



**National Centre for Autism & Mental Health**

TRAINING TO REDUCE BARRIERS & IMPROVE RESPONSES

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### A one stop portal for access to evidence-based Autism & Mental Health Training Programmes & Support.

Whilst Autism is not a mental health condition, very high numbers of autistic people experience poor mental health across the lifespan with up to 76% reaching out for mental health services. Only 16% of autistic adults and 1% of families feel that there are enough mental health services in their area to meet their needs.

Autistic people have said mental health training which increases understanding of autism and improves responses are the things that can make the biggest difference alongside making adjustments to the way in which services are provided.

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## Aims of Module 1

- To ensure all course participants have a comprehensive understanding of the current context in relation to autism and mental health and autistic people's experiences when accessing services.
- To introduce participants to an inside out model of working with autistic people and related tools
- To enable participants to be able to practice ethically and confidently with autistic clients who may be experiencing mental health difficulties.

Module 1: Understanding Autism and Mental Health

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## Learning outcomes Lesson 1

Understanding of current environment/context: Autism and mental health.

- TRANSFORMING CARE FOR AUTISTIC PEOPLE
- AUTISTIC PEOPLE'S EXPERIENCES AND OUTCOMES – PSYCHIATRIC ADMISSIONS
- AUTISM AND MENTAL HEALTH LAW
- CHALLENGES AND BARRIERS TO SERVICES FOR AUTISTIC PEOPLE
- BE AWARE OF THE RESEARCH THAT UNDERPINS THESE EXPERIENCES
- LISTEN TO AUTISTIC VOICES – SUPPLEMENTARY MATERIALS

Module 1: Understanding Autism and Mental Health

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**Learning outcomes  
Lesson 2**

*What have we learnt?  
Autistic voices*

Understanding autistic people's experiences  
Listened to autistic voices.

- THE FAMILY BASED THERAPY CENTRE - TYPES OF SUPPORT
- RATES OF CO-OCCURRING MENTAL HEALTH CONDITIONS
- CASE EXAMPLES - AUTISTIC PEOPLE AND FAMILIES SEEKING HELP
- FAMILY EXPERIENCES - INTERVIEW
- RESEARCH INTO AUTISTIC ADULTS
- EXPERIENCE OF ACCESSING MENTAL HEALTH SUPPORT
- REFLECTIVE PRACTICE WORKSHEET
- SUPPLEMENTARY LEARNING MATERIALS
- ARTICLE REVIEWS

Module 1: Understanding autism and mental health



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**Learning outcomes  
Lesson 3**

Understanding of current research & prevalence rates

*Why are mental health rates higher?*

- PREVALENCE RATES OF CO-OCCURRING MENTAL HEALTH CONDITIONS
- RATES OF ANXIETY AND RELATED CONDITIONS (INCLUDING OCD)
- REVIEW FINDINGS FROM THE NATIONAL AUTISTIC SOCIETY MENTAL HEALTH SURVEY
- RATES OF CO-OCCURRING DEPRESSION
- RATES OF CO-OCCURRING ADHD
- PREVALENCE OF SUICIDE, SUICIDAL IDEATION AND PLANS
- RATES OF CO-OCCURRING PERSONALITY DISORDER
- RATES OF CO-OCCURRING EATING DISORDERS
- READ/LISTEN TO ARTICLE
- WATCH VIDEO
- COMPLETE THE WORKSHEET ON REASONS WHY

Understanding autism and mental health



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**Learning outcomes  
Lesson 4**

Social Model v Medical Model  
Principles of neuro-informed social model

- WHY MENTAL HEALTH RATES ARE HIGHER AMONGST AUTISTIC PEOPLE
- SOCIAL MODEL AND ACCESS TO MENTAL HEALTH
- SOCIAL MODEL v MEDICAL MODEL (DR MICHELLE O' REILLY)
- REVIEW THE ARTICLE ON LISTENING TO THE AUTISTIC VOICE: MENTAL HEALTH PRIORITIES TO GUIDE RESEARCH AND PRACTICE.
- COMPLETED THE REFLECTIVE PRACTICE EXERCISES

Module 1: Understanding Autism and Mental Health



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**Learning outcomes Lesson 5**

**Understanding Autism and Mental Health:**

Principles of an inside out approach to providing services & scenarios Part 1.

(Autistic voices)

- THE INSIDE OUT MODEL OF SUPPORTING AUTISTIC PEOPLE
- PRINCIPLES OF THE INSIDE OUT APPROACH
- THE ROLE OF SPECIAL INTERESTS (SPINS)
- THE ROLE OF THE EIGHT SENSORY SYSTEMS
- THE ROLE OF SELF STIMULATORY MOVEMENTS (STIMS)
- HOW SPINS INTERACT WITH SELF IDENTITY/OCCUPATIONS
- WATCHED VIDEO - MAKING MUSIC WITH THE MIND
- REVIEWED ARTICLE ON MONOTROPISM
- COMPLETED THE REFLECTIVE PRACTICE WORKSHEET 6



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**Learning outcomes Lesson 6**

**Understanding Autism and Mental Health:**

Principles of an inside out approach to providing services and scenarios. Part 2

(Autistic voices)

- THE DOUBLE EMPATHY PROBLEM
- SPLINTER SKILLS AND THE SPIKEY PROFILE (SPINS)
- STRENGTHS BASED APPROACH
- THE REASON WHY I JUMP (STIMS)
- THINKING IN PICTURES
- AUTISTIC BRAIN (NEUROBIOLOGY)
- HEAD ZONES/THINKING STYLES
- NEURODIVERSITY
- PODCAST
- ARTICLE REVIEW



Module 1: Understanding Autism and Mental Health

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**Learning outcomes Lesson 7**

An inside out approach to Spotting the signs tools. Psychoeducation Resources & Skills Part 1

(Autistic voices)

- Aims and purpose of this tool
- How the tool is structured
- How you can use the tool
- Impacts on mental health and well being
- Overview of domains 1 (sensory) and 2 (narrow field of attention//SPINS)
- Article review
- Skills Section:
- Video Introduction to Tool 1: Monotropism/narrow field of interest and Special Interests resource pack (5 worksheets)
- Reflective practice: Self complete tool 1/skills practice.



