



Warning Signs of Suicide for Autistic People

*An autism-specific resource based on
research findings and expert consensus.*

Version 2, updated 2026

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Purpose of this toolkit

Warning signs of imminent suicidal behavior in the general public may not represent the unique needs of the autism community. Warning signs signal imminent suicidal behavior typically within days, hours, or minutes. The purpose of this resource is to inform about warning signs, indicating an immediate concern for suicidal behaviors, which might be specific to autistic people.

Warning signs include changes in mood, actions, communication, thoughts, or physiology. They may include precipitating events. Warning signs may not be obvious due to alexithymia (difficulty identifying emotions), impulsivity, or loss of communication (see our scoping review for an overview of published evidence to describe warning signs in autistic people¹). Many people (autistic and non-autistic) demonstrate no observable warning signs prior to engaging in suicidal behaviour meaning that enhancing discussion to identify warning signs has the potential to save lives.

Misunderstanding a suicide warning sign in an autistic individual can have devastating consequences. As well, reacting and intervening without fully understanding what the autistic person is experiencing can be traumatic and lead to unintentional harm. This means that people seeking to support autistic people should proceed with openness and interest in understanding a person's unique experience rather than immediately jumping to conclusions.

This 2nd edition resource contains an updated set of warning signs for autistic people. The warning signs are listed, followed by scenarios explaining them, emerging research findings (where available), and a One-page Summary to use in real-time. This guide is designed to enhance discussions with autistic people; it is not a substitute for professional support or risk assessment. It is important to conduct a thorough investigation to determine whether there is an imminent risk of suicide before taking action. Links to additional information about autism and suicide prevention can be found in the Additional Resources section.

If you are thinking about suicide, please visit <https://findahelpline.com/i/iasp> to access support services.

We are interested in your comments and feedback about this resource. If you would like to share feedback, please do so here: <https://forms.gle/ecwp3YZcwRtseRbs9>

Purpose of this toolkit

Key definitions

Warning sign – warning signs signal imminent suicidal behaviour, and include changes in mood, actions, communication, thoughts, or physiology in the days, hours and minutes preceding suicidal action. Warning signs may include precipitating events. Warning signs may not be able to be communicated due to alexithymia, impulsivity, or loss of communication.

Risk factor – a characteristic, condition, or experience that increases the likelihood of an individual considering, attempting, or dying by suicide. Risk factors are typically static or distal (i.e., long-term).

Alexithymia – significant difficulty identifying, understanding, describing, and processing one's own emotions.

Unintentional harm – typically emotional or psychological harm that is unintentionally caused by well-meaning professionals who do not understand how to support autistic people.

Masking/camouflaging – the conscious or unconscious suppression of natural autistic traits and sensory stimulation from the environment as well as the adoption of neurotypical behaviors to blend into social situations. It is a social strategy to fit in and avoid stigma, abuse, and exclusion.

Language

In this guide, we use person-first language when referring to suicidal thoughts and behaviours (e.g., “someone who attempted suicide”) to avoid defining people by these experiences and to support the belief that recovery is possible. We use identity-first language for autism (e.g., “autistic person”), recognising it as a central aspect of individual identity, aligning with the published preference of most autistic people²⁻⁴. We encourage terms that reflect an individual's preference regarding gender, race, ethnicity, sexuality, and other important aspects of identity whilst acknowledging that language evolves and varies across cultures. Respecting individual language choices promotes positive identity, compassion, safety, inclusivity, and open discussion of difficult thoughts.

Warning signs

Warning signs are best interpreted in combination and in relation to the person's normal preference or pattern of behaviour. No single behaviour reliably indicates suicide risk across all individuals and, importantly, suicidal distress may also be present without any observable warning sign.

