

Supporting a neurodiverse workforce

A mental health and wellbeing resource and training package.



Purpose

This is an abridged summary of a comprehensive mental health and well-being resource and training package designed to support the mental health and well-being of employees on the autism spectrum.

The full toolkit presents current and evidence-based information and strategies to support mental health and well-being, with specific information on mental health and autism.

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Suggested citation format: Bury, S. M., Hayward, S. M., Dissanayake, C., & Hedley, D. (2020). *Supporting a neurodiverse workforce: A mental health and well-being resource and training package*. Melbourne: La Trobe University.

Supporting a Neurodiverse Workforce: A Mental Health and Well-being Resource and Training Package is the result of a partnership between DXC Technology Dandelion Program, the ANZ Bank, and the La Trobe University Olga Tennison Autism Research Centre (OTARC). It is specifically designed to provide best evidence and current practice support for employees on the autism spectrum.

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What is well-being?

This module aims to provide a general overview of mental health and well-being and the risk factors that lead to mental health conditions. Although common amongst the general population, it is experienced more greatly by the autistic population. It is employers' legal responsibility to protect the mental health and wellbeing as reasonably practical. These programs have seen benefits not only in reduced sick leave, working whilst sick, and increased productivity, but in the morale and company pride of their employees. While these programs have success in improving well-being, there is currently no training materials to support employees on the autism spectrum.

Autism and wellbeing

Employment can positively benefit wellbeing, provide financial benefits, and lead to a feeling of having a sense of purpose in life. However, work can also bring stress, particularly for individuals who may require workplace adjustments or who experience other challenges that can impact their ability to function their best at work.

These difficulties may be associated with the job or work task, but may also be associated with other factors, such as fitting in socially, or experiencing anxiety. Supporting the mental wellbeing of all employees, including people on the autism spectrum, is important to reduce any negative impacts associated with the work environment.

Addressing these three stages are integral to supporting mental wellbeing in the workplace:

- Promoting well-being
- Early intervention
- Support and rehabilitation

“a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community”.

World Health Organization (WHO)



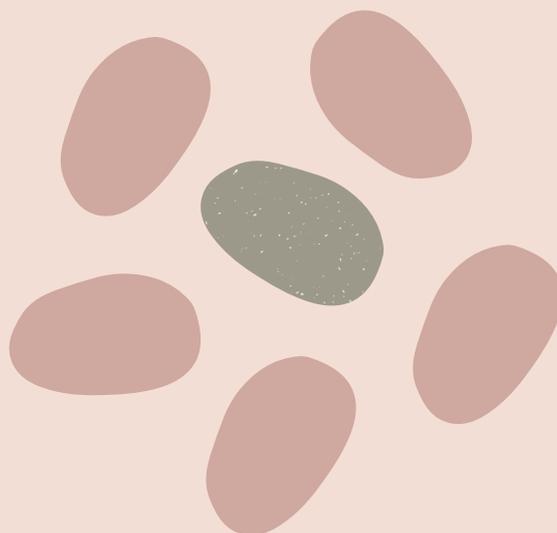
What does it mean to be on the autism spectrum?

This module explores what it means to be on the autism spectrum. It provides a brief overview of general traits and behaviour that are common to autism, and what this may look like in the work environment.

What is autism?

Autism is a term used to describe a diverse group of people who differ in how they communicate and relate to other people, as well as interact and make sense of the world around them. Autism is a variation in brain development which is present from birth.

Although everyone on the autism spectrum experiences autism differently, there are two key things common to these individuals; differences in social interaction and communication, plus deep interest in and focus on specific areas of interest to the exclusion of other areas.



Social interaction and communication

Differences in social communication and interaction can present as strengths, but also as challenges for those with autism.

