



Geulayov, G., Metcalfe, C., & Gunnell, D. (2016). Parental suicide attempt and offspring educational attainment during adolescence in the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort. *Psychological Medicine*. DOI: 10.1017/S0033291716000556

Peer reviewed version

Link to published version (if available):

[10.1017/S0033291716000556](https://doi.org/10.1017/S0033291716000556)

[Link to publication record in Explore Bristol Research](#)

PDF-document

This is the author accepted manuscript (AAM). The final published version (version of record) is available online via Cambridge University Press at <http://dx.doi.org/10.1017/S0033291716000556>. Please refer to any applicable terms of use of the publisher.

## University of Bristol - Explore Bristol Research

### General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available: <http://www.bristol.ac.uk/pure/about/ebr-terms.html>

**Parental suicide attempt and offspring educational attainment during adolescence in the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort**

Galit Geulayov, PhD<sup>1,2</sup>; Chris Metcalfe, PhD<sup>1</sup>; David Gunnell, DSc<sup>1</sup>

<sup>1</sup>School of Social and Community Medicine, University of Bristol, Bristol, United Kingdom

<sup>2</sup>Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, United Kingdom

Corresponding author:

Galit Geulayov, Centre for Suicide Research, Department of Psychiatry, Warneford Hospital, University of Oxford, OX3 7JX, United Kingdom

Tel: +44-1865-226478; [Galit.Geulayov@psych.ox.ac.uk](mailto:Galit.Geulayov@psych.ox.ac.uk)

**Word count**

Abstract: 248

Text: 4,531

Figures: 1

Tables: 4

**Keywords:** Parental self-harm, child academic performance, longitudinal study, birth cohort, ALSPAC

## **Abstract**

**Background:** Few studies have investigated the impact of parental suicide attempt (SA) on offspring outcomes other than mental health. We investigated the association of parental SA with offspring educational attainment in the Avon Longitudinal Study of Parents and Children (ALSPAC).

**Method:** Parental SA was prospectively recorded from pregnancy until the study children were 11 years old. National school test results (ages 11-16 years) were obtained by record linkage. Multilevel regression models quantified the association between parental SA and offspring outcomes.

**Results:** Data were available for 6,667 mother-child and 3,054 father-child pairs. Adolescents whose mothers had attempted suicide were less likely than their peers to achieve the expected educational level by age 14 years [adjusted odds ratio (aOR) 0.63, 95% confidence interval (CI) 0.41-0.95] in models controlling for relevant confounders, including parental education and depression. At age 16, adolescents whose mothers had attempted suicide were less likely to obtain the expected educational level ( $\geq 5$  qualifications at grade A\*-C) (aOR 0.66, 95% CI 0.43-1.00) in models controlling for relevant confounders and parental education; but after additionally controlling for maternal depression the results were consistent with chance (aOR 0.74, 95% CI 0.48-1.13). Findings in relation to paternal suicide attempt were consistent with those of maternal suicide attempt but power was limited due to lower response rate amongst fathers.

**Conclusions:** Maternal SA was associated with diminished educational performance at age 14 years. Educational attainment during adolescence can have substantial effect on future opportunities and well-being and these offspring may benefit from interventions.

## Introduction

Each year about 800,000 people die by suicide worldwide (World Health Organization 2014). It has been estimated that for every suicide six people suffer intense grief, thus about five million people are bereaved each year through suicide (Clark & Goldney 2000), but no precise data on the number of children who lose a parent through suicide are available. A study based in the US estimated that 10,000- 20,000 children and adolescents lose a parent to suicide each year in the US (Pfeffer 2000) and in Britain, data from the 1970s suggested that approximately 2000 children under 16 years are thought to be bereaved by parental suicide annually (Shepherd & Barraclough 1976). For each completed suicide at least 20 individuals attempt suicide (World Health Organization 2014), so every year as many as 400,000 children in the USA and 40,000 in Britain may be exposed to non-fatal suicidal acts by their parents.

A number of studies have reported that offspring exposed to parental suicidal behaviours (suicide or suicide attempt) are at increased risk of psychopathology, most notably, suicidal behaviours and affective disorders (Geulayov et al 2012) but little is known about the impact of parental suicidal behaviours on other aspects of their offspring's well-being. Education has a range of economic, social and health benefits which are important for an individual's well-being (Ou & Reynolds 2008). Educational attainment during adolescence is important for an individual's prospects in terms of their ability to access further education and training as well as their future employability and social participation (Petrides et al 2004). Very little is known about the relationship between parental suicidal behaviours and offspring educational attainment. A study by Brent et al. (Brent et al 2012) found diminished developmental competence (which included some educational indices such as educational aspirations) among offspring exposed to sudden parental death (suicide, sudden natural death and accidents) . The investigators reported that there was no relationship between the cause of death and any of the outcomes assessed. . Furthermore, Berg et al. (Berg et al 2014) examined the impact of parental death due to natural and external (suicide, accidents and violence) causes on school success reporting that parental death due to natural and external causes was associated with lower mean school grades. Furthermore, a small body of research evidence shows that exposure to parental psychopathology such as maternal postnatal depression is associated with adverse developmental and academic outcomes (Grace et al 2003, Hay et al 2001, Hay et al 2008, Murray et al 2010).

Research has suggested that the impact of maternal suicidal behaviour on offspring outcomes may differ from that of paternal suicidal behaviour and that sons and daughters may be differently affected by suicidal behaviour of their parents (Geulayov et al 2012). Offspring age at exposure to parental suicidal behaviours may also modify the association between parental suicidal behaviours and offspring outcomes with limited existing data pointing to heightened vulnerability of those exposed at younger ages (Tsuchiya et al 2005, Wilcox et al 2010), particularly those exposed during early childhood (up to 5 years) (Kuramoto et al 2013).