1. Increased anxiety, depression, and/or emotional dysregulation
2. Sudden increase in withdrawal or isolation
3. Hopelessness
4. Has experienced a recent precipitating event
5. Losing the ability to communicate distress
6. Marked increase in rate and/or severity of self harm
7. Notable loss of interest in preferred activities
8. Making preparations for suicide
9. Intrusive suicidal thoughts and ruminations
10. Statements about no reason for living or no sense of purpose in life
11. A NEW focus on suicidal talk or ideation that is not a special interest

Increased anxiety, depression, and/or emotional dysregulation

SCENARIO

Rory, a nonbinary computer programmer, has struggled with anxiety for as long as they can remember. They have tried different strategies to manage their anxiety over the years, with no real success. In the past two months, their anxiety has notably worsened and they've become depressed. Their wife, Kate, expressed concern. Rory explained that they stay up late playing video games because their thoughts are racing too fast to sleep. Rory told Kate, "When I try to sleep, I can't stop thinking about how I never get anything right. I think about how I've never belonged, have no purpose, and am ultimately a burden to the people I love." They describe their current level of anxiety as unbearable - "it's like I have a boulder the size of a mountain on my shoulders and it's about to crush me."

Rory went to their regular scheduled therapy session somewhat disheveled, and uncharacteristically late. Their chart describes them as well-groomed, cooperative, and chatty. Though mostly silent today, when able to speak, Rory reported that they haven't wanted to do much lately. Rory tried to explain the height of their anxiety and the depth of their depression. The therapist asked if Rory was having a bad day. They said yes. The therapist asked Rory what might be helpful.

Rory shared it would be helpful if they could do something – anything – right, or if Rory felt like they belonged to the world, had a purpose, or wasn't a burden to the people in their life. The therapist explained cognitive distortions and suggested Rory was thinking catastrophically, which wasn't helping. Rory chalked it up to another thing they were doing wrong.

Rory left the office as anxious and depressed as ever and instead of heading home, they drove towards the big, green bridge.

Increased anxiety, depression, and/or emotional dysregulation

RESEARCH

Increased depression, anxiety, and/or emotional dysregulation are the most commonly reported warning signs of suicide in autistic people¹ and documented factors that precipitate the transition to self-harm⁵. Autistic adults reported that diverse overwhelming difficult emotions typically preceded the transition to acting on self-harm⁶. Some autistic young people described that their most intense suicidal thoughts were associated with emotional numbness, dissociative experience and overwhelming mental health distress⁷.

Observable changes in emotional state relate to some of the other warning signs described here: for instance, increased depression might manifest as increased withdrawal, loss of interests, and feelings of hopelessness. Dysregulation might show up with, for instance, increased difficulty coping with change and unpredictability. These affective signs might also be marked by a change in the person's energy, for example in lethargy or agitation. Depression and anxiety symptoms can be particularly challenging to spot in autistic people – these can be missed and/or misattributed to characteristics of autism⁸.

Many autistic people also have difficulties communicating their thoughts and feelings (termed “alexithymia”) and may not be able to describe or report feeling depressed or anxious. Current tools developed for the general population do not include possible unique indicators of depression or anxiety in autistic people. Given that some well-known symptoms of depression can be an autistic person's ‘normal’ (e.g. poor sleep, social withdrawal), it is important to ask about changes in these kinds of experience, as well as changes in the person's typical activities and interests^{9,10}. Intolerance of uncertainty, and fear of violation of logical rules, are also unique indicators of anxiety in autistic people¹¹.

Tools developed with and for autistic people are now available to better identify changes in mental health, depression, and anxiety in this group¹¹⁻¹⁴.

An additional feature of note in Rory's scenario might be impulsivity. This is something of a stable trait which might, in combination with suicidal thoughts, put people at risk of acting on those thoughts¹⁵.

Sudden increase in withdrawal or isolation

SCENARIO

Lucia, a transgender girl in middle school, routinely withdraws for self-care. Her family and friends understand the need she has for alone time, and they support her efforts. They know Lucia will be spending time in her room for a while after school and social events and then will immerse herself in making clay animals for enjoyment and regulation. Her family starts noticing Lucia goes straight to her room when she gets home and only comes out for meals. She is not as regulated as usual when she joins the family for meals and goes right back to her room after eating. Her family is concerned but are reassured because Lucia continues to participate in her usual afterschool activities, although it takes her longer to regulate afterwards.

Meanwhile, Lucia's friends notice she is sending them fewer texts and no longer updates them on her latest clay animal creations. They ask Lucia if she's upset with them and Lucia says she's not, she's just tired.

Then, Lucia's family found her clay supplies in the garage and started a conversation with her about why. Lucia was relieved to have the opportunity to share her suicidal ideation.

