



DEBATE PACK

Number CDP-2017-0245, 28 November 2017

Mental Health and Suicide within the Autism Community

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Summary

This House of Commons debate pack briefing has been prepared in anticipation of a Backbench Business debate on a motion on mental health and suicide within the autism community. This will be led by Dr Lisa Cameron MP and will take place in the House of Commons Chamber on Thursday 30 November 2017.

This debate pack contains background information, parliamentary material, press articles, and further reading suggestions which Members may find useful in preparation for this debate.

Heidi Allen MP proposed this debate to the Backbench Business Committee on Tuesday 24 October 2017. In doing so, [she said the following](#):

About two weeks ago, a charity called Autistica, which focuses completely on understanding autism and how it affects people, came to me with a piece of research that it is doing, which focuses, just by chance, on Cambridgeshire and Peterborough—my local authority area—as well as Derbyshire. The researchers are looking at links that might exist between mental health issues and suicide and autism. Even though they have only just started this piece of work and the findings are still evolving, they have already found that there is at least a link between autism and suicide in 10% of the cases. As they were explaining that to me, it hit me between the eyes, and I found myself just thinking, “I wonder—I wonder if that poor family have any idea.” ... It seems to me that we need to look in more detail at whether there is a real link between the two... Given that only 1% of the population is autistic, those sorts of findings are huge. The NHS forward view already includes a request for NHS England to define and identify mental health care pathways for people with autism, but there are no data on that yet and there are no proposals being brought forward. We are waiting to hear—it will be some time in 2018. It seems to me that we could be really powerful in influencing what they put in there... To me it feels that the link is so powerful that I don't think we can ignore it, and the link has never been debated in the House.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

1.1 Statistics

There is no official data on suicide and mental health among people with autism.¹ What little information we have comes from scientific research in the area.

Suicide rates

A 2016 study in Sweden [found](#) that people with autism are 7 times more likely to die by suicide than the general population. Those with high-functioning autism were at greater risk than the general population. Women were more at risk than men (in contrast to suicide rates more generally, where men are three times more likely than women to die by suicide). NHS Choices have a useful write-up of this study which examines [its limitations](#) and advises on how to interpret it.

Mental health and suicidal thoughts

The following information is taken from [research presented by autism researchers earlier this year](#).

Many people with autism also have common mental disorders:

- 30-50% of adults with autism have depression, and 30% of children
- 50% of adults with autism have anxiety, and 40% of children

Depression and anxiety are a significant risk factor for suicide in the general population – which is to say that the risk of suicide is increased in those with depression and anxiety.

Research found that of newly diagnosed adults with Asperger Syndrome, 66% reported having had suicidal thoughts at some point. Note that this is not the same as making plans to take their life or actually attempting suicide.²

The researcher of this study also published an article in 2015 which states that between 7.3%-15% of people who have been hospitalised for attempted suicide also have an autism diagnosis.³

In 2016, the charity Autistica published a report on early death in the autism community: [Personal tragedies, public crisis](#). Autistica is carrying out further research into understanding suicide within the autism community.⁴

¹ See for example [PQ 6269 \[on autism: depressive illnesses\], 6 September 2017](#)

² [Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study](#), Cassidy, Sarah et al., The Lancet Psychiatry, Volume 1, Issue 2, 142 – 147, 24 June 2014

³ [Suicidality and autism: risk and prevention](#), Cassidy, Sarah, Centre for Research in Psychology Behaviour and Achievement, Coventry University, October 2015

⁴ See Autistica, [Understanding suicide in autism](#), May 2017

1.2 Mental health services for people with autism

Autism is not given specific consideration in recent Government suicide prevention strategies: the 2012 '[Preventing Suicide in England: A cross-government outcomes strategy to save lives](#)'; the 2014 [Preventing suicide in England: one year on](#); the 2015 "[Preventing suicide in England: two years on](#)"; or the 2017 [Suicide prevention: third annual report](#). Autism was also not mentioned in the Health Committee's report on [Suicide Prevention](#).

This briefing looks more generally at the provision of mental health services for people with autism.

The Government's adult autism strategy

Think Autism, the 2014 DH updated adult autism strategy, set a priority objective that people with autism should have support adapted to their needs if they have a co-existing mental health problem, learning disability or display challenging behaviour:

I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.⁵

Statutory guidance has been published to accompany *Think Autism*. This includes a section on supporting people with complex needs, whose behaviour may challenge or who lack capacity. This makes specific reference to people with autism. It sets out best-practice for providing high-quality care, and clarifies that local authorities and CCGs should work together to provide post-diagnostic services for people with autism and co-existing mental health problems:

While local authorities will lead commissioning for care and support services for people with autism, CCGs are expected to take the lead responsibility for commissioning of diagnostic services to identify people with autism, and work with local authorities to provide post-diagnostic support for people with autism (regardless of whether they have an accompanying learning disability, other hidden impairments or a co-occurring mental health problem).

The statutory guidance outlines measures to improve the quality of mental health services for adults with autism:

People with autism are more likely to have mental health needs than the wider population, but may have problems using mental health services because of the way they are organised and run. Preventative mental health services can prevent people with autism going into a crisis.

