Mental health in children and young people with autism: A guide for parents and carers
This guide provides a brief overview of the sorts of mental health problems children with autism may experience; information and advice on preventing and reducing mental health problems and promoting emotional wellbeing; and information on the different types of help and support available. It has been produced as part of our You Need To Know campaign to improve the lives of children and young people with autism. We use the term ‘autism’ throughout to describe all conditions on the autism spectrum, including Asperger syndrome.
It is important for you to know that mental health problems are not an inevitable part of autism. People with autism can have good mental health just as anyone else can have good mental health. However, we do know that many children with autism develop mental health problems as they get older. This is often because the people they meet in their day-to-day lives don’t understand autism and so don’t help and support them in the right way, and because school, making friends and ‘fitting in’ can be difficult.

Children with autism can also find it hard to understand and communicate how they are feeling, so their problems stay bottled up and are not dealt with.

This guide includes tips about how you can help your child to express their worries and feelings and promote good mental health.

Our campaign highlights some of the worst failings in the child mental health system, as we want to push the Government and other decision makers to improve this system urgently. But it is not all bad: you need to know you’re not alone, that help is available, and that the right support can make a huge difference to your child’s health and happiness.

“I felt relaxed there. I felt really relaxed there, I was safe. The person I was seeing I felt safe to talk to. She was brilliant, absolutely brilliant, yes. She sort of liked to talk about what I wanted to talk about, she was prepared to talk about what I wanted to talk about.”

Young man with autism talking about his experiences of child mental health services.

This guide tells you how to get support from statutory services, but there are also voluntary organisations that can provide information, advice and support to your child and the whole family. A list of these can be found in the ‘Sources of support’ section at the end of this guide.
Like all children, children with autism can experience a range of mental health problems. Some of the most common are anxiety and depression. Other conditions include conduct disorder, ADHD (attention deficit hyperactivity disorder) or ADD (attention deficit disorder) and OCD (obsessive compulsive disorder).

This guide doesn’t go into detail about individual mental health conditions. For information on the conditions mentioned above and others, we recommend the YoungMinds website: www.youngminds.org.uk and The Royal College of Psychiatrists website: www.rcpsych.ac.uk See ‘Sources of support’ at the end of this guide for full contact details.

Because autism is a complex disability it can be harder to diagnose mental health problems in children when they develop. Some of the behaviours that are common in children with autism, like rituals and ‘obsessions’, can easily be misinterpreted as mental health problems. Likewise, a genuine mental health problem, like anxiety, can be written off as a characteristic of autism.

It takes expertise to unpick what is autism and what is a mental health problem, and that’s why it’s so important that children with autism are seen by practitioners who have a good knowledge and understanding of autism.

Over the page we have outlined a few of the difficulties in distinguishing mental health problems from autism so that you know what some of the common pitfalls are.
• Some practitioners consider anxiety disorders to be an inevitable and unavoidable side-effect of autism, rather than a preventable and separate condition to treat.

• Autism-related personal obsessions, rituals and routines can lead to a false diagnosis of OCD. It can be difficult to distinguish between these, but, as a general rule, children with autism actively want to engage in their rituals and find them enjoyable and comforting, whereas, they would feel compelled to carry out OCD rituals and find them distressing.

• Peculiarities and fads about what a child is willing to eat can be misdiagnosed as an eating disorder.

• A limited understanding of autism can sometimes mean sleeping difficulties or an aversion to human touch – both associated with autism – are wrongly attributed to possible abuse-related trauma.

• Some people with Asperger syndrome are misdiagnosed with schizophrenia because they may appear emotionally flat (a symptom of schizophrenia) and respond to questions like ‘Can you hear voices?’ literally (they may hear them in the next room, for example, not in their head).
Medical check-ups
A sudden change in your child’s mood and behaviour could be explained by an underlying physical problem, like earache. Because children with autism can find it difficult to communicate that they are in pain, even if they have good language skills, they may express it through other ways like banging their head or ear. Look for clues in your child’s behaviour that may suggest a physical problem and make sure your child has regular medical check-ups.

