# SUPPORTING PEOPLE WITH AUTISM TO LIVE THEIR LIVES

Supporting planned admission and discharge

## **Background before support**

iysha is 27. When she was 11 years old she started to feel very anxious after her parents went to stay with relatives in Africa for a short period. She began having flashes of thoughts that were violent and unlike her usual thoughts. She heard voices that other people couldn't hear which were always negative, telling her she was fat, or saying she should self-harm or kill herself. Aiysha describes it as like "being in an abusive relationship with yourself". Aiysha found the school environment difficult to manage and home schooling was introduced that she found suited her better.

When she finished school, Aiysha went to college, but found that her mental health "got in the way" and she left after a month. She worked in a fish and chip shop and then as a cleaner in a holiday camp but as she progressed in each job she was asked to take on more challenging work and her managers didn't understand her mental health needs. Aiysha was eventually signed off work.

Aiysha found it difficult to speak about her voices and was worried others would think she was "mad" so she didn't tell anyone about the voices until she was 19. She first spoke about it in detail to her mother, who has supported her through her experiences. She started seeing a psychologist after that but her psychosis was getting worse, she was harming herself and had a plan to end her life. The psychologist could see that she needed more help and got her referred to a hospital.

Aiysha found hospitalisation was "terrifying" and although she went in voluntarily she was sectioned for her own safety. However, over time she felt better and she made many good friends who she could talk to about her voices because they understood.

Aiysha was given a diagnosis of borderline-personality disorder. She was prescribed quetiapine (anti-psychotic) and diazepam and other medications for anxiety. She was offered 'Talking Therapies' such as psychotherapy, but she found it difficult with the interruption from the 'voices'.

Despite this she thinks she's on too much medication and gets the side effects of medication but it's hard to say if they are having an effect. However, she does take them because she thinks the voices might be worse if she stops.

Aiysha hates being on benefits and wants to work. In the past she wanted to be a nurse but thinks she might not able to because of her mental health history. She really wants to share her own experiences to help others.

## The skills, competences and knowledge to make a positive change.

## The Hospital Psychiatrist

In hospital Aiysha's psychiatrist suggested to her that she might be autistic. At first Aiysha didn't like the idea but she agreed to a referral and after she was discharged she had an assessment with the local specialist autism team and was diagnosed with High Functioning Autism.

Her psychiatrist realised that being in hospital longer than necessary was not a good thing so with Aiysha and the ward staff they had a discharge plan prepared from the second day after she was admitted.

Her psychiatrist wanted her to be at home in her community for the autism assessment, rather than staying in hospital, out of her normal routine.

A re-referral was made to psychology who could make adjustments to the therapeutic approach to take into account her diagnosis of Autism.

#### **Hospital Staff**

The ward staff used 'Safewards' techniques (http://www.safewards.net/) to make the ward as 'low arousal' and treatment as constructive as possible. All the staff including domestic and catering and security staff had done autism awareness training.

Patients were often invited back to talk about their experience to meetings of staff and patients, after her discharge Aiysha did this.

### **The Housing Support Worker**

When she was discharged from hospital Aiysha entered supported living accommodation. She felt embarrassed and kept to her own bedsit, which made the staff worry that she wasn't managing. Aiysha felt the staff were always checking on her when she didn't expect it and she found this too intense.

One of the support workers realised that this was stressing Aiysha out and together they agreed a plan so that she would know when staff were going to check on her and agreed a system where she could 'defer' the check for ten minutes, or say when she needed more support. The support worker helped her register for her own flat and enrol on a course at college for independent living skills. They also used online resources to learn coping techniques such as mindfulness which encouraged Aiysha to feel she could help herself. Aiysha feels that she is now more open about her needs and better able to look after herself.

The housing support worker also encouraged her to make links with a local 'Wellbeing Centre' that delivered services and provided information on how to look after yourself. The housing support worker visited with Aiysha and helped her to make a link with someone at the 'Wellness Centre' so she felt more confident in attending in the future.

#### **GP**

Aiysha's GP understands the long-term side-effects of the anti-psychotic and sedative medication that she needs so has made a very long-term plan to gradually reduce it.

## Outcome achieved for Aiysha overarching outcome

Aiysha manages her conditions and has a fulfilling and rewarding life.

## **Supporting outcomes**

- Aiysha feels safe and comfortable in the supported living situation with a plan to move to her own place when she feels ready.
- · Aysha reduces her medication in a safe way.
- Aiysha learns more about High Functioning Autism and gets support from other 'aspie girls.'
- Aiysha's relationships with her family are protected and strengthened.
- Aiysha can talk to other patients on the hospital ward and feel that she is helping others.
- Aiysha has confidence that if she needed hospital treatment again it would be compassionate and for the shortest time necessary.