This study investigates the association of parental suicide attempt with offspring educational attainment in adolescence in a large prospective cohort - the Avon Longitudinal Study of Parents and Children (ALSPAC). We use standard national assessment tests to measure level of educational attainment. We also investigated whether the associations differ depending on the gender of the parent who attempted suicide or the offspring and the age of exposure to parental suicide attempt.

## **Method**

### ***Study population***

Our analysis is based on the Avon Longitudinal Study of Parents and Children (ALSPAC) (<http://www.alspac.bris.ac.uk>). The study is described in detail elsewhere (Boyd et al 2013, Fraser et al 2013, Golding et al 2001). In summary, ALSPAC is a UK based multigeneration prospective cohort study of the health and development of children. Initially, 14,541 pregnant women living in the former County of Avon (the area around Bristol and Bath in southwest England) whose expected delivery date was in 1991-92 were invited to take part (Golding et al 2001, Ness 2004). Altogether 13,796 offspring were singletons or first-born twins and were alive at one year of age (Figure 1). Extensive data have been collected from the mothers, fathers and their offspring from pregnancy onwards by questionnaire, abstraction from medical notes, record linkage and by attendance at assessment clinics. The study website contains details of all the data that is available through a fully searchable data dictionary (Avon Longitudinal Study of Parents and Children (ALSPAC) 2014).

### ***Participants***

We included mother-offspring and father-offspring pairs if the parent had provided sufficient information on suicide attempt (see below), the child had data on academic performance at age 11-16 years [i.e. Key stage 3 (KS3) and Key stage 4 (KS4) results] and gave their consent to use their data. Of the 13,796 offspring considered for analysis, 6,667 mother-child and 3,054 father-child pairs were included in the analytic sample (see Figure 1).

### ***Measures***

Parental suicide attempts were identified through a 41-item parent-completed life-event questionnaire sent to parents on 10 separate occasions from before the study child's birth until they were 11 years old. In each assessment, parents were asked about a specified period of time which covered the period from the previous assessment so that the 10 questionnaires covered the whole period from 18 weeks gestation up to when the child was 11 years old. For example, at 18 weeks gestation, parents were asked whether they had experienced

any of a list of 41 life events “Since becoming pregnant”; for suicide attempt the life event statement was worded as “You attempted suicide”. The questionnaires were sent to the parents at 18 weeks gestation and then when the study children were two, eight, 21, 37, 47, 61, 73, 110 and 134 months old. After a careful consideration of response and missing data patterns to this question and the potential consequences of misclassification resulting from including individuals with different levels of missing data, we decided to employ a conservative approach whereby we excluded parents who completed fewer than seven of these assessments as we were concerned we may otherwise misclassify a substantial proportion of parents who had attempted suicide as non-attempters. Parents who responded positively to the suicide attempt question at any assessment were classified as ‘suicide attempters’, or otherwise, as a ‘non suicide attempter’.

We used information on ALSPAC participants’ school performance in adolescence (age 11-16 years) as measured by the KS3 and KS4 national assessment exercises obtained through record linkage. The curriculum followed by English state schools is divided into a series of Key Stages for different age groups and with expected levels of attainment at the end of each stage. KS3 normally covers ages 11-14 years while KS4 normally covers ages 14-16 years.

**Key stage 3:** English, Mathematics and Science are the three core subjects at KS3. Attainment levels range between 1 and 7, with 1 being the lowest. To meet the national education requirement for KS3, pupils are expected to achieve level 5 or above in each of these subjects (Department of Education 2005). We used one binary outcome measure indicating whether or not the pupil achieved level 5 or above in all three subjects.

**Key stage 4:** Pupils at the end of KS4 are normally entered for a range of General Certificate of Secondary Education (GCSE) exams which are the qualifications taken by the vast majority of pupils at this stage. A small proportion of pupils take work oriented alternative tests; these being allocated a GCSE-equivalent score in the data provided to us.

Key stage qualifications are graded on a standard eight-point scoring system A\* to G. It is set as a standard that students should obtain a minimum of five qualifications at the end of KS4 at a grade A\*-C (Rothon et al 2009). In this paper, we used two binary KS4 indicators of academic success: 1. achieving the expected standard i.e. 5 or more qualifications at grade A\* to C; 2. excelling (obtaining 5 or more qualifications at grade A\* to A).

**Possible confounders:** Parental marital status (during pregnancy), socioeconomic position (as indexed by maternal and paternal educational level as reported at 32 weeks gestation), parental symptoms of depression, child ethnicity, child sex and their age at completing the respective Key stage were considered as potential confounders.

Parental educational level was grouped according to the highest reported qualification, based on the scheme in use when the parents were at school: (i) CSE (certificate of secondary education -qualifications of a lower level than O-levels generally obtained at age 16 years) /none; (ii) vocational or O-level (subject-specific qualifications generally obtained at age 16 years) and; (iii) A-level (subject-specific qualifications generally obtained at age 18 years and required for university entry)/university degree in England.

Parental depression was measured at 18 weeks gestation using the Edinburgh Postnatal Depression Scale (EPDS) - a widely used 10-item self-report screening scale for postpartum depression. Respondents rate how they felt in the preceding week; questions are scored on a 0–3 scale and the total score ranging from 0 to 30 (Gibson et al 2009).

**Effect moderators:** To examine the effect of timing of exposure to parental suicide attempt, we divided the group into children exposed before their 5<sup>th</sup> birthday and those exposed at 5-11 years. The timing of the child's exposure was derived from the parent-completed questionnaires.

