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A deep dive into the Mental Health Bill 2024

4 March 2025



Autism and learning disability



Crash Pad approach – building confidence, connections and courage



Wendy Ewins **My pronouns are she/her**
Head of Commissioning, Case Management and
Keyworking
Wendy.ewins@nhs.net

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Autism and learning disability

“High” functioning autism and detention under Section 3

Alexis Quinn

Restraint Reduction Network



Where we are at...

- Autistic people experience poor physical and mental health along with reduced life expectancy compared with non-autistic people (Doherty et al., 2024)
- To reduce inequalities healthcare providers must understand autistic perspectives, communication needs and sensory sensitivities (Doherty et al., 2024)
- Support also requires there being a service available – autistic people often fall through the 'gap' of LD and MH services

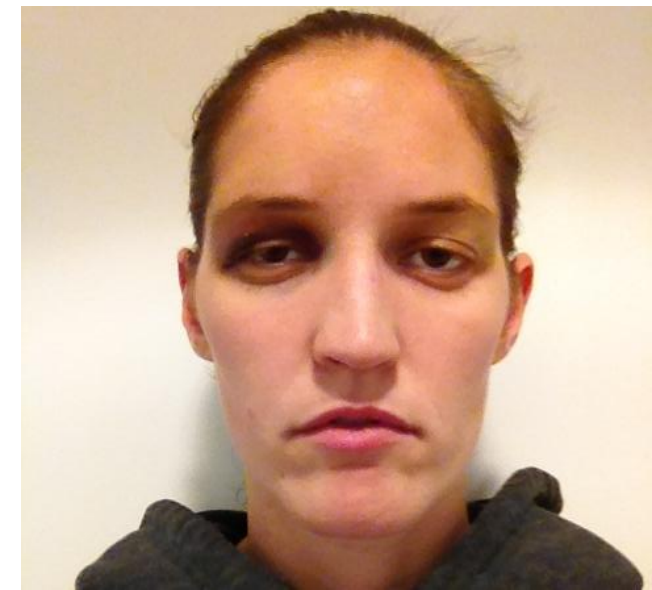
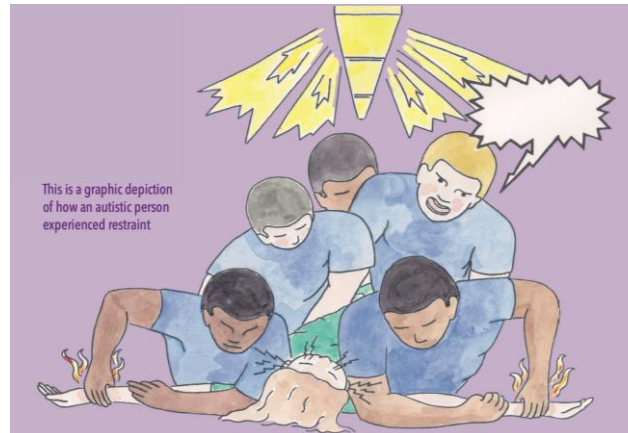




