

FASD and Suicidality: Rates and Associated Factors

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KEY MESSAGES

Rates of suicidality among individuals with fetal alcohol spectrum disorder (FASD) are greater than that of the general population and many other disability groups. Increased research, practice, and policy change are needed to better understand suicidality among individuals with FASD and to develop and implement effective supports. This issue paper outlines recent research on suicidality in people with FASD, including how often it occurs and what demographic and biopsychosocial contextual factors may be associated with suicidality among individuals with FASD.

Issue:

Suicidality is a spectrum of thoughts and behaviours encompassing suicidal ideation (i.e., thoughts of harming oneself with the intent to die), suicide-related communication, suicide attempts (i.e., self-inflicted harm with the intention of death), and death by suicide.¹⁻³ It is estimated that 700,000 people globally die by suicide every year,⁴ with roughly 9% of the general population experiencing suicidal ideation.⁵ There are many factors that may influence the risk of suicidality including individual and environmental characteristics and sociocultural contexts.^{6,7} Individuals with disabilities are at an especially high risk of suicidality compared to individuals in the general population.^{8,9}

Fetal alcohol spectrum disorder (FASD) is one of the most common neurodevelopmental disabilities, affecting at least 4% of Canadians.^{10,11} Although individuals with FASD face complex challenges, they also have many strengths and abilities such as curiosity, creativity, generosity, friendliness, and tenacity.¹² However, without adequate supports, many individuals with FASD also experience mental health and substance use difficulties across the lifespan. One of the most concerning negative outcomes experienced by individuals with FASD is an elevated risk of suicidality. Although research on suicidality is still relatively new among individuals with FASD, it has previously been identified that the risk for suicidality in this population is heightened. For

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example, in a recent study, Canadian researchers found that 26% of individuals aged 6 to 59 years who were assessed for FASD experienced suicidality. Some individuals with FASD also experience suicidality at a significantly younger age compared to those without FASD.¹³ Although FASD and suicidality was first identified as a significant concern as early as 1996,¹⁴ almost three decades later, it remains a common cause of death among individuals with FASD.¹⁵

The purpose of this paper is to describe the current evidence on rates of suicidality among individuals with FASD and to discuss potential demographic and biopsychosocial contextual factors that may be related to suicidality. Additionally, we provide recommendations for research, policy, and practice to better support individuals with FASD experiencing suicidality.

Background:

1. Lack of Research

Individuals with neurodevelopmental and physical disabilities experience a heightened risk of suicidality compared to those in the general population.^{8,9,16,17,18} People with physical, neurodevelopmental, and intellectual disabilities, learning disorders, and autism spectrum disorder experience challenges that may increase the risk of suicidality.^{8,9} Experiencing multiple disabilities and comorbid psychiatric conditions (which is common among those with intellectual disabilities) further compounds the risk of suicidality. Suicidality among people with disabilities is related to high levels of stress, mental and physical health challenges, negative family experiences, and few social supports.⁹

To date, relatively few studies of suicidality among individuals with FASD exist.¹⁹ This dearth of research is critical given that suicidality can be a major challenge among individuals with FASD.^{20,21} Prenatal alcohol exposure (PAE) can have significant impacts on neurobiology, behaviour, stress, and executive functioning, all of which are proposed to influence the risk of suicidality in non-FASD populations.^{22,23} However, although some researchers have investigated factors that may be associated with suicidality among individuals with FASD, such as lower IQ, presence of depressive and anxiety disorders, and psychosocial and environmental factors,^{20,21,24,25} limited research has been conducted to explore why suicidality may be more common among individuals with FASD compared to other disability groups and the general population. Most studies of FASD and suicidality have substantial limitations, such as not distinguishing between passive and active suicidality, ideation versus attempt, and lifetime versus current suicidality. These nuances of suicidality have different implications for intervention and prevention efforts, and thus more work is needed to facilitate effective and meaningful responses.¹⁹

2. Factors Associated with Suicidality

Because of the complexity and uniqueness of FASD,²⁶ individuals with FASD experience a range of challenges and vulnerabilities that may relate to suicidality. These experiences relate to both the brain and body-based impacts of PAE as well as adverse life experiences commonly associated with the disability. It is important to understand what these factors are and how they may increase vulnerability to suicidality among individuals with FASD.

Life Stages

In a recent Canadian study, Flannigan et al.²⁷ found that the rates of suicidality among individuals with PAE/FASD did not differ by sex, but differed significantly by age group, region, and living situation. The highest rates of suicidality were found among adolescents aged 13-17 years (34.7%) and transition-aged youth aged 18-24 years (35.2%). Although lower than among transition-aged youth and adolescents, rates of suicidality among children aged 6-12 years were problematically high (11.9%). This study provides evidence of the urgent need for early intervention, and for addressing factors related to suicidality across the lifespan for people with PAE/FASD.

