

Autism and Mental Health

In Children and Young People

Presenter:

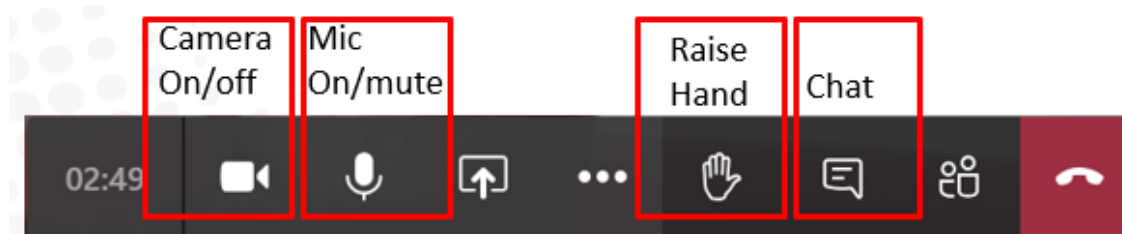
Rob Hammond

Team Lead – CAMHS PMHT4Youth
CAMHS Training Lead



House Keeping

- Please have your camera on, and mic on mute except when in discussion.
- Please use the different functions of “Raise Hand”, or the ‘Chat’ function if you want to speak or ask a question. The trainers will come to you at an appropriate place and bring you into the conversation (don’t forget to unmute your mic!)

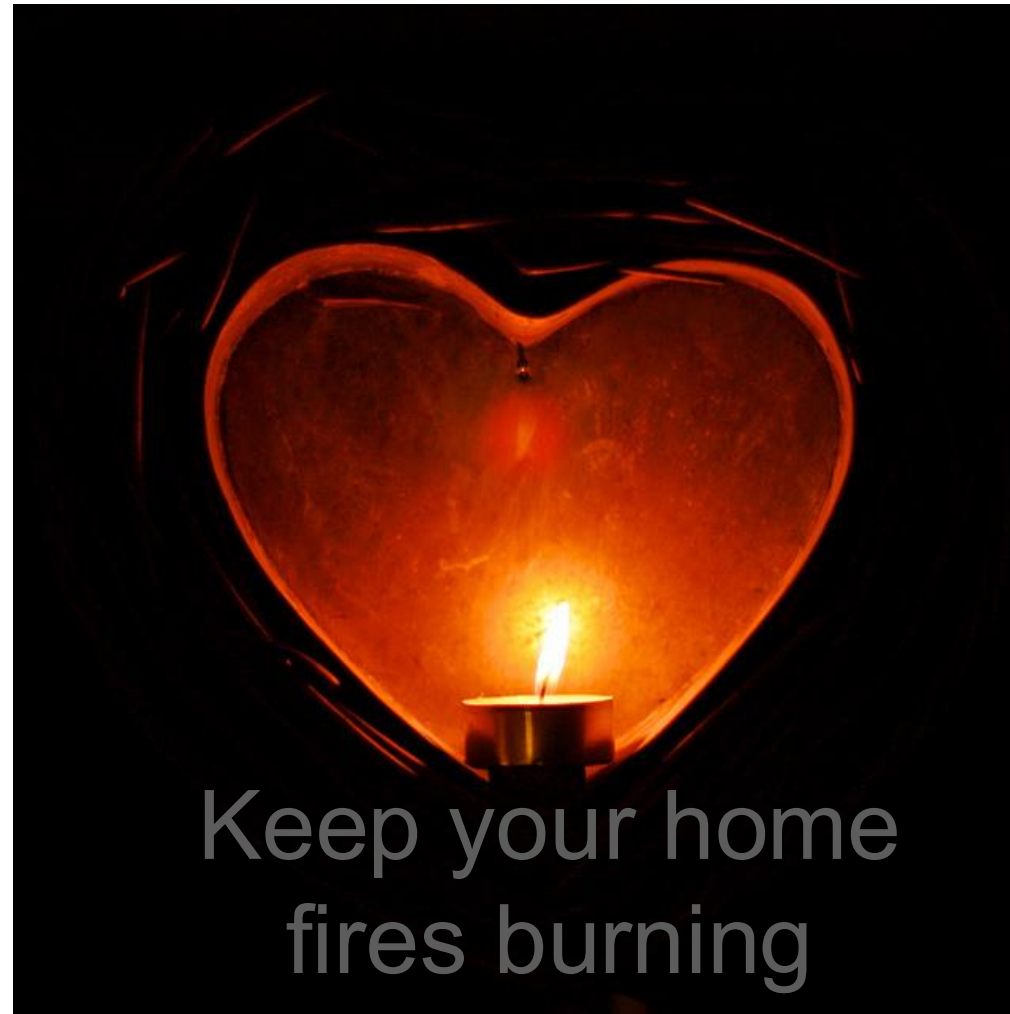


Aims of the Training

- Early indications and recognising the signs for mental health crisis in Autistic Children and Young People
- How to prevent a crisis and putting things in place to prevent escalation
- Differentiating Autism mental distress and mental health issues
- When to seek help from CAMHS and how to navigate mental health services



Looking After Yourself



Keep your home
fires burning

What Does Good Mental Health Look Like?

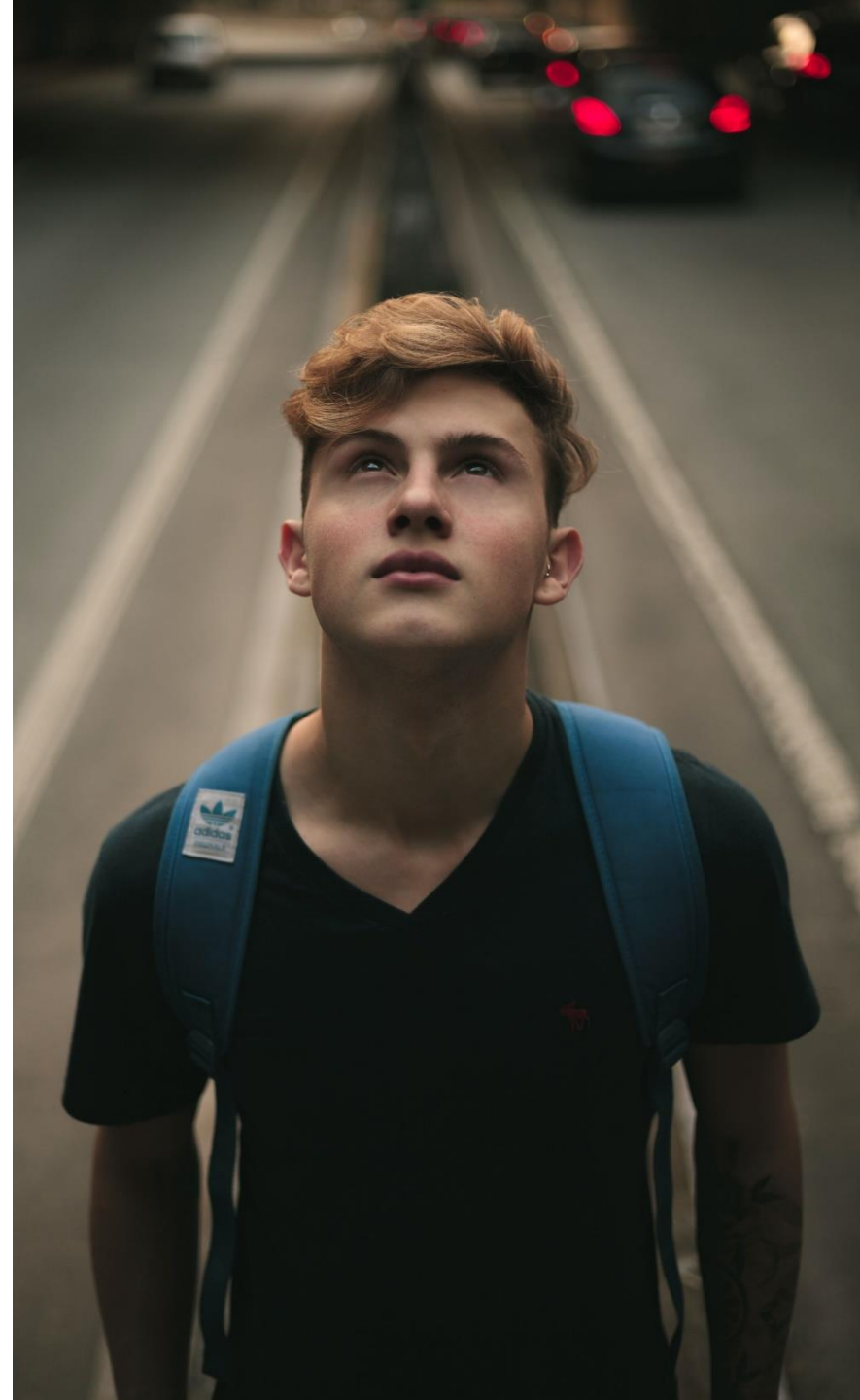


According to the World Health Organization (WHO 2004), mental health is **“a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”**.

