

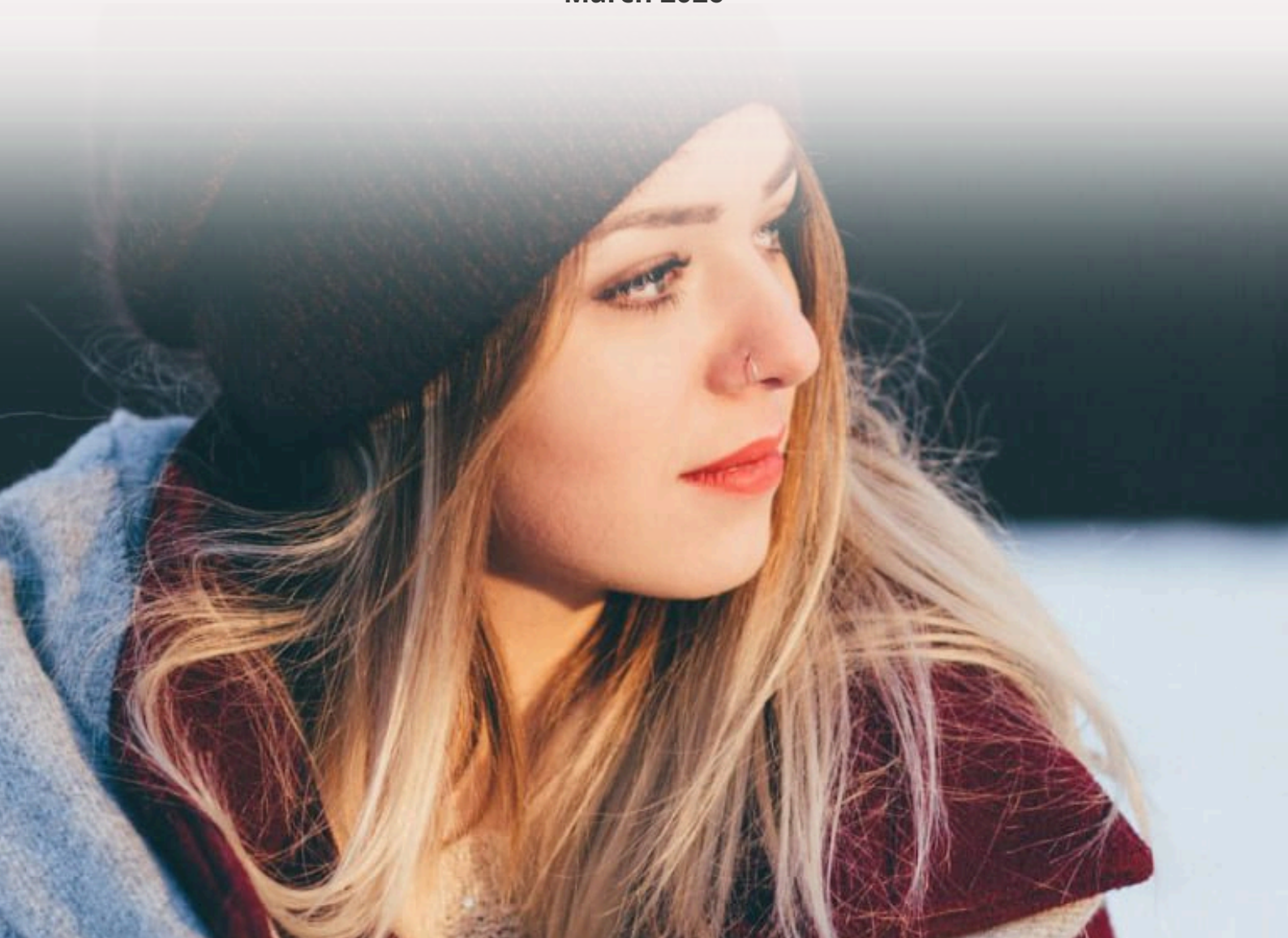
**An inside out approach to understanding
Autism and Mental Health**

**White Paper Submission to the
Government Mental Health Review**

Improving Mental Health Services for Autistic and Neurodivergent People

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Executive Summary



This white paper presents findings from a practitioner consultation conducted to help inform the UK Government's Mental Health Review, chaired by Peter Fonagy. It synthesises frontline perspectives from clinicians, therapists, and practitioners working across child, adult, and family systems, alongside a robust body of research evidence. We would like to extend our thanks to all practitioners who participated in this consultation with the National Centre for Autism and Mental Health.

The consultation identifies a mental health system that is **fragmented, diagnosis-dependent, and insufficiently adapted to the needs of autistic and neurodivergent populations**. Despite increased awareness and recognition of neurodiversity, services remain under-resourced and inconsistently delivered, resulting in significant unmet need.