Diet
Research suggests a link between food and mood, and a good, well-balanced diet is important for health and wellbeing. But this can be difficult to achieve for children with autism, who can sometimes have an extremely restricted diet or eat more than they should of certain foods.

Vitamin supplements can help boost restricted diets, and the mental health charity, Mind, has produced a guide to food and mood, which you may find useful and which you can download from their website www.mind.org.uk

If you are having difficulties with your child’s restricted diet, contact our Autism Helpline (see under ‘Sources of support’ for details) or talk to your GP who can refer you to a dietician or another specialist who can help.
**Exercise**

Exercise has long been believed to be beneficial for both physical and emotional health. For children with autism this could take the form of regular bouncing sessions on a trampoline, a run, swimming or long walks, for example. Some children with autism may not want to walk for the sake of walking or to enjoy a view, so try to give the walk some sort of purpose – to deliver some post, for example, or for a small reward of your child’s choosing. Exercise should be regular and preferably aerobic.

"Collecting photographs and pictures of moods, like 'happy', 'sad', 'angry' or 'tired', can help children to recognise how they feel at different times."

**Understanding and managing emotions**

There are various ways you can help your child understand their emotions. Visual techniques like social stories or comic strip conversations can be useful to explain why people feel a particular way. For more on this, see our information sheet, *Social stories and comic strip conversations*, available from our website www.autism.org.uk/a-z or by contacting our Autism Helpline (see under ‘Sources of support’ for details).

Collecting photographs and pictures of moods, like ‘happy’, ‘sad’, ‘angry’ or ‘tired’, can help children to recognise how they feel at different times. Some children may find a ‘green, amber and red’ rating scale, or a temperature gauge, helps them to describe their level of emotion. (For more on how to help your child to communicate what they are thinking and feeling, see ‘Making the world easier to understand’ later in this guide.)

Finding different ways to express emotions, like ripping up newspaper, bouncing on a trampoline and going for a run to let off steam can also help. You could also create a ‘toolbox’ of objects, for example ear defenders to block out noise, and toys your child gets positive sensory feedback from.
Relaxation and focusing on positive experiences

Some children with autism can find it hard to relax, and they may not respond well to some conventional relaxation methods like massage or aromatherapy because of sensory sensitivities. Finding a way for your child to relax regularly that suits their needs and tastes can help them to manage anxiety and enjoy life. Suggestions include time alone, time linked to their special interest, listening to calming music, yoga, pilates or deep breathing. Remembering positive experiences to offset the tendency to dwell upon negative ones can also help to make your child feel more positive and happy. For example, you can look together at photos, films and collected items connected to an enjoyable experience.
Learning about their autism

Children with autism can become aware of their social difficulties, usually around the time they start secondary school, but sometimes earlier. Helping your child to learn about their condition can help them to understand themselves, and any problems they have, better. Emphasise the positive sides of autism, like attention to detail, a good memory and honesty, as well as talking about the difficulties autism can bring. There are resources available to help you with this. Different like me: my book of autism heroes is one such book (see under ‘References’ at the end). It looks at famous people who may have had autism, and can help boost self-esteem, which is often low in children with autism. For details of other resources, see our recommended reading list in the Resources section of our campaign website: www.autism.org.uk/youneedtoknow

Social support

Good relationships with others can have a positive impact on everyone’s health, but children with autism, as well as the people who care for them, can often become isolated. Accessing local networks of support can help you to feel less alone, to share experiences with – and learn from – others and to have ‘time out’ from caring responsibilities.

You can search for local support groups, including National Autistic Society branches, and befriending schemes and other sources of support through our Autism Services Directory www.autism.org.uk/directory – an online directory of support and services across the UK.

Under The Children Act 1989 and The Children (Scotland) Act 1995, you may be eligible for services and support, for example short breaks, holiday play schemes and a family support worker, from your social services department. If you would like a ‘needs assessment’ to find out what help may be available for your child and other members of your family, contact the social services department of your local council, your GP or a health visitor.

