



Understanding Autism and Mental Health: How Parents and Caregivers can Provide Support

*Prepared and presented by Valerie Brincat
State registered Occupational Therapist*

Key Objectives

- Understanding the link between autism and mental health.
- Exploring the challenges individuals on the autism spectrum may face.
- Providing practical strategies for parents and carers to support effectively.



Introduction

Autism Spectrum Disorder (ASD) is commonly associated with various mental health challenges.

Parents and carers play a crucial role in providing effective support.

This presentation will explore common mental health issues in individuals with autism and provide practical strategies for support.



What is Autism Spectrum Disorder (ASD)?

- Autism Spectrum Disorder (ASD) is a developmental condition that affects how a person thinks, behaves, interacts, and experiences the world. It is called a "spectrum" because it includes a wide range of characteristics, with each individual experiencing the condition in their own unique way.

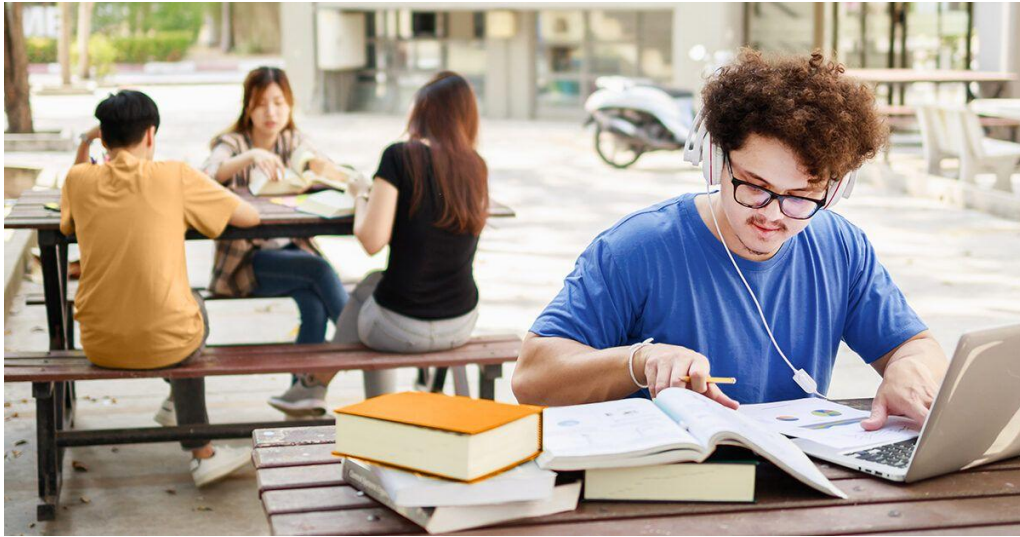
Overview of Symptoms:

People with autism may experience challenges in several areas, though the intensity and types of symptoms can vary greatly. Common symptoms include

Communication Difficulties:

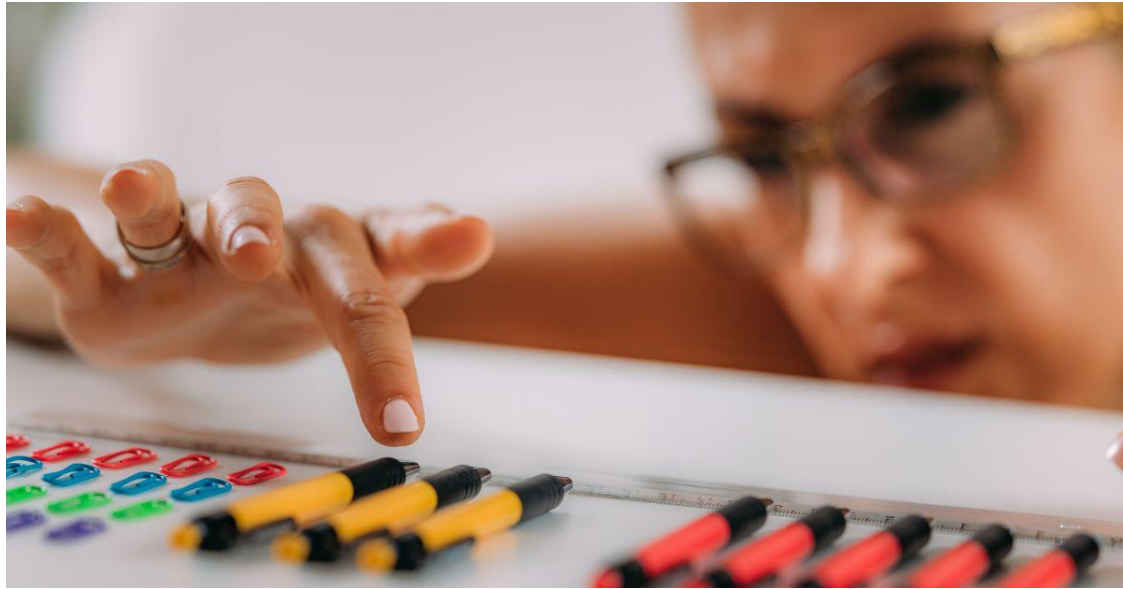
- Trouble with verbal and non-verbal communication, like understanding tone of voice or facial expressions.
- Difficulty with initiating or maintaining conversations. Some individuals might be non-verbal.





