

# **Autistic Suicidality**

by

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**A Literature Review**

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## **Introduction.**

Suicide prevention is a term that incorporates specific strategies to reduce the risk of suicide (CDC, 2022). These strategies include such things as protective environments and improved access to mental health support. They may be targeted to help assist individuals with a high risk of suicide or may be focused on wider society (CDC, 2022).

"Autism is a neuro-developmental condition, which means an individual's brain processes, perceives, thinks about, and responds to people, information, and the world around them slightly differently. While the associated difficulties are well documented, it also has many strengths." (Autism Oxford, 2022)

Suicide is the most significant reason for the premature death of autistic individuals (Witt et al., 2021). Furthermore, the autism population has a seven-fold higher significant risk of premature death because of suicide in comparison to neurotypical individuals (Hedley et al., 2022). It is not only suicide but also suicide-focused thought processes and behaviours that are more frequent in the autism population (Hedley et al., 2018). For instance, suicide attempts, re-attempts, suicidal ideation, and suicidal planning frequently occur and co-occur in the autism population. Consequently, suicide manifests in a multitude of ways and can be said to affect autistic individuals in a multifaceted manner.

Studies from Canada and Australia have discovered that autistic children as young as seven have previously attempted suicide (Sahin et al., 2021). It has been found that around ten percent of autistic children experience suicidal ideation. Most of these children have comorbidities, including mental health conditions. It has been estimated that about eighty percent of these children use mental health interventions (Zeliadt, 2019).

This literature review examines the reasons why suicide is more prevalent in the autism population, the differences between the autism and general populations when it comes to suicide, prevention strategies for autistic suicidality, the use of screening tools, gender differences in autistic suicidality, gaps in research, and future directions.

### **Risk factors for autistic suicidality.**

There are warning signs and symptoms related to "acute suicide risk" that are applicable to both autistic individuals and the general population (Morgan et al., 2020). Some of these include:

- Threatening to hurt or kill him or herself or mentioning wishing to hurt or kill him or herself.
- Looking for ways to kill himself or herself by seeking access to firearms, medication, and other tools.

- Discussing or writing about wanting to die or about themes of suicide in a context that is out of the ordinary.

The factors below are important to consider when assessing autistic individuals:

**There is no reason to live; there is no sense of purpose in life.**

Every autistic individual may perceive this differently because of their level of social withdrawal. Clinicians who are assessing autistic individuals should pay close attention to statements such as "I don't belong to this world," "I've never fit into this world," "I wish I were anywhere but here," and "I wish I could leave here and be in a place I belong, and it's not on this earth." Clinicians should understand that these statements are more complex than their literal meaning. For instance, these comments may relate to an autistic individual who feels like they don't fit in culturally or socially.

Lots of autistic individuals have had experiences where they don't fit in with a neurotypical way of life, including social norms and expectations. Consequently, individuals may wish they were a different person altogether so that they "fit in" (Morgan et al., 2020). Therefore, this is a potential risk factor that manifests differently in the autism population and therefore must be addressed differently too.

**Feeling trapped, like there's no way out.**

Autistic individuals may display symptoms of cognitive inflexibility. This means that they believe that their options are limited when they are ruminating in a way that is causing them harm. Specifically, when autistic individuals are in crisis, this may cause a decline in their ability to think flexibly. For instance, their ability to problem-solve may decline, causing difficulties properly regulating emotions and successfully coping with sensory challenges (Morgan et al., 2020).

**Giving away prized possessions or seeking long-term care for pets.**

Autistic individuals often have a close relationship with their possessions or pets. Seeking long-term care for their pets could be a warning sign that they are planning suicide (Morgan et al., 2020).

**Anxiety, agitation, being unable to sleep, or sleeping all the time.**

Lots of autistic individuals have difficulties with anxiety, and many have struggled with this their whole lives. Autistic individuals also experience sleep disturbances more regularly than the general population. Noticeable and significant changes in their anxiety levels or sleep patterns should be closely monitored (Morgan et al., 2020).

**Strengths of this toolkit:**

- suggests a list of risk factors that incorporates both the general population and the autism population. Some risk factors that apply to the general population will also apply to the autism population.
- However, it also considers specific traits that are more common in the autism population. For instance, seeking long-term care for pets. Caregivers, families, and professionals can therefore look out for these specific signs.