“Having good mental health does not mean feeling good all the time. We all have our downs and ups. Life is full of unavoidable risks, worries and losses, which affect everyone. Sometimes difficult feelings pass quickly, and we bounce back. Sometimes we struggle for much longer. This can happen to any of us” (Mental Health Foundation 2023).

The Context

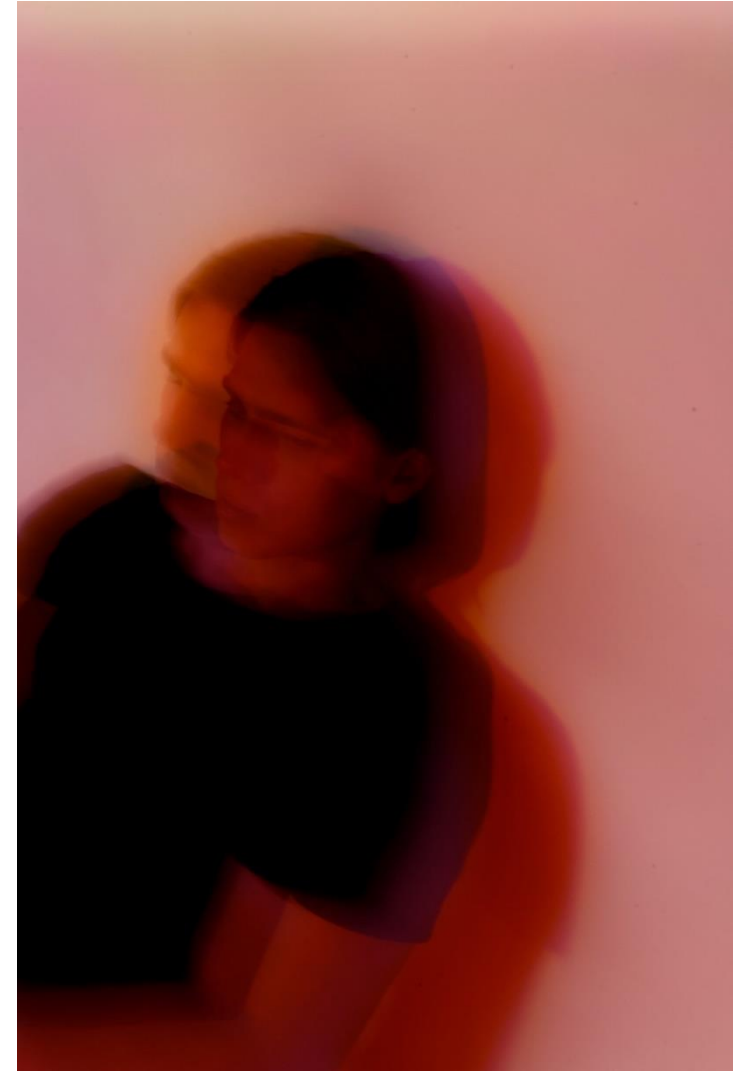
- Autism is not a mental health problem. It's a developmental condition that affects how you see the world and how you interact with other people.
- Just like anyone else, autistic people can have good mental health. However, people with autism do often experience mental health problems (Young Minds 2024).
- According to the autism research charity Autistica, **7 out of 10** autistic people have a mental health condition such as **anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD)** (Mental Health Foundation 2023).
- Many CAMHS users will also be neurodivergent; it is estimated around **1 in 10 CAMHS users are autistic** (Read & Schofield 2010).



Autism and Mental Health

There is little research into why autistic people often experience mental health problems, but it may be because autistic people:

- can struggle to try to fit into or make sense of the world, which can lead to feelings of depression and anxiety
- may face delays in getting their mental health problems diagnosed
- are more likely to face stigma and discrimination
- are less likely to have appropriate support available. For example, group therapy might not be suitable for some autistic people, or therapists might not know how to adapt their approach to helping an autistic person





Recognising Early Signs



What 'early warning signs' do you notice in the children and young people you work with?

Recognising mental health problems is often tricky for parents, teachers and clinical staff

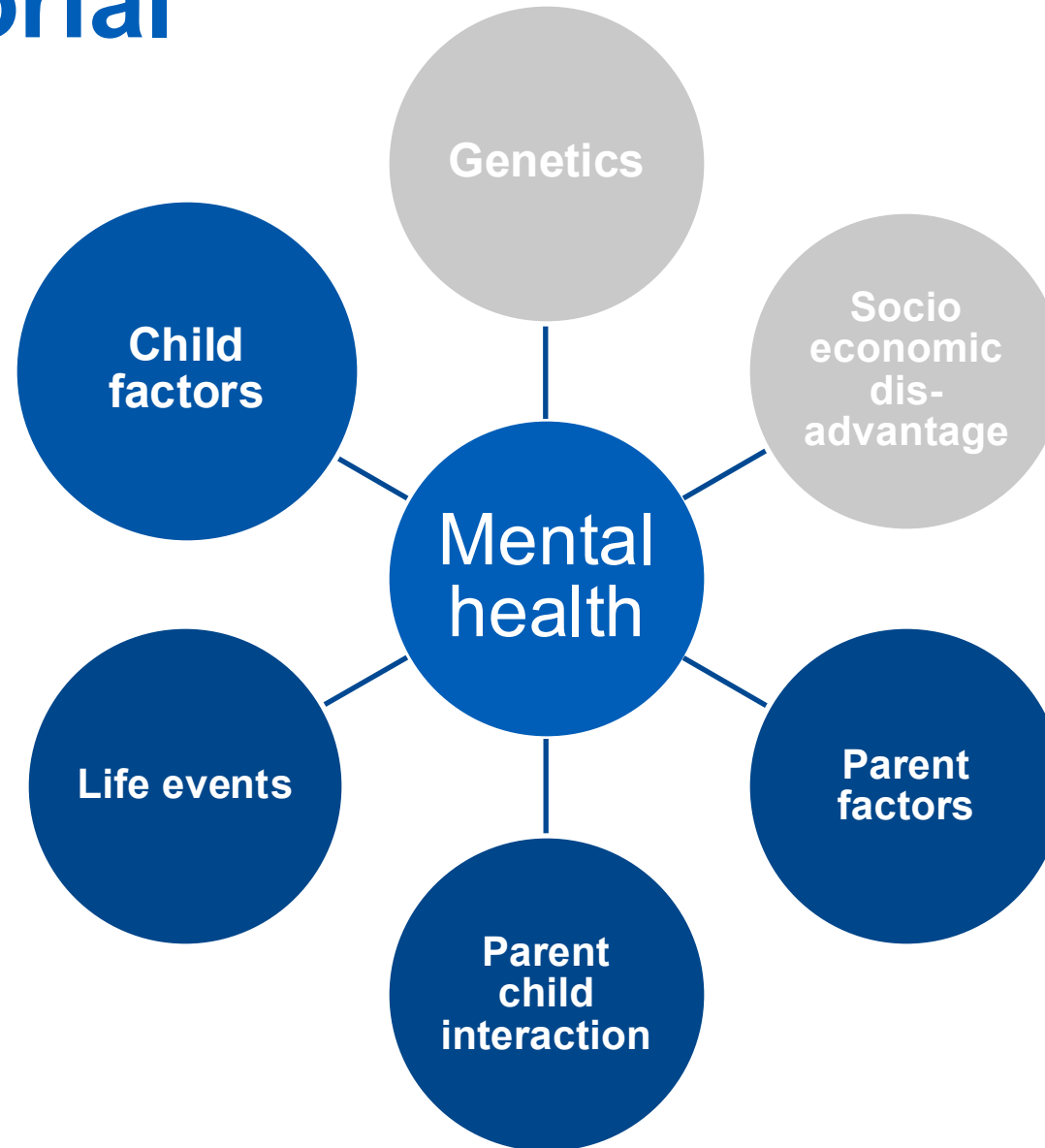
However, all behaviour is communication

Why Can Mental Health Difficulties Be Hard to Spot?