- Difficulty understanding social cues, such as body language or facial expressions.
- Struggling with making friends or participating in group activities. They may prefer to be alone or have trouble with social interaction.

Social Challenges:



- Engaging in repetitive actions or routines, such as rocking, hand-flapping, or repeating phrases.
- An intense focus on specific interests or activities, sometimes to the exclusion of everything else.

Repetitive Behaviours:



Variability of the Spectrum and Individual Differences:

- **Autism is not one-size-fits-all.**
 - Each person with autism has their own strengths, challenges, and preferences. Some individuals might have significant support needs, while others may be highly independent.
- **Diverse Experiences:**
 - For example, one person might have excellent language skills but struggle with social interaction, while another might find it difficult to speak but have strong visual skills or talents in specific areas (like art or music).
- This wide range of experiences is why autism is often referred to as a "spectrum."



Mental Health Challenges in Individuals with Autism

Common Mental Health Comorbidities in Autism

- **Anxiety Disorders** (Social Anxiety, Generalized Anxiety, Phobias)
- **Depression**
- **Attention-Deficit/Hyperactivity Disorder (ADHD)**
- **Obsessive-Compulsive Disorder (OCD)**
- **Bipolar Disorder**
- **Sleep Disorders**
- **Schizophrenia (Less Common but Notable)**



Anxiety Disorders and Autism

- Prevalence: Up to 40-50% of autistic individuals experience significant anxiety.
- Symptoms: Excessive worry, avoidance behaviours, difficulty with transitions.
- Management: Cognitive Behavioural Therapy (CBT), exposure therapy, sensory supports.
- Parental Strategies: Creating predictable routines, using calming techniques, and gradual exposure to stressors.

White et al. (2009).





Video

Depression:

Persons with autism are at a higher risk for developing depression

Due to the combination of social difficulties, communication barriers, sensory sensitivities, and the overall challenges of navigating the world.



Various factors can contribute to depression in individuals with autism, such as:

Struggles with social interactions and feeling misunderstood.

- Sensory overload or environmental stressors.
- Changes in routine, which can cause significant distress.
- Academic challenges or difficulties with communication.

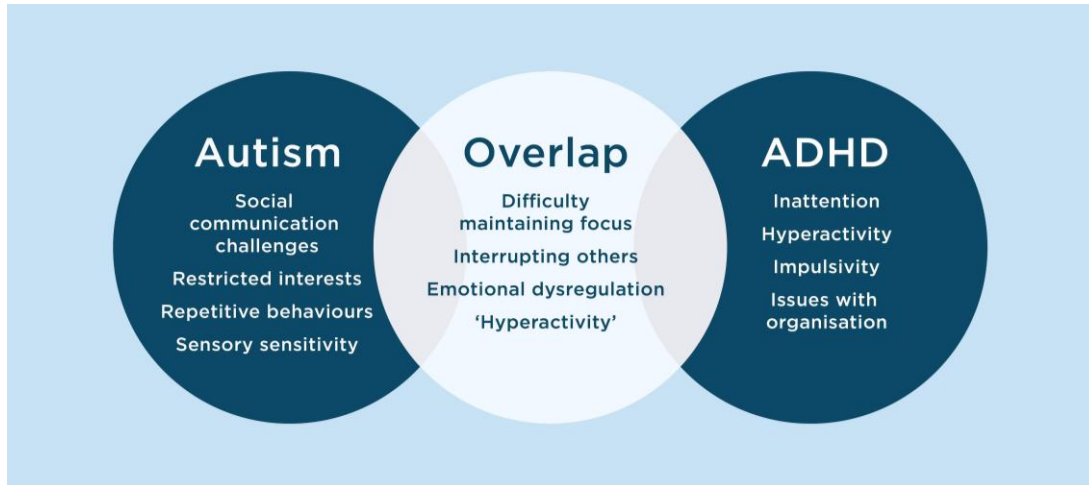


Depression in Autism

- **Prevalence:** Higher rates in autistic individuals compared to the general population.
- **Challenges:** Difficulty in identifying and expressing emotions.
- **Management:** Social support, structured routines, therapy, medication when necessary.
- **Parental Strategies:** Encouraging communication, using visual supports for emotions, engaging in enjoyable activities.