It may be possible to link your child’s special interest to a group, for example a rail enthusiasts’ club. In some areas, there are out-of-school clubs for children and social groups for teenagers (see our Autism Services Directory, as above). For children who don’t enjoy a social group environment, there are opportunities to communicate and make friends with other children with autism through pen friends and online blogs and chatrooms. A list of these is available on our website www.autism.org.uk
Making the world easier to understand

Communication, coping with change and sensory sensitivities can cause anxiety for children with autism. Here are some strategies for helping your child manage these areas of difficulty.

Communication

Difficulties with communication are common to people across the autism spectrum. Even those children and young people with a superb vocabulary and a high IQ will find it hard to communicate, especially how they’re feeling. There are ways you can help your child express what they are thinking and feeling.

If your child finds it too hard to explain that they’re finding a situation stressful, they may find it helps to have a red card to hold up when things are getting too much. This will let you or their teacher or whoever they are with know that they need to go somewhere where they feel safe to calm down and stop their anxiety and behaviour from escalating.

More able children may be able to use a stress gauge with a rotating needle – a bit like a ‘stressometer’.

This allows them to show you regularly the level of stress they are at, with an agreement that when they reach a certain level they need support. There are several excellent books to help children manage their anxiety, including *When my worries get too big* (see under ‘References’ at the end).

Children with autism often have excellent visual skills, so presenting information visually can improve their understanding, and help prevent further anxiety. Understanding the structure of a day can help reduce anxiety enormously, and regular routines and written or visual timetables can help your child to know what is happening next, and for how long. Further information about communicating with your child and using visual supports is available through our Autism Helpline (see ‘Sources of support’ for details).
Coping with change

Children with autism like things to stay the same, and often have set routines and rituals. But change is inevitable in life, and preparing your child for change as much as possible will help reduce their anxiety. Sometimes it can be what seem like small changes that affect your child more than the bigger ones. Here are some suggestions to help you prepare your child for expected change.

- Prepare as far in advance as possible.
- Use visual supports (for example, mark on a calendar when the change is going to happen).
- If the change involves going somewhere new (a school, perhaps), visit the new place in advance, if possible, or show your child photos of it.
- Manage your child’s anxiety about the change (use a worry book or social stories).
- Keep routines familiar in the run up to and during the change, if possible.

We have produced an information sheet, *Change: preparing a person with an autism spectrum disorder for change*, which is available from our website: [www.autism.org.uk/a-z](http://www.autism.org.uk/a-z) and from our Autism Helpline (see under ‘Sources of support’ for details).
Sensory issues

Most children with autism experience some sort of sensory sensitivity. They may be over or under-sensitive to sensory stimuli like noise, taste, touch, smell and visual information, or have sensory issues linked to their body awareness and balance systems. A child who is hypersensitive to noise, for example, may become extremely distressed and anxious in a noisy or crowded space.

There may be certain noises which particularly upset them, like lawnmowers or drills.

There are lots of strategies to help you manage your child’s sensory issues. You can find out about these in our information sheet, *The sensory world of the autism spectrum* which is available from our website [www.autism.org.uk/a-z](http://www.autism.org.uk/a-z) and from our Autism Helpline (see under ‘Sources of support’ for details).

Identifying anxiety triggers

Keeping a diary can help you and your child to pinpoint what causes anxiety. Here is an example:

<table>
<thead>
<tr>
<th>Time and date</th>
<th>Situation</th>
<th>How I felt at the time</th>
<th>On a scale of 1 to 10, how anxious did I feel?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 4 April</td>
<td>On bus. The route had been diverted due to road works.</td>
<td>Very frightened. Worried about where the bus was going, and where I could get off. I could feel my heart beating very fast.</td>
<td>9</td>
</tr>
</tbody>
</table>

If you keep a diary regularly, and over a sustained period of time, a pattern may emerge which will help you identify the sorts of situations that trigger anxiety, as well as the signs, like a faster heartbeat, that indicate the start of the anxiety. You could use this information to produce a ‘meltdown prevention plan’, like the example over the page, at a time when your child is calm and feeling positive.
Managing worries

Here are four strategies to help your child manage their anxiety.

**NOTICE.** Using the diary idea suggested earlier, teach your child to identify when they are worrying or feeling anxious.

**STOP.** Try to teach your child to tell themselves to stop worrying when they notice that they are, and to do something that they find relaxing or enjoyable instead.