- Common symptoms of may be masked by autism e.g. sleep, concentration, communication of affect through facial expression in depression, OCD and rituals, anxiety and dislike of activity
- May present differently e.g. meltdowns not anxiety
- Problems expressing mood state, talking about feelings and insight may make it harder for others to recognise
- Screening tools for anxiety in Autism have only recently been developed.



It's Multifactorial



Maslow's Hierarchy of Needs



Common Types of Behaviour

Some autistic children may behave in ways that put a lot of strain on themselves and their families.

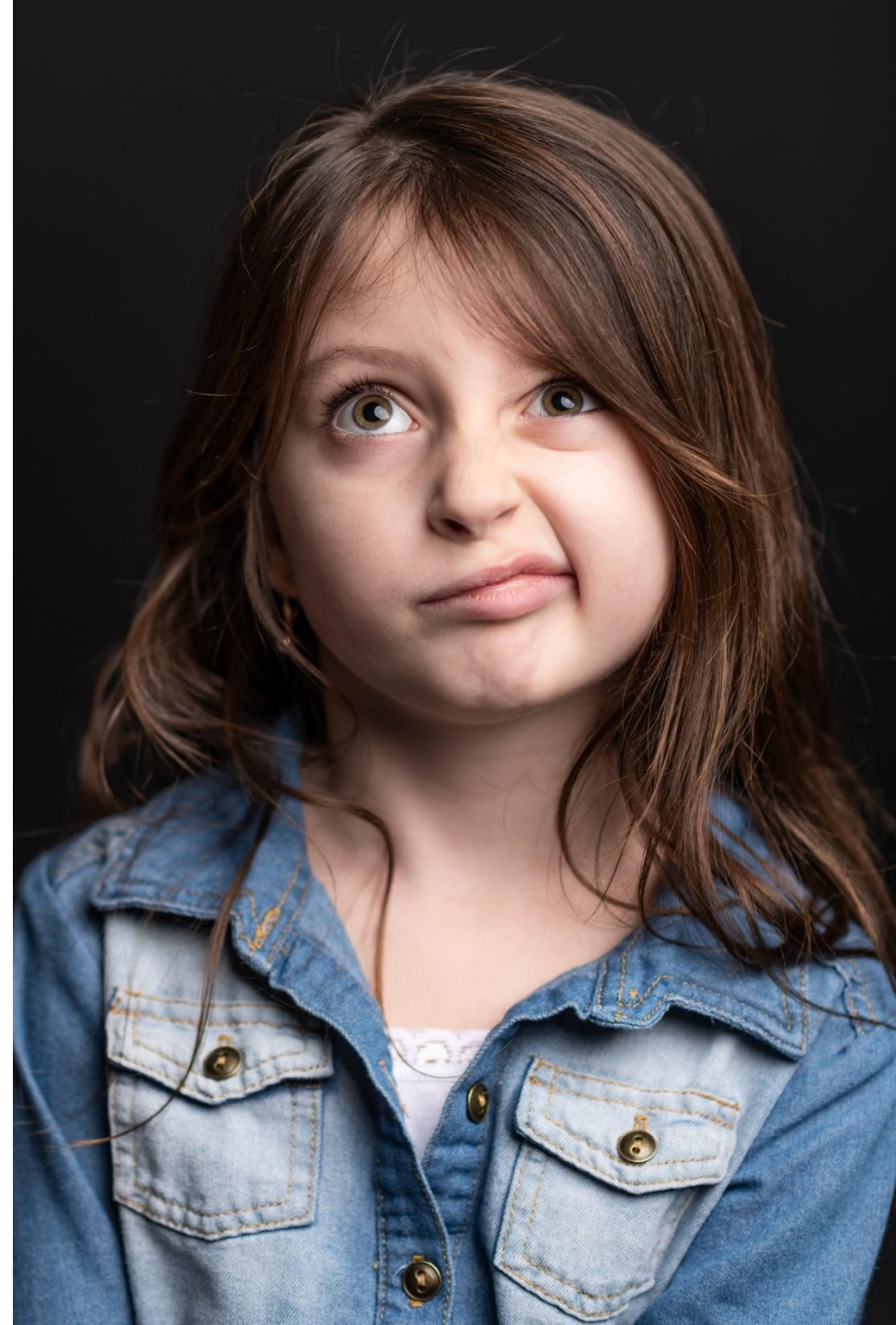
Some common autistic behaviours are:

- stimming (short for 'self-stimulating behaviour'), a kind of repetitive behaviour
- meltdowns, a complete loss of control over behaviour

You may hear health professionals call some behaviours "challenging".

Some autistic children can also be physically or verbally aggressive. Their behaviour can be harmful to themselves or other people.

But remember, **all autistic children are different** and not every day will be challenging or stressful.



Why These Behaviours Happen



Many autistic children use a set of behaviours to help them manage their emotions and make sense of their environment. Sometimes they're done for enjoyment.

Some things that can be linked to these behaviours include:

- being over- or under-sensitive to things like bright lights, noises, touch or pain
- anxiety, especially when routines suddenly change
- not being able to make sense of what's going on around them
- being unwell or in pain

These behaviours are not the child's fault (NHS 2022).

Can You Make It End?



National Autistic Society (2019)

<https://www.youtube.com/watch?v=aPknwW8mPAM>

THINGS THAT CAN BE HARD FOR AUTISTIC / SENSORY PEOPLE AT SCHOOL

@21andsensory x BBC Bitesize



CROWDED CORRIDORS



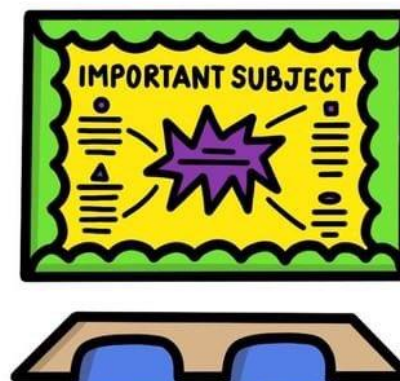
LOUD NOISES



**LUNCHTIMES
THAT FEEL CHAOTIC**



**CHANGE IN TEACHERS
AND SEATING PLANS**



**BUSY BRIGHT
DISPLAY BOARDS**



**SPORTS CHANGING
ROOM SMELLS**

What Might School Look Like?



National Autistic Society (2017)
https://www.youtube.com/watch?v=9bC5Daif_8

Difficulties Coping With Change

- Neurodivergent children need routine and predictability – this is caused by anxiety but also causes anxiety.
- Even small changes can cause distress.



