REVIEW ARTICLE

Disability and suicide: A Brief Overview

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ABSTRACT

Background: Suicide among persons with disabilities is a complex and pressing public health concern. People with disabilities often face a range of social and economic adversities. These adversities results in poorer mental health as well as functional limitation. These functional limitations have been found to be predictive of suicide, with psychiatric comorbidities increasing the risk for suicide. **Aim:** This study aims to investigate and explore about how disability affects suicide. **Methods:** For this, literature has been looked for manually as well as through electronic resources like PubMed , Google Scholar. JSTOR, and ResearchGate. **Conclusion:** Research on suicidal behavior for people with disability (PWD) suggests they experience higher risk than people without disability and call for focused attention to the mental health of PWD including suicide prevention efforts that accommodate their needs.

Key words: Disabilites, Suicide, functional impairment, Mental Health, Mental Illness,

ISSN: **2582-6891**

INTRODUCTION

Disability is an umbrella term. It's covering impairments, activity limitations, participation restrictions and impacted long time physical, mental, intellectual or sensory impairment. It creates interaction with barriers, hinders his full and effective participation in society. Suicidal Behavior Disorder (SBD) is defined as a self-initiated sequence of behaviors by an individual who, at the time of initiation, expects that the set of actions will lead to their own death (DSM-V). Suicidal ideation is a tendency toward thoughts, ideas, or ruminations about ending one's life while suicide attempts is a specific episode of self-harming behavior, undertaken with the conscious desire to end one's life (Uddin et al 2019). Adults with a disability between 25 and 44 are most likely to seriously consider suicide in the past 12 months (17%). This rate is similar to adults with a disability between 45 and 64 (11%), and statistically higher than those 65 and older (3%). Adults with a disability who have poor mental health are also significantly more likely to consider suicide compared those with good mental health (23% vs. 6%). There are differences in the risk of considering suicide by the type of disability. Those who have difficulty concentrating, remembering, or making decisions are most likely to consider suicide. Those with more disabilities have a greater chance of considering suicide (Vermont.,2022).

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How to cite: Kumar, P (2025). Disability and suicide: A Brief Overview. Journal of Psychosocial Wellbeing 6(2):36-48.

DOI: https://doi.org/10.55242/JPSW.2025.6206

Receiv ed 08.10.2025 **Revised:** 17.10.2025
Accepted: 09.11.2025 **Published:** 14.12.2025

[i]Neurodevelopmental Disorders and Suicide:

These disorders typically manifest early in development, often before the child starts school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. These includes - Intellectual disability, Autism spectrum disorder (ASD), Attention-deficit hyperactivity disorder (ADHD), Communication disorders, Specific learning disorder, Motor disorders.

(A) Intellectual disability (ID): ID is a lifelong condition. DSM-5 defines intellectual ID as a neurodevelopmental disorder that begins in childhood

and is characterized by intellectual difficulties as well as difficulties in conceptual, social, and practical areas of living (Boat & Wu,2015) . IDs are more likely to be exposed to risk factors for suicide, such as mental health issues, higher unemployment, lower education, and previous self-harm or suicide attempts (Davidson et al,2008. For a long time, it was believed that the presence of IDs could act as a protective factor against suicide, maybe due to the lack of cognitive sophistication to conceptualize, plan, or carry out suicide (Kaminer et al,1987, Kirkcaldy et al 2006, Merrick et al 2005). Thus, suicide attempts in IDs were considered comparable to those of the general population (Hurley, 2002), as well as the techniques chosen to commit suicide, including choking on objects, ingesting poisonous liquids (Benson et al 1988) jumping out of windows or under cars, overdosing on drugs, shooting, stabbing, and slitting one's wrists (Lunsky,2004). However, individuals with IDs have been recognized as being both capable of forming intent for suicide and acting on this intent (Wark et al 2018. Suicidal thoughts and attempts seem to be more common in people with mild intellectual disabilities and less frequent in people with severe retardation and profound mental disability (Di Nicola et al 2009). There are no suicide screening tools designed especially for young people with intellectual disabilities (Ludi et al 2012).

(B) Autism Spectrum Disorder (ASD): 'ASD' impacts how people communicate, interact with others and make sense of the world. Autism is a developmental condition often diagnosed before children start school, however it can be diagnosed at any stage of life. The suicide risk associated with ASD is 5-10-times greater than typically developing children and adults (Chen et al 2020, Richa et al 2014) .Several studies show to a higher overall mortality rate of ASD patients, some even double. Self-injurious behavior, suicidal thoughts, and suicide attempts are also described as more common in ASD patients than in the general population (Mouridsen el al 2008, Culpin et al 2018, Blanchard et al 2021). Young people with ASD were at over twice the risk of suicide than young people without ASD (Kirby et al 2019). Interestingly, the higher prevalence of suicide in the ASD population described by Kirby and colleagues was driven by the female risk rate that was over three times higher than in the female general population. Several factors have been described to be related to an increased risk of suicidal behavior in ASD people. A Swedish population-based register study analyzed the risk of SSBs (Suicidal spectrum behaviors) in patients and families with ASD (Hirvikoski et al 2020).

The risk of SSBs was highest in ASD females without intellectual disability and with ADHD, compared to general population controls. Approximately 8–12.5% of individuals in the ASD-without-ID group had attempted suicide at some point during life. Furthermore, higher levels of autistic traits may frequently be detected in adults who have attempted suicide, even though no particular temperamental or character traits related to suicidal ideation or attempts have been seen in adults with ASD (Hooijer & Sizoo,2020).An increased risk of self-injurious behavior has been described in younger ASD patients with intellectual impairment, while there is a higher risk of suicide in those with a higher intelligence quotient (IQ) (Veenstra-,2018). Those who were found to have more significant deficits in social communication also had a higher risk of suicide attempts, suicidal planning, and ideation (Ruggieri & Autismo, 2020), but not self-harm without suicidal intent. Several findings suggest that social impairments in establishing interpersonal relationships are triggers for suicidal spectrum behaviors (Culpin et al 2018, Rai et al 2018) along with the deficit in communicating and understanding feelings and thoughts [Richa S., Fahed M., Khoury E., Mishara B. Suicide in Autism Spectrum Disorders. Arch. Suicide Res. 2014;18:327–339]. The social communication difficulties due to autistic traits represent an inherent risk for suicidality (Veenstra-Vander,2018). Adolescents with ASD without intellectual disabilities are at risk for suicidal behavior due to increased awareness of their communication problems and secondary depression associated with social isolation and exclusion (Rai et al 2018).The risk of contemplating suicide (Cassidy et al 2014) ideas and dying by suicide (Hirvikoski et al 2020) is the highest for autistic adults without intellectual disabilities (IDs), especially in those with a significantly higher level of autistic traits (Cassidy et al 2014.). People with autism are also four times more likely to develop depression than the general population (Hudson et al 2019). This could be especially true for high-functioning individuals with ASD (Montazeri et al, 2020) and especially for those with a camouflaging attitude (Mitchell et al 2019). Among behavioral or social markers of suicidal ideation or suicide risk, camouflage (the attempt to hide autism or to overlay some of its symptoms) was found to be one of the most highly significant. Adults with autism who blend in themselves are eight times more likely to get hurt than those who do not (Cassidy et al 2020). The effort of camouflage contributes to anxiety and depression, therefore increasing the risk of suicide (Mitchell et al 2019, Cassidy et al 2020). It has been shown that anxiety in children with ASD, with preserved cognitive functions, is a prognostic factor for clinical depressive symptoms and suicidal ideation (Wijnhoven et al 2019). Among the disorders associated with ASD, the schizophrenia spectrum disorders the so-called "psychotic experiences (Kiyono et al 2020)" as risk factors for suicidality. Higher ASD traits and positive psychotic symptoms

