

On the Spectrum, April 2018

Autism Spectrum Disorder and Suicide

Currently, a small number of existing studies suggest higher rates of suicidality (suicidal ideation, suicidal plans and attempts) among individuals with ASD, compared to the general population (e.g., Hirvikoski, et al., 2016). A recent review of the literature found that individuals with ASD make up 7-15 percent of those who have engaged in suicidal behaviors, and as many as half of individuals with ASD (10-50%) have experienced suicidal ideation or suicidal behavior (Segers and Rawana 2014).

There are several factors that may be related to risk for suicide, including the existence of co-occurring psychiatric illnesses. It is known that conditions such as depression and anxiety are strongly associated with increased risk for suicide. Individuals with ASD are often diagnosed with depression (13% - 37%) or anxiety (7% - 75%). A recent study also found that individuals with ASD are at risk for suicidal ideation even in the absence of a mood disorder (Cassidy et al., 2014), suggesting that the relationship between ASD and suicidality is complex.

The unique social communication challenges that are posed by having ASD provide a link between ASD and suicide. Specifically, individuals with ASD often struggle with negotiating social interactions with peers, making this population particularly vulnerable to bullying. In fact, peer victimization is one of the most well documented risk factors for suicide in the ASD population with rates ranging from 38% - 75% (Segers and Rawana 2014, for review).

While there is a dearth of literature to support a particular intervention for suicidal ideation in ASD, there are a variety of protective factors that may help individuals at risk for suicidal ideation.

1) It is ok to ask about suicide. A common misconception is that discussing suicide will trigger suicidal thinking. If families or friends have concerns about suicidal thinking or plans they should ask the individual and also make a referral to a mental health professional for assistance.

2) Screen for comorbid mood and anxiety disorders. Individuals with ASD may be particularly at risk for ongoing longstanding depressive symptoms that are under reported. Individuals with ASD should ask for help from someone who they know if they are consistently feeling down. Family members should also be on the lookout for long-term low mood as a potential risk factor for suicidality.

A significant change in mood or behavior that is uncharacteristic for an individual, and/or the presence of any new environmental stressors can also signal symptoms of an acute episode of depression that may increase risk for suicidality.

3) Seek treatment and include input from family members. Mental health providers, such as psychologists and social workers, can help to discern any clinically significant mood and/or anxiety symptoms, as well as assess for suicidal thinking. Importantly, individuals with ASD

may have challenges communicating or reporting on their mood and/or anxiety symptoms. Therefore, standard self-report assessments may not yield accurate results. Input about mood and behavior from people who are close to the individual can be especially useful to health care providers.

4) Provide social support. Individuals with ASD are likely to have difficulty communicating feelings and may isolate themselves more than others, especially if they are feeling down, anxious or confused about their feelings. Identifying specific individuals as social supports and establishing and reviewing when these supports can be accessed can be helpful in improving mood and decreasing anxiety. Family or friends should ask about suicidal thinking and be prepared to assist with accessing a professional for assistance.

5) Access social skills groups. Social skills groups can assist with improving interpersonal relationships and increasing the likelihood of continued and positive social interactions. Skills groups can help to buffer against social isolation and bullying.

6) Connect with local organizations. Reach out to organizations that support families with concerns about suicide. There are a variety of local organizations that educate families about suicide, mood and anxiety. For example, the National Alliance for the Mentally Ill and the Depression and Bipolar Support Alliance have local chapters that run regularly scheduled support and education groups.

Awareness of risk of suicide in the ASD population is imperative and, while there is some research to suggest that individuals with ASD are at greater risk for suicide, there are no strong predictors of suicide attempt. Screening for suicide and mood/anxiety symptoms, providing social support, and accessing mental health professionals and organizations can be especially useful.

References:

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