### ***Ethical approval***

Ethical approval for the study was obtained from the ALSPAC Law and Ethics Committee and the Local Research Ethics Committees. Written informed consent had been obtained from all parents in the study. Further consent to use the educational data was obtained from the children once they had reached adolescence.



### ***Statistical analysis***

To assess the impact of parental suicide attempt on offspring educational performance, we used random effects logistic regression models to account for clustering by school (ALSPAC participants were recruited from a single geographical area and so many attended the same schools in adolescence).

In all crude models we included the age of the child (in weeks) at completing the respective test and their sex as a covariate to account for the tendency for better performance from older children in a school year and the tendency of girls to outperform boys. Full adjusted analyses additionally included the covariates ethnicity, parental marital status during pregnancy, socioeconomic position (SEP) (measured by maternal or paternal education attainment) and parental symptoms of depression at 18 weeks gestation.

To assess the potential contribution of later measures of parental depression, we carried out further analysis on a subset of mother-child pairs (for whom measures of maternal depression at 33 months and 61 months postnatally were available). Of 6,035 mother-child pairs 5,432 (90%) had information on maternal depression when the study child was 33 and 61 months.

To assess whether the associations varied by offspring gender or offspring age at exposure to parental suicide attempt, we tested, using a likelihood ratio (LR) test, whether accommodating such interactions improved the fit of models. By including both exposure to paternal and maternal suicide attempt in the same model we tested the null hypothesis of equal effects (i.e. equal coefficients in the population) using a Wald test.

We ran sensitivity analyses to examine the effect of alternative exclusion criteria for parents (i) including only parents who completed all 10 assessments on suicide attempt and (ii) including parents who completed three or more assessments of suicide attempt.

The analytic sample comprised of offspring who had data on academic performance at both KS3 (14 years) and KS4 (16 years). This meant we excluded privately educated children because private schools do not take part in KS3 testing. We ran sensitivity analysis to assess the effect of including these children in our analysis of the associations with KS4 tests.

Stata version 13.0 was used for all analyses (StataCorp 2013).

## Results

Compared to ALSPAC participants who were excluded due to missing data, parents in the present study sample were older and more likely to be married and their mothers were more likely to have intermediate level occupations and education. Mean EPDS score (depressive symptoms) was lower in study parents and whilst there was no difference in the prevalence of suicide attempt in mothers, in fathers the prevalence of suicide attempt was higher in the study sample compared to the rest of the cohort (Table 1).

The majority of children (74%) obtained level five or above in all three subjects (English, Maths or Science) at the end of KS3 (Table 2). Seventy-three percent obtained grade A\*-C in at least five KS4 qualifications. Only 17% achieved grade A\*-A in five or more qualifications. The proportion of achievers was lower in offspring exposed to parental suicide attempt than in their unexposed peers and greater in girls relative to boys across the academic parameters assessed (results not shown).

### ***Maternal suicide attempt***

The likelihood of achieving level five or above in all three subjects at age 14 years was markedly lower in study members whose mothers had attempted suicide than in those whose mothers had not attempted suicide (OR 0.49, 95% CI 0.33-0.71), even after controlling for all potential confounders (aOR 0.63, 95% CI 0.41-0.95) (Table 3).

Adjusting for sociodemographic variables including maternal educational attainment, offspring whose mothers had attempted suicide were less likely to obtain 5 or more KS4 qualifications at the expected grade A\* to C (aOR 0.66, 95% CI 0.43-1.00) and less likely to achieve 5 or more KS4 qualification at grade A\* to A (aOR 0.39, 95% CI 0.16-0.95) compared to their unexposed peers. However, further adjustment for maternal symptoms of depression weakened these associations and the results no longer reached conventional levels of statistical significance (aOR 0.74, 95% CI 0.48-1.13. and aOR 0.42, 95% CI 0.18-1.04 respectively). There was no evidence that the associations of maternal suicide attempts with offspring educational achievement differed in males and females ( $p$  for interaction=0.15-0.51) although for all three educational outcomes the effect estimates were larger in girls than in boys. Similarly, there was no evidence of a differential association for offspring

exposed in early childhood (<5 years) compared to later childhood (5-11 years) in term of educational performance (p for LR test of interaction=0.32-0.96).

### ***Paternal suicide attempt***

Participants whose fathers had attempted suicide were less likely to obtain level five or above in English, Maths and Science by 14 years relative to their unexposed peers but the results of the unadjusted model were consistent with chance (Table 3). There was evidence that offspring whose father had attempted suicide were less likely to obtain five or more KS4 qualifications at the standard grade (A\*-C) compared to the unexposed (OR 0.46, 95% CI 0.21-0.99) but adjustment for relevant confounders attenuated the association such that it was consistent with chance (aOR 0.46, 95% CI 0.20-1.08). Participants exposed to paternal SA were also less likely to obtain at least five KS4 qualifications at a top grade (A\*-A) but these results too may have occurred by chance (aOR 0.60, 95% CI 0.18-1.98).

There was no evidence that the impact of paternal suicide attempt was related to offspring educational attainment differently in boys and girls (p for interaction=0.75-0.86) or that the impact of paternal suicide attempt was different for children exposed at a younger (< 5 years) or older (5-11 year) age (p for LR test of interaction=0.37-0.61).

### ***The impact of maternal compared to paternal suicide attempt***

The effect of maternal and paternal suicide attempt was similar across offspring outcomes (p=0.30-0.90). However, this analysis is based on a relatively small sub-set of families in which both mothers and fathers completed 7 or more assessments about suicide attempt (N=3,054).

