predicted probabilities of suicidal ideation (Model 5)

Intersectional Strata			Pre-2020		Post-2020		Changes in Suicidal Ideation (SI)		
Race	Sexual Orientation	Gender	Suicidal Ideation (%) (95% CI)	Rank	Suicidal Ideation (%) (95% CI)	Rank	SI Increase (post- minus pre-2020)	Rank of Increase	Rank Change (pre- minus post-2020)
Multi/Other	Bisexual	Girl	52.3 (50, 54)	1	52.1 (49, 55)	1	-0.2	33	0
White	Bisexual	Girl	50.3 (49, 51)	2	49.4 (48, 51)	3	-0.8	37	-1
Multi/Other	Lesbian	Girl	45.2 (41, 49)	3	47.5 (43, 52)	4	2.3	20	-1
Multi/Other	Bisexual	Boy	44.8 (41, 49)	4	42.5 (38, 47)	11	-2.3	39	-7
Hispanic	Bisexual	Girl	44.5 (43, 46)	5	46.3 (44, 48)	5	1.8	24	0
White	Lesbian	Girl	43.9 (42, 46)	6	49.7 (47, 52)	2	5.9	14	4
White	Bisexual	Boy	42.1 (40, 44)	7	39.1 (37, 41)	16	-3.1	40	-9
Asian	Bisexual	Girl	41.7 (38, 45)	8	43.9 (40, 48)	8	2.2	21	0
Black	Bisexual	Girl	41.5 (40, 43)	9	44.2 (42, 47)	7	2.7	19	2
Hispanic	Lesbian	Girl	40.8 (38, 44)	10	45.6 (42, 49)	6	4.8	16	4
Hispanic	Bisexual	Boy	40.2 (37, 43)	11	39.2 (36, 43)	15	-1	38	-4
Asian	Lesbian	Girl	38.5 (33, 45)	12	39.9 (35, 45)	14	1.3	26	-2
Multi/Other	Other/Quest	Girl	34.9 (32, 38)	13	43.2 (40, 46)	9	8.4	7	4
Black	Bisexual	Boy	33.8 (30, 37)	14	34.2 (30, 38)	22	0.4	29	-8
Hispanic	Other/Quest	Girl	33.4 (31, 35)	15	40.0 (38, 42)	13	6.6	13	2
Hispanic	Gay	Boy	33.3 (31, 36)	16	32.6 (29, 37)	24	-0.7	35	-8
Black	Lesbian	Girl	32.5 (30, 36)	17	43.2 (39, 47)	10	10.7	1	7
White	Other/Quest	Girl	32.4 (31, 34)	18	40.9 (39, 42)	12	8.5	4	6
Asian	Bisexual	Boy	31.5 (27, 36)	19	35.0 (30, 40)	20	3.5	17	-1
White	Gay	Boy	31.0 (29, 33)	20	36.8 (34, 40)	19	5.8	15	1
Multi/Other	Gay	Boy	29.7 (26, 34)	21	38.1 (33, 43)	18	8.4	5	3
Black	Other/Quest	Girl	28.6 (26, 31)	22	38.7 (36, 41)	17	10.1	2	5
Asian	Gay	Boy	27.4 (23, 32)	23	29.5 (25, 34)	28	2.1	22	-5
Asian	Other/Quest	Girl	26.2 (23, 29)	24	34.5 (31, 38)	21	8.3	8	3
Hispanic	Other/Quest	Boy	25.0 (23, 27)	25	31.7 (28, 35)	26	6.7	12	-1
Multi/Other	Other/Quest	Boy	24.8 (22, 28)	26	33.2 (29, 37)	23	8.4	6	3
Black	Gay	Boy	24.2 (21, 27)	27	31.0 (27, 35)	27	6.8	11	0
White	Other/Quest	Boy	23.0 (21, 25)	28	32.6 (30, 35)	25	9.6	3	3
Multi/Other	Hetero	Girl	21.0 (20, 22)	29	20.2 (19, 22)	31	-0.8	36	-2
Black	Other/Quest	Boy	20.7 (18, 24)	30	28.3 (25, 32)	29	7.6	9	1
Asian	Other/Quest	Boy	18.6 (16, 22)	31	26.2 (22, 31)	30	7.6	10	1
Hispanic	Hetero	Girl	17.5 (17, 18)	32	17.6 (17, 19)	34	0.1	30	-2
White	Hetero	Girl	15.8 (16, 16)	33	17.6 (17, 18)	33	1.8	23	0
Black	Hetero	Girl	15.5 (15, 16)	34	18.3 (17, 19)	32	2.8	18	2
Asian	Hetero	Girl	14.4 (14, 15)	35	15.9 (14, 18)	35	1.5	25	0

Multi/Other	Hetero	Boy	12.7 (12, 13)	36	13.4 (12, 14)	36	0.7	28	0
Hispanic	Hetero	Boy	11.0 (11, 11)	37	10.5 (10, 11)	38	-0.5	34	-1
White	Hetero	Boy	10.4 (10, 11)	38	11.3 (11, 12)	37	0.9	27	1
Asian	Hetero	Boy	10.3 (10, 11)	39	10.1 (9, 11)	39	-0.2	31	0
Black	Hetero	Boy	9.8 (9, 10)	40	9.6 (9, 10)	40	-0.2	32	0

Discussion

The present study builds on recent developments extending MAIHDA into longitudinal analysis (47) by showcasing a simplified random coefficient example of how surveys with repeated cross-sectional sampling can be used to construct longitudinal trends at the stratum-group level, which can be expanded in future studies. Using logistic intersectional I-MAIHDA with random effects, we investigated inequities in suicidal ideation among U.S. high school students at intersections of racial, sexual orientation-, and gender-identities during the highly turbulent years before and after 2020. We found that a substantial and growing percentage of youth reported past-year suicidal ideation, such that over 1 in 5 respondents experienced this adverse mental health outcome in 2021. However, these summary statistics obscure important intersectional inequities in suicidal ideation between groups. For instance, while boys overall tended to report lower levels of suicidal ideation than girls, multi/other racial bisexual boys were among the highest ranked in suicidal ideation (44.8% in 2017-2019). In both the pre- and post-2019 periods there were substantial inequities across strata, such that heterosexual boys of all races reported the lowest levels of suicidal ideation (9.6-13.4%), with Black heterosexual boys ranked lowest at both time points, while bisexual individuals, primarily girls reporting the highest levels (42.5-52.3%), with multi/other-racial bisexual girls ranked highest for both pre- and post-2020.

The VPC in both periods (11.2% pre-2020, 11.7% post-2020) confirms the notable degree of inequity between strata and suggests a stable-to-small-increase in intersectional inequities over this period. Comparing the post-2019 and 2017-2019 periods, we see the most substantial increases in self-reported suicidal ideation among strata previously ranked in the middle—with particularly large increases among strata of sexual and racial minorities. The five strata showing the biggest changes were Black other-sexual and lesbian girls, White other-sexual boys and girls, and Multi-race/Other gay boys with increases ranging from 8.4 to 10.7 percentage points (Table 3). However, even among the highest- and lowest-ranked strata which generally exhibited small changes from pre- and post-2020, there were meaningful increases that may be cause for concern. For instance, although Black heterosexual girls ranked low in suicidal ideation and had relatively small increases from pre- to post-2020, non-overlapping confidence intervals indicate they may be an increasingly vulnerable group (Figure 3).

Explanations for why we see such meaningful increases, particularly among multiply minoritized strata, are varied. Along with the social isolation imposed by COVID-19 lockdowns, 2020 was characterized by economic, political, and social upheavals, which likely impacted mental health differently depending on social identity and positionality (12,31). For instance, the COVID-19 pandemic led to a surge in xenophobia and hate crimes against Asian Americans, which has been linked to worsening mental health among certain Asian American communities (15,16). Our results add nuance to this work by demonstrating that Asian sexual minorities were the most impacted. Moreover, other studies have shown that engagement with the Black Lives Matter protests, both online and in-person, was associated with worsening mental health for

Black compared to White adolescents, but qualitative reports suggest that they are less likely to bring this up in therapy (48–50). During this period, numerous states also proposed anti-LGBTQ+ policies that had negative effects on the mental health of gender and sexual minority youth (51,52) which aligns with our findings showing that sexual minorities, particularly bisexual individuals, of all races and genders reporting suicidal ideation at high rates. Together, our findings suggest that among U.S. high school students, sexual minorities and girls are among the most impacted by the growing youth mental health crisis and provide clues about the circumstances that exacerbate mental health inequities by race that can be further investigated.

[It is critical to note that health inequities have long existed before the pandemic and are created and perpetuated by systems of oppression. Expand...]

