**SUICIDALITY AMONG INDIVIDUALS WITH PRENATAL ALCOHOL EXPOSURE AND FETAL ALCOHOL SPECTRUM DISORDER IN ONTARIO, CANADA**

**Kelly D. Harding, PhD,1,2 Katherine Flannigan, PhD, R. Psych,1 Amanda Ewasiuk, MSc,3 Dorothy E. Badry, PhD, RSW,1,4 Carly McMorris, PhD, R. Psych,5 Kathy Unsworth, MBA,1 Jocelynn L. Cook, PhD, MBA1,6,7**

1Canada Fetal Alcohol Spectrum Disorder Research Network, 2Department of Psychology, Laurentian University, Sudbury, ON, 3CASA Child, Adolescent and Family Mental Health, Edmonton, AB, 4Faculty of Social Work, University of Calgary, Calgary, AB, 5Werklund School of Education, University of Calgary, Calgary, AB, 6Department of Obstetrics, Gynaecology and Newborn Care, The University of Ottawa, Ottawa, ON, 7The Society of Obstetricians and Gynaecologists of Canada, Ottawa, ON

**Objectives:** Individuals with prenatal alcohol exposure (PAE) and Fetal Alcohol Spectrum Disorder (FASD) experience significant mental health concerns, including suicidality (i.e., ideation, attempts, and deaths). Despite the high rates of suicidality documented within this population, the heterogeneity of this experience has not been investigated in Canada. The aim of the current study was to ascertain: 1. the prevalence of suicidality among individuals assessed for FASD in Ontario; 2. the demographic profile of individuals in Ontario assessed for FASD who experience suicidality; and 3. the demographic factors that may increase the risk for suicidality among these individuals.

**Methods:** Data for this study were obtained from the Canada FASD Research Network’s National FASD Database. The database includes clinical and diagnostic information from individuals in Canada who are assessed for FASD. As part of a larger project examining suicidality among individuals with PAE and FASD across the country, a subset of data was analyzed for individuals residing in Ontario. Suicidality in this study was defined as previous suicide attempt(s) and/or suicidal ideation.

**Results:** The total number of participants in this sample was 144. Participants had a mean age of 13 years (SD = 7.7, range = 0 to 49) and 43.8% were female. Almost one-third (n = 45; 31.3%) of participants experienced suicidality; among these individuals, the mean age was 14.8 years (SD = 7.3) and 42.2% were female. Most participants who experienced suicidality were living with biological parent(s) (n = 12, 27.3%), other family members (n = 9, 20.5%), or in adoptive homes (n = 9, 20.5%). Sixty percent of participants experiencing suicidality were diagnosed with FASD. After controlling for multiple comparisons, there were no statistically significant differences in suicidality based on sex, living situation, or diagnostic factors. However, there was a significant age group difference, *X2*(2, 144) = 10.68, *p* = .005, with adolescents 13- to 17-years old experiencing the highest rate of suicidality (n = 18, 47.4%), which was significantly higher than that found in children 0-12 years (n = 17, 20.5%); the rate among adults 18 years and older fell in between (n = 10; 43.5%). Although differences in suicidality based on living situation were not statistically significant, two-thirds (n = 6, 66.7%) of participants living in institutional settings (i.e., group home, custody, or hospital in-patient) experienced suicidality, which was notably higher than those living in other settings.

**Discussion:** We found an overall endorsement of suicidality in 31.3% of the study sample, with individuals in adolescence and those living in systems-based placements demonstrating markedly higher risk. The prevalence rate found in this study is similar to findings published in other recent studies, both in the United States and Germany. These findings speak to the urgent need for screening, early identification of risk factors, timely intervention specific to mental health and suicidality, and broad suicide prevention initiatives across the lifespan for individuals with PAE and FASD.

**Correspondence:**

Kelly D. Harding, PhD
Canada FASD Research Network
kelly.harding@canfasd.ca