seem to be associated with increased depression, hopelessness, and suicidality (Upthegrove et al 2018) .Studies have examined potential mechanisms underlying thoughts of self-harm and depression in ASD, and found that loneliness and the low quality of social support received contribute to suicidal ideation and can be considered risk factors (Hedley et al 2018).Early diagnosis of depression and awareness of the risk of suicidal thoughts or attempts in individuals with ASD are fundamental factors in preventing suicidality and providing adequate psychological support (Camm-Crosbie et al 2019)

(C) Attention deficit hyperactivity disorder (ADHD) - ADHD is classified as a neurodevelopmental disorder with an onset typically before 12 years of age. Symptoms include difficulties with attention and/or hyperactivity and impulsivity, which are inconsistent with a person's age or developmental level and interfere with a person's family life or participation in their community. ADHD is the most common neurodevelopmental condition in children and adolescents. However, ADHD can be diagnosed for the first time in adulthood. The association between ADHD and SSB remains uncertain, with contrasting findings in the literature. While some studies have reported a significant correlation between ADHD and suicidal ideations, attempts, or completed suicides (Barbaresi et al 2013, Hinshaw et al,2012, Impey & Heun, 2012) some others did not confirm the same results (Arias et al,2008, Kılıç et al 2017). The association between ADHD symptoms and SSBs could reflect the critical role played by challenges associated with hyperactivity, inattention, and impulsivity. For example, the presence of both inattentive and hyperactive/impulsive symptoms may increase the risk factors for suicide in youths, such as social and familial conflicts ([Janiri et al 2020) .Youths with ADHD are known to experience social difficulties with peers and have a heightened risk of mental health struggles, such as depression (Sayal et al 2018) ,which may contribute to the observed differences in the likelihood of suicide attempts between patients with and without ADHD. The recent systematic review by Austgulen et al. showed that several demographic and clinical features are associated with an increased risk of SSBs in adolescents and adults with ADHD. The rate of suicide attempts seems to be higher in females (ratio: 1:4) than in males (ratio 1:7), with females presenting a higher prevalence of associated mood disorders ([Fulle et al 2022) .Executive functioning and impulsivity are considered significant contributors to the risk of self-harm and suicidal behaviors acting both as mediating and predictive factors (Meza et al ,2012, Miller et al 2012). Wiener et al. (2019) indicated that the presence of comorbid oppositional defiant disorder, conduct disorder, and substance use disorder heightened the risk of death in individuals with ADHD.

(D) Communication disorders: The Communication Disorders include Language Disorder, Speech Sound Disorder, Childhood Onset Fluency Disorder and Social (Pragmatic) Communication Disorder. No studies that specifically investigated the possible correlation between language developmental disorders and suicidality. A study, which diagnosed several cases of developmental speech and language disorders using DSM-III-R criteria, no statistically significant correlation with suicidal ideation/attempts was demonstrated (Hardan & Sahl,1999). Childhood language disorder is also a specific risk factor for social anxiety because of the typical characteristic of challenging communication with others (Brownlie et al 2016). Developmental language disorders were also associated with higher depressive symptoms compared to the general pediatric population (Van et al,2018) That may be Cause of SSB.

(E) Specific learning disorder (SLD): This neurodevelopmental disorder first manifests during the years of formal schooling and is characterized by persistent and significant difficulties with learning. There is a lack of studies focused on suicidality in children and adolescents with SLD. However, it is well known that children with SLD are at risk of developing psychiatric disorders or behavioral and psychological problems (Xiao et al 2023). .It has found that positive academic self-concept seems to be associated with a lower reporting of suicidal ideation (Szlyk,2020). People with SLD have been seen to be at risk of developing negative emotional coping strategies with the development of self-harm behaviors and suicide attempts (Alexander,2012).

(F) Motor disorders: The neurodevelopmental motor disorders include developmental coordination disorder, stereotypic movement disorder, Tourette disorder (TD) and tic disorders. The features of these motor disorders interfere with social, academic, or other activities of daily living. The risk of suicide is considerably high in individuals with TD. Suicide attempts such as hanging, strangling, or suffocation are frequently reported among TD patients. TD also have the propensity to utilize self-poisoning techniques, maybe due to the prompt availability of psychotropic medication. Another strong risk factor is the high level of drug and alcohol abuse, commonly described in TD patients who have attempted suicide. Children with Tourette Syndrome (TS) / Chronic tic disorder (CTD) and associated psychiatric conditions are at an increased risk of being involved inbullying

behaviors (Fernández et al 2006, Van Cleave et al 2006). Since bullying and peer victimization are strong risk factors for later suicidality (Klomek et al 2010, Van Geel et al 2014,),specific bullying screening and suicide prevention are strongly suggested in this population (Zinner et al 2012). Social isolation, family history of autoimmune diseases, substance use, and an unhealthy lifestyle have been considered as conditions linked to suicidality in TD/CTD individuals (Arciniegas & Anderson,2002).

[II] Psychosocial Disability: Psychosocial disability is a term used to describe a disability that may arise from a mental health issue (such as depression, anxiety disorders, schizophrenia, bipolar disorder and substance use disorder (SUD) may be considered psychosocial disabilities). Suicidal behaviour has been implicated as a co-morbidity of several neuropsychiatric disorders, including borderline personality disorder, schizophrenia, bipolar disorder and major depressive disorder (MDD), being considered one of the leading causes of preventable death amongst people affected with mental disorders. (Chesney et al 2014)

[A] suicide and Substance use disorder [SUD]: SUD and suicide occur more frequently among youth and adults, compared to older persons. It has found that over 50% of all suicides are associated with alcohol and drug dependence and at least 25% of alcoholics and drug addicts commit suicide. Over 70% of adolescent suicides may be complicated by drug and alcohol use and dependence. Because alcoholism and drug addiction are leading risk factors for suicidal behavior and suicide, any alcoholic or drug addict should be assessed for suicide, especially if actively using alcohol or drugs. (Miller et al 1991). Suicidal behaviours are prevalent in SUD people. These behaviours have a negative impact on the psychopathological profile of these persons .There is a need to assess suicidal behaviour with standardized criteria in order to develop tailored SUD treatment (Leire et al 2024).