**WORRY TIME.** Schedule in a special ‘worry time’ each day, no longer than five to ten minutes. Your child can have this worry time alone, or with you. You can listen and make notes or your child may prefer to make their own. It can be useful to have a visual prompt, like a stop clock, to indicate the end of worry time and reinforce that it’s over.

If your child is worrying outside of worry time, try to remind them to stop and save the worry for worry time.

**SELF TALK.** If your child is worrying about the same thing over and over again, try and help them to conquer this with a positive thought. For example, if they are constantly worrying that when they start at a new school no one will like them, encourage them to write down the opposite positive thought: ‘People will like me. I am a nice person’. They can then remind themselves of this positive thought each time the worry reappears. They could even carry a copy of it in their pocket to act as a reminder when needed.
**School**

School is a big and significant part of a child’s life. The new environment, new routines and social aspect of school life can all cause considerable anxiety for your child. We have developed lots of resources to help you help your child prepare for and manage school, and to help school staff understand the particular needs of pupils with autism and the adaptations they can make that will really help. Resources can be found under ‘education’ in this area of our website: [www.autism.org.uk/a-z](http://www.autism.org.uk/a-z) or by calling our Autism Helpline (see under ‘Sources of support’).

Information and resources for school staff in particular can be found under ‘education’ in the ‘Working with people with autism’ section of our website: [www.autism.org.uk](http://www.autism.org.uk).

**Further support for you and your child**

We run programmes and seminars, called EarlyBird and *help! for parents and carers* to help you understand your child and how to help them. This includes seminars on managing anger, sensory issues and bullying.

Information about these can be found on our website [www.autism.org.uk](http://www.autism.org.uk), on our online autism services directory [www.autism.org.uk/directory](http://www.autism.org.uk/directory) or by calling our Autism Helpline (see under ‘Sources of support’ for details).
Because many children and young people with autism are either unable or find it difficult to understand and describe and explain how they feel, the most obvious sign that there’s a problem is a change in their behaviour. (As mentioned earlier, where there is a rapid, sudden change in behaviour it is essential to rule out a physical cause like an ear infection, urine infection, migraine or toothache, by getting a medical check-up.)

Your child may become more rigid in their thinking, more insistent about routines and rituals, and absorbed in their special interests far more than usual, or the nature of their ‘obsession’ may change. They may be spending more time alone, and appear more aloof than usual. There may also be periods of aggressive or challenging behaviour.

Children are more likely to find things more difficult during adolescence, and changes in behaviour may be more noticeable in one setting than another.

For example, your child may suppress their behaviour all day at school only to ‘act out’ when they get home. All of these behavioural changes can be explained in a variety of ways: it may be that your child’s environment has changed or something different has happened at school, for example, so explore these and other possible reasons for the change. But if these changes continue for a period of time, we recommend that you talk to your GP, who may decide to refer you to mental health services (see ‘Getting help’ below).

It may be useful to bear in mind that typical signs of depression in ‘neurotypical’ children – sleeping problems, eating problems and retreating from social contact – can be harder to detect in children with autism, as these things are often associated with autism itself.
The first port of call if you think your child may have a mental health issue is your child’s GP. They should be able to offer general advice and support for less severe problems, and will be able to make a referral to more specialised services, called Child and Adolescent Mental Health Services or CAMHS for short. A school nurse or health visitor can also make a referral. When you ask your GP for a referral, we recommend that you make a list of your concerns in advance, or even keep a diary noting those behaviours that are causing you concern, to share with your GP.

What are CAMHS?

In its broadest sense, the term CAMHS refers to all services that have a role in the mental health care of children and young people, like schools, GPs and social services. The term can also be used to refer to specialist mental health services for children and young people. CAHMS offer four different types of support for children and their families, which are referred to as ‘tiers’.

TIER 1 Universal services, rather than specialist mental health services, like GPs, school nurses and health visitors.

TIER 2 Mental health specialists working in community and primary care settings, for example psychologists and counsellors working in GP practices, paediatric clinics or schools.

TIER 3 Multi-disciplinary teams or services working in a community mental health clinic or child psychiatry outpatient service, providing a dedicated service to children with complex, severe and persistent mental health problems. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, occupational therapists, and art, music and drama therapists.

