Journal of Autism and Developmental Disorders
https://doi.org/10.1007/s10803-025-07044-y

ORIGINAL ARTICLE

A Qualitative Exploration of the Experiences of Autistic Adolescent Girls and Their Mental Health Difficulties: A Transdiagnostic Approach

Deirbhile Malone[1] · **Kim Keating**[1] · **Christian Ryan**[1]

Received: 6 June 2025 / Accepted: 23 August 2025

Abstract

Purpose Autistic girls have been underrepresented in research, which has traditionally focused on male-dominated samples. As a result, there is limited understanding of the unique mental health difficulties they experience and the challenges they encounter when accessing appropriate services. Adolescence is a significant developmental stage where girls can be more vulnerable due to biological, social, and psychological changes. This transitional period may be when girls present for an autism assessment or begin to experience significant mental health difficulties.

Methods This qualitative study explored the mental health difficulties of six autistic adolescent girls attending Child and Adolescent Mental Health Services (CAMHS) in Ireland.

Results Following an Interpretative Phenomenological Analysis (IPA), three Group Experiential Themes (GETs) were identified: (1) Understanding the Relationship between Autism and Mental Health in Autistic Adolescent Girls, (2) Navigating Social Environments as an Autistic Adolescent Girl with Mental Health Difficulties, and (3) Disconnect between the Needs of Autistic Girls and their Support.

Conclusions These results provide valuable insights into the role of diagnosis in fostering self-understanding among autistic adolescent girls, while also highlighting how the interplay between autism and co-occurring mental health difficulties can complicate identity development during adolescence. The study reveals the unique challenges faced by autistic girls, alongside frustration with services not designed for their needs. Clinical implications include the need for more nuanced diagnostic practices and support systems that recognise the overlapping features of autism and mental health conditions in adolescent girls.

Keywords Autism · Girls · Mental health · Service provision · Diagnostic overshadowing

Introduction

The prevalence rate of autism in males to females has been reported to be 4:1 (Fombonne, 2005), while a recent systematic review argued that 2:1 is a more accurate representation and suggests that autism in females is more prevalent than previously reported (Zeidan et al., 2022). This prevalence rate has contributed to autism traditionally being perceived as a "male disorder" (Lockwood Estrin et al., 2021), which may have led to autism being conceptualised and understood as the differences that would typically present in the male population. As a result, research on autism has predominantly been conducted on male dominated samples and through this lens, underrepresents the experience of autistic females.

Autism in Girls

The unique challenges faced by autistic girls have been reported in the literature, including higher levels of interpersonal conflict in friendships (Sedgewick et al., 2019), increased vulnerability to sexual victimisation (Pecora et al., 2020), and distress linked to efforts to adapt to a "neurotypical" world (Cook et al., 2021). Due to a gap in knowledge about the presentation of autism in girls and the presence of diagnostic overshadowing e.g. overlap between autistic traits and eating disorder symptomatology, many autistic

✉ Deirbhile Malone
deirbhile.n.malone@gmail.com

[1] School of Applied Psychology, University College Cork, Cork, Ireland

Published online: 20 September 2025

girls remain undiagnosed or misdiagnosed (Westwood and Tchanturia, 2017). Autism in girls can often be overlooked, and the possibility of this diagnosis may not be considered or discussed (Bargiela et al., 2016). The lack of a timely autism diagnosis can further compound the challenges that autistic adolescent girls face in receiving appropriate support and experiencing prolonged mental health difficulties.

Mental Health Difficulties in Autistic Adolescents

Adolescence is a critical developmental period in a young person's life that involves social, emotional and biological changes such as the beginning of puberty and increased social expectations. According to the Global Burden of Disease (2019), 15% of adolescents experience a mental health difficulty while 71.1% of autistic adolescents experience at least one co-occurring mental health difficulty (Hollocks et al., 2023). Triggers for anxiety in young autistic boys and girls may include changes in routine, sensory sensitivities, and social challenges, which often result in symptoms such as withdrawal, and difficulty expressing distress verbally (Rhodes et al., 2023). Additionally, high rates of depression in autistic young people have also been reported, specifically during adolescence (Stewart et al., 2022). Notably, autistic girls may be especially vulnerable to internalising difficulties such as anxiety and depression, potentially due to factors like social camouflaging, which is more commonly reported in girls (Dean et al., 2017). However, research focusing specifically on mental health difficulties in autistic girls remains limited.

Early experiences of bullying and victimisation have been linked to significant mental health difficulties in autistic individuals (Griffiths et al., 2019). This is important to consider as peer relationships are a core factor of an adolescent's life and are significant in their social, emotional and psychological development. Research is continuing to emphasise the significant impact mental health difficulties can have on various aspects of an autistic adolescent's life, such as education, quality of life, family dynamics (Adams & Emerson, 2020). However, distinguishing the overlap between mental health difficulties and autistic traits can be challenging due to diagnostic overshadowing, a lack of awareness and mental health support (Brede et al., 2022). This diagnostic overshadowing has resulted in the consideration of a transdiagnostic perspective. A transdiagnostic approach has often been employed to investigate factors which underly neurodevelopmental conditions and mental health difficulties. The transdiagnostic approach recognises that these presenting difficulties share a set of underlying factors, either internalising or externalising, that may be attributing to the origin or maintenance of conditions, and that investigating the overlap of symptoms between autism and a single specific mental health disorder can result in a fragmented and piecemeal understanding of the underlying transdiagnostic phenomena (Rodriguez-Seijas et al., 2020). A better approach is to investigate autistic experiences in the broader context of mental health treatment, and in the context of autistic adolescent girls in this study, this means within the context of accessing mental health supports.