Module 1: Autism and Mental Health

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**Learning outcomes**  
**Lesson 8**

An inside out approach to Spotting the signs tools. Psychoeducation Resources & Skills Part 2

(Autistic voices)

- Overview of domains 3 (emotion, thought processing & executive functioning and 4 (communication and relationships).

**Skills Section**

- Video Introduction to Tool 2: Patterns, time, routines/STIMS (5 worksheets)
- Reflective practice: Self complete tool 2/Skills practice.
- Review article

Module 1: Autism and Mental Health



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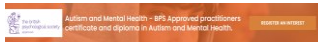
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**BRIEF GUIDE TO STRUCTURE OF EACH LESSON (Video)**



Module 1: Lesson 1 Understanding Autism and Mental Health: the Current Content.

1.1 Tutor led session

Please press on the slide below to watch Lesson 1, "the current context." (40 mins)

Please press on the slide below to watch Lesson 1, "the current context." (40 mins)



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**COURSE HANDOUTS/TUTOR LED SESSIONS & WORKBOOK**



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**Reflective practice Worksheets/Skills Practice.**



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**Reflective practice (Q&A live zoom sessions)**

- WEEKLY DURING TERM TIME
- BRING RESPONSES AND EXAMPLES FROM REFLECTIVE PRACTICE EXERCISES
- THINK ABOUT APPLICATION INTO PRACTICE
- SKILLS/RESOURCES
- QUESTIONS
- PRINTABLE LIST OF DATES



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**Mini Test/Certificate of Completion**

- MINI TEST – 30 MINUTES
- CERTIFICATE OF COMPLETION FOR MODULE 1
- COMPLETE REFLECTIVE PRACTICE WORKSHEETS/RESOURCE PACKS
- PART OF BPS APPROVED CERTIFICATE/DIPLOMA PROGRAMME
- COMPLETE MODULE 1 BEFORE GOING ONTO MODULE 2



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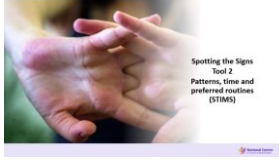
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Resources/products  
Module 1

- PDF COURSE HANDOUTS
- FURTHER READING/REFERENCE LIST
- 8 WEEK ACCESS TO 12 TUTOR LED VIDEOS & 2 PODCASTS
- LINKS TO SUPPLEMENTARY MATERIALS
- 7 DOWNLOADABLE ARTICLES
- 7 DOWNLOADABLE WORKSHEETS
- 2 SPOTTING THE SIGNS TOOLS/ SKILLS BASED RESOURCE PACKS (TOTAL OF 10 WORKSHEETS/ 2 PRINTABLE VISUALS/2 PSYCHOEDUCATION TOOLS)
- WEEKLY REFLECTIVE PRACTICE/Q&A SESSIONS (2 HOURS PER WEEK)/LIST OF DATES



Spotting the Signs  
Tool 2  
Patterns, time and  
preferred routines  
(STMS)

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Introduction  
Reflective practice

- SHARE A BIT ABOUT YOURSELF AND WHAT INTERESTS YOU IN AUTISM AND MENTAL HEALTH?
- WHAT ARE YOU HOPING TO ACHIEVE FROM ATTENDING THIS COURSE?
- WHAT STRENGTHS DO YOU BRING TO WORKING WITH AUTISTIC PEOPLE WITH MENTAL HEALTH SUPPORT NEEDS?
- WHAT HELPS YOU TO LEARN?

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Lesson 1

Understanding  
autism and mental  
health –  
The current context

- TRANSFORMING CARE FOR AUTISTIC PEOPLE
- AUTISTIC PEOPLE'S EXPERIENCES AND OUTCOMES – PSYCHIATRIC ADMISSIONS
- AUTISM AND MENTAL HEALTH LAW
- CHALLENGES AND BARRIERS TO SERVICES FOR AUTISTIC PEOPLE
- BE AWARE OF THE RESEARCH THAT UNDERPINS THESE EXPERIENCES
- LISTEN TO AUTISTIC VOICES – SUPPLEMENTARY MATERIALS

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**TRANSFORMING CARE FOR AUTISTIC PEOPLE**



★ **2,030 autistic people and people with learning disabilities are in inpatient mental health hospitals in England**

Assuring Transformation NHS Digital Data, January 2022  
National Autistic Society: [www.autism.org.uk/2023](http://www.autism.org.uk/2023)



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**PSYCHIATRIC HOSPITAL ADMISSIONS**



★ **The number of autistic people in inpatient facilities has increased NHS Digital Data, 2022.**

Assuring Transformation NHS Digital Data, January 2022  
National Autistic Society: [www.autism.org.uk/2023](http://www.autism.org.uk/2023)



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**AUTISM AND MENTAL HEALTH LAW**



★ **Changing the definition of "mental disorder" in the Mental Health Act so it no longer includes Autism.**

NAS Inpatient Mental Health Services - a guide for all audiences ([www.autistic.org.uk](http://www.autistic.org.uk))

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**BETTER MENTAL HEALTH SERVICES FOR AUTISTIC PEOPLE**

The Government and NHS need to stop autistic people reaching crisis in the first place, by investing in better social care and mental health services that work for autistic children and adults.



National Autistic Society,



NAS Inpatient Mental Health Services – a guide for all audiences (www.autistic.org.uk)

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If someone is admitted into hospital, it's essential that this is for as short a time as possible and that they're supported by people who understand autism, in an environment that reflects their needs.

NAS, Inpatient Mental Health Hospitals – a guide for all audiences (www.autistic.org.uk)



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**MENTAL HEALTH OUTCOMES IN PSYCHIATRIC UNITS**

It is widely recognised that for most autistic people, care in an inpatient unit is rarely helpful – and can be deeply damaging.



National Autistic Society,  
www.autistic.org.uk



NAS Inpatient Mental Health Services – a guide for all audiences (www.autistic.org.uk)

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**CHALLENGES ACROSS SERVICES & SETTINGS**

- CAMHS/Adults mental health services
- Schools
- Home
- Primary Care
- Psychiatric Care/specialist services
- Secondary Care/Emergency Departments
- Paramedics
- Private providers
- Charities
- Community practitioners
- Residential units



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**CAMHS/Adult mental health services**

Autism is a complex condition that can make it harder to identify co-occurring mental health conditions. Mainstream interventions and treatments, if unadjusted, will usually fail to improve the mental health of a child with autism and may even make things worse.

National Autistic Society.