This study adds to the growing body of research on youth mental health by uncovering fine-grain patterns of intersectional inequities in teen suicidal ideation. Our results align with prior work showing that sexual minorities, particularly bisexual individuals, experience high levels of discrimination and depressive symptoms (27,32). Importantly, by utilizing the I-MAIHDA approach that overcomes some of the limitations of single-level model approaches used in prior research, we were able to estimate more reliable predicted probabilities across a larger number of intersectional strata and reveal less intuitive findings. For instance, from pre- to post-2020, we found small but meaningful increases in suicidal ideation (i.e., non-overlapping confidence intervals) for Black and White heterosexual girls who had lower rank in overall inequities, but who may be groups that are sensitive to the social disruptions like those experienced during 2020. Together, the current work provides a theoretical and methodological framework for investigating the U.S. youth mental health crisis.

Suicide is a growing public health concern across the lifespan, particularly for U.S. teens, for whom suicide became the third leading cause of death in 2021 (5,8). Prior work indicates that suicidal ideation can serve as an important indicator for later suicide attempts (10,11). Thus, the current work provides important insights about the groups that are most impacted by suicidal ideation, which can be used to target mental health services and policies for sexual and racial minority youth. Moreover, our results demonstrated inequities in the increasing prevalence of suicidal ideation across intersectional strata that can provide clues about the factors leading to strata-specific changes. For instance, prior studies have demonstrated that state-level racial sentiment is associated with racial inequities in adverse birth outcomes (53,54) and that news exposure to anti-transgender policies is linked to worsening mental health among LGBTQ+ youth (17). It is important to note that the risk of suicidal ideation was alarmingly common (~10%) even among the lowest-risk strata, indicating that the youth mental health crisis is simultaneously disproportionately experienced and universally an issue of concern. Future research should build on our findings to explore how state-level factors and policy changes may contribute to youth suicidal ideation.

The current work is not without limitations. Our analytic sample was limited to individuals with no missing data for race, sexual orientation, gender, and suicidal ideation which yielded samples from 36 states that are not fully representative of the country as a whole. More specifically, of the 8 states that collected YRBSS data but were excluded from the primary analyses for missing necessary variables, 7 (Alaska, Georgia, Idaho, Louisiana, Montana, South Dakota, and Tennessee) were more conservative states that were excluded for missing questions about sexual orientation, which suggests that we are likely under-estimating the range of intersectional inequities and the magnitude of risk faced by LGBTQIA+ youth. Sexual orientation in the data did not include other sexual orientation categories, like pansexual, who may broadly identify as queer and/or experience varying sexual attraction. Moreover, suicidal ideation and sexual orientation is self-reported and may be influenced by an array of individual-level and cultural-level factors, like social stigmatization, that impact reporting in a

public health survey. Furthermore, as we noted in the methods section, we used self-reported sex to define our binary gender variable due to limited data on self-identified gender within the sample. The data did not include expansive gender categories such as non-binary, two-spirit, and transgender. Because sexual orientation and gender identity are fluid and can change with development, encourage future collections of the YRBSS and other large-scale surveys to include questions about self-identified gender to better enable investigations of health inequities by self-identified gender. The “Other/Questioning” and “Multi-racial/Other” labels were heterogeneous groupings for analytic convenience. That is, we combined Pacific Islander, Native Hawaiian, multi-race, and other race participants into a race category due to small sample sizes. It would be valuable for future research with an adequate sample size to investigate these outcomes using disaggregated groups. YRBSS is a cross-sectional survey, so we were not able to investigate changes in self-identification of race, gender, and sexual orientation. It would be meaningful to examine longitudinal patterns of changes in identities with changes in suicidal ideation. While the focus of this paper was examining inequities by race, sexual orientation, and gender, it would be valuable to examine other identity dimensions in future research.

This study finds stark inequities in suicidal ideation among U.S. teens, and that mental health is worsening particularly for youth who have multiple minoritized identities. There is an urgent need to investigate and act to counter the drivers of these inequities. In line with the critical intersectional framework that guided this study, we hope to spur the transformation of the systemic drivers and social and political determinants of these inequities.

Supplemental Methods

Supplemental Table 1. Observations by intersecting identity categories

Race	Bisexual	Heterosexual	Gay/Lesbian	Other	Total
ALL YEARS					
	Girls				
Asian	1,049	7,671	198	1,021	9,939
Black	4,181	19,582	1,218	2,074	27,055
Hispanic	6,351	29,678	1,379	3,484	40,892
MultiOther	3,170	12,777	674	1,589	18,210
White	13,554	73,318	2,974	6,835	96,681
Total	28,305	143,026	6,443	15,003	192,777
	Boys				
Asian	300	8,987	257	545	10,089
Black	816	22,771	804	888	25,279
Hispanic	1,507	33,530	1,179	1,736	37,952
MultiOther	785	14,958	525	819	17,087
White	3,885	84,735	2,274	3,284	94,178
Total	7,293	164,981	5,039	7,272	184,585
2017					
	Girls				
Asian	297	3,079	52	364	3,792
Black	1,352	7,523	427	583	9,885
Hispanic	1,966	11,057	464	1,002	14,489
MultiOther	1,064	5,020	224	441	6,749
White	4,009	27,851	843	1,563	34,266
Total	8,688	54,530	2,010	3,953	69,181
	Boys				
Asian	105	3,379	94	230	3,808
Black	274	8,159	323	371	9,127
Hispanic	455	11,606	439	703	13,203

MultiOther	288	5,441	226	273	6,228
White	1,109	30,079	799	1,077	33,064
Total	2,231	58,664	1,881	2,654	65,430
2019					
	Girl				
Asian	337	2,847	66	261	3,511
Black	1,352	7,218	372	472	9,414
Hispanic	2,272	11,551	478	912	15,213
MultiOther	1,083	4,802	219	381	6,485
White	4,610	27,543	914	1,674	34,741
Total	9,654	53,961	2,049	3,700	69,364
	Boy				
Asian	94	3,187	87	196	3,564
Black	270	7,904	250	300	8,724
Hispanic	559	12,348	421	566	13,894
MultiOther	244	5,294	169	285	5,992
White	1,341	30,856	811	1,012	34,020
Total	2,508	59,589	1,738	2,359	66,194
2021					
	Girl				
Asian	415	1,745	80	396	2,636
Black	1,477	4,841	419	1,019	7,756
Hispanic	2,113	7,070	437	1,570	11,190
MultiOther	1,023	2,955	231	767	4,976
White	4,935	17,924	1,217	3,598	27,674
Total	9,963	34,535	2,384	7,350	54,232
	Boy				
Asian	101	2,421	76	119	2,717
Black	272	6,708	231	217	7,428
Hispanic	493	9,576	319	467	10,855
MultiOther	253	4,223	130	261	4,867

White	1,435	23,800	664	1,195	27,094
Total	2,554	46,728	1,420	2,259	52,961

Supplemental Table 2. Number of usable and total observations for each state by year, and with reasons for excluded observations. Unbolded states did not provide any data (n=6). States with a single asterisk (n=8) were removed before primary analyses because they did not provide complete observations needed for the analyses. States with two asterisks (n=11) were excluded from supplementary analyses because they did not have data for all three years.

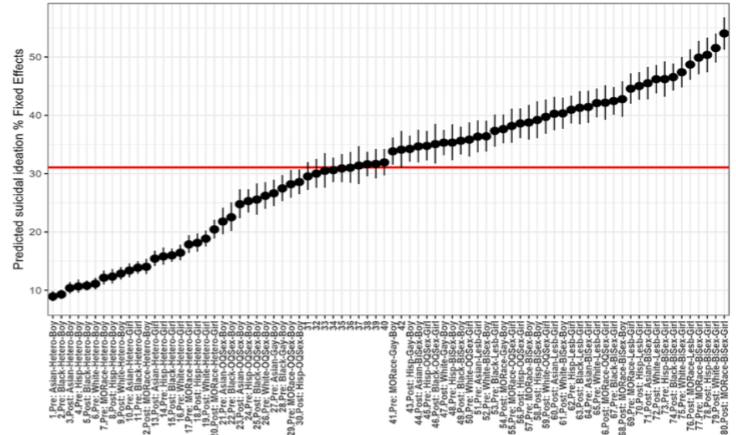
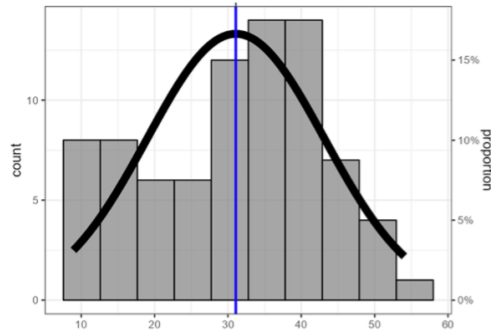
State	All Observations Usable (=377,362) / Total (=520,129)	Observations By Year			Reason For Exclusion				
		2017 Usable (=134,611) / Total (=189,723)	2019 Usable (=135,558) / Total (=182,491)	2021 Usable (=107,193) / Total (=147,903)	Complete Data N = 377,362	Missing Outcome N = 68,636	Missing Gender N = 3,984	Missing Race N = 11,010	Missing Sexual Orientation N = 59,125
AK*	0 / 3,219	0 / 1,344	0 / 1,875	0 / 0	0	34	26	72	3,087
AL**	1,895 / 2,459	0 / 0	1,895 / 2,040	0 / 419	1,895	42	16	49	457
AR	4,755 / 5,258	1,491 / 1,682	1,869 / 2,024	1,395 / 1,552	4,755	142	35	123	203
AZ	4,801 / 5,246	1,990 / 2,139	1,712 / 1,926	1,099 / 1,181	4,801	164	34	96	151
CA**	2,983 / 3,112	1,693 / 1,778	1,290 / 1,334	0 / 0	2,983	32	19	61	17
CO	3,242 / 3,877	1,239 / 1,493	1,276 / 1,348	727 / 1,036	3,242	56	45	92	442
CT	5,706 / 6,200	2,218 / 2,425	1,891 / 2,015	1,597 / 1,760	5,706	118	24	78	274
DE**	3,920 / 4,484	2,550 / 2,906	0 / 0	1,370 / 1,578	3,920	136	61	63	304
FL	15,287 / 16,546	5,720 / 6,171	5,281 / 5,703	4,286 / 4,672	15,287	235	160	221	643
GA*	0 / 5,168	0 / 0	0 / 4,564	0 / 604	0	136	42	123	4,867
HI	16,057 / 17,547	5,445 / 6,031	5,421 / 5,879	5,191 / 5,637	16,057	439	154	436	461
IA	4,247 / 4,671	1,482 / 1,691	1,469 / 1,593	1,296 / 1,387	4,247	47	23	83	271
ID*	0 / 4,018	0 / 1,818	0 / 1,210	0 / 990	0	43	23	78	3,874
IL	9,984 / 11,110	4,475 / 5,010	2,843 / 3,125	2,666 / 2,975	9,984	239	91	290	506
IN**	957 / 1,029	0 / 0	0 / 0	957 / 1,029	957	9	10	25	28
KS**	1,288 / 5,347	0 / 2,413	0 / 1,417	1,288 / 1,517	1,288	76	29	138	3,816
KY	5,783 / 6,171	1,896 / 1,997	1,875 / 1,996	2,012 / 2,178	5,783	95	42	122	129
LA*	0 / 3,217	0 / 1,273	0 / 1,305	0 / 639	0	131	26	94	2,966
MA	-								

