

MENTAL HEALTH & AUTISM

A GUIDE FOR PROFESSIONALS ON IDENTIFYING AND ADDRESSING MENTAL HEALTH SYMPTOMS IN CHILDREN AND TEENS WITH AUTISM

CHALLENGES IN IDENTIFYING CO-OCCURRING DISORDERS

Mental health symptoms in autism may be missed for a variety of reasons:

- **Diagnostic Overshadowing:** Core symptoms of autism might overshadow or mask the presence of mental health challenges.
- **Symptom Overlap:** Autism symptoms appear similar to some mental health conditions, making it difficult to parse out symptoms.
- **Unique symptom presentation:** Autism symptoms can interact with mental health symptoms, resulting in a unique behavioral presentation.

HOW MANY CHILDREN ARE AFFECTED?

- Around 7 in 10 youth with autism also have at least one co-occurring mental health condition.
- Many mental health symptoms are noticed in childhood, and some as early as preschool.
- Anxiety, depression, and Attention-Deficit/Hyperactivity Disorder (ADHD) are the most common diagnoses that can co-occur in youth with autism.



DIFFERENTIATING SYMPTOMS

The first step in the diagnostic process is to identify whether symptoms can be explained by autism. If not, the next step is to determine whether symptoms or behaviors are indicative of a mental health condition in addition to autism.

Anxiety

- Symptoms of anxiety include fear or anxiety disproportionate to the situation.
- Anxiety can manifest as avoidance and/or fearful anticipation of activities.
- **Assessment Tip:** Be aware that there are unique symptom presentations in autism, such as phobias with a very specific focus (e.g., fear of lemons, pizza bubbles, graffiti, anxiety around schedule changes, accessing preferred interests, or fear of certain sensory experiences).

Depression

- Symptoms of depression include losing interest in previously enjoyed activities, feeling down for extended periods of time, fatigue, changes in sleep or appetite, difficulty concentrating, slowing of thought or movement, or suicidal ideation.
- In children, depression may manifest as irritability.
- **Assessment tip:** Youth with autism may present with flat affect or social withdrawal which could overshadow or mask depression symptoms.

ADHD

- Symptoms of ADHD include the following:
- **Inattention:** Difficulty with organization, concentrating, following through & keeping track of belongings.
- **Impulsivity:** Interrupting others, blurting things out, & difficulty waiting.
- **Hyperactivity:** Restlessness, excessive fidgeting & high activity levels.
- **Assessment Tip:** Some youth with autism may be able to "hyperfocus" for preferred activities, but have attentional challenges for non-preferred activities such as schoolwork or chores.

WHAT TO LOOK FOR

The following may indicate concern for a co-occurring mental health condition:

- A significant change in behavior that is different from the individual's norm (e.g., change in frequency or intensity of behavioral outbursts).
- When previously effective strategies, including those for core autism symptoms, no longer work.
- When symptoms can not be explained by autism or other developmental differences.
- When symptoms interfere with day-to-day functioning.



USING CBT STRATEGIES

Below are suggestions for professionals who work with youth with autism who have anxiety, depression, or ADHD. These strategies come from Cognitive Behavioral Therapy (CBT). CBT assumes there is a relationship between thoughts, feelings and behavior. CBT teaches skills such as positive self-talk and relaxation strategies, and supports youth in gradually approaching difficult or feared situations.

Anxiety & Depression

- **Validate and help label feelings:** Say things like "it's okay to feel sad." Validate using nonverbal strategies (facial expressions, gestures) for youth with less language.
- **Prepare for new situations:** Use visual strategies to prepare for new situations.
- **Self-care:** Establish a regular self-care routine, and routine for practicing relaxation strategies such as deep breathing.
- **Exercise or physical activity:** Encourage walks, bike rides, or hikes, or any other enjoyable physical movement.
- **Positive self-talk:** Help the child or teen learn simple, positive phrases to help them cope with difficult situations (e.g., "I can do it" or "It will get better.")
- **Brave Behavior:** Encourage anxious youth to face their fears a little at a time.
- **Keep busy:** Staying engaged with enjoyable activities helps with depression symptoms. Consider scheduling outings or activities, or 1:1 time with family members or friends, so there is something to look forward to.
- **Sleep schedule:** Keep the child or teen on a consistent sleep schedule.

ADHD

- **Movement:** Schedule movement breaks throughout the day.
- **Limit distractions:** Minimize distractions such as screens, music, or high-interest activities.
- **Rewards:** Use a reward system with clear expectations and positive reinforcement.
- **Break large tasks into smaller steps:** Break up demanding tasks, such as homework assignments, into smaller, more manageable chunks.
- **Create clear organization systems:** Utilize written planners or to-do lists.
- **Visual supports:** Use schedules, checklists, or visual models of completed tasks.

WHEN TO REFER TO A MENTAL HEALTH PROFESSIONAL

If symptoms are excessive, persistent, interfere with functioning, or when usual strategies no longer work. The sooner youth receives support, the better their outcomes will be.

Publicly Available Mental Health Screeners:

- Anxiety: [The Screen for Anxiety and Related Disorders](#) or the [ADAA free screening tool](#)
- Depression: [The Adapted PHQ-9 for Adolescents](#) or the [Center for Epidemiological Studies Depression Scale for Children](#)
- ADHD: [NICHQ Vanderbilt](#) or the [ADHD-self Test from Attitude](#)



WHERE TO REFER

- **Mental Health Providers who can modify treatment according to needs and strengths of individuals with autism**
- **The provider does not have to be an “autism-expert” as long as the provider is willing to see the child or teen, and can tailor treatment accordingly**
- **In an emergency:**
 - Call 911
 - Or text HOME to the National Crisis Text Line at 741741
 - If living in Colorado, call the Colorado Crisis Line at 1-844-493-8255



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