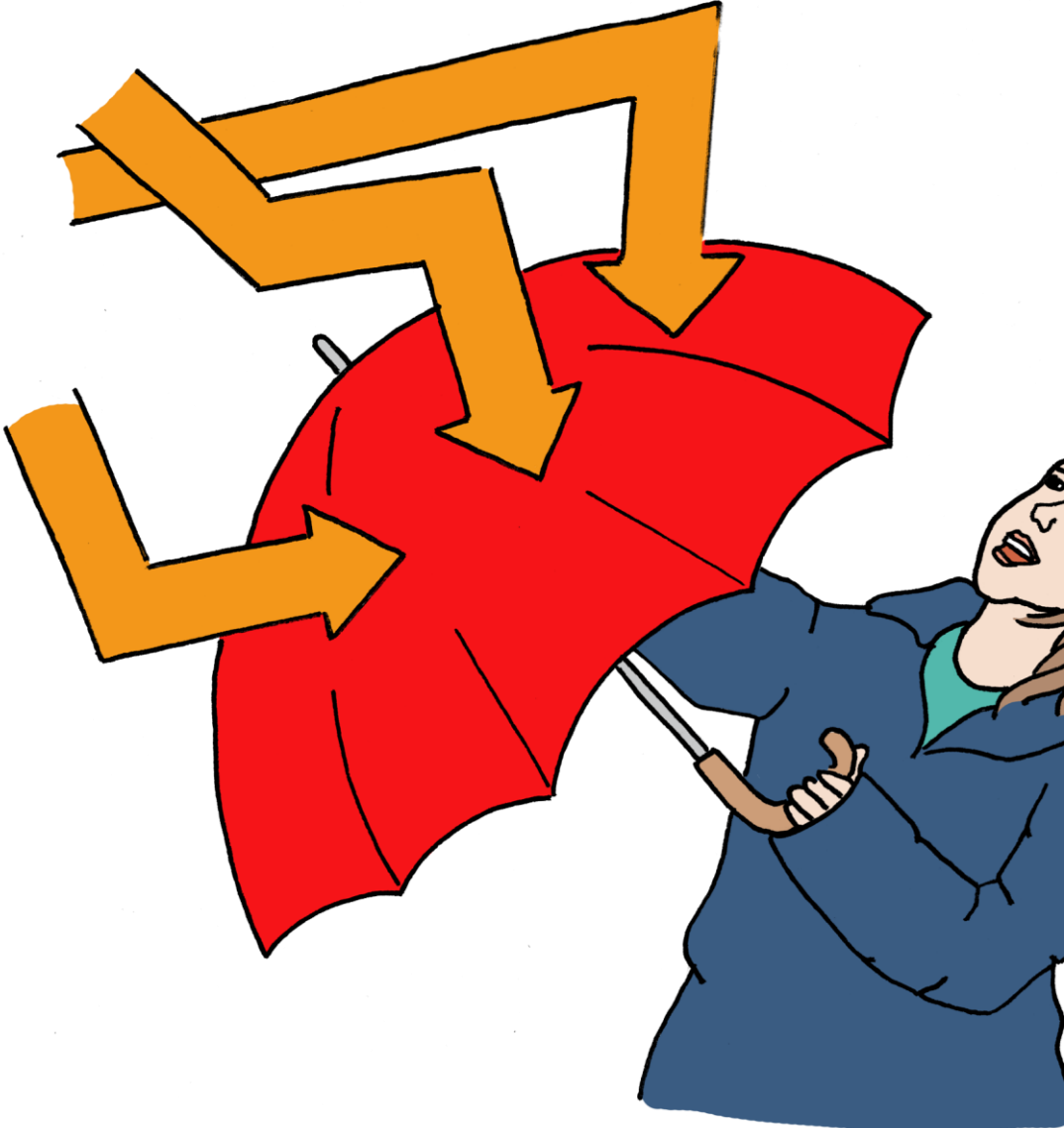
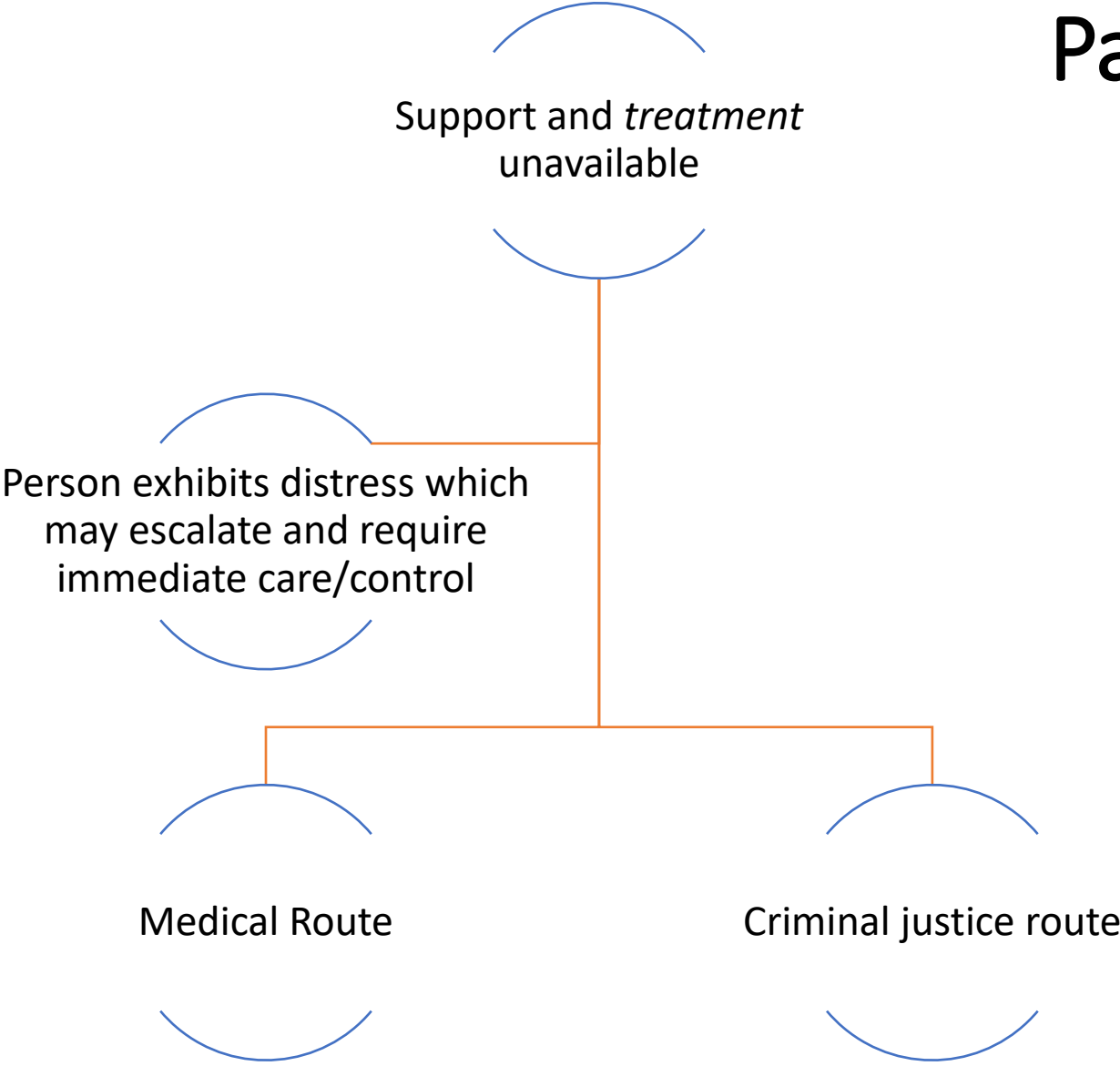
A former professional athlete, school-teacher and
mother