(B) Suicide and Schizophrenia: Suicide is the largest contributor to the decreased life expectancy in individuals with schizophrenia. As early as 1911, E. Bleuler characterized “the suicidal drive” as the “most serious of all schizophrenic symptoms”. In 1919, Kraepelin stated that suicide happened in both acute and chronic stages of schizophrenia . In 1939 (before contemporary treatments became available) Rennie observed that 11 percent of 500 patients with schizophrenia had died by suicide throughout a 20-year follow-up period. Contemporary research studies indicate that a lifetime rate of suicide in individuals with schizophrenia is between 4% and 13%. The reported rates of suicide attempts in patients with schizophrenia vary between from 18% to 55% (Gupta et al -1998, Cohen et al 1994). The prevalence of suicidal ideation observed among individuals with chronic SCZ stood at 21.18%. The prevalence of suicidal ideation was markedly elevated in the young group compared to the elderly group (Yang et al 2025). Poisoning was the most common means among men and women with schizophrenia, while firearms accounted for over half of all suicides in the general U.S. population. (Natalie et al 2022) .

[C] Suicide in Depression, Anxiety and Obsessive Compulsive Disorder (OCD): The association between major depressive disorder [MDD] and suicide attempts (SA) and/or ideation (SI) or suicidal behaviour has been well documented and suicide risk rates are also found to be equivalent around 15 percent (Ponsoni et al 2108) . Suicide behaviour is highly prevalent amongst patients with MDD (Ponsoni et al ,2018, De Berardis et al 2018). Epidemiological studies reported that MDD subjects with comorbid anxiety disorders were main predictors of SA (Pfeiffer,2009). It has been well recognized that the association between MDD and anxiety disorders appear to have more a synergic role in increasing suicidal risk (Abreu et al 2018) .Impaired cognitive control abilities have been correlated as well with high suicide rate amongst MDD people (Marzuk et al 2005, .Paulus et al 2015). The neurocognitive deficits are presumed to increase suicide risk as they may determine an incorrect appraisal of one’s life situation and an impaired decision-making (McGirr et al 2012, Gorlyn et al 2015) .One of the neuropsychological domains strongly impaired in MDD regards the executive function, a set of self-regulatory cognitive processes essential for adaptive behaviour (Richard-Devantoy et al 2014, Ho et al 2018). MDD subjects suicide attempters, showed significantly higher scores on harm avoidance (i.e., a tendency to respond intensely to signals or aversive stimuli) and significantly lower scores in self-directedness, cooperativeness and persistence when compared to the non-suicidal group (Erić et al2017). Regarding OCD, 6.7% of suicidal patients received a diagnosis of OCD. Uncomplicated OCD increased the risk of suicide attempts to 3.2 times compared to healthy respondents. Even after the removal of those with major depression or agoraphobia, the odds ratio for suicide attempts in comorbid OCD was 3.7%. (Rudd et al 1993). Suicide in OCD may be comparable to that in psychiatric disorders such as schizophrenia and depression. (Dhyani et al 2013). OCD is associated with high risk not only depression but also of suicidal behavior (Chaudhary et al 2016).

[D] Suicide and Post-traumatic stress disorder [PTSD]: Anxiety disorders, especially panic disorder and PTSD, are independently associated with suicide attempts (Nepon et al 2010). PTSD is a psychiatric diagnosis describing a prolonged or delayed response to a traumatic situation or event(s) of a threatening or catastrophic nature (WHO,1992). Suicide is also a leading cause of mortality in PTSD and risk factor for subsequent suicidal ideation and attempt (Hirvikoski et al 2016, Stanley et al 2019, Bentley et al 2016) and has been linked to death by suicide (Krysinska et al 2010) .It has found that the odds of death by suicide was 5.3 times higher in those with a diagnosis of PTSD compared with those without, after controlling for psychiatric and other demographic variables (Gradus et al 2010). Another study found that suicide rates were 13 times greater in those diagnosed with PTSD, adjusting for confounders as above (Gradus et al 2015). Gender differences in the association between PTSD and death by suicide might be expected because women are at increased risk of PTSD (Atwoli et al 2015, Ditlevsen et al 2012) ,but in non-clinical populations are less likely to die by suicide than men in many high income countries (Värnik 2012) .A study reported that suicide rates associated with PTSD were greater for women than men (Ilgen et al 2010). High rate of comorbid mood and anxiety disorders, substantial disability, poor treatment-seeking behavior, and significant suicidal risk among individuals with PTSD (Chandna, et al 2023). A strong association between PTSD and attempted suicide and suicidal ideation was also found, with a consistently strong association among those with co-morbid psychiatric conditions and non-clinical cohorts (Rahat et al 2023).

[E] Suicide and Bipolor disorder (BD): Lifetime suicide attempt rates in BD were reported to be 29.2% and in unipolar disorders to be 15.9% (Yuan et al 1996). At least 25% to 50% of patients with bipolar disorder also attempt suicide at least once (Jamison el al 2000). BD are at significantly high risk of self-harm and suicide.The lifetime prevalence of SA in BD was 29.2%, compared to 4.9% in non-BD controls and 5.6% in MDD (Isometsä ,2020, Cai, et al 2021) .Another finding show that 8% of the individuals with a diagnosis of BD died by suicide (Isometsä ,2020) .A finding revealed that male patients with bipolar illness had a statistically significant higher prevalence of suicide deaths compared to female patients, with the pooled prevalence of suicide deaths being 0.7% and 0.3%, respectively ((Hu et al 2023).

[F] Suicide and Personality disorder: There are three main clusters of personality disorders; Cluster A encompasses patterns of unusual thinking or behaviours, Cluster B is characterised by unstable emotions, and problems with impulse control, and Cluster C features very anxious emotions, thoughts and behaviours (Brickman et al 2014). Within personality disorders, Cluster B conditions, such as borderline (BPD) and antisocial personality disorders (ASPD), are particularly associated with suicide risk and self-injurious behaviours. Indeed, enduring suicidal ideation and self-injurious behaviours are key features of BPD with an estimated 65–80% of patients with BPD engaging in NSSI (Paris,2011).One clinical study of 394 patients with BPD recorded suicide attempts in 75% of their sample, and as many as 9% will die by suicide (Brickman et al 2014, Goodman et al 2017). It is estimated that around 5% of those with ASPD will die by suicide; however, these patients are more likely to be treated in forensic settings rather than clinical services. There is less research carried out having a PD and suicidality (Paris,2011).

