


ASD and Mental Health

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Target Autism

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Headline fact:

- 8 in 10 autistic adults will suffer mental health issues (Autistica)

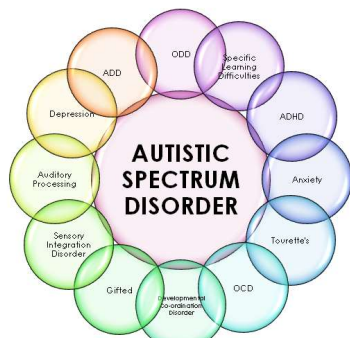


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Autism Spectrum Disorder (ASD)

Differences and difficulties with:

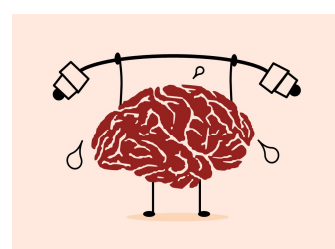
- Social Interaction
- Communication
- Flexibility of thought and behaviour
- Sensory processing
- Poor self-esteem
- Stress/academic pressure




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Mental Health Problems:

- Depression
- Anxiety
- Self-harming
- Eating disorders
- Obsessive Compulsive Disorder (OCD)
- Suicidal thoughts



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The Girl Factor

- Ratio of girls to boys with a diagnosis is 1:4
- Many professionals believe that the number of girls to boys with ASD is as high as 1:2


Why is this the case?

- Girls tend to copy the social behaviour of peers more than boys to try and "fit in".
- They tend to demonstrate better imaginative play and ideas than boys.
- They use intellect to mask their ASD differences.
- Their specialised interests tend to be more "mainstream" e.g. soap operas, celebrities, pop groups, animals etc.

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Undiagnosed girls can present with:

- High levels of anxiety
- Low self-esteem
- Poor self-image
- Self-harming
- OCD type behaviours
- Eating disorders such as anorexia
- Depression



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The Impact of Masking can:

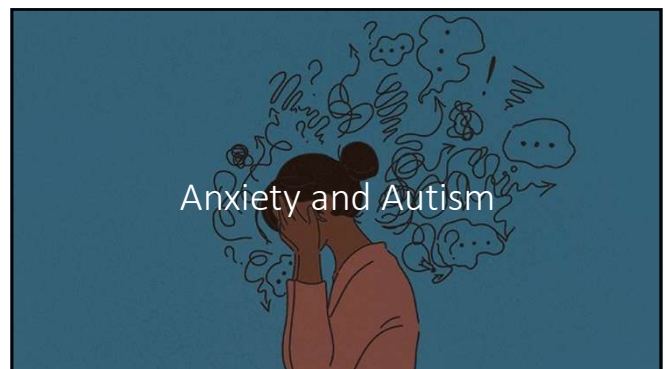
- Be exhausting, leading to extreme behaviour at home
- Lead to misdiagnosis or lack of recognition of the underlying autism until teenage years or beyond

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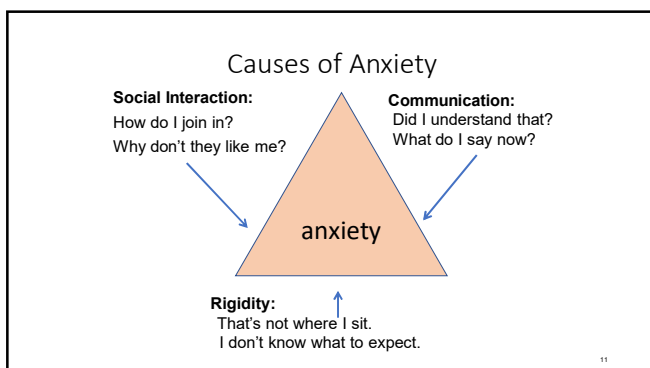
Girls and Masking:

"The fact that girls with undiagnosed autism are painstakingly copying some behaviour is not picked up and therefore any social and communication problems they may be having are also overlooked. This sort of mimicking and repressing their autistic behaviour is exhausting, perhaps resulting in the high statistics of women with mental health problems."
(Dale Yaull-Smith, 2008).

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And Sensory Issues

tastes, smells, sounds, touch
sensitivity, visual distractions

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Double Whammy



Autistic features lead to more causes of anxiety and because of the autism, individuals have less ability to cope with the anxiety.