Key findings include:

- ✔ **Severe access barriers**, including long waiting times and inconsistent referral pathways.
- ✔ **Over-reliance on diagnosis**, which delays or restricts access to support.
- ✔ **Insufficient neurodiversity-informed practice**, leading to misdiagnosis and disengagement.
- ✔ **Reactive, crisis-driven care models**, with limited early intervention
- ✔ **Rising demand driven by awareness and unmet need**, rather than overdiagnosis
- ✔ **Significant inequalities** across age, gender, and cultural groups
- ✔ **Inadequate integration across health, education, and social care systems**

This paper argues for a systemic shift towards a **needs-led, integrative, preventative, and person-centred model of care**, supported by workforce development, service redesign, and cross-sector integration.

1. Policy Context and Scope

The Government's Mental Health Review represents a critical opportunity to evaluate and reform mental health services in England. Central to the review is the question of whether current systems are meeting the needs of diverse populations, particularly those who experience disproportionately poor outcomes.

Autistic and neurodivergent individuals are one such group. Research consistently demonstrates that autistic people are significantly more likely to experience co-occurring mental health conditions, including anxiety, depression, and self-harm (Lai et al., 2019). Despite this elevated need, evidence indicates that services are often inaccessible, inappropriate, or ineffective (Crane et al., 2019).

The review seeks to address key questions relating to access, quality, and outcomes, including:

- ✓ How accessible are mental health services?
- ✓ Are current approaches meeting the needs of neurodivergent populations?
- ✓ What role does diagnosis play in accessing support?
- ✓ Why is demand increasing?
- ✓ What forms of early intervention are most effective?

This white paper contributes to these questions by presenting practitioner-informed themes, supported by empirical research. Practitioners are uniquely positioned to observe how policy translates into practice, and their insights provide valuable evidence of systemic strengths and weaknesses.

2. Access to Services: *Fragmentation and Inequality*

Theme Overview

Access to mental health services for autistic and neurodivergent people is characterised by **fragmentation, inconsistency, and inequity**.

Evidence and Analysis

Research consistently demonstrates that waiting times for autism assessments in the UK are significantly above recommended standards. Data from the National Autistic Society indicates that the majority of individuals wait longer than the 13-week target, with many waiting years for assessment.

This is supported by national studies showing:

- ✔ Over 200,000 individuals awaiting assessment in England
- ✔ Average waiting times exceeding 12 months, with some exceeding five years
- ✔ Significant regional variation in service provision

These systemic delays create barriers to early support and exacerbate mental health difficulties. Evidence indicates that delayed access to support is associated with increased anxiety, depression, and social exclusion (Knapp et al., 2011; Crane et al., 2019).

Discussion

The current system relies heavily on navigation through multiple referral pathways, often requiring advocacy from families or professionals. This introduces structural inequalities, as individuals with fewer resources are less able to access support.

The growth of private provision further highlights inequity, as access to timely diagnosis and early support is increasingly linked to financial capacity.



3. Diagnosis as a Gatekeeping Mechanism

Theme Overview

Diagnosis functions as a central mechanism for accessing support but also acts as a **significant barrier**.

Evidence and Analysis

The reliance on diagnosis reflects a medical model of care, where eligibility for services is contingent on formal identification. However, research shows that diagnostic pathways are under severe pressure, with waiting lists reaching critical levels (Royal College of Psychiatrists, 2025).

Studies also highlight:

- ✔ Limited access to support during waiting periods.
- ✔ Underdiagnosis in certain populations (e.g., women, ethnic minorities)
- ✔ Minimal structured post-diagnostic support

Delayed diagnosis is associated with poorer mental health outcomes, including increased risk of suicidality.

Discussion

The diagnostic model creates a paradox: individuals must wait for assessment to access support, yet the absence of support contributes to deterioration. This approach is inconsistent with principles of early support and equitable care.

A shift towards **needs-led provision**, where support is based on an individual's presenting needs rather than diagnosis, is supported by emerging policy and research frameworks.



4. Inadequate Service Design and Workforce Capability

Theme Overview

Mainstream mental health services are not sufficiently adapted to meet the needs of autistic and neurodivergent people.

Evidence and Analysis

Research indicates that autistic individuals are more likely to experience:

- Misdiagnosis or delayed diagnosis
- Difficulties with accessing standard therapeutic approaches.
- Negative experiences within mental health services

The “double empathy problem” (Milton, 2012) highlights the reciprocal nature of communication differences between autistic individuals and clinicians.

Furthermore, studies show that:

- ✓ Many clinicians lack training in neurodiversity and adjusted mental health support.
- ✓ Standardised assessment tools may not be appropriate for autistic and neurodivergent people.
- ✓ Adapted approaches may be more effective but underutilised (Weston et al., 2016)
- ✓ There is limited access to more integrative and creative therapies that autistic and neurodivergent people have said are helpful (including training to support implementation).

Discussion

The lack of neurodiversity-informed practice contributes to disengagement and ineffective care. Service design often reflects allistic assumptions, failing to accommodate differences in communication, sensory processing, and emotional regulation.