Practical materials designed to help improve the quality of mental health services for adults with learning disabilities and adults with autism have been developed by the National Development Team for Inclusion (NDTi). Reasonably Adjusted? – published in 2012, sets out the reasonable adjustments mental health services have put in place for people with learning disabilities and people with

⁵ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, page 7

autism. In addition, the NDTi have produced materials to help services review their own quality and share and replicate good practice known as the Green

Light Toolkit (2013) it consists of an audit framework and guidance for making service improvements to mental health services and provides material designed to help improve the quality of mental health services for adults with learning disabilities and adults with autism. Full details of both reports can be downloaded from the NDTi website,³⁵ along with summaries aimed at different audiences such as Health and Wellbeing Boards.

5.13. Reasonably Adjusted?⁶ is a database on the Improving Health and Lives Learning Disabilities Observatory (IHAL) website with downloadable examples of types of reasonable adjustments for people with learning disabilities and people with autism who need mental health services and support.

Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat⁷ is a national agreement between local services and agencies involved in the care and support of people in mental health crisis. It sets out how organisations can work together better to make sure people get the help they need when they need it. The document sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis.⁸

1.3 Mental Health Act – Code of Practice

The Code of Practice shows professionals how to carry out their roles and responsibilities under the *Mental Health Act 1983*. Chapter 20 of the code focuses on the needs of people with learning disabilities or autism spectrum disorders. It highlights specific considerations for compulsory detention under the *Mental Health Act* for people with autism:

20.20 Compulsory treatment in a hospital setting is rarely likely to be helpful for a person with autism, who may be very distressed by even minor changes in routine and is likely to find detention in hospital anxiety provoking. Sensitive, person-centred support in a familiar setting will usually be more helpful. Wherever possible, less restrictive alternative ways of providing the treatment or supporting a person should be found. The specialist expertise and skills of staff should be regularly audited, particularly the ability to recognise social and health needs, and specialist communication skills.

[...]

20.27 If people with autism do need to be detained under the Act, it is important that they are treated in a setting appropriate to their social and communication needs as well as being able to treat their mental condition. Practitioners working with or

⁶ Reasonably Adjusted (2012) & Green Light Toolkit (2013)

<http://www.ndti.org.uk.uk/news/national-news/green-light-toolkit/>

⁷ Department of Health and Home Office, [Mental Health Crisis Care Concordat](#), 18 February 2014

⁸ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, page 39

detaining people with autism should have relevant specialist training and experience.

20.28 People with autism should be detained for as short a period as possible. Many people with autism who have been detained will require, and be entitled to, aftercare (chapter 33). Discharge planning for people with autism should begin when the person is admitted and involve health and local authorities to work together in the interests of an individual to ensure appropriate community-based support is in place before discharge. This will require assessment by a practitioner with expertise in autism, as set out by the statutory adult autism guidance.⁹

The Code also states that people with autism are particularly vulnerable and are likely to require a range of reasonable adjustments, for example to aid communication.

1.4 NICE guidance

The National Institute for Health and Care Excellence (NICE) has published guidance on best-practice for health and social care services for people with autism.

The NICE *Quality Standard* on autism says that people with possible autism needing a diagnostic assessment by an autism service should have an assessment within 3 months of a referral, in which people identified as potentially having co-existing physical or mental health conditions should have an assessment of such needs:

Quality Standard

People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems.

Rationale

People with autism may have coexisting physical health conditions and/or mental health problems that, if unrecognised and untreated, will further impair the person's psychosocial functioning and could place additional pressure on families and carers. Because of their social communication difficulties, some people with autism may find it particularly difficult to communicate their needs and to access mainstream health and social care services.¹⁰

The NICE guidelines on [Autism spectrum disorder in adults: diagnosis and management](#) also recommend interventions for co-existing mental health problems:

1.6 Interventions for coexisting mental disorders

1.6.1 Staff delivering interventions for coexisting mental disorders to adults with autism should:

- have an understanding of the core symptoms of autism and their possible impact on the treatment of coexisting mental disorders

⁹ Department of Health, [Mental Health Act 1983: Code of Practice](#), updated 31 October 2017

¹⁰ NICE, [NICE quality standard \[QS51\], Quality Statement 2, Assessment and diagnosis](#), January 2014

- consider seeking advice from a specialist autism team regarding delivering and adapting these interventions for people with autism.

Psychosocial interventions for coexisting mental disorders

1.6.2 For adults with autism and coexisting mental disorders, offer psychosocial interventions informed by existing NICE guidance for the specific disorder.

1.6.3 Adaptations to the method of delivery of cognitive and behavioural interventions for adults with autism and coexisting common mental disorders should include:

- a more concrete and structured approach with a greater use of written and visual information (which may include worksheets, thought bubbles, images and 'tool boxes')
- placing greater emphasis on changing behaviour, rather than cognitions, and using the behaviour as the starting point for intervention
- making rules explicit and explaining their context
- using plain English and avoiding excessive use of metaphor, ambiguity and hypothetical situations
- involving a family member, partner, carer or professional (if the person with autism agrees) to support the implementation of an intervention
- maintaining the person's attention by offering regular breaks and incorporating their special interests into therapy if possible (such as using computers to present information).