Read, N., & Schofield, A. (2010). Autism: are mental health services failing children and parents? Recent research suggests that many CAMHS need to improve. *Journal of Family Health Care*, 20(4), 120-125.

King, C., Merrick, H., & Coudour, A. (2020). How should we support young people with ASD and mental health problems as they navigate the transition to adult life including access to adult healthcare services. *Epidemiology and Psychiatric Sciences*, 29, e90, 1-5. <https://doi.org/10.1017/S2045796019000830>



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**SCHOOLS**

Four key factors for successful reintegration into school were identified, including (i) making substantial adjustments to the physical environment, (ii) promoting strong staff-student relationships, (iii) understanding students' specific needs, and (iv) targeted efforts towards improving students' wellbeing. Brede et al., 2017



Brede, J., Remington, A., Kenny, L., Warren, K., & Pallares, E. (2017). Excluded from school: Autistic students' experiences of school exclusion and subsequent re-integration into school. *Autism & Developmental Language Impairments*, 2, 2396941517737511.



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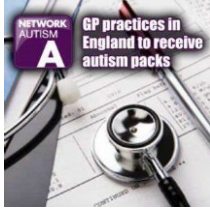
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PRIMARY CARE

There is an urgent need for improved local specialist service provision alongside clearer referral pathways for diagnosis to improve both GPs' confidence in caring for their autistic patients and the healthcare experiences of autistic patients and their families  
Unigwe et al., 2017



Silvana Unigwe, Carole Buckley, Laura Crane, Lorcan Kenny, Anna Remington, Elizabeth Pellicano  
British Journal of General Practice 2017; 67 (693): e445-e452. DOI: 10.3398/bjgp171690449



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EMERGENCY DEPARTMENTS/PARAMEDICS

One of the main reasons cited for Attendance at the Emergency Department were mental health conditions or support needs (15% for autistic adults' vs 4.2% for non autistic adults).  
Vohra et al., 2016.



Stephens, J. (2018). Meeting the needs of children with autism and their parents during out-of-hospital interactions with paramedics. Unpublished thesis, Queensland University of Technology.



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BARRIERS TO AUTISM & MENTAL HEALTH SERVICES

- AUTISM UNDER THE RADAR
- LACK OF SERVICE/ENVIRONMENTAL ADJUSTMENTS
- LACK OF AUTISM PATHWAYS IN LOCALITIES
- LIMITED ACCESS TO TRAINING
- LOW LEVELS OF CONFIDENCE
- RESOURCE CONSTRAINTS
- SOLO ADVOCATES/PRACTITIONERS
- AUTISM UNDER THE RADAR
- MISDIAGNOSED/DIAGNOSTIC OVERSHADOWING



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<https://www.bbc.co.uk/news/uk-england-57722356>

Autism: Number of people stuck in hospital 'national scandal'

17:16 July 2021



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[https://youtu.be/97L\\_m8RkUo](https://youtu.be/97L_m8RkUo)

Help us stop the mental health scandal.

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Listen now

**Three Friends**

Why did three friends who were all under the care of the same mental health trust die within months of each other - and what could have been done to save them?

Available now  
🕒 37 minutes

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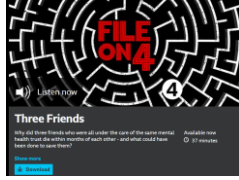
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**SUPPLEMENTARY LEARNING RESOURCES**

Please link here to read the BBC article on autism and inpatient units.  
<https://www.bbc.co.uk/news/uk-england-57722356>

**Help us stop the mental health scandal.**



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**Lesson 1  
Reflective practice  
WORKSHEET**

1. How does your own practice/service currently seek to meet the mental health support needs of autistic people?
2. What have autistic people told you about their experiences of accessing mental health support?
3. Is there a specialist referral or autism pathway in place into your service or between services in your local area?
4. What changes would you like to make to your practice/service to ensure they are accessible to autistic people with co-occurring mental health support needs?
5. What support is needed to make these changes?

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**Take a break  
End of lesson 1**



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**Lesson 2**

**Understanding autism and mental health**

*What have we learnt?  
Autistic voices*

- THE FAMILY BASED THERAPY CENTRE - TYPES OF SUPPORT
- RATES OF CO-OCCURRING MENTAL HEALTH CONDITIONS
- CASE EXAMPLES - AUTISTIC PEOPLE AND FAMILIES SEEKING HELP
- FAMILY EXPERIENCES - INTERVIEW
- RESEARCH INTO AUTISTIC ADULTS
- EXPERIENCE OF ACCESSING MENTAL HEALTH SUPPORT
- REFLECTIVE PRACTICE WORKSHEET
- SUPPLEMENTARY LEARNING MATERIALS
- ARTICLE REVIEW

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**What have we learnt from listening to autistic clients?**



FAMILY BASED THERAPY CENTRE

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**What have we learnt?  
Autistic people's experience**



FAMILY BASED THERAPY CENTRE

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**Children and families Seeking support....**

*My daughter was doing fine then at the end of year 7 she stopped eating, she didn't like that her body was changing shape. The local eating disorder service just tell her to follow a meal plan. (A parent)*



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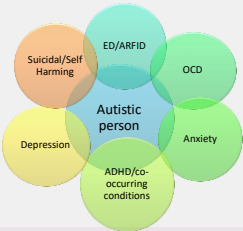

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**More than one Mental Health condition**

**High rate of co-occurring mental health conditions**  
Family Based Therapy Centre

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**Autistic adults and families..**



One family seeking support was the mum of a young autistic man aged 21, currently living with his grandad. The young man was addicted to pain medication and smoked weed to cope with the depression and low mood that often led him to suicidal thoughts. He also had a diagnosis of ADHD.



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**AUTISM AND MENTAL HEALTH  
- FAMILY EXPERIENCES**

- Families feel unsupported
- Only 11% of families reported finding services in their local area
- Families want the skills, knowledge and tools to support their loved ones
- Isolated/left alone to care for their child/loved one.
- Can lead to family stress/trauma
- Hospital admissions or residential care
- Managing complex conditions/needs at home



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**AUTISM AND MENTAL HEALTH  
- autistic adults  
experiences**

‘Something needs to change’: Mental health experiences of young autistic adults in England, Crane, et al., 2019



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**AUTISM AND MENTAL HEALTH PODCAST INTERVIEW**

“A families journey through the mental health system.”