### ***Sensitivity analysis***

We examined the effect of controlling for later measures of parental depression in a subset of data where this information was available (N=5,432 mother-child pairs). The results showed that exposure to maternal suicide attempt was associated with poorer KS3 performance (OR 0.51, 95% CI 0.34-0.76). Adjustment for

sociodemographic variables, including maternal education attenuated this association (AOR 0.59, 95% CI 0.38-0.92) while further adjustment for maternal depression at 18 weeks gestation markedly attenuated the association (AOR 0.68, 95% CI 0.44-1.07). Subsequent adjustment for maternal depression at 33 months after birth further weakened the association (AOR 0.73, 95% CI 0.47-1.14) but controlling for a third measure of maternal depression (at 61 months postpartum) had very little effect on estimates (AOR 0.74, 95% CI 0.47-1.15). Exposure to maternal suicide attempt was also associated with offspring's likelihood of excelling at age 16 years in a model adjusting for sociodemographic variables and maternal depression during pregnancy (AOR 0.38, 95% CI 0.15-0.98). Adjustment for further measures of maternal depression measured when the children were 33 months and 61 months had no effect on estimates (AOR 0.38, 95% CI 0.14-0.98; AOR 0.37, 95% CI 0.15-0.97, respectively).

Table 4 summarize the crude effect estimates of the association of parental suicide attempt with offspring outcomes using two alternative criteria: 1. a complete-case analysis, 2. all parents who completed 3-10 assessments on suicide attempt and their children (a more representative sample of the ALSPAC population). Despite some variability across the different inclusion criteria, the findings are generally consistent with the primary analysis.

Privately educated pupils (comprising approximately 6% of ALSPAC participants) were not included in the primary analysis sample. Including these pupils in a sensitivity analysis of KS4 attainment, the analysis showed that the likelihood of obtaining five qualifications or more at grade A\*-C by age 16 years was lower among offspring whose mother (aOR 0.73, 95% CI 0.48-1.12) or father (aOR 0.46, 95% CI 0.20-1.07) had attempted suicide relative to unexposed offspring. These results were broadly consistent with findings from the primary analysis.

## Discussion

There was strong evidence that adolescents whose mother had attempted suicide performed less well than unexposed adolescents in their key stage tests at age 14 years. Adolescents whose mother had attempted suicide were also less likely to achieve the expected standard at age 16 years (Department of Education 2010) and less likely to excel, but the associations between maternal suicide attempt and offspring educational attainment at age 16 years were consistent with chance after adjustment for maternal depression. Findings were similar in relation to suicide attempts by fathers but the smaller sample size meant statistical evidence for the associations was weak.

Parental educational attainment is a strong predictor of offspring educational attainment (Dubow et al 2009) and is associated with suicide attempt (Burrows & Laflamme 2010). Similarly, parental depression has been linked to their offspring's academic success (Murray et al 2010) and is strongly associated with their own risk of suicide attempt (Bolton et al 2008). In our study it could be that parental educational attainment or depression or both influenced both their risk of suicide attempt and their child's educational achievement although controlling for both these factors only partially attenuated the associations we observed.

The findings from the present study are generally consistent with findings from earlier studies showing that parental suicidal behaviour is associated with long term adverse effect on their offspring's mental health (Geulayov et al 2012). Furthermore, a small body of research evidence shows that exposure to parental psychopathology is associated with adverse developmental and academic outcomes. Maternal postnatal depression is associated with a small negative effect on offspring cognitive development in young children (Grace et al 2003) and adolescence (Hay et al 2001, Hay et al 2008, Murray et al 2010), although effects are apparent mainly in boys. However, findings from a large study based on the ALSPAC cohort showed no effect of maternal postnatal depression on offspring cognitive performance at 16 years (Evans et al 2012). Similarly, studies found that parental death (including death due to suicide) in childhood or adolescence was associated with poorer educational outcomes (Berg et al 2014, Brent et al 2012).

Previous research demonstrated a difference in the impact of parental suicidal behaviour on suicidal behaviour in sons and daughters although studies produced mixed results, some showing greater risk of adverse outcomes in daughters (Gravseth et al 2010, Sorensen et al 2009) while others demonstrating greater risk in

sons (Goodwin et al 2004, Mittendorfer-Rutz et al 2008). Our results for education are consistent with two earlier studies (Garssen et al 2011, Mittendorfer-Rutz et al 2008) which reported similar risk of suicidal behaviour in sons and daughters.

Very few studies have addressed the effect of offspring age at exposure to parental suicidal behaviour on offspring outcome. One large study reported that exposure to parental death by suicide before 18 years was associated with increased likelihood of death by suicide compared to exposure at or after 18 years although the risk of suicide attempt and depression was not elevated in offspring exposed earlier rather than later (Wilcox et al 2010). This finding is consistent with evidence from studies on the impact of parental loss demonstrating that early exposure to adversity may be associated with greater risk of psychopathology (Agid et al 1999, Mortensen et al 2003). In a recent study, Kuramoto and co-investigators showed that exposure to parental suicide in early childhood (age 0-5) rendered these children more vulnerable to hospitalisation for suicide attempt relative to children exposed at older age (Kuramoto et al 2013). Using similar age groups, our study did not demonstrate differences in academic success in offspring exposed before 5 years or between 5 and 11 years. It could be that our analysis was underpowered to detect such differences or that timing of exposure has different implications for different outcomes since pathways of transmission may differ. More data are required to explore whether timing of exposure is related to the differences in vulnerability to offspring outcomes as such findings may have important implications for interventions.