Common traits can include:

- Honesty and looking at things from a unique perspective
- Perceived to be overly direct or blunt
- Trouble understanding non-literal language like sarcasm
- Challenges in recognising conversation rules like turn taking
- Difficulty predicting other people's behaviour and intentions
- Difficulty understanding and using non-verbal communication, recognising other people's emotions, and showing emotion with facial expressions

Because of these factors, some people on the autism spectrum can have difficulty predicting other people's behaviour and intentions. This sets up social difficulties as a potential stressor. Helping employers understand the impact of these difficulties is important for supporting autistic employment.

Repetitive and restrictive behaviours and interests

- Tapping, bouncing legs, rocking back and forth, unusual use of objects like flicking a pen, repetitive speech
- Insistence on sameness in a preference for predictability, routine and consistency. This can lead to great attention to detail and a preference for rules and procedures. But it can also be associated with difficulties in managing change and flexibility
- Tendency to have a strong special interest in a specific and narrow area which is intensely pursued

What does it mean to be on the autism spectrum?

Sensory differences

People on the autism spectrum may be over or under-sensitive to certain sensory information of one or more of the senses (sound, light, touch). Ensuring sensory friendly environments, or the adaptation of reasonable adjustments may be required to support autism strengths.

Supporting autism in the workplace

A lot of the challenges associated with autism may stem from or relate to trying to fit into a world that does not appear to be 'made' for these individuals. However, with small changes to the way we communicate (unambiguous instructions, recruitment based on performance not interviews), and the environment in which we work (making the environment predictable, being mindful of the sensory environment) can support both people on (and not on) the autism spectrum in the workplace.



Creating autism friendly work environments

This module discusses the importance of creating an autism friendly work environment. Reducing barriers to employment is important to improve the rate of appropriate and meaningful employment of people on the autism spectrum. We highlight the importance of creating workplace environments and cultures that are inclusive and support diversity.

Research

Research has shown that organisations who have a workplace culture that values diversity benefit from the different views and perspectives this diversity brings (eg. innovation). Creating a workplace culture that values diversity reduces stigma, is more accepting of workplace adjustments, and may reduce the need to disclose a diagnosis, or at least reduce some of the anxiety about doing so.

The work environment

Part of creating an autism friendly environment is to create more inclusive workplace policies and procedures. This can be drawn from the advice for supporting individuals on the autism spectrum given in Module 2, such as using clear and precise language in communication and work documents and improving the transparency of operations.

Such changes will support individuals on the autism spectrum but will also assist in producing clearer workplace communication and practices more broadly. This extends also to job advertisements and alternative recruitment processes, flexible work policies and provisions of workplace support.

This module also considers modifications to the physical work environment. These include considerations for noise, lighting and workplace design, as well as reducing foot traffic.

Managing stress in the workplace

This module provides a broad overview of stress in the workplace, and what this looks like in both people who are and are not on the autism spectrum. Stress can refer to both the physical, behavioural, and psychological response to pressures in our life.

Stress

There are many unique stressors or pressures in the work environment, which can include:

- Job factors (e.g. unclear role clarity, job future ambiguity)
- Career Concerns (e.g. low wage/salary, few opportunities for growth or advancement)
- Management Style (e.g. unclear expectations)
- Organisational Characteristics (e.g. culture)
- Interpersonal (e.g. workplace conflict/bullying)

What does stress look like?

Physiological response to stress is tied to the “fight or flight” response to threat. This is an evolutionary physiological response that leads to changes in the body, such as heart rate, breathing, pupil dilation, sweating, tense muscles. Stress can affect:

- Behaviour (e.g. difficulties sleeping, restless legs or body, drinking alcohol)
- Bodily sensations (e.g. tense or sore muscles, feeling sick or dizzy, high blood pressure)
- Thoughts (e.g. excessive worry, irritable, indecision)

Work pressure can support motivation (e.g. work to a deadline), however, long term or high levels of stress can:

- Effect mental well-being (e.g. anxiety, depression)
- Effect physical health (e.g. sleep difficulties, high blood pressure, lower immunity, heart disease and stroke)
- Lead to unhealthy behaviours (e.g. smoking, alcohol or drug use) which can in turn effect physical and mental health

