

SOCIAL RELATIONSHIPS, LONELINESS & WELLBEING IN AUTISM: BRIEF OVERVIEW OF RESEARCH FINDINGS

This report summarises key findings from two research papers published by the Olga Tennison Autism Research Centre. The research was funded by DXC Technology and the Australian Government Department of Human Services and Department of Defence

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HIGHLIGHTS [1, 2]

- We examined the mechanisms underpinning depression and thoughts of self-harm or suicidal ideation in 71–76 individuals with diagnoses on the autism spectrum
- 25–26% of participants met the cut-off for clinical depression
- 20–21% reported thoughts of self-harm or suicidal ideation
- Loneliness was associated with increased depressive symptoms
- Tangible (material) social support was associated with reduced depressive symptoms
- Both loneliness and tangible social support were associated with thoughts of self-harm or suicidal ideation through their associations with depression
- Neither appraisal nor belonging were found to be significantly associated with depression or thoughts of self-harm
- These studies highlight the contribution of loneliness and social support as risk and protective factors, respectively, for mental well-being in those diagnosed as being on the autism spectrum
- The functions served by social networks, the relationship between stress and resources, and the impact of supports on well-being need to be considered when developing interventions targeting mental well-being in autism spectrum disorder
- Employment in an environment that is both accepting and supportive may provide opportunities for people who are on the autism spectrum to develop social networks and meaningful, supportive friendships

BACKGROUND

Rates of comorbid symptomology in individuals with Autism Spectrum Disorder (ASD) are significantly higher than in people with many other neurodevelopmental or psychiatric diagnoses. Depression (lifetime rate may be over 50%)^[3] is one of the most prevalent psychiatric comorbidities in ASD ^[4] and is a significant risk factor for suicidal ideation (thoughts about taking one's life), plans, attempts and suicide.^[5] Suicidal behavior in ASD is understudied [6]; however, the presence of suicidal behavior may be much higher than in the general population. Stakeholders must develop priorities for suicide research in ASD.^[7] An important question is whether risk factors and underlying mechanisms for suicidal behavior in ASD are similar to those in the non-autistic or general population.^[7] To begin to address this gap, we examined loneliness and social support as potential risk and protective factors, respectively, for depression and thoughts of self-harm in two studies involving adults with ASD.

Study 1: Social support, depression and suicidal ideation in adults with Autism Spectrum

Disorder ^[1]

Background: Research has yet to identify the mechanisms underlying the increased risk of suicide in people with ASD. This study examined perceived social support as a potential protective factor for depressive symptoms and suicidal ideation.

Method: Participants were 76 adults with ASD.

Results: Twenty-five percent of participants were in the clinical range for depression, and 20% reported recent suicidal ideation or thoughts of self-harm. Social support in the form of appraisal and belonging was not associated with depression or ideation; however the perceived availability of tangible (material) support indirectly acted on ideation through depression.

Conclusions: The findings suggest that tangible support, but not appraisal or belonging, may act as an indirect protective factor against suicidal ideation or thoughts of self-harm in ASD.

Study 2: Understanding depression and thoughts of self-harm in autism: A potential mechanism involving loneliness [2]

Background: This study characterized the inter-relationships between loneliness, depression and thoughts of self-harm in adults with ASD.

Method: Participants were 71 adults with ASD who completed questionnaires that provided information on loneliness, depression and thoughts of self-harm.

Results: Twenty-six percent of participants met the clinical cut-off for depression and 21% reported thoughts of self-harm. Depressive symptoms, loneliness, and thoughts of self-harm were significantly associated. We identified an indirect pathway from loneliness, through depression to thoughts of self-harm.

Conclusions: These results highlight a possible contribution of loneliness to depression and thoughts of self-harm, suggesting treatment options that target loneliness may prove beneficial in improving mental health outcomes in ASD.

RECOMMENDATIONS

- The functions served by social networks, the relationship between stress and resources, and the impact of supports on well-being, may be important for interventions and social inclusion programs.
- The identification of loneliness as a factor associated with depression and thoughts of self-harm suggests potential treatment options that combat social isolation.
- Programs that combat loneliness and increase inclusion may provide benefits in terms of mental health and well-being for people on the autism spectrum.
- It may be that those on the autism spectrum may benefit from the availability of material support, and less so compared to other forms of social support.
- However, in other related work we also have found that the quality of social support is particularly important and is associated with lower levels of depression and suicidal ideation or thoughts of self-harm.^[8]
- Given the current lack of validated instruments for the assessment of depression and suicidal ideation or behavior in ASD we strongly recommended inclusion of a clinical interview to assess for suicidality in research and clinical settings.

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ETHICAL APPROVAL

The research was approved by La Trobe University Human Ethics Committee No. 14-101 and the Australian Defence Human Research Ethics Committee No. 825-16. Informed consent was obtained from all individual participants included in the study.

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1. Hedley, D., Uljarević, M., Wilmot, M., Richdale, A., & Dissanayake, C. (2018). Understanding depression and thoughts of self-harm in autism: A potential mechanism Involving loneliness. *Research in Autism Spectrum Disorders, 46*, 1-7.
2. Hedley, D., Uljarević, M., Wilmot, M., Richdale, A., & Dissanayake, C. (2017). Social support, depression and suicidal ideation in adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 47*, 3669-3677.
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7. Cassidy, S. & Rodgers, J. (2017). Understanding and prevention of suicide in autism. *Lancet Psychiatry, 4*, e11.
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DISCLAIMER

Some of the included information was reproduced and can be found in the following publications:

1. Hedley, D., Uljarević, M., Wilmot, M., Richdale, A., & Dissanayake, C. (2018). Understanding depression and thoughts of self-harm in autism: A potential mechanism Involving loneliness. *Research in Autism Spectrum Disorders, 46*, 1-7.
2. Hedley, D., Uljarević, M., Wilmot, M., Richdale, A., & Dissanayake, C. (2017). Brief report: Social support, depression and suicidal ideation in adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 47*, 3669-3677.

FURTHER INFORMATION

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