**Limitations of this toolkit:**

- It can be argued that these risk factors generalise the behaviours and thought patterns of the autistic community. Each autistic individual is different and possesses their own strengths and challenges.
- For many autistic individuals, seeking long-term care for pets isn't a sign of suicide and depends on a contextual factor. Caution should be given so as not to further stigmatise or isolate individuals.

**Rumination:**

The manifestation and effects of suicidal thoughts and behaviours are worsened by the act of ruminating. Autistic individuals may display repetitive thought processes (Jachyra et al., 2021), cognitive inflexibility (Samson et al., 2014), and increased levels of anxiety (Conner et al., 2018). Consequently, autistic individuals excessively ruminating on suicide can increase the behavioural risk of suicide (Jachyra et al., 2021). Rumination is already a significant factor for suicidal thoughts and behaviours in the general population (O'Connor et al., 2018). More research should be conducted to examine the specific types of rumination present in the autism population and their association with suicidal tendencies.

**Life transitions:**

Jachyra et al. (2021) suggest that suicidal thoughts and behaviours are frequently displayed when autistic individuals are transitioning to different stages of life. Specifically, this was frequent in "emerging adulthood," which constituted an average age of 22.5 years. This finding is particularly significant because the overall patient population seen at the emergency department is usually between 25 and 44 years old (CAMH internal, 2020). This suggests that the mental health needs of autistic individuals should be particularly addressed and supported during emerging adulthood, considering that the development of significant mental health difficulties usually begins during the teenage years and early adulthood for both autistic individuals (Lai et al., 2019) and neurotypical individuals (Pearson et al., 2013). In order to assist and support autistic adolescents when they are transitioning to a different stage of life, strategies like coordinated care pathways across educational institutions as well as community interventions should be incorporated (Jachyra et al., 2021).

### **Autistic burnout:**

Autistic burnout is a phenomenon that means that an autistic individual becomes mentally or physically exhausted when the demands precipitated on them exceed their level of capacity (Hedley et al., 2022). Autistic burnout is different from depression, but both can occur at the same time. When autistic individuals are going through both autistic burnout and depression, it is important that the burnout be treated first. This can be achieved by lowering an individual's demands and encouraging them to rest and incorporate self-care. When they have recovered from their autistic burnout, interventions targeting depression should begin (Hedley et al., 2022).

Studies have demonstrated that autistic burnout is linked to a decline in quality of life as well as worsened mental health and an increased risk of suicide (Mantzas et al., 2022; Raymaker et al., 2022).

### **Intrapersonal and interpersonal risk factors:**

- Intrapersonal risk factors that are closely linked with autistic suicidality include alexithymia (Arwert & Sizoo, 2020), emotional dysregulation (Cassidy et al., 2018), rumination (Connor et al., 2020), low self-esteem (Costa et al., 2020), camouflaging (Paquette-Smith et al., 2014), communicative difficulties (Richards et al., 2019), and cognitive inflexibility (South et al., 2020).
- Interpersonal risk factors that are closely linked with autistic suicidality include unmet support needs (Cassidy et al., 2018) and loneliness (Hedley et al., 2018).

### **Differences in suicide between the autism population and the general population:**

#### **Active imagination:**

Autistic individuals may possess a deficiency in their active imagination (Wing, 1997), which may increase the likelihood of suicide. For the neurotypical population, associating suicide with severe bodily harm may lead to conflict within their mind and therefore stop an attempt. Alternatively, autistic individuals, especially those with adjustment disorder, may not imagine things in their minds in the same way (Mikami et al., 2020).

#### **Adjustment disorder and depression:**

Autistic individuals who attempt suicide are more likely to have adjustment disorder compared to non-autistic individuals (Mikami et al., 2020). Additionally, it has been discovered that teenagers who are diagnosed with depression attempt suicide more often than the general population

(Gould et al., 2003). Importantly, for autistic teenagers who attempt suicide, comorbidity with depression is more significant in comparison to neurotypical individuals (Richa et al., 2014; Segers & Rawana, 2014; Zahid & Upthegrove, 2017).

The risk factors and prevention strategies are more clear in the general population in comparison to the autistic population. This is simply because more research has been conducted on the general population. Consequently, more effective strategies have been implemented.

