Autism and Suicide

24th November 2022

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Post-Session Support

Today's session will be covering sensitive and distressing topics (including self-harming and suicide) which can trigger strong emotions.

Please take care of yourself and, take time out if you need it

Talk to us on the Phone | Samaritans Tel:**116 123.**

Using this tool – Mind Tel:0300 123 3393

Agenda

1. Facts and figures
2. Autism
3. Learning from SARs
    a. Autism and Suicide
    b. Suicide safety plans
    c. Autism and communication
    d. Safeguarding and mental capacity
4. Questions to consider

Autism

1) Adults with autism who do not have learning disabilities are how many times more to die by suicide than the general population are?

a)3x
b)6x
c)9x
d)12x
e)14x

2) The factors associated with suicide by adults with autism include:

a)Adversity and conflict, being victimised or bullied
b)Physical or sexual abuse
c)Repeated failures to develop relationships
d)Having restricted patterns of thinking and lack of imagination
e)All of the above

Suicide

3) I will get into trouble if I disclose information about someone without their consent, even if I fear they may harm themselves?

Yes or No?

4) Being depressed is the most effective predictor of suicide or self-harm?

Yes or No?

Evidence base for autism and suicide

1

Growing academic interest

- Number of published studies has more than doubled in the past five years

2

Safeguarding adults reviews

- Ms C., Tower Hamlets 2019
- Tyrone Goodyear, Lewisham 2020

Autism

- Communication and social reciprocal interaction,
- Adjusting to unexpected change
- Alongside unusually narrow interests and repetitive behaviour
- Sensory hyper-and hypo-sensitivity

The challenge: Identification and diagnosis

- Expanded concept
- Broadened diagnostic criteria
- Increased awareness

A “lost generation” whose autism remained undetected until adulthood (Lai & Baron-Cohen, 2015, p. 1013).

Ms C.

- White British woman
- Mid-twenties
- Artist
- Very engaging
- Loved her dog

Background

- Asperger's Syndrome
- Personality disorder
- Depression.
- Anxiety.
- Tenancy ended
- Offered a temporary place in a hostel without her dog pending a permanent place.
- Ms C had no reason to live without her dog.

What happened?