Who was I?

Inappropriate community provision led to sanctuary trauma, a long detention and relentless restrictive practices



Pathways to view distress



Inequalities in length of detention (and restrictive practice)

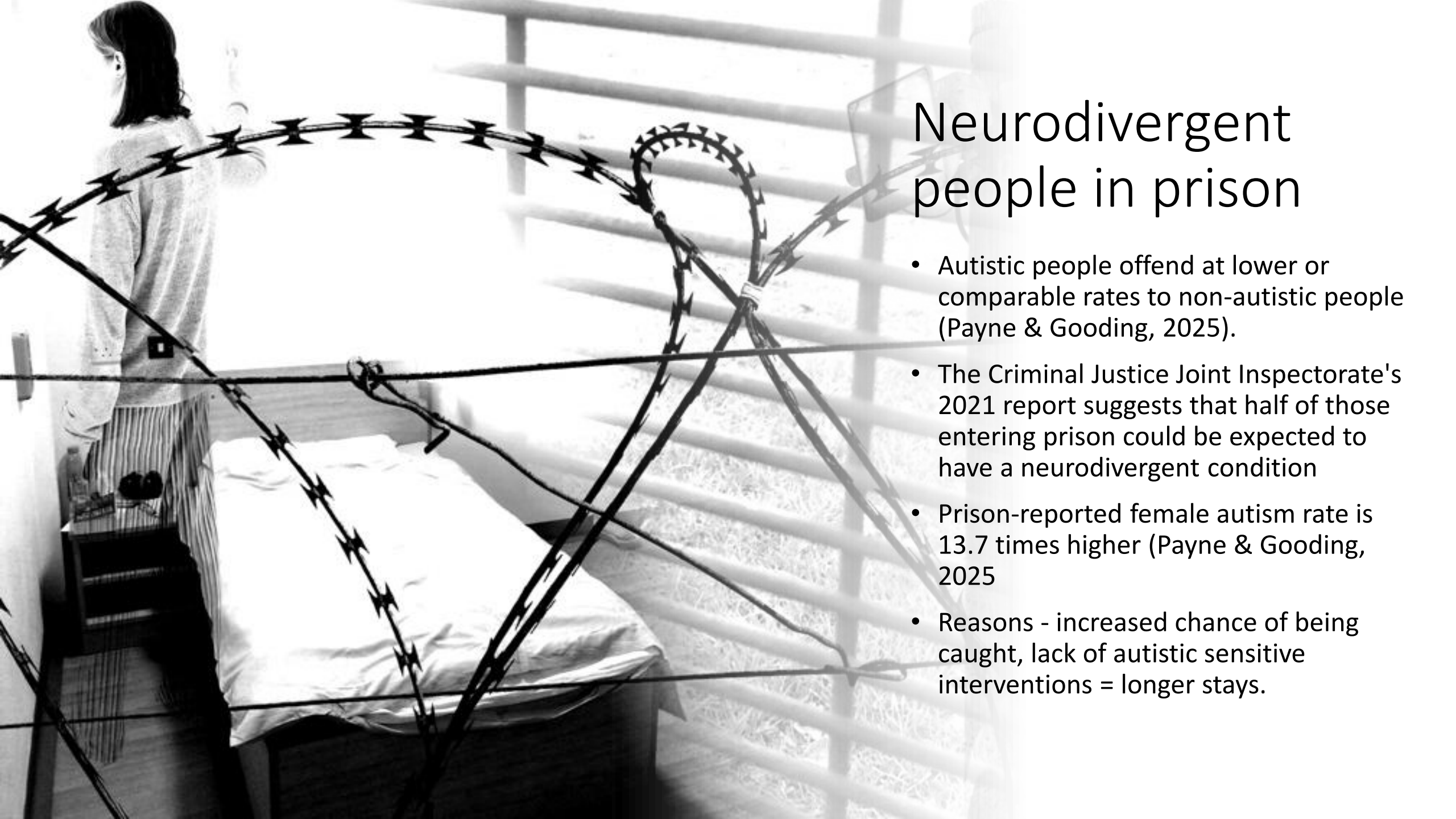
- 6 years compared to compared to 32 days for non-autistic people (House of Commons, 2021)
- Higher levels of restraint and seclusion
- Average length of stay in LTS - 435 days forcibly isolated by their current provider
- High levels of polypharmacy and off label prescribing (of antipsychotics) e.g., for agitation