MD	116,788 / 127,783	45,788 / 51,087	38,419 / 41,091	32,581 / 35,605	116,788	2,628	1,209	3,442	3,716
ME	22,792 / 24,405	8,924 / 9,501	7,919 / 8,378	5,949 / 6,526	22,792	443	242	702	226
MI	9,099 / 9,942	1,550 / 1,626	4,201 / 4,565	3,348 / 3,751	9,099	166	66	247	364
MN	-								
MO**	1,960 / 3,972	0 / 1,864	1,140 / 1,216	820 / 892	1,960	61	15	91	1,845
MS**	3,173 / 3,514	0 / 0	1,640 / 1,767	1,533 / 1,747	3,173	71	32	110	128
MT*	0 / 13,027	0 / 4,741	0 / 3,819	0 / 4,467	0	73	76	241	12,637
NC	7,395 / 7,927	2,939 / 3,151	2,842 / 3,056	1,614 / 1,720	7,395	147	60	159	166
ND	5,793 / 6,196	2,027 / 2,142	1,851 / 2,045	1,915 / 2,009	5,793	33	25	117	228
NE	3,232 / 3,431	1,342 / 1,427	1,265 / 1,328	625 / 676	3,232	31	17	60	91
NH	34,862 / 39,517	10,754 / 12,050	12,210 / 13,710	11,898 / 13,757	34,862	2,382	623	861	789
NJ**	2,006 / 2,088	0 / 0	1,348 / 1,393	658 / 695	2,006	10	12	28	32
NM	16,748 / 17,938	5,445 / 5,781	7,238 / 7,603	4,065 / 4,554	16,748	119	77	242	752
NV	4,350 / 4,791	1,568 / 1,667	1,319 / 1,409	1,463 / 1,715	4,350	88	40	129	184
NY	24,037 / 26,903	10,296 / 11,411	9,818 / 10,858	3,923 / 4,634	24,037	928	248	1,147	543
OH	-								
OK	5,018 / 5,347	1,561 / 1,649	1,917 / 2,008	1,540 / 1,690	5,018	59	36	125	109
OR	-								
PA	7,125 / 7,738	3,442 / 3,761	2,208 / 2,338	1,475 / 1,639	7,125	102	51	205	255
RI	5,544 / 5,987	2,092 / 2,221	1,496 / 1,613	1,956 / 2,153	5,544	111	49	94	189
SC**	2,281 / 4,324	1,269 / 1,501	1,012 / 1,221	0 / 1,602	2,281	1,871	23	68	81
SD*	0 / 2,401	0 / 0	0 / 1,457	0 / 944	0	40	13	45	2,303
TN*	0 / 6,245	0 / 2,043	0 / 2,228	0 / 1,974	0	91	48	134	5,972
TX	5,426 / 5,827	1,985 / 2,113	1,894 / 2,032	1,547 / 1,682	5,426	72	27	117	185
UT**	2,903 / 4,886	0 / 1,848	1,480 / 1,537	1,423 / 1,501	2,903	29	27	124	1,803
VA**	7,231 / 11,400	0 / 3,697	4,429 / 4,620	2,802 / 3,083	7,231	127	49	127	3,866
VT*	0 / 56,678	0 / 20,653	0 / 18,613	0 / 17,412	0	56,678	0	0	0
WA	-								
WI	5,450 / 5,734	1,953 / 2,067	1,773 / 1,829	1,724 / 1,838	5,450	57	31	76	120
WV	3,244 / 3,449	1,477 / 1,563	1,317 / 1,403	450 / 483	3,244	45	28	75	57
WY	-								

Supplemental Figure 1. Predicted probabilities estimated from the fixed and random effects parameters of Model 5 and the difference to demonstrate. The histograms on the left demonstrate the shrinkage of I-MAIHDA models from fixed (A) to random (B) effects. The caterpillar plots on the right are rank-order the strata by predicted probabilities, and labels are included for the estimates that do not include the mean (in red A and B) or zero (in C). Differences between random and fixed effects that do not include zero are indicative of the interaction effects such that they deviate from what would be expected for the main effects for these strata. In total, differences for 33 strata x year (pre/post-2020) deviate from zero, with 23 coming from pre-2020 and 10 from post-2020, supporting that more of the between stratum variance can be explained by main effects after 2020.

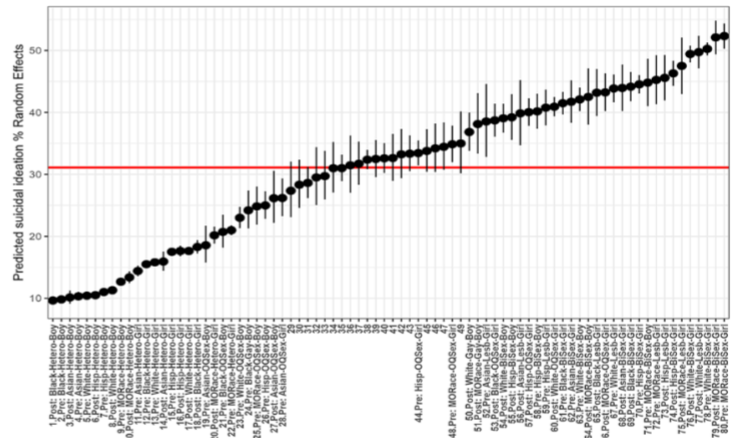
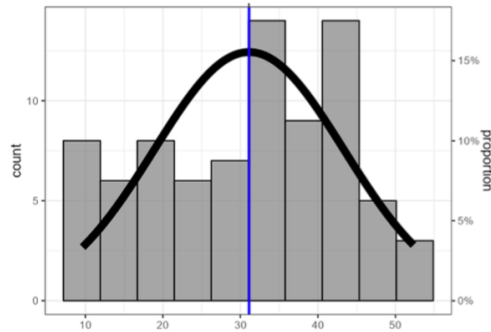
A) Predicted Probabilities Fixed Effects

mean (SD) [min - max] = 31.1 (12.1) [8.9 - 54]



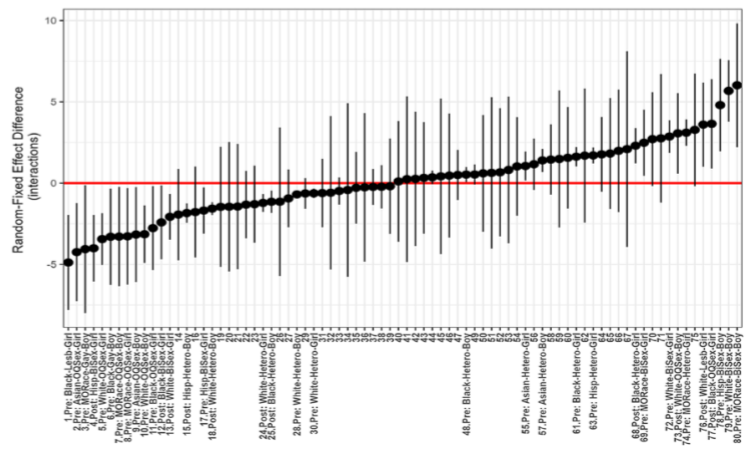
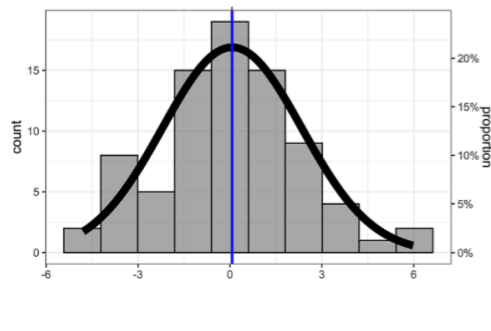
B) Predicted Probabilities Random Effects

mean (SD) [min - max] = 31.1 (12.3) [9.6 - 52.3]