[iii] Suicide and Acquired Brain Injury (ABI): ABI refers any damage to the brain that occurs after birth. Common causes of ABI include accidents, stroke, brain tumours, poisoning, lack of oxygen and degenerative neurological disease. There is a relative dearth of research examining ABI sustained secondary to a suicide attempt (Higgins et al 2020) .Patients with Traumatic brain injury are known to have higher than normal rates of non-fatal deliberate self-harm, suicide and all-cause mortality (Lu et al 2020).

[iv] Suicide and Neurological Disability: It's also known as neurological disorder and describes damage to a person's nervous system that affects their mental or bodily functions. Neurological disabilities include Cerebral palsy, Multiple sclerosis, Parkinson's disease, Epilepsy and Alzheimers disease. The risk of attempted or completed suicide is increased in patients with migraine with aura, epilepsy, stroke, multiple sclerosis, traumatic brain injury, and Huntington's disease. The risk of attempted or completed suicide in neurologic illness is strongly associated with depression, feelings of hopelessness or helplessness, and social isolation. Additional suicide risk factors in persons with neurologic illness include cognitive impairment, relatively younger age (under 60 years), moderate physical disability, recent onset or change in illness, a lack of future plans or perceived meaning in life, recent losses (personal, occupational, or financial), and prior history of psychiatric illness or suicidal behavior. Substance dependence, psychotic disorders, anxiety disorders, and some personality disorders (*eg*, borderline personality disorder) may also contribute to increased risk of suicide among persons with neurologic illnesses. Mostly, suicidal ideation appears in the early stages after diagnosis, in the presence of disabling symptoms, and/or in patients with psychiatric comorbidities (often associated with these neurological diseases) (Arciniegas et al 2002, Alejos et al 2023).

[v] Suicide and Vision Impairment (V I): V I is defined as a limitation of one or more functions of the eye or visual system. Some people have congenital V I (present from birth), whereas others have a degenerative eye condition that can lead to blindness or one acquired through trauma (e.g. accident or brain injury). More than 500 million individuals are blind or have significant V I worldwide. Several findings support the association between V I and increased risk of suicidal tendencies. The risk differed by age group, with a pronounced risk observed among adolescents ((GBD 2019 Blindness and Vision Impairment Collaborators; Vision Loss Expert Group of the Global Burden of Disease Study, Kim et al 2024, Cabelloetal 2020, Demmin & Silverstein, 2020).

[vi] Suicide and Hearing Impairment: Hearing impairment, hearing loss, or deafness refers to the partial or total inability to hear speech and sounds. Hearing impairments that happen at birth are called 'congenital' hearing impairments whereas 'acquired' hearing impairments develop throughout the course of a lifetime. Previous studies have suggested that Hearing Loss is also associated with suicidal behaviors, including suicidal ideation or suicidal attempts. (Khurana et al 2021, Cosh et al 2019, Parker et al 2016).

[vii] Suicide and Deaf-blind (dual sensory): Deaf blindness means a person has combined vision and hearing impairments. This has a significant impact on communication, socialisation, mobility and daily living. People with deafblindness are a very diverse group because of the varying degrees of their vision and hearing impairments, plus possible other disabilities. People with visual or hearing sensory impairments had twice the odds of past-year suicidal ideation and over three times the odds of reporting past-year suicide attempt compared with people without these impairments. (Khurana et al ,2021). Throughout history sight deprivation has been seen as the most severe form of punishment, second only to loss of life (Diego et al 1999). Dual sensory loss presents risk factors for self-harm and/or suicidal ideation, although this has rarely been examined for older adults. In total, 17% of participants reported thoughts of self-harm and/or suicide in the past two weeks. Not participating in social activities, poorer self-rated health, and presence of more depressive symptoms were associated with self-harm and suicidal ideation. Factors that were associated with self-harm and suicidal ideation were lower levels of emotional support, non-participation in social activities, and symptoms of depression (Hanna et al 2022).

[viii] Suicide and Speech Language Impairment: A person with Speech Language impairment may not be able communicate in the same way as other people. They may have problems with their speech sounds or understanding and using language. Children may be born with conditions or disabilities that impact on their speech, language and communication skills, such as Autism Spectrum Disorder, Intellectual Disability, Downs Syndrome, Hearing Impairment and Acquired Brain Injury or Speech Language Disorders may occur in isolation. These difficulties may present for a short or long time and can range from mild to severe. Other people may experience speech language difficulties later in life. Speech Language disorders can develop in adults gradually, but they can also develop suddenly, such as in the case of stroke. Disorders can include the loss of ability to express or understand language, problems making certain sounds or words (for example, slurring) and changes to the rhythm or speed of speech. Disorders can also include problems with swallowing. Norman and colleagues,who recently described on self-harms associated with alexithymia among young adults in their article with the eloquent title "I can't describe it and they can't see the rain, an interpretative phenomenological analysis of the experience of self-harm in young adults who report difficulties identifying and describing their feelings". More systematic studies are needed. Reciprocal and interacting relationships between language impairment, psychiatric comorbidities, and SI/SB frequently occur in clinical practice but have only been sparsely explored from a research perspective. we delineated a vicious circle in which language impairments can exacerbate psychiatric comorbidities which, in turn, aggravate language impairments and create a condition for the development of SI/SB (Costanza et al 2021).

[IX] Suicide and Physical Disability: A physical disability is a physical condition that affects a person's mobility, physical capacity, stamina, or dexterity. Its include Multiple Sclerosis, Muscular Dystrophy, Chronic Arthritis, Cerebral Palsy, Chronic Fatigue Syndrome, Fibromyalgia, Spina Bifida, Loss of limbs and Spinal Cord Injury. A person with physical disability may have difficulties moving and coordinating parts of their body for everyday life. The difficulties and barriers a person may face will depend on the type of physical disability and other environmental factors.it had been reported that 71% of those who attempted suicide had severe mental disability, whereas only 31% had physical disability (Shooshtary et al 2008). People with various types of functional disabilities are at elevated risk for suicide-

related outcomes compared to people without disabilities. Moreover, severe disability, odd physical health, and complex activity disability have been associated with suicide attempts (van Spijker et al 2020, Marlow et al 2022).Physically disabled persons have normal intellectual and cognitive abilities, but the disabled status is an obstacle to achievement in their lives, this leads to self-blame, self-harm, and psychopathology such as anxiety, stress, and depression, and finally, suicidal ideation. (Budd et al 2020, Lutz & Fiske,2018)

Conclusion

Its universal truth that person with dsiability are much more likely to die by suicide than non-Disabled people. Disabled men was over three times higher than non-disabled men while the figure for Disabled women was over four times higher than non-disabled women. Fazilet Hadi (Head of Policy at Disability Rights UK) emphasized that disproportionately high suicide rate amongst Disabled people is truly shocking. It is yet more evidence that disabled people are the hardest hit by cuts in public services, reducing incomes and rising costs, found inadequate health and social care services, punitive benefit processes, low levels of benefits and wages and the huge impact of the cost of living crisis. Energy, food, housing and care costs are spiralling out of control, leaving us cold, hungry, in debt and feeling abandoned.