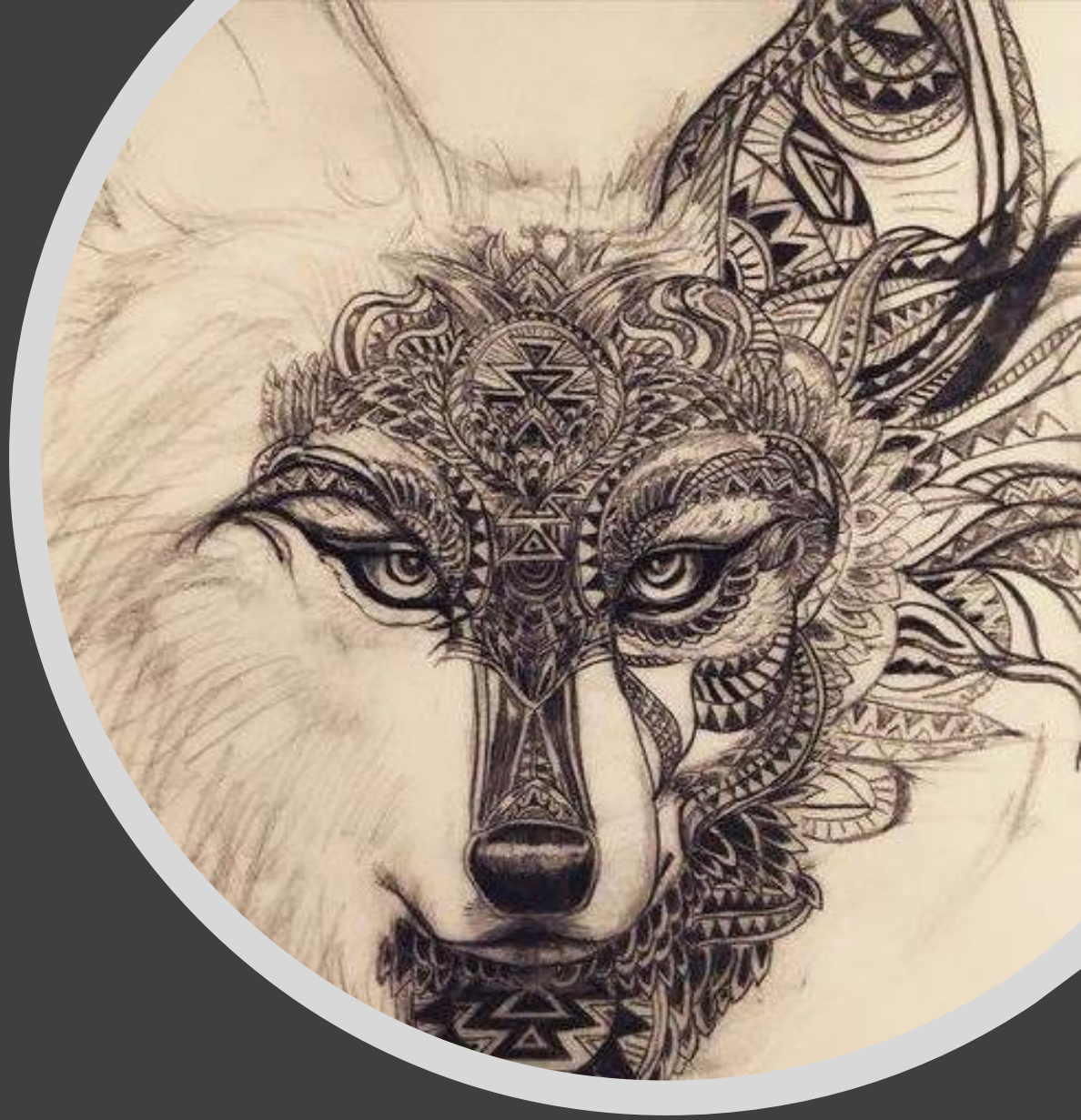
- Request for safeguarding advice but not responded to
- Advice sought from mental health services
- Ms C's mental health deteriorated as the move date got near
- Voluntary admission for two weeks
- Discharged to a hostel in a different borough
- After two weeks, Ms C was readmitted, again as a voluntary patient.
- After a week, Ms C returned to the hostel on weekend leave.
- Ms C. did not return to hospital as planned
- Ms C. was found to have taken her own life by hanging.

Findings

- Safeguarding needs were not recognised.
- Lack of co-ordination of care in response to Ms C's complex combination of Asperger Syndrome, personality disorder, anxiety and chronic suicidal intent.
- No clear and agreed pathway for those at high risk, homeless and suicidal
- Difficulty assessing suicide risk, compounded in adults with autism.

Tyrone Goodyear

- Black British man
- 24 years old
- Gentle
- Christian
- Baker
- Artist



Background

- Autism Spectrum Condition (ASC),
- Learning difficulties
- Obsessive- Compulsive Disorder (OCD).
- Lived with his mother and five of his six siblings in four-bedroom temporary accommodation.
- Rehousing not available

What happened

- Mr Goodyear learned that the bid for a larger home had been turned down
- Mr Goodyear left home.
- He then stayed in hotels in different parts of London
- Mr Goodyear was told that housing might be available in four to six weeks' time.
- A mental health assessment concluded that Mr Goodyear was not at risk of harm to himself and/or others.
- Mr Goodyear was offered further mental health support but since he was moving between hotels in different parts of London this support was not provided.
- Mr Goodyear was found dead in a hotel room in Enfield on 21st February 2019. He had taken his own life via an overdose.

