

# **SUPPORTING PEOPLE WITH AUTISM TO LIVE THEIR LIVES**

**Making reasonable adjustments:  
Mental Health and Autism**

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**Julia**

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## Background before support

Julia is a 27-year-old woman who was diagnosed with autism at the age of 12. She has poor social imagination and struggles to make sense of other people's behaviour. She shows very poor social communication skills, finds "chit-chat" pointless and presents as difficult to engage. She often seems suspicious and uses little or no facial expression. Julia knows that she thinks in very black and white ways and finds it difficult to reconcile differences with others. Julia says she develops obsessive interests in things (e.g., if she likes a certain object she will purchase it in every colour available). She also follows fixed daily routines and struggles to cope if she has to change them. Julia has sensory sensitivities to background or loud noise, light and smell, which limit her daily life.

Julia lives alone in a small flat and rarely goes out. She spends a lot of time playing games on her mobile phone. If she needs to go out she feels very anxious and copes by drinking alcohol or smoking cannabis, although she knows that overuse of the latter can make her feel paranoid. Julia does not get on with her family as she feels like an outsider. She struggled to make friends at school and shows no interest in learning new skills. She has poor literacy levels and finds reading "pointless." Julia began to use drugs and to self-harm from the age of 14 and has a history of drug-induced psychosis and severe social anxiety. She is unwilling to take anti-psychotics as they make her feel drowsy.

During a significant deterioration in her mental health Julia presented herself at A&E late at night. She had taken a large quantity of prescribed anti-depressants with alcohol and told A&E staff that she could not cope, asking how long it would be before the anti-depressants took effect and how long it would take to get seen. The on-call Emergency Mental Health Team were contacted and visited Julia in the A&E department to undertake an initial mental health assessment. They found she was at risk of harming herself but were unsure if her intention was to die. It was thought that a short period of further assessment was needed to determine her mental health needs and to plan her support upon discharge once her treatment had completed.

The team who carried out the assessment included an Adult Mental Health Practitioner who had received autism training and it was confirmed with Julia that she had a diagnosis of autism. The AMHP spoke with A&E staff to see if they could find a quiet cubicle for Julia whilst they awaited transfer to the local mental health unit. She was also able to inform staff at the unit in preparation for her admittance.

Upon arrival at the mental health ward Julia became very distressed. She was frightened of having to engage with strangers and complained that the environment was too noisy. She was uncooperative and wanted to go home.

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

### Staff Nurse

The mental health staff nurse that had spoken with the AMHP prior to Julia's arrival at the mental health ward had undertaken medical training on autism. She was aware that Julia's anxiety levels might be acute, that she might find it difficult to adapt to her new environment and to talk to people she did not know. She was keen to engage positively with Julia, reducing her anxiety levels by making reasonable adjustments around her as appropriate and practicable. She introduced herself and took Julia to her bedroom, using this quiet space away from the main ward to talk. She spoke to Julia about things she liked to do and found she enjoyed playing her mobile phone game. The staff nurse asked Julia to show her what she liked to play and engaged in a conversation about how to play the game and what level she was on. After allowing her a short time of playing on her phone, the staff nurse asked Julia if she could show her a leaflet about the ward and she agreed.

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The leaflet was in easy-read format as the staff nurse was unsure of Julia's literacy skills but knew that in any case, if psychotic and anxious, the processing of information would be difficult for Julia. The leaflet explained the ward and the process of admission and Julia could refer to it again if she needed reassurance in these areas. The staff nurse told Julia that a doctor was on his way to admit her to the ward but Julia said she did not like male doctors and asked for a female instead. The staff nurse was able to arrange this from a neighbouring ward. The staff nurse adopted a person-centred approach, involving the patient in their own care planning and allowing her the opportunity to express what was important to her.

## **The Admitting Doctor (Psychiatrist)**

The female admitting doctor arrived and explained her role. She would only need to do a basic physical examination as other tests had been recorded by A&E. When asked if her blood pressure and temperature could be taken Julia looked unsure. The doctor showed her the equipment and described how it worked. This enabled Julia to feel more comfortable with the doctor and trust her with what was expected on the ward. The doctor explained that she would come and see her again in the morning to see how she was and went to the office to complete the paperwork.