Pharmacological interventions for coexisting mental disorders

1.6.4 For adults with autism and coexisting mental disorders, offer pharmacological interventions informed by existing NICE guidance for the specific disorder.¹¹

1.5 Mental Health and Autism Policy in Scotland

The key strategy to support people with autism is the [Scottish Strategy for Autism](#), a 10-year strategy published in November 2011. It is intended to support improved diagnosis and access to services for people with autism, and their carers and families. Its aims and recommendations are grouped around six themes:

- Strategic Leadership from the Scottish Government
- Achieving best value services
- Involving people with autism, their families and carers with decision making
- Improved cross-agency working
- Improving diagnosis
- Improving access to the workplace

¹¹ NICE, [Autism spectrum disorder in adults: diagnosis and management](#) (updated August 2016)

The Scottish Parliament Information Centre has produced a briefing on [Autism Spectrum Disorder](#), 29 March 2017. The briefing provides the following information on mental health and autism:

Many people with ASD may also have one or more mental health conditions. The most recent mental health strategy, the Mental Health Strategy for Scotland 2012-2015 noted the need to cross “traditional boundaries between health and social care services” in order to support people with ASD and other mental health conditions, particularly for the “small number of people with ASD within Scotland who have particularly high levels of need” (p.49). A new 10-year mental health strategy is due to be published in early 2017. A proposed framework for the new strategy, Mental Health in Scotland – a 10 year vision, published in July 2016 indicated that by April 2017, the Scottish Government would begin a review of autism in the definition of “mental disorder” in current mental health legislation (2016b p.8) An analysis of responses to the proposed framework found support for this review. Respondents also raised other issues the draft strategy might address including: healthcare inequalities experienced by people with ASD; the particular mental health needs of children and young people with ASD (Scottish Government 2016c).¹²

The briefing also describes the work of the Mental Welfare Commission for Scotland, and recent concerns that people with autism may lack access to specialist services:

Investigations and recommendations of the Mental Welfare Commission for Scotland.

The Mental Welfare Commission for Scotland (MWC) is the statutory body which monitors and safeguards the rights of people with mental health problems, learning disabilities, dementia and related conditions.

In 2016, the MWC published a report on their investigation into the death of Ms MN, a 44 year old woman diagnosed with Asperger Syndrome, who died as a result of suicide. It found that Ms MN did not have access to specialist ASD services, and states that many people who require a high degree of care due to ASD are not appropriately supported.

The MWC’s report states that many people diagnosed with ASD who are not also diagnosed with a learning disability or a mental health problem “fall into a wholly unacceptable gap between two services inappropriate for their needs” (p.39). Ms MN had never had a specialist assessment relating to Asperger Syndrome and “struggled to access any specialist autism services, leaving mental health or learning disability services to manage as best they could” (p.40).

The report recognises that “by developing specialist services for one condition other conditions may end up neglected” and that expecting “general adult psychiatry and learning disability services to obtain lengthy specialist assessments for people with autistic spectrum disorders” would be “associated with other opportunity costs” (p.40). It notes that balance is therefore required between “adequately resourcing specialist services” and increasing the skills and experience of practitioners in general services (p.40). It acknowledges that the Scottish Autism Strategy aspires to develop

¹² Scottish Parliament Information Centre, [Autism Spectrum Disorder](#), March 2017, page 17

the skills and experience of health professionals in diagnosing and managing people with autistic spectrum disorders, but criticises its “piecemeal” implementation and concludes that:

As the strategy makes clear, it will take years before we can be satisfied that all people with autistic spectrum disorders are receiving appropriate support across the lifespan, using holistic and personalised approaches [...] In the meantime, though, we cannot accept that people with autistic spectrum disorder and complex needs should expect to be fitted into services designed for very different client groups, with a tacit acknowledgment that, while people are doing what they can, it is unlikely to succeed (p.41).

The report makes a range of related recommendations, including that the Scottish Government should audit the availability of specialist services for people with “highly complex needs who are not appropriately accommodated” (p.44).¹³

In June 2016, the Scottish Intercollegiate Guidelines Network (SIGN) published new clinical guidelines on [assessment, diagnosis and interventions for autism spectrum disorders](#) (SIGN 145). The guidelines recommend that an assessment of mental health needs, well-being and risk should be considered for all individuals with autism.¹⁴ The guidance also looks at the provision of interventions such as CBT (cognitive behavioural therapy) for people with autism.¹⁵

The Scottish Government’s [Suicide Prevention Strategy 2013-2016](#) does not make specific reference to autism.

1.6 Mental Health and Autism Policy in Wales

In May 2015, the Welsh Government announced a one-year plan for supporting people with autism, with over £600,000 in funding. At the same time, Health and Social Services Minister Mark Drakeford announced that in addition to this, £2m was to be invested in developing services relating to diagnosis and support for young people with autism, and to cut waiting times for specialist child and adolescent mental health services.¹⁶

In November 2016 the Welsh Government published its refreshed [Autistic Spectrum Disorder Strategic Action Plan](#). This replaced existing guidance on the services and support autistic people and their families in Wales can expect to receive. The new strategy, supported by an integrated autism service, will seek to provide:

- new adult diagnostic services
- support for families and carers
- help with transition from child to adult provision

¹³ Scottish Parliament Information Centre, [Autism Spectrum Disorder](#), March 2017, page 18

¹⁴ SIGN, [Assessment, diagnosis and interventions for autism spectrum disorders](#), page 13

¹⁵ SIGN, [Assessment, diagnosis and interventions for autism spectrum disorders](#), page 25

¹⁶ Welsh Government, [New measures to improve autism services in Wales](#), 18 May 2015

- and training for professionals.