RESEARCH

Lucia, like many autistic people, values alone time to recover after intense social events. However, sudden or increased social withdrawal, which is unusual for Lucia, could indicate a mental health problem such as depression. When autistic people are struggling with their mental and physical health, or with burnout, social interaction becomes harder to cope with, and masking is more difficult to uphold. A number of reports point out periods of increased withdrawal and/or isolating behaviours in autistic people who attempt suicide¹.

In Lucia's case, it is particularly concerning that her increased social withdrawal is coupled with reduced interest and pleasure in a previously intense interest. Research suggests that together, withdrawal and loss of interest in usual passions are particular warning signs for depression in autistic people, which could include suicidal thoughts^{10,12,16}.

It is important that autistic people can obtain space from social commitments where they need to, but social support that accepts and validates who they are is a vital part of helping autistic people with suicidal thoughts^{17,18}.

Hopelessness

SCENARIO

Carmen is a sophomore in college who received her autism diagnosis in high school and was receiving treatment for depression by a local therapist but didn't find a new one in her new college town. In the first year of college where she is majoring in pre-veterinary science, Carmen tried to join clubs she was interested in, but did not feel like she fit in and stopped going. When preparing to go back in the fall for her sophomore year, she increasingly felt overwhelmed by preparing to live with a new roommate, thinking about her courses, and how lonely her first year was. She fought with her mother at dropoff about wanting to take a break from college because her parents were not college educated and immigrated from South America.

By October, she is attending classes and turning things in but feels like she doesn't belong in college and doesn't have anything in common with others. She feels trapped and doesn't see a future in college. She feels like she is just going through the motions. She doesn't have a break from people when she is in her room because her roommate or others on the floor make noise and socialize. She feels so tired. She doesn't have anyone she can talk to, and feels her mom, whom she talks with weekly, wants her to stay in college and will be disappointed by her taking a break. She thinks about how much easier it would be if a truck hit her when crossing the street to her classes because she is feeling hopeless about her current situation and future.

RESEARCH

Hopelessness in the warning sign literature is described as a feeling, thought, or communication¹. Risk factors, such as thwarted belonging can precede hopelessness^{17,19}. This could mean that risk factors increase strain, overwhelm and difficulty managing emotions, which can increase suicidal thoughts and actions¹⁷.

Hopelessness also seems to be tied to feelings of overwhelm and lack of purpose. Lastly, feelings of entrapment also seem to precede or accompany hopelessness²⁰, and although research has yet to uncover this, hopelessness that changes to hopefulness may indicate that a person has made a decision to act on suicidal thoughts. More research needs to be done to understand hopelessness as a distinct warning sign and its relationship to other experiences. Research with young people has identified that future adult survival concerns (one possible manifestation of hopelessness) contribute to suicidal thoughts⁷. Using the Card Sort Task for Self-harm²¹, we found that hopelessness followed self-harm⁶ creating a possible cycle of self-harm and difficult emotions.

Has experienced a recent precipitating event

SCENARIO #1

Kim received her autism diagnosis in her late 40s, against a backdrop of lifetime struggles in education, employment and relationships. The last few years have been difficult. Kim's neurodivergent children have needed a lot of support, but they're pulling away as teenagers and are often quite hostile. Kim's relationship with her husband Stephen has deteriorated while she's been struggling with menopause symptoms, including those affecting intimacy; this has affected Stephen's mood and behaviour towards her. Kim often thinks about suicide, but after one more argument with Stephen, she leaves the house to find a hotel room, armed with alcohol and tablets.

SCENARIO #2

The past 5 years of Rowan's life have been dominated by anorexia and obsessive-compulsive disorder (OCD), and for the last 6 months, they've begun to think there is no way out of the state they're living in. Rowan has been too scared to seek help, but their mum finally persuades them to see a doctor. It takes all of Rowan's courage to tell the doctor what's going on, but they're very kind and refer Rowan to specialist mental health services. Knowing that help is on the way, Rowan starts to desperately anticipate it; their daily life feels harder than ever, and they're determined to do everything they can to recover. After 4 months, Rowan receives a letter from the mental health service. They regret that they will be unable to take Rowan as a patient as being autistic, their case is too complex. The letter does not say anything about what might happen next. Rowan realises that no help is coming.

