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Suicidality in a clinical and community sample of adults with mental retardation

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Abstract

This paper will argue that suicidal ideation and suicidal gestures are evident in adults with mental retardation, including individuals not receiving mental health services currently, and that psychosocial correlates of suicidality are similar to those noted in the general population. Findings are based on structured interviews with 98 adults with mental retardation, with corroborative information from caregivers and clinical charts. One in three individuals reported that they think "life is not worth living" sometimes or a lot. Eleven percent of individuals reported previous suicide attempt(s). Twenty-three percent of informants were unaware of the current suicidal ideation that their family member/client was reporting. Individuals reporting suicidal ideation endorsed more loneliness, stress, anxiety and depression, along with less social support than other individuals, consistent with reports of suicidal individuals in the general population. Adults with mental retardation who report thinking that life is not worth living should be a target group for future suicide prevention efforts. More research is needed to better understand the risk factors and protective factors for suicidality in this population.

Keywords: suicidality; depression; mental retardation; risk factors

1. Suicidality in a clinical and community sample of adults with mental retardation

It is estimated that up to one third of people in the general population have suicidal ideation at some point in their life (Bongar, 2002). Suicidal behaviour is not

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limited to any particular group, but rather can occur across the lifespan and within every community. One group, which has received minimal attention in the suicide literature, is individuals with mental retardation (MR), despite having significantly higher rates of depression than the general population (Richards et al., 2001).

There has been little study of suicidality in adults with mental retardation but those studies that have been done highlight that suicide attempts do in fact occur in this population (e.g., Benson & Laman, 1988; Grossi & Brown, 1985; Hardan & Sahl, 1999; Hurley, 1998; Hurley, Folstein, & Lam, 2003; Menolascino, Lazer & Stark, 1989; Walters, 1990; Walters, Barrett, Knapp & Borden, 1995) although prevalence rates may be lower than in people without mental retardation (Hurley et al., 2003). A recent Canadian study reported that nearly half of all admissions of adults with mental retardation to acute care psychiatric inpatient units were because of suicidality (Burge et al., 2002). Suicidal ideation and attempts tend to be more common in individuals with more mild impairments, but have also been reported for individuals with moderate to severe mental retardation (e.g., Menolascino et al., 1989; Walters, 1990). The thoughts and gestures tend to be similar to people without mental retardation (LeBuffe, Nusslock, & Lynch, 2000) with the exception that certain means may be less available to people with mental retardation in more restrictive settings (e.g., guns).

Life events such as death of a loved one, trauma, or relationship discord are highly correlated with suicidality in the general population (Bongar, 2002) and similar findings have been reported for adolescents and adults with mental retardation (LeBuffe et al., 2000). For example, in Hardan and Sahl's study of 47 suicidal individuals from an inpatient setting, 49% of them had an acute psychosocial stressor associated with the suicidal ideation or attempt. Walters et al. (1995) noted that in their sample of 90 adolescents with mental retardation, suicidality was associated with family discord, bereavement, and a history of physical or sexual abuse, similar to variables identified in the general population.

Research on suicidality and mental retardation has been limited in three ways. First, findings are based on individuals already being served by dual diagnosis programs, primarily on an inpatient basis (e.g., Hardan & Sahl, 1999; Walters et al., 1995). How common suicidal ideation may be for people with mental retardation living in the community, not being served by dual diagnosis programs is unknown. This selection bias could mislead direct-care staff, families and professionals into thinking that suicidality is not a concern for individuals not receiving dual diagnosis services, when the very opposite could be true. Individuals in the community not receiving services may be at more serious risk because of the lack of clinical supports available to them.

Second, findings have generally been based on chart reviews alone. Recent research has emphasized the importance of obtaining multiple perspectives when measuring emotional distress in those with mental retardation (Benavidez & Matson, 1993; Benson & Ivins, 1992; Bramston & Fogarty, 2000; Rojahn, Warren, & Ohringer, 1994) with suicidality arguably being the most severe form of emotional distress. Although chart review information can be objective (e.g., number of suicide attempts while on ward), it omits non-lethal attempts