It says the following about mental health services:

3.21 Sometimes people with ASD have profound learning disabilities and behaviour that is challenging. They can also have mental ill health that means they may be at risk of causing serious harm to themselves or others. If this happens it may be necessary for a doctor or approved mental health act practitioner to recommend they have treatment under the Mental Health Act (1983).

[...]

3.22 There is now a specific chapter in the Mental Health Act code of practice about people with learning disabilities and/or autism. The chapter is based on the principles of the least restrictive options for the least period of time and expects that positive approaches will be used to help people to manage behaviour that challenges. There are also recommendations for the training for staff who work within the remit of the mental health act with people with ASD.

[...]

4.7 Through the ASD National Team and ASDinfoWales website we are continuing to build a substantial library of information, guidance and training materials which are available for all to freely access. We work with our stakeholders to identify gaps in information and advice and to invest in further resource materials to raise awareness of autism across professional groups. We are building on our Learning with Autism programme for primary schools, developing new resources for early years, secondary schools and further education. We are also focusing on training for primary care and mental health professionals, leisure service and employers. Training for Human Resources departments has also been recently developed and will be available on the website.¹⁷

Wales is covered by the Mental Health Act (1983), but it has a specific "[Code of Practice for Wales](#)" which was last updated in 2008. It says the following about care and treatment for people with autism:

34.18 Generally, the care and treatment of those with ASDs should follow those guidelines...for learning disability patients. This includes ensuring that if the assessors have only limited expertise with this patient group, they seek advice from the local specialist service who should provide details of alternatives to compulsory treatment and advice on good communication. This however should not be allowed to delay action which is considered immediately necessary.¹⁸

The latest item of the Welsh Government's suicide prevention strategy, "[Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015-2020](#)", published in July 2015, does not mention autism.

¹⁷ Welsh Government, [Autism Spectrum Disorder Strategic Action Plan](#), November 2016, pages 16-23

¹⁸ Welsh Assembly Government, [Mental Health Act 183: Code of Practice for Wales](#), 2008, para 34.18, page 215

1.7 Mental Health and Autism Policy in Northern Ireland

Autism policy and strategy in Northern Ireland is underpinned by the [Autism Act \(Northern Ireland\) 2011](#), which requires the Northern Ireland Executive to publish an Autism Strategy and report on its implementation every three years. In January 2014, the Northern Ireland Executive published the [Autism Strategy \(2013 – 2020\) and Action Plan \(2013 – 2016\)](#). The structure of the Action Plan sets out thirty-four cross-Governmental actions reflecting the following eleven themes and associated strategic priorities:

- Awareness
- Accessibility
- Children, young people and family
- Health and wellbeing
- Education
- Transitions
- Employability
- Independence, choice and control
- Access to justice
- Being part of the community
- Participation and active citizenship

It said the following about health and wellbeing, including mental health support:

Strategic Priority 6

Promote the physical, psychological, emotional and social health and wellbeing of people living with autism and their families and carers.

Strategic Priority 7

Enhance the commissioning and provision of health and social care services to meet the needs of people with autism throughout their lives.

Being physically and emotionally healthy is a fundamental component of health and well-being and in ensuring the best start in life. Research demonstrates that people with developmental needs can experience poorer physical health outcomes, and also have a higher risk of developing emotional and mental health problems all of which compromises development, health and emotional wellbeing. In line with Strategic Priority 6 above we would seek to ensure that:

- Health promotion information / activities are designed and delivered taking account of the needs of people with autism and their families and carers;
- Care planning arrangements for people with autism spectrum conditions include a physical health and emotional wellbeing plan which promotes personal/facilitated responsibility; ...

[...]

The key aspects identified under the 'health and wellbeing' theme in this Strategy and subsequently reflected in the associated section in the Action Plan are to:

- Promote an inclusive approach to health and wellbeing programmes and adapt as necessary to support people with autism;
- Enable people with autism and their families and carers to access a wide range and choice of health promotional programmes and services to support holistic / person centred needs;
- Improve access to health and social care services for adults with autism in terms of identification, assessment, diagnosis and support; and
- Support ongoing and continuous service improvement in terms of autism care pathways.¹⁹

A [progress report](#) was published in September 2015 and said the following about health services for people with autism:

6.1 As with other population groups who may have particular needs, it is incumbent on service providers to make reasonable adjustments to ensure that service users with autism can access universal health and social care services in various settings.

6.2 A range of group health and wellbeing programmes are offered across the HSC Trusts, which include: looking at helping young people understand their diagnosis; fitness programmes in partnership with local leisure centres; group work targeting specific areas. Referrals to the services are made as needs indicate.

6.3 In April 2014 a brief '[Autism Awareness Factsheet](#)' was produced by DHSSPS, drawing on information produced by the National Autistic Society and the Centre for Research in Autism and Education. This brief introduction to autism received wide distribution throughout the HSC. It was also utilised as a template for other Departments and agencies to inform their frontline staff who may be in contact with people with autism, their families and carers.

6.4 The factsheet highlighted the difficulties people with autism have with social interaction; social communication and social imagination, and other behaviours; hypersensitivities; anxieties and routines which they may have. It also suggested a number of possible strategies which can be adopted to minimise stress or other problems, and ensure the individual is able to access the services they require. The focus is on ensuring that people are not deterred from attending regular healthcare appointments and check-ups, or availing of services and supports which are nothing to do with their autism.²⁰

The latest draft of the new suicide prevention strategy in Northern Ireland – [Protect Life 2](#), published in September 2016 – makes no mention of autism.

