EVIDENCE BRIEF

Autism, Mental Health and the School Context

This evidence brief synthesizes current research on the intersection of autism and mental health, with a specific focus on **school-aged children and youth in Ontario**. It is intended for **school staff** who work with students from kindergarten to grade 12.

This brief summarizes what the evidence tells us about prevalence, mental health risks and protective factors, and the role of schools in supporting autistic students' mental health. To learn about school-based practice recommendations, see Supporting the Mental Health of Autistic Students (an info sheet for school staff).

> **Autism:** Autism spectrum disorder (ASD), or autism, is a neurodevelopmental condition characterized by differences in social communication and interaction, along with restricted and repetitive behaviours or interests (1). These patterns can also be understood as reflecting focused interests and consistent engagement.

A note on language

This brief prioritizes **identity-first language** (e.g., 'autistic students') where possible, reflecting the preferences of many individuals with lived experience. Professionals (such as teachers, therapists, researchers and clinicians) "were more likely to use, like, and choose person-first language terms" (e.g., 'students with autism spectrum disorder') (2). Within the brief, both identity-first and person-first language are used to respect these diverse perspectives. Language preferences should be discussed with students, families and communities.

Main messages

- **Rates of autism identification have increased substantially** in Canada over the past two decades (3).
- **Autistic children and youth are more likely to experience co-occurring mental health concerns** than non-autistic peers, including anxiety and depression (4).

- **School environments play a critical role in mental health promotion,** particularly through belonging, peer relationships and supportive adults (5).
- **Whole-school, inclusive and identity-responsive approaches** are associated with more positive mental health outcomes for autistic students (6,7).
- **Autism-specific mental health training for professionals,** including comprehensive and specialized training and support, may ensure that mental health professionals are equipped to meet the needs of autistic youth (6).
- **Significant evidence gaps and inequities remain,** particularly for autistic students with intersecting identities (8).

Autism prevalence and implications for schools

Autism prevalence in Canada

Recent national surveillance data estimate autism prevalence at approximately one in 44 children and youth in Canada, which represents a substantial increase over the past two decades. In addition, "the rate of newly identified autism cases rose from 35 per 100,000 children and youth in 2000–2001 to 365 per 100,000 in 2023–2024" (3).

> Multiple factors likely contribute to this increase, including greater public and professional awareness, broader diagnostic criteria, early identification practices and reduced stigma in some communities. While the specific factors and the extent of their contribution remain uncertain, the trend indicates a growing need for coordinated educational and mental health programs and services to support autistic people and their families (3).

Why prevalence matters in educational settings

As more autistic students are identified, schools increasingly function as key settings for:

- mental health promotion and prevention
- early identification of emerging mental health concerns
- coordination of supports with families and community services

Given the amount of time that children spend in schools, education systems play an important role in shaping social experiences, access to supports and overall well-being (5).

Mental health and well-being among autistic students

Co-occurring mental health concerns

> Students with autism are significantly more likely than non-autistic peers to have or develop mental health conditions such as anxiety, depression and attention deficit hyperactivity disorder (ADHD) (9).

Autistic youth also experience higher rates of school disengagement and suicidality, particularly when multiple marginalities present, such as when race, gender, sexuality and disability intersect (10). In addition to co-occurring mental health conditions, female-identifying autistic students are more likely to self-harm than male-identifying students and experience increased risk of suicide death than non-autistic individuals (4).

School-related experiences and mental health

School experiences such as peer relationships, bullying, sensory demands and social expectations are closely linked to autistic student mental health (6,11).

> Many autistic students engage in masking or camouflaging (e.g., suppressing self-stimulatory behaviour (stims), making eye contact) to meet neurotypical expectations or avoid negative reactions, such as bullying or exclusion (11). Although masking may support short-term social acceptance, it is associated with increased anxiety, exhaustion and burnout.

Burnout can involve prolonged fatigue, loss of skills (thinking and emotional) and difficulty maintaining school engagement, which can affect well-being and learning (12).

Challenges in identification of mental health concerns and access to support

> Mental health concerns in autistic students may be under-identified due to differences in communication, emotional expression and diagnostic overshadowing.

Diagnostic overshadowing is where changes or concerns in behaviour are attributed to the student's existing diagnosis or profile without considering other potential causes such as an emerging mental health concern (13). These challenges can delay early identification and access to appropriate supports.

Schools are key settings for mental health promotion

The role of schools

Schools are uniquely positioned to promote mental health and well-being due to their influence on daily routines, peer relationships and access to trusted adults (5).

> Supportive school environments are associated with improved well-being for autistic students, particularly when school staff feel confident and equipped to respond to diverse needs (14).

Schools can also connect with families and communities to provide supportive and wraparound care for autistic students, which in turn also have positive effects on well-being (5).

Whole-school and inclusive approaches

> Whole-school approaches that promote inclusion and peer understanding and programs that improve school belonging have shown success in improving autistic students' sense of connection and mental health (6).

Peer education, supportive staff and opportunities for meaningful connection can reduce stigma and promote acceptance. Peer connections and role models are also important for autistic students (10), and can be achieved through whole-school approaches that champion inclusivity.

Availability of resources that can support and inform the entire school community, as well as programs that feature a multi-tiered system of intervention and support, have also been shown to be protective. Research concludes that characteristics that promote inclusive school environments and characteristics that make school programs effective for autistic students overlap (5). Autistic student well-being was found to be positively influenced by the school context, supportive school staff and effective teacher training (14).

Research suggests that autistic students often experience reduced anxiety and greater comfort when they can be themselves, including having access to safe spaces and opportunities to self-regulate without judgement. This safe space is often familiar to the student and provides the downtime needed for recovery. Unmasking and engaging in stims is a way students cope and regulate emotions (11,12).