C) Differences in Predicted Probabilities between Random and Fixed Effects

mean (SD) [min - max] = 0.1 (2.3) [-5 - 6]



Sensitivity Analyses

The focus of the current study is to characterize overall intersectional inequity patterns of U.S. high school students, but research indicates that there are state-level differences in teen

mental health outcomes. The current sample was not adequately powered to examine differences in inequity patterns by adding state as an additional, intersectional dimension, and a deeper investigation of state-level effects using cross-classified models or more sophisticated state-specific adjustments is beyond the scope of the current work. However, because 11 states did have data for all three years, we ran a set of supplementary I-MAIHDA models as described in the primary manuscript, but using only the 25 states that had usable data for all three years to ensure that the observed changes in suicidal ideation we quantified from our random coefficient models cannot be attributed to differences in the state-level samples (Supplemental Table 4). This excluded 30,597 observations, 19,746 from pre-2020 and 10,851 from post-2020. Supplemental Table 2 (above) provides details for the states included in the primary and supplementary analyses, including the total and usable observations per state, overall and by year, and the reasons why observations were excluded. We further adjust for state by fitting a supplemental sensitivity Model 6 that is the same as Model 5 but includes fixed state effects (Supplemental Table 4) with Maryland as the reference state because it had the largest samples provided. This model provides estimates for state-level effects and allows the calculation of PCV that is attributable to additive main effects and state effects.

Supplemental analyses supported our primary findings and yielded similar odds ratios for the main effects of race, gender, sexual orientation, and year, but provided different estimates for the variance associated with intersectional inequities. Supplemental analyses using only the 25 states with usable data for all three years revealed different PCVs of 43% (pre-2020) and 47% (post-2020; Model 5, Supplemental Table 4). Adjusting for fixed effects of state, both sets of supplementary analyses yielded PCVs of 95% for pre-2020 and 97% for post-2020 (Model 6; Supplemental Tables 4). However, state sample sizes had a wide range (Indiana $n=957$, Maryland $n=116,788$) and were not proportional to the state populations (e.g., Maryland has 7x more data than Florida), so these findings should be interpreted with caution. Together, these findings suggest that additive main effects accounted for a larger portion of between stratum variance post-2020, although the exact amount is unclear, and that state-level effects play an important role in shaping teen mental health that requires further investigation.

Supplemental Table 3. Logistic I-MAIHDA model parameters for the primary sample from 36 states (left) and for the sensitivity analysis of 25 states with full data for all three years (right) for side-by-side comparison. The table includes parameters from supplementary Model 6, which includes fixed state effects.

Models with 36 States						
	Model 1: Null model	Model 2: Fixed Year Effect (pre/post- 2020)	Model 3: Random Year Effect	Model 4: Fixed YearEffect + FixedMain Effects	Model 5: Random Year Effect + Fixed Main Effects	Model 6: Random Year Effect + Fixed Main Effects + State
Intercept	0.41 (0.33, 0.50)	0.39 (0.32, 0.48)	0.38 (0.31, 0.47)	0.13 (0.12, 0.14)	0.12 (0.10, 0.14)	0.15 (0.13,0.18)
	Odds Ratio (95% Confidence interval)					
Year (pre-2020)		1 (base)	1 (base)	1 (base)	1 (base)	
post-2020		1.10 (1.08, 1.12)	1.18 (1.10, 1.27)	1.10 (1.08, 1.12)	1.19 (1.05, 1.35)	1.17 (1.09,1.25)
Race						
White				1 (base)	1 (base)	1 (base)
Black				0.80 (0.73, 0.88)	0.85 (0.77, 0.95)	0.83 (0.76,0.91)
Hispanic				0.97 (0.89, 1.06)	0.93 (0.85, 1.01)	1.01 (0.92,1.11)
Asian				0.78 (0.70, 0.86)	0.80 (0.72, 0.89)	0.84 (0.76,0.93)
Other/Multi				1.11 (1.02, 1.22)	1.10 (1.00, 1.20)	1.15 (1.05,1.26)
Gender						
Boy				1 (base)	1 (base)	1 (base)
Girl				1.58 (1.48, 1.67)	1.60 (1.49, 1.72)	1.58 (1.48,1.68)
Sexual Orientation						
Heterosexual				1 (base)	1 (base)	1 (base)
Bisexual				4.61 (4.26, 4.99)	4.45 (4.09, 4.85)	4.61 (4.26,4.99)
Gay/Lesbian				3.51 (3.22, 3.82)	4.03 (3.50, 4.64)	3.70 (3.31,4.14)
Other				2.64 (2.43, 2.86)	3.30 (2.72, 4.00)	2.87 (2.48,3.32)
State						
MD						1 (base)
AL						1.19 (1.06,1.34)

Models with 25 States					
Model 1: Null model	Model 2: Fixed Year Effect (pre/post- 2020)	Model 3: Random Year Effect	Model 4: Fixed YearEffect + FixedMain Effects	Model 5: Random Year Effect + Fixed Main Effects	Model 6: Random Year Effect + Fixed Main Effects + State
0.40 (0.33, 0.49)	0.39 (0.32, 0.47)	0.38 (0.31, 0.46)	0.13 (0.12, 0.14)	0.12 (0.10, 0.14)	0.16 (0.14,0.18)
Odds Ratio (95% Confidence interval)					
	1 (base)	1 (base)	1 (base)	1 (base)	
	1.10 (1.08, 1.12)	1.18 (1.10, 1.26)	1.10 (1.08, 1.12)	1.19 (1.02, 1.39)	1.16 (1.08,1.24)
			1 (base)	1 (base)	1 (base)
			0.80 (0.73, 0.88)	0.87 (0.78, 0.97)	0.83 (0.76,0.92)
			0.97 (0.89, 1.06)	0.94 (0.86, 1.03)	1.02 (0.93,1.12)
			0.77 (0.70, 0.85)	0.80 (0.71, 0.89)	0.84 (0.75,0.93)
			1.11 (1.01, 1.22)	1.08 (0.98, 1.19)	1.14 (1.03,1.25)
			1 (base)	1 (base)	1 (base)
			1.56 (1.47, 1.66)	1.59 (1.48, 1.72)	1.56 (1.47,1.67)
			1 (base)	1 (base)	1 (base)
			4.58 (4.22, 4.97)	4.43 (4.06, 4.83)	4.58 (4.22,4.96)
			3.49 (3.19, 3.81)	4.02 (3.48, 4.63)	3.67 (3.29,4.09)
			2.62 (2.41, 2.85)	3.36 (2.75, 4.11)	2.85 (2.47,3.30)
					1 (base)