¹⁹ Northern Ireland Executive, [The Autism Strategy \(2013-2020\) and Action Plan \(2013-2016\)](#), January 2014, pages 61-2

²⁰ Northern Ireland Executive, [The Autism Strategy \(2013-2020\) and Action Plan \(2013-2016\) Progress Report](#), September 2015, pages 11-12

Further information on autism policy in the UK can be found in the Commons Library briefing paper, [Autism – overview of UK policy and services](#), last updated in April 2016.

2. Parliamentary material

2.1 Written Parliamentary Questions

- [Autism: Mental Health Services](#)

Asked by: Hayes, Helen | **Party:** Labour Party

To ask the Secretary of State for Health, whether his Green Paper on Children and Young People's Mental Health will include specific measures to address anxiety disorders and other mental health conditions among children with autism.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health

The Departments of Health and Education are currently considering content options for the Children and Young People's Mental Health Green Paper. We aim to publish the Green Paper by the end of the year.

06 Sep 2017 | Written questions | Answered | House of Commons | 6760

Date tabled: 20 Jul 2017 | **Date for answer:** 05 Sep 2017 | **Date answered:** 06 Sep 2017

- [Autism: Suicide](#)

Asked by: Pollard, Luke | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, how many people with autism in England took their own lives in (a) 2016-17, (b) 2015-16 and (c) 2014-15.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health

Information on the number of people diagnosed as being on the autism spectrum; the number of people on the autistic spectrum who have been diagnosed with having an anxiety disorder or depression; the number of people with autism who took their own lives, and the number of people with autism who have died within the requested timescales is not available centrally.

We have made no assessment of the effectiveness of tools used in the diagnosis of autism in identifying co-existing mental health problems. The use of such tools is a matter for the clinicians concerned, taking into account relevant clinical guidance such as that published by the National Institute for Health and Care Excellence.

06 Sep 2017 | Written questions | Answered | House of Commons | 6046

Date tabled: 19 Jul 2017 | **Date for answer:** 05 Sep 2017 | **Date answered:** 06 Sep 2017

- [NHS: Reorganisation](#)

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Health, what steps he is taking to ensure that each sustainability and transformation plan area improves community-based support for people with mental health conditions, learning disabilities and autism.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party |
Department: Department of Health

NHS England's national mental health team and regional teams are working closely with Sustainability and Transformation Plan (STP) footprints to deliver the Five Year Forward View for Mental Health commitments, based on the trajectories published in Implementing the Five Year Forward View for Mental Health.

As part of NHS England's delivery approach, national and regional mental health leads are working together to track progress across the mental health programme in STPs, and areas are being offered targeted support to build leadership and improve commissioning and quality.

Through this and careful tracking of progress and investment, NHS England will ensure implementation of recommendations to improve community-based support for people with mental health conditions.

Plans to improve community-based support for people with learning disabilities and autism with behaviour that challenges are detailed in Transforming Care Plans (TCPs), which are closely linked to STPs. Each area of England has produced a TCP demonstrating a reduction in the number of inpatient beds and strengthening the community services in their area for people with learning disability and autism. The plans have detailed milestones to support delivery, and are scrutinised at regional and at national level.

Local authorities and National Health Service commissioners are required to take account of the 2009 Autism Act. The autism strategy, Think Autism, published in 2014, and its statutory guidance supports the effective development of local strategies to design and deliver services for meeting the needs of adults with autism.

03 Jul 2017 | Written questions | Answered | House of Commons | 1488

Date tabled: 27 Jun 2017 | **Date for answer:** 03 Jul 2017 | **Date answered:** 03 Jul 2017

- [Mental Health Services: Restraint Techniques](#)

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Health, what assessment he has made of the implications for his policies on the care and treatment of people with learning disabilities and autism of the contents of the Channel 4 Dispatches programme, Under Lock and Key, broadcast on 1 March 2017; and what steps he is taking to investigate the use of restrictive practices such as restraint, seclusion and sedation on such people.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

Under the Transforming Care programme, a clear programme of work is underway with national delivery partners to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

'Positive and Proactive Care: reducing the need for restrictive interventions', which was published by the Coalition Government in 2014 introduced a requirement that providers report on the use of restrictive interventions to service commissioners, who will monitor and act in the event on concerns being raised. The Care Quality Commission (CQC) monitors and inspects against complaints in line with the guidance contained in 'Positive and Proactive Care'.

The CQC is developing a programme of work and consulting on revised key lines of enquiry for inspections to address variations in service quality, including use of restraint and seclusion.

For NHS England-funded services, NHS England employs both CAMHS (Children and Adolescent Mental Health Services) and adult case managers who have the specific responsibility of monitoring the care and treatment of patients. This involves overseeing the whole treatment programme for individuals, including issues of restrictive practice.

30 Mar 2017 | Written questions | Answered | House of Commons | 69182

Date tabled: 27 Mar 2017 | **Date for answer:** 30 Mar 2017 | **Date answered:** 30 Mar 2017

- [Mental Health Services: Restraint Techniques](#)

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Health, what progress has been made on implementing the recommendations and guidance of the Positive and Safe initiative.

