



INFORMATIONAL NOTE – Mental Health and Individuals with FASD

February 18, 2022

Prepared by Canada FASD Research Network

For Canada NW FASD Partnership Steering Committee

Purpose: This note is to provide some background and discussion points to FASD policy makers to engage coworkers in provincial/territorial Mental Health to identify key areas that might be improved for this population given a new emphasis on Mental Health by the Federal Government.

Background: In 2021, as the Federal Liberal party formed government, they set up a minister with the specific responsibility of Mental Health and Addictions. Minister Carolyn Bennett works within the Health Canada Ministry but with specific focus on Mental Health and Addictions. Her mandate letter is quite long but the key directives for this note:

- Work with the Minister of Health, and with the support of the Deputy Prime Minister and Minister of Finance, to establish a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment.

Mental Health in FASD

In a seminal study from the 1990s (Streissguth et al., 1996):

- Mental health challenges were *the most common* adverse outcome associated with FASD
- 90-94% of people with FASD had a history of past or current mental health challenges
- The most common problems were depression, suicidality, panic attacks, and hallucinations

In a more recent systematic review of the literature up to 2015, some of most common co-occurring mental health diagnoses in FASD were (Weyrauch et al., 2017)

- ODD (estimated prevalence of 16.3% in FASD compared to a gen pop estimate of 3.3%)
- Depression (14.1% vs 3.5% gen pop)
- Psychotic disorder (2.3% vs 0.5%)
- Bipolar disorder (8.6% vs 2.7%)
- Anxiety disorder (7.8% vs 0.7%)
- PTSD (6% vs 4%)
- OCD (4.9% vs 1.2%)
- Reactive attachment disorder (4.7% vs 0.5%)
- *Note: adjustment disorder, autism, mood disorders, and conduct disorder were not included in the analysis because of limited evidence)

Popova et al., 2016 reported conduct disorder to be among the top 5 most common co-occurring disorders in FASD

Summary:

Individuals with FASD are not doing well with their mental health as indicated by the research.

Affect Regulation

In 2016, new [Canadian FASD diagnostic guidelines](#) were released. These guidelines asked clinicians to examine 10 brain domains in order to accurately assess the functioning of the individual with prenatal alcohol exposure. One of these brain domains was Affect Regulation, which is very specifically looking at Depression and Anxiety DSM criteria. The research focused on the prevalence of mental health disorders in FASD population and on the animal research showing that prenatal alcohol exposure directly affects neurotransmitters involved in stress and mental health, which are implicated in anxiety and depression. Human research suggests high comorbidity between FASD and mood and anxiety disorder.

Summary:

Anxiety and depression, similar to ADHD, should be considered as primary condition of FASD rather than a secondary disability.

Suicidality in FASD

Suicide was reported in one study as a leading cause of death among people with FASD (Thank and Jonsson, 2016).

In a recent large-scale study of Canadians assessed for FASD (Flannigan et al., 2021): 25.9% of participants were reported to have experienced past or present suicidality

- Regardless of whether participants experienced suicidality:
 - o 46.5% experienced a depressive or mood disorder
 - o 38.3% experienced an anxiety disorder
 - o 24.0% experienced PTSD/adjustment disorder
 - o 19.3% experienced ODD
 - o 14.6% experienced CD
 - o 12.4% experienced attachment disorder

In a study of FASD and suicidality currently under review (Flannigan et al.), rates of suicidal ideation/attempts across the life span were reported as:

- 2-20% of children younger than 13 years old
- 6-39% of adolescents 13-18 years old
- 8-55% of adults 18 and older

In this same study (in review) on suicidality and people with FASD, Dr. Badry interviewed many individuals with FASD and caregivers and found that significant barriers to access to services included:

- Emergency health professionals, mental health therapists, psychiatrist, and counselling staff were in need of training on basic knowledge about FASD
- Counselling supports turned away individuals with a diagnosis of FASD indicating they did not have the tools to assist anyone with this diagnosis.

Summary:

Individuals with FASD are at 5% higher risk than other Canadians for suicide.

Health professionals and counselling services need training in FASD

Caregiver stress and distress

- In a study of how FASD impacts the family, Carmichael-Olson reported that 92% of caregivers experienced clinically elevated *child-related* stress; 23% reported stress levels warranting therapeutic intervention

In a study of caregiver needs and stress (Bobbitt et al., 2016), caregivers average perceived level of stress was rated as *high* (mean 29.5, on a scale of 0-13 = low, 14-26 = medium, 27-40 = high), and 89% reported they need more support

- Compared with caregivers of autistic children, caregivers of children with FASD have higher stress levels as rated on the Parenting Stress Index (Watson et al., 2013):
 - 95% of parents of kids with FASD (vs 53% of parents of autistic kids) had overall parenting stress rated at or above the 90th percentile
 - 47% of parents of kids with FASD (vs 35% of parents of autistic kids) had parental distress levels at or above the 90th percentile as measured on the

Summary:

Support systems, especially caregivers, are struggling with mental health as a result of the difficulties in accessing appropriate services for individuals with FASD.