Has experienced a recent precipitating event

RESEARCH

Autistic people who experience suicidal thoughts and feelings tell us the contributing factors are complex, a “combination of everything”²⁰. Nevertheless, there is evidence that suicide attempts or deaths are often, although not always, shortly precipitated by one or more significant events²². These authors, for instance, identified “recent unemployment”, “relationship breakdown”, and “recent changes to living situation” as psychosocial markers in autistic people who died by suicide. Both papers emphasise the dangerous combination of current stressful life events (often multiple) against a backdrop of personal risk factors and historic life adversity. In Kim’s story²³, interpersonal stress with loved ones is occurring in the midst of menopausal hormonal fluctuations and dysregulation, set against chronic feelings of failure and rejection.

Importantly, precipitating factors may not appear significant to onlookers. Rowan’s case is inspired by numerous accounts where autistic people were dismissed or disbelieved by professionals/services, found no help available, and/or were subjected to stigma and discrimination²⁰. Research shows that autistic people can find different kinds of events traumatic compared to non-autistic people, with ‘social events’ identified by 60% of autistic adults as their most distressing event, with high levels of PTSD symptoms²⁴. However, the fact that current stressors are often set against personal risk factors (e.g. emotion regulation difficulties) and historic difficulties (e.g. invalidation) mean that, in the words of one autistic participant: “things were fine until they weren’t and then things would get really, really bad really quickly and it was always when the psychologist thought I was doing well”²⁵.

Losing the ability to communicate distress

SCENARIO

Taylor lives with suicidal ideation, PTSD, autism, and has made at least one suicide attempt to try to stop emotional pain. As a woman diagnosed with autism late in life, she has experienced numerous traumatic experiences. Taylor can't get away from the triggers that cause her to feel like she's re-experiencing trauma repeatedly. The triggers come from music, conversations, touch, smells, reading, movies, and her own internal world. Most days Taylor can work through the triggers by herself, although in a state of high anxiety, tormenting memories and tumultuous emotions leaving her exhausted.

Taylor has one person she knows she can go to for support who understands both her internal and external world. She needs to know she's not alone. Yet, when Taylor reaches out for support, she finds she has lost the ability to communicate. The words she wants to say are swirling around so fast in her mind that she can't catch them. It's like they are all inside a tornado churning and turning too fast to access and there's no way to get the words from her thoughts to her mouth to speak or to her fingers to write.

When Taylor needs help the most, she can't connect. She is not withdrawing, although it can look that way to other people. Mostly, she appears calm and in control, exactly opposite of what's happening inside. Words are important to Taylor in navigating through life, and when she loses them, it frightens her. Losing the ability to communicate in her dark times is defeating, scary, confusing, and gives her a feeling of helplessness, which triggers her and causes her to feel even more isolated and alone.

Losing the ability to communicate distress

RESEARCH

Very little research exists in this area. Zisk and Dalton²⁶ share information about insufficient speech and inconsistent speech, and the associated challenges for autistic adults. Kirby et al.¹⁷ recognize that negative experiences increase strain and therefore feelings of hopelessness and overwhelm, while difficulty managing emotions increases suicidal thoughts and actions. Yet, autistic adults who have attempted suicide are significantly more likely to report not telling anyone because of **not knowing how to communicate this to others**²⁷. Thus, **overwhelming emotions can hinder help-seeking**, including the protection garnered when the autistic person feels some connection⁵ There are tools developed with and for autistic young people and adults that could help an autistic person monitor and report on their mental health¹²⁻¹⁴. The Card Sort Task for Self-harm²¹ has been identified as an accessible way to explore self-harm with autistic adults using a set of standardised cards with written prompts in a structured conversation⁶. Using this task identified that 'being unable to tell anyone they were feeling' constituted a significant transition between overwhelming emotions and behavioural activation of self-harm⁶.

Marked increase in rate and/or severity of self harm

SCENARIO

Daveed is 52. Since his parents died two years ago, he lives alone in the house they left him. Difficulties at the supermarket where Daveed works led to his family doctor referring him for an autism assessment; he's been waiting for just over a year so far.