Communicating Differences

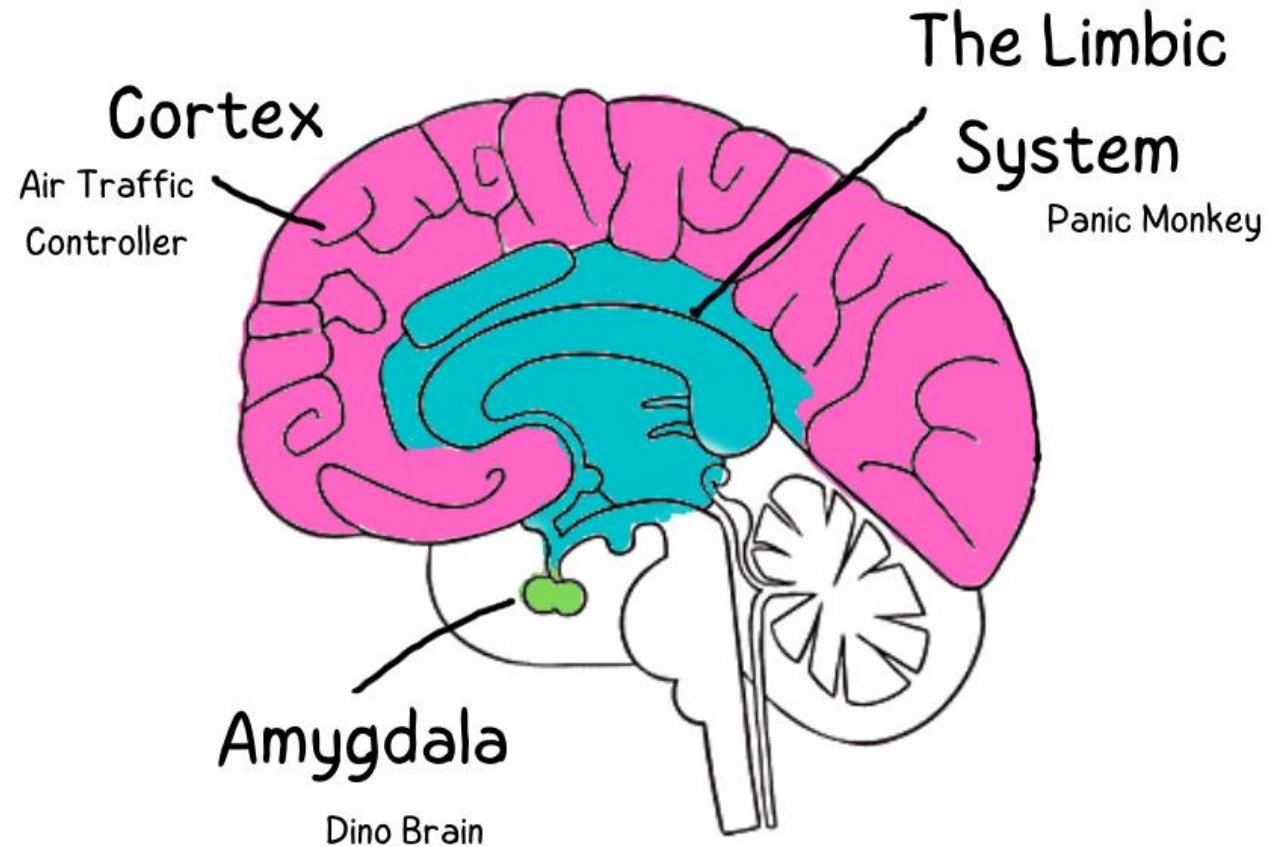


- Difficult to let others know when becoming anxious – causes frustration
- Processing delays mean that understanding and speaking takes more time
- Difficulty interpreting meanings – anxious that might miss important information
- Taking things literally might lead to misunderstandings



How to Prevent Crisis

The Amygdala, Autism & Meltdowns/ Shutdowns

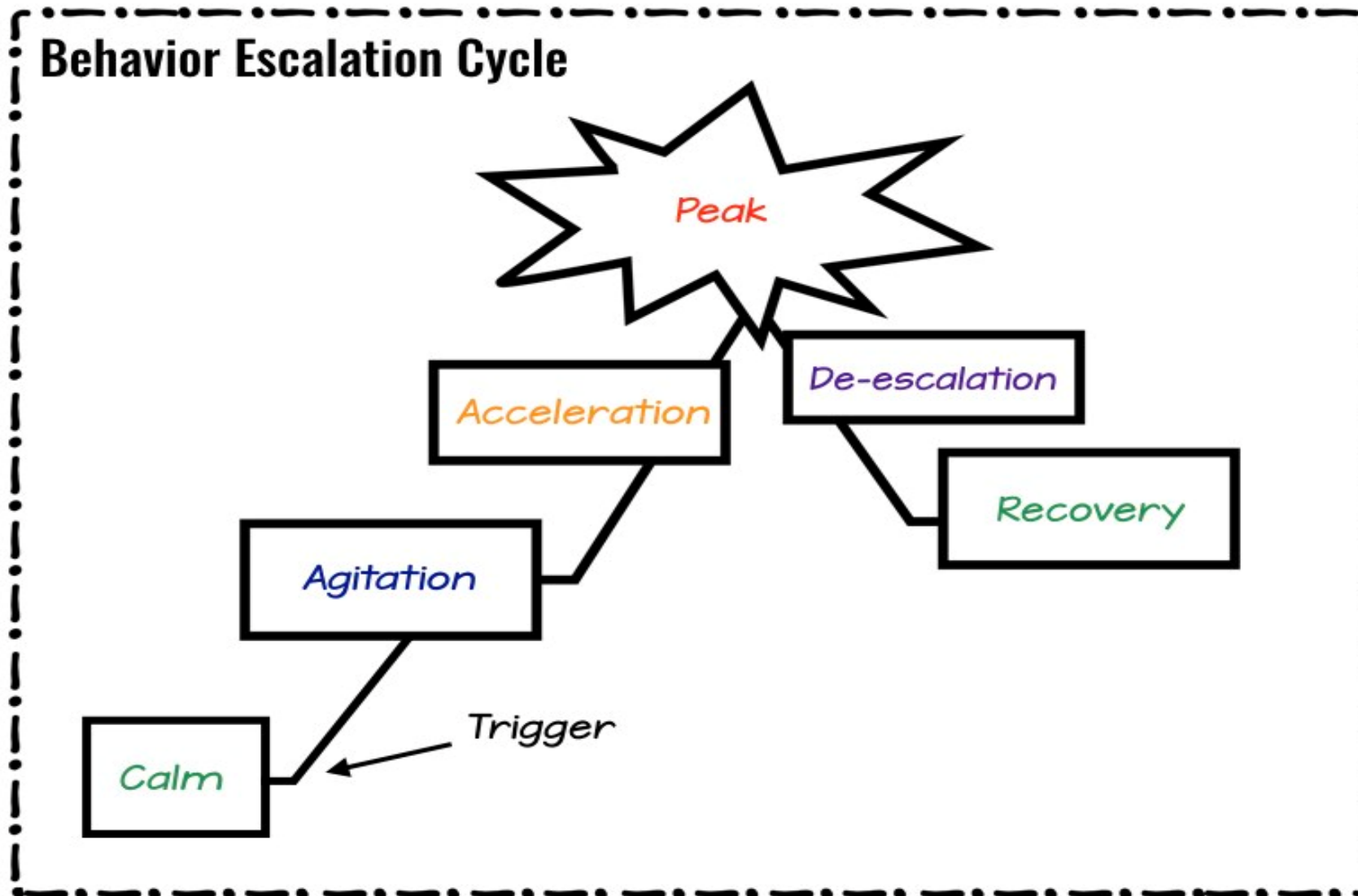


Managing a Crisis

- Let the storm pass
- The amygdala emotional hijack
- Do what you can to defuse, deescalate and keep everyone safe
- Doing nothing is doing something
- Less is usually more
- Choose your battles wisely
- Better to give in immediately (if you are going to)
- Empathy goes a long way
- Prevention, prevention, prevention



Escalation Curve



AUTISTIC MELTDOWN

- **Similar to a fight or flight response**
- **Characterized by hitting, fleeing, biting, crying, screaming, etc.**
- **Outward, external response**
- **Loud, explosive, and easy to spot**
- **May lead to shutdowns**

AUTISTIC SHUTDOWN

- **Similar to a freeze response**
- **Characterized by shutting down, going quiet, withdrawing, etc.**
- **Inward, internal response**
- **More subtle and often go unnoticed**
- **Used as a way to recover from stress & overstimulation**

Shutdowns may look like...

- Extreme tiredness
- Staring blankly
- Hiding somewhere quiet or dark
- Loss of outward emotion
- Not being able to move
- Lack of coherent sentences
- Not speaking
- Withdrawing
- Complete loss of energy
- Lying down still even if awake
- Unresponsiveness
- Numbness

How To Deal With a Meltdown

How to deal with a Meltdown

Dos!

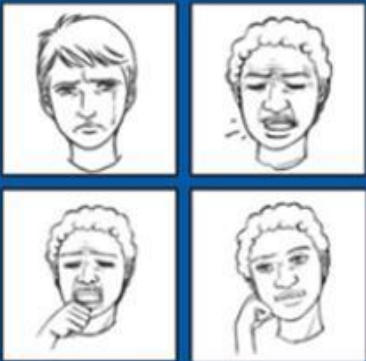



- Stay calm
- make sure they are safe
- remove dangerous items
- Decrease stimulation
- Be understanding of their emotions
- Take them to a calm and quiet place
- Use some sensory objects for stress release

Don'ts!

- Don't try to reason with them
- Don't make demands
- Don't judge them
- Don't try to discipline them
- Don't get nervous

The Zones of Regulation

The **ZONES** of Regulation®

			
BLUE ZONE Sad Sick Tired Bored Moving Slowly	GREEN ZONE Happy Calm Feeling Okay Focused Ready to Learn	YELLOW ZONE Frustrated Worried Silly/Wiggly Excited Loss of Some Control	RED ZONE Mad/Angry Terrified Yelling/Hitting Elated Out of Control

The Zones of Regulation

The Zones can be likened to traffic lights:

Green: you are 'good to go!'