Possible Opportunities:

- Talking to government policy in Mental Health about the needs of individuals with FASD and their families.
- Advising supervisors that Mental Health for individuals with FASD should be a priority
- Asking about the new plan for Federal Mental Health transfers to the provinces.
- Developing a collective (steering committee) briefing note on the need for Mental Health supports for individuals with FASD
 - Increased training for Mental Health systems on the patient with FASD
 - Exploring the development of a toolkit to help mental health professionals working with individuals with FASD and their families.

Resources:

[Stakeholder Perspectives on Risk factors and Opportunities for Suicide](#)

[The Implementation of the 2012 Mental Health Strategy for Canada Through the Lens of FASD](#)

[FASD and Mental Health & Addiction Infographic](#): Recommendations developed from a Qualitative Investigation & Clinician Survey

[FASD and Mental Health & Addiction Infographic](#): Summary of findings from a qualitative investigation – Pathways to Care: Barriers & Enablers

[A systematic review of mental health & addiction](#): Interventions for individuals with FASD/PAE

[Role of Psychiatry in treating patients with FASD across the lifespan](#)

[Framing FASD Policy, practice, and research using the United nations Convention on the rights of Persons with Disabilities](#)

[The Unique complexities of FASD](#)

[FASD and Adversity](#)

References

- Badry, D., Harding, K., McMorris, C., & Howe, S. (2021) Stakeholder perspectives on risk factors and opportunities for suicide prevention among individuals with fetal alcohol spectrum disorder (FASD) Executive Summary. CanFASD website. <https://canfasd.ca/wp-content/uploads/publications/FASDandSuicideExecutiveSummaryFinal.pdf>
- Bobbitt, S. A., Baugh, L. A., Andrew, G. H., Cook, J. L., Green, C. R., Pei, J. R., & Rasmussen, C. R. (2016). Caregiver needs and stress in caring for individuals with fetal alcohol spectrum disorder. *Research in developmental disabilities*, 55, 100–113. <https://doi.org/10.1016/j.ridd.2016.03.002>
- Cook JL, Green CR, Lilley CM, et al.; Canada Fetal Alcohol Spectrum Disorder Research Network. (2016) Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan. *CMAJ* 2015. DOI:10.1503/cmaj.141593.
- Flannigan, K., McMorris, C., Ewasiuk, A., Badry, D., Mela, M., Ben Gibbard, W., Unsworth, K., Cook, J., & Harding, K. D. (2021). Suicidality and Associated Factors Among Individuals Assessed for Fetal Alcohol Spectrum Disorder Across the Lifespan in Canada : Suicidabilité et facteurs associés chez les personnes évaluées pour les troubles du spectre de l'alcoolisation fœtale de durée de vie au Canada. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 7067437211053288. Advance online publication. <https://doi.org/10.1177/07067437211053288>
- Flannigan, K., Wrath, A. J., Badry, D. E., McMorris, C. A., Ewasiuk, A., Campbell, A., & Harding, K.D. *Fetal alcohol spectrum disorder and suicidality: What does the literature tell us?*
- Olson, H. C., Oti, R., Gelo, J., & Beck, S. (2009). "Family matters:" fetal alcohol spectrum disorders and the family. *Developmental disabilities research reviews*, 15(3), 235–249. <https://doi.org/10.1002/ddrr.65>

- Popova, S., Lange, S., Shield, K., Mihic, A., Chudley, A. E., Mukherjee, R., Bekmuradov, D., & Rehm, J. (2016). Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis. *Lancet (London, England)*, *387*(10022), 978–987. [https://doi.org/10.1016/S0140-6736\(15\)01345-8](https://doi.org/10.1016/S0140-6736(15)01345-8)
- Streissguth, A. P., Barr, H. M., Kogan, J., & Bookstein, F. L. (1996). *Understanding the occurrence of secondary disabilities in clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE): Final report*. Seattle, WA: Centers for Disease Control and Prevention
- Thanh, N. X., & Jonsson, E. (2016). Life Expectancy of People with Fetal Alcohol Syndrome. *Journal of population therapeutics and clinical pharmacology = Journal de la therapeutique des populations et de la pharmacologie clinique*, *23*(1), e53–e59.
- Watson, S. L., Coons, K. D., & Hayes, S. A. (2013). Autism spectrum disorder and fetal alcohol spectrum disorder. Part I: a comparison of parenting stress. *Journal of intellectual & developmental disability*, *38*(2), 95–104. <https://doi.org/10.3109/13668250.2013.788136>
- Weyrauch, D., Schwartz, M., Hart, B., Klug, M. G., & Burd, L. (2017). Comorbid mental disorders in fetal alcohol spectrum disorders: A systematic review. *Journal of Developmental and Behavioral Pediatrics*, *38*(4), 283–291. doi:<http://dx.doi.org/10.1097/DBP.0000000000000440>