Autism & Suicide: From Epidemiology to Personal Accounts

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Disclosures

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 - The content is solely the responsibility of the author and does not necessarily represent the official views of the NIH.

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Terminology

Suicide (Suicide Death)

"death caused by self-directed injurious behavior with intent to die as a result of the behavior"

Suicide Attempt

"non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior"

Suicidal Ideation

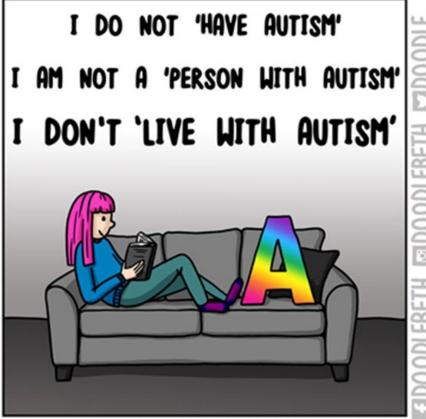
"thinking about, considering, or planning suicide"

Language Use

Person-first	This is typically taught to	
Child with autism	<u>professionals</u>	
Adult with ASD		
Identity-first	This is preferred by many self-advocates	
Autistic people		
Autist		
Other	This is sometimes seen as a neutral in-between	
Youth on the autism spectrum		

(Kenny et al., 2016)





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Background

- Suicide is a leading cause of death in the autistic population
- Suicidal thoughts, actions, & attempts are highly common
 - Suicide risk affects autistic people of all genders, all racial & ethnic backgrounds, and across the lifespan
- Research on suicide risks and prevention is a top priority of autistic community members

STUDY ONE: Epidemiological Approach

- Using administrative data from the Utah Registry of Autism and Developmental Disabilities, Utah Office of the Medical Examiner, Utah Population Database, and Utah Department of Health, we conducted a 20-year study
- 49 individuals in Utah who died from suicide between 1998
 - 2017 had autism diagnosis in records
- Compared to whole Utah population

Suicide Incidence

- Increases in incidence over time
- Significantly higher in autism group in 2013-2017

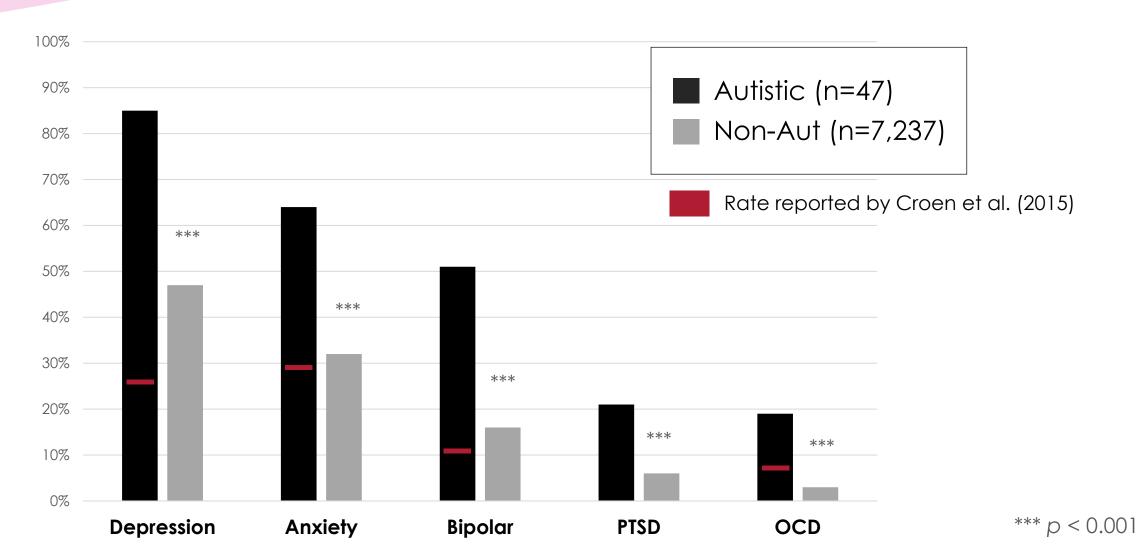
Years	ASD	Non-ASD	Relative Risk
1998 – 2002	0.04%	0.08%	0.46
2003 – 2007	0.06%	0.09%	0.66
2008 – 2012	0.10%	0.11%	0.95
2013 – 2017	0.17%	0.11%	1.56*
Male	0.16%	0.16%	1.01
Female	0.17%	0.05%	3.42*