### **Suicide prevention strategies specific to autism, including screening tools.**

Suicide prevention can be thought of in a multitude of ways. Prevention can refer to both preventing the act of suicide and preventing suicidal thoughts in the first place. Interventions and prevention strategies must be targeted at each specific stage of suicide. Suicide is a process. For some suicidal risk factors, like a lack of support groups, it would be useful and productive to increase the provision of support groups. However, this is more complex when it comes to risk factors such as a lack of real-life social relationships. This is because autistic individuals may experience burnout, masking, and sensory issues. Therefore, it is not productive to suggest an increase in social relationships as a preventative strategy because there are individual challenges that autistic individuals experience.

There is limited guidance when it comes to suicide prevention for autistic individuals. There is significantly limited research on suicide interventions for autistic individuals and no consensus when it comes to the clinical guidelines (Morgan et al., 2021). Successful strategies to prevent suicide should consider people beyond the autistic individual. "Understanding autism and the culture of autistic people, so autistic people do not have to mask or camouflage their autism, is suicide prevention." Lisa Morgan, 2021

#### **Long and medium-term prevention:**

Long-term prevention strategies would be optimal to prevent a crisis.

#### **Autistic burnout:**

Studies have demonstrated that autistic burnout is linked to a decline in quality of life as well as worsened mental health and an increased risk of suicide (Mantzas et al., 2022; Raymaker et al., 2022). It is therefore important to reduce demands by slowing down, encouraging a reduction in pace, limiting masking, and promoting self-care. This should help an autistic individual begin to recover and regain their capacity. When an autistic individual's capacity has been restored, social connections can begin to be re-introduced, and an individual's interests and everyday activities can begin to increase too. A culture must also be created that prevents future burnout. (Hedley et al., 2022)

When discussing suicide prevention, it is useful to explore both risk and protective factors. (Hedley et al., 2022). There are certain prevention strategies that may be more applicable to the autistic population. For instance:

- **Social connectedness and social relationships**, combined with good access to high-quality mental health interventions and clinician input, are important contributors that protect against a decline in mental health. They also protect against suicidal thoughts and behaviours. (Denney et al., 2021)
- **Safety planning and round-the-clock access to supportive communities or services, such as Lifeline or remote support groups**. It has been suggested that lots of autistic individuals report that these interventions are beneficial when they are going through a crisis. More research is needed to discuss and assess specific interventions and services that are most useful for autistic individuals (Denney et al., 2021).
- **Coping strategy selection**. The use of engagement coping strategies (e.g., problem-solving) was identified as a protective factor against poor mental health and wellbeing outcomes in autistic adults (Muniandy et al., 2021).

#### **Short-term prevention:**

**Crisis Supports for the Autism Community, written and developed by Lisa Morgan in collaboration with AAS's autism and suicide committee and Common Ground (Morgan et al., 2019) <https://suicidology.org/wp-content/uploads/2019/07/Autism-Crisis-Supports.pdf>**

- This toolkit is used to assist crisis centre workers in recognising and supporting autistic callers and texters who are in crisis.
- This toolkit elaborates on the unique and specific differences in communication, thought processes, sensory challenges, and potential misunderstandings a crisis worker may face when supporting the autistic community.

#### **Identifying an autistic individual who is in crisis:**

- Communicates challenges with sensory issues.
- Experiences challenges with recognising and properly communicating their emotions.
- May struggle to cope with and manage their emotions.
- Communicates challenges in developing relationships and maintaining them.
- Uses echolalia: repeating particular words, sounds, or responses.

#### **Supporting callers/texters:**

- Ask direct and clear questions; use fewer words and be specific.
- Allow extra time for the communication of sentences and the processing of thoughts.
- Direct an individual's thought patterns toward their special interests and strengths.
- Avoid using metaphors or instances of slang.
- Communicate logically instead of necessarily focusing on emotive phrases or sentences.
- Elaborate on specific coping strategies and the benefits of these (for instance, support groups within the autistic community).

### **Ending the call or text:**

- Come up with a safety plan.
- Suggest keeping a note of the plan.
- Assist the individual in accessing local resources.
- Communicate with the individual and assist them in practising how to verbalise and communicate their need for assistance in their local area.

