

A Note to Mental Health Professionals: What clinicians need to know



Autistic youth, used here to refer to young people between the ages of ~14-25, are at increased risk for having a number of co-occurring mental health conditions.

1. Rates of depression, bipolar disorder and psychosis spectrum disorders which tend to have their onset in adolescence and young adulthood, are increased among autistic youth.

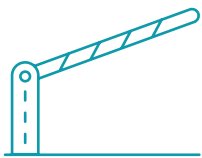
Depression is one of the most common co-occurring mental health conditions affecting autistic youth. It occurs in ~11% of autistic people vs. ~5% of non-autistic people.

2. In autistic individuals, depression increases with age and is more common in individuals assigned female at birth.
3. Suicidal thoughts and behaviours are more common in autistic youth than other people. Assessing risk and developing safety plans is really important.

Autistic youth often encounter barriers to accessing mental health care.

What are the barriers?

- Some mental health services exclude people with an autism diagnosis
- Some mental health clinicians do not have enough knowledge or experience supporting autistic youth
- It can be hard for autistic youth and their families to navigate our fragmented mental health system



Tip for diagnosing depression in autism: Clarifying current depression symptoms and impairment from longstanding difficulties is challenging. Try to disentangle recent changes in sleep and thought patterns from those that are longstanding. This can help to clarify whether symptoms represent a shift from ‘the norm or baseline’ for an individual and may be part of a co-occurring mental health condition, like depression.

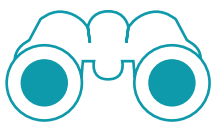
Tips to improve assessment and recognize depression in autistic youth:



Mental Health Appointments

Appointments at doctor’s offices or other mental health settings can be draining, feel unsafe or uncomfortable for autistic youth. Allow for modifications to tailor the assessment format to the youth you are assessing.

- Ask about preferences for appointments and offer choice (e.g., virtual, in person, phone appt).
- Explore how different modalities may facilitate communication/response to questions (e.g., camera on/off, using chat function/emojis).



Depression can be difficult to spot in autistic youth

In addition to asking about changes in mood (e.g., increased sad mood or irritability), look for these indicators that a mental health condition may be present and contributing to impairment:

- Changes in the level of enjoyment and/or time spent on regular interests/activities (e.g., withdrawal of engagement in usual social/recreational activities).
- Changes from usual routine (e.g., sleep, eating, daily functions and routine activities).
- Uncharacteristic responses or changes in behaviour (e.g., change in irritability, aggression).



It can be challenging for autistic youth to express their emotions

- Additional support or explanations may be needed to help youth respond to questions as they relate to their unique situation.
- Try, where possible, to get input from family or others close to an individual seeking help.
- Questionnaires that measure symptoms of depression can be helpful (see: <https://cundilldepressioncaretool.camh.ca>).
- Note: usual clinical cut-offs on these questionnaires are not validated to measure depression in autistic youth. However, scores can be used descriptively to complement other information collected and track symptoms over time.

Tips to guide treatment for depression in autistic youth:

There are very few studies that focus specifically on assessment/treatment of depression in autistic youth. The current guidance is to provide care that is in line with best practices for youth depression.



A note on safety

Recent evidence indicates the risk of suicide is increased in autistic youth².

- Assess for risk of suicide or harm to self/others.
<https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>
- Prepare for mental health crises.
- A Mental Health Safety Plan can promote safe practices and may prevent emergencies.
https://www.yorku.ca/health/lab/ddmh/wp-content/uploads/sites/407/2021/04/Mental-Health-Literacy-Guide-for-Autism_Section-8.pdf



A note on talk therapy

Talk therapies for depression have not been well studied in autistic youth, though similar therapies have evidence for treatment of anxiety in autism. Modifications that tailor the approach to the individual may improve engagement and enhance uptake of skills. Some modifications that may be helpful:

- Make abstract concepts more concrete.
- Use worksheets, visuals and repeat concepts.
- Incorporate special interests/talents into therapy.
- Extend total number of sessions and/or consider reducing session length to make therapy more comfortable, provide more time to practice and identify helpful strategies.
- If a youth tends to get stuck on certain topics, distraction may be a helpful strategy as opposed to coming up with ways to challenge a maladaptive thought pattern.
- Engage family or a close contact, if possible and comfortable, to help with translating and applying skills learned to daily situations.



A note on medications

- Autistic youth may be more likely to experience side effects when treated with antidepressant medications (*e.g., agitation, hyperactivity*).
- Medications (*e.g., SSRIs*) for moderate-severe depression symptoms can be started low (*e.g. half the regular starting dose*) and increased slowly to optimize tolerability (*e.g., over 2 weeks rather than every 7 days*).

Advocate for and link to autism-friendly supports for engagement/ re-engagement in school, job, recreational activities:

The youth/young adult developmental period is a life-stage associated with higher educational attainment, relationship transitions, and first employment. This transitional period often coincides with the loss of easily available daily structured activity and school-based supports following high school.

Recent evidence suggests depressive symptoms may be higher in autistic individuals not engaged in any activity (*e.g., including school/class attendance, job participation – working, volunteering, recreational activities with others*) compared to those engaged in an activity.

Point to resources that align with an individual's interests and strengths and don't add undue stress.



Resources

To access an online tool for primary care providers and frontline clinicians on evidence-based assessment & management of youth depression:

<https://cundilldepressioncaretool.camh.ca/>

For more youth depression videos and tools search CAMH Cundill Centre for Child and Youth Depression:

<https://www.camh.ca/en/science-and-research/institutes-and-centres/cundill-centre-for-child-and-youth-depression>

For more tips on communicating with youth about their mental health, see the 'Getting Help' tip sheet

For more information on depression in autism:

<https://www.spectrumnews.org/news/analysis-pins-down-prevalence-of-mental-health-conditions-in-autism/>

<https://www.spectrumnews.org/features/deep-dive/the-deep-emotional-ties-between-depression-and-autism/>



For more information related to to Autistic mental health:

See: Autism Mental Health Literacy Project (AM-HeLP <https://www.yorku.ca/health/lab/ddmh/am-help/>)



References

1. Lai, M. C. et al. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet Psychiatry* (2019) doi:10.1016/S2215-0366(19)30289-5.
2. Chen, M. H. et al. Risk of suicide attempts among adolescents and young adults with autism spectrum disorder: A nationwide longitudinal follow-up study. *Journal of Clinical Psychiatry* (2017) doi:10.4088/JCP.16m11100.
3. McCracken, J. T. Safety issues with drug therapies for autism spectrum disorders. *Journal of Clinical Psychiatry* (2005).
4. Radoeva PD et al., Brief Report: Risk and Protective Factors Associated with Depressive Symptoms among Autistic Adults. *Journal of Autism and Developmental Disorders* (2022)