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Working with autistic people

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This information has been compiled to go alongside the NHS England guidance **Staying Safe from Suicide: Best Practice Guidance for Safety Assessment, Formulation and Management**, to support mental health practitioners in working with autistic people who may be at risk of suicidality. As with the published guidance, this includes NHS commissioned services, the private and voluntary sectors and independent practitioners. The National Autism Programme at NHS England have also published guidance on [meeting the needs of autistic adults in mental health services](#), which can be read alongside this guidance and Resource Hub.

This Resource Hub is designed to be used for practitioners working with autistic people who have a confirmed clinical diagnosis, as well as people who do not have a confirmed clinical diagnosis but are suspected to be autistic (referred to throughout as diagnosed and undiagnosed autistic people).

This resource has been contributed to by people with a range of experiences, including staff in the National Autism Programme at NHS England, clinicians, researchers, autistic people, family/carers of autistic people, and people with lived experience of suicidality. Many of the people who have contributed to this resource have multiple experiences and/or roles.

The following people have contributed to this resource:

- Dr Lou Thomas – Research Manager, Autism (National Autism Programme, NHS England)
- Thelma Goddard – Programme Manager (National Autism Programme, NHS England)
- Professor Seb Gaigg – Research Lead (National Autism Programme, NHS England)
- Dr Rachel Moseley – Principal Academic in Psychology (Bournemouth University)
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- Dr Mirabel Pelton – Research Associate (Autism Research Centre, University of Cambridge)
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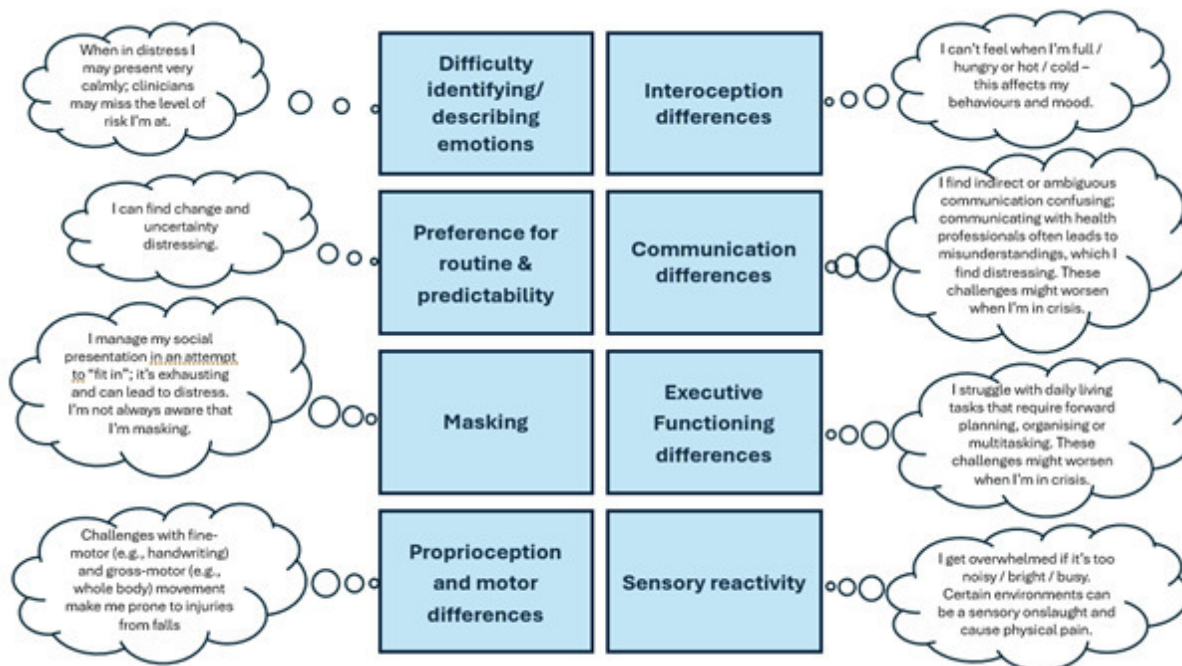


Autism, mental health and suicidality

What is autism?