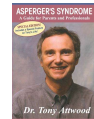
- A much lower threshold for getting into a panic and fewer strategies for getting out of it. Students with an ASD in a panic tend to become more rigid/obsessive.
- A huge anxiety spiral.

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"One of the problems faced by children with an ASD who use their intellect rather than intuition to succeed in some social situations is that they may be in an almost constant state of alertness and anxiety, leading to a risk of mental and physical exhaustion."

Dr Tony Attwood



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Jekyll and Hyde



"Some children will react to stresses at school by "freezing" during school hours and then "exploding" in response to the slightest problem at home. Consequently, when parents' reports of a child's behaviour at home differ radically from that child's behaviour at school, teachers should not...attribute it to their superior "behaviour management" skills and the parents' presumed inability to "handle" their child."

Clare Sainsbury

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So no surprise then that a person with an ASD

.....



- is terribly upset by an unexpected change to routine
- has phobic reactions to sensory experiences e.g. school bell
- might not want to go to school
- is silent (sometimes mute) and does not seek adult attention
- has a desperate wish to exert control over their surroundings

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Chemical Differences



- People with autism can have a higher levels of the stress hormone cortisol, according to some studies.
- This means that children may be already on heightened stress and alert levels before any anxiety inducing actions have even taken place.

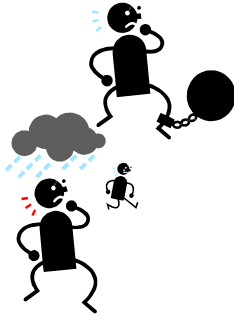
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Children with Learning and Cognition Differences...

- Can find the classroom and lessons exhausting
- Can be aware of finding things difficult that others seem to do easily



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Then there is the autistic tendency to *awfulise*

....They are all staring at me!
I can't do it.
He'll never be my friend now!
That's it! Everyone hates me!!

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Physical indicators of emotional dysregulation and anxiety include:

Mouthing or chewing objects or fingers	Holding familiar and comforting objects	Tip-toe walking, rocking, hand flapping	Humming or vocalising
Avoiding eye contact	Use of scripted language, delayed echolalia and repetitive questions	Preoccupation with specific topics or areas of interest	Adherence to sameness, rigidity in following rules or routines, increased inflexibility

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Behavioural indicators of emotional dysregulation and anxiety include:



Shouting	Swearing	Throwing things	Self harming
"shutting down" - refusing to engage	Running away (fight or flight)	Crying	Unable to use words
Sensory seeking			

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Results of too much anxiety can go

Inwards	Outwards
<ul style="list-style-type: none"> • Self-criticism • Depression • Even thoughts of suicide • Self-blame 	<ul style="list-style-type: none"> • Criticism of others • Expressions of anger • Expressions of frustration • Blaming others

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Remember that those on the autistic spectrum often have difficulty with

- Auditory learning
- Auditory memory
- Tasks requiring an imaginative response
- Open-ended tasks
- Tasks involving co-operation with others
- Tasks that require inferential comprehension
- And may be poor at asking for help!


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High stress and anxiety levels

Basically, it has all got too much:

- too many people
- too much noise
- too stimulating a room
- too much going on
- too many words
- too many demands




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Never Assume!

Do they actually know.....

- What to do in breaks / lunchtimes?
- How to initiate interactions?
- How to work successfully in a group?
- How to start the work task?
- What will happen on a trip out of school or off-timetable day?
- That the supply teacher is only covering for the day and their teacher will return tomorrow?



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Is there a sensory sensitivity?

With some students you may need to complete a sensory checklist to find out what triggers a reaction.

Parents or the young person themselves may be able to tell you what they don't like.

Look at the environment


- Can you place him further away from a direct source of annoyance?
- Can you remove some of the over-stimulation where she sits?
- Don't talk to her for a while.
- Can he work outside the classroom?

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Discussion question:

When does anxiety become a significant mental health concern for a young person diagnosed with ASD?



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Depression and Persistent Low Mood

- More than 5 in 10 autistic adults have had depression

3 Common Symptoms are: depressed mood, loss of interest and enjoyment, reduced energy and fatigue. Disturbed sleep, change in appetite, decreased motivation and reduced concentration or attention are all associated symptoms.

