

# SUICIDE AND AUTISM SPECTRUM DISORDER

July 2018



Suicide is a large and growing public health problem. According to The Center for Disease Control and Prevention's report in 2016, suicide was the second leading cause of death among individuals between the ages of 10 and 34. In a 17-year period from 1999 to 2016, total suicide rate has increased by 28%. Recent

studies suggest that suicidal thoughts and behaviors occur in higher rates among children and adolescents with autism spectrum disorder (ASD). However, the extent of increase and the risk factors identified within this group remain under-investigated.

In a recent study, the prevalence rate of suicide attempt in those diagnosed with ASD varied from 7-47%. Suicidal thoughts were endorsed by 72% of patients in this sample. A history of self harm and depression can be significant risk factors for suicidal thoughts and behavior. However, a pre-existing mental health issue does not necessarily have to be present in order for suicidal ideation to manifest. Certain precipitating factors such as school problems, bullying, academic decline or recent crisis may be present, in addition to other factors such as substance abuse.

Given the nature of ASD, children and adolescents affected may have difficulty disclosing the existence of suicidal thoughts or even recent attempts in some cases.

Consequently, many family members are unaware of such thoughts and behaviors. Even in those cases, where they become aware, they may have difficulty interpreting the thoughts and may not know next best steps. Comorbidity with certain psychiatric disorders such as depression and anxiety tends to be the norm in this patient population. The presence of these underlying conditions may increase the risk of suicidal thoughts and behaviors. However, ASD can mask the presence of these symptoms by hindering the ability to communicate with family members or primary care physicians.

Physicians as well as family members must be in tune with the possibility of comorbid psychiatric conditions says Dr. Nisha Warikoo, a board certified child and adolescent psychiatrist with UC Irvine Health and The Center for Autism & Neurodevelopmental Disorders. It is imperative that we incorporate screening measures for depression such as the easy to use patient questionnaire (PHQ-9) depression model, which includes an item for suicidal thoughts in routine visits. This can alert primary care physicians to the possibility of comorbid depression and/or suicidal thoughts. Many children and adolescents with ASD are not getting mental health services they need. In a recent study of those who completed suicide, only 20% of those patients saw a mental health professional in the month before.

There are telling signs that should be monitored for in those with ASD, so any potential suicidal behavior may be recognized early on. Children and adolescents with these tendencies may then be able to receive the proper attention and treatment within a reasonable time frame.

Data from the National Violent Death Reporting system across 16 states from 2005-2008 has indicated that certain circumstances leading up to the suicidal behavior may include relationship problems, recent crisis, school problems including bullying as well as a drop in grades, or a recent worsening of a co-morbid psychiatric condition.



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Decline in social communication, strained relationships with peers, abrupt changes in mood or behavior, or changes in sleep or eating habits can also be some of the warning signs. However, in a large number of cases, suicidal thoughts and behaviors may present without prior warning. Those with a tendency for suicidal behavior may also begin to isolate themselves from family and friends, effectively cutting off their network of support.

Here are a few steps that parents and family members can take in order to reduce the heightened rate of suicide among their children or adolescents with ASD:

1. **Encourage open communication about thoughts and feelings including suicidal thoughts.** Asking questions about suicidality does not increase the risk or prevalence of experiencing such thoughts.
2. **Keep in touch with your child's friends and school teachers and/or school counselors.** These are people who your child spends a substantial amount of time around outside of the home. They may notice behavioral differences that family members do not.
3. **Be aware of your child's social media.** The internet provides data exchange that may not be easily viewable for family members. Red flags posted over social media may go unnoticed, especially in the event of personalized privacy settings. Talk to your child's close friends and monitor their social media accounts.
4. If you are aware of a recent change in mood or some recent psychosocial stressors, **start with scheduling a visit with your pediatrician** to screen for depression or other psychiatric conditions. Screening for depression and suicidal thoughts should be part of every routine visit with your primary care physician.
5. **Remove access to means.** Given the extent of impulsivity in adolescents in general, this is by far the most important step we can take to prevent dangerous consequences. Do not keep dangerous items easily accessible. Lock up and store safely anything that might be used for self harm, including medicines, weapons, or sharp objects.

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