Improving workforce capability is essential to ensuring that services are inclusive and effective.



5. Crisis-Driven Care and Limited Early Support

Theme Overview

Mental health services are predominantly **reactive**, with access often dependent on crisis-level need.

Evidence and Analysis

Evidence shows that many services prioritise individuals based on risk thresholds, such as suicidality. While necessary in resource-constrained systems, this approach limits access for individuals with emerging needs or the support needs of neurodivergent people which may be missed or go under the radar.

Public health research demonstrates that early support:

- ✓ Improves long-term outcomes.
- ✓ Reduces service demand.
- ✓ Is more cost-effective than crisis intervention (Knapp et al., 2011)

Discussion

The current model incentivises escalation rather than prevention. For autistic and neurodivergent people, who may experience chronic distress, early support is critical to preventing deterioration.

A reorientation towards **preventative care models** is essential with a re-framing of time-scales for treatment programmes to be effective.



6. Understanding Increased Demand

Theme Overview

Rising demand for autism and mental health services reflects **increased awareness and previously unmet need**, rather than overdiagnosis.

Evidence and Analysis

Data indicates a substantial increase in referrals, with some regions reporting increases of over 300% since 2020 (Centre for Young Lives, 2023).

Key contributing factors include:

- ✓ Broader diagnostic criteria in the DSM-5
- ✓ Increased public awareness.
- ✓ Social media and peer support networks
- ✓ Identification of previously undiagnosed adults now presenting for assessments (often following a child's assessment).

Research also highlights a "lost generation" of adults who were not diagnosed in childhood.

Discussion

The increase in demand reflects improved recognition rather than a true rise in prevalence. Policy responses would benefit from focusing on expanding capacity rather than restricting access.



7. The Role of Education and Environment

Theme Overview

Educational environments play a critical role in shaping mental health outcomes for autistic and neurodivergent people.

Evidence and Analysis

Research demonstrates that:

- ✓ Lack of access to educational support and adjustments is associated with increased mental health difficulties.
- ✓ Sensory and social demands of large school environments can exacerbate distress.
- ✓ Specialist and inclusive settings often improve outcomes (Pellicano et al., 2018)

Discussion

Education systems are a key point of support. Lack of appropriate adjustments can contribute to school exclusion and escalating mental health needs.

Integration between education and mental health services is essential to addressing these challenges with improved access to autism, neurodiversity, and mental health training for education providers.





8. Inequalities Across the Lifespan and Population Groups

Theme Overview

Significant disparities exist in access to diagnosis and support.

Evidence and Analysis

Research highlights:

- ✔ Underdiagnosis among women and girls
- ✔ Lower access among ethnic minority groups
- ✔ Limited support for older adults
- ✔ Gender differences in help-seeking behaviour

These disparities are influenced by cultural, social, and systemic factors.

Discussion

Addressing inequalities requires an intersectional approach that considers the diverse experiences of autistic individuals across the lifespan.



9. Redefining Mental Health Support

Theme Overview

Traditional models of therapy are often found to be insufficient when seeking to meet the needs of autistic and neurodivergent people.

Evidence and Analysis

Evidence supports the effectiveness of:

- ✓ Family-based approaches (recognising parents as practitioners)
- ✓ Peer support and social prescribing
- ✓ More flexible and integrative approaches to therapy (an integrative model) utilising more creative, neuro-informed and responsive approaches (www.ncamh.co.uk; Cosbie et al., 2022).
- ✓ Coaching and mentoring
- ✓ Practical, community-based approaches

Discussion

Expanding the definition of mental health support is essential to creating inclusive services. Support needs to be flexible, integrative, person-centred, and grounded in real-world contexts.



10. Policy Recommendations

- ✓ Adopt a Needs-Led, Neuro-Informed and Responsive Model of Care
- ✓ Reduce Waiting Times and Increase Capacity
- ✓ Provide Early Support During Assessment Delays
- ✓ Invest in Workforce Training (Neurodiversity and Mental Health)
- ✓ Develop more robust Autism/Neurodiversity and Mental Health Pathways of Care
- ✓ Expand Early Support and Prevention
- ✓ Strengthen Post-Diagnostic Support Pathways
- ✓ Integrate Health, Education, and Social Care Systems
- ✓ Address Inequalities Through Targeted Strategies
- ✓ Expand Definitions of Mental Health Support

Conclusion

This consultation highlights a system that is not currently equipped to meet the mental health support needs of autistic and neurodivergent people. While awareness and demand have increased, services remain fragmented, delayed, and insufficiently adapted.

A shift towards a **needs-led, integrative, neuro-informed, preventative, and inclusive system** is essential. The Government's Mental Health Review provides a critical opportunity to implement these changes and improve outcomes for a significantly underserved population.



Grant me the dignity of meeting me on my own terms...Recognise that we are equally alien to each other, that my ways of being are not merely damaged versions of yours. Question your assumptions. Define your terms. Work with me to build bridges between us. (Sinclair, 1993)



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