Findings

- The impact of Mr Goodyear's autism spectrum condition was not recognised
- Focus on homelessness
- No referral was made for an assessment of need under the Care Act 2014
- No adult safeguarding concern was raised
- No referral for a carer's assessment
- No assessment of mental capacity
- Lack of involvement with the family

Autism and suicide

- People with autism spectrum conditions
  - increased likelihood of risk factors for suicide
  - find developing coping strategies more difficult
- People with autism spectrum conditions who attempted suicide:
  - Had persistent stressors
  - Used more lethal means, and
  - Had less contact with mental health services.
- Increased suicide risk is independent of formal diagnosis

Risk factors

What might they be?

Risk factors

- A history of self-harm but not of alcohol use
- Negative life experiences including:
  - Adversity and conflict, being victimised or bullied
  - Physical or sexual abuse
  - Repeated failures to develop relationships
  - Depression and other mental health problems
  - Isolation and lack of social support.
- Difficulties coping with these experiences
- Restricted patterns of thinking and lack of imagination
- Having unmet support needs
- “Camouflaging” of autism spectrum conditions.

Social Camouflaging

- “Camouflaging” to fit in to social situations.
- “Camouflaging” is associated with suicidal behaviours in the absence of mental health difficulties.

Acceleration of suicide

Suicide prediction

- Personalised
- Regular
- Holistic

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr209.pdf?sfvrsn=23858153_2

Safety plans

Royal College of Psychiatrists: *":…any patient with suicidal thoughts or following self-harm needs a Safety Plan. No one is ever ineligible for an intervention and Safety Plan"*

What should be in a suicide safety plan?

What should a suicide safety plan contain?

The components of a Safety Plan are:

- Reasons for living and/or ideas for getting through tough times
- Ways to make your situation safer
- Things to lift or calm mood
- Distractions
- Sources of support, to include anyone you trust

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“Think Family”

- Individuals do not exist in isolation
- Builds the resilience
- Consider and respond to the needs of the whole family
- Work jointly with family members

Sharing information

- Share information appropriately according to the level of risk
- The “Information sharing and suicide prevention consensus statement” (Department of Health, 2014) sets out circumstances in which you can share information without consent:
  - Lack of mental capacity
  - Public interest
  - Emergencies: imminent risk
- There is a difference between disclosing information and asking questions

https://www.gov.uk/government/publications/consensus-statement-for-information-sharing-and-suicide-prevention/information-sharing-and-suicide-prevention-consensus-statement

Public interest sharing

s14.188 of the Care and Support Statutory Guidance for the Care Act states that, "*Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (for example, because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved. Confidentiality: NHS Code of Practice sets out guidance on public interest disclosure".*

General Medical Council

- *“In most cases, discussions with those close to the patient will take place with the patient’s knowledge and consent.*
- *But if someone close to the patient wants to discuss their concerns about the patient’s health without involving the patient, you should not refuse to listen to their views or concerns on the grounds of confidentiality.*
- *The information they give you might be helpful in your care of the patient*”.

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/using-and-disclosing-patient-information-for-direct-care

Royal College of Psychiatrists

- "*There is nothing to prevent you, or any other healthcare professional, from receiving information provided by any third party about the patient, as receiving information does not equate to disclosure*.
- *Indeed, provided the circumstances do not involve disclosure of confidential information, a healthcare professional may actively request information without the patient's consent. This can be an important part of the risk assessment of a patient*".

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr209.pdf?sfvrsn=23858153_2

General Medical Council

"*You should, however, consider whether your patient would consider you listening to the views or concerns of others to be a breach of trust, particularly if they have asked you not to listen to specific people.*

You should also make clear that, while it is not a breach of confidentiality to listen to their concerns, you might need to tell the patient about information you have received from others – for example, if it has influenced your assessment and treatment of the patient.

You should also take care not to disclose personal information unintentionally – for example, by confirming or denying the person's perceptions about the patient's health".

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/using-and-disclosing-patient-information-for-direct-care

Autism and communication

- Allow time
- Slow down
- Minimise demands
- Offer limited choices
- Make communication clear and use images

Autism and relationship building

- Manage distraction
- Keep calm
- Adapt
- Deliver
- Skills and interest

Safeguarding enquiries (section 42)

- The local authority must make enquiries (or cause enquiries to be made) where it reasonably suspects that an adult in its area
  - has needs for care and support (whether or not the authority is meeting any of those needs),
  - is experiencing, or is at risk of, abuse or neglect,
  - and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it
- The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom".