Autism is a neurodevelopmental condition that impacts how a person experiences and engages with the world around them. The image below outlines some of the traits associated with autism, with example illustrative quotes for each trait.



Autistic people are at higher risk of suicide than non-autistic people

Autistic people are more likely than non-autistic adults to report symptoms of mental ill health, to be diagnosed with a mental health condition and to require mental health services. Autistic people are understood to be at a higher risk of suicide and suicidality than non-autistic people, and this risk has been found for both diagnosed autistic people and undiagnosed people who may be autistic. Autistic people are included as a priority group in the [suicide prevention in England: 5-year cross-sector strategy](#), published by the Department of Health and Social Care. Of all the priority groups identified in the national suicide prevention strategy, the autistic group is the one most likely to require additional knowledge and skills to support.

Autistic people experience barriers to accessing mental health support

Despite the increased risk of suicide and increased rates of mental ill health, autistic people report barriers to accessing mental health support. Providers often report a lack of confidence and expertise in supporting autistic people, particularly those who feel suicidal ([Corden et al., 2022](#); [Jager-Hyman et al., 2020](#)). Access to mental health care must not be limited because someone has an autism diagnosis or is awaiting autism assessment. Good mental health care for autistic adults must be provided by all mental health services; not just those commissioned specifically for autistic people.

Clinical duties when working with autistic people under the Health and Care Act

The [Health and Care Act 2022](#) places a duty on all Care Quality Commission regulated health and social care providers to ensure their staff receive training on autism that is appropriate to their role. Training should be based on the [core capabilities framework for supporting autistic people and/or people with a learning disability](#)

Dynamic Support Register (DSR) & the Staying Safe from Suicide Guidance

The Staying Safe from Suicide guidance is clear in advising against risk stratification based solely on their suicide risk, which could lead to unhelpful labelling and a false sense of predictability around risk.

The DSR is designed to support autistic people and those with a learning disability who are at risk of admission to a mental health hospital, which may include those who may be experiencing suicidal thoughts or behaviours. The DSR policy uses a RAG-rating system to indicate the level of support, coordination and multi-agency response required. It is important to ensure that RAG rating within the DSR policy is not being used to categorise people based on their level of suicide risk, rather, it must be based on people's support needs and the complexity of their circumstances.

We encourage and support professionals to adopt a biopsychosocial assessment approach in care and treatment of individuals, in line with the staying safe from suicide guidance.

Resources

- **Autism Community Priorities for Suicide Prevention** – this 2021 International Society for Autism Research (INSAR) Policy Brief on provides an overview of research into suicide in autism, barriers to accessing treatment and support and possible risk markers. This document also includes recommendations for community research priorities, and recommendations for clinicians who may work with autistic people.
- **Mental health resources for autistic people, families, and carers, produced by the Royal College of Psychiatrists** – the Royal College of Psychiatrists have produced this online resource entitled autism and mental health, which explains what autism is, how it is diagnosed and what care autistic people with mental health problems are entitled to. It is aimed at autistic adults and their family and carers but may also be helpful for younger people. The information on this page may also be useful for clinicians working with autistic people.
- **Meeting the needs of autistic adults in mental health services** – this 2023 NHS England guidance document aims to help integrated care boards (ICBs) across England, to work with all partners, particularly those in provider services, to provide high-quality assessment, intervention and support to autistic adults who have any mental health symptoms or conditions. This document outlines 10 principles to improving the quality, accessibility and acceptability of mental health care for autistic adults, across four stepped levels of care (staying well in the community, planned mental health care, crisis care, and inpatient care). This document also includes suggested reasonable adjustments, a brief outline of autism diagnostic criteria, characteristics commonly associated with autism, and a summary of the evidence on autism, mental health, and barriers to access.
- **Autism crisis support resources developed by the Autism and Suicide Prevention Working Group led by Lisa Morgan and Brenna Maddox** – this page includes a range of resources aimed at healthcare professionals, family members, carers, and autistic people. For example, it includes a '*Reasons for Living*' resource aimed at autistic people, and guidance around warning signs of suicide for autistic people and identifying autistic people in crisis.
- **Training for staff who work with autistic people** – training should be based on the **core capabilities framework for supporting autistic people and/or people with a learning disability**.