Parental suicide attempt may be linked to educational attainment in adolescence because parental suicide attempt is associated with greater risk of psychopathology and emotional difficulties in their offspring and psychopathology is associated with diminished academic success (Kessler et al 1995). Parental suicide attempt may also be associated with low parental involvement and responsiveness as parents who attempt suicide may be subject to distracting circumstances and have little time to support their child and this may influence the child cognitive development, school attendance, as well as the development of academic skills. Evidence suggests that parental involvement is predictive of their child academic performance (Shute et al 2011).

Parental suicide attempt may be a traumatic and stressful event which interferes with the child's routine and consequently can lead to lower achievement (Streeck-Fischer & van der Kolk 2000). Evidence shows that memory and concentration are adversely affected by traumatic events (Streeck-Fischer & van der Kolk 2000).

Alternatively, parental suicide attempt may lead to direct adverse effect on the child's environment e.g.

separation, change of living conditions, change in employment and income all may interfere with child's ability to achieve academic goals and parent's ability to support this. Parents who attempt suicide might also transmit some genetic vulnerability to mental health or behavioural problems and these may influence cognitive development and academic performance but no studies have tested these hypotheses.

The main strengths of this study are the repeatedly recorded data on parental suicide attempt and the objective measure of offspring educational attainment in a large well studied cohort prospectively followed-up since birth. Information on parental suicide attempt was collected directly and repeatedly from parents, minimizing potential recall bias. Furthermore, the measures used to assess educational attainment are objective and standardised and at age 16 years include both academic and vocational educational pathways and as such are relevant to practically all children in the cohort.

However, the study has several limitations. First, in the ALSPAC cohort, it was the mothers who were recruited into the study. As the questionnaires for the fathers were sent through the mothers (Golding et al 2001), the data on fathers are less complete. Second, we restricted the analysis to parents (and their children) who provided 70% or more of the information on suicide attempt across 10 assessments. Using this conservative approach resulted in a selective sample of healthier and more socioeconomically advantaged families. We carried out a series of sensitivity analyses to assess the effect of using alternative inclusion criteria (see methods and results sections). The results generally demonstrated that the findings were consistent across samples resulting from applying alternative inclusion criteria, a finding consistent with our previous work (Geulayov et al 2014). Third, we may not have fully controlled for the possible confounding effect of parental education and mental health; we only have information on the highest-level tests taken by parents, rather than their actual exam performance and we only controlled for a measure of depression recorded at one point in the parents' lives. However, we examined the effect of controlling for later measures of parental depression in a subset of data where this information was available. There was no clear and consistent effect of further adjustment for maternal depression measured later in their child's life on the strength of association between parental attempted suicide and offspring school performance. While the inclusion of further measures of depression in the models weakened the association with offspring school performance at age 14 years it had no impact on the strength of association at age 16 years. Furthermore, the interpretation of controlling for

parental depression occurring after the parent has attempted suicide is not straightforward. Finally, since exposure to parental suicide attempt is rare, our analysis may have limited power to detect an association.

Our findings suggest that it is important to address the impact of parental suicide attempt on multiple aspects of offspring well-being by both research and intervention strategies. To date, research has focused on offspring psychopathology in relation to suicidal behaviour in their parents. Our findings of an association between parental suicide attempt and offspring's school success may have implications for their future life opportunities and well-being. Furthermore, interventions designed for offspring of parents with a history of suicidal behaviours have focused exclusively on parental death by suicide. There is accumulating evidence that exposure to parental suicide attempt is associated with negative outcomes in multiple areas of functioning. The needs of children and families exposed to parental suicide attempt may be qualitatively different from families coping with parental death by suicide. Nevertheless, it is important to replicate these findings and examine potential pathways which can account for the observed association to aid the development of potentially effective preventative measures. Treatment services for individuals who attempt suicide may need to consider their children's needs assessing, among other issues, potential academic difficulties and identifying ways in which these children's needs can be met.

In conclusion, offspring whose mother had attempted suicide were more likely to fall short of the expected level of educational attainment at age 14 years relative to their unexposed peers but the evidence in relation to their chance of educational achievement at age 16 years was weak after accounting for maternal depression. There was no convincing evidence that the strength of association varied by parental sex, offspring sex, or child's age at exposure. The results emphasize the need to address the impact of parental suicide attempts on multiple aspects of offspring well-being by both research and intervention strategies. Furthermore, treatment services for individuals who attempt suicide may need to consider their children's needs including potential academic difficulties and identify ways in which they can be helped.



### ***Acknowledgements and disclosure***

We are extremely grateful to all the families who took part in this study, the midwives for their help in recruiting them, and the whole ALSPAC team, which includes interviewers, computer and laboratory technicians, clerical workers, research scientists, volunteers, managers, receptionists and nurses. We would like to thank Ms. Amy Davies and Dr. Jon Heron (University of Bristol) for their help with the ALSPAC data. The UK Medical Research Council and the Wellcome Trust (Grant ref: 102215/2/13/2) and the University of Bristol provide core support for ALSPAC. The work of GG was funded by the University of Bristol Overseas Postgraduate Research Scholarship. DG is an NIHR Senior Investigator. CM reports no biomedical financial interests or potential conflicts of interest.

## References

**Agid O, Shapira B, Zislin J, Ritsner M, Hanin B, et al.** (1999). Environment and vulnerability to major psychiatric illness: a case control study of early parental loss in major depression, bipolar disorder and schizophrenia. *Molecular Psychiatry* 4, 163-72.

