People with AS can be extremely sharp at theoretical understanding of their problems as well as of various medical, psychological and therapeutic interventions, especially when these are available in written form. In fact, they can appear so knowledgeable that professionals might be misled to think that the person "has got it all" and does not need further help. The problem often lies in the transfer of theoretical understanding into one's everyday life. This could be likened to a split between the mind and the body/emotions, as if they belonged to two different people.

Unexpected or atypical reactions to medications are common, people may need much lower (or possibly higher) doses of medication than would usually be expected, or may show reactions and side effects that would not usually be associated with that medication in a typical person.

"My psychiatrist acknowledges when things don't go right and by acknowledging it as a problem, he doesn't solve it but he makes it less; appreciating and respecting that; it means something to me."

This list is by no means exhaustive, but it is hoped to enhance the understanding of mental health professionals when dealing with people on the Autistic Spectrum.

For more information on Autism and mental health see the joint ARGH / HUG report:

http://www.arghighland.co.uk/pdf/arghhug.pdf

For information on Autistic collective advocacy / autism awareness training contact

info@arghighland.co.uk

For support and information relating to suicide:

- Breathing Space 0800 83 85 87
- The Samaritans 08457 90 90 90
  By email: jo@samaritans.org

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www.arghighland.co.uk

ARGH
Autism Rights Group Highland

Autism
Asperger Syndrome

Advice for Professionals in the Mental Health Services

NHS Highland

Inform Educate Campaign Challenge

Autism, including Asperger Syndrome affects about 1% of the population (Brugha, 2009), this group of people are particularly prone to mental health difficulties, such as depression, anxiety, phobia and OCD. Since the diagnostic services for Asperger Syndrome (AS) in people with average or high IQ (approximately 75% of all people on the Autistic Spectrum) have only recently been developed in Scotland, it is most likely that adults over the age of 30 will not have a formal diagnosis, but may have read enough on the subject to know that they fit the criteria for it.
For mental health professionals involved with people with AS, the following considerations would be most helpful:

"Growing up in a world that I didn't (still don't) understand was very stressful for me; I used to think there was something wrong with me, maybe I wasn't trying hard enough."

People with AS often feel very unsure about what questions they should ask and how to describe their feelings, what is important to mention and what is not. Their lack of social contacts means that they have nothing to compare their pain, fears and other experiences with and find it hard to rate these in terms of severity. Also, depression, anxiety and OCD have usually been part of their life since infanthood, so they can't be rated against a time when they were absent.

Appearing so knowledgeable and articulate on the one hand, health professionals might wonder why the person with AS has such difficulties picking up social cues and communicating or interpreting feelings. It is this area in which they need most help in order to access any form of therapy aimed at enhancing social contacts and combating loneliness. Professionals have to be prepared to explain what might otherwise be taken for granted and to respond to unexpected questions.

"I've never met a normal person but we are conditioned to appear 'normal.' I remember going to my first nursery. Because I didn't play with other children they took my toys away to make me socialise."

Clear language as opposed to vague statements or even sarcasm (which often cannot be understood by people with AS) is essential. It should always be made clear from the onset who the various professionals involved with the person are, what their role will be, when, where and for how long they are going to see the person and what they expect of the person with AS. If possible, such guidelines should be given in written form, as it might be difficult for a person with AS to take in and retain what has been conveyed orally. This clarity is especially important when establishing emergency procedures.

For a person with AS it can be easier to commit suicide than to pick up the phone, trying to explain their emotional state to a stranger at the other end of the line. An emergency procedure in such a case could mean that the person only has to say their name and a phrase such as: "I need help", in order to be forwarded to the appropriate department or professional.

The triggers for stress causing mental health problems often lie in areas which would never be thought of as triggers by neurotypical people, e.g. penetrating smells, electronic noises, suffocating clothing, neon lights, to name but a few. Sensory differences are common in autistic people; hypo or hypersensitivity can lead to distress and may give rise to behaviour that a person on the outside finds puzzling. People experiencing sensory overload may withdraw, shutdown, or appear uncooperative. Extreme care should be taken not to misinterpret this as wilful hostile behaviour. Experiencing the world so differently also leads to alienation from other people and hence to profound loneliness, despite great efforts of being included. It might be compared with bringing up a cat in a pack of dogs. The cat will never become one of the dogs, however much everybody tries to make it like them.