A child with depression does not need to have low mood all of the time, but it is lower most of the time



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Possible Signs of Depression in Children

- Separation Anxiety and possible school refusal
- Complaints of boredom
- Poor school performance
- Antisocial behaviour
- Self-harm
- Tearfulness
- Social withdrawal
- Aggression/agitation




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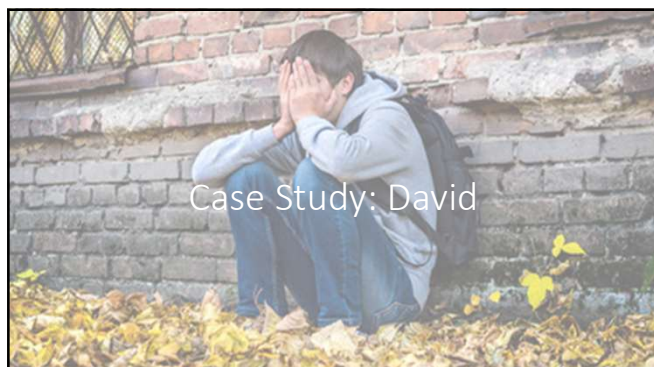
Depression With ASD:

- It can be easy to miss the signs of depression, such as change of mood or social withdrawal. Changes in sleep patterns can go unseen.
- 17% of autistic individuals were found to have mood disorders, 8% had adjustments difficulties (Mosley, et. al. 2011) Some studies have reported depression as high as 70% in individuals with autism.



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Case Study: David

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Self-Harming

Self-harm is when a person deliberately injures themselves. The methods used to cause the injury can take many forms. It has been reported that up to half of autistic people show self-harming behaviour.

There are lots of reasons why someone might self-harm, and the reasons given by autistic people are similar to the reasons given by the general public:

- to regulate depression or numbness
- to express or cope with emotional distress
- to feel a sense of control
- to punish themselves
- to relieve unbearable tension
- to cry for help (this is not the same as attention seeking)
- to distract from intrusive thoughts

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Signs of Self-Harm

unexplained cuts, bite marks, burns

bald patches

keeping covered, avoiding swimming

bloody tissues in bins

becoming more isolated and withdrawn

expressing feelings of failure and self-blame

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Eating Disorders

- Anorexia
- Bulimia
- Over eating
- Restricted diet (selective eaters)

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Anorexia and ASD

- More than 2 in 10 women with anorexia are autistic
- 8000 women in the UK experience anorexia each year
- Around 2 in 10 people with anorexia die early
- Research shows that anorexia in autism is caused by
 - high levels of anxiety
 - rigid, rule-driven eating and exercising behaviour
 - sensory problems with food
 - difficulties sensing hunger

Currently not enough studies to provide statistics on other eating disorders

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Common Food Issues with ASD

- Not identifying feeling hungry or full
- Taste or texture oversensitivity
- Dislike of social eating
- Smells
- Little interest or intense preoccupation with food

"Risk of being overweight or obese is 1.57 times higher for children with autism compared to neurotypical peers"

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Obsessive Compulsive Disorder (OCD)

Definition:

A disorder of repetitive behaviour (compulsions) in response to 'obsessions', recurrent and persistent thought, in response to anxiety to the extent that it interferes with day to day living. It is characterised by excessive worry linked to behaviours/actions which are used by the individual to reduce the anxiety.

E.g. a child who learns about germs then becomes excessively worried about the contamination of their hands. These worries dominate their thinking. They seek relief by washing their hands repeatedly, which immediately reduces the anxiety. This relief is short lived and they can get into a cycle of increased anxiety and handwashing.

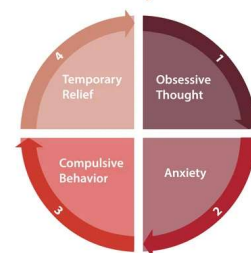


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Characteristics of OCD

- Worries must be recognised as the individual's own thoughts or impulses
- At least one thought or act that is still resisted unsuccessfully even though others may be present, which the sufferer no longer resists
- The thought of carrying out the act must not in itself be pleasurable
- The thoughts, images or impulses must be unpleasantly repetitive.