- **Suicide Prevention Toolkit for Autistic People** – this free toolkit has been developed by NHS North East and North Cumbria ICB and is hosted on Boost Learning Academy. The resource requires a free Boost account to access. The toolkit is designed to support patients, carers and professionals in health and care in identifying and assisting autistic people who are in or could experience mental health crisis.



Considerations for safety assessment and formulation

Standard practices don't fit autistic people – adaptations are needed

It is important to specifically consider the needs of autistic people in safety assessment and formulation. Autistic people may not share the familiar risk markers for suicide as observed in non-autistic people, and risk factors specific to autistic people may be missed or misdiagnosed if clinicians are not aware of the risk factors of suicidality in autism. Autistic people are also likely to require adaptations to assessment and formulation to ensure that it is accessible and meets their communication and sensory needs. Any measures or questions used should ensure shared understanding when asking autistic people about their experiences of self-harm, suicidal thoughts, and suicidal behaviours. Specialist screening and assessment tools for autistic people are still in early stages of evaluation, but some (included below) have preliminary support.

Resources – Adapted tools for use with autistic people

- **Suicidal Behaviours Questionnaire – Autism Spectrum Conditions (SBQ-ASC)** – a modified version of an existing screening test, adapted for use with autistic people. It was developed by a group of researchers led by Dr Sarah Cassidy, but the authors caution that the tool is not validated to assess suicide risk in clinical settings. Rather this brief tool is a first step for clinicians to help identify presence of perseverative suicidal thoughts, impulsivity and barriers to communication of suicidal intent.
- **Suicidal Ideation Attributes Scale-Modified (SIDAS-M)** – this publication describes the development of a modified version of an existing five-item screening test, adapted to assess suicidal ideation in autistic adults. Developed by a group of researchers led by Dr Darren Hedley.
- **Suicide Assessment Kit-Modified** – this publication describes the development of a modified clinical interview, adapted to assess suicidal behaviour in autistic people. Developed by a group of researchers led by Dr Darren Hedley.
- **Card Sort Task for Self-harm (CaTS)** – this can be used to aid assessment of psychosocial factors leading up to self-harm (although note that self-harm may not always be indicative of suicidal feelings in autistic people, see [here](#)). This has recently been adapted and tested in autistic adults and is [available on request from the authors](#).
- **Tools related to mental health** – mental health assessment tools and wellbeing plan adapted for autistic people as part of the Mental Health Autism project. Developed by a group of

researchers led by Dr Sarah Cassidy.

Resources – further reading about considerations for safety assessment and formulation for autistic people

- **Warning Signs of Suicide for autistic people: An autism-specific resource based on research findings and expert consensus** – guidance on the warning signs for imminent suicide risk in autistic people, produced by a team with a wide range of experiences (many with multiple experiences and roles), including autistic people, researchers, practitioners, and those with lived experience of suicide loss and suicidality. This contains vignettes indicating signs of suicide risk. A [talk where these are enacted](#) is also available.
- **Autism resource for warning signs of suicide: Considerations for the autism community** – this toolkit examines the warning signs for the general public listed on the American Association of Suicidology (AAS)'s website and explains important considerations to be aware of while working with autistic people.
- **Adapting Safety Plans for Autistic Adults with Involvement from the Autism Community** – this paper describes working with autistic people to create an autism adapted safety plan. It provides a helpful resource for adapting practice and support for suicidality in general for autistic people.
- **The Suicide Response Project** – a website resource aimed to support with identifying and responding to suicidality in others. This resource has been developed by researchers, academics, and psychologists. It has been co-designed with autistic and LGBTIQ+ people with lived experience of suicidal ideations, as well as their families, and people with lived experience of being bereaved by suicide or having supported someone after a suicide attempt.
- **Autistic fatigue and burnout** – this guidance by the National Autistic Society provides information about autistic fatigue and burnout, which have been linked with depression ([Benatov et al., 2025](#)) and suicidality ([Moseley et al., preprint, under review](#)). This guide looks at how autistic fatigue and burnout can affect autistic people and offers some advice for professionals.
- **Suicidality in autistic people: a mixed-methods approach to contributing factors** (PREPRINT, currently under review) – a survey of almost 1400 autistic people which focuses on the factors underpinning suicidal thoughts in autistic people.
- **Advancing our understanding of self-harm, suicidal thoughts and behaviours in autism** – a journal article that provides an overview of some of the evidence into self-harm, and suicidal thoughts and behaviours in autistic people (as of 2020), and recommendations for future research. The article presents research related to assessment and measurement, prevalence and risk markers and theoretical models.
- **Updated Systematic Review of Suicide in Autism: 2018–2024** – a journal article that provides an overview of literature published between January 2018 and April 2024, examining suicidal thoughts and behaviour, prevalence, risk factors, theoretical models, and interventions in autism. This paper builds on a previous [review](#) by Darren Hedley and Mirko Uljarević