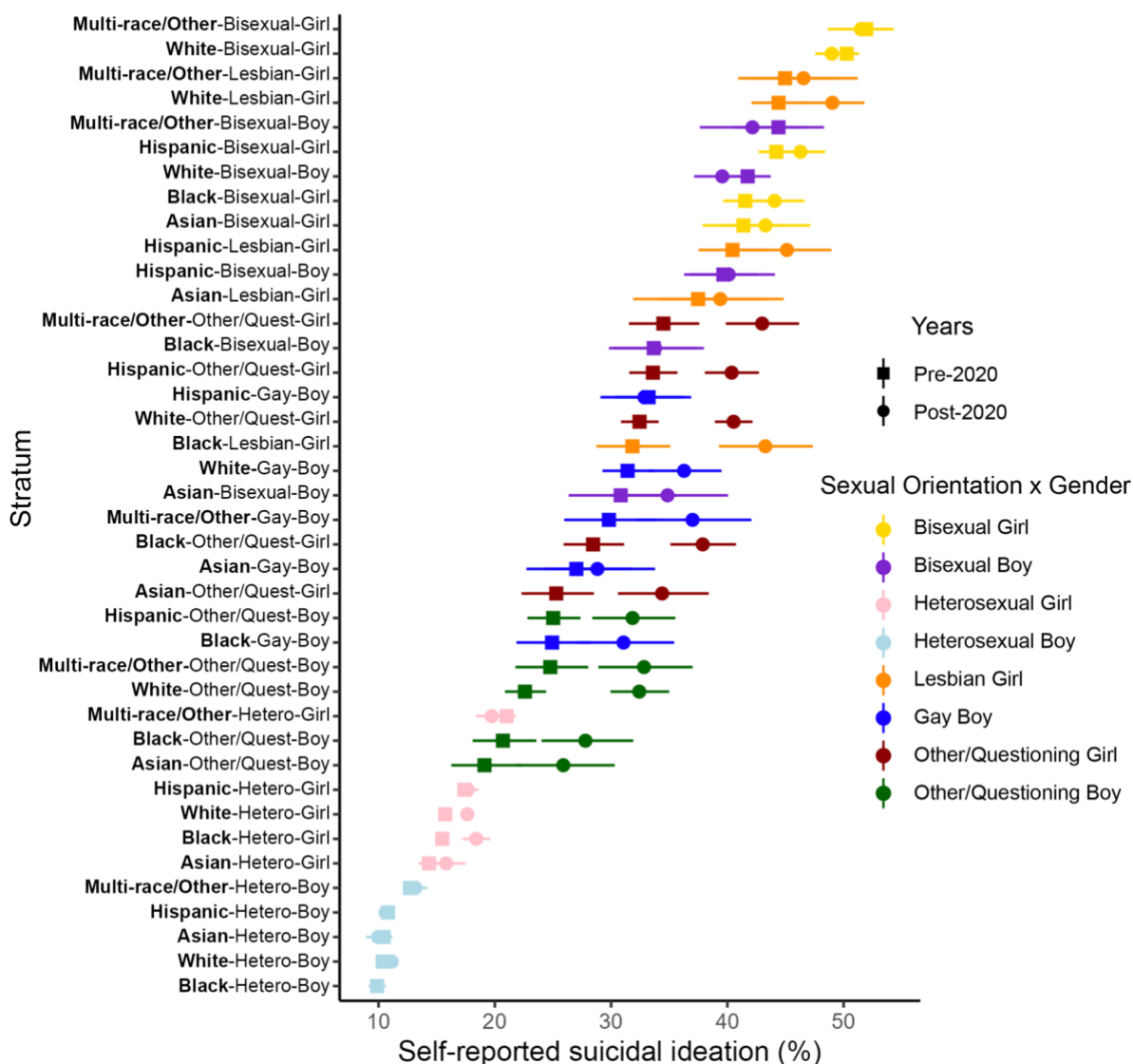
AR					1.22 (1.14,1.32)
AZ					1.06 (0.98,1.15)
CA					1.2 (1.09,1.32)
CO					0.99 (0.9,1.09)
CT					0.63 (0.58,0.69)
DE					0.84 (0.77,0.92)
FL					0.77 (0.73,0.81)
HI					0.82 (0.79,0.86)
IA					1.17 (1.09,1.27)
IL					0.94 (0.89,0.99)
IN					1.46 (1.26,1.71)
KS					0.93 (0.8,1.08)
KY					0.91 (0.85,0.98)
ME					0.81 (0.78,0.85)
MI					1.07 (1.01,1.13)
MO					0.96 (0.85,1.08)
MS					1.09 (0.99,1.19)
NC					1.02 (0.96,1.09)
ND					1.02 (0.95,1.1)
NE					1.07 (0.98,1.18)
NH					1.07 (1.03,1.1)
NJ					0.81 (0.72,0.92)
NM					0.89 (0.85,0.93)
NV					0.92 (0.85,1)
NY					0.76 (0.73,0.79)
OK					1.21 (1.12,1.3)

					1.22 (1.14,1.32)
					1.06 (0.98,1.15)
					0.99 (0.91,1.09)
					0.63 (0.58,0.69)
					0.77 (0.73,0.81)
					0.83 (0.79,0.87)
					1.18 (1.09,1.27)
					0.94 (0.89,0.99)
					0.91 (0.85,0.98)
					0.81 (0.78,0.85)
					1.07 (1.01,1.13)
					1.02 (0.96,1.09)
					1.02 (0.95,1.1)
					1.07 (0.98,1.18)
					1.07 (1.04,1.11)
					0.89 (0.85,0.93)
					0.92 (0.85,1)
					0.76 (0.73,0.79)
					1.21 (1.12,1.3)

PA						0.91 (0.85,0.97)
RI						0.74 (0.68,0.8)
SC						1.04 (0.93,1.16)
TX						1 (0.93,1.08)
UT						1.36 (1.24,1.49)
VA						0.86 (0.8,0.92)
WI						0.87 (0.81,0.94)
WV						1.19 (1.09,1.31)
Random effects						
Variance: Strata	0.421	0.416	0.414	0.007	0.021	0.020
Variance: Year: Post-2020			0.038		0.041	0.038
Covariance			-0.007		-0.025	-0.023
Summary Statistics						
Between Stratum Variance	0.421	0.416	0.414	0.007	0.021	0.020
Between Stratum Variance, Post- 2020			0.438		0.012	0.012
VPC (%)	11.339	11.219	11.166	0.201	0.63	0.600
VPC (%) Post- 2020			11.748		0.369	0.364
PCV (%)		M 1 - M2: 1.188		M 1 - M4: 98.337	M3 - M5: 94.928	
PCV (%) Post- 2020					97.260	
Hausman Test		chi2 (1) = 1272 p-value < 2.2e-161		chi² (9) = 13.60 p-value = 0.14		

						0.91 (0.85,0.97)
						0.74 (0.68,0.8)
						1 (0.93,1.08)
						0.87 (0.81,0.94)
						1.2 (1.09,1.31)
	0.414	0.409	0.407	0.007	0.021	0.020
			0.038		0.04	0.037
			-0.007		-0.024	-0.022
	0.414	0.409	0.407	0.007	0.021	0.020
			0.431		0.012	0.012
	11.178	11.061	11.020	0.209	0.622	0.594
			11.595		0.374	0.359
		M 1 - M2: 1.208		M 1 - M4: 98.309	M3 - M5: 94.840	
					97.216	
		chi2 (1) = 1168.7 p-value < 2.2e-16		chi2 (9) = 15.25 p-value = 0.08		

Supplemental Figure 2. Strata rank-ordered by pre-2020 predicted probabilities for suicidal ideation (square markers) with post-2020 suicidal ideation (circles) obtained from Model 5 after removing 11 states that did not have data for all three years. The point estimates include 95% confidence interval bars based on the standard error of the mean. Sexual orientation by Gender categories are color-coded, and the y-axis contains the full description of each stratum, including race category. A comparison between predicted probabilities from the primary and supplementary Model 5 can be found below this figure.



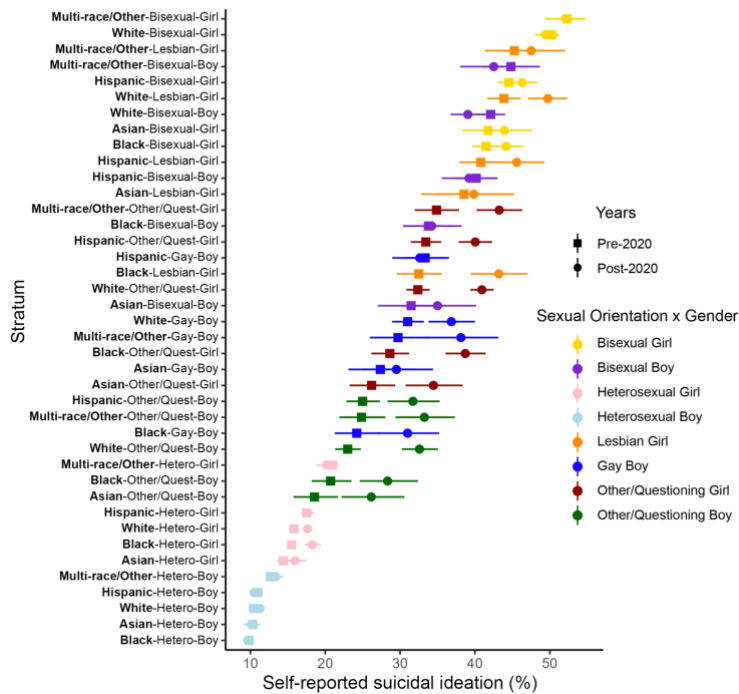
Supplemental Table 4. Predicted probabilities of suicidal ideation (Model 5) after removing 11 states that did not have data for all three years. A comparison between predicted probabilities from the primary and supplementary Model 5 can be found below this table.