Table 3. ASD + Suicide Case Characteristics, Total and by Sex

	Total <i>N</i> = 49	Male <i>N</i> = 42	Female N = 7
Age at Death (years)			
Range	14-70	14-70	16-43
Mean (SD)	32.41 (15.98)	32.85 (16.75)	29.72 (11.64)
Median	27	26.40	29.96
Marital Status			
Married	6 (12%)	5 (12%)	1 (14%)
Never married	24 (49%)	23 (55%)	1 (14%)
Other	5 (10%)	3 (7%)	2 (29%)
Missing	14 (29%)	11 (26%)	3 (43%)
Occupation			
Student	12 (24.5%)	11 (26.2%)	1 (14.3%)
Employed	12 (24.5%)	11 (26.2%)	1 (14.3%)
Did not work	5 (10.2%)	3 (7.1%)	2 (28.6%)
Missing	20 (40.8%)	17 (40.5%)	3 (42.9%)
Method of Suicide ^b			
Violent	36 (73%)	30 (71%)	6 (85.7%)
Nonviolent	13 (26%)	12 (29%)	1 (14.3%)

Co-occurring conditions were common

*preliminary data



Epidemiological Conclusions

- Our Utah research found growth in autistic suicide risk over time. Updated study needed with more recent years.
- Other epidemiological studies have found even more substantial elevations in risk compared to non-autistic pop.
- Autistic males and females have similar risk of suicide
 - Mixed findings related to reporting suicidal thoughts & actions
- Significant elevations in co-occurring conditions are important to pay attention to, but do not explain the risk.

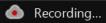
STUDY TWO: Personal Accounts

- In-depth interviews to gather the perspectives of:
 - autistic adults with a history of suicidality + mental health providers + family members (N=38)
- Using community based participatory research (CBPR) in partnership with autistic adults (through AASPIRE)

AASPIRE Organization



- Conducts <u>Community-Based Participatory Research</u> (CBPR) to work on topics important to the community since 2006
- Suicide Prevention Project (SPP) team formed in 2022
- 7 autistic team members from multiple U.S. states
 - Community partners are paid for their time and expertise
- Meet over Zoom 1-2x/month



SUICIDE PREVENTION PROJECT TEAM





Ai-Media Capti...

Ai-Media Captioner April

Preliminary Results (Currently finalizing the qualitative results!)

What experiences influence suicidality for autistic people?

- Societal Pressure to Conform to Neurotypical Expectations
- Daily Life Challenges
- Social Exclusion and Marginalization
- Traumatic and Disruptive Life Events
- Lack of Accessible or Helpful Supports
- Difficulty with Emotions & Thought Patterns

"I'd say probably the number one thing that researchers should know about autism and suicide is that it's the rule rather than the exception.

If an Autistic adult isn't suicidal then they probably are doing things to push it out of their mind because it's pretty much always there **because we are constantly rejected**.

And I'd say that's true especially of queer and trans Autistic folks and Autistic folks of color. That's no exception for me."

Preliminary Results (Thematic qualitative analysis is ongoing)

What are important implications for practice?

- Suicidality can onset in childhood and persist in older adulthood
 - Often, recurrent suicidal thinking, actions, and attempts
- Unmet needs require support, including:
 - practical (e.g., concrete support for managing life challenges)
 - social (e.g., people who can listen, understand, & validate their experiences)
- Need to address related issues, e.g., co-occurring mental health Dxs, trauma, unaccommodating environments, and burnout

Ways to Approach Prevention

Neurodiversity-affirming society

Societal Attitudes & Culture

Services, Supports, & Resources

Social Network & Community

Individual

Support services that actually help & are accessible

Supportive & affirming social networks

Individualized care for responding to emotions & distress

Thank you

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