**Avon Longitudinal Study of Parents and Children (ALSPAC)** (2014). Data dictionary.

<http://www.bris.ac.uk/alspac/researchers/data-access/data-dictionary/> Accessed September 21, 2014.

**Berg L, Rostila M, Saarela J, Hjern A** (2014). Parental death during childhood and subsequent school performance. *Pediatrics* 133, 682-9.

**Bolton JM, Belik SL, Enns MW, Cox BJ, Sareen J** (2008). Exploring the correlates of suicide attempts among individuals with major depressive disorder: findings from the national epidemiologic survey on alcohol and related conditions. *Journal of Clinical Psychiatry* 69, 1139-49.

**Boyd A, Golding J, Macleod J, Lawlor DA, Fraser A, et al.** (2013). Cohort Profile: The 'Children of the 90s'--the index offspring of the Avon Longitudinal Study of Parents and Children. *International Journal of Epidemiology* 42, 111-27.

**Brent DA, Melhem NM, Masten AS, Porta G, Payne MW** (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. *Journal of Clinical Child and Adolescent Psychology* 41, 778-91.

**Burrows S, Laflamme L** (2010). Socioeconomic disparities and attempted suicide: state of knowledge and implications for research and prevention. *International Journal of Injury Control and Safety Promotion* 17, 23-40.

**Clark SE, Goldney RD** (2000). The Impact of Suicide on Relatives and Friends In *The International Handbook of Suicide and Attempted Suicide*, ed. K Hawton, K van Heeringen, pp. 467-84: John Wiley and Sons Ltd

**Department of Education** (2005). Key Stage 3 Test Results.

[http://education.gov.uk/schools/performance/archive/ks3\\_05/k4.shtml](http://education.gov.uk/schools/performance/archive/ks3_05/k4.shtml) Accessed July 11, 2013.

**Department of Education** (2010). Results for pupil at the end of Key Stage 4.

[http://www.education.gov.uk/schools/performance/archive/schools\\_10/s5.shtml](http://www.education.gov.uk/schools/performance/archive/schools_10/s5.shtml) Accessed July 11, 2013.

**Dubow EF, Boxer P, Huesmann LR** (2009). Long-term Effects of Parents' Education on Children's Educational and Occupational Success Mediation by Family Interactions, Child Aggression, and Teenage Aspirations. *Merrill-Palmer Quarterly-Journal of Developmental Psychology* 55, 224-49.

**Evans J, Melotti R, Heron J, Ramchandani P, Wiles N, et al.** (2012). The timing of maternal depressive symptoms and child cognitive development: a longitudinal study. *Journal of Child Psychology and Psychiatry* 53, 632-40.

**Fraser A, Macdonald-Wallis C, Tilling K, Boyd A, Golding J, et al.** (2013). Cohort Profile: The Avon Longitudinal Study of Parents and Children: ALSPAC mothers cohort. *International Journal of Epidemiology* 42, 97-110.

**Garsen J, Deerenberg I, Mackenbach JP, Kerkhof A, Kunst AE** (2011). Familial risk of early suicide: variations by age and sex of children and parents. *Suicide and Life-Threatening Behavior* 41, 585-93.

**Geulayov G, Gunnell D, Holmen TL, Metcalfe C** (2012). The association of parental fatal and non-fatal suicidal behaviour with offspring suicidal behaviour and depression: a systematic review and meta-analysis. *Psychological Medicine* 42, 1567-80.

**Geulayov G, Metcalfe C, Heron J, Kidger J, Gunnell D** (2014). Parental suicide attempt and offspring self-harm and suicidal thoughts: Results from the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort. *Journal of the American Academy of Child and Adolescent Psychiatry* 53, 509-17 e2.

**Gibson J, McKenzie-McHarg K, Shakespeare J, Price J, Gray R** (2009). A systematic review of studies validating the Edinburgh Postnatal Depression Scale in antepartum and postpartum women. *Acta Psychiatrica Scandinavica* 119, 350-64.

**Golding J, Pembrey M, Jones R** (2001). ALSPAC--the Avon Longitudinal Study of Parents and Children. I. Study methodology. *Paediatric and Perinatal Epidemiology* 15, 74-87.

**Goodwin RD, Beautrais AL, Fergusson DM** (2004). Familial transmission of suicidal ideation and suicide attempts: evidence from a general population sample. *Psychiatry Research* 126, 159-65.

**Grace SL, Evindar A, Stewart DE** (2003). The effect of postpartum depression on child cognitive development and behavior: a review and critical analysis of the literature. *Archives of Women's Mental Health* 6, 263-74.

**Gravseth HM, Mehlum L, Bjerkedal T, Kristensen P** (2010). Suicide in young Norwegians in a life course perspective: population-based cohort study. *Journal of Epidemiology and Community Health* 64, 407-12.

**Hay DF, Pawlby S, Sharp D, Asten P, Mills A, Kumar R** (2001). Intellectual problems shown by 1-year-old children whose mothers had postnatal depression. *Journal of Child Psychology and Psychiatry* 42, 871-89.

**Hay DF, Pawlby S, Waters CS, Sharp D** (2008). Antepartum and postpartum exposure to maternal depression: different effects on different adolescent outcomes. *Journal of Child Psychology and Psychiatry* 49, 1079-88.

**Kessler RC, Foster CL, Saunders WB, Stang PE** (1995). Social-Consequences of Psychiatric-Disorders .1. Educational-Attainment. *American Journal of Psychiatry* 152, 1026-32.

**Kuramoto SJ, Runeson B, Stuart EA, Lichtenstein P, Wilcox HC** (2013). Time to hospitalization for suicide attempt by the timing of parental suicide during offspring early development. *JAMA Psychiatry* 70, 149-57.