Intersectional Strata			Pre-2020		Post-2020		Changes in Suicidal Ideation (SI)		
Race	Sexual Orientation	Gender	Suicidal Ideation (%) (95% CI)	Rank	Suicidal Ideation (%) (95% CI)	Rank	SI Increase (post- minus pre-2020)	Rank of Increase	Rank Change (pre- minus post-2020)
Multi/Other	Bisexual	Girl	51.9 (50,54)	1	51.5 (49,54)	1	-0.5	36	0
White	Bisexual	Girl	50.3 (49,51)	2	49 (48,50)	2	-1.3	38	0
Multi/Other	Lesbian	Girl	45 (41,49)	3	46.6 (42,51)	4	1.6	25	-1
White	Lesbian	Girl	44.4 (42,47)	4	49 (46,52)	3	4.6	16	1
Multi/Other	Bisexual	Boy	44.4 (41,48)	5	42.2 (38,47)	11	-2.2	40	-6
Hispanic	Bisexual	Girl	44.2 (43,46)	6	46.3 (44,48)	5	2.1	20	1
White	Bisexual	Boy	41.7 (40,44)	7	39.6 (37,42)	15	-2.2	39	-8
Black	Bisexual	Girl	41.5 (40,43)	8	44.1 (42,47)	7	2.5	19	1
Asian	Bisexual	Girl	41.4 (38,45)	9	43.3 (39,47)	8	1.9	21	1
Hispanic	Lesbian	Girl	40.4 (38,43)	10	45.1 (41,49)	6	4.7	15	4
Hispanic	Bisexual	Boy	39.7 (37,43)	11	40.1 (36,44)	14	0.5	28	-3
Asian	Lesbian	Girl	37.5 (32,43)	12	39.4 (34,45)	16	1.9	22	-4
Multi/Other	Other/Quest	Girl	34.5 (32,38)	13	43 (40,46)	10	8.5	5	3
Black	Bisexual	Boy	33.7 (30,37)	14	33.8 (30,38)	22	0.1	31	-8
Hispanic	Other/Quest	Girl	33.6 (32,36)	15	40.4 (38,43)	13	6.8	11	2
Hispanic	Gay	Boy	33.2 (30,36)	16	32.9 (29,37)	23	-0.4	34	-7
White	Other/Quest	Girl	32.4 (31,34)	17	40.5 (39,42)	12	8.1	7	5
Black	Lesbian	Girl	31.8 (29,35)	18	43.3 (39,47)	9	11.4	1	9
White	Gay	Boy	31.4 (29,34)	19	36.3 (33,40)	19	4.9	14	0
Asian	Bisexual	Boy	30.8 (26,36)	20	34.9 (30,40)	20	4	17	0
Multi/Other	Gay	Boy	29.8 (26,34)	21	37 (32,42)	18	7.2	8	3
Black	Other/Quest	Girl	28.5 (26,31)	22	37.9 (35,41)	17	9.4	3	5
Asian	Gay	Boy	27 (23,32)	23	28.8 (24,34)	28	1.8	24	-5
Asian	Other/Quest	Girl	25.3 (22,29)	24	34.4 (31,38)	21	9.1	4	3
Hispanic	Other/Quest	Boy	25 (23,27)	25	31.8 (28,36)	26	6.8	12	-1
Black	Gay	Boy	24.9 (22,28)	26	31.1 (27,35)	27	6.1	13	-1
Multi/Other	Other/Quest	Boy	24.8 (22,28)	27	32.8 (29,37)	24	8.1	6	3
White	Other/Quest	Boy	22.6 (21,24)	28	32.4 (30,35)	25	9.8	2	3

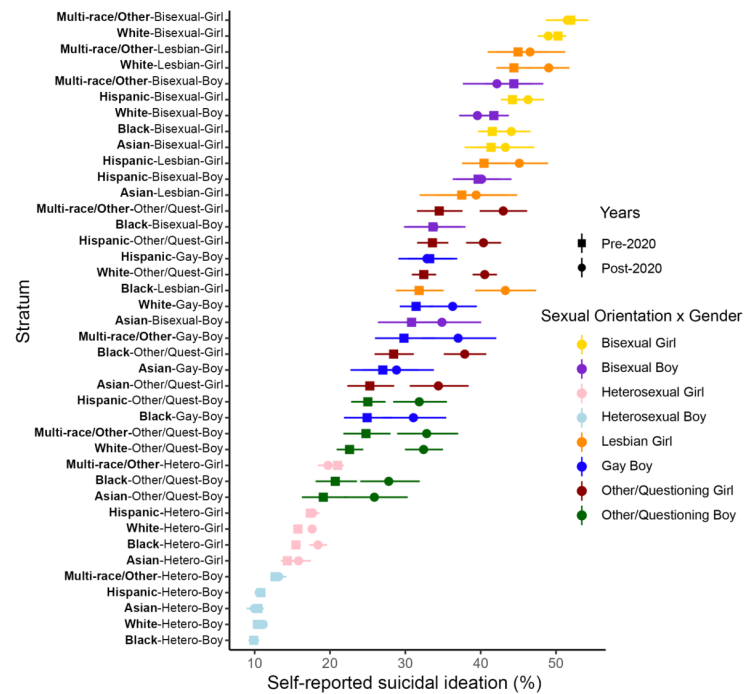
Multi/Other	Hetero	Girl	21 (20,22)	29	19.7 (18,21)	31	-1.3	37	-2
Black	Other/Quest	Boy	20.7 (18,24)	30	27.8 (24,32)	29	7.1	9	1
Asian	Other/Quest	Boy	19.1 (16,22)	31	25.9 (22,30)	30	6.8	10	1
Hispanic	Hetero	Girl	17.4 (17,18)	32	17.7 (17,19)	33	0.3	30	-1
White	Hetero	Girl	15.7 (15,16)	33	17.6 (17,18)	34	1.9	23	-1
Black	Hetero	Girl	15.5 (15,16)	34	18.4 (17,20)	32	2.9	18	2
Asian	Hetero	Girl	14.3 (13,15)	35	15.8 (14,17)	35	1.5	26	0
Multi/Other	Hetero	Boy	12.7 (12,13)	36	13.2 (12,14)	36	0.5	29	0
Hispanic	Hetero	Boy	10.8 (10,11)	37	10.6 (10,11)	38	-0.2	33	-1
Asian	Hetero	Boy	10.4 (10,11)	38	10 (9,11)	39	-0.5	35	-1
White	Hetero	Boy	10.4 (10,11)	39	11.1 (11,12)	37	0.8	27	2
Black	Hetero	Boy	9.9 (9,10)	40	9.9 (9,11)	40	0	32	0

Supplemental Figure 2. A comparison of figures visualizing predicted probabilities from the primary and supplementary Model 5.

A) PREDICTIONS FROM PRIMARY MODELS WITH 36 STATES



B) PREDICTIONS FROM SUPPLEMENTAL MODELS WITH 25 STATES



Supplemental Table 5. A comparison between predicted probabilities from the primary and supplementary Model 5.

			PREDICTIONS FROM PRIMARY MODELS WITH 36 STATES							PREDICTIONS FROM SUPPLEMENTAL MODELS WITH 25 STATES						
Intersectional Strata			Pre-2020		Post-2020		Changes in Suicidal Ideation (SI)			Pre-2020		Post-2020		Changes in Suicidal Ideation (SI)		
Race	Sexual Orientation	Gender	Suicidal Ideation (%) (95% CI)	Rank	Suicidal Ideation (%) (95% CI)	Rank	SI Increase post-minus pre-2020	Rank of Increase	Rank Change (pre- minus post-2020)	Suicidal Ideation (%) (95% CI)	Rank	Suicidal Ideation (%) (95% CI)	Rank	SI Increase post-minus pre-2020	Rank of Increase	Rank Change (pre- minus post-2020)
Multi/Other	Bisexual	Girl	52.3 (50, 54)	1	52.1 (49, 55)	1	-0.2	33	0	51.9 (50,54)	1	51.5 (49,54)	1	-0.5	36	0
White	Bisexual	Girl	50.3 (49, 51)	2	49.4 (48, 51)	3	-0.8	37	-1	50.3 (49,51)	2	49 (48,50)	2	-1.3	38	0
Multi/Other	Lesbian	Girl	45.2 (41, 49)	3	47.5 (43, 52)	4	2.3	20	-1	45 (41,49)	3	46.6 (42,51)	4	1.6	25	-1
White	Lesbian	Girl	43.9 (42, 46)	6	49.7 (47, 52)	2	5.9	14	4	44.4 (42,47)	4	49 (46,52)	3	4.6	16	1
Multi/Other	Bisexual	Boy	44.8 (41, 49)	4	42.5 (38, 47)	11	-2.3	39	-7	44.4 (41,48)	5	42.2 (38,47)	11	-2.2	40	-6
Hispanic	Bisexual	Girl	44.5 (43, 46)	5	46.3 (44, 48)	5	1.8	24	0	44.2 (43,46)	6	46.3 (44,48)	5	2.1	20	1
White	Bisexual	Boy	42.1 (40, 44)	7	39.1 (37, 41)	16	-3.1	40	-9	41.7 (40,44)	7	39.6 (37,42)	15	-2.2	39	-8
Black	Bisexual	Girl	41.5 (40, 43)	9	44.2 (42, 47)	7	2.7	19	2	41.5 (40,43)	8	44.1 (42,47)	7	2.5	19	1
Asian	Bisexual	Girl	41.7 (38, 45)	8	43.9 (40, 48)	8	2.2	21	0	41.4 (38,45)	9	43.3 (39,47)	8	1.9	21	1
Hispanic	Lesbian	Girl	40.8 (38, 44)	10	45.6 (42, 49)	6	4.8	16	4	40.4 (38,43)	10	45.1 (41,49)	6	4.7	15	4
Hispanic	Bisexual	Boy	40.2 (37, 43)	11	39.2 (36, 43)	15	-1	38	-4	39.7 (37,43)	11	40.1 (36,44)	14	0.5	28	-3
Asian	Lesbian	Girl	38.5 (33, 45)	12	39.9 (35, 45)	14	1.3	26	-2	37.5 (32,43)	12	39.4 (34,45)	16	1.9	22	-4
Multi/Other	Other/Quest	Girl	34.9 (32, 38)	13	43.2 (40, 46)	9	8.4	7	4	34.5 (32,38)	13	43 (40,46)	10	8.5	5	3
Black	Bisexual	Boy	33.8 (30, 37)	14	34.2 (30, 38)	22	0.4	29	-8	33.7 (30,37)	14	33.8 (30,38)	22	0.1	31	-8
Hispanic	Other/Quest	Girl	33.4 (31, 35)	15	40.0 (38, 42)	13	6.6	13	2	33.6 (32,36)	15	40.4 (38,43)	13	6.8	11	2
Hispanic	Gay	Boy	33.3 (31, 36)	16	32.6 (29, 37)	24	-0.7	35	-8	33.2 (30,36)	16	32.9 (29,37)	23	-0.4	34	-7
White	Other/Quest	Girl	32.4 (31, 34)	18	40.9 (39, 42)	12	8.5	4	6	32.4 (31,34)	17	40.5 (39,42)	12	8.1	7	5
Black	Lesbian	Girl	32.5 (30, 36)	17	43.2 (39, 47)	10	10.7	1	7	31.8 (29,35)	18	43.3 (39,47)	9	11.4	1	9