Key considerations for working with autistic people

- Make reasonable adjustments where required (see the section on 'Making reasonable adjustments for autistic people' for support).

- Autistic people may have had previous negative experiences with healthcare professionals (for example, by experiencing care that was not adapted to their needs, or being disbelieved, dismissed, or invalidated), which may prevent them from seeking help in future (e.g., see here for UK-based autistic adults' reasons for not seeking healthcare when experiencing suicidality). Many autistic people may believe that the support they are able to access will not be helpful.
- Understand that the profile of risk may be different in autistic people (where autistic men and women are at more equal risk) compared to the general population (where a majority of those who die by suicide are men).
- Be aware that suicidal thoughts and feelings may manifest differently in autistic people. Suicidal thoughts are more likely to be perseverative.
- Understand that autistic people may struggle to identify or describe their own emotions (or identify emotions in others) and bodily signals, in conversation or when using self-reporting tools, such as questionnaires.
- Do not presume that because an autistic person tells you they are okay, or does not 'appear' distressed, that they are fine. Autistic people may mask their discomfort or distress and present very calmly when in crisis.
- If an autistic person tells you that they are distressed, or in crisis, believe them. An autistic person's outward presentation may not align with clinical expectations of what suicidal crises "should" look like.
- Avoid making assumptions based on non-verbal communication such as eye contact, facial expression or gesture. Autistic people may not use non-verbal communication in the same way as non-autistic people, particularly when in distress. Their understanding of your non-verbal (and verbal) behaviour may regress when in crisis.
- Clinicians should be aware that autistic people's capabilities may fluctuate, and they may not be able to do something one week that they were able to do the week before.
- Autistic people may need to move regularly or be able to fidget. [Stimming](#) or self-stimulating behaviour (such as repetitive body movements or repetitive use of an object) may be used by an autistic person to reduce distress and should not be discouraged if not harmful (although note that stimming behaviours may be harmful, as shown [here](#)).
- Be aware of the possibility of [burnout](#) in autistic people and note that this may be associated with suicidality.
- Consider the potential for [meltdown and/or shutdown](#). When an autistic person is anxious or overwhelmed, they may experience a meltdown (the loss of control and an outburst of emotion) or a shutdown (a state where an autistic person withdraws from an environment or interaction). Shutdowns and/or meltdowns can also be self-harming behaviours (as shown [here](#)), where increased frequency may be a warning sign for crisis.

Factors associated with suicide and suicidality in autistic people

Note: risk factors for suicide operate differently for autistic than non-autistic people. It is important to avoid making assumptions about risk based on what we understand about non-autistic people.

- A lack of accessible mental health provision and barriers to accessing support ([Brede et al., 2022](#); [Camm-Crosbie et al., 2018](#); [Moseley et al., preprint under review](#)).