The Vicious Cycle of OCD



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ASD Rituals vs OCD Compulsions

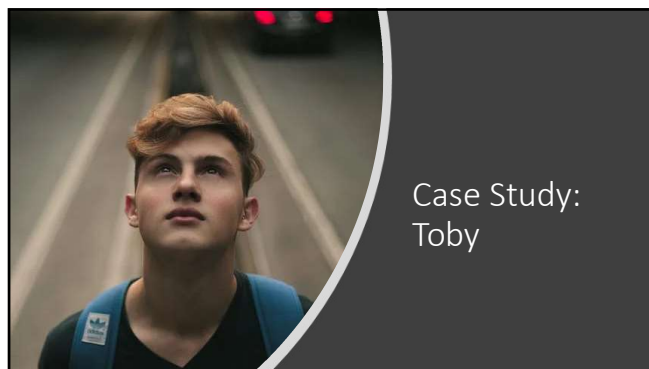
ASD

- An be apparently purposeless
- Consistent and persistent
- Self-soothing
- No particular connection to a positive or negative event
- May be pleasurable

OCD

- Purposeful
- Aimed to prevent a negative event or anxiety
- Reduced stress but are themselves distressing
- Unrealistic connection to the anxiety provoking thought
- Can be associated with a need for perfection

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Case Study: Toby

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How to help: comorbid OCD and ASD



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Suicide

- 6 in 10 autistic people have considered suicide.
- 3 in 10 autistic adults have attempted suicide
- Suicide is a leading cause of early death for autistic people
- Around 1% of the UK population are autistic, yet up to 15% of people hospitalised after attempting suicide have a diagnosis of autism
- Autistic adults (without an intellectual disability) are over 9 times more likely to consider suicide than the general population
- Research is now taking place to explore why this is the case (Dr Sarah Cassidy of Nottingham University, first study in the world).



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Suicide Factors

People with autism can:

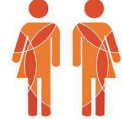
- Feel socially isolated and lonely (the most common reason)
- Find it difficult to communicate their feelings
- Worst-case scenario thought pattern (Negativity)
- Lack of employment
- Experiencing bullying
- Sleep problems
- Find it difficult to initiate the help process for their problems
- Late diagnosis (poor understanding of self)




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Gender Dysphoria and Mental Health

- People with autism appear to have higher rates of gender dysphoria than the average population
- In a study of adults with Gender Dysphoria 53.2% had presented with at least one mental disorder in their lifetime. (Dias de Fritas, et. al. 2019).



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**CHILD & ADOLESCENT
MENTAL HEALTH SERVICES**

CAMHS

- Talk or group therapy
- Limited time frame
- Trust
- Rapport

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What can we do to help?


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Promote and support development of well-being factors

- Sleep
- Exercise
- Diet
- Relaxation



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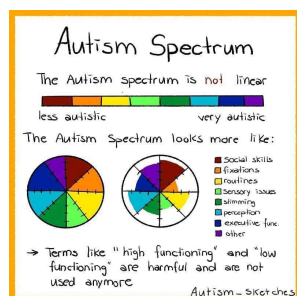


Anxiety toolkit

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Understanding their diagnosis

- Identify positive role models
- Develop positive understanding of themselves
- If late diagnosis, that in itself can help improve mental health
- Lots of websites and resources for young people and social network forums



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Autism Friendly Environment

- Aware of the individual needs of pupils and reasonable adjustments that should be made in the classroom
- Ensure that all staff and students have a good basic understanding of the breadth of the autism spectrum
- Regular check-in with students by a trusted member of staff (not always their form teacher or member of SEND team)
- Transition plan for year 6 to 7



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Adjustments for sensory needs



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Curriculum adjustments



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Top tips when supporting a young person...

♥ Try to talk in a quiet, calm environment

♥ Ask closed, direct questions

♥ Find out what kind of communication works for them

♥ Allow enough time for them to answer

Know your normal resource

<https://www.ambitiousaboutautism.org.uk/sites/default/files/toolkits/know-your-normal-toolkit-ambitious-about-autism.pdf>

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Preparing for adulthood

- Strategies to understand and manage emotional dysregulation
- Support developing communication skills (sarcasm, jokes, reciprocal interaction, social interest)
- Reading body language
- Independence skills
- Understanding their own autism strengths and differences
- When and how to ask for help

And the list goes on....



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Useful websites

<https://www.youngminds.org.uk/young-person/blog/unpicking-autism-and-mental-health/>

www.overcomingbulimiaonline.com

www.overcominganorexia.com

www.autistica.org.uk

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