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Reading:

Please read or listen to the following article: "People like me don't get support." Camm-Cosbie et al,

Understanding autism and mental health National Centre  
for Autism & Mental Health

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**Lesson 2  
Reflective Practice  
Worksheet**

1. What types of support are autistic people seeking support for within your own practice/service?
2. What are some of the co-occurring conditions that you notice autistic people presenting with in your own practice/service
3. What do families share with you about their experiences and support needs?
4. Review the two case studies share in this lesson. What are your own observations about the initial presentations? If these families were approaching you for support how would you seek to respond?
5. Following the podcast interview on one family's journey through the mental health system please share your own thoughts/reflections and responses. Note down what you think services could do differently to improve outcomes for this family.
6. Any other reflections about your own practice/service following lesson 2.

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**Take a break  
End of lesson 2**



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**Lesson 3**

**Understanding Autism and Mental Health Research & Prevalence**

- PREVALENCE RATES OF CO-OCCURRING MENTAL HEALTH CONDITIONS
- RATES OF ANXIETY AND RELATED CONDITIONS (INCLUDING OCD)
- REVIEW FINDINGS FROM THE NATIONAL AUTISTIC SOCIETY MENTAL HEALTH SURVEY
- RATES OF CO-OCCURRING DEPRESSION
- RATES OF CO-OCCURRING ADHD
- PREVALENCE OF SUICIDE, SUICIDAL IDEATION AND PLANS
- RATES OF CO-OCCURRING PERSONALITY DISORDER
- RATES OF CO-OCCURRING EATING DISORDERS
- READ/LISTEN TO ARTICLE
- WATCH VIDEO
- COMPLETE THE WORKSHEET ON REASONS WHY

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**What does the research and data tell us about Autism and Mental Health?**



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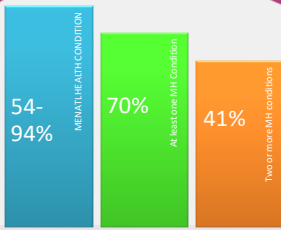
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**Prevalence rates**

54-94% of autistic people develop a mental health condition in their lifetime  
Underwood et al., 2022



Category	Prevalence Rate
MENTAL HEALTH CONDITION	54-94%
At least one MHT Condition	70%
Two or more MHT conditions	41%

Neurological and psychiatric disorders among autistic adults: a population healthcare record study Underwood et al., 2022  
Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses (Shawyer et al., 2022)



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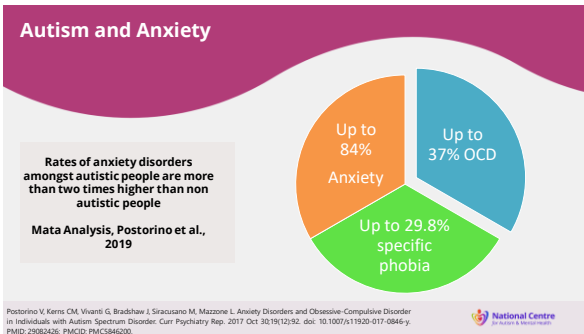
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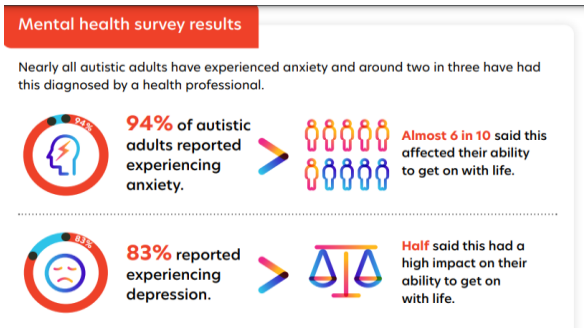
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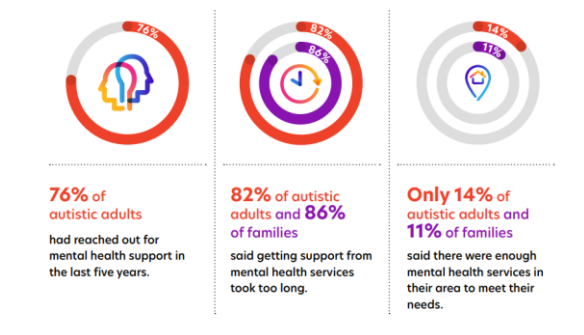
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### AUTISM AND DEPRESSION

The pooled estimation of current and lifetime prevalence for autistic adults with depression were, 23% and 37%

Hollocks et al., 2019



Hollocks, M., Leri, J., Magiati, L., Meisen-Stedman, R., & Brugha, T. (2019). Anxiety and depression in adults with autism spectrum disorder: A systematic review and meta-analysis. *Psychological Medicine, 49*(4), 559-572. doi:10.1017/S0033291718002283



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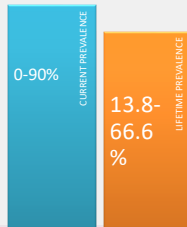
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### Autism and ADHD

The current prevalence rates of ADHD in individuals with ASD range from 0% to over 90% (Melville et al., 2008; Witwer & Lecavalier, 2010), while the lifetime prevalence rates vary between 13.8% and 66.7% (Joshi et al., 2013; Rubenstein et al., 2018).



Rong, Y., Yang, C.-I., Lin, Y., Wang, Y. Prevalence of attention-deficit/hyperactivity disorder in individuals with autism spectrum disorder: a meta-analysis. *Res Autism Spectr Disord.* (2021) 83:101759. doi: 10.1016/j.rasd.2021.101759



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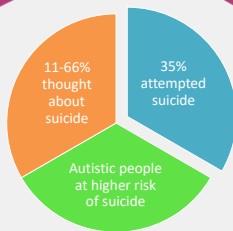
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### Autism and suicide

Between 11-66% autistic adults had thought about suicide in their lifetime with 35% having planned or attempted suicide

(Hedley, D., & Uljarević, M. 2018).



Cassidy et al., 2014: Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study. *Lancet Psychiatry.* 2014; 2: 142-147



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**AUTISM AND PERSONALITY DISORDER**

Personality disorders and autism: what are the connections? Lugenstad, Hallerback & Gillberg (2012)

Approximately half of those in the study group fulfilled criteria for a personality disorder. There was a significant difference across sex: men with Asperger syndrome meeting personality disorder criteria much more often than women with Asperger syndrome (65% vs 32%).