Gotham et al. (2015)





- Overlap:** Around 30-60% of autistic individuals also have ADHD.

- Symptoms:** Inattention, hyperactivity, impulsivity.

- Management:** Behavioural interventions, medication, executive functioning training.

- Parental Strategies:** Using structured schedules, breaking tasks into small steps, rewarding focus and effort.

Antshel et al. (2016)

Attention deficit and Autism

Here are some examples of visual schedules for autism:

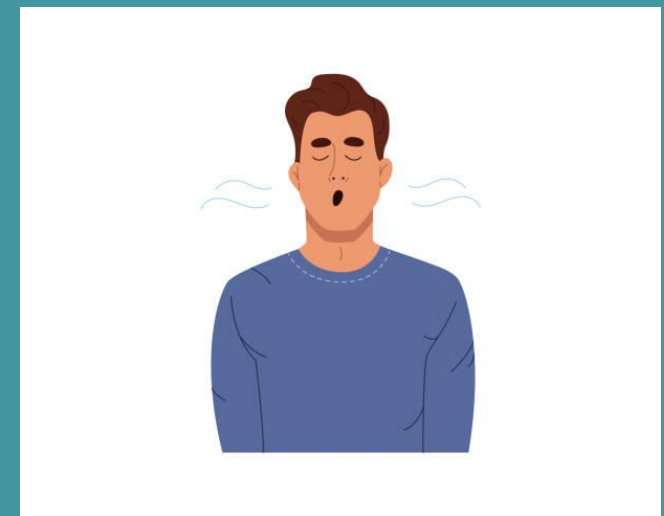
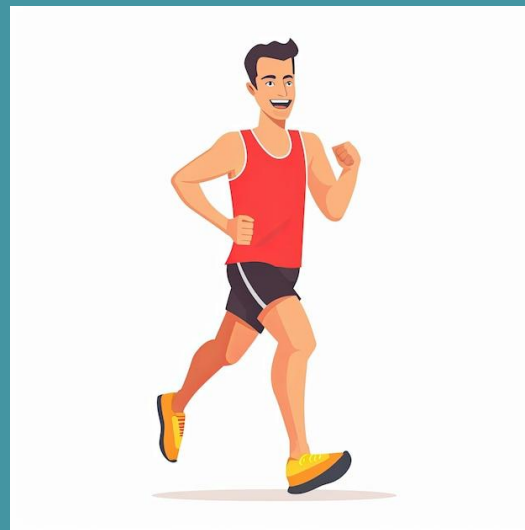
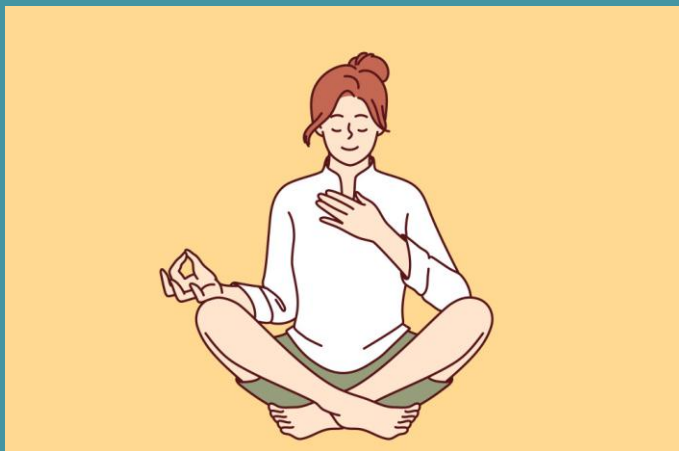
- **First-Then Board** – A simple board showing "First" (task) and "Then" (reward or preferred activity).
- **Daily Routine Schedule** – A sequence of images representing daily activities like waking up, brushing teeth, eating breakfast, etc.
- **Classroom Visual Schedule** – A strip with Velcro-attached picture cards for each school activity.
- **Work System Schedule** – A structured schedule breaking down a task into clear steps.
- **Transition Schedule** – A portable schedule with removable picture cards to help with moving between activities.