Managing stress in the workplace

Stress and autism

Individuals on the autism spectrum can be affected by the same pressures and stressors experienced by employees not on the spectrum. However, there may also be additional stressors associated with autism traits that may exacerbate stress, such as:

- **Sensory Sensitivity.** Strong sensory input (bright lights, loud noises) can be stressful
- **Social challenges managing relationships** due to difficulties in social interaction. Communication challenges can impact stress about clarity of role/job tasks
- **Repetitive and restricted behaviours and interests** – unexpected changes in environment/work goals can be stressful, especially if unknown/unforeseen
- **Executive function.** Difficulties with planning and prioritising could make work tasks seem more imposing, complicated and stressful
- **Emotion recognition and regulation.** Difficulties identifying emotions and linking to bodily sensations could make identifying and managing stress much harder

There is some suggestion that stress may arise more quickly in people on the autism spectrum. People on the autism spectrum are likely to experience similar emotional, behavioural and physiological responses to stress compared to people not on the autism spectrum. They may also show stress through an increase in behaviours associated with autism:

- Increased focus on, or discussion about their special interest
- Social withdrawal or reduced communication
- Difficulties thinking and responding flexibly
- Greater need for structure or routines
- Increase in repetitive behaviours or actions (e.g. bouncing leg, tapping the table)

Managing stress in the workplace

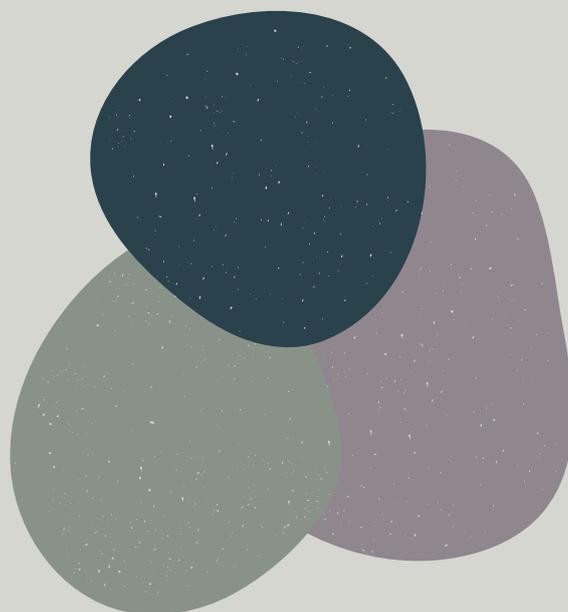
Managing stress

Strategies to manage physical and emotional response to stress can include:

- Physical activity (walk to the bathroom at work; jogging, cycling, yoga outside of work)
- Relaxation techniques (quiet room, deep breathing techniques, progressive muscle relaxation)
- Reasonable adjustments to manage the sensory environment
- Managing internal stressors through challenging unhelpful thinking
- A supportive mentor or colleague to be a base of social support

Practical work strategies focus on the work environment. They promote a sense of control over the environment, thus reduce the pressure felt by workload. These strategies make work more predictable and make clear what is required.

- Support planning work – such as chunking or breaking work into smaller manageable chunks. Creating a work plan to that makes clear task schedule, steps, estimated time and priority
- Establishing work boundaries – taking breaks, trying not to work at home, using holiday leave, not overload in work tasks



Identifying and supporting anxiety in the workplace

This module provides a broad overview of anxiety in the workplace and what this may look like in people on the autism spectrum.

Anxiety

Feeling anxious, worried or fearful can be a normal response to uncomfortable or threatening environments. However, an anxiety disorder may be present if the anxiety is out of proportion to the threat, there is no identifiable threat, it persists for a significant amount of time (6 months or more) or it gets in the way of daily life (work, school, etc). Anxiety disorders occur in about 25% of the general population and are more common in females. Higher levels of anxiety are associated with depression, alcohol misuse, and suicide. Anxiety can arise from traumatic events, but also from stressors in everyday life, and in the workplace, such as:

- Job factors (e.g. unclear role clarity, job future ambiguity)
- Career concerns (e.g. low wage/salary, few opportunities for growth or advancement)
- Management style (e.g. unclear expectations)
- Organisational characteristics (e.g. culture)
- Interpersonal (e.g. workplace conflict/bullying)

Anxiety and autism

An anxiety diagnosis is more common in people on the autism spectrum – with at least 42% incidence across the life span. Individuals on the autism spectrum may experience anxiety for similar reasons as people not on the autism spectrum. However, there may be anxiety around traits and behaviours associated with autism:

- Strong sensory input (bright lights, loud noises)
- Social challenges – the unpredictability of social interactions (e.g. attending work meetings, receiving feedback and social events) that leads to anxiety
- Anxiety around changes to routine or novel situations
- Difficulties identifying emotions and linking to bodily sensations could make identifying and managing anxiety much harder

Identifying and supporting anxiety in the workplace

Autism responses

Similarly, people on the autism spectrum experience the same responses to anxiety listed above. However, responses more common to autism (but not necessarily unique to autism), include:

- Increased focus on, or discussion about their special interest
- Social withdrawal or reduced communication
- Difficulties thinking and responding flexibly
- Greater need for structure or routines
- Increase in repetitive behaviours or actions (e.g. bouncing leg, tapping the table)
- Decreased motivation for social interaction
- Becoming overly critical of themselves and others

Ways of managing anxiety

- Physical activity (walk to the bathroom at work; jogging, cycling, yoga outside of work)
- Relaxation techniques (quiet room, deep breathing techniques, progressive muscle relaxation)
- Reasonable adjustments to manage the sensory environment
- A supportive mentor or colleague to be a base of social support

Anxiety can affect



Thoughts



Feelings



Behaviour

Identifying and supporting depression in the workplace

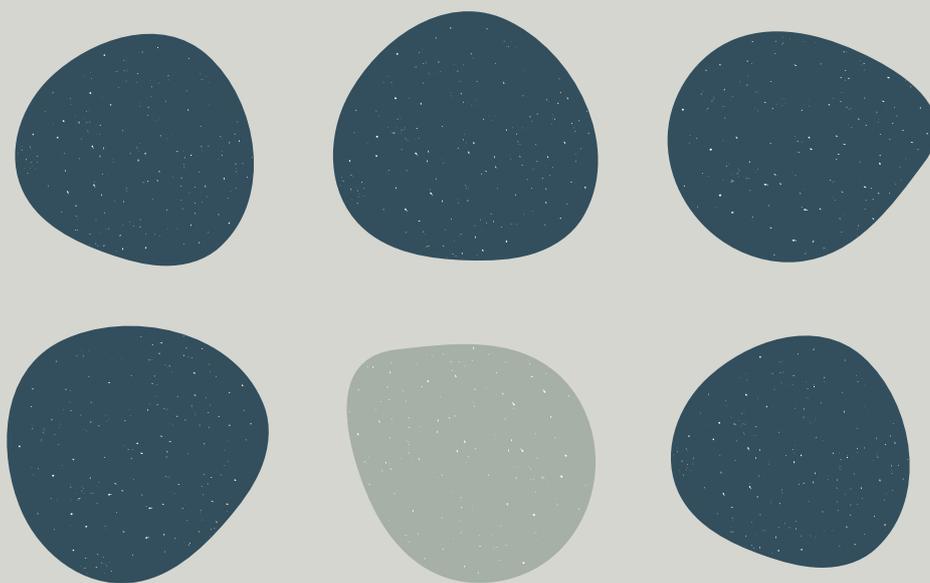
This module provides a broad overview of depression, and how depression might be experienced by people on the autism spectrum.