Autism and Mental Health in the Irish Context

In 2016, the prevalence rate of autism in Ireland was estimated to be 1% of the population, which was a similar figure to the United Kingdom (Baird et al., 2006). However, complex referral processes and long wait times for autism assessments often lead to delayed diagnosis, or misdiagnosis, which impacts the accuracy of prevalence estimates (NHSE, 2023). In Ireland, service structure can perpetuate the delayed diagnosis of a mental health difficulty or a neurodevelopmental condition in autistic girls for example, the Child and Adolescent Mental Health Service (CAMHS) require prior input from Primary Care services or the Community Disability Network Team (CDNT) before being accepted. This is often due to the recommendation that the young person may benefit from an autism assessment, with 26% of autism-related referrals initially being rejected by CAMHS (Mental Health Commission, 2023). Autistic girls and boys are then redirected to services such as the CDNT, which can have a waitlist of up to five years and only accepts those with complex needs in the context of a disability, or to Primary Care Services, which also has insufficient resourcing (HSE, 2019). These systemic delays can be especially detrimental for autistic girls, who are at a higher risk of being under-diagnosed or misdiagnosed due to subtle presentations and camouflaging behaviours. Consequently, autistic girls can experience a deterioration in their mental health due to being on three long waitlists in order to obtain support.

Current Study

In terms of qualitative research on autism, existing studies have examined the perspectives of both boys and girls together (Rhodes et al., 2023), with limited focus exclusively on the views of autistic girls on their diagnosis, their mental health needs and how they experience the world. A rare exception is the study by Honeybourne (2015) which explored the school experiences of autistic girls and women and whose findings focused on the difficulties of friendship development and maintenance, which has been reported

elsewhere (Ryan et al., 2021). Similarly, studies have highlighted that there is limited research exploring the lived experiences of autistic young people with regard to their mental health, despite recommendations being provided for further research in this area (Rhodes et al., 2023). To date no research has been conducted on autistic young girls and their mental health difficulties, alongside their experiences of engaging in services.

This study explores the experiences of autistic adolescent girls attending mental health services and their co-occurring mental health difficulties. It aims to investigate their journey towards receiving an autism diagnosis, their mental health difficulties and their experience accessing appropriate services. The study will also seek to identify transdiagnostic factors which may underly and maintain their co-occurring difficulties. The following research questions will be addressed: (1) What are autistic adolescent girls' experiences of accessing and receiving support for their mental health? (2) How do autistic adolescent girls make sense of their journey to an autism diagnosis? (3) How do autistic adolescent girls make sense of their mental health difficulties? (4) What/If any are the common transdiagnostic factors contributing to and maintaining their current difficulties?

Methods

Study Design

This study incorporated an exploratory qualitative design using semi structured interviews and Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of autistic girls and their mental health difficulties. IPA was selected as it aims to understand how people make sense of their lived experiences by exploring their thoughts, feelings, memories, and behaviours in relation to a specific phenomenon (Eatough & Smith, 2017). IPA is considered an effective qualitative approach in autism research because of its reflexive nature and its effort to balance the power dynamics between autistic participants and non-autistic researchers (Howard et al., 2019). IPA is particularly appropriate for the autistic population as it addresses the "double hermeneutic" and the "double empathy" problem by recognising the participant as the expert of their own experience and promoting intersubjective meaning-making between researcher and participant (Montague et al., 2020), by creating space for the young person to elaborate their own meaning-making during the IPA interview, whilst allowing for the researcher to engage in meaning-making during the analytic work. Its idiographic focus allows for a rich exploration of individual narratives while acknowledging broader social and cultural influences, making it especially valuable for including the often-overlooked voices of autistic girls in research (Howard et al., 2019; MacLeod, 2019). IPA was deemed particularly suitable given the complexity of autistic adolescent girls and their mental health difficulties, while also considering the disconnect between the neurotypical's interpretation of a neurodiverse experience (Milton, 2012).

Participants

Six participants were recruited through a Child and Adolescent Mental Health Service (CAMHS) in Ireland, all of whom had engaged with CAMHS prior to their autism assessment. Inclusion criteria was as follows; sex and gender identity are both Female, between the ages of 12 to 18 years old, are attending mainstream secondary school or an ASD unit within a mainstream secondary school, have a diagnosis of autism which was provided by a healthcare professional and are currently receiving mental health support from CAMHS (see Table 1 for Demographic Information). These criteria were used to ensure a relatively homogeneous sample (Smith et al., 2021).

Table 1 Demographic information

Pseudonym	Current Age (years)	Age of Autism Diagnosis (years)	Siblings with Autism Diagnosis or Awaiting Assessment	Autism Post Diagnostic Support	Mental Health Diagnoses	Reason for Referral to CAMHS
Emma	16	14	0	Yes	OCD, Depression	School refusal
Grace	14	13	1 diagnosed 1 awaiting assessment	Yes	Depression, Anxiety, ADD	Referral for ADHD assessment
Rachel	15	15	0	No	Eating Disorder, Anxiety, Depression, Self-harm	Presentation to A&E with suicidal ideation
Zoe	15	13	1 diagnosed	No	Depression, Eating Disorder	Suicide attempt
Lucy	15	13	0	No	Anxiety, Depression, Psychosis, Self-harm	Self-harm and suicidal ideation
Susan	15	14	1 diagnosed 1 awaiting assessment	Yes	OCD, Depression, Anxiety	School refusal

OCD Obsessive Compulsive Disorder, *ADD* Attention Deficit Disorder, *ADHD* Attention Deficit/Hyperactivity Disorder, *A&E* Accident and Emergency Department, *CAMHS* Child and Adolescent Mental Health Services