Tove Lugenstad, Maria Utenge Hallerback, Christopher Gillberg, Personality disorders and autism spectrum disorders: what are the connections?, Comprehensive Psychiatry, Volume 53, Issue 4, 2012, Pages 333-340, ISSN 0018-460X, <https://doi.org/10.1016/j.comppsy.2011.05.014>



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**Autistic females & Eating Disorders**

Up to 35% of young women with AN met autistic criteria  
Westwood & Tchanturia, 2017



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Reading:  
Read the article, **Something needs to change: mental health experiences of young autistic adults.** Crane et al., 2019.



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**Reflective Practice WORKSHEET**

- WHY DO YOU THINK MENTAL HEALTH RATES HIGHER AMONGST AUTISTIC PEOPLE?
- DO THESE FINDINGS MATCH FINDINGS OR OBSERVATIONS WITHIN YOUR OWN PRACTICE/SERVICE?
- WHAT IS YOUR APPROACH TO MENTAL HEALTH SCREENING FOR THOSE PRESENTING TO YOUR SERVICE WITH AN AUTISM DIAGNOSIS?
- WHAT IS YOUR CURRENT APPROACH TO SCREENING FOR AUTISM AMONGST THOSE PRESENTING WITH COMPLEX OR MULTIPLE MENTAL HEALTH CONDITIONS?



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**Take a break**  
End of lesson 3




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**Lesson 4**

**Understanding Autism and Mental Health**

**Social Model v Medical Model**

- WHY MENTAL HEALTH RATES ARE HIGHER AMONGST AUTISTIC PEOPLE
- SOCIAL MODEL AND ACCESS TO MENTAL HEALTH
- SOCIAL MODEL v MEDICAL MODEL (DR MICHELLE O' REILLY)
- REVIEW THE ARTICLE ON LISTENING TO THE AUTISTIC VOICE: MENTAL HEALTH PRIORITIES TO GUIDE RESEARCH AND PRACTICE.
- COMPLETED THE REFLECTIVE PRACTICE EXERCISES

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**Why are rates higher amongst autistic people?**

- Sensory sensitivities
- Social interactions and relationships
- Dislike of uncertainty
- Issues with identifying emotions
- Need for control and predictability
- Sense of self and identity

FAMILY BASED  
SERVICE CENTRE

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**Why are MH rates higher amongst Autistic people?**

**A Social Model**

- Lack of adjustments
- Limited understanding/knowledge
- Shortage of trained practitioners
- Misdiagnosis
- Lack of access to resources/tools
- More than one need - fragmented services

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The Social Model v The Medical Model of Autism by Dr Michelle O'Reilly, Chartered Psychologist, Leicester University.

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Read the article:  
“Listening to the autistic voice: Mental health priorities to guide research and practice.” Benevides, et al., 2020.

Benevides TW, Shore SM, Palmer K, Duncan P, Plank A, Anderson ML, Caplan R, Cook B, Gassner O, Hector BL, Morgan L, Nebeker L, Purkin V, Ruskowski B, Wittig K, Coughlin SS. Listening to the autistic voice: Mental health priorities to guide research and practice in autism from a stakeholder-driven project. *Autism*. 2020 May;24(4):822-833. doi: 10.1177/1362361320968410. PMID: 32429833. PMCID: PMC7787673.

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**Reflective Practice WORKSHEET**

- TO WHAT EXTENT DO YOU BELIEVE THE SOCIAL MODEL OF DISABILITY STANDS AS AN APPROPRIATE ALTERNATIVE TO THE MEDICAL MODEL IN THE CONTEXT OF AUTISM?
- PLEASE THINK ABOUT THE ROLE OF THE SOCIAL MODEL IN RELATION TO YOUR OWN PRACTICE
- TO WHAT EXTENT DO YOU FEEL THAT MEDICALISATION, THE ROLE OF MEDICINE IN MENTAL HEALTH AND THE MEDICAL MODEL CAN BE USEFUL WHEN WORKING WITH AUTISTIC PEOPLE?
- PLEASE THINK ABOUT THIS QUESTION IN RELATION TO YOUR OWN PRACTICE.

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Take a break  
End of lesson 4



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Lesson 5

Understanding  
Autism and Mental  
Health:

An inside out approach  
to providing services  
Part 1

(Autistic voices)

- THE INSIDE OUT MODEL OF SUPPORTING AUTISTIC PEOPLE
- PRINCIPLES OF THE INSIDE OUT APPROACH
- THE ROLE OF SPECIAL INTERESTS (SPINS)
- THE ROLE OF THE EIGHT SENSORY SYSTEMS
- THE ROLE OF SELF STIMULATORY MOVEMENTS (STIMS)
- HOW SPINS INTERACT WITH SELF IDENTITY/OCCUPATIONS
- WATCHED VIDEO - MAKING MUSIC WITH THE MIND
- REVIEWED ARTICLE ON MONOTROPISM
- COMPLETED THE REFLECTIVE PRACTICE WORKSHEET 6

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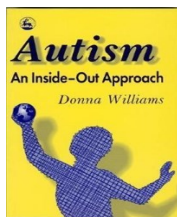
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Donna Williams  
An inside out approach

Autism has been judged from the outside by its appearances, and not from the inside according to how it is experienced." (p.14)



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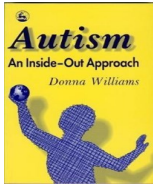
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Principles of an inside out approach



- ★ Based on autistic voices and lived experiences
- ★ Listening to autistic people and finding out what they find helpful
- ★ Person centered and developed around an individual's experiences and support needs
- ★ Draws on the research and writings of autistic people

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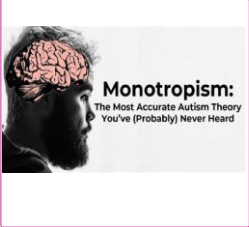
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Monotropism, an interest based account of autism (Murray, 2018),

The central idea of Monotropism (a word coined for Murray in 1992 by Jeanette Buirski) is that in autism, processing resource strongly tends to localize and concentrate to the exclusion of other input.