- Late diagnosis, or being undiagnosed (French et al., 2023; [Newell et al., 2023](#)). Clinicians must be aware that a high proportion of suicidal people may be autistic ([Cassidy et al, 2022](#); [National Child Mortality Database, 2024](#); [Richards et al, 2019](#)), and should be attentive for undiagnosed autism in these populations.
- Self-harm, particularly cutting has been found to be associated with suicide risk ([Hull et al., 2024](#); [Moseley et al., 2022](#)). However, note that not all self-harm in autistic people is indicative of suicidal feelings, and sometimes self-harm might even be a way of coping with suicidal thoughts ([Moseley et al., 2019](#)).
- Loneliness, difference, isolation, and disconnectedness ([Hedley et al., 2017](#); [Moseley et al., preprint under review](#); [Pelton et al., 2020](#)).
- Feeling burdensome to others, failure/worthlessness and not belonging ([Moseley et al, 2022](#); [Pelton et al, 2023](#)).
- Trying to fit in by camouflaging autistic behaviours ([Cassidy et al., 2018](#); [Cassidy et al., 2020](#); [Hedley et al., 2017](#); [Moseley et al., preprint under review](#); [Pelton et al., 2020](#)).
- Co-occurring autism and ADHD (often called AuDHD) is associated with higher risk, and this seems to be partially through greater feelings of burdensomeness and greater likelihood of trauma ([Moseley et al. 2024](#))
- Trauma, victimisation, major and minor stressors. Clinicians should be aware that autistic people may experience a wider range of stressors as traumatic, compared to non-autistic people ([Moseley et al., preprint under review](#); [Pelton et al., 2020](#); [Rumball et al., 2020](#)).
- Exhaustion and overwhelm, which has been linked to day to day stressors, camouflaging autistic traits, and burnout ([Moseley et al., preprint under review](#)).
- Reproductive transition points, like menopause, may be times of particular difficulty, where suicidal thoughts and behaviour may be heightened ([Brady et al., 2024](#); [Moseley et al., 2021](#)), including in autistic people who aren't currently diagnosed. Guidance for clinicians is currently being produced.



Considerations for safety management and safety planning

Specific suicide prevention interventions designed for autistic people are limited, although adapted versions of tools and dialectical behaviour therapy (DBT) interventions have initial feasibility evidence. However, where clinicians are unable to offer these approaches, reasonable adjustments should be made to existing services and therapy offers. See the section on 'Making reasonable adjustments for autistic people' for support.

- **Autism Adapted Safety Plan (AASP)** – alongside a link to download the AASP and accompanying resources, this page provides an overview of why adapted safety plans may be useful in supporting autistic people experiencing self-harm and/or suicidal thoughts and behaviours, and the supporting research for these. This the only suicide prevention intervention

that has been clinically tested for use with autistic clients. The [pilot RCT](#) shows the AASP is safe to use and acceptable to autistic adults and those who support them.

- **Dialectical behaviour therapy outcomes for adolescents with autism spectrum conditions compared to those without: Findings from a seven-year service evaluation** – a service evaluation compared the outcomes of a comprehensive DBT programme for adolescents with a diagnosis of emerging BPD and a co-occurring autism diagnosis, compared to those without an autism diagnosis. There were no significant differences in outcomes between autistic and non-autistic groups, indicating that DBT may be a useful treatment model for autistic people.
- **The effectiveness and safety of dialectical behavior therapy for suicidal ideation and behavior in autistic adults: A pragmatic randomized controlled trial** – a study comparing the effectiveness of adapted DBT with treatment as usual (TAU) for autistic adults, post-treatment and at 6- and 12-month follow up. Post-treatment, DBT significantly reduced suicidal ideation and suicide attempts compared to TAU, although this was not significant at 12-month follow up. Findings indicate that DBT is an acceptable, safe, and short-term intervention to reduce suicidal ideation, and suicide attempts in autistic adults.
- **Leveling up dialectical behavior therapy for autistic individuals with emotion dysregulation: Clinical and personal insights** – this article provides a synthesis of the first author's experiences of DBT as an autistic person and professional insights from all authors. It includes helpful information on how to adapt DBT for autistic people. Adaptations include visuals, graphics, and a gaming format that targets the autistic person's interests.
- **Supporting autistic children and young people through crisis** – a resource produced by the charity Autistica, which aims to help those working in mental health and crisis services to support young autistic people experiencing a mental health crisis. This resource explains the context of mental health challenges and suicidality in relation to autism. It highlights barriers to accessing services for autistic people and suggests adaptations that should be made to make services more accessible and inclusive.