Yellow: slow down or take warning

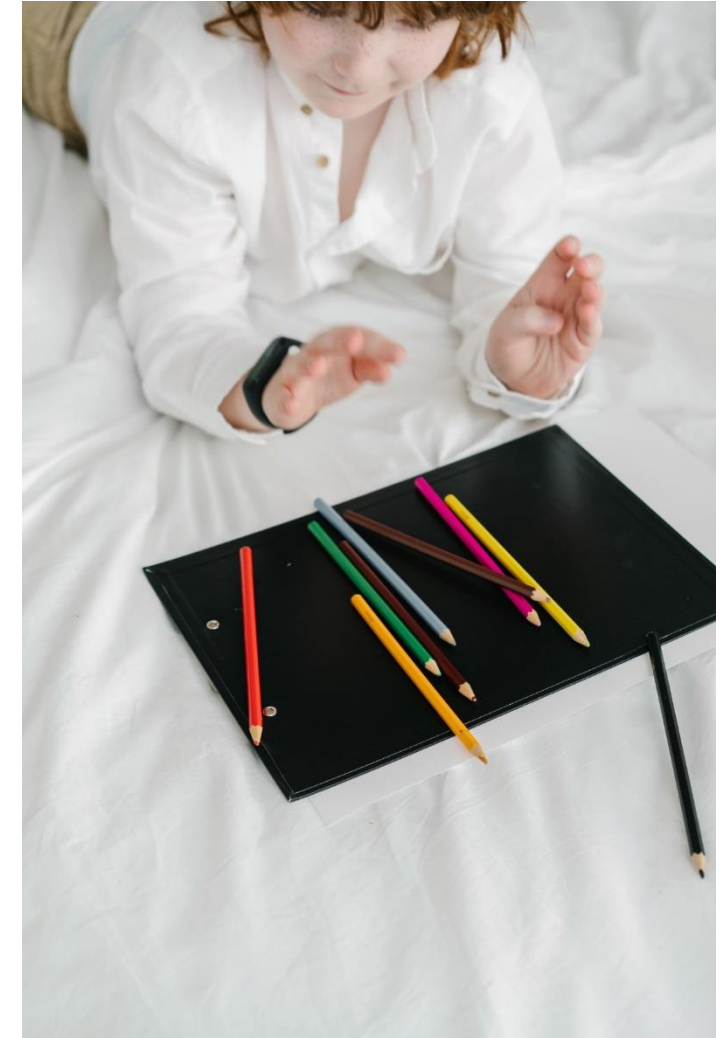
Red: stop and regain control

Blue: rest area where you pull over when you're tired and need to recharge.



Emotional Regulation

- The development of emotional regulation skills is often delayed in neurodivergent children
- Neurodivergent children might not be ready to regulate themselves at the time society wants them to (e.g when they start school)
- Need more help to learn to regulate themselves
- Some of this learning is best through co-regulating with parents



Mindfulness

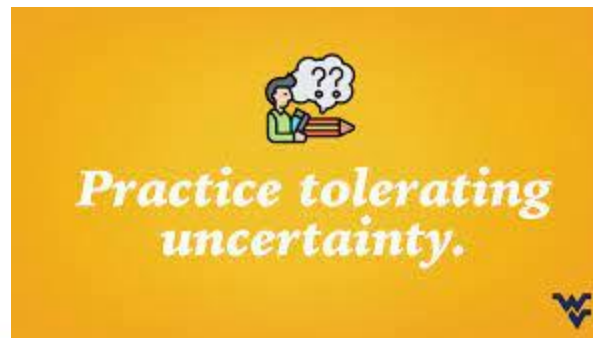
To focus one's awareness on the present moment while calmly acknowledging and accepting feelings, thoughts and bodily sensations

- Increases emotional awareness
- Teaches a different relationship with emotions
- Learn to observe emotions non-judgementally
- Develops coping strategies



How To Tolerate Uncertainty

- Important to have routine and advanced warning of changes
- However, you can't prepare for everything, sometimes unexpected things happen
- It's helpful for the child to learn that they can tolerate uncertainty



Introducing Stories As Tools

- A Story:
 - Can be a **short description** of a particular situation, event or activity. In this instance it will be an **uncertain situation**
 - Provide an opportunity to identify and think about how to introduce helpful strategies to cope with the uncertain situation
 - Can **help the child** to cope with uncertainty, changes to routine or distressing events



Help To Tolerate Uncertainty

- Think about what kind of strategies they might use if they feel anxious because something unexpected has happened
- Prepare for uncertainty – using stories, building in coping strategies when feel anxious
- Learn strategies – e.g relaxation, mindfulness
- Build up bank of evidence of times they coped when something unexpected happened
- Reduce avoidance / overpreparing
- Increase tolerance to uncertainty
- Work in the 'zone'



Sleep

Sleep Stats: Autism



Nearly 80% of Autistic children age 2 to 5 have sleep problems ([Reynolds et al., 2019](#)).



Autistic people tend to get less REM sleep. On average, we spend about 15% of our sleep in REM sleep (Allistics, on average, spend 25% in REM sleep).

This means we need MORE sleep to get the same amount of REM as the average person ([Buckley et al., 2010](#); [Neumeyer et al., 2019](#)).



Autistic people are more likely to experience insomnia, which includes everything from difficulty falling asleep to night waking and early morning rising ([Furfaro, 2020](#)).



Autistic people are more likely to have gene mutations that impact melatonin regulation & circadian rhythms ([Furfaro, 2020](#)).

Making Adjustments

- **Try to talk in a quiet, calm environment**

Background noise, fluorescent lighting – even the sound of you stirring your tea – can be really distracting and make a difficult conversation much harder.

- **Ask closed, direct questions**

Autistic people can find open questions such as "How was your day?" much harder to answer than something more defined, like "Did anything happen today that upset you?"

- **Find out what kind of communication works for them**

It can be helpful to ask the young person how they prefer to communicate. Some people may prefer to text, or write something down, or to have time in advance to think about their answers.

- **Allow enough time for them to answer**

An autistic person may take some time to process your question and respond to it. When waiting for an answer, it might feel tempting to ask the question again, or rephrase – silences can feel awkward! Instead, give the young person plenty of time to respond, and be OK with the silence (Young Minds 2024).

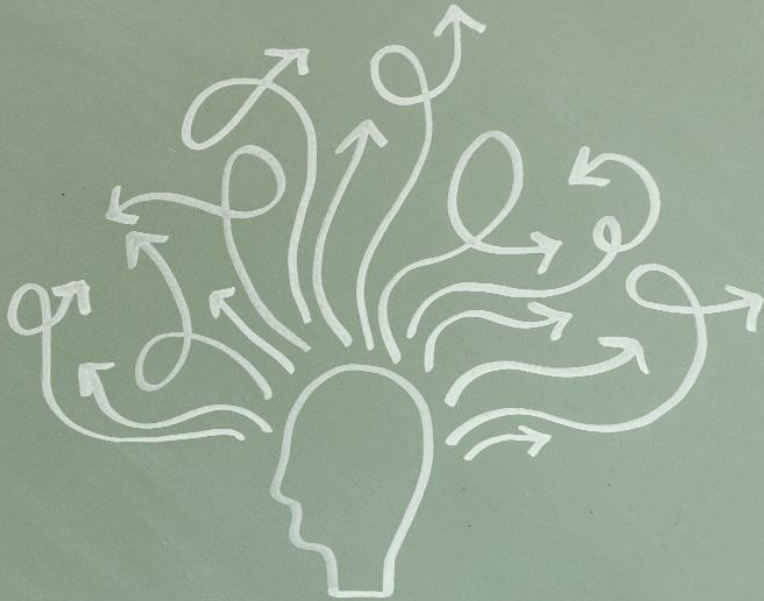
Break



Berkshire Healthcare
Children, Young People and
Families services



Autism Mental Distress & Mental Health Issues



Traditional Views of Anxiety

- Breathing changes/ short of breath
- Looking worried/scared
- Pale
- Avoidance
- Saying you are worried/ anxious scared
- Change in heart rate/palpitations
- Tearful
- Quiet





- What is anxiety?
- What causes and maintains anxiety?
- Why are neurodivergent children more vulnerable to anxiety?
- Tips for supporting a young person