References

Abreu LN, Oquendo MA, Galfavy H, Burke A, Grunebaum MF, Sher L, et al. (2018). Are comorbid anxiety disorders a risk factor for suicide attempts in patients with mood disorders? A two-year prospective study. Eur Psychiatry. 47:19–24.

Alejos M, Vázquez-Bourgon J, Santurtún M, Riancho J, Santurtún A.(2023). Do patients diagnosed with a neurological disease present increased risk of suicide? Neurologia. 38(1):41-46.

Alexander-Passe N.(2012). Dyslexia: Investigating Self-Harm and Suicidal Thoughts/Attempts as a Coping Strategy. J. Psychol. Psychother. 5:6.

American Psychiatric Association (2022). Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: American Psychiatric Association, 921–922.

Arciniegas D.B., Anderson C.A.(2014). Suicide in Neurologic Illness. Curr. Treat. Options Neurol. 2002;4:457–68.

Arias A.J., Gelernter J., Chan G., Weiss R.D., Brady K.T., Farrer L., Kranzler H.R.(2008). Correlates of Co-Occurring ADHD in Drug-Dependent Subjects: Prevalence and Features of Substance Dependence and Psychiatric Disorders. Addict. Behav.33:1199–1207.

Atwoli L., Stein D.J., Koenen K.C., McLaughlin K.A (2015). Lippincott Williams and Wilkins. Epidemiology of posttraumatic stress disorder: prevalence, correlates and consequences; 28, 307–11.

Austgulen A., Skram N.K.G., Haavik J., Lundervold A.J. (2023).Risk Factors of Suicidal Spectrum Behaviors in Adults and Adolescents with Attention-Deficit/Hyperactivity Disorder—A Systematic Review. BMC Psychiatry. 23:612.

Barbaresi W.J., Colligan R.C., Weaver A.L., Voigt R.G., Killian J.M., Katusic S.K., Chawla A., Sprinz P.G., Welch J., Heeney M., et al.(2013). Mortality, ADHD, and Psychosocial Adversity in Adults with Childhood ADHD: A Prospective Study. Pediatrics. 131:637–644.

Benson B.A., Laman D.S.(1988). Suicidal Tendencies of Mentally Retarded Adults in Community Settings. Aust. N. Z. J. Dev. Disabil. 14:49–54.

Bentley K.H., Franklin J.C., Ribeiro J.D., Kleiman E.M., Fox K.R., Nock M.K. (2016). Anxiety and its disorders as risk factors for suicidal thoughts and behaviors: a meta-analytic review.43, 30–46.

Blanchard A., Chihuri S., Diguiseppi C.G., Li G.(2021) Risk of Self-Harm in Children and Adults with Autism Spectrum Disorder: A Systematic Review and Meta-Analysis. JAMA Netw. Open. 2021;1:e2130272.

Bleuler E.(1991). Dementia Praecox: oder Gruppe der Schizophrenien. Franz Deuticke; Leipzig, Germany.

Boat T.F., Wu J.T.(2015). Mental Disorders and Disabilities among Low-Income Children. National Academies Press; Washington, DC, USA.

Brickman LJ, Ammerman BA, Look AE, Berman ME, McCloskey MS. (2014).The relationship between non-suicidal self-injury and borderline personality disorder symptoms in a college sample. Borderline Personal Disord Emot Dysregulation. 1(1):1–8.

Brownlie E.B., Bao L., Beitchman J. (2016). Childhood Language Disorder and Social Anxiety in Early Adulthood. J. Abnorm. Child Psychol. ;44:1061–1070.

Budd MA, Haque OS and Stein MA.(2020). Biases in the evaluation of self-harm in patients with disability due to spinal cord injury. Spinal Cord Ser Cases.6(1). 10.1038/s41394-020-0293-6

Cabello M, Miret M, Ayuso-Mateos JL, et al. Cross-national prevalence and factors associated with suicide ideation and attempts in older and young-and-middle age people. Aging Ment Health. 2020;24(9):1533-1542.

Camm-Crosbie L., Bradley L., Shaw R., Baron-Cohen S., Cassidy S.(2019). 'People like Me Don't Get Support': Autistic Adults' Experiences of Support and Treatment for Mental Health Difficulties, Self-Injury and Suicidality. Autism.23:1431–1441.

Cassidy S., Bradley P., Robinson J., Allison C. (2014).Suicidal Ideation and Suicide Plans or Attempts in Adults with Asperger's Syndrome Attending a Specialist Diagnostic Clinic: A Clinical Cohort Study. Lancet Psychiatry. 1:142–147.

Cassidy S.A., Gould K., Townsend E., Pelton M., Robertson A.E., Rodgers J.(2020). Is Camouflaging Autistic Traits Associated with Suicidal Thoughts and Behaviours? Expanding the Interpersonal Psychological Theory of Suicide in an Undergraduate Student Sample. J. Autism Dev. Disord. 50:3638–3648.

Chandna, Ateev S.; Suhas, Satish; Patley, Rahul; Dinakaran, Damodharan; Manjunatha, Narayana; Rao, Girish N Gururaj, Gopalkrishna; Varghese, Mathew; Benegal, Vivek.(2023). NMHS National Collaborators Group. Exploring the enigma of low prevalence of post-traumatic stress disorder in India. Indian Journal of Psychiatry 65(12)1254-60.

Chaudhary RK, Kumar P, Mishra BP.(2016). Depression and risk of suicide in patients with obsessive-compulsive disorder: A hospital-based study. Ind Psychiatry J. 25(2):166-170).

Chen, Y.Y., Chen, Y.L. & Gau, S.S. (2020).Suicidality in Children with Elevated Autistic Traits. Autism research : official journal of the International Society for Autism Research 13, 1811-1821.

Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. World Psychiatry. 13:153–160.

Cohen S., Lavelle J., Rich C.L., Bromet E.(1994). Rates and correlates of suicide attempts in first-admission psychotic patients. Acta Psychiatr. Scand. 90:167–171.

Costanza A, Amerio A, Aguglia A, Magnani L, Serafini G, Amore M, Merli R, Ambrosetti J, Bondolfi G, Marzano L, Berardelli I.(2021). "Hard to Say, Hard to Understand, Hard to Live": Possible Associations between Neurologic Language Impairments and Suicide Risk. Brain Sci. 30;11(12):1594.

