Reducing Autistic Suicidality — What Our Services Need To Do

Kent and Medway Learning Disability and Autism ***Community of Practice*** | 2 September 2026

What The Evidence Shows

Suicide is a leading cause of death for us. In Margaret Dean's doctoral research, 97% of Autistic adults had thought about ending their life and 47% had attempted it.

We are massively under-counted. Over 40% of people who died by suicide in three English counties would have received an autism diagnosis had they been assessed in life (Cassidy et al.).

It starts young. Many first attempts clustered around age 10. Primary schools need to know Autistic children are at risk.

It is burnout, not depression. Antidepressants often do not work, so the dose is raised and raised again. Autistic burnout education belongs in every suicide prevention programme.

It does not go away. Once suicidal, most Autistic people stay suicidal. People report recovery to escape medication and unsuitable therapy - so "I'm fine now" is weak evidence.

Asking is safe. Asking someone whether they are suicidal does not increase risk. Please ask.

The world is getting harder. Brighter light never switched off, streamed music everywhere, endless choice. Overwhelm builds until one more stressor arrives and there is nothing left.

What Autistic People & Families Told Us

One sentence can undo months. Serena was told she was "holding her parents to ransom", asked why she was smiling when others had "actual" illnesses, and told she had capacity to choose to die.

Wrong label, withdrawn care. Autistic overload was never once discussed. A personality disorder label was added, removed and re-added - and attitudes visibly changed each time it appeared.

Handovers fail people. Moved across the county at night, newly sectioned, to a ward that was not expecting her. Community teams routinely receive nothing on discharge.

The revolving door does not work. Tom and Robyn both described short-term help, discharge, and return. Robyn: "you mask before you are through the door of a stranger".

Do not send a link. Send a person. Being told to click a website and ring back in a week is not support.

The ward is the wrong place. Unfamiliar, alarmed, staff changing at weekends. Robyn was an adolescent on an adult ward. Sensory demand is not a preference issue.

What Serena wants understood. *She does not want to die. She wants peace in her head.*

What Services Should Do

Notice it, differently. Look for fast spikes, or simply not wanting to exist right now. A person can smile and be suicidal. Ask concrete questions - "what has happened since I saw you?" not "how are you?"

Be curious before you label. Ask whether this is an Autistic person in burnout rather than a personality disorder. You do not have to know - just be *curious*.

Say what you mean, and do it. Be literal and direct. Never tell a small lie to spare someone. If you say you will do something, do it or explain why not.

Stay for the long term. Continuity and trust with the same people, with low-level check-ins instead of discharge. This was the clearest single ask of the session.

Hand over properly. Read the passport. Never move someone without handing over their diagnosis and current state. Make hospital passports findable, read and used.

Work with the people who know them. Families hold information you need. Check everyone understands the plan and invite questions.

Now means now. Not tomorrow at nine. Not in six weeks.

Next session: November 2026 — more lived expert accounts, and breakout work on what services should do

Read more: Full meeting summary and Easy Read briefing available — both free to share with your team - https://aucademy.co.uk/kent-medway-learning-disability-autism-community-of-practice/

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