NHS
Berkshire Healthcare
Children, Young People and
Families services

- The fears are disproportionate to the threat
- Feelings are intense and go on for too long
- Interferes with functioning (prevents us doing things like going out or going to school)
- Interferes with ability to engage at school
- Interferes with social relationships
- It causes intense physical reactions

Anxiety and Autism

- Difficulties with change / unfamiliar situations
- Difficulties with uncertainty
- Sensory differences
- Social communication differences
- Executive function differences
- Emotion regulation delays
- Social pressure / Bullying
- Academic pressure

High levels of anxiety related to environment not meeting needs of neurodivergent children and young people – fuels Anxiety and OCD crisis

**Environmental
adaptions needed
rather than therapy**

AUTISM AND ANXIETY



How Anxiety May Look

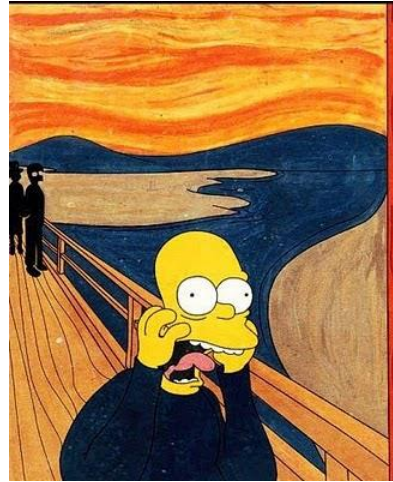


Different Types of Anxiety Disorder

Generalised anxiety



Panic disorder



Social anxiety



Separation anxiety



Specific phobias



Maintaining factors in Anxiety

Safety behaviours of various kinds including:

- Avoidance behaviours
- Reassurance seeking
- Over-preparing, checking
- These can prevent you learning you can cope!
- Remember the role of others in avoidance and in providing reassurance



Helping Autistic Children With Anxiety

Balance between both:

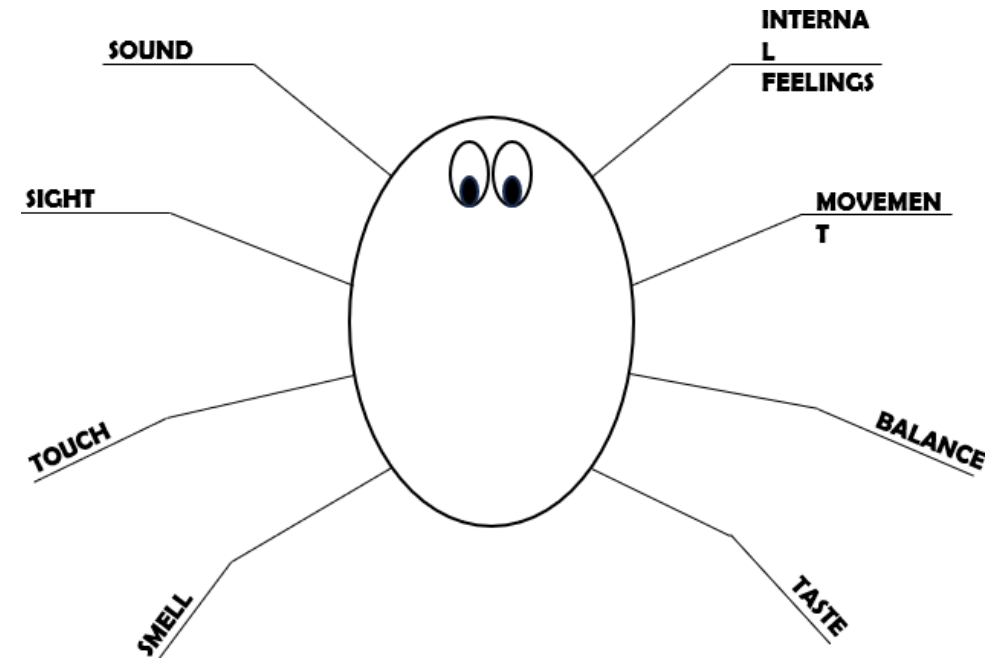
- Making environment more attuned to child's needs and less anxiety provoking
- Helping child to overcome their anxiety



Addressing sensory needs

- Increase **awareness** of sensory needs
- **Adapt** environments to be more sensory friendly
- Consider **supportive equipment** – sound reducing headphones, white noise, weighted lap object
- Reduce **unnecessary** sensory stimuli e.g. removing tags in clothing
- Time to **recharge** and breaks
- **Sensory** strategies

- [Occupational Therapy | Children Young People and Families Online Resource \(berkshirehealthcare.nhs.uk\)](https://berkshirehealthcare.nhs.uk)



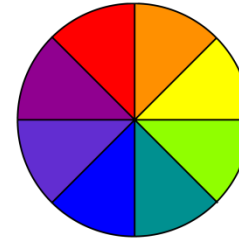
**Talk to
Someone**



**Think about
the reward**



**I can play the
colour game**



**I can do the
breathing thing**



**I can do a
pyramid**



**What Can I do If I Get
Anxious?**



**I can turn
monsters
into funny
things**



**I can do an
experiment**



**I can be a
detective**

**I can look at other
people around me**



**I can pretend
to be
someone
brave**

How Common is OCD?

- Prevalence rates among young people range from 1-4%
- OCD is the fourth most common mental disorder
- Equal numbers of males and females
- Highly co-morbid with other mental health disorders and neurodevelopmental conditions



Obsessive Compulsive Disorder

OCD symptoms

- Obsessions - persistent and recurrent irrational thought or image or urge
- Results in marked anxiety
- Compulsions - repetitive excessive behavior or mental act carried out to try to decrease that anxiety eg by neutralizing the thought
- In OCD – recognition that it's over the top OTT/not right or distress when prevented

Obsessive behaviours and Autism

- Autism – ritual is pleasurable and right rather than to prevent harm
- Repeating something is calming and pleasurable

Consider the level of impact on the young persons' life.



Impact of OCD



- Distress
- On physical health
- On concentration
- On ability to complete daily activities
- On family relationships
- On social relationships

Crisis Presentations

Avoidance of rituals which impact physical health – e.g. not eating, drinking, urinating, washing, moving, sleeping

Rituals which impact young person and family severely – long rituals, aggression when rules not followed, severe distress caused by intrusive thoughts



Depression

Depression symptoms

A feeling of persistent sadness or low mood: loss of interests or pleasure, feelings of guilt or self-blame, lowered self confidence

Physical symptoms : fatigue or low energy, disturbed sleep, poor or increased appetite

Poor concentration or indecisiveness

Suicidal thoughts or acts

Agitation or slowing of movements

Irritability in teens

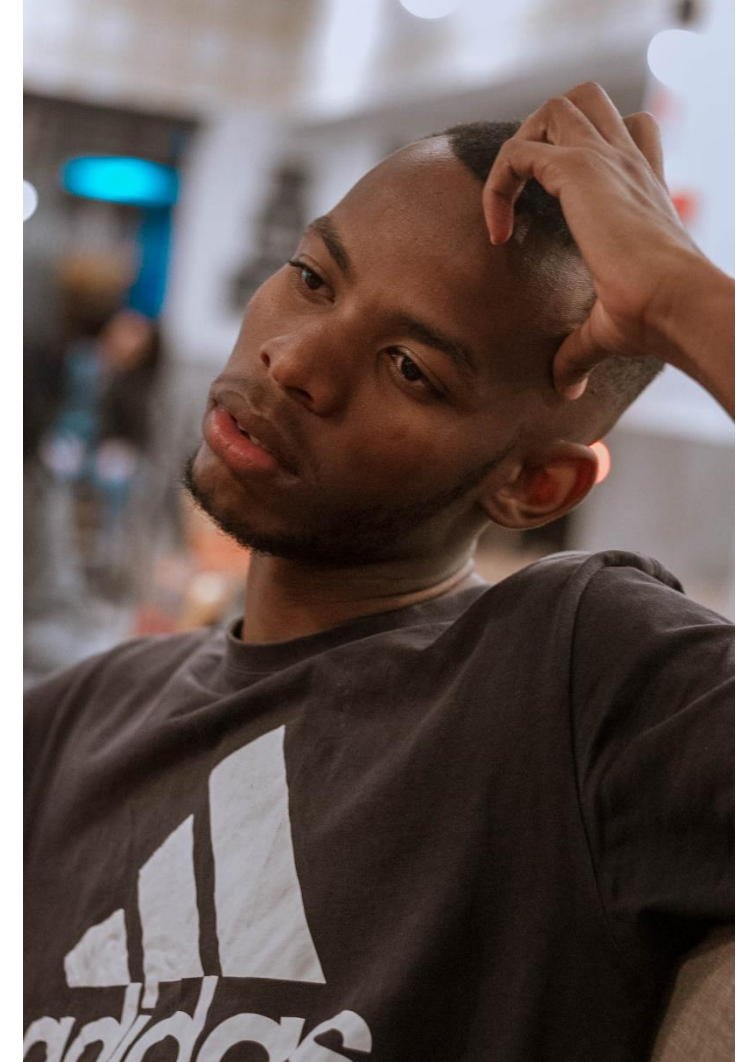
Depression in Autism

May see sadness and tearfulness; rarely describing feelings of worthlessness/guilt

More likely to be irritable

Change in obsessions

Increased self-injury especially in those with intellectual disability



Why Don't Young People Want To Talk?