Depression

Feelings of sadness are a normal part of being human, however, having depression is more than feeling sad. Depression may be present if a person experiences both points 1 and 2 below, as well as at least three additional symptoms every day for two or more weeks:

- 1 A depressed mood (e.g. sad, empty, hopeless) most of the day, nearly everyday
- 2 Loss of interest or pleasure in activities
- 3 Significant weight loss or weight gain; or loss or increase in appetite
- 4 Difficulties sleeping or sleeping too much
- 5 Moving, speaking, or thinking slowly; or being agitated (e.g. inability to sit still, pacing, hand wringing)
- 6 Fatigue or loss of energy
- 7 Feeling worthless, or excessive or inappropriate guilt
- 8 Indecisiveness or difficulties concentrating
- 9 Thinking often of death or suicidal ideation or behaviour

Depression is a legitimate illness, affecting up to one person in six of the general population. While common across all genders, depression is more common in females. Depression is associated with absenteeism and presenteeism at work, as well as drug and alcohol misuse, and, importantly, non-suicidal self-injury and suicide.



Identifying and supporting depression in the workplace

Depression

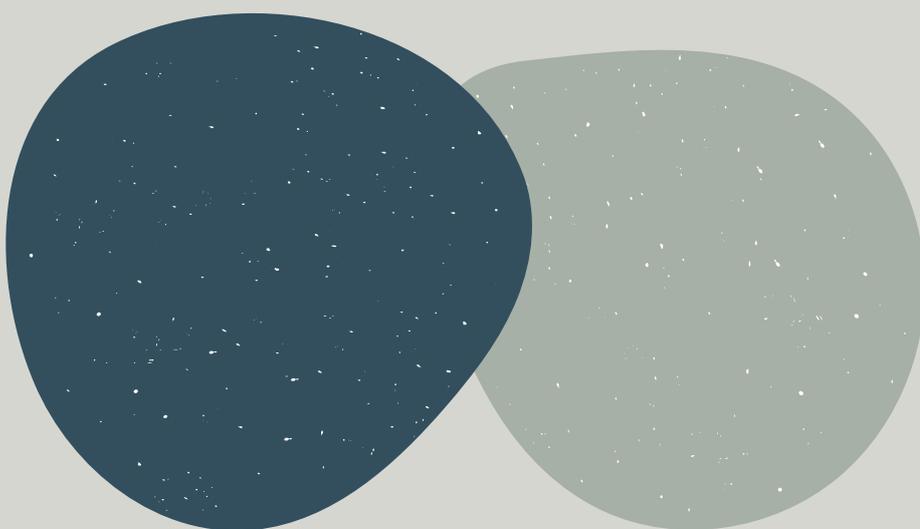
However, not everyone with depression will experience these issues. Depression can arise from a combination of many factors. For example, genetics (e.g., family history), long-term stress or illness, psychology (e.g., perfectionism, low self-esteem, thinking patterns), drug and alcohol use, and hormones (e.g., pregnancy, thyroid disorders). Depression can affect:

Thinking – rumination (thinking about things over and over again), self-criticism, difficulties concentrating, focusing on the negative

Behaviour – withdrawing from family/friends, increase in sick days, loss of interest and enjoyment, reduced participation in activities

Feelings – sadness, guilt, anger, feeling numb, hopeless or helpless

While Major Depressive Disorder is the most common depressive disorder, it is important to be aware of Persistent Depressive Disorder (Dysthymia), which is a long term (at least two years) but less severe depressive episode. Also, changes in mood between depression and mania (e.g., elevated mood, energetic, talkative) may indicate Bipolar Disorder.



Identifying and supporting depression in the workplace

Depression and autism

1 in 3 individuals on the autism spectrum will experience depression in their lifetime. People on the autism spectrum are prone to the same risk factors for depression as people in the general population, however, autism traits and life experiences may exacerbate this risk. For example, people on the autism spectrum are vulnerable to experiences of loneliness and bullying which can increase risk of depression.

Signs of depression in those with autism might look like:

- A change in focus, from a particular interest to the macabre (focus on death) or loss of interest in a special interest
- Displays of anger or frustration
- Reduction in self-care (hygiene, cooking)
- Changes in appetite, diet, or sleep patterns
- Difficulty coping or carrying out tasks that are usually manageable

Difficulty in recognising depression

Some traits of autism can resemble symptoms of depression (e.g. social withdrawal), which can make recognising depression in autism more difficult. Similarly, difficulties recognising and communicating emotions, or expressing emotions through facial expression or tone of voice, that can be common in autism, may make it difficult to recognise typical signs of depression.