Activity 1:

Brainstorm and think of coping strategies

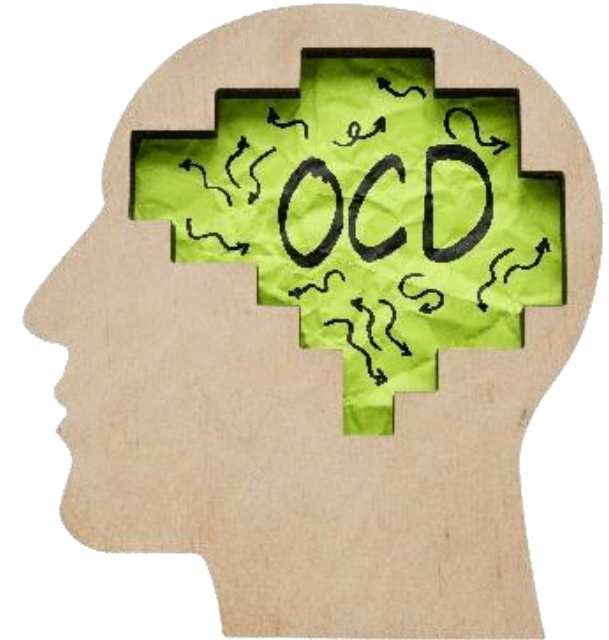
Which can be implemented "at home," "at school/work," and "in public."



OCD and Autism

- Distinguishing Features: OCD compulsions may differ from repetitive behaviours seen in autism.
- Prevalence: Higher rates in autistic individuals than in neurotypical individuals.
- Management: Exposure Response Prevention (ERP), structured support.
- Parental Strategies: Encouraging flexibility, gradual desensitization, and reassurance.

Russell et al. (2019)





- **Common Issues:** Insomnia, irregular sleep patterns, night waking.
- **Impact:** Affects cognitive functioning, mood, and overall well-being.
- **Management:** Sleep hygiene practices, melatonin supplements, behavioural strategies.
- **Parental Strategies:** Establishing a bedtime routine, reducing screen time, using white noise or weighted blankets.

Richdale & Schreck (2009)

Sleep Disorders in Autism

Schizophrenia and Autism



- **Overlap:** Rare but possible co-occurrence.
- **Challenges:** Difficulties in diagnosis due to overlapping symptoms.
- **Management:** Multidisciplinary approach, medication, therapy.
- **Parental Strategies:** Close collaboration with healthcare providers, structured routines, supportive environments.

King & Lord (2011)

Sensory Overload and Stress:

The constant sensory sensitivities (like the overwhelming noise or bright lights) can trigger stress and sensory overload. This could lead to David becoming irritable or overwhelmed, which might result in meltdowns or shutdowns, further isolating them from others.





Practical Strategies for Parents and Caregivers

- **Creating Structured Routines** to reduce uncertainty.
- **Using Visual Supports** (social stories, visual schedules).
- **Encouraging Communication** through AAC, sign language, or speech therapy.
- **Implementing Sensory Breaks** to help with overstimulation.
- **Providing Emotional Support** through validation and patience.
- **Seeking Professional Guidance** for additional support.



Conclusion

- Mental health challenges in autism require a supportive approach.
- Parents, and caregivers play a crucial role in creating stability and reducing stress.
- Early identification and tailored interventions improve well-being.
- Collaboration with professionals ensures comprehensive support.

References

White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). *Anxiety in children and adolescents with autism spectrum disorders*. *Clinical Psychology Review*, 29(3), 216-229. <https://doi.org/10.1016/j.cpr.2009.01.003>

Gotham, K., Bishop, S. L., Brunwasser, S., & Lord, C. (2015). *Depressive and anxiety symptom trajectories from childhood to adulthood in autism spectrum disorder*. *Development and Psychopathology*, 27(2), 589-609. <https://doi.org/10.1017/S0954579415000157>

Antshel, K. M., Zhang-James, Y., Wagner, K. E., Ledesma, A., & Faraone, S. V. (2016). *The co-occurrence of ADHD and autism spectrum disorder: What do we know?* *Child & Adolescent Psychiatric Clinics*, 25(2), 225-239. <https://doi.org/10.1016/j.chc.2015.08.012>

Russell, A. J., Murphy, C. M., Wilson, E., Gillan, N., Barker, G., Johnston, K., ... & Mataix-Cols, D. (2019). *Obsessive-compulsive disorder in autism spectrum disorder: A systematic review and meta-analysis*. *Psychological Medicine*, 49(4), 553-562. <https://doi.org/10.1017/S0033291718002226>

Richdale, A. L., & Schreck, K. A. (2009). *Sleep problems in autism spectrum disorders: Prevalence, nature, & possible biopsychosocial aetiologies*. *Sleep Medicine Reviews*, 13(6), 403-411. <https://doi.org/10.1016/j.smr.2009.02.003>

King, B. H., & Lord, C. (2011). *Is schizophrenia on the autism spectrum? A review*. *International Review of Psychiatry*, 23(5), 370-383. <https://doi.org/10.3109/09540261.2011.615318>

Thank you