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Special interests (SPINS)

About two thirds of the sample reported having a special interest, with relatively more males reporting a special interest than females. Special interest topics included computers, autism, music, nature and gardening. Most autistic adults engaged in more than one special interest. Grove et al., 2018




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Grove, R., Hoekstra, R.A., Wierzb, M. and Begeer, S. (2018), Special interests and subjective wellbeing in autistic adults, Autism Research, 11, 766-775. <https://doi.org/10.1002/aur.1931>

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Special interests  
And vocations  
Astrologer/creative/artist  
Lindsay Ullman



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The eight senses



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'Too much or too frequent social interaction and/or exposure to sensory input is a big strain on me and I basically end up "paying" for it in the form of stress and anxiety (before and during), meltdowns/shutdowns and the amount of time needed for recovery. It's a big price to pay as it makes it really hard to get on with all the other things that I actually need/want to do.'  
Alis Rowe  
facebook.com/thegirlwiththecurlyhair



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Self stimulation with movements, objects/speech (STIMS)

Autistic adults highlighted the importance of stimming as an adaptive mechanism that helps them to soothe or communicate intense emotions or thoughts and thus objected to treatment that aims to eliminate the behaviour.

Kapp et al., 2019



Kapp, S.K., Stewart, R., Crane, L., Elliott, D., Eghick, C., Pellicano, E. and Russell, G., 2019. People should be allowed to do what they like: Autistic adults' views and experiences of stimming. *Autism*, 23(7), pp.1762-1792.



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STIMS  
Going with the flow, reconsidering repetitive behaviour through the concept of flow states (McDonnell and Milton, 2014)



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Read: The autistic musician who makes music with his mind  
<https://www.bbc.co.uk/news/entertainment-arts-43307442>  
Watch the you tube clip:  
[https://youtu.be/9zf\\_\\_th0adw](https://youtu.be/9zf__th0adw)



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Reading:  
Read the article, "Monotropism, an interest based account of autism." (Murray, 2018)  
Further reading:  
<https://www.bps.org.uk/psychologist/me-and-monotropism-unified-theory-autism>



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Reading:  
Read the article, **Going with the flow, reconsidering repetitive behaviour through the concept of flow states** (McDonnell and Milton, 2014)



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### Reflective Practice WORKSHEET

- HOW COULD YOU APPLY THE PRINCIPLES OF THE INSIDE OUT MODEL TO YOUR OWN PRACTICE/SERVICE?
- WHAT IS YOUR UNDERSTANDING OF MONOTROPISM AND HOW CAN YOU APPLY IT TO YOUR PRACTICE WITH AUTISTIC PEOPLE?
- HOW CAN YOU INTEGRATE STIMS INTO SUPPORTING AUTISTIC PEOPLE WITH MENTAL HEALTH SUPPORT NEEDS?
- HOW CAN YOU INTEGRATE SPINS INTO SUPPORTING AUTISTIC PEOPLE WITH MENTAL HEALTH SUPPORT NEEDS?

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### Take a break End of lesson 5



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### Lesson 6

#### Understanding Autism and Mental Health:

An inside out approach to providing services Part 2

(Autistic voices)

- THE DOUBLE EMPATHY PROBLEM
- SPLINTER SKILLS AND THE SPIKEY PROFILE
- STRENGTHS BASED APPROACH
- THE REASON WHY I JUMP
- THINKING IN PICTURES
- AUTISTIC BRAIN
- HEAD ZONES/THINKING STYLES
- NEURODIVERSITY
- PODCAST
- ARTICLE REVIEW

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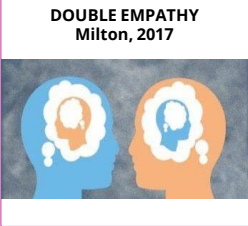
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A mismatch of salience (Milton, 2017)

The Double Empathy Problem  
"It is illogical to talk of an individual having a social deficit of some sort. Rather, that in the case of when autistic people and those not on the autism spectrum attempt to interact, it is both that have a problem in terms of empathising with each other: A double empathy Problem." (p.13)



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A mismatch of salience (Milton, 2017)

Splinter skills and the spiky profile  
One of the key aspects of the experience of being autistic is that of having a spiky or uneven set of abilities and capacities. Verbal, autistic people are often incorrectly assumed to be capable in areas in which they struggle, while those with less verbal skills are often incorrectly assumed to be lacking in skills, strengths, ability or potential. (p.11)



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Passions Enthusiasm  
Dedication Different perspectives  
Creative  
Problem solving  
Honesty  
Enthusiasm Openness  
Compassionate Clever Reliable  
Caring for others Logical Funny  
What are your autistic strengths?

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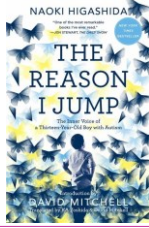
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The reason I jump (Higashida, 2013)

Why are you obsessive about certain things?

"By performing whatever action it is, we feel a bit soothed and calmed down. When someone tells me off for doing the action, or prevents me from repeating it, I feel utterly miserable." (p. 139)



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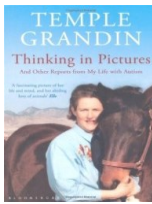
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Thinking in pictures (Grandin, 2006)

I THINK IN PICTURES. Words are like a second language to me. I translate both spoken and written words into full colour movies complete with sound which run like a VCR tape in my head.

Visual thinking has enabled me to build entire systems in my imagination. (p.3)



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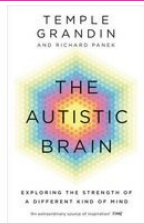
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The Autistic Brain (Grandin, 2016)

An fMRI study in 2008 showed that when the neurotypical brain conducted a visual search, most of the activity was confined to one region of the brain, while what lit up in the autistic brain was just about everything. Perhaps this is why I can immediately spot the paper cup or hanging chain that's going to spook the cattle, while the neurotypicals don't even notice it. This is called local bias.

(p.122)



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Head zones (Lindsay Ullman, 2021)



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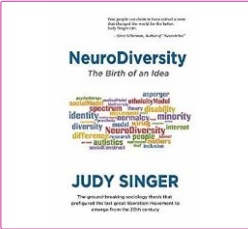
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Neurodiversity (Singer, 2016)

While therapy tried to tell me to look into my past for answers, I found it much more useful to forget about the past and deal with the present. In fact learning to stay in the immediate present was the critical breakthrough in my experience of life.



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AUTISM AND MENTAL HEALTH PODCAST INTERVIEW

“Head Zones and thinking styles with Lindsay Ullman & Jenny Phaure at NCAMH.”