Culpin I., Mars B., Pearson R.M., Golding J., Heron J., Bubak I., Carpenter P., Magnusson C., Gunnell D., Rai D.(2018) Autistic Traits and Suicidal Thoughts, Plans, and Self-Harm in Late Adolescence: Population-Based Cohort Study. J. Am. Acad. Child Adolesc. Psychiatry. 57:313–20.

Davidson J., Davey S., Singh S., Parsons M., Stokes B., Gerrand A.(2008A. Australia' s Health Available online: https://www.aihw.gov.au/reports/australias-health/australias-health-2008. Cited on 12.12.2025.

De Berardis D, Martinotti G, Di Giannantonio M.(2018). Editorial: understanding the complex phenomenon of suicide: from research to clinical practice. Front Psychiatry. 9:61. doi: 10.3389/fpsyt.2018.00061.

Demmin DL, Silverstein SM. Visual impairment and mental health: unmet needs and treatment options. Clin Ophthalmol. 2020;14:4229-4251.

Dhyani M, Trivedi JK, Nischal A, Sinha PK, Verma S.(2013). Suicidal behaviour of Indian patients with obsessive compulsive disorder. Indian J Psychiatry. 55(2):161-6.

Di Nicola V., Todarello O (2009). Suicidio e Disabilità Intellettiva. G. Ital. Psicopatol.15:177–185.

Diego DeLeo. Portia A. Hickey, Gaia Meneghel, Christopher H. Cantor (1999). Blindness, Fear of Sight Loss, and Suicide. Psychosomatics.40,[4]. 339-44.

Ditlevsen D.N., Elklit A.(2012.) Gender, trauma type, and PTSD prevalence: a re-analysis of 18 nordic convenience samples. Ann Gen Psychiatry. 11(1):26.

Erić AP, Erić I, Ćurković M, Dodig-Ćurković K, Kralik K, Kovač V, et al.(2017). The temperament and character traits in patients with major depressive disorder and bipolar affective disorder with and without suicide attempt. Psychiatr Danub. 29:171–17.

F.-H. Hu, Y.-J. Jia, D.-Y. Zhao, X.-L. Fu, W. Q. Zhang, W. Tang, S.-Q. Hu, H. Wu, M.-W. Ge, W. Du, W.-Q. Shen, H.-L. Chen (2023). Gender differences in suicide among patients with bipolar disorder: a systematic review and meta-analysis.J. Affect. Disord., 339,. 601-614.

Fernández de la Cruz L., Rydell M., Runeson B., Brander G., Rück C., D'Onofrio B.M., Larsson H., Lichtenstein P., Mataix-Cols D.(2017). Suicide in Tourette's and Chronic Tic Disorders. Biol. Psychiatry. 82:111–118.,

Fuller-Thomson E., Rivière R.N., Carrique L., Agbeyaka S.(2022). The Dark Side of ADHD: Factors Associated with Suicide Attempts among Those with ADHD in a National Representative Canadian Sample. Arch. Suicide Res. 26:1122–1140.

GBD 2019 Blindness and Vision Impairment Collaborators; Vision Loss Expert Group of the Global Burden of Disease Study). Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. Lancet Glob Health. 2021;9(2):e130-e143.

Goodman M, Tomas IA, Temes CM, Fitzmaurice GM, Aguirre BA, Zanarini MC(2017). Suicide attempts and self-injurious behaviours in adolescent and adult patients with borderline personality disorder. Personal Ment Health. 11(3):157–163.

Gorlyn M, Keilp J, Burke A, Oquendo M, Mann JJ, Grunebaum M.(2015). Treatment-related improvement in neuropsychological functioning in suicidal depressed patients: paroxetine vs. bupropion. Psychiatry Res. 225:407–412.

Gradus J.L., Antonsen S., Svensson E., Lash T.L., Resick P.A., Hansen J.G.(2015). Trauma, comorbidity, and mortality following diagnoses of severe stress and adjustment disorders: a nationwide cohort study. Am. J. Epidemiol. 182(5):451–458.

Gradus J.L., Qin P., Lincoln A.K., Miller M., Lawler E., Sørensen H.T., Lash T.L.(2010). Posttraumatic stress disorder and completed suicide. Am. J. Epidemiol.171(6):721–727.

Gupta S., Black D.W., Arndt S., Hubbard W.C., Andreasen N.C.(1998). Factors associated with suicide attempts among patients with schizophrenia. Psychiatr. Serv.49:1353–1355.

Hanna B. Hovaldt, Kathryn Crowe., Jesper Dammeyer (2022). A cross-sectional study of prevalence and correlates of self-harm and suicidal ideation in older adults with dual sensory loss. Disability and Health Journal.15[1], https://doi.org/10.1016/j.dhjo.2021.101204.

Hardan A., Sahl R. (1999). Suicidal Behavior in Children and Adolescents with Developmental Disorders. Res. Dev. Disabil. 20:287–296.

Hedley D., Uljarević M., Foley K.R., Richdale A., Trollor J.(2018). Risk and Protective Factors Underlying Depression and Suicidal Ideation in Autism Spectrum Disorder. Depress. Anxiety. 35:648–657.

Higgins C, Rooney K, O'Connell B, Waldron B, Linehan C.(2020). Attempted suicide leading to acquired brain injury: a scoping review. Brain Inj. 2020;34(2):160-170.

Hinshaw S.P., Owens E.B., Zalecki C., Huggins S.P., Montenegro-Nevado A.J., Schrodek E., Swanson E.N. (2012).Prospective Follow-up of Girls with Attention-Deficit/Hyperactivity Disorder into Early Adulthood: Continuing Impairment Includes Elevated Risk for Suicide Attempts and Self-Injury. J. Consult. Clin. Psychol. 80:1041–1051.

Hirvikoski T., Boman M., Chen Q., D'Onofrio B.M., Mittendorfer-Rutz E., Lichtenstein P., Bölte S., Larsson H. (2020). Individual Risk and Familial Liability for Suicide Attempt and Suicide in Autism: A Population-Based Study. Psychol. Med. 50:1463–1474.

Hirvikoski, T., et al. (2016). Premature mortality in autism spectrum disorder. The British journal of psychiatry : the journal of mental science 208, 232-238.

Ho MC, Hsu YC, Lu ML, Gossop M, Chen VC. (2018). 'Cool' and 'Hot' executive functions in suicide attempters with major depressive disorder. J Affect Disord.235:332–340.

Hooijer A.A.T., Sizoo B.B. (2020). Temperament and Character as Risk Factor for Suicide Ideation and Attempts in Adults with Autism Spectrum Disorders. Autism Res.13:104–111.

Hudson C.C., Hall L., Harkness K.L.(2019). Prevalence of Depressive Disorders in Individuals with Autism Spectrum Disorder: A Meta-Analysis. J. Abnorm. Child Psychol. 47:165–175.