**Strengths of this toolkit:** This toolkit provides a tailored and personalised approach to autistic individuals in crisis. It may also facilitate an autistic individual to be more willing to communicate the difficulties they are facing in a more open way.

**Limitations of this toolkit:** It can be argued that these risk factors generalise the behaviours and thought patterns of the autistic community. Each autistic individual is different and possesses their own strengths and challenges. By using a template and blanket approach to helping autistic people in crisis, you risk further isolating and stigmatising them because they believe they are being overgeneralised.

### **Screening for suicidal behaviours:**

Jachyra et al. (2021) suggest that if autistic individuals aren't probed by healthcare professionals, then they will generally experience major difficulties processing and communicating their thoughts and beliefs about suicide. This research demonstrates that it is important to screen for suicidal behaviours when autistic people come to the emergency department. Consistent screening for suicidal thoughts and behaviours is key, as they have been discovered to be the most common psychiatric presentation for autistic adults (Lunsky et al., 2017, Tint et al., 2019). Consequently, screening for suicidal thoughts and behaviours during emergency department visits is an important tool in the prevention of suicide, as autistic children (Kalb et al., 2012) and adults (Vohra et al., 2017) have an increased chance of presenting at the emergency department in comparison to non-autistic individuals.

### **Specific suicide assessment tools for autistic individuals:**

Autistic individuals did not accurately understand or successfully interact with a suicide risk assessment tool that was formulated for the general population. The questions on the tool were complex and difficult to answer for autistic individuals (Cassidy et al., 2021). Therefore, an existing suicide screening tool was adapted with the input and inclusion of autistic individuals. The specific screening items were adapted through the use of small group meetings, one-on-one interviews, and survey material (Cassidy et al., 2021).

Following this feedback, autistic individuals reported that the items had now increased in clarity, and they were able to successfully interact with the questions. This new screening tool successfully captured the beliefs and thoughts of autistic individuals who were experiencing suicide in some way. (Cassidy et al., 2021). The structure of this adapted tool is consistent across both diagnosed and self-identifying autistic individuals, as well as across gender. Therefore, the scores can be accurately compared and assessed between these demographics.



This is particularly useful considering that lots of autistic individuals are not formally diagnosed but still experience suicidal thoughts and behaviours (Cassidy et al., 2021).

#### **Limitations of this research:**

- The individuals in this study were autistic adults without co-occurring intellectual disabilities.
- Most of the study participants were female and were formally diagnosed when they were adults. Nevertheless, the screening tool was consistent across genders.

#### **Strengths of this research:**

- The SBQ-ASC is the first suicide risk assessment tool specifically developed for autistic individuals. This tool provides a basis for more research to truly understand and prevent suicide in the future.
- The incorporation of lived experience is under-represented in research and is especially important in this area of study.

### **Gender differences in autistic suicidality**

Different studies arrive at different conclusions when it comes to autistic suicide and gender. For example, Kirby et al. (2019) did not arrive at a firm conclusion. However, when data is combined across research, it suggests that suicide risk is more pronounced in autistic women compared to autistic men and less pronounced in autistic individuals with intellectual disabilities (Santomauro et al., 2021).

When interviewing autistic women, researchers identified specific system-level barriers to receiving a diagnosis (Murphy et al., 2021), including:

- Cost of diagnosis.
- Long wait time and assessment process.
- Assessment tools that lack clarity
- Diagnostic criteria or tools that are not based on women or individuals with gender identities that fall outside the gender binary.

Consequently, adaptations to structural barriers to diagnosis should be addressed to help prevent suicide for autistic individuals, especially autistic women and those who fall outside the gender binary. A late diagnosis, or the inability to accurately identify autism, may disproportionately impact autistic females who receive a diagnosis at a lesser rate during childhood (Lockwood et al., 2021).

Furthermore, non-binary or transgender individuals may also encounter difficulties in the diagnostic process (Hillier et al., 2020; Strang et al., 2018). Earlier autism assessment and potential diagnosis, combined with improved access to services, may reduce the likelihood of suicide (Mahfouda et al., 2019; Strauss et al., 2021).

