


Neurodiversity and Mental Health


Neurodiversity and Mental Health:

- ▶ Examine the association between autism/neurodiversity and mental health difficulties.
- ▶ Explore adaptations that can be made to support neurodiverse service users.



Breakout

How common do you think mental health difficulties are for autistic children and adults?



Mental health survey results (National Autistic Society & MIND)



94% of autistic
adults reported
experiencing
anxiety.



Almost 6 in 10 said this
affected their ability
to get on with life.

Mental health survey results (National Autistic Society & MIND)



Almost 3 in 10 fall into the severe depression category based on the PHQ-9.



2 in 5 are currently diagnosed with anxiety and **1/4** have had a diagnosis in the past.



Mental health survey results (National Autistic Society & MIND)



Almost half fall into the 'severe anxiety' category of the GAD-7, showing if an autistic person did report experiencing anxiety, it was more likely to be severe.

Mental health survey results (National Autistic Society & MIND)



Autistic people reported **much lower life satisfaction** levels than the general population.¹⁵



The more lonely a person reported they were, the more likely they were to experience greater anxiety and more severe depression.

Mental health survey results (National Autistic Society & MIND)



Eight times as many autistic people report feeling often or always lonely when compared to the general population.¹⁴



As anxiety levels increase, life satisfaction decreases.

Mental health survey results (National Autistic Society & MIND)



83% reported
experiencing
depression.



Half said this had a
high impact on their
ability to get on
with life.



Breakout

What might be the common mental health disorders that affect ASD people?



Some mental
health
disorders that
might affect
autistic people

- Addiction
- Anxiety
- Autistic fatigue and burnout
- Bipolar disorder
- Catatonia
- Depression
- Eating disorders
- Obsessive compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Self-harm
- Suicide

addiction

- Addiction is usually associated with gambling, or substances such as drugs, alcohol and nicotine. However, you can also become addicted to other activities such as work, using the internet and gaming.
- People can develop an addiction if they are struggling to cope with everyday life, have a particular difficulty in their lives or have a family history/ live with others with addiction.
- For autistic people there may be other reasons too. Social situations and sensory differences can make autistic people feel stressed and anxious.
- Some autistic people might also use, or even become reliant on, alcohol or drugs to mask their autistic characteristics, to 'fit in'.

addiction

- Other reasons that autistic people may develop an addiction include:
- the need for routine and repetitiveness
- a lack of suitable support and services
- to help manage emotions
- a late diagnosis of autism resulting in a lack of understanding and support
- co-occurring physical and mental health conditions.

anxiety

- The NHS describes anxiety as '*a feeling of unease, such as worry or fear that can be mild or severe. It becomes a clinical condition when experienced for a prolonged period of time and when it has a significant impact on a person's life.*'

anxiety

- 47% of autistic people fall into the severe anxiety category based on General Anxiety Disorder (GAD) diagnostic criteria.
- 59% of autistic people said anxiety had a high impact on their ability to get on with life

(National Autistic Society survey)

anxiety

- Difficult social situations and sensory environments can increase stress and increase anxiety for autistic people.
- Another significant cause of anxiety is a sense of being misunderstood and/or not accepted by non-autistic people.
- To 'fit in' and not be seen as different, autistic people might mask or camouflage. This can increase anxiety and have a negative effect on their mental health.

anxiety

- Other reasons that autistic people may experience anxiety include:
- a change to routine, particularly an unexpected change
- difficulty identifying, understanding and managing emotions

Eating disorders

Anorexia nervosa: not eating enough food, exercising too much, or both

Binge eating disorder (BED): regularly eating a lot of food over a short period of time until you are uncomfortably full

Bulimia: binge eating followed by being sick, taking laxatives or exercising too much to prevent weight gain

Other specified feeding or eating disorder (OSFED): similar symptoms but not an exact match for specific eating disorder.

Avoidant and restrictive food intake disorder (ARFID) is also a recognised eating disorder and describes when someone has a limited diet in terms of range and quantity.

Eating disorders

- Some research suggests
- between 4% to 23% of people with an eating disorder are also autistic
- Anorexia is the most common eating disorder amongst autistic people.

Obsessive compulsive disorder (OCD)

A person diagnosed with OCD typically has intrusive thoughts, impulses and/or images that produce anxiety (ie obsessions), and repetitive behaviours that are carried out to reduce anxiety (ie compulsions).

Obsessive compulsive disorder (OCD)

- Studies show there are overlaps between autism and OCD. Many behaviours are found in both:
- compulsive like behaviours
- restricted and repetitive behaviours
- fixation on routines
- ritualised patterns of behaviour
- resistance to change and restricted interests.

Post-traumatic stress disorder (PTSD)

- The NHS describe PTSD as:
- 'an anxiety disorder caused by very stressful, frightening or distressing events.
- Someone with PTSD often relives the traumatic event through nightmares and flashbacks.
- PTSD can develop immediately after someone experiences a disturbing event, or it can occur weeks, months or even years later

Post-traumatic stress disorder (PTSD)

- Some research suggests autistic people may experience difficulties in their daily lives, such as social isolation, bullying and not being accepted by their peers.
- These may be traumatic experiences for autistic people, which could lead or contribute to PTSD symptoms.


Post-traumatic stress disorder (PTSD)

- There is some research that suggests autistic people can develop PTSD symptoms for a wider range of reasons than non-autistic people. These could be part of everyday life, including:
- sensory differences, for example being over or under-sensitive to things such as lighting, noise, or smell
- differences in understanding social situations
- lack of appropriate support
- increased likelihood of mental health issues
- relationship breakdowns.



Breakout

How might you adapt your service to support Neuro diversity?



Key adaptations that help services work

- include:
- providing clear examples and using unambiguous language
- slowing down the pace of the session/intervention
- using a more concrete and structured approach.

the physical environment

- Processing everyday sensory information can be difficult for autistic people. Any of their senses may be over-sensitive or under-sensitive or both, at different times.
- These sensory differences can affect how they feel and act, and they can have a profound effect on a person's life.
- Sometimes an autistic person may behave in a way that you wouldn't immediately link to sensory differences.
- A person who finds it difficult to process everyday sensory information can experience sensory overload or information overload.
- Too much information can cause stress, anxiety, and possibly physical pain.
- So, overload may look like withdrawal, distressed behaviour or meltdown

Adapting the physical environment

- minimise unnecessary clutter
- be aware of loud and distracting noises, such as the radio playing or a ticking clock
- consider using dimmer lights or natural lighting
- consider the impact of smells
- allow the person to wait where is best for them.

Provide clear information

- Say who you are.
- Make sure information is personal, not generic as this has been found to be confusing and add to a person's stress.
- State what therapy will look like/how it will work, this could include a rough agenda of the plan for the first session.
- State what is expected of the person, what might be useful to prepare.

Provide clear information

- Manage expectations from the beginning by suggesting some key benefits that therapy may achieve. Provide real-life examples such as, 'Therapy can help you understand what makes you feel stressed about a certain situation and what steps you can take to reduce that.'
- Add a picture of what the waiting room and therapy room will look like. Use photos of the specific rooms wherever possible, as walking into a different room from the one they had prepared for could make an autistic person more anxious.
- Say how long the session will be.

Provide clear information

- ask for and use feedback from your autistic clients
- make sure the information about your service is autism-friendly, clear, concise and specific
- explain the different therapy delivery types you can offer, including online and face-to-face, and
- give your client a choice about what works best for them.

Key adaptations that help services work

- improve autism understanding for all staff via training
- make the physical environment in both waiting and therapy rooms less overwhelming
- be flexible about the way therapy is delivered
- provide additional support to autistic clients