Co-occurring mental health difficulties

- Co-occurring mental health conditions are more prevalent in the autistic population than in the general population (Lai et al., 2019)
- 8 in 10 autistic individuals experience a mental health problem in their lifetime (NAS)
- Autistic people are four times more likely to experience depression than non-autistic people (NAS)
- 40-50% may receive a clinical diagnosis of anxiety (NAS)
- > 60% meet the criteria for post traumatic stress (Rumball et al., 2020)
- 50 – 70% have co-occurring ADHD (Hours et al., 2022)

At Rightfullives we are worried about the inappropriate application or utilisation of MH diagnosis to justify detention





Neurodivergent people in prison

- Autistic people offend at lower or comparable rates to non-autistic people (Payne & Gooding, 2025).
- The Criminal Justice Joint Inspectorate's 2021 report suggests that half of those entering prison could be expected to have a neurodivergent condition
- Prison-reported female autism rate is 13.7 times higher (Payne & Gooding, 2025)
- Reasons - increased chance of being caught, lack of autistic sensitive interventions = longer stays.

Suicide

Autistic people are at significantly higher risk of suicidal thoughts and *behaviours* (Cassidy et al., 2020)

Between 19.7% - 66% of autistic people experience suicidal ideation and 1.8% - 36% attempt suicide-(Cassidy et al., 2020; 2022)

1 in 4 autistic people had thought about or attempted suicide compared to 1:10,000 in the general population (NAS).



Being undiagnosed

Long diagnostic waits have meant...

The highest prevalence of suicide is in late-diagnosed adults (Cassidy et al., 2014).

...so... being undiagnosed can mean an increased risk of attempting suicide.

Cognitive inflexibility may reduce ability to solve problems in stressful situations, impairing the ability to see a way out, increasing the risk of experiencing entrapment, with suicide being perceived as the only possible escape route.

Autism and homelessness


Autistic people are more vulnerable to homelessness due to:

Discrimination, victimisation (Osborn et al., 2024)

Government and homeless services lack resources, knowledge, and training to provide ongoing and adequate support (Grant, 2017; Osborn et al., 2024)

Homeless services have strict criteria and service guidelines, which reduce autistic people's ability to access them (Grant, 2017)

... this means autistic people experience longer periods of homelessness and are less likely to acquire stable housing (Pearson, 2016)



The fact autistic people and people with a learning disability can be detained under the Mental Health Act IS NOT THE ISSUE!

It is the barriers to diagnosis, care and support which is the issue!

STOP treating us like second class citizens!

Given our lower social standing we are more likely to encounter stressful life situations and have fewer resources to cope.

Routine victimization and discrimination, everyday discrimination, expectation of rejection, outness, internalized stigma, and physical concealment of autism consistently predicts diminished well-being and distress (Botha, 2018).

Remove barriers to support and treatment... and this starts from birth and paying attention to the autistic school experience!