Answering member: Nicola Blackwood | **Party:** Conservative Party |
Department: Department of Health

Since the Coalition Government published Positive and Proactive Care: reducing the need for restrictive interventions in April 2014, the Department, with its partners, has taken a number of steps to implement its recommendations.

These include the development of the Positive and Safe Champions Network to promote good practice in the reduction of restrictive interventions; the inclusion of information about the number and type of restraints in the Mental Health Services Dataset and the development of core standards for the training of staff in techniques of prevention and management of violence and aggression.

The Department of Health and the Department for Education are working to produce, for consultation, new guidance on minimising the

use of restraint on children and young people who have autism, learning disabilities or mental health issues, and whose behaviour challenges, in health and care settings and in special schools.

Positive and Proactive Care introduced a requirement that services develop Restrictive Intervention Reduction Plans. These plans along with organisations' relative use of restraint in comparison with other organisations, form a key focus of the Care Quality Commission's (CQC) inspections. We expect the CQC to use its regulatory powers to ensure that services minimise the use of restraint and other restrictive interventions, including face down restraint.

10 Feb 2017 | Written questions | Answered | House of Commons | 63005

Date tabled: 03 Feb 2017 | **Date for answer:** 07 Feb 2017 | **Date answered:** 10 Feb 2017

- [Autism](#)

Asked by: Gillan, Mrs Cheryl | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps his Department is taking to ensure that the autism referral to treatment pathway announced in the Five Year Forward View on Mental Health is being developed; and for what reasons it was not included in NHS England's implementation plan for the Five Year Forward View.

Answering member: David Mowat | **Party:** Conservative Party | **Department:** Department of Health

NHS England's Implementation Plan for the Five Year Forward View for Mental Health was published in July 2016. It described the national programme of work that will be taken forward to deliver the recommendations of the Mental Health Task Force. This will include work to develop an evidence based treatment pathway for people who have co-occurring mental health needs and neurodevelopmental conditions such as autism. In parallel, the Department plans to work with partners to improve tracking of referral to assessment times for an autism diagnosis.

14 Dec 2016 | Written questions | Answered | House of Commons | 56882

Date tabled: 09 Dec 2016 | **Date for answer:** 14 Dec 2016 | **Date answered:** 14 Dec 2016

- [Autism: Mental Health Services](#)

Asked by: Sheerman, Mr Barry | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what assessment he has made of the effectiveness and suitability of psychological interventions offered as autism treatments.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

The National Institute for Health and Care Excellence has published a number of clinical guidelines that recommend psychological therapies for mental health conditions, including depression and anxiety which are experienced by people with autism. These clinical guidelines represent best practice and we would expect these be taken fully into account by clinicians.

08 Nov 2016 | Written questions | Answered | House of Commons | 51349

Date tabled: 01 Nov 2016 | **Date for answer:** 03 Nov 2016 | **Date answered:** 08 Nov 2016

- [Autism](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what steps he is taking to reduce the number of suicides among women with autism.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

The cross-Government suicide prevention strategy, 'Preventing suicides in England: a cross-Government outcomes strategy to save lives' highlights various groups of people for which tailored approaches to meet their mental health needs are required to address risk of suicide. This includes people who are in contact with mental health and/or social care services and people who may experience social factors such as social isolation and social exclusion, which may be experienced by people with autism.

We are looking at ways to strengthen the cross-Government suicide prevention strategy and will set out details later this year.

The National Institute for Health and Care Excellence published a guideline in 2015, 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges' which recommends interventions to mitigate risks, including for people with autism, such as self-harm and suicide.

24 Oct 2016 | Written questions | Answered | House of Commons | 49527

Date tabled: 19 Oct 2016 | **Date for answer:** 24 Oct 2016 | **Date answered:** 24 Oct 2016

- [Autism](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what steps he is taking to reduce the rates of premature mortality as a result of (a) suicide and (b) epilepsy experienced by people with autism.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

NHS England is due to publish data from the Clinical Commissioning Group Improvement and Assessment Framework. These data, include indicators on mental health and learning disabilities that relate to the objectives set out in the mandate to NHS England. My Rt. hon. Friend the Secretary of State for Health will publish his Annual Assessment of NHS England, including progress against the mandate objectives, at the end of this financial year. The 2017-18 mandate to NHS England, including agreed future objectives for NHS England, will be published in due course.

The 'Think Autism' Adult Autism Strategy for England set out a clear, cross-Government programme of action, developed with people with autism to improve lives, reduce premature mortality and reduce the health gap for people with autism. This would be achieved through better access to healthcare for people with autism and by making improvements to services. In January 2016, a cross-Government Report on progress on implementation of the Think Autism Strategy was published which set out new recommendations for going forward.

The Department is represented on the Study Steering Committee for the SHAPE (Supporting adults with High-functioning Autism and Asperger syndrome) project. This is a national study led by the Social Policy Research Unit at the University of York. Stage 1 of the project aims to describe and map provision of autism services in England which fulfil the National Institute for Health and Care Excellence's description of a Specialist Autism Team. A report will be published shortly including information about the service models and care pathways which different localities have implemented.