- Might not see the point
- Might not be able to identify how they feel
- Might not have the language to talk about it
- Might be busy doing something else
- Might not expect to be understood or taken seriously

Choosing The Right Time...



Protective Factors & Resilience

- Healthy lifestyle (eating, sleeping)
- Social support
- Sense of connection
- Friends
- Low levels of conflict
- Consistent parenting
- Fulltime education /work

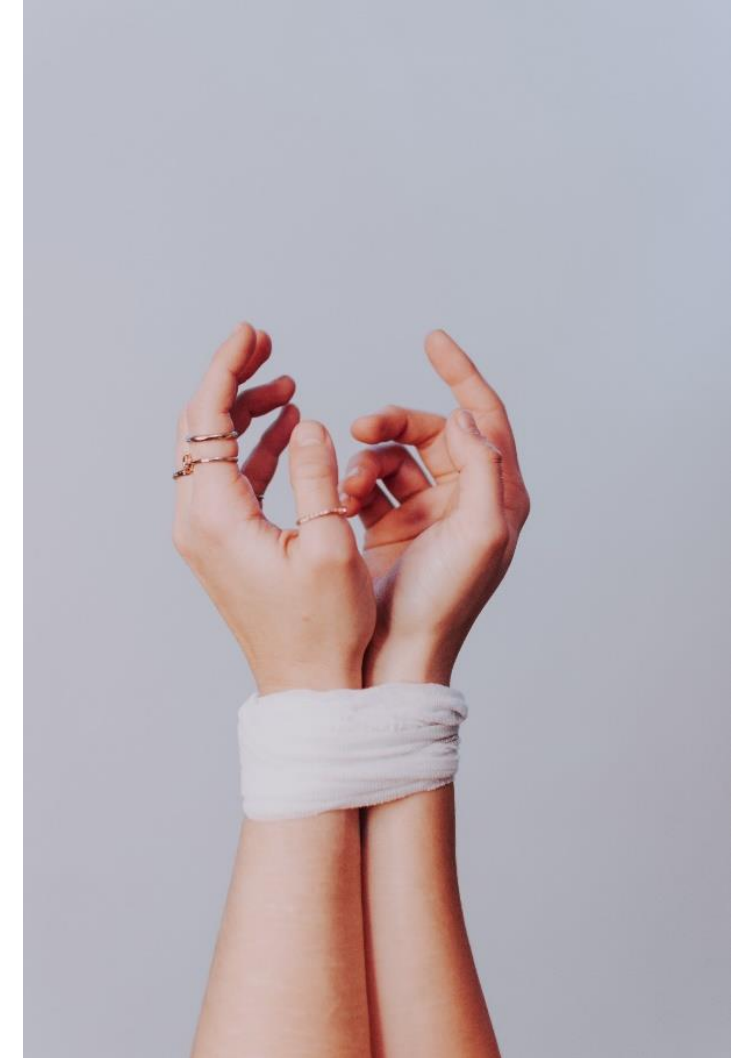




Self-Harm and Suicide

Understanding Self-Harm

- Self-harm is any non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress
- Only provides temporary relief
- Does not deal with the underlying problem
- Can increase in frequency and severity
- Not a suicide attempt (although risk of suicide increases with repeated self-harm) - Key risk factor for suicide - desensitisation
- Not manipulative – “attention seeking”
- Usually private – go to great lengths to hide it
- Not necessarily associated with personality disorder or severe mental illness



Common Methods

- Cutting
 - Burning
 - Scratching/Picking the skin
 - Hair pulling
 - Bruising
 - Insertion of objects under the skin/in body
 - Hitting of body
 - Breaking bones
 - Punching
-



Definitions

Suicidal behaviour refers to suicidal ideation, deliberate self-harm and death by suicide

Suicidal ideation: thoughts and cognitions about suicide (not always connected to pathology)

Self harm: any non-lethal act of self injury (may or may not be connected to ideation/intent)

Self-injury: stereotypic and habitual behaviours more commonly observed among those autistic CYP who are preverbal and may also have a LD.

Facts

- Young People who are autistic, **are considerably more likely to self-harm** than those without the condition.
- **Autistic females have been found to be over three times as likely to die from suicide** as females without ASC, and **young people with ASC have over twice the risk of suicide** as those without ASC.
- People with ASC are more likely to experience the risk factors shared with the general population, such as **housing, unemployment, previous non-suicidal self-injury, social isolation, depression and anxiety**, but ASC-specific risk factors have also been found...



ASC Specific Risk Factors

- Autistic individuals are more likely to **camouflage (mask)** their condition as a way of coping in social situations. Camouflaging can act as a barrier to timely professional support and can itself have a negative impact on mood and insight.
- Autistic people tend to be **less connected to psychiatric services**. Those who are asking for help may have difficulties with their social communication, causing a misunderstanding of their needs. Professionals are often unaware of the different needs of those with ASC. **Individuals recently diagnosed who have no support are at particularly high risk of suicide ideation.**



Self-Harm and Autism

- Triggers to self-harm may (but not always) be different
- Can be associated with coping with or counterbalancing overwhelming sensory information or be a way of coping with physical discomfort or pain
- Associated with increasing distress, may be more public than private – eg head banging, scratching, biting, skin picking and hair pulling



Self-Injury and Self-Harm In Autism



- ‘Self-injurious behaviour’ is very common (eg biting, head banging). Seen as part of the repetitive behaviours common in autism and more common in severe autism/LD
- Not the same as deliberate self-harm which has also been overlooked by researchers and clinicians until recently

What Can Be Done? Interventions

- Self Injury is a coping mechanism, the person in front of you is trying to cope with something it might be worth asking what that is.
 - Self Injury can develop due to a lack of ability in being able to express oneself, thus the person may have difficulty responding to your question.
 - Do not dismiss the behaviour as attention seeking or unimportant especially if the wounds appear superficial. The size of the wound frequently bears no relation to the amount of emotional distress.
 - It is not helpful to ask the person to stop prior to other coping strategies being developed.
-

What Can Be Done? Interventions

- Show that you see and care about the person
- Show concern for the injuries themselves, the person may be ashamed, frightened and vulnerable at this time
- Make it clear that it's okay to talk about the self-injury
- Convey respect for the persons efforts to manage their emotions.



How to Assist in a Crisis

- Ensure your own personal safety (don't get involved physically if the young person is threatening and physically distressed/agitated i.e. observe from a safe position).
- Ensure the young person is not left alone (for e.g. stay with the young person if you think the risk of suicide is high or make arrangements for someone to be with the young person).
- Encourage the young person to talk: listen without judgements, be polite and respectful, don't deny the young person's feelings and don't try to give advice. Give assurance that help is available, and their future has other options.



CAMHS Rapid Response: Case Study

- 13-year-old female with ASC who came to our team after parents discovered self-harm on her arms. Parents were very anxious and concerned about this as they had noticed a decline in her social engagement and mood over the last few months. After speaking with school and due to their anxiety, parents were advised to present to attend A&E.
- The young person was unable to cope in this situation as it is was loud and busy and, was worried about germs. The young person became very withdrawn, she refused to speak to professionals and only would write down a few answers to questions. Her mood declined further after this, displaying aggression and reducing her food intake.
- After Intensive Treatment Team worked with this young person, she was able to engage by writing and verbally by the end of our sessions. She was no longer harming herself and her parents felt more informed on how to manage risk with their daughter.
- The young person was able to use the tools we made with her to more easily express her emotions which helped them to not build up to a crisis point again.