Making reasonable adjustments for autistic people

When clinicians are aware that someone is autistic, or recognises that the person may be autistic, they should ask the person about their preferences and any reasonable adjustments. Autistic people have a right to reasonable adjustments, as described in the [Equality Act 2010](#). Highlighting the need for all clinicians within teams to make reasonable adjustments is a simple and yet potentially extremely impactful intervention.

Note: If an autistic person appears to reject a service or intervention, it is vital to check whether that's because of a failure to provide reasonable adjustments. This can render any service inaccessible. Teams must consider whether any of the following resources or example reasonable adjustments might help the person engage.

Resources

- **Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings | British Journal of Hospital Medicine** – A framework developed by researchers which aims to facilitate equitable access to clinical services for autistic people. This uses the acronym 'SPACE', which encompasses five core autistic needs: Sensory needs, Predictability, Acceptance, Communication and Empathy.
- **Sensory-friendly resource pack** – a document produced by NHS England, in co-production with people with lived experience, family/carers, and clinicians, which sets out ten sensory principles. These are primarily intended to support autistic people in inpatient wards but could be adapted for other environments such as community services reception/treatment/therapy rooms.
- **Autism: Making reasonable adjustments in healthcare** – an article in the British Journal of Hospital Medicine that sets out why it is important to identify autistic people, and how clinicians can make reasonable adjustments in any healthcare service in which they work.
- **Mental Health in Autism - Guide for GPs** – a short guide which provides an overview of how to conduct an autism-friendly consultation.
- **Adult Autism Strategy: Supporting its use** – statutory guidance for local authorities and NHS organisations that clearly states that autistic people should have support adjusted to their needs if they have a mental health difficulty and the change is considered reasonable.
- **Supporting autistic children and young people through crisis** – a resource produced by the charity Autistica, which aims to help those working in mental health and crisis services to support young autistic people experiencing a mental health crisis. This resource explains the context of mental health challenges and suicidality in relation to autism. It highlights barriers to accessing services for autistic people and suggests adaptations that should be made to make services more accessible and inclusive.
- **'Anything but the phone!': Communication mode preferences in the autism community** – this journal article explores the communication preferences of autistic adults and examined how they prefer to communicate in multiple scenarios. This paper provides a helpful overview of service accessibility for autistic people in general and provides an overview of communication needs and preferences.

Examples of reasonable adjustments for autistic people

Note: is important to ask autistic people for their own preferences and any reasonable adjustments that they need. The below list provides examples of reasonable adjustments. Not all autistic people will need all of these, and needs will vary dependent on the person.

The **Know Your Normal** toolkit from Ambitious About Autism can support autistic people to describe what their own normal looks like, how their current experience differs from this, and what supports and adjustments might be helpful to them.

- Make appropriate adaptations to the sensory environment where possible. For example, adjust bright lighting, close blinds to reduce glare, reduce visual clutter and noise or echo (e.g., turning off fans and closing doors to noisy communal areas), avoid strong smelling products in therapy/treatment rooms and waiting areas (e.g., perfume, cleaning products, food). To support

with making adaptations to the environment, you can ask autistic people to review the sensory environment and make recommendations for improvement.

- Accommodate autistic people's communication needs (e.g., do not require telephone communication, which is difficult for many autistic people),
- Use clear, direct and unambiguous language. Avoid the use of jargon or metaphors, ask specific questions, and be explicit with questions. Check for mutual understanding.
- Provide information in multiple formats, for example written or visual information as well as verbal information, where required. Having a written record of the information they were told during the appointment can help an autistic person to reflect on and absorb what has been discussed and not rely on recollection.
- Reduce distress caused by uncertain or unpredictable care. For example, provide information in advance about any interventions or procedures, and what will happen in appointments. This can minimise the likelihood that someone will need to contact a service for information or clarification, which may be distressing or impossible for autistic people.
- At the end of a session or an interaction, be clear as to what has been decided, and what will happen next.
- Give an autistic person time to process information and ask questions if needed.
- Offer longer or shorter appointment times depending on the autistic person's needs. For example, some autistic people may require more time to process information and require longer sessions, or a shorter session may prevent someone from becoming overwhelmed.
- Have a quiet space available for people waiting for appointments.

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