Daveed has a good relationship with his GP, who has known for a long time that he cuts his arms with a razor to cope with stress. Over the past 6 weeks, the GP has noticed that Daveed's cutting has become more frequent, extensive and more serious, with some of his wounds needing medical attention. Where Daveed has started targeting different parts of his body, he also seems to have started burning himself and roughly gouging wounds in his skin. The GP visits Daveed at home and notices that his house is extremely messy and cluttered with mail, unwashed clothes, plates and cutlery. Daveed says he feels "overwhelmed", but can't explain why; he just says it's "everything".

RESEARCH

Self-harm was similarly prominent amongst those who died by suicide in autistic and non-autistic people²² and more frequently experienced by autistic than non-autistic people. There is a relationship between lifetime self-harm and suicidal thoughts and experiences in autistic people, but this relationship might be slightly weaker than in non-autistic people²⁸. This may be because self-harm is not always connected with suicidal thoughts; for many, it functions as a coping mechanism or release for emotional pain or overwhelm^{5,29-31}. Autistic people report that it is helpful to distinguish between autism-specific experiences of self-harm (such as resulting from meltdown or related to stimming), and self-harm associated with emotion regulation³².

Moreover, some actually use self-harm as a means of coping with suicidal thoughts¹⁷. As such, the presence of self-harm, alone, is not necessarily a warning sign for suicide. Particularly concerning factors in Daveed's case are 1) increased frequency and/or severity of self-harm, and 2) 'branching' of self-harming behaviours to involve different methods / different parts of the body. These are signs that often come along together³³. They indicate that self-harming behaviours, which might have been fairly routine, are less effective or not at all meeting the needs they typically fulfilled, indicating an increase in intolerable distress and dysregulation that the person is trying to find ways to escape. It is crucial to explore possible reasons for increases in self-harm and potential treatment options. Autistic people can be empowered to explore the triggers and reasons for self-injury using cards^{6,21}, and safety planning can be a means of staying safe¹⁴.

Notable loss of interest in preferred activities

SCENARIO

Aaron is a 13-year-old autistic boy who loves rabbits. He got his first pet rabbit when he was 10 years old. His dad helped build a hutch for the rabbit to stay in and a fenced-in area for the rabbit to hop around in the grass. He loved his rabbit so much that he got another one to keep it company. Soon he had so many, he needed to build more hutches and take up more space for fenced-in areas for them to hop around in. He would sit outside for hours playing with his rabbits.

Aaron read books about what to feed them, how to make their hutches comfortable, and to keep them healthy. He became an expert in their history, breeds, and care. Aaron designed better hutches, he planted Timothy grass, and made sure there was plenty of clover and dandelions for the rabbits to munch on. People came to Aaron to get their own pet rabbits, and when they did he also taught the new pet owners how to care for them. People would seek Aaron out to ask questions or find new ways to keep their rabbits safe and happy. They started to buy his newly designed hutches and plant clover for their rabbits too.

Then, one day, Aaron asked his mother to care for the rabbits. She cleaned the area and made sure they had fresh hay in their hutches. Aaron asked her again the next day and the next. His mother started caring for the rabbits every day. When people came by to ask questions about their rabbits, Aaron wouldn't come out of his room. He didn't come out when families came looking for a new pet rabbit.

He didn't talk about rabbits anymore. He didn't go out to see them, and didn't want to take care of them. When Aaron told his mother he didn't want the rabbits anymore, Aaron's mother became very concerned.

She asked Aaron why and he told her it was because he wouldn't be around to take care of them. When his mother asked where he was going, he told her he was going to die. After an open, honest talk about why, Aaron shared how he had no friends and was being bullied at school and online. His peers were bullying him because he loved rabbits so much. It was a constant bombardment of insults, bad rabbit memes, invalidation, and rejection. Aaron knew of no other way to stop it all than to leave the world he didn't belong in.

Notable loss of interest in preferred activities

RESEARCH

This warning sign may overlap with Warning Sign 1 (Increased anxiety, depression, and/or emotional dysregulation), because anhedonia, a total or partial loss of interest and pleasure in usual activities, is a key symptom of depression in autistic people^{34,35}. As such, this warning sign may reflect increased depression (see Warning Sign 1), but it may be a helpful feature to look out for since other well-known signs of depression in the general population might not be observed in an autistic individual - for example, the person may not cry, and might seem irritated rather than sad³⁴. Autistic young people reported losing access to special interests, an important regulatory mechanism, when suicidal thoughts became too intense⁷.