What Went Well

- We were able to help the young person to re-gain trust in professionals.
 - We were able to work with the wider team to create a cohesive plan to help the young-person feel comfortable around the key adults in her life.
 - We were able to educate parents on how best to deal with a crisis with their young person and advised them the best course of action to take.
 - Reduction of self-harm.
-



When To Seek Help?

Accessing CAMHS

- If the child is known to CAMHS then contact the clinician or team
- If the child isn't known to the CAMHS school, GP or parent/ guardian can make a referral – all referrals are made online through the website <https://cypf.berkshirehealthcare.nhs.uk/>
- If there are urgent concerns and the child has already been referred to CAMHS, contact our **Common point of entry** (CPE) on 0300 365 1234
- If there are immediate urgent concerns the child is to be taken to A&E

Not all referrals for self-harm will come to CAMHS – you can discuss with your colleagues and look at the 'local offer' information for local counselling or other support (on your borough council website, links also on CYPF website)



The THRIVE Approach



- The THRIVE approach has been utilised by Integrated Care Boards (ICB's) and services across the country when reviewing, designing, and commissioning new or existing services.
- The framework describes different levels of support, advice or intervention based on need, and ranging from universal services (Thriving/Getting Advice) to more specialist services (Getting More Help, Getting Risk Support).
- Services such as Mental Health Support Teams are available to more children to improve access to emotional and mental health support in schools.

Getting Help/ MHSTs – What We Offer

Anxiety Interventions

- **Helping Your Child with Fears and Worries** (Parent only intervention completed with parents of children between 5-10 years of age and is based on the self help guide of the same name by Cathy Creswell and Lucy Willetts). The support takes places over 8 sessions and includes both face face/online sessions and phone calls with parents. Child only comes along at the final review session.
- **Worry Management** (Young person only intervention for those aged 11-18 and takes place over 5 session looking at different strategies such as worry trees and worry diary). The sessions are either face to face or online and the parent attends the final review session.
- **Graded Exposure** (Young person only intervention for those aged between 11-18 and takes place over 6 sessions looking at hierarchy of worries and arrange exposure tasks). The young person attends the sessions either online or face to face and then parent attends the final review session.



Getting Help/ MHSTs – What We Offer

Low Mood/Depression

- **Brief Behavioural Activation** (Young person only intervention for those between 11-18 and takes place either online or face to face. Explores strategies such as value based activities and completing an activity log). Parents attend different sessions throughout the intervention including the final review session.

OCD

- **OCD Intervention** (Support workbook used is called OCD tools to help you fight back by Cynthia Turner, Georgina Krebs and Chloe Volz and takes place over 6 sessions with young people between 11-18 and parents attend both at the first and last session). Sessions include psychoeducation around OCD, ERP tasks and measuring an OCD hierarchy.



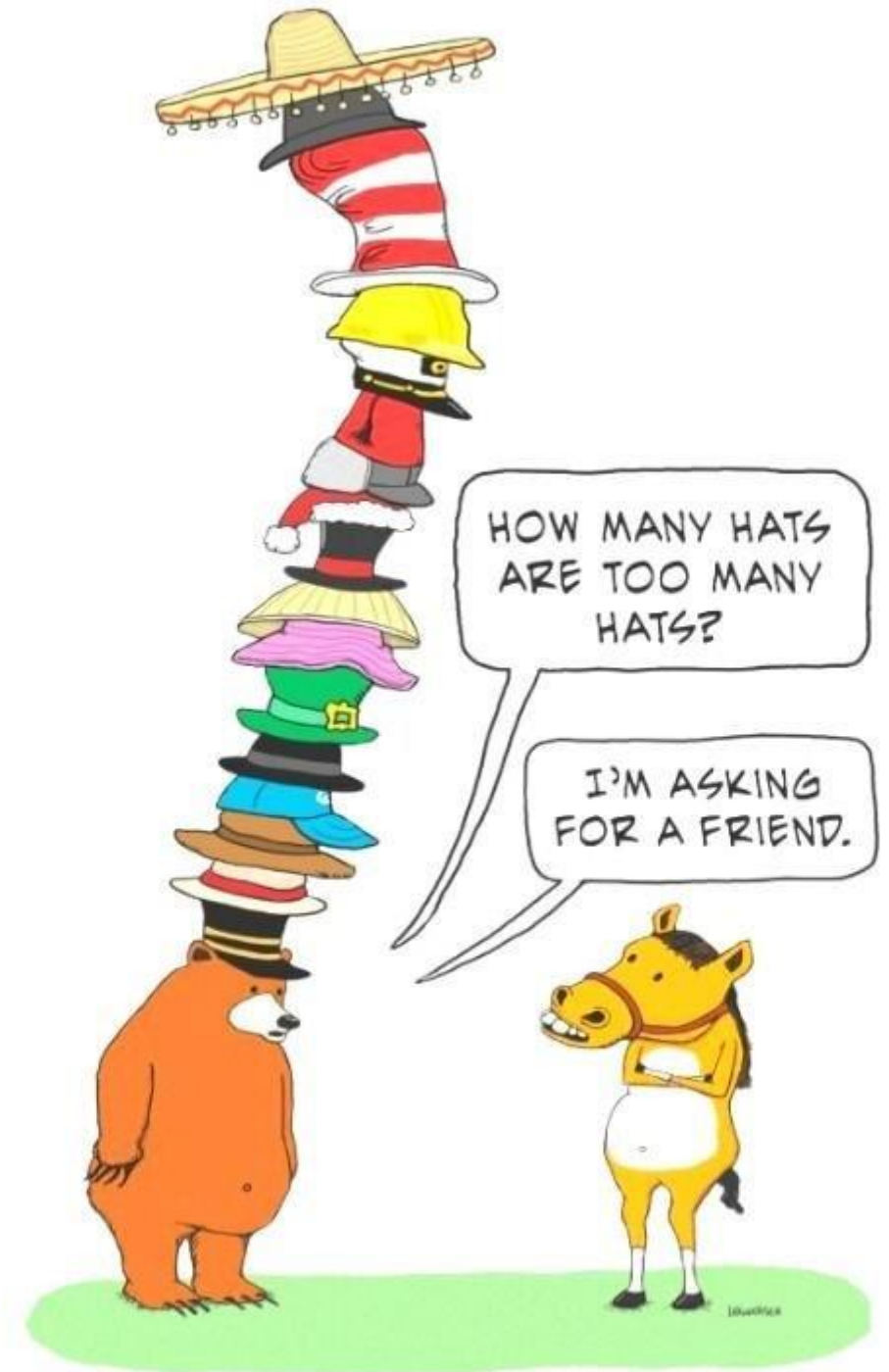


Thriving/ Getting Advice

- Understanding sensory processing – it's a big thing REALLY!
<https://www.ndti.org.uk/resources/publication/its-not-rocket-science>
- What is their school experience.
- Adapting environments not adapting children.
- Reasonable adjustments – for whom.
- Supporting with communication – double empathy problem.

An autism expert would need to be a...

- GP
- therapist
- nurse
- podiatrist
- dentist
- physiotherapist
- speech and language therapist
- hairdresser
- beautician
- shopkeeper
- everything



Further Signposting



East Berkshire Resources

- SHaRON Jupiter** flyer - SHaRON Jupiter is an online support network which connects parents and guardians to each other and to professionals. You can safely post anonymously, access resources, share successes and give and receive support. SHaRON (Jupiter) supports parents/carers of neurodivergent children at any point in their journey before and after assessment for autism and/or ADHD. Contact sharon.jupiter@berkshire.nhs.uk for further information.
 - Support services for Autism/ADHD - Parenting Special Children** <https://www.parentingspecialchildren.co.uk/> & GEMs4Health <https://www.gems4health.com/>. These services support families in East Berkshire with free workshops & activities for those with a diagnosis of Autism/ADHD or are on the waiting list for assessment.
 - Guidance on how Autism can show in girls and women** - <https://www.autism.org.uk/advice-and-guidance/what-is-autism/autistic-women-and-girls>
 - Guidance on how schools can support girls with neurodiversity** - <https://www.autism.org.uk/advice-and-guidance/professional-practice/girls-wellbeing>
 - Occupational Therapy website** - They offer videos on sensory processing and workshops for parents and guardians to learn more <https://cypf.berkshirehealthcare.nhs.uk/our-services/children-and-young-peoples-integrated-therapies/occupational-therapy/>.
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Looking After Yourself



HELP YOU, HELP THEM

Thank you
questions...