

# FASD-CAN Fact Sheet

## MENTAL HEALTH AND SUICIDE




It is estimated conservatively by Te Whatu Ora / the Ministry of Health that 3- 5% of the population in Aotearoa have Fetal Alcohol Spectrum Disorder (FASD). These prevalence rates make FASD more common in our population than Autism Spectrum Disorder, Down syndrome and cerebral palsy *combined*.

Yet this disorder is not being identified or supported in Aotearoa – only about 5% of those with FASD will ever receive a formal diagnosis. This is unacceptable when looking at the life outcomes associated with FASD and mental health – one study established the life expectancy at birth for people with FASD as only 34 years, with the leading cause of death being suicide.<sup>i</sup>

There is no data we could find from New Zealand researchers specifically on FASD and mental health and suicide. Therefore, the following statistics largely come from Canadian and American research data, and highlight the unmet mental health and substance addiction needs of this large and vulnerable population group in our society.

- 90% of people with FASD have co-occurring mental health diagnoses, compared with 20% in the general population.<sup>ii</sup>
- Depression (45%-50%) and anxiety (20%-40%) are the most common comorbid mental health challenges for people with FASD<sup>iii</sup>
- People with FASD use substances at rates 5 times higher than the general population.
- 35% will develop an alcohol or drug use disorder.
- One third of people with FASD will experience suicidal ideation.<sup>iv</sup>
- Suicidal ideation among the FASD population is critically high compared to the general population: FASD 25.9% vs. general population 3 to 12%<sup>v</sup>
- Suicidality ideation is also experienced at much younger ages among people with FASD than in the general population.<sup>vi</sup>
- Adolescents with FASD required medical assistance at 5.5 times higher rates for suicide attempts than the general population.

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- Substance use by people with FASD increased the incidence of suicidal ideation by 6.7 times, and by 1.9 higher for those with emotional control challenges.<sup>vii</sup>
  - Victimization by peers increases suicide risk and this is very common among the FASD population.<sup>viii</sup>
  - People with FASD were more likely to have significantly higher Adverse Childhood Experience (ACE) scores than non-FASD people in a 2019 study of ACEs.<sup>ix</sup>
  - An increased number of ACEs was associated with increased rates of comorbid neurodevelopmental disorders in people with FASD, but not the non-FASD people in the ACEs study.<sup>x</sup>
  - An FASD person has an average of 3.4 ACEs with almost half of them (46%) having experienced four or more ACEs, and 13% had experienced 6 or more ACEs. These numbers are notably higher compared with other disabilities or in the general population.<sup>xi</sup>
  - The rates of psychiatric disorders such as psychotic and personality disorders, conduct and oppositional defiance disorders, depression, anxiety and substance use are all higher in the FASD population in comparison to the general population.<sup>xii</sup>
  - Caregivers of children with FASD experience elevated levels of stress.<sup>xiii xiv</sup> These levels of stress can adversely affect caregiver well-being and mental health, as well as family dynamics.
  - Caregivers of people with FASD experience considerably higher levels of stress than even caregivers of people with Autism Spectrum Disorder (ASD).<sup>xv</sup>

In September 2019 the Government made a commitment to address Aotearoa's high and worrying suicide rates when they released 'Every Life Matters' - The Suicide Prevention Strategy 2019–2029 and Action Plan 2019–2024 for Aotearoa New Zealand, and established the Suicide Prevention Office in Te Whatu Ora.

Due to the estimated prevalence of FASD in Aotearoa, and the greatly increased risk of suicide in this population, we believe FASD makes a significant contribution to our national suicide statistics. However, current initiatives do not address the extremely poor mental health outcomes and high levels of suicidality found specifically among the FASD population, or the workforce capacity building required to improve the level of FASD knowledge and training required across the entire mental health workforce.

Research clearly shows the “critical need for comprehensive FASD-informed suicide prevention and intervention approaches to promote mental health and wellbeing of children and youth with FASD and their caregivers.”<sup>xvi</sup> In the absence of FASD-informed service systems and supports, interventions will continue to fail to meet the unique needs of people with FASD and their families and whānau.

In the meantime, people with FASD continue to experience loss of self-esteem associated with social stigma and isolation, and significant mental health issues including anxiety, depression, drug addiction and self-harm.

A further important point is that caregivers, families and whānau suffer alongside them. FASD caregivers already experience elevated stress and anxiety in comparison to caregivers of other disabled people and the constant worry that their loved one might attempt to take their life materially affects their own mental health, well-being, and quality of life.<sup>xvii</sup>

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