**Mittendorfer-Rutz E, Rasmussen F, Wasserman D** (2008). Familial clustering of suicidal behaviour and psychopathology in young suicide attempters. *Social Psychiatry and Psychiatric Epidemiology* 43, 28-36.

**Mortensen PB, Pedersen CB, Melbye M, Mors O, Ewald H** (2003). Individual and familial risk factors for bipolar affective disorders in Denmark. *Archives of General Psychiatry* 60, 1209-15.

**Murray L, Arteche A, Fearon P, Halligan S, Croudace T, Cooper P** (2010). The effects of maternal postnatal depression and child sex on academic performance at age 16 years: a developmental approach. *Journal of Child Psychology and Psychiatry* 51, 1150-9.

**Ness AR** (2004). The Avon Longitudinal Study of Parents and Children (ALSPAC)--a resource for the study of the environmental determinants of childhood obesity. *European Journal of Endocrinology* 151 Suppl 3, U141-U49.

**Ou SR, Reynolds AJ** (2008). Predictors of educational attainment in the Chicago Longitudinal Study. *School Psychology Quarterly* 23, 199-229.

**Petrides KV, Frederickson N, Furnham A** (2004). The role of trait emotional intelligence in academic performance and deviant behavior at school. *Personality and Individual Differences* 36, 277–93.

**Pfeffer CR** (2000). Children bereaved after suicide: the need for a clinical and research agenda. *Lifesavers: The quarterly newsletter of the American Foundation for Suicide Prevention* 12, 6–7.

**Rothon C, Head J, Clark C, Klineberg E, Cattell V, Stansfeld S** (2009). The impact of psychological distress on the educational achievement of adolescents at the end of compulsory education. *Social Psychiatry and Psychiatric Epidemiology* 44, 421-7.

**Shepherd DM, Barraclough BM** (1976). The aftermath of parental suicide for children. *British Journal of Psychiatry* 129, 267-76.

**Shute VJ, Hansen EG, Underwood JS, Razzouk R** (2011). A Review of the Relationship between Parental Involvement and Secondary School Students' Academic Achievement. *Education Research International* 2011

**Sorensen HJ, Mortensen EL, Wang AG, Juel K, Silverton L, Mednick SA** (2009). Suicide and mental illness in parents and risk of suicide in offspring: a birth cohort study. *Social Psychiatry and Psychiatric Epidemiology* 44, 748-51.

**StataCorp** (2013). Stata Statistical Software. College Station, TX: StataCorp LP.

**Streeck-Fischer A, van der Kolk BA** (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry* 34, 903-18.

**Tsuchiya KJ, Agerbo E, Mortensen PB** (2005). Parental death and bipolar disorder: A robust association was found in early maternal suicide. *Journal of Affective Disorders* 86, 151-59.

**Wilcox HC, Kuramoto SJ, Lichtenstein P, Langstrom N, Brent DA, Runeson B** (2010). Psychiatric Morbidity, Violent Crime, and Suicide Among Children and Adolescents Exposed to Parental Death. *Journal of the American Academy of Child and Adolescent Psychiatry* 49, 514-23.

**World Health Organization** (2014). Suicide prevention (SUPRE).

[http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/) Accessed March 31, 2014.

Table 1: Characteristics of Avon Longitudinal Study of Children and Parents (ALSPAC) participants included and those excluded from this study (N=13,796)

Characteristics	Data available in sample/excluded <sup>a</sup>	Study sample	Excluded from this study	P value
<b>Mother</b>		<b>n=6,667</b>	<b>n=7,129</b>	
Mother's age at conception: Mean (SD)	6,667/ 7,127	27.8 (4.6)	26.6 (5.3)	<.0001
Maternal marital status at study entry <sup>a</sup> : % married	6,573/ 6,349	80.2	69.5	<.0001
Maternal education %				
≥ A level	6,527/ 5,732	35.6	35.1	<.0001
O level		38.3	30.4	
< O level		26.1	34.6	
Maternal Social class %				
Non manual	5,534/ 4,396	35.9	39.1	<.0001
Intermediate		52.8	47.9	
Manual		11.3	13.0	
Maternal symptoms of depression (EPDS): Mean (SD)	6,204/ 5,615	6.7 (4.6)	7.3 (5.1)	<.0001
Maternal suicide attempt %	6,667/ 2,126	1.9	1.9	1.0
<b>Father</b>		<b>n=3,054</b>	<b>n=10,742</b>	
Father's age at 12 weeks gestation: Mean (SD)	2,761/ 5,295	31.4 (5.3)	30.2 (5.9)	<.0001
Paternal marital status at study entry: % married	2,860/ 5,540	89.2	78.1	<.0001
Paternal education %				
≥ A level	2,981/ 8,802	52.7	41.3	<.0001
O level		24.2	20.2	
< O level		23.1	38.5	
Paternal suicide attempt %	3,054/ 1,153	1.0	0.4	0.07
Paternal symptoms of depression (EPDS): Mean (SD)	2,928/ 6,658	3.8 (3.7)	4.4 (4.0)	<.0001
<b>Offspring<sup>b</sup></b>		<b>n=6,667</b>	<b>n=7,129</b>	
Offspring sex: % females	6,667/ 7,129	49.5	47.4	0.01
Offspring ethnic origin: % white <sup>c</sup>	6,660/ 6,801	96.6	92.7	<.0001

<sup>a</sup>The n contributing to each comparison; the n in each comparison is based on availability of data on the variable of interest; the sum of included and excluded may differ from the total N=13,796.