White	Gay	Boy	31.0 (29, 33)	20	36.8 (34, 40)	19	5.8	15	1		31.4 (29,34)	19	36.3 (33,40)	19	4.9	14	0
Asian	Bisexual	Boy	31.5 (27, 36)	19	35.0 (30, 40)	20	3.5	17	-1		30.8 (26,36)	20	34.9 (30,40)	20	4	17	0
Multi/Other	Gay	Boy	29.7 (26, 34)	21	38.1 (33, 43)	18	8.4	5	3		29.8 (26,34)	21	37 (32,42)	18	7.2	8	3
Black	Other/Quest	Girl	28.6 (26, 31)	22	38.7 (36, 41)	17	10.1	2	5		28.5 (26,31)	22	37.9 (35,41)	17	9.4	3	5
Asian	Gay	Boy	27.4 (23, 32)	23	29.5 (25, 34)	28	2.1	22	-5		27 (23,32)	23	28.8 (24,34)	28	1.8	24	-5
Asian	Other/Quest	Girl	26.2 (23, 29)	24	34.5 (31, 38)	21	8.3	8	3		25.3 (22,29)	24	34.4 (31,38)	21	9.1	4	3
Hispanic	Other/Quest	Boy	25.0 (23, 27)	25	31.7 (28, 35)	26	6.7	12	-1		25 (23,27)	25	31.8 (28,36)	26	6.8	12	-1
Black	Gay	Boy	24.2 (21, 27)	27	31.0 (27, 35)	27	6.8	11	0		24.9 (22,28)	26	31.1 (27,35)	27	6.1	13	-1
Multi/Other	Other/Quest	Boy	24.8 (22, 28)	26	33.2 (29, 37)	23	8.4	6	3		24.8 (22,28)	27	32.8 (29,37)	24	8.1	6	3
White	Other/Quest	Boy	23.0 (21, 25)	28	32.6 (30, 35)	25	9.6	3	3		22.6 (21,24)	28	32.4 (30,35)	25	9.8	2	3
Multi/Other	Hetero	Girl	21.0 (20, 22)	29	20.2 (19, 22)	31	-0.8	36	-2		21 (20,22)	29	19.7 (18,21)	31	-1.3	37	-2
Black	Other/Quest	Boy	20.7 (18, 24)	30	28.3 (25, 32)	29	7.6	9	1		20.7 (18,24)	30	27.8 (24,32)	29	7.1	9	1
Asian	Other/Quest	Boy	18.6 (16, 22)	31	26.2 (22, 31)	30	7.6	10	1		19.1 (16,22)	31	25.9 (22,30)	30	6.8	10	1
Hispanic	Hetero	Girl	17.5 (17, 18)	32	17.6 (17, 19)	34	0.1	30	-2		17.4 (17,18)	32	17.7 (17,19)	33	0.3	30	-1
White	Hetero	Girl	15.8 (16, 16)	33	17.6 (17, 18)	33	1.8	23	0		15.7 (15,16)	33	17.6 (17,18)	34	1.9	23	-1
Black	Hetero	Girl	15.5 (15, 16)	34	18.3 (17, 19)	32	2.8	18	2		15.5 (15,16)	34	18.4 (17,20)	32	2.9	18	2
Asian	Hetero	Girl	14.4 (14, 15)	35	15.9 (14, 18)	35	1.5	25	0		14.3 (13,15)	35	15.8 (14,17)	35	1.5	26	0
Multi/Other	Hetero	Boy	12.7 (12, 13)	36	13.4 (12, 14)	36	0.7	28	0		12.7 (12,13)	36	13.2 (12,14)	36	0.5	29	0
Hispanic	Hetero	Boy	11.0 (11, 11)	37	10.5 (10, 11)	38	-0.5	34	-1		10.8 (10,11)	37	10.6 (10,11)	38	-0.2	33	-1
Asian	Hetero	Boy	10.3 (10, 11)	39	10.1 (9, 11)	39	-0.2	31	0		10.4 (10,11)	38	10 (9,11)	39	-0.5	35	-1
White	Hetero	Boy	10.4 (10, 11)	38	11.3 (11, 12)	37	0.9	27	1		10.4 (10,11)	39	11.1 (11,12)	37	0.8	27	2
Black	Hetero	Boy	9.8 (9, 10)	40	9.6 (9, 10)	40	-0.2	32	0		9.9 (9,10)	40	9.9 (9,11)	40	0	32	0