> Suggestions for improvements to schools' ability to support autistic youth include whole-school approaches that champion peer awareness around autism, specific training for all school staff in supporting autistic youth, and providing dedicated support during school transitions (for example, from elementary to secondary) when established connections and routines change (6).

Realistic adapted programming

Autistic student mental health may be improved through adapted programming. When asked to describe their needs, students with autism spectrum disorder in post-secondary school described their need for academic accommodations, skills workshops, career and/or academic counseling and self-advocacy training as well as receiving support from mental health services (e.g., through a psychologist or psychiatrist) (9). In general, students emphasized the necessity for quicker and easier access to services that fit with their individual needs (9).

Although some autistic students respond well to existing treatments, like "cognitive-behavioural therapy (CBT) strategies [which] can help manage common difficulties with anxiety or self-regulation (15)," "modifications to existing CBT interventions have focused primarily on the structure and mode of delivery (e.g., visual presentation of information, simplified activities, greater parent involvement, breaks integrated into sessions, inclusion of special interests, increased therapy duration), with few changes to intervention content including emotion recognition training and concretizing lessons" (7). This opens avenues for new research into modified CBT for autistic youth, as well as other modified mental health supports and treatment modalities.

Barriers, inequities and gaps in the evidence

Barriers to mental health support

Autistic youth and their families face multiple barriers when accessing mental health supports, including limited availability of trained providers and long wait times. These challenges are particularly pronounced in rural and remote communities, where shortages of autism-informed mental health professionals are common. This can limit available supports and lead youth in need of mental health support to go to primary care, emergency services or non-mental health school-based services instead of mental health-specific supports (16).

> School staff support students with autism in a variety of ways on a daily basis, including providing specialized instruction, maintaining structured environments and offering sensory, emotional, communication and social skills support.

In addition, schools play a key role in supporting students as they navigate to, from and through community services. Being knowledgeable about available supports and services for autistic students, particularly in relation to mental health needs as they emerge, can make all the difference in promoting wellness for students and their families. In contrast, when there are gaps in coordinated service delivery, students experience more negative mental health outcomes (6).

Equity and intersectionality

Student experiences are shaped by intersecting identities such as race, gender identity, sexuality, Indigeneity and socioeconomic status (8). Research has historically under-represented autistic youth with intersecting identities, limiting understanding of diverse needs and contributing inequities.

In Canada, Indigenous families may experience additional barriers since diagnoses of autism are done through childhood healthcare providers, and barriers related to access, stigma and ongoing realities shaped by colonialism can impact the ability of Indigenous families to access this kind of care. This makes getting timely support more challenging (17). Transgender and non-binary autistic youth report higher levels of poor mental health compared to transgender and non-binary neurotypical peers, as well as additional barriers to education, employment and income (18).

Gaps in the evidence base

Key gaps include limited research on mental health promotion (as opposed to deficit-based outcomes), insufficient attention to transitions across the lifespan and a need for more research centering autistic youth with diverse and intersecting identities (17).

The research also highlights that sometimes, "efforts to translate evidence-based practice in treatment and prevention to community settings fail" (19) as they do not consider intersecting identities. Actively involving school staff and individuals with lived experience can help make evidence-informed practice more effective in school settings, to ensure approaches are implemented with fidelity.

Implications and recommendations

What supports positive mental health outcomes

Across studies, several factors are consistently associated with improved mental health and well-being for autistic students:

- inclusive, whole-school approaches that promote belonging and peer connectedness, and that engage students and their families (5,6)
- identity-responsive approaches that affirm neurodivergent identities (7)
- staff training to build confidence in supporting autistic students' mental health (1)
- flexibility and adaptation in school programming and expectations (5)
- school-based mental health intervention services (such as adapted CBT, interoceptive awareness training, mindfulness-based cognitive therapy) (7)

Brief school-based mental health services for autistic students should be structured and predictable, with clear goals and opportunities for repeated practice to support skill development. They should also incorporate low-intensity, in-the-moment supports such as brief check-ins, co-regulation and access to quiet spaces that can be used flexibly throughout the school day (20). These approaches are most effective when they are aligned with classroom practice and Individual Education Plan (IEP) goals to ensure consistency across environments (21), while allowing flexibility in communication and reducing demands during periods of distress. Supports should be delivered within a multi-tiered system of care and grounded in neurodiversity-affirming principles that prioritize well-being, autonomy and a sense of belonging.

Effective school-based supports also emphasize capacity building and system-level strengthening. This can include training educators and caregivers on autism and related conditions (e.g., ADHD) as well as implementing structured group programs that use storytelling, roleplay and social learning strategies to promote social and emotional skills. Interventions that incorporate stress management and self-regulation techniques such as yoga can further support student well-being. Multi-modal interventions that integrate social, behavioural and emotional supports are particularly effective, while peer-based approaches can enhance social inclusion and foster more supportive school environments for autistic students (20,22).

Implications for schools and systems

Schools play a critical role in fostering conditions that promote well-being, early identification of emerging mental health concerns and coordination of supports. Not all autistic youth experience mental health difficulties, however, those who do benefit from supportive, inclusive environments that promote protective factors.

When school staff meaningfully collaborate and engage with autistic individuals and their families, the relevance and effectiveness of initiatives are strengthened, which can lead to more effective results (10).

This brief highlights the importance of proactive, inclusive and equity-centered approaches to supporting autistic student mental health in schools. Future work should focus on translating evidence into practical guidance, centering lived experience and addressing structural inequities across systems.

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