Non-statutory safeguarding enquiries

- AKA 'other safeguarding enquiries’
- May be carried out/ caused by local authorities when there are concerns about:
  - Family carers
  - Adults who do not have care and support needs but who may still be at risk of abuse or neglect and cannot protect themselves.

Legal Literacy: Housing

- Consider housing and the provision of suitable accommodation when considering the provision of care and support. This is part of the Wellbeing principle.
  - (Care Act 2014 statutory guidance (Chapter 15) on interface with housing and care and support).
- Meeting a housing need may not be the same as meeting a community care need.
  - (Section 23 (Care Act 2014) clarifies the boundary with the Housing Act 1996).
- There is a power to meet the needs of people who have no settled residence, are not ordinarily resident, or who have urgent needs in section 19 (Care Act 2014)

Doubts about capacity

1. Is the person unable to make the decision? i.e. are they unable to do at least one of the following things:
   - Understand information about the decision to be made, or
   - Retain that information in their mind, or
   - Use or weigh that information as part of the decision-making process, or
   - Communicate their decision (by talking, using sign language or any other means)
2. Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain, whether as a result of a condition, illness, or external factors such as alcohol or drug use?
3. Does the impairment or disturbance mean the individual is unable to make a specific decision when they need to?

Mental Capacity Act

- The presumption of capacity to make decisions unless proved otherwise
- All practicable steps to support decision making have to have been taken without success
- Decisions can be taken by others (after assessment) but only in the person's 'best interests'
- Treatment and care should be 'least restrictive of basic rights and freedom of action'
- Do people have the right to make unwise decisions?

Unwise Decisions?

- *"The following principles apply **for the purposes of this Act**… A person is not to be treated as unable to make a decision **merely** because he makes an unwise decision." (Principle 3)*

What does this mean?

1) The principle applies "***for the purposes of this Act***." The MCA is not making a general statement about unwise decisions.

2) "***merely***" means "**on its own**". The fact that a decision is unwise is not sufficient to conclude that the person lacks capacity…

…but it may be a relevant consideration in determining whether a person is unable to make a decision

Alex Ruck-Keene (2020)

The legal perspective

"The presumption of capacity, in particular, is widely misunderstood by those involved in care. It is sometimes used to support non-intervention or poor care, leaving vulnerable adults exposed to risk of harm. In some cases this is because professionals struggle to understand how to apply the principle in practice. In other cases, the evidence suggests the principle has been deliberately misappropriated to avoid taking responsibility for a vulnerable adult".

(House of Lords Select Committee post-legislative scrutiny of MCA 2005, para 105

Legal Literacy – The Human Rights Act

- Duty to discharge the State's positive obligations under the European Convention on Human Rights:
  - Article 2 – to protect life
  - Article 3 – to protect against torture, inhuman or degrading treatment
  - Article 5 – to protect against unlawful interferences with liberty, including by private individuals
  - Article 8 – to protect physical and moral integrity of the individual (especially, but but not exclusively) from the acts of other persons

What Can We Do To Prevent A Reoccurrence?

- Make sure information is understood.
- Consider mental capacity
- Refer to Adult Social Care for a care and support needs assessment
- Raising a safeguarding concern. Non-statutory enquiries can still be made
- Think family
- Make reasonable adjustments
- Listen and perceive
- Look beyond the obvious.
- Be persistent and flexible.

Questions For You To Consider

- How much do you know about the eligibility criteria for the different agencies that you work with, for example, mental health services, housing or the criteria for Care Act assessments?
- How accessible are your services for someone living with an Autism Spectrum Condition?
- How aware are you of how to help someone with an Autism Spectrum Condition to access your service?
- What steps do you take to help people to understand the information you provide?
- How might you identify and respond to suicide risks?
- Does your autism strategy say anything about suicide prevention?