References

1. Abrams Z. Kids' mental health is in crisis. Here's what psychologists are doing to help. *Monitor on Psychology* [electronic article]. 2023;54(1). (<https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health>). (Accessed April 12, 2024)
2. Baiden P, LaBrenz CA, Asiedua-Baiden G, et al. Examining the intersection of race/ethnicity and sexual orientation on suicidal ideation and suicide attempt among adolescents: Findings from the 2017 Youth Risk Behavior Survey. *Journal of Psychiatric Research*. 2020;125:13–20.
3. Stone M. Why America Has a Youth Mental Health Crisis, and How Schools Can Help. 2023 (Accessed April 12, 2024). (<https://www.edweek.org/leadership/why-america-has-a-youth-mental-health-crisis-and-how-schools-can-help/2023/10>). (Accessed April 12, 2024)
4. Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021.
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). *CDC WISQARS™*. (<https://wisqars.cdc.gov/>). (Accessed August 29, 2024)
6. Curtin SC, Tejada-Vera B, Bastian BA. Deaths: Leading Causes for 2021. National Center for Health Statistics (U.S.); 2024 (Accessed October 17, 2024). (<https://stacks.cdc.gov/view/cdc/147882>). (Accessed October 17, 2024)
7. Woolf SH, Wolf ER, Rivara FP. The New Crisis of Increasing All-Cause Mortality in US Children and Adolescents. *JAMA*. 2023;329(12):975–976.
8. Gaylor EM. Suicidal Thoughts and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2021. *MMWR Suppl* [electronic article]. 2023;72. (<https://www.cdc.gov/mmwr/volumes/72/su/su7201a6.htm>). (Accessed May 14, 2024)
9. Baiden P, Tadeo SK. Investigating the association between bullying victimization and suicidal ideation among adolescents: Evidence from the 2017 Youth Risk Behavior Survey. *Child Abuse & Neglect*. 2020;102:104417.
10. Romanelli M, Sheftall AH, Irsheid SB, et al. Factors Associated with Distinct Patterns of Suicidal Thoughts, Suicide Plans, and Suicide Attempts Among US Adolescents. *Prev Sci*. 2022;23(1):73–84.
11. Vélez-Grau C, Romanelli M, Lindsey MA. Adolescent suicide attempts in the United States: When suicide ideation and suicide capability interact. *Suicide and Life-Threatening Behavior*. 2022;52(3):549–566.
12. Gong Y, Liu X, Su S, et al. Addressing mental health issues amid the COVID-19 pandemic: a wake-up call. *SB*. 2022;67(22):2259–2262.
13. Rinfrette ES. Adolescents, COVID19, and Black Lives Matter. *Journal of Social Work Practice in the Addictions* [electronic article]. 2021; (<https://www.tandfonline.com/doi/abs/10.1080/1533256X.2020.1870285>). (Accessed May 22, 2024)
14. Watson-Singleton NN, Mekawi Y, Wilkins KV, et al. Racism's effect on depressive symptoms: Examining perseverative cognition and Black Lives Matter activism as moderators. *Journal of Counseling Psychology*. 2021;68(1):27–37.
15. Zhou S, Banawa R, Oh H. Stop Asian hate: The mental health impact of racial discrimination among Asian Pacific Islander young and emerging adults during COVID-19. *Journal of Affective Disorders*. 2023;325:346–353.
16. Dougan MM, Tzuang M, Nam B, et al. Discrimination Experiences among Asian American and Pacific Islander Adults during the COVID-19 Pandemic and Their Association with Mental Health Outcomes: Updated Findings from the COMPASS Study. *International Journal of Environmental Research and Public Health*. 2024;21(6):799.
17. Dhanani LY, Totton RR. Have You Heard the News? The Effects of Exposure to News About Recent Transgender Legislation on Transgender Youth and Young Adults. *Sex Res Soc Policy* [electronic article]. 2023; (<https://doi.org/10.1007/s13178-023-00810-6>). (Accessed April 22, 2023)
18. Evans CR, Erickson N. Intersectionality and depression in adolescence and early adulthood: A MAIHDA analysis of the national longitudinal study of adolescent to adult health, 1995–2008. *Social Science & Medicine*. 2019;220:1–11.
19. Moreno-Agostino D, Woodhead C, Ploubidis GB, et al. A quantitative approach to the intersectional study of mental health inequalities during the COVID-19 pandemic in UK young adults. *Soc Psychiatry Psychiatr Epidemiol*. 2024;59(3):417–429.
20. Crenshaw K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. In: *Feminist Legal Theories*. Routledge; 1998
21. Weldon SL. Intersectionality. In: Mazur AG, Goertz G, eds. *Politics, Gender, and Concepts: Theory and Methodology*. Cambridge: Cambridge University Press; 2008 (Accessed September 23, 2024):193–218. (<https://www.cambridge.org/core/books/politics-gender-and-concepts/intersectionality/D4AADAF36A2235B08D05A33D28469846>). (Accessed September 23, 2024)
22. Moradi B, Grzanka PR. Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology*. 2017;64(5):500–513.
23. Bauer GR, Churchill SM, Mahendran M, et al. Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods. *SSM - Population Health*. 2021;14:100798.
24. Gattamorta KA, Salerno JP, Castro AJ. Intersectionality and Health Behaviors Among US High School Students: Examining Race/Ethnicity, Sexual Identity, and Sex. *Journal of School Health*. 2019;89(10):800–808.
25. Mueller AS, James W, Abrutyn S, et al. Suicide Ideation and Bullying Among US Adolescents: Examining the Intersections of Sexual Orientation, Gender, and Race/Ethnicity. *Am J Public Health*. 2015;105(5):980–985.
26. Park IY, Speer R, Whitfield DL, et al. Predictors of bullying, depression, and suicide attempts among youth: The intersection of race/ethnicity by gender identity. *Children and Youth Services Review*. 2022;139:106536.
27. Angoff HD, Barnhart WR. Bullying and Cyberbullying among LGBQ and Heterosexual Youth from an Intersectional Perspective: Findings from the 2017 National Youth Risk Behavior Survey. *Journal of School Violence*. 2021;20(3):274–286.
28. Lindsey MA, Sheftall AH, Xiao Y, et al. Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017. *Pediatrics*. 2019;144(5):e20191187.
29. Krause KH, Mpofu J, Brown M, et al. At the Intersections: Examining Trends in Experiences of Violence, Mental Health Status, and Suicidal Risk Behaviors Among US High School Students Using Intersectionality, National Youth Risk Behavior Survey, 2015–2019. *Journal of Adolescent Health*. 2022;71(3):293–300.
30. McCoy K, Kohlbeck S. Intersectionality in pandemic

- youth suicide attempt trends. *Suicide and Life-Threatening Behavior*. 2022;52(5):983–993.
31. Yard E. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* [electronic article]. 2021;70. (<https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm>). (Accessed May 23, 2024)
 32. Beccia AL, Zubizarreta D, Austin SB, et al. Trajectories of Mental Distress Among US Women by Sexual Orientation and Racialized Group During the First Year of the COVID-19 Pandemic. *Am J Public Health*. 2024;114(5):511–522.
 33. Evans CR, Williams DR, Onnela J-P, et al. A multilevel approach to modeling health inequalities at the intersection of multiple social identities. *Social Science & Medicine*. 2018;203:64–73.
 34. Evans CR, Leckie G, Subramanian SV, et al. A tutorial for conducting intersectional multilevel analysis of individual heterogeneity and discriminatory accuracy (MAIHDA). *SSM - Population Health*. 2024;26:101664.
 35. Bell A, Holman D, Jones K. Using Shrinkage in Multilevel Models to Understand Intersectionality. *Methodology*. 2019;15(2):88–96.
 36. Mahendran M, Lizotte D, Bauer GR. Describing Intersectional Health Outcomes: An Evaluation of Data Analysis Methods. *Epidemiology*. 2022;33(3):395.
 37. Mahendran M, Lizotte D, Bauer GR. Quantitative methods for descriptive intersectional analysis with binary health outcomes. *SSM Popul Health*. 2022;17:101032–101032.
 38. Youth Risk Behavior Surveillance System (YRBSS) | CDC. 2023;(<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>). (Accessed March 13, 2024)
 39. Evans CR, Nieves CI, Erickson N, et al. Intersectional inequities in the birthweight gap between twin and singleton births: A random effects MAIHDA analysis of 2012–2018 New York City birth data. *Social Science & Medicine*. 2023;331:116063.
 40. Evans CR. Overcoming combination fatigue: Addressing high-dimensional effect measure modification and interaction in clinical, biomedical, and epidemiologic research using multilevel analysis of individual heterogeneity and discriminatory accuracy (MAIHDA). *Social Science & Medicine*. 2024;340:116493.
 41. StataCorp LLC. Stata | StataCorp LLC. (<https://www.stata.com/company/>). (Accessed November 26, 2022)
 42. R Core Team. R: A Language and Environment for Statistical Computing. 2020;(<https://www.R-project.org/>)
 43. Brooks M, Bolker B, Kristensen K, et al. glmmTMB: Generalized Linear Mixed Models using Template Model Builder. 2017;1.1.10. (<https://CRAN.R-project.org/package=glmmTMB>). (Accessed October 4, 2024)
 44. Evans CR. Innovative Approaches to Investigating Social Determinants of Health - Social Networks, Environmental Effects and Intersectionality. 2015;(<https://dash.harvard.edu/handle/1/23205168>). (Accessed May 24, 2024)
 45. Van Dusen B, Cian H, Nissen J, et al. Comparing the efficacy of fixed effect and MAIHDA models in predicting outcomes for intersectional social strata. 2024;(<http://arxiv.org/abs/2403.12081>). (Accessed May 23, 2024)
 46. Goldstein H, Browne W, Rasbash J. Partitioning Variation in Multilevel Models. *Understanding Statistics*. 2002;1(4):223–231.
 47. Bell A, Evans C, Holman D, et al. Extending intersectional multilevel analysis of individual heterogeneity and discriminatory accuracy (MAIHDA) to study individual longitudinal trajectories, with application to mental health in the UK. *Social Science & Medicine*. 2024;351:116955.
 48. Baskin-Sommers A, Simmons C, Conley M, et al. Adolescent civic engagement: Lessons from Black Lives Matter. *Proc. Natl. Acad. Sci. U.S.A.* 2021;118(41):e2109860118.
 49. Marshall IC, Hammer LA, Springfield CR, et al. Activism in the Digital Age: The Link Between Social Media Engagement With Black Lives Matter-Relevant Content and Mental Health. *Psychol Rep*. 2024;127(5):2220–2244.
 50. Meza JI, Patel K, Bath E. Black Youth Suicide Crisis: Prevalence Rates, Review of Risk and Protective Factors, and Current Evidence-Based Practices. *FOC*. 2022;20(2):197–203.
 51. Zhao JB Richard Cavaliere-Mazziotta and Zhenqiang. The Impact of Anti-LGBTQ+ Policies on the Mental Health of LGBTQ+ Youth in the United States. *NHSJS*. 2024;(<https://nhsjs.com/2024/the-impact-of-anti-lgbtq-policies-on-the-mental-health-of-lgbtq-youth-in-the-united-states/>). (Accessed October 22, 2024)
 52. Levensgood TW, Hadland SE. Hostile Laws and Hospitalization: Why Anti-LGBTQ+ Legislation Threatens Adolescent Lives. *Journal of hospital medicine*. 2022;18(5):449.
 53. Nguyen TT, Adams N, Huang D, et al. The Association Between State-Level Racial Attitudes Assessed From Twitter Data and Adverse Birth Outcomes: Observational Study. *JMIR Public Health Surveill*. 2020;6(3):e17103–e17103.
 54. Nguyen TT, Merchant JS, Criss S, et al. Examining Twitter-Derived Negative Racial Sentiment as Indicators of Cultural Racism: Observational Associations With Preterm Birth and Low Birth Weight Among a Multiracial Sample of Mothers, 2011–2021. *Journal of Medical Internet Research*. 2023;25(1):e44990.