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Reading:

Read the article, "On the Ontological Status of Autism: the 'Double Empathy Problem'. Damian E M Milton (2012).



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**Reflective Practice WORKSHEET**


**THINK ABOUT YOUR OWN TRAINING, BELIEFS, SCHEMAS AND SHARE HOW THIS MAY AFFECT THE WAY YOU WORK WITH AUTISTIC PEOPLE.**

You can use the downloadable worksheet or use visuals, a voice recording, case examples or other ways of describing or sharing your own reflections.

When you use a variety of resources for your reflective practice log you are also getting closer to being confident with using these resources as part of your daily practice with autistic people.

Please bring some examples to the Q&A/reflective practice sessions on Fridays.

Module 1: Understanding Autism and Mental Health



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**Take a break**  
End of lesson 6




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**Lesson 7**

**Understanding Autism and mental health – An inside out approach to Spotting the signs Part 1**

(Autistic voices)

- Aims and purpose of this tool
- How the tool is structured
- How you can use the tool
- Impacts on mental health and well being
- Overview of domains 1 and 2
- Article review
- Video Introduction to Tool 1: Monotropism/narrow field of interest and Special Interests resource pack (5 worksheets)
- Reflective practice: Self complete tool 1.

Module 1: Understanding Autism and Mental Health  
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**Aims of the tool**

- BETTER IDENTIFICATION OF LIVED EXPERIENCES/RESPONSES
- EARLIER IDENTIFICATION OF MENTAL HEALTH NEEDS
- ABLE TO IDENTIFY WHAT SUPPORTS AND ADJUSTMENTS WILL BE MOST HELPFUL
- PSYCHO-EDUCATION TOOL
- TOOL TO SUPPORT PRE AND POST DIAGNOSTIC SUPPORT
- TOOL TO SUPPORT INITIAL ASSESSMENTS
- IMPROVED AWARENESS, SKILLS, KNOWLEDGE



Module 1: Autism and Mental Health



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**Spotting the signs tool  
An inside out approach (5 Domains)**

1. Sensory processing differences
2. Monotropism
3. Executive functioning differences
4. Communication & relationship differences
5. Co-occurring Conditions

Module 1: Autism and Mental Health



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How you can use the tool

- Identify individual support needs
- Adjustments/supports.
- Initial Assessments
- Screening/assessment tools
- Pre and post diagnostic support.
- Psycho-education tool
- Awareness
- Mental health and well being




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Implications for mental health

- Anxiety
- Sensory sensitivities
- Meltdown/shutdown
- Disorientation
- Decreased self confidence/self-esteem
- Increase in social anxiety
- Trauma (PTSD)
- Depression
- Increase in repetitive movement/OCD
- Dissociation/withdrawal
- Taking on other people's thoughts/behaviours (masking)
- Bullied




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Spotting the signs tool

DOMAIN 1: Sensory differences




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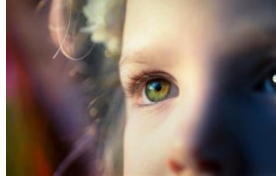
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**Sensory needs**  
Visual

**"My favourite colour is black because it is calming."**

**Autistic young person (aged 16)**



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**Sensory needs**  
Smell

**"I can't eat food with lots of other people around me, their smells put me off."**

**Young autistic person (aged 15)**



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**Sensory needs**  
Hearing

**I don't go out a lot because it's overwhelming, unpredictable sounds and sights make me panic. If I do go out I have a couple of days either side to decompress and recover. I have headphones which help if I'm going out to meet someone.**

**Autistic adult (aged 24)**



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**Sensory needs**  
Touch

"I can't stand rough fabrics like denim or rough cotton trousers, they grate inside. The touch of velvet makes me feel sick. Socks have to fit just right and seams can feel like rocks against my toes."  
  
Autistic adult (aged 40)



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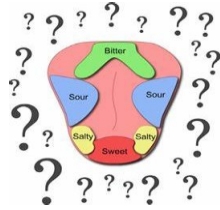
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**Sensory needs**  
Taste

I love crisps, especially Doritos, the strong tangy one's. The rosemary crisps from Sainsbury's and spicy foods.  
  
I can't stand plain or sludgy foods.  
  
Autistic child (aged 14)



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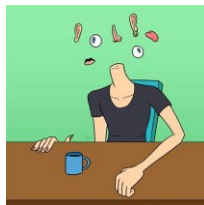
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**Sensory needs**  
Proprioception/body awareness

Sometimes it feels like my body and head are disconnected, like I can't control anything. I often feel as if I am not really present. On bad days I feel like my body is all over the place. I often bump into things or drop things as I go to pick them up.  
  
Autistic female (aged 14)



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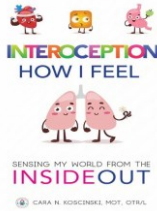
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Sensory needs  
Interception/body awareness

I keep eating because I don't know when I am full up, I eat Lots of strong tasting foods, otherwise it doesn't feel like I'm eating.

The doctor said my weight could be affecting my health. I also have diabetes.

Autistic female (aged 20)



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Spotting the signs tool

DOMAIN 2: Monotropism  
Narrow field of attention  
(SPINS & STIMS)



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Narrow field of attention and  
Special Interests

I don't understand why I have to do 11 GCSE's, I only want to do maths, music and the sciences....what's the point of doing anything else? What a waste of time, these are the only subjects that mean anything.

Young autistic man (aged 15)



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Patterns, time and preferred routines

I told mum that if they move home then I'm going to run away. I don't see why we have to move, we are fine where we are, there is no need for change.

Young autistic man (aged 14)



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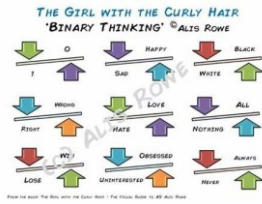
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Thinking styles

If someone says something to me, I believe them, it has got me in trouble in the past, particularly in relationships. If someone shows an interest in me and says they like me, then I share everything with them. Then when they move away from me (because I'm too intense) it's very painful and I feel like I've failed. I'm all in and then the relationship ends and I'm in a mess.

Young autistic woman (aged 24)



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The just right feeling

When I sit down it needs to feel just right, if it doesn't then I repeat it until it does. It's the same with putting socks on, the sensation needs to feel just right.

