



Peculiarities and Recommendations in Suicidal Behavior in Patients with Intellectual Disabilities



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Letter to Editor

The identification and detection of suicidal behavior in people with intellectual disabilities represent a challenge for health professionals and other agents of society. Years ago, it was suspected that the deterioration of intellectual capacity could act as a buffer against suicidality in the population of people with intellectual disabilities [1] and, although there are few studies that have studied this in depth, this hypothesis is not valid. In fact, people with intellectual disabilities have a higher probability of exposure to identified risk factors for suicide compared to the general population and are capable of having the intention to commit suicide and acting accordingly [2].

A systematic review carried out in 2016 stands out and deals with the suicidal tendencies of patients with intellectual disabilities. After analyzing 24 studies covering suicidal thoughts, suicide attempts, and completed suicide, they found that well-designed, standardized research studies on the topic were scarce. However, 13 studies were able to point out some specific risk factors, highlighting the concomitant mental disorder and the different types of intellectual disability [3]. Other studies point to sadness or depression as symptoms that could indicate subsequent suicidal behavior [4]. It is therefore important to perform screening to identify depression in this population. One study aimed to examine adherence to universal depression screening in adolescents with disabilities and to study the frequency of positive scoring for depression. More than half of

the sample of adolescents with disabilities were screened for depression at the initial visit, and 10% were positive for moderate to severe depression [5].

In the aspect strictly related to suicide, it stands out that in patients with intellectual disability impulsiveness is highly involved and not so much prior planning. They tend to have comorbid mental health problems, predominantly related to trauma, impulse control, and externalizing behavioral problems. The (imminent) loss of contact, as in the case of moving from one room to another in a center, seems to be an important risk factor for suicide [6]. This information is particularly useful for professionals who care for the health of patients with intellectual disabilities. Despite the fact that the majority of intellectually disabled persons are institutionalized, difficulties persist for psychopathological evaluation and suicidal risk by some professionals [7]. A pioneering survey in Australia of support staff for people with intellectual disabilities was conducted with the aim of identifying both the experiences and current practices of support staff caring for people with intellectual disabilities in relation to suicide, suicidal behavior and suicide assessment. 139 respondents responded (109 women/30 men), with an average age of 41 years and an average of 12 years of experience in supporting people with ID. They reported nine suicides of people with intellectual disabilities. 77% of respondents reported having people with intellectual disabilities displaying suicidal behaviors,

and 76% noted that a person had specifically talked about wanting to end their life. Most relevantly, 60% of participants reported that no one in their organization had ever completed a suicide risk assessment [2].

Knowledge of all these characteristics that converge in suicidal behavior in patients with intellectual disabilities can be useful to improve its detection and therapeutic approach.

References

1. Merrick J, Merrick E, Lunskey Y, Kandel I (2006) A review of suicidality in persons with intellectual disability. *Isr J Psychiatry Relat Sci* 43(4): 258-264.
2. Wark S, McKay K, Ryan P, Müller A (2018) Suicide amongst people with intellectual disability: An Australian online study of disability support staff experiences and perceptions. *J Intellect Disabil Res* 62(1): 1-9.
3. Dodd P, Doherty A, Guerin S (2016) A Systematic Review of Suicidality in People with Intellectual Disabilities. *Harv Rev Psychiatry* 24(3): 202-213.
4. Merrick J, Merrick E, Morad M, Kandel I (2005) Adolescents with intellectual disability and suicidal behavior. *ScientificWorldJournal* 5: 724-728.
5. Valicenti-McDermott M, Rivelis E, Bernstein C, Cardin MJ, Seijo R (2021) Screening for Depression in Adolescents with Developmental Disabilities: Brief Report. *J Child Adolesc Psychopharmacol* 31(8): 572-576.
6. van den Hazel T, Didden R, Nijman HLI, de Beurs DP (2020) Suïcide bij mensen met een lichte verstandelijke beperking [Suicide in individuals with mild intellectual disabilities]. *Tijdschr Psychiatr* 62(12): 1022-1029.
7. Friedman ND, Shedlack KJ (2011) Assessment and management of patients with intellectual disabilities by psychiatric consultants. *Psychosomatics* 52(3): 210-217.



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