When autistic people experience anhedonia, some, like Aaron, may gradually or suddenly stop engaging with the activity or interest (which tends to be noticed by observers). Others say that they maintain their deep and focused interests, but they feel less enjoyment from them³⁴, and may or may not engage with them to the same extent.

We know that for autistic people, their interests or passions are vital for their wellbeing³⁶. It may be that their passions help keep autistic people feeling 'tethered' or 'connected' to life, i.e. that they make life worth living, even when it's difficult³⁷, so losing pleasure in them can be very distressing.

Making preparations for suicide

SCENARIO

Zuri, a Haitian American single woman in her late thirties, had recently been diagnosed as autistic. Her diagnosis helped her understand why she had always felt like she was different and didn't belong, even within the Haitian community. She had always felt disconnected, invisible, or intentionally left out by her family, friends, colleagues, and the people of her church. There's nowhere in her life where she feels connected and accepted.

Zuri lives by herself. She has a sister she connects with every now and then who lives out of state. Zuri finds herself thinking that she could leave this world, and no one would even notice.

Out of curiosity, she tentatively researches suicide online. The first thing that pops up is a crisis line, which stings because she's tried crisis lines in the past and has always come away feeling worse. Instead of instilling hope, crisis lines remind her that she doesn't belong and can't communicate her needs.

As she continues to research, a different sense of hope begins to develop: a hope based on the possibility of ending her pain by leaving a world she never felt she belonged to anyway. She learns the most common ways to die, and decides which way suits her best. She feels more alive now that she's decided to die than when she was just existing alone day after day.

Over the next few weeks, Zuri writes a few letters, makes a list of her passwords and online accounts for her sister, updates her will, and gives her most prized possessions away to people she knows will care for them. Her final letter is to her sister, telling her she loves her, but just can't stay anymore. Then, she leaves.

Making preparations for suicide

RESEARCH

There may be no visible signs that a person is developing a plan to end their life. In Zuri's example, the earliest behavioural manifestations of her developing a plan lie in her suicide-related internet-use. In one study amongst mental health patients³⁸, those who had engaged in suicide-related internet-use (for instance obtaining information about methods) were significantly more likely to be autistic than non-autistic. Aided by their attention to detail and focused attention, autistic people like Zuri may extensively research ways and develop detailed plans to end their lives, such as stockpiling medications (over-the-counter and/or prescription drugs), or obtaining objects with which to hurt themselves.

Of course, many of these signs might only be visible in retrospect. While some research suggests that visualising and planning suicide increases the risk of lethal attempts^{39,40}, this isn't straightforward. People differ in how they define a plan, but the majority of suicide attempts involve some degree of planning⁴¹, and most importantly, plans are often invisible to others until acted upon. As such, apparent absence of a plan should not necessarily be interpreted as a person being at lower risk.

Other signs that autistic people have planned their suicide include, as in Zuri's case, making plans to redistribute or rehome beloved possessions or pets, and taking care of or 'wrapping up' accounts and administration. Like Zuri, individuals might have a sudden increase in energy or a lifting of mood as they plan their death⁴²: for many, making the decision to die is a relief. While they have no hope of escaping or ending the things they struggle with in life (see Warning Sign 3), they may perceive suicide, with hope and anticipation, as a means of escaping pain and being at peace.

Intrusive suicidal thoughts and ruminations

SCENARIO

Helen, a middle-aged wife and mother of three, lives with suicidal ideation. She has coping skills she uses to stay regulated. She put together a group of safe friends to support her if her suicidal ideation becomes too much for her to manage on her own. She spends her days working from home and taking care of her children. She very much enjoys playing games, going for walks, and doing crafts with her children. The times she spends with her children is when she feels most relaxed, regulated, and safe, which is why it's so devastatingly shocking when, while painting silly pictures with her children, she suddenly has the thought to "Go kill yourself now!".

Her heart sinks and all the joy goes out of her. She becomes highly anxious, shuts down, and cannot continue painting with her children in that moment. Helen realizes she had been ruminating on suicidal thoughts. The suicidal ideation she lives with had crept into her thoughts without her realizing it and came out as a harsh, vicious command to kill herself. Helen knows it was an intrusive thought, but at the same time wonders if that's what she really wants or even needs to do. Her realistic intrusive thought causes overwhelm of all the invalidation, miscommunication, loneliness, and exhaustion her coping skills had been keeping at bay. She feels like her days are like climbing a mental cliff using her coping skills and the intrusive thought just pushed her off and she fell all the way to the bottom where, at the moment, climbing back up feels impossible.