Ways of treating depression

- Cognitive Behavioural Therapy (CBT)
- Mindfulness based therapies
- Antidepressants (medication)



Sleep and well-being

This module provides a broad overview of sleep and sleep disorders, and how this applies to mental health, with specific information on sleep in autism. Sleep is integral for maintaining good physical and mental wellbeing.

Autism and sleep

Individuals on the autism spectrum are more likely to report sleep difficulties than those without any major physical or health problems who are not on the autism spectrum.

Poor or insufficient sleep can have a range of effects including increased risk for poor physical health, attention, memory, performance, judgement and decision making, mood and mental health. Simple changes related to improving sleep habits or sleep hygiene, can lead to better sleep.

Sleep disorders can be treated by Cognitive Behavioural Therapies (e.g., CBT-i, ACT), Morning Bright Light Therapy (MBLT), melatonin, and other medications. Common sleep disorders are:

- Insomnia (finding it hard to fall asleep or stay asleep)
- Circadian rhythm sleep wake disorders (the body clock is not aligned with current life obligations)
- Obstructive sleep apnoea (breathing is reduced or stops briefly during sleep)

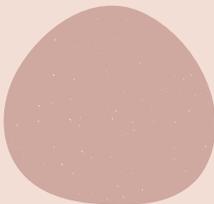
Causes of insufficient sleep



Prioritising other activities over sleep



Mental health



Work stress and over working



Illness or chronic pain



Poor sleep environment

Non-suicidal self injury

This module provides a broad overview of non-suicidal self-injury (NSSI), with specific information about NSSI and autism. NSSI is where someone deliberately hurts or disfigures their body, without an intent of dying. NSSI is a risk factor for suicide in the future, and is sometimes called 'self-harm'.

Why do people engage in NSSI?

There are a range of reasons why people engage in NSSI, although some people may not be sure why they do it. Reasons can include:

- Feeling isolated or lonely
- Making invisible emotional pain more 'visible'
- Feeling out of control and using NSSI to feel more in control
- Strong and intolerable emotion build up and using NSSI to release
- Feeling upset, scared, or angry and wanting to stop the feelings by engaging in NSSI
- To punish oneself, communicate to others, or to avoid more severe actions

Sometimes, engaging in NSSI can become a cycle, the pain releases endorphins ("feel good" hormones) which can make it more likely that the person uses NSSI next time they are distressed. Risk factors for NSSI can include mental health, abuse or trauma, stressful or highly critical families, as well as difficulties identifying and expressing emotions and impulsivity.

NSSI and autism

Currently there is very little research into NSSI in adults on the autism spectrum, but research suggests it tends to happen at the same age as the general public, in the same way, for similar reasons. There might be some characteristics of autism that are related to NSSI.

In the general population, NSSI does not commonly require immediate medical attention, but complications can occur if left untreated, and lead to guilt, shame, and isolation. Psychological therapies and mental health professionals are best placed to help with emotional distress underscoring NSSI, and to teach safer coping strategies.

There is a range self-injurious behaviour that could indicate NSSI; individuals typically engage in more than one of these behaviours. These can include cutting, carving the skin, scratching, hitting, biting, burning or poisoning oneself (e.g. taking excessive prescription drugs, alcohol).

Suicide and suicidal ideation

This module provides an overview of suicide and suicidal ideation in the general population with specific information for those on the autism spectrum. Suicidal thoughts and efforts to die by suicide are not easy topics to discuss or even read about.

What leads people to consider suicide?

Worldwide, almost 800,000 people die by suicide annually. Further, it is estimated that for each adult who completes suicide, there are more than 30 others who have attempted suicide. Around 13 in 100,000 people die by suicide each year in the US and Australia. Suicide is the leading cause of premature death in Australians aged 15 to 44 years.

