

Why suicide prevention support is crucial for people with fetal alcohol spectrum disorder

September 28 2022, by Kelly D. Harding, Carly McMorris and Dorothy Badry



Credit: cottonbro studio from Pexels

Fetal alcohol spectrum disorder (FASD) [is a lifelong disability](#) that affects the brain and body of people prenatally exposed to alcohol. [New](#)

[research](#) is backing concerns raised by the FASD community about the high rates of suicidality among people with FASD.

As a team of FASD researchers and professionals who work with people with FASD, we are growing increasingly concerned with these statistics and stories we are hearing from caregivers.

FASD and suicidality

Suicidality is a [spectrum of thoughts and behaviors](#) surrounding [suicide](#). It encompasses suicidal ideation, suicide-related communication, suicide attempts and death by suicide.

Using data from Canada's [National FASD Database](#), our team demonstrated that [suicidality among people with FASD was alarmingly high](#). At some point during their lifetime, 25.9% of our sample (206 of 796 individuals) experienced [suicidal ideation](#) or suicide attempt(s). Comparatively, rates in the general population range from [3%](#) to [12%](#).

These findings are consistent with the current (albeit limited) research on FASD and suicide. Individuals with FASD often experience suicidality at [significantly younger ages](#) than those without FASD.

In a [recent American study](#), youth aged 13–18 years with FASD required medical assistance due to suicide attempts at rates 5.5 times higher than the general population. [Other Canadian researchers](#) have reported suicide as a leading cause of death among a group of individuals with FASD.

Because FASD is a multifaceted disorder, we must understand the [complex reasons](#) this population may be at a higher risk for suicidality.

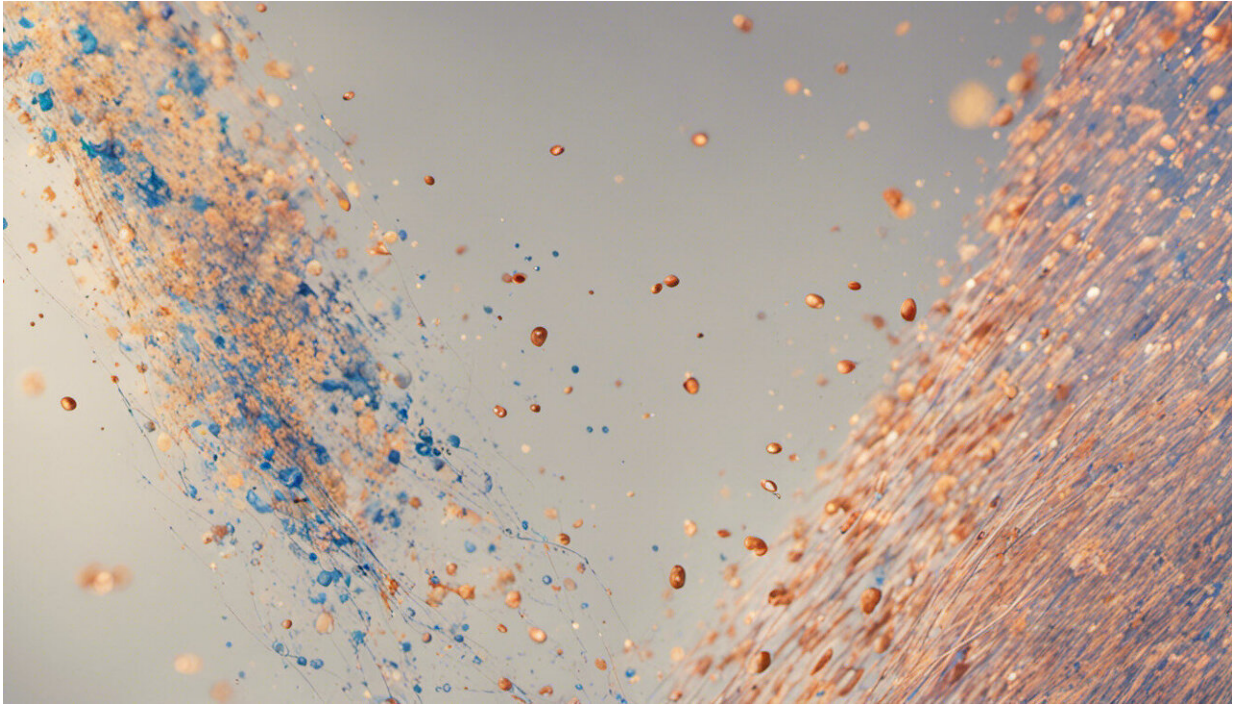
People with FASD experience a range of vulnerabilities both from the

impacts of prenatal alcohol exposure on the brain and body, and from the adverse life experiences commonly associated with this disability. Research points to several individual, relational and environmental reasons for the high risk of suicidality among people with FASD.

Individual factors

Demographic factors like [age, region](#) and [living situation](#) all play a role in the risk of suicidality among people with FASD, as do [neurodevelopmental challenges](#), sleep problems and [co-occurring mental health and substance use challenges](#).

In our study, the odds of suicidality among people with FASD were 6.7 times higher for those with substance use challenges and 1.9 times higher for those with difficulties with affect regulation, which is the ability to control emotional responses. We found that experiences of depression, anxiety and post-traumatic stress disorder were high among people with FASD who experienced suicidality, which is worrisome considering these co-occurring diagnoses are common in this population.



Credit: AI-generated image ([disclaimer](#))

Relational factors

Strong and stable relationships are an [important factor influencing healthy outcomes](#) for people with FASD. [Conflict with others, social isolation and social disconnection](#) are common challenges for those who have FASD and suicidality. Being [bullied](#) and [feeling a lack of belonging](#) also contribute to a higher risk of suicidality.

The risk is also higher for individuals with a family history of substance use, suicidality or [mental health](#) concerns, or a personal history of trauma. We found that people with FASD who experienced trauma or abuse in their past were 2.8 times more likely to exhibit suicidality during their lifespan.

Environmental factors

In our [recent study](#) we also found higher rates of suicidality among people with prenatal alcohol exposure who lived in group homes and institutional settings such as custody or in-patient treatment. Interactions with institutional systems like [child welfare](#) and [justice](#) and negative experiences within health-care systems also play a role, as can the [multiple layers of stigma](#) that this population experiences.

Outcomes [can be significantly improved](#) with access to effective supports and services for physical and mental health. However, the lack of FASD-informed services is a big barrier.

Support for individuals, families and communities

For those with FASD, having a stable and nurturing home environment is [an important protective factor](#) against [mental health issues](#) in general, so it stands to reason that [safe and secure housing](#) is important to reduce the likelihood of suicide.

Addressing factors like co-occurring mental health issues, [social isolation](#), substance use, trauma, abuse and involvement with the justice system may also help to reduce risk. Initiatives like strengthening social supports, enhancing coping skills, hopefulness and positive future outlooks, as well as identifying reasons for living, are critical for suicide prevention.

The impact of [suicidality](#) in FASD is not confined only to individuals who have the disorder. The experiences of caregivers, families, friends and communities need to be included as well.

Even though our work identified that [one in three individuals with FASD](#)

[experienced suicidality](#) at some point during their lives, this also means that two thirds of individuals *did not*. This raises a crucial question for September's [Fetal Alcohol Spectrum Disorder Awareness Month](#): What factors may bolster resilience and positive outcomes to protect individuals with FASD and their families from harmful outcomes? It's essential that future research focuses on this area.

If you or someone you know is feeling suicidal, please contact [Talk Suicide Canada](#) (1-833-456-4566).

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