Intrusive suicidal thoughts and ruminations

RESEARCH

Intrusive suicidal thoughts and ruminations are well-established, transdiagnostic high-risk cognitive processes in non-autistic people, known to intensify emotional distress to overwhelming levels⁴³. Within-person controlled studies show these experiences increase in frequency in the hours before a suicide attempt⁴⁴. Similar designs have not yet been used with autistic people, but qualitative studies report spiralling thinking in response to life adversity, social rejection, existential distress, suicide exposure, and hopelessness^{7,20}.

Cognitive rigidity has also been linked to increased suicidal thoughts and behaviours, with autistic participants describing being “stuck in a loop” on suicidal thoughts¹⁷ and reporting lower cognitive control than those without suicide ideation⁴⁵. Emerging evidence further describes hyper-fixation on suicide among autistic people^{7,20}, suggesting suicidal themes may become intensely absorbing.

One possible explanation could be that monotropic thinking—narrow, immersive focus with difficulty shifting attention—may shape the intensity and trajectory of suicidal thoughts in autistic people by amplifying them and limiting access to competing stimuli. While this has not been empirically tested in relation to suicidal thinking, hyper-focus is associated with greater hypervigilance, repetitive negative thinking, and elevated anxiety and depression⁴⁶. Importantly, positive hyper-focus can enhance wellbeing and monotropism is a conceptualisation of autistic thinking style, originating in the autistic community⁴⁷.

Statements about no reason for living or no sense of purpose in life

SCENARIO #1: *Scenario of when these statements may represent a warning sign (i.e., imminent risk)*

Terrance comes home from his part-time job upset. In his interactions with coworkers, he is unsure of the meanings behind things they say and do and is anxious about doing the wrong thing. In his conversations with his family, he shares that “I don’t have any good reason to get out of bed in the morning. I am useless. I don’t know why I’m even alive. What is the point of me?” He also tells his family that he does not think he is making a meaningful difference at work and does not see a clear path to a more fulfilling position. His family wonders if he is experiencing suicidal ideation. Conversations with Terrance reveal that his thinking about no reason for living is a grave concern as a suicide warning sign because he is expressing a desire to no longer be in the world. In addition, his workplace experiences of masking, as well as thwarted belonging, are a concern as they are potential risk factors for suicide.

SCENARIO #2: *Scenario of when these statements may not be a warning sign (i.e., not imminent risk)*

Timmy comes home from his part-time job upset. In his interactions with coworkers, he is unsure of the meanings behind things they say and do and is anxious about doing the wrong thing. In his conversations with his family, he shares that “I don’t belong at work... I don’t belong in this world at all.” His family wonders if he is experiencing suicidal ideation. Conversations with Timmy reveal that his statements about not belonging reflect his reality in a workplace that pressures him to mask his autism. Timmy clearly states that he does not want to kill himself and has no plan to do so. What he wants is to find a place where he fits in. Although Timmy is not at imminent risk of suicide, thwarted belongingness can be a risk factor for suicidal thoughts and behaviors in the future; Timmy’s parents encourage Timmy to talk with his therapist about this for continued monitoring.

Statements about no reason for living or no sense of purpose in life

RESEARCH

There is limited research in this area. We know that it is not highly uncommon for autistic people, like Timmy, to express feelings that they do not belong ('thwarted belongingness'), and to wonder or doubt that they ever will. This is a consequence of not being accepted for their true self and having to mask or camouflage autistic features to survive in a world not designed for the autistic minority⁴⁸⁻⁵⁰. These sentiments can be (but are not always) associated with suicidal thoughts in autistic people, rather than imminent risk of suicidal behavior⁵¹. This said, feelings of self-pointlessness and worthlessness, like Terrance expresses, are often elements of perceived burdensomeness - thoughts and feelings that one is a liability with no value in the world - which research suggests may be more reliable indicators of suicidal thoughts, and possibly even behaviour^{19,52}.