24 Oct 2016 | Written questions | Answered | House of Commons | 49526

Date tabled: 19 Oct 2016 | **Date for answer:** 24 Oct 2016 | **Date answered:** 24 Oct 2016

- [Autism](#)

Asked by: Caulfield, Maria | **Party:** Conservative Party

To ask the Secretary of State for Health, whether (a) a referral or (b) an appointment for an autism diagnostic assessment is captured in published mental health data (i) locally and (ii) nationally.

Answering member: David Mowat | **Party:** Conservative Party |
Department: Department of Health

To support local areas in addressing long waits, NHS England, supported by the Department and the Association of Directors of Adult Social

Services, initiated a series of visits to clinical commissioning groups and local authorities. These visits aimed to develop a better idea of the challenges in securing timely autism diagnosis across all ages, looking at the variability in diagnosis times and sharing good practice to help areas to improve their service. NHS England submitted a report on the visits to the 16 June meeting of the Cross Government Autism Programme Board, which includes representatives of autism third sector organisations and people who have autism. NHS England will have further discussions with relevant organisations over the summer about actions in their report, including on the Clinical Commissioning Group Improvement and Assessment Framework, before reporting back to the Autism Programme Board.

In parallel, as recommended by the independent Mental Health Taskforce, the Department is undertaking a five year plan for the development of mental health data to be published by the end of the year. The plan will set out future requirements and timings for developing data to inform pathways of care, which will include requirements for autism in the Health and Social Care Information Centre Mental Health Services Data Set. Data on referrals or appointments for an autism diagnostic assessment are not currently captured in published mental health data.

18 Jul 2016 | Written questions | Answered | House of Commons | 42716

Date tabled: 13 Jul 2016 | **Date for answer:** 18 Jul 2016 | **Date answered:** 18 Jul 2016

- [Mental Health Services: Autism](#)

Asked by: Kendall, Liz | **Party:** Labour Party

To ask the Secretary of State for Health, how many people with a diagnosis of autism have been held on mental health wards in each of the last three years.

Answering member: Alistair Burt | **Party:** Conservative Party |

Department: Department of Health

The table below shows the total number of people with a learning disability and/or autism in mental health wards as reported by the Learning Disability Census.

The number of patients in mental health wards for the each of the last three years by diagnosis

England ¹	Number of patients		
	2013	2014	2015
All patients	635	750	660
Learning disability or autism			
Learning disability only	375	405	330
Autism only	140	225	240
Learning disability and autism	120	120	85

Data source: Health and Social Care Information Centre (HSCIC)
Learning Disability Census 2013, 2014, 2015

¹The Assuring Transformation collection covers England, but includes patients whose care is commissioned in England and provided elsewhere in the United Kingdom. These figures represent the number of patients who were receiving inpatient care at the end of the each month since HSCIC began collecting Assuring Transformation data.

11 Jul 2016 | Written questions | Answered | House of Commons | 42044

Date tabled: 06 Jul 2016 | **Date for answer:** 11 Jul 2016 | **Date answered:** 11 Jul 2016

- [Autism: Suicide](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what steps his Department is taking to ensure suicide prevention services are autism-appropriate.

Answering member: Alistair Burt | **Party:** Conservative Party |
Department: Department of Health

The information requested is not collected centrally.

Public Health England (PHE) published 'Guidance for developing a local suicide prevention action plan' in 2014. The guidance states the importance of developing multi-agency suicide prevention groups to ensure that local suicide prevention plans are informed by local intelligence and the needs of the local community. PHE is currently refreshing this guidance.

We welcomed the independent Mental Health Taskforce recommendation to ensure that all local areas have multi-agency suicide prevention plans in place by 2017.

The National Suicide Prevention Strategy (2012) stated that accessible, high-quality mental health services are fundamental to reducing the risk of suicide in people of all ages with mental health problems.

Last year, NHS England commissioned the world's first Learning Disability Mortality Review Programme to support local areas to review deaths of people with learning disabilities and to use the information to improve service provision so that physical and mental health problems can be identified and addressed. The process is currently being piloted in the North East and Cumbria.

We have made monumental strides in the way we help manage conditions such as autism in this country and that is why we are working alongside people with autism, and their carers, to make sure they have access to healthcare with adjustments made for their conditions. This is a focus of the Cross Government Autism Strategy which was revised in 2014 as Think Autism.

25 Apr 2016 | Written questions | Answered | House of Commons | 34648

Date tabled: 19 Apr 2016 | **Date for answer:** 25 Apr 2016 | **Date answered:** 25 Apr 2016

- [Autism](#)

Asked by: Kendall, Liz | **Party:** Labour Party

To ask the Secretary of State for Health, what the (a) average and (b) longest length of time was that patients with a diagnosis of autism who were (i) adults and (ii) children were held on mental health wards in each of the last three years because they could not get a suitable living placement.

Answering member: Alistair Burt | **Party:** Conservative Party | **Department:** Department of Health

The total number of adults with a diagnosis of autism who have been held on mental health wards was five in 2014 and 10 in 2015.

The table below provides average and longest length for adults with a diagnosis of autism who were held on mental health wards in each of the last two years because they could not get a suitable living placement.

	Longest length of stay (days)	Average length of stay (days)
2014 Adults (aged 18 and over)	435	236
2015 Adults (aged 18 and over)	249	71

Data for children for this same period cannot be provided as the total is fewer than five in each given year and cannot be made available in order to minimise disclosure risks associated with small numbers.