When things happen at certain times of the year, they can get stuck by association and then I may repeat that pattern in the following year or it feels incomplete.

Autistic adult male (aged 26)



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Reading:  
 Read the article, "Special interests and subjective well-being in autistic adults."  
 Gove et al., (2018)

Grove, R., Hoeksma, R.A., Wiersma, M., & Beggs, S. (2018). Special interests and subjective well-being in autistic adults. *Autism Research*, 11(5), 766-775. <https://doi.org/10.1002/aur.1933>

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**TOOL 1  
 SPECIAL INTERESTS PACK**

Go through the tool via  
 the visuals in this short  
 video  
 &  
 Complete the worksheets  
 for yourself

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**Reflective practice  
 Complete the  
 Resource Pack**

- Go through the tool/resource pack on SPINS via the visuals in the short video and complete the worksheets in the for yourself.
- Think about how you can use the visual and worksheet spotting the signs tools in your own practice
- Please bring your examples to the Friday reflective practice sessions. By sharing examples, you are widening your own awareness and skills.

Autism and Mental Health

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**Take a break**  
End of lesson 7



Autism and Mental Health 

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**Lesson 8**

**Autism and mental health – An inside out approach to Spotting the signs Part 2**

**A spotting the signs tool**  
(Autistic voices)

- Overview of domains 3 and 4
- Video Introduction to Tool 2: Patterns, time, routines/STIMS (5 worksheets)
- Reflective practice: Self complete tool 2.
- Review article

Module 1: Understanding Autism and Mental Health  
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**DOMAIN 3: Executive functioning, emotion processing and thought differences**



EXECUTIVE FUNCTIONING

Flexible Thinking: Adjust behaviour to unexpected changes

Working Memory: Store key information to be used in step 2

Self-Monitoring: Self-monitoring to know when to change in the moment

Planning and Prioritizing: To set and meet goals

Task Initiation: Take control to get started on tasks

Organisation: Keep track of things and materials

Inhibitive Control: Think before acting

Emotional Control: Keep feelings in check

Presentation Title here 

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### Organising and planning differences

I find it difficult to think too far ahead as I get overwhelmed with all the things I have to organise, it also doesn't seem relevant because I'm trying to sort out more immediate things. I usually don't plan further than one day ahead and even then it could become too much.

Autistic male, aged 25



Presentation Title here



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### Processing one thing at a time

I find I need time between different activities during the day to move from one thing to another, otherwise I get overwhelmed and go into a meltdown. I've learnt that I need to be able to take myself off to a quiet, dark space just to bring myself back together again and de-compress.

Autistic woman, aged 35



Presentation Title here



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### Alexithymia

Research at the Maudsley hospital found higher rates of alexithymia amongst autistic people than non-autistic people (49.93% compared to 4.89%).

Kinnaird, Stewart & Tchanturia (2019)

#### Alexithymia:

(ay-tek-sub-thay-mee-uh)  
Noun;

1. Difficulty in experiencing, expressing and describing emotional responses.
2. Difficulty describing feelings to other people.



Kinnaird, E., Stewart, C., & Tchanturia, K. (2019). Investigating alexithymia in autism: A systematic review and meta-analysis. *European Psychiatry, 55*, 80-89. doi:10.1016/j.eurpsy.2018.09.004



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Different levels of emotional intensity

I don't like being looked at, or people looking at me whilst they are speaking, I begin to panic. I can't talk anymore. It is better when we are looking at another object together and talking whilst looking at that, or doing something interesting together rather than looking at me.

Autistic girl, aged 15.



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DOMAIN 4: Communication & relationship differences

REJECTION SENSITIVE DYSPHORIA (IN AUTISM & ADHD)



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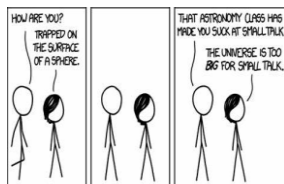
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May not like small talk

I only really like to talk with people about the things I'm interested in like... Minecraft and star trek...

Autistic male, aged 25



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May have a more literal way of communicating

I can be quite to the point in my own Communications and like it when People are honest with me. I've learnt that sometimes people don't say what they mean or they may say something but don't mean it literally. I can get very anxious about talking to people because I think I'm going to get it wrong.

Autistic female, aged 26



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May prefer different communication styles

I'm ok to talk verbally for about fifteen minutes, then I find it hard to stay focused on all the words, they start jumbling and I begin to shutdown, which means I don't really hear what others are saying. If I tried to continue listening I would Get overwhelmed as the words are too much, then I would become distressed and probably meltdown...

Autistic male, aged 22



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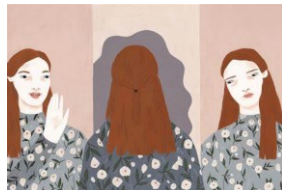
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Relationship differences (masking & camouflaging)

I can do small talk, and often use it to avoid people asking me questions. I find social situations difficult, so I smile, pretend that I know what they are talking about and just try to fit in. I need a lot of space and time when I get home to calm down. I also restrict my eating to cope, I feel this is one thing that I can control.

Autistic female, aged 23



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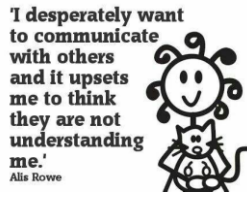
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Reading:

Read the article, "People should be allowed to do what they like": Autistic adults' views and experiences of stimming.

Kapp et al., 2019

Kapp, S. K., Steward, R., Crane, L., Elliott, D., Eghick, C., Pellicano, E., & Russell, G. (2019). "People should be allowed to do what they like": Autistic adults' views and experiences of stimming. *Autism*, 23(7), 1782-1792. <https://doi.org/10.1177/1362361319829628>

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**TOOL 2**  
**Patterns, time and preferred routines/ STIMS resource pack**  
 Go through the tool via the visuals in this short video & complete the worksheets for yourself

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**Reflective Practice  
Complete the  
Resource Pack**

- Go through tool 2 on STIMS via the visuals in the short video & complete the worksheets for yourself
- As you go through the tool identify how much of your own practice is engineered around neurotypical norms and expectations – provide examples.
- Please bring your examples to the Friday reflective practice sessions. By sharing examples you are widening your own awareness and skills.



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**Take a break  
End of lesson 8**



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**THANKYOU**



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