Ilgen M.A., Bohnert A.S.B., Ignacio R.V., McCarthy J.F., Valenstein M.M., Kim H.M., Blow F.C. (2010).Psychiatric diagnoses and risk of suicide in veterans. Arch. Gen. Psychiatry. 67(11):1152–58.

Impey M., Heun R. (2012).Completed Suicide, Ideation and Attempt in Attention Deficit Hyperactivity Disorder. Acta Psychiatr. Scand. 125:93–102.

Isometsä,M.A. Oquendo, D. Currier, S.-M. Liu, D.S. Hasin, B.F. Grant, C. Blanco (2020).Increased risk for suicidal behavior in comorbid bipolar disorder and alcohol use disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) J. Clin. Psychiatry, 71 (2010), pp. 902-909, 10.4088/JCP.09m05198gry.

Janiri D., Doucet G.E., Pompili M., Sani G., Luna B., Brent D.A., Frangou S. (2020).Risk and Protective Factors for Childhood Suicidality: A US Population-Based Study. Lancet Psychiatry. 7:317–326.

K R Jamison (2000): Suicide and bipolar disorder.J Clin Psychiatry. 61 (9):47-51.

Kaminer Y., Feinstein C., Barrett R.P.(1987). Suicidal Behavior in Mentally Retarded Adolescents: An Overlooked Problem. Child Psychiatry Hum. Dev.18:90–94.

Khurana M, Shoham N, Cooper C, et al Association between sensory impairment and suicidal ideation and attempt: a cross-sectional analysis of nationally representative English household data BMJ Open 2021;11:e043179. doi: 10.1136/bmjopen-2020-043179.

Kılıç F., Coşkun M., Bozkurt H., Kaya I., Zoroğlu S. (2017).Self-Injury and Suicide Attempt in Relation with Trauma and Dissociation among Adolescents with Dissociative and Non-Dissociative Disorders. Psychiatry Investig. 14:172–178.

Kirby A.V., Bakian A.V., Zhang Y., Bilder D.A., Keeshin B.R., Coon H.(2019). A 20-year Study of Suicide Death in a Statewide Autism Population. Autism Res. 12:658–666.

Kirkcaldy B.D., Brown J., Siefen R.G.(2006). Disruptive Behavioural Disorders, Self Harm and Suicidal Ideation among German Adolescents in Psychiatric Care. Int. J. Adolesc. Med. Health. 18:597–614.

Kiyono T., Morita M., Morishima R. (2020).The Prevalence of Psychotic Experiences in Autism Spectrum Disorder and Autistic Traits: A Systematic Review and Meta-Analysis. Schizophr. Bullettin Open.1:sgaa046.

Klomek A.B., Sourander A., Gould M. (2010).The Association of Suicide and Bullying in Childhood to Young Adulthood: A Review of cross-Sectional and Longitudinal Research Findings. Can. J. Psychiatry.55:282–288,

Kraepelin E.(1919). Psychiatrische Randbemerkungen zur Zeitgeschichte. Suddeutsch. Monatshefte. 2:171–183.

Krysinska K., Lester D.(2014). Post-traumatic stress disorder and suicide risk: a systematic review. Archives of Suicide Research. 14(1):1–23.

Leire Leza, Begoña Haro, José J. López-Goñi, Javier Fernández-Montalvo (2014).Substance use disorder and lifetime suicidal behaviour: A scoping review, Psychiatry Research, Volume 334, 115830,

Lu YC, Wu MK, Zhang L, Zhang CL, Lu YY, Wu CH.(2020). Association between suicide risk and traumatic brain injury in adults: a population based cohort study. Postgrad Med J. 96(1142):747-752.

Ludi E., Ballard E.D., Greenbaum R., Pao M., Bridge J., Reynolds W., Horowitz L.(2012). Suicide Risk in Youth with Intellectual Disabilities: The Challenges of Screening. J. Dev. Behav. Pediatr. 33:431–440.

Lunsky Y.(2004). Suicidality in a Clinical and Community Sample of Adults with Mental Retardation. Res. Dev. Disabil.25:231–243.

M. Parker, B. Duran, I. Rhew, M. Magarati, M. Larimer, D. Donovan (2021). Risk and protective factors associated with moderate and acute suicidal ideation among a national sample of tribal college and university students 2015-2016.J. Rural. Health, 37, pp. 545-553.

Marlow NM, Xie Z, Tanner R, et al. Association between functional disability type and suicide-related outcomes among U.S. adults with disabilities in the National Survey on Drug Use and Health, 2015–2019. J Psychiatric Res, 2022; 153: 213–222

Marzuk PM, Hartwell N, Leon AC, Portera L.(2005). Executive functioning in depressed patients with suicidal ideation. Acta Psychiatr Scand..112:294–301,

McGirr A, Dombrovski AY, Butters MA, Clark L, Szanto K.(2012). Deterministic learning and attempted suicide among older depressed individuals: cognitive assessment using the Wisconsin Card Sorting Task. J Psychiatr Res. 46:226–232,

Merrick J., Merrick E., Lunsky Y., Kandel I.(2005). Suicide Behavior in Persons with Intellectual Disability. Sci. World J. 729–735.

Meza J.I., Owens E.B., Hinshaw S.P. (2016).Response Inhibition, Peer Preference and Victimization, and Self-Harm: Longitudinal Associations in Young Adult Women with and without ADHD. J. Abnorm. Child Psychol. 44:323–334,

Miller M., Nevado-Montenegro A.J., Hinshaw S.P.(2012). Childhood Executive Function Continues to Predict Outcomes in Young Adult Females with and without Childhood-Diagnosed ADHD. J. Abnorm. Child Psychol. 40:657–668.

Miller NS, Mahler JC, Gold MS.(1991). Suicide risk associated with drug and alcohol dependence. J Addict Dis. 10(3):49-61. doi: 10.1300/J069v10n03_06. PMID: 1932152.

Mitchell P., Cassidy E., Sheppard E.(2019). The Double Empathy Problem, Camouflage, and the Value of Expertise from Experience. Behav. Brain Sci. 42:e100.

Montazeri F., de Bildt A., Dekker V., Anderson G.M. (2020).Network Analysis of Behaviors in the Depression and Autism Realms: Inter-Relationships and Clinical Implications. J. Autism Dev. Disord. 50:1580–1595

Mouridsen S., Brønnum-Hansen H., Rich B., Isager T. (2008) Mortality and Causes of Death in Autism Spectrum Disorders: An Update. Autism. 12:403–414.

Natalie Bareis , Mark Olfson , Tobias Gerhard , Stephanie Rolin , T. Scott Stroup.(2022): Means of suicide among adults with schizophrenia across the life span. Schizophrenia Research, Volume 251, 82-90.

Nepon J, Belik SL, Bolton J, Sareen J.(2010). The relationship between anxiety disorders and suicide attempts: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. Depress Anxiety. 27(9):791-8.