20 Apr 2016 | Written questions | Answered | House of Commons | 34187

Date tabled: 15 Apr 2016 | **Date for answer:** 20 Apr 2016 | **Date answered:** 20 Apr 2016

- [Mental Health Services: Autism](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what the average waiting time for autistic adults with mental health problems to access psychiatric therapy was in (a) England and (b) each clinical commissioning group in each of the last five years.

Answering member: Alistair Burt | **Party:** Conservative Party | **Department:** Department of Health

The information requested is not collected centrally.

However, as recommended by the independent Mental Health Taskforce, the Department is developing a five-year plan for the development of mental health data to be published by the end of this year. The plan will set out future data requirements and timings for developing data to inform pathways of care which will include data requirements for autism.

18 Apr 2016 | Written questions | Answered | House of Commons | 33902

Date tabled: 13 Apr 2016 | **Date for answer:** 18 Apr 2016 | **Date answered:** 18 Apr 2016

2.2 Oral Parliamentary Questions

- [NHS: Mental Health Services](#)

Asked by: Baroness Hollins (CB) | **Party:** Crossbench

My Lords, given that people with learning disabilities and autism are at high risk of mental health problems, what specific support, and clarification of that support, will the Government commit to giving to address their needs?

Answered by: Lord Prior of Brampton | **Party:** Conservative Party

My Lords, our strategy for this area was set out in Transforming Care, a paper produced by NHS England some six weeks ago. It shows that we are absolutely committed to treating more and more of these people outside institutional settings and back in the community.

14 Mar 2016 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 769 c1576

Date answered: 14 Mar 2016

2.3 Debates

- [Autism Diagnosis](#) (HC Deb 13 September 2017 cc289WH-314WH)
- [World Autism Awareness Week](#) (HC Deb 28 April 2016 cc1573-1631)

3. Press articles and notices

[Anne-Marie Trevelyan: We must not neglect the mental health of autistic people](#)

Conservative Home, 28 November 2017

[Mother's fury at 'lack of support' for daughter](#)

BBC News, 14 November 2017

[Family of autistic woman killed in traffic accident demand coroner's replacement](#)

The Guardian, 12 November 2017

[Review criticises transition services for autistic young woman killed in care home](#)

Community Care, 3 October 2017

[Mental health patients being failed as services face 'potent mix' of workforce cuts and rising demand, shows report](#)

The Independent, 28 September 2017

[Augmenting Our Mental Health](#)

The Huffington Post, 29 September 2017

[Suicidal tendencies hard to spot in some people with autism](#)

Spectrum, 26 September 2017

[Young Adults With Autism at High Risk for Psychiatric Disorders](#)

Medscape, 13 September 2017

[Autistic children self-harm warning over slow diagnosis](#)

BBC News, 10 July 2017

[A report from BBC Wales]

[A desperate mum says NHS is failing her autistic son](#)

BBC News, 14 July 2017

[Mental health services 'at risk of deteriorating' despite Government promises, NHS managers say](#)

The Independent, 6 July 2017

[Self-harm, suicidal thoughts common in people with autism](#)

Spectrum, 13 May 2017

[Children in UK mental health hospitals 'not improving', parents say](#)

The Guardian, 27 February 2017

[Teenagers with mental illness: 'I failed her and I don't want to fail her again'](#)

The Guardian, 26 November 2016

[It took a serious accident for my autistic son to get the help he needed](#)

The Guardian, 15 April 2016

4. Further reading

- House of Commons Library briefing paper CBP07172, [Autism – overview of UK policy and services](#), April 2016
- House of Commons Library debate pack briefing CDP-2017-0158, [Waiting time standard for autism](#), September 2017
- Autistica, [Understanding suicide in autism](#), May 2017
- Sarah Cassidy and Jacqui Rodgers, '[Understanding and prevention of suicide in autism](#)', *The Lancet Psychiatry*, Vol. 4(6) (2017)
An article from academics at the Centre for Research in Psychology Behaviour and Achievement at the University of Coventry outlining research which shows “worryingly high rates of suicidality” in people with autism. In a large-scale clinical study of adults newly diagnosed with Asperger's syndrome, 66% reported that they had contemplated suicide, significantly higher than rates among the UK general population (17%) and patients with psychosis (59%); 35% had planned or attempted suicide. A large-scale population study² showed that suicide is a leading cause of premature death in people with autism.
- Tatja Hirvikoski, Ellenor Mittendorfer-Rutz, Marcus Boman, Henrik Larsson, Paul Lichtenstein, Sven Bölt, '[Premature mortality in autism spectrum disorder](#)', *British Journal of Psychiatry*, Vol. 208(3) (2016)
An article by academics on their study examining mortality in ASD. It concluded that “Premature mortality was markedly increased in ASD owing to a multitude of medical conditions”.
- Scottish Parliament Information Centre, [Autism Spectrum Disorder](#), March 2017
- Welsh Government, [Autism Spectrum Disorder Strategic Action Plan](#), December 2016
- Scottish Intercollegiate Guidance Network, [Assessment, diagnosis and interventions for autism spectrum disorders](#), June 2016
- NICE, [Autism spectrum disorder in adults: diagnosis and management](#), updated August 2016
- Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014
- Department of Health and Home Office, [Mental Health Crisis Care Concordat](#), 18 February 2014
- Northern Ireland Executive, [The Autism Strategy \(2013-2020\) and Action Plan \(2013-2016\)](#), January 2014

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