The plan was that Julia shouldn't be in hospital for long and the Community Mental Health Team was contacted the next day to alert them of the admission and to begin the early planning for her discharge back to her flat.

Through ward observations the staff and psychiatrist identified that Julia was seeing and responding to experiences that did not appear to be present to other people. They assessed that she was having a psychotic experience and asked her patiently about the experiences she had had and explained different medications that could help. Julia was resistant to trying anti-psychotics as she didn't like taking tablets and felt she may overdose again, instead opting for an injection medication (depot). The injection would minimise her psychosis and would be monitored upon her discharge to support recovery and wellbeing.

## **Health Care Support Worker**

The following morning Julia met her appointed support worker. The Staff nurse had requested they be female following Julia's stated discomfort regarding male doctors. The Staff nurse told Julia that the support worker liked playing mobile phone games and excused herself to complete some paperwork. When she left a conversation struck up between Julia and the support worker about the games they played. The support worker's role was to work with Julia and provide daily care so it was important to build a good relationship. Later the support worker took Julia around the ward and showed her the layout, including quiet areas she could go to sit away from the busy main ward. Ensuring Julia knew where everything was and who she could go to helped reduce her anxieties. The support worker also introduced her to the occupational therapist.

## **Occupational Therapist (OT)**

The OT and support worker showed Julia the structures available to orientate her to the ward and so that she was aware of the routines. The ward had a board with photographs of each member of staff so that patients knew who they were and what they did. There was also a small picture next to each of them to show what their favourite hobby was. In her bedroom, there was a further board showing the staff team responsible for her care and a list of daily activities she could engage in. In the dining room was a menu board with photographs of the meals available.

The OT introduced a 'now, next and later' board so that Julia knew what was happening. She also included her in activity groups on the ward, but mostly allowed her to come and go in these sessions as she pleased.

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There was a reasonable adjustment box with fiddle toys and mindfulness colouring books that Julia enjoyed using. Julia felt comfortable with the staff because they were patient and asked clear questions that she could understand. They enabled her to have her own personal space when required.

## Community Psychiatric Nurse (CPN)

Following admission, the CPN from the Community Mental Health Team (CMHT) visited Julia on the ward to identify any issues that may have impacted on her mental well-being whilst living in the community. She included this information as they worked together to plan the practical support she would need upon discharge to help with her recovery.

The CPN had undergone autism training and worked with Julia to help her begin to understand the relationship between her psychosis, anxiety and autism. Julia's health care plan included developing her ability to recognise how her autism impacted on her emotionally in addition to support for her additional mental health condition/s taking particular account of her needs associated with her autism at home and in the community.

Julia also started to work with her CPN to develop a relapse-or-crisis Contingency Plan they could action when things were particularly hard in order to prevent future admission/s. The nurse took into account that autistic patients like Julia are more likely to take such plans seriously and make use of them precisely as agreed.

## Outcome achieved for Julia

Julia received the mental health support she needed that took her autism into account.

## Supporting outcomes

- Julia was discharged from hospital following the assessment into the care of the Community Mental Health Team, with a plan for her discharge and preventing future admissions.
- The support plan was person-centred and took into account her needs as an autistic woman alongside her mental health and other needs.
- Julia developed new skills, new communication tools and discovered mindfulness colouring books helped while in hospital to manage her anxieties.
- Julia was to receive support from the community team to manage her drinking and cannabis use. She was also referred to the drug and alcohol service who were informed of her need for reasonable adjustments.
- Julia received appropriate and timely support, with flexibility to engage at her own pace.
- In the community, an art-psychotherapist was also assigned as it was felt this was more appropriate for Julia than talking therapies. This enabled Julia to express her anxieties.
- The depot medication resulted in improving her mental health and reducing the need for oral medication.
- Julia was also informed of a peer support group and was able to attend to receive support from other people who had faced similar experiences.