Norman H., Marzano L., Oskis A., Coulson M.(2021) “I can’t describe it and they can’t see the rain.” An interpretative phenomenological analysis of the experience of self-harm in young adults who report difficulties identifying and describing their feelings. Curr. Psychol. doi: 10.1007/s12144-021-02273-7.

Paris J.(2011). Personality disorders and suicidal behaviour. International Handbook of Suicide Prevention: Research, Policy and Practice. 109–17.
Paulus MP. (2015).Cognitive control in depression and anxiety: out of control? Current Opinion in Behavioral Sciences. 1:113–120.

Pfeiffer PN, Ganoczy D, Ilgen M, Zivin K, Valenstein M.(2009). Comorbid anxiety as a suicide risk factor among depressed veterans. Depress Anxiety. 26:752–757.

Ponsoni A, Branco LD, Cotrena C, Shansis FM, Grassi-Oliveira R, Fonseca RP. Self-reported inhibition predicts history of suicide attempts in bipolar disorder and major depression. Compr Psychiatry. 2018;82:89–94.

Rahat Akbar , Vikas Arya , Elizabeth Conroy , Holly C. Wilcox , Andrew Page [2023): suicide and life threatening behaviour.53[1]-163-84.

Rai D., Culpin I., Heuvelman H. (2018).Association of Autistic Traits with Depression from Childhood to Age 18 Years. JAMA Psychiatry. 75:835–843.

Rennie T.A.C. (1939).Follow-up study of five hundred patients with schizophrenia admitted to the hospital from 1913 to 1923. Arch. Neurol. Psychiatry. 42:877–891.

Richa, S., Fahed, M., Khoury, E. & Mishara, B. (2014). Suicide in autism spectrum disorders. Arch Suicide Res 18, 327-339.

Richard-Devantoy S, Berlim M, Jollant F.(2014). A meta-analysis of neuropsychological markers of vulnerability to suicidal behavior in mood disorders. Psychol Med.44:1663–1673-

Rudd MD, Dahm PF, Rajab MH.(1993). Diagnostic comorbidity in persons with suicidal ideation and behaviour. Am J Psychiatry. 150:928–34.

Ruggieri V. Autismo.(2020).Depresión y Riesgo de Suicidio. Medicina.80:12–16.

S. Cosh, I. Carrière, V. Daien, C. Tzourio, C. Delcourt, C. Helmer .Sensory loss and suicide ideation in older adults: findings from the Three-City cohort study Int. Psychogeriatr., 31 (2019).139-145.

Sayal K., Prasad V., Daley D., Ford T., Coghill D.(2016). ADHD in Children and Young People: Prevalence, Care Pathways, and Service Provision. Lancet Psychiatry. 5:175–186.

Shooshtary MH, Malakouti SK, Bolhari J, et al.(2008). Community study of suicidal behaviors and risk factors among Iranian adults. Arch Suicide Res. 12: 141–147

Stanley, I.H., Rogers, M.L., Hanson, J.E., Gutierrez, P.M. & Joiner, T.E. (2019). PTSD symptom clusters and suicide attempts among high-risk military service members: A three-month prospective investigation. J Consult Clin Psychol 87, 67-78

Szlyk H.S.(2020). Suicidal Ideation among Youths at Risk of School Dropout: Impact of Student Demographics, Stressors, and Academic Self-Concept. Health Soc. Work. 2020.45:240–248.

Uddin R, Burton NW, Maple M, et al.(2019). Suicidal ideation, suicide planning, and suicide attempts among adolescents in 59 low-income and middle-income countries: A population-based study. Lancet.3: 223–233.

Upthegrove R., Abu-Akel A., Chisholm K., Lin A., Zahid S., Pelton M., Apperly I., Hansen P.C., Wood S.J. (2018). Autism and Psychosis: Clinical Implications for Depression and Suicide. Schizophr. Res. 195:80–85.

Van Cleave J., Davis M.M. (2006).Bullying and Peer Victimization among Children with Special Health Care Needs. Pediatrics. 118:e1212–e1219.

Van Geel M., Vedder P., Tanilon J.(2014). Relationship between Peer Victimization, Cyberbullying, and Suicide in Children and Adolescents Ameta-Analysis. JAMA Pediatr. 168:435–442.

Van Spijker BA, Batterham PJ, Calear AL, et al. (2020).Self-reported disability and quality of life in an online Australian community sample with suicidal thoughts. J Affect Disord. 263: 707–714.

Värnik P.(2012). Suicide in the world. Int J Environ Res Public Health. 9(3):760–771.

Veenstra-Vander Weele J.(2018): Recognizing the Problem of Suicidality in Autism Spectrum Disorder. J. Am. Acad. Child Adolesc. Psychiatry. 57:302–303.

Vermont (2022). Department of Health. Disability and Risk of Suicide-November https://www.healthvermont.gov/sites/default/files/2023-02/HSI-Injury-Disability-Suicide-Morbidity-2022.pdf.

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. .62:1–9.

Weiner L., Perroud N., Weibel S. (2012).Attention Deficit Hyperactivity Disorder And Borderline Personality Disorder In Adults: A Review Of Their Links And Risks. Neuropsychiatr. Dis. Treat. 15:3115–29.

Wijnhoven L.A., Niels-Kessels H., Creemers D.H., Vermulst A.A., Otten R., Engels R.C.(2019). Prevalence of Comorbid Depressive Symptoms and Suicidal Ideation in Children with Autism Spectrum Disorder and Elevated Anxiety Symptoms. J. Child Adolesc. Ment. Health. 31:77–84.

World Health Organisation . 1992. The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and Diagnostic Guidelines World Health Organization.

Xiao P., Zhu K., Feng Y., Jiang Q., Xiang Z., Zhang Q., Wu X., Fan Y., Zou L., Xiao H., et al.(2023). Associations between Dyslexia and Children's Mental Health: Findings from a Follow-up Study in China. Psychiatry Res. 324:115188.

Yang Liu, Dong-mei Wang, Wen-zheng Li, Yang Tian, Hai-ning Yu, Yu Liu, Xiang-yang Zhang.(2025).Prevalence of suicidal ideation and its correlates in young and elderly patients with chronic schizophrenia.Journal of Psychiatric Research.ISSN 0022-3956.

Yuan-Who C, Dilsaver SC.(1996). Lifetime Rates of Suicide Attempts among Subjects with Bipolar and Unipolar Disorders Relative to Subjects with Other Axis I Disorders. Biol Psychiatry. 39:896–9.

Zinner S.H., Conelea C.A., Glew G.M., Woods D.W., Budman C.L.(2012). Peer Victimization in Youth with Tourette Syndrome and Other Chronic Tic Disorders. Child Psychiatry Hum. Dev. 43:124–36.