## **In adolescents:**

It has been suggested that male suicide attempts are more serious (Mikami et al., 2020), as well as the duration of time in the emergency department being longer in males. Furthermore, males are thought to have lower levels of outpatient treatment. This research also highlights that males are at an increased risk of dying by suicide in one attempt (Mikami et al., 2020). Additionally, males who are autistic attempted suicide at a higher rate.

**Strengths of this research:** This study is the first to demonstrate the gender-related factors of autistic teenagers who attempt suicide while also considering coexisting mental illnesses that worsen suicide in the autistic population (Mikami et al., 2020). Emergency department psychiatrists possess an important role in preventing suicide re-attempts, specifically in autistic male teenagers (Mikami et al., 2020).

**Limitations of this research:** The sample size of this study is small and only focuses on one institution. Research from several institutions would increase the validity of these findings. Additionally, this is a clinical sample that lacks ecological validity and therefore cannot be generalised to other settings. Future research should compare these findings with the general population.

## **Gaps in research and future directions**

Most of the research regarding autistic suicidality is quantitatively based. Research should begin to focus more on including qualitative-based methodologies so that the lived experience aspect of suicide is effectively captured. Additionally, much of the research in this area is clinically based, so future research should examine a wider range of settings. Furthermore, the accessibility of interventions and resources regarding suicide may vary considerably depending on an individual's location. Future research should address the best way to improve the accessibility of interventions.

More research should be carried out on the validity of the SBQ-ASC so that it can be used in clinical settings. Higher-quality research into this tool is needed for this to happen, and this will ensure that autistic individuals are accurately assessed for suicidal behaviours on a wider scale.

Research is also lacking in lived experience input, and although there have been significant strides in recent years, there is still an under-representation. Future researchers should therefore focus on incorporating lived experience into their work. Additionally, there is a lack of research into the specific profiles of autism, such as pathological demand avoidance, and their relationship with suicide. Future research should examine these profiles in more depth.

The effective translation of research into practice is incredibly important. However, implementing evidence-based research can be costly and time-consuming. Further, the implementation of strategies can be highly complicated (Hedley et al., 2022).

Processes should be undertaken to make sure that the results from research effectively improve the lives of autistic individuals. Researchers should identify and discuss the priorities of autistic individuals and make sure they are included in the process. For instance, this could be as researchers or consultants. Importantly, autistic individuals should be involved from the beginning so that the objectives of research align with the requirements of autistic individuals (Hedley et al., 2022).

Moreover, researchers who don't possess the relevant training or experience should collaborate with the appropriate individuals, for instance, those with applied or clinical abilities. This helps ensure the effective translation of research into practice (Hedley et al., 2022). Overall, researchers should be creative, incorporate different perspectives, including lived experience input, and collaborate with communities to test the effectiveness of strategies in different contexts.

## **Conclusion**

Suicide is a topic that affects the autistic community to a greater degree than the general population. Research has attempted to discover why this is the case and what strategies may be useful to reduce the suicidal thoughts and behaviours in autistic individuals. This review has examined and assessed key themes associated with autistic suicide, including risk factors, preventative strategies, differences between the autism and general population, gender differences, and gaps in research. There have been some important discoveries that incorporate lived experience input and are therefore tailored to autism. For instance, the evaluation and relationship between autistic burnout and suicidality. Furthermore, an adapted screening tool has been developed alongside autistic individuals, and this has allowed for a more accurate assessment of suicidal behaviour. Gender differences in autistic suicidality have also been examined, and they have demonstrated that different genders are affected differently by factors such as a late diagnosis.

However, research is limited when it comes to preventative and supportive strategies for autistic suicidality. More research is urgently needed to assist in reducing the impact that suicide has on the autistic community compared to the general population. Specifically, more studies should be carried out on the validity of the SBQ-ASC so that it can be used in clinical settings. This would allow an accurate assessment of autistic suicidality on a wider scale. Additionally, research should incorporate qualitative-based designs to truly capture the lived experience aspect of autistic suicidality and should focus on improving the accessibility of interventions and resources that specifically target this. The progression of lived experience in recent years is a significant strength and a model that should continue and be built upon. Research on autistic suicidality so far has provided a sound basis for future research and strategy. However, considering the significant and devastating impact that suicide has on the autistic community, more research and preventative strategies are desperately needed.

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