<sup>b</sup>The sample in this comparison is based on mother-offspring pairs



<sup>c</sup>Children whose mother and father are white

<sup>d</sup>Includes the four most common type of institutions in the study sample

Abbreviations: SD – Standard Deviation; EPDS – Edinburgh Postnatal Depression Scale

Table 2: Number and percent of offspring attaining a specified indicator of academic level by exposure to maternal and paternal suicide attempt

	n (%)			
	Total	Age 14 years	Age 16 years	
		Level 5+ in English, Maths and Science	5+ qualifications at grade A*-C	5+ qualifications at grade A*-A
<b><i>Mother-offspring pairs</i></b>	6,667	4,915 (74)	4,874 (73)	1,151 (17)
Exposed to maternal suicide attempt	126	71 (56)	75 (60)	6 (5)
Not exposed to maternal suicide attempt	6,541	4,844 (74)	4,799 (73)	1,145 (18)
<b><i>Father-offspring pairs</i></b>	3,054	2,436 (80)	2,435 (80)	712 (23)
Exposed to paternal suicide attempt	31	20 (65)	20 (65)	4 (13)
Not exposed to paternal suicide attempt	3,023	2,416 (80)	2,415 (80)	708 (23)

Table 3: Association of maternal and paternal suicide attempt with their offspring's educational attainment in adolescence

Indicators of educational performance	Odds Ratio (95% CI)			
	Model 1 <sup>a</sup>	Model 2 <sup>a,b</sup>	Model 3 <sup>a,b,c</sup>	Model 4 <sup>a,b,c,d</sup>
<b>Mother-offspring pairs</b>	<b>N=6,667</b>	<b>N=6,035</b>	<b>N=6,035</b>	<b>N=6,035</b>
<b>Key stage 3 (age 14 years)</b>				
Achieved level 5 or above in English, Maths and Science	0.49 (0.33-0.71)	0.45 (0.30-0.68)	0.54 (0.36-0.83)	0.63 (0.41-0.95)
<b>Key stage 4 (age 16 years)</b>				
Achieved 5 or more qualifications at A*-C	0.62 (0.42-0.91)	0.53 (0.35-0.80)	0.66 (0.43-1.00)	0.74 (0.48-1.13)
Achieved 5 or more qualifications at A*-A	0.27 (0.11-0.66)	0.28 (0.12-0.69)	0.39 (0.16-0.95)	0.42 (0.18-1.04)
<b>Father-offspring pairs</b>	<b>N=3,054</b>	<b>N=2,716</b>	<b>N=2,716</b>	<b>N=2,716</b>
<b>Key stage 3 (age 14 years)</b>				
Achieved level 5 or above in English, Maths and Science	0.52 (0.23-1.15)	0.51 (0.22-1.23)	0.60 (0.24-1.48)	0.65 (0.26-1.62)
<b>Key stage 4 (age 16 years)</b>				
Achieved 5 or more qualifications at A*-C	0.46 (0.21-0.99)	0.41 (0.18-0.94)	0.46 (0.20-1.08)	0.46 (0.20-1.08)
Achieved 5 or more qualifications at A*-A	0.51 (0.16-1.61)	0.57 (0.18-1.82)	0.58 (0.18-1.90)	0.60 (0.18-1.98)

<sup>a</sup>Adjusted for offspring sex and age (in weeks) at test completion

<sup>b</sup>Based on subset with data on all confounding factors

<sup>c</sup>Adjusted for sociodemographic variables: maternal/paternal marital status, maternal/paternal educational attainment at 32 weeks gestation, child ethnic origin

<sup>d</sup>Adjusted for maternal/ paternal depression measured during pregnancy .

Table 4: Association of maternal and paternal suicide attempt with offspring educational attainment using two alternative selection criteria for including parents in the analytic sample

Offspring outcomes	Crude odds Ratio <sup>a</sup> (95% CI)		
	Number of assessments on suicide attempt completed by the parent		
	7-10	3-10	all 10
<b>Number in sample (n exposed to maternal suicide attempt)</b>	<b>6,667 (126)</b>	<b>8,826 (176)</b>	<b>3,519 (51)</b>
<b>Key stage 3 (age 14 years)</b>			
Achieved level 5 or above in all 3 subjects	0.49 (0.33-0.71)	0.50 (0.36-0.70)	0.46 (0.25-0.86)
<b>Key stage 4 Qualifications (age 16 years)</b>			
Achieved 5 or more qualifications at grade A*-C	0.62 (0.42-0.91)	0.63 (0.46-0.88)	0.62 (0.33-1.17)
Achieved 5 or more qualifications at grade A*-A	0.27 (0.11-0.66)	0.30 (0.14-0.63)	0.42 (0.16-1.12)
<b>Number in sample (n exposed to paternal suicide attempt)</b>	<b>3,054 (31)</b>	<b>5,861 (55)</b>	<b>1,020 (5)</b>
<b>Key stage 3 (age 14 years)</b>			
Achieved level 5 or above in all 3 subjects	0.52 (0.23-1.15)	0.44 (0.24-0.78)	0.23 (0.04-1.53)
<b>Key stage 4 qualifications (age 16 years)</b>			
Achieved 5 or more qualifications at grade A*-C	0.46 (0.21-0.99)	0.36 (0.21-0.64)	0.21 (0.03-1.36)
Achieved 5 or more qualifications at grade A*-A	0.51 (0.16-1.61)	0.48 (0.18-1.32)	1.32 (0.18-9.63)

<sup>a</sup>The models are adjusted for the offspring sex and their age (in weeks) at the time of assessment

Figure 1: Flow-diagram of the sample selection process