Biopsychosocial Factors

One of the strongest associations with suicidality in FASD is substance use, which was shown to increase rates of suicidality by nearly seven times in a large cohort of individuals.²⁷ Individuals with FASD experience high rates of environmental adversity, including substance use.^{28,29} Having a stable and nurturing home environment is an important protective factor against mental health issues for people with FASD in general.³⁰ However, two-thirds of participants in Flannigan et al.'s study experienced trauma/abuse in their past which almost tripled their likelihood of experiencing suicidality.²⁷ Another factor associated with suicidality among individuals with FASD is legal problems with offending, which is also consistent with experiences of suicidality in the general population.³¹⁻³⁴

Numerous researchers have identified mental health concerns related to suicidality among people with FASD.^{25,27} The strongest associations were identified between suicidality and anxiety, depression/mood disorders, and posttraumatic stress disorder/adjustment disorders. In addition, adaptive function difficulties significantly increased the likelihood of suicidality in one study.²⁷ These findings are especially concerning given that anxiety, depression, adaptive function challenges, and trauma are all common among individuals with FASD.^{25,27,35}

Finally, a novel finding from Flannigan et al.'s study was the link between sleep problems and suicidality.²⁷ Higher rates of suicidality have been found among individuals without FASD who experience sleep problems.^{36,37} Sleep-related concerns are of special consideration among individuals with FASD^{38,39} highlighting the need for intervention in this area.

Recommendations:

Given the emerging research on suicidality and associated factors in FASD, efforts are urgently needed to better understand this challenging experience and to help manage or mitigate risk and proactively bolster protective factors and wellbeing. Recommendations include next steps for research, policy, and practice that support evidence-informed suicide prevention and intervention approaches.

1. Research

More research is needed on all aspects of suicidality in FASD. A social-ecological framework may help researchers to investigate the complexity of suicidality and to understand the relationships and interactions between individual, relational, community, and societal factors that may influence suicide risk.

- As the field of FASD research continues to move towards strengths-based approaches,^{12,40,41} researchers should examine the strengths and protective factors that help prevent suicidality among some individuals with FASD. It is important to identify protective factors that can help to guide policy and practice to better support this population and their larger communities in a proactive and holistic way.
- Longitudinal studies are needed to explore trajectories of mental health and suicidality among individuals with FASD across the lifespan. Studies including multimethod and multiformat assessment tools that are specific to individuals with neurodevelopmental conditions would be particularly helpful.²⁷
- Other considerations for research include detailed investigations of the spectrum of suicidality, prevention and intervention studies, and studies with control groups to examine what differentiates those with PAE/FASD who do and do not experience suicidality.²⁷
- Although our understanding of some of the factors that may be associated with suicidality in FASD is improving, questions remain of how to effectively assess risk for suicidality among people with FASD and how to intervene when an individual experiences suicidality.
- The lived experience perspectives of individuals, caregivers, families, and communities are critically important voices to be highlighted in future research. This research needs to be conducted in FASD-, trauma-, and culturally-informed ways to help us better understand how suicidality impacts the whole family and community support systems.²⁷
- Research to identify the values of life affirming programs and resilience building programs that line up with cultural principles on their effects of reducing suicidality is also needed.

2. Policy

Recommendations for policy include implementing more effective prevention, screening, and intervention in settings in which mental health issues are the presenting issue.

- Policies are needed to provide the infrastructure for evidence-informed, consistent, and effective screening, prevention, and intervention approaches, and to provide long term supports for individuals with FASD.
- Diagnosis should follow screening to ensure proper supports are in place
- Once individuals with FASD reach adulthood, access to services and support dwindles. Having policies in place that consider both the challenges and strengths of people with FASD and that address needs across the lifespan are necessary to support long-term health and wellbeing.
- Policies may help in increasing anticipatory guidance and surveillance approaches from health care providers.
- Caregivers and families are a significant part of suicide prevention and intervention for individuals with FASD and policies are needed that allow for tailored resources and services to support those with PAE/FASD and their families.

3. Practice

There is a need for increased intervention and prevention initiatives that are FASD- and trauma-informed and that consider the biopsychosocial contextual factors that may be related to suicidality.

- Given the complexity of suicidality in FASD and the uniqueness of each person with FASD, a one-size-fits-all approach is not likely to be effective in suicide assessment, prevention, or intervention. Sufficient screening of the various factors mentioned in this paper and explored in the literature would help with the prevention, treatment, and management of suicidality among individuals with FASD and better support these individuals, their families, and their larger communities.
- Tailored FASD training for those working in mental health or crisis contexts will be an important part of effective prevention and intervention strategies. Given the value of psychotropic medications (e.g., Lithium and Clozapine specific to mental conditions), training should emphasize the uniqueness of FASD to facilitate well informed use of medications in collaboration with other wraparound intervention and prevention approaches.
- Given the value and outcomes of evidence-based psychoeducational training (e.g., ASIST),⁴² the FASD field should develop parallel or modified training to help professionals in a variety of contexts and settings to screen and support those with FASD.

Conclusion:

Suicidality is a major concern in the FASD community, with higher rates than in the general population. However, little research has been conducted to understand the relationship between suicidality and FASD. Factors related to FASD such as environmental adversity, substance use, trauma, sleep disorders, and complex mental health challenges may all be associated with this heightened risk. More research is needed to better understand the topic and decipher best practices for intervention and prevention. When conducting research, developing policies, and putting them into practice, it is important to include a wide range of stakeholders and voices, including individuals, caregivers/families, and health care and social service providers. Tailored resources and services that consider the biopsychosocial factors outlined above are recommended for effective prevention and risk management strategies.

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