There are many reasons people consider and act on thoughts of ending their own life. Physical or psychological pain, major life changes, trauma, isolation, feeling like a burden to others, and the inability to see a way to resolve life's challenges are reasons given for suicidal thoughts and attempts. Further, suicide is more common in specific groups of people, for example, men, indigenous people, the LGBTIQ community, and people on the autism spectrum.

Autism and suicide

Suicide is a leading cause of premature death of people on the autism spectrum who have an average IQ or above. Between 36% to 60% of this population have reported suicidal thoughts at some time in their life. Traits associated with autism, such as difficulty recognising and regulating emotions, and isolation due to social isolation and lack of inclusion could be some reasons for these high rates. However, people on the autism spectrum also report not receiving appropriate and timely support from health care specialists.

People on the autism spectrum are more likely to experience life challenges associated with suicide risk (e.g. unemployment, health issues, trauma). Reasons more common to autism can include a delay in autism diagnosis, difficulties accessing professional support, insufficient social support, peer victimisation/bullying.

Suicide warning signs

- Feelings of hopelessness
- Depression or anxiety
- Taking less care of their appearance
- Irritable, moody or angry
- Saying they feel they have no sense of purpose in life or no reason for living
- Talking or writing about suicide or death, even if they seem to be joking
- Acting recklessly or engaging in risky activities
- Withdrawing from other people
- Giving away belongings or saying goodbye
- Sometimes a sudden positive mood (the person may appear happy) after a period of depression may indicate the person has decided to take their own life and feels relief that the decision has been made

Seeking and providing support

This module details when and how to seek support, and what to expect from visits to mental health professionals.

Seeking support

When seeing a mental health professional, it can at times be confusing about what their role is, or what it is that they are supposed to do to help you. It could also be that one or more type of mental health professional is important to managing your mental health. Different mental health professionals include:

- General Practitioner Family doctor
- Psychologist
- Psychiatrist
- Occupational Therapist
- Mental Health Nurse
- Counsellor / therapist / psychotherapist

Giving support

When providing support, it is always important to be mindful of the extent of the support you provide.

Do

- Enquire about well-being
- Listen and communicate non-judgementally
- Offer practical information and support
- Encourage they seek appropriate professional help
- Show concern by following up with the employee
- Engage in self-care

Don't

- Be their only avenue for support
- Make promises you can't keep
- Provide support outside of work hours
- Take responsibility for someone else's wellbeing

Supporting well-being: Return to work

This module provides support in the workplace when someone is taking leave for mental health. Supporting someone through times of mental illness can help reduce the amount of absence required from work and ensure a smooth transition back into work.

Return to work barriers

For employees on the spectrum, there may be more barriers to disclosing difficulties and seeking help which may complicate the return to work process after an absence. The creation of an environment that supports mental health challenges can benefit both the employee and the organisation resulting in decreased absenteeism, employees who feel valued, increased productivity and team morale, retained collegial relationships, skills developed in the workplace and overall, decreased costs to the organisation (i.e. hiring costs, loss of productivity through presenteeism and absenteeism).

Recognition of barriers preventing a healthy work environment is important to achieve this. Barriers may include: stigma, fear of impact on future career opportunities (e.g. potential impact to professional reputation), privacy concerns, concerns that workplace stress will not/has not been addressed, reduced self-confidence due to the nature of mental illness (e.g. depression).

Autism and returning to work

Strategies for employees on the autism spectrum are much the same, but more effort is needed to ensure the return to work process is made clear early, and recognises the possible inclusion of other external supports. Return to work barriers can be addressed by:

- Promoting employee mental health and wellbeing
- Being proactive and open to reasonable workplace adjustments
- Have clear return to work policies
- Have a staff member dedicated to managing return to work case
- Have staff (like management) undertake mental health training
- Educate staff about mental health to reduce stigma

Supporting well-being: Return to work

Environment

In providing a safe and supportive environment to disclose mental health difficulties supervisors and workplaces' reactions can make a huge difference to if, or how long a staff member may need to be absent. They should:

- Respond with empathy and understanding
- Respect confidentiality and privacy
- Provide appropriate options for support
- Identify and address any workplace factors that may have contributed to their mental health challenges
- Discuss with the employee their current needs to remain working at their best
- Have an open and non-judgemental conversation to help identify key factors in supporting well-being
- Provide information about taking leave and returning to work and support the employee should they choose to do so
- Some organisations may wish to engage external rehabilitation providers to help facilitate the return to work for all parties



Supporting well-being: Return to work

Mental health support

Some employees with an acute mental health difficulty may need to take time off from work to treat their mental health. Ensuring an empathetic and understanding workplace contact is important to overcome any potential barriers to returning to work. For some employees on the autism spectrum their family still play a significant role in their adult life. If appropriate and approved by the employee, contact with identified family members may be important. The following can help ensure employees feels supported:

- Be consistent with your support and communication
- Stay connected and discuss return to work early
- Be empathetic and do not pressure your employee
- Have a dedicated person to connect with your employee
- Clearly communicated policies regarding contact while on leave
- Reaffirm their importance and value as an employee to your organisation
- Collect and consider any medical information provided to support the employee

Transitioning back to work support

An employee's return to work after mental health leave should be appropriately planned to ensure the smooth transition back into work. This should begin before the employee's first day back at work. Below are some strategies to support return to work:

- Have a dedicated person for this process picked in conjunction with the employee
- Protect the employee's confidentiality
- Welcome the employee back without prying
- Reasonable adjustments to return to work are not a perk, but a necessary step in returning to full employment
- Engage with rehabilitation provider (if applicable)

Contacts

Telephone and text crisis services have helped many people who have felt suicidal, or were struggling in their life. Contact these services if you are suicidal, feel lonely, scared, depressed, anxious, or need some support. These services may also be able to provide good advice if you are worried about someone else.

If life is in danger (including your own) call Emergency Services in your country.



Australia

Emergency Services – call 000

Lifeline Australia: <https://www.lifeline.org.au>

Call: 13 11 14 (available 24 hours a day, 7 days a week)

Online chat: www.lifeline.org.au/get-help/online-services/crisis-chat
(available 7pm to midnight Sydney Time, 7 days a week)

Text (trial): 0477 13 11 14

(available 6pm to midnight Sydney Time, 7 days a week)

Suicide Call Back Service: <https://www.suicidecallbackservice.org.au>

Call: 1300 659 467

(available 6pm to midnight Sydney Time, 7 days a week)



New Zealand

Emergency Services – call 111

Lifeline Aotearoa: <https://www.lifeline.org.nz>

Helpline: 0508 828 865 (available 24 hours a day, 7 days a week)

Suicide Crisis Helpline: 0508 82 88 65

(available 24 hours a day, 7 days a week)

Text: 4357 (available 24 hours a day, 7 days a week)



Canada

Emergency Services – call 911

Crisis Services Canada: <http://www.crisisservicescanada.ca>

(See website for regional options)

Call: 1 833 456 4566

(French and English; available 24 hours a day, 7 days a week)

Text: 45645 (available daily 4pm-12am ET)



United States

Emergency Services – call 911

National Suicide Prevention Lifeline: [https://](https://suicidepreventionlifeline.org)

suicidepreventionlifeline.org

Call: 1 800 273 8255 (available 24 hours a day, 7 days a week)



United Kingdom

Emergency Services – call 999

Samaritans: <https://www.samaritans.org>

Call: 116 123 (available 24 hours a day, 7 days a week)



World Wide

If you live in an area not listed above the International Association for Suicide Prevention (IASP) have a list of crisis centres worldwide.

Visit https://www.iasp.info/resources/Crisis_Centres

Supporting a neurodiverse workforce

A mental health and wellbeing resource and training package.

Disclaimer

The information provided in this training package is for educational purposes only and is not intended to be and should not be relied upon as a substitute for professional mental health advice. If any of the content leads to distress or concerns, please seek professional advice.