Research examples of statements about purposelessness and meaninglessness by autistic adults with experience of suicidal thoughts/behaviour include "I have no goal and I am useless. I can not do anything. I achieved nothing at school, can't work or get married, I have no friends. I have behavioural issues"²⁰, and "You go to work. You come home. You do schoolwork and clean the house. You go to bed and then you do it all again tomorrow. I'm not having a profound impact on anything. ... I'm not making meaningful differences to the human species. So, what is the point of me?"²⁵.

Though there is some suggestion that statements like these may be indicative of imminent suicidal behaviour⁴², research is still scarce. These signs, like others in this guide, may be most alarming when observed as part of a constellation of features - for instance, with hopelessness, as is also alluded to in Terrance's case.

A NEW focus on suicidal talk or ideation that is not a special interest

SCENARIO

Jin, an autistic high school student, calmly stated to their school counselor that they wanted to kill themselves. Jin displayed no outward signs of emotion or agitation while sharing their suicidal thoughts. The school counselor felt surprised because Jin had not mentioned suicide before. As a younger child, Jin was very interested in celebrity deaths; they researched celebrities who had recently died and filled notebooks with details about the timing, setting, and cause of death. At that time, Jin's parents and teachers had initially worried about this intense focus on death; however, Jin's parents and teachers came to understand that this was Jin's special interest or passion, which brought Jin great enjoyment. Jin denied any thoughts about self-harm or suicide during this period of their life. In high school, Jin moved on to other special interests. When Jin matter-of-factly stated that they wanted to kill themselves, the school counselor asked questions to understand why, but Jin did not share any reasons.

Jin continued to sit quietly in the counselor's office. The counselor did not think that Jin looked distressed, and when asked if they wanted to continue talking about their thoughts, Jin simply replied "no." The counselor let Jin return to class. Later that evening, Jin told their parents that they "thought this through and know the family would be better off without me."

RESEARCH

In the past, Jin was intensely focused on death, specifically celebrity deaths. In that case, Jin is demonstrating common behavior as many autistic people are skilled at researching deeply into topics of particular interest to them. At some point, however, Jin's focus veered into suicidal thoughts, which is very different from a passionate interest. The fact that Jin stated that they wanted to kill themselves is concerning, given research showing that direct statements about suicide can be a warning sign for autistic people¹. Jin, like many autistic people, reported suicidal thoughts/behaviors without showing the same degree of distress as seen in non-autistic people⁵³. Because of this, many autistic people report not being believed when they report suicidal intent⁵³⁻⁵⁵. Jin's concrete and direct response to the counselor's question - which might have been intended as a request for more information, but may have been interpreted as an invitation to be accepted or declined, or as a straightforward question about Jin's desire to talk in the moment - shows the importance of adopting autism-friendly means of communicating about suicide. Please refer to the Additional Resources section of this guide for tools to facilitate effective communication.

Additional resources for clinicians and other service providers

- Ambitious about Autism. (2017). Know your normal. <https://www.ambitiousaboutautism.org.uk/what-we-do/services/i-am-an-autistic-young-person/wellbeing-toolkits/know-your-normal> and <https://research-management.mq.edu.au/ws/portalfiles/portal/83318591/82950645.pdf>
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One-page summary

Warning signs are best interpreted in combination and in relation to the person's normal preference or pattern of behaviour. No single behaviour reliably indicates suicide risk across all individuals and, importantly, suicidal distress may also be present without any observable warning sign.

- Increased anxiety, depression, and/or emotional dysregulation
- Sudden increase in withdrawal or isolation
- Hopelessness
- Has experienced a recent precipitating event
- Losing the ability to communicate distress
- Marked increase in rate and/or severity of self harm
- Notable loss of interest in preferred activities
- Making preparations for suicide
- Intrusive suicidal thoughts and ruminations
- Statements about no reason for living or no sense of purpose in life
- A NEW focus on suicidal talk or ideation that is not a special interest

This summary is a proposed list of warning signs for autistic people, developed by autistic people, clinicians, and researchers for the purposes of expanding resources for autistic people and their supporters. These warning signs need more evaluation. They should be used as part of thoughtful decision-making, in collaboration with the autistic person in distress. The authors of this resource are not liable for any actual or perceived harm resulting from this information. People experiencing a mental health crisis are encouraged to visit <https://findahelpline.com/i/iasp> to access support services.