TIER 4 Day units and highly specialised outpatient teams and inpatient units. These are for children with the most serious or complex problems.
Who’s who at CAMHS
There are many different practitioners involved in providing CAMHS. Here is a list of some you may meet.

Counsellors talk to your child, often one-to-one, about how they are feeling, with the aim of helping them understand and cope with their problems.

Occupational therapists look at the whole person and at what may be causing certain behaviours, to help build up the confidence and skills needed to live a normal and fulfilling life.

Psychiatrists are medical doctors who are specially trained to diagnose and treat mental health problems. Psychiatrists are usually the only CAMHS practitioners who can prescribe medication.

Psychologists - there are different types of psychologists but they all help with the way that people think, feel and behave.

A complete list of professionals who work within CAHMS can be downloaded from the Young Minds website: www.youngminds.org.uk

How long will it take to get a referral?
The Government sets targets for waiting times, and how long you have to wait to see a mental health practitioner from referral depends on where you live and the type of CAMHS practitioner you’re referred to.

If things escalate while you are waiting and you need help urgently, contact the person who made the referral and ask if they can push it through as an urgent case.

What to expect from CAMHS
CAMHS services are different in different areas so the type of practitioner you meet will vary depending on where you live and the support your child needs.

At the first meeting the CAMHS practitioner will get to know your child and find out more about the things they are finding difficult. They will then try to work out and discuss with you the ways they can help. This first meeting is often called the ‘assessment’ or ‘choice appointment’.

If, after the first appointment, the practitioner decides your child needs ongoing support you should be offered further sessions for interventions (see ‘What CAMHS can offer your child). These sessions may be called ‘partnership appointments’.

The Royal College of Psychiatrists has produced an excellent booklet and leaflet explaining CAMHS to young people. These can be downloaded at: www.rcpsych.ac.uk
We are all individual and different interventions help different people. Practitioners should do a thorough assessment of your child’s needs so that they can work out their strengths and difficulties, and offer the intervention that will work best for your child. Several different interventions can be offered to children and young people through CAMHS, and these are described below. The two most common are cognitive behavioural therapy and medication.

It is good practice for professionals to involve parents and carers in decisions about interventions. If you are worried about your child’s treatment, or concerned it is not working for your child, talk to your GP or your CAMHS practitioner.

“[psychologist] talked about my worries. She helped me with my worries.”
11-year-old boy with autism

Cognitive behavioural therapy
Cognitive behavioural therapy (CBT) is a talking therapy that focuses on the here and now and the connection between what we think about ourselves, others and the world, how we behave and the way that we feel. CBT is usually used by clinical psychologists, who help people to identify this connection so that they can change their thinking and behaviour to feel better.

Sessions are very structured and you can attend anywhere between five and 20 weekly or fortnightly sessions. CBT has been shown to help many different mental health problems, including anxiety, depression and phobias. Although CBT requires people to think about how they may behave in a certain situations – something people with autism find hard to do – practitioners with a good understanding of autism and of your child can adapt the technique to suit your child by, for example, having greater emphasis on imagery and visual rather than verbal reasoning.
They can also use behavioural techniques, like gradual exposure to a hated or feared object, to reduce anxiety and stress.

**Counselling and psychotherapy**

A counsellor listens to someone talk about their life and the problems they are having, and helps them to see things more clearly and understand and solve their problems more easily. They don’t give advice and tend to focus on a particular problem or problems someone is facing at that time, for example a life event like bereavement or divorce. Counselling is usually short-term and sessions are usually weekly.

Counselling can be accessed through the NHS, or privately. In some areas counselling can also be accessed through schools. We have a small database of NHS and private counsellors with an understanding of autism. To find out if there is anyone in your area, contact the Autism Helpline (see under ‘Sources of support’ for details).

A psychotherapist listens to you talk about the feelings you have about yourself and other people, and helps you to understand the connections between the past and the present, and how the unconscious thoughts and feelings from your past are affecting how you feel, think and behave now. Psychotherapy is often described as more ‘deep reaching’ than counselling and may be used for long-term difficulties not related to a particular event. Psychotherapy can be intense and last for several years, and can be accessed through the NHS and privately.

For further information about counselling and psychotherapy, see our information sheets, *Counselling and Counsellors and psychotherapists: a guide* available from www.autism.org.uk/a-z or by ringing our Autism Helpline (see under ‘Sources of support’ for details).

"We got CBT which was really good... really given us lots of tools. It hasn’t cured it. I don’t really think there would be a cure for it, but it’s given us strategies to help deal with them. It has given us a bit of a lifeline really.

Parent of a child with autism
Family therapy

Family therapy is a form of therapy that works with the family as a whole. Family therapists don’t criticise the family or blame individuals for your child’s problems; they look at how family members interact and whether they could interact in different, more constructive ways, to help one another.

Music, art and drama therapy

These therapies, provided by trained therapists, are also available to children with mental health problems, and can help them to express their feelings.

Art therapy uses different mediums, like painting or photography, and provides children with a means of expression without having to use words. Music therapy uses live music-making to encourage children to engage in creative musical activities.

Medication

Psychiatric drugs can be prescribed, after a full assessment and diagnostic process, to help relieve some of the symptoms of mental health problems to help a child to cope better. They can be combined with other therapies like counselling.

Psychiatric drugs can be helpful but they often have side effects. We recommend that you talk to your specialist or GP about the possible side effects as it is important to be aware of these, particularly as your child’s autism may mean they struggle to communicate any changes they feel as a result of taking the medication.

If you have any questions or concerns about medication, talk to your GP or another medical professional.

Young Minds has produced an excellent guide for children and young people on interventions. It’s called Choosing what’s best for you: what scientists have found helps children and young people who are sad, worried or troubled and is available to download for free from their website: www.youngminds.org.uk

A summary of research findings about interventions used with children and adults with autism can be obtained through the Research Autism website: www.researchautism.net
Most practitioners should have some understanding of autism and you can ask to see someone who does. But, because every child with autism is different, you will need to tell them about your child – in particular the communication style they understand best and prefer to use.

A good understanding of autism will help practitioners to understand and work with your child and, in some cases, autism expertise may be required. But a flexible and creative approach and a willingness to adjust the intervention to fit the child will increase the likelihood your child will respond well to the practitioner and the intervention.

“I said [to the CAMHS practitioner] don’t even try to talk to him, text him. He was looking at me going, ‘It sounds bizarre.’ I’m going, ‘Try it.’ So he sat there the whole session just texting and my son actually texted back, and he’s like, ‘My God I’ve got so much from him.’ Because it was a way that he was willing to communicate.”

Parent of a teenager with autism

Our *You Need To Know* campaign seeks to improve CAMHS practitioners’ awareness and understanding of autism, and we will be producing a guide for mental health practitioners on working with children and young people with autism.
Are parents and carers involved?

Most practitioners will involve parents and carers in their child’s assessment and care, and it is good practice to do so.

Because children with autism can find communication and ‘self reporting’ difficult, input from parents and carers and others regularly involved in the child’s life, like teachers and learning support assistants, can be valuable. They can describe the child’s usual behaviour and the changes they have noticed to help practitioners get to the bottom of the problem and identify the help needed.

We have produced a separate information sheet, ‘You need to know’ about CAMHS: a Q&A for parents and carers of children and young people with autism, on your and your child’s rights and entitlements within the child mental health system. This is available from the Resources section of our campaign website: www.autism.org.uk/youneedtoknow or by calling our Autism Helpline (see under ‘Sources of support’ for details).

"Parents are always the experts and they can read [their children] and read them well.”

Specialist Occupational Therapist

If you would like to talk to someone about any of the issues raised in this booklet, you can call our Autism Helpline on 0845 070 4004 (Monday to Friday, 10am - 4pm) or our Parent to Parent support line on 0800 9520 520. If you need out-of-hours support, you can call SANEline (6pm -11pm) on 0845 767 8000 – the national telephone helpline offering emotional support and information for people affected by mental health problems.
### Sources of support

**ADDiSS**  
For information and support related to ADHD. Tel: 020 8952 2800  
Website: [www.addiss.co.uk](http://www.addiss.co.uk)

**ANXIETY UK**  
For help and support with any anxiety-related issue. Helpline: 08444 775 774 (Mon-Fri, 9.30am-5.30pm)  
Email: support@anxietyuk.org.uk  
Website: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

**BRITISH ASSOCIATION FOR COUNSELLING AND PSYCHOTHERAPY**  
Search online for local counsellors and psychotherapists: [www.bacp.co.uk](http://www.bacp.co.uk)  
or call 01455 883300

**KIDSCAPE**  
For information and support about bullying. Helpline: 0845 1205 204  
(Mon-Tue, 10am-8pm. Wed-Fri, 10am-4pm). Website: [www.kidscape.org.uk](http://www.kidscape.org.uk)

**MIND**  
For information and support around any mental health issue.  
MIND information line: 0845 766 0163 (Mon-Fri, 9am-5pm). Email: info@mind.org.uk  
Website: [www.mind.org.uk](http://www.mind.org.uk)

**THE NATIONAL AUTISTIC SOCIETY**  
For autism information, advice and support. Autism Helpline: 0845 070 4004 (10am-4pm, Mon-Fri)  
Email: autismhelpline@nas.org.uk  
Website: [www.autism.org.uk](http://www.autism.org.uk)  
Search for local services: [www.autism.org.uk/directory](http://www.autism.org.uk/directory)  
For personalised information: [www.autism.org.uk/signpost](http://www.autism.org.uk/signpost)

### References


### Further reading

A list of recommended further reading, organised by subject, can be found in the Resources section of our campaign website: [www.autism.org.uk/youneedtoknow](http://www.autism.org.uk/youneedtoknow) or by calling our Autism Helpline on 0845 070 4004 (Mon-Fri, 9am-4pm)
PRAXIS CARE
Northern Ireland-based charity providing services for adults and children with mental health problems and other conditions.
Tel: 028 9023 4555
Email: info@praxiscare.org.uk
Website: www.praxisprovides.org.uk

ROYAL COLLEGE OF PSYCHIATRISTS
A source of reliable and user-friendly information about mental health problems. Tel: 020 7235 2351
Website: www.rcpsych.ac.uk

SAMARITANS
Confidential, 24-hour emotional support. Tel: 08457 90 90 90
Email: jo@samaritans.org
Website: www.samaritans.org

SANELINE
National out-of-hours (6pm-11pm) telephone helpline offering emotional support and information for people affected by mental health problems.
Tel: 0845 767 8000

YOUNG MINDS
For information and support around mental health issues in children and young people. YoungMinds parents’ hotline: 0808 802 5544 (Mon-Fri, 10am-4pm. Wed, 6pm-8pm). Website: www.youngminds.org.uk

SCOTTISH ASSOCIATION FOR MENTAL HEALTH
Scotland’s leading mental health charity.
Tel: 0141 568 7000
Website: www.samh.org.uk

THRESHOLD
Not-for profit mental health agency providing services to people of all ages in Northern Ireland.
Tel: 028 9087 1313
Email: info@thresholdservices.com

YOUNG SCOT
Information for 11-26 year olds, including mental health information and advice. Young Scot InfoLine: 0808 801 0338. Email: infoline@youngscot.org
Website: www.youngscot.org
The National Autistic Society
393 City Road
London EC1V 1NG
Switchboard: 020 7833 2299
Autism Helpline: 0845 070 4004
Minicom: 0845 070 4003
Fax: 020 7833 9666
Website: www.autism.org.uk
Email: nas@nas.org.uk

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Email: scotland@nas.org.uk

NAS Cymru
6/7 Village Way
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Email: wales@nas.org.uk

NAS Northern Ireland
59 Malone Road
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Tel: 028 9068 7066
Fax: 028 9068 8518
Email: northern.ireland@nas.org.uk

www.autism.org.uk

The National Autistic Society is the UK’s leading charity for people affected by autism.

Over 500,000 people in the UK have autism. Together with their families they make up over two million people whose lives are touched by autism every single day.

Despite this, autism is still relatively unknown and misunderstood. Which means that many of these two million people get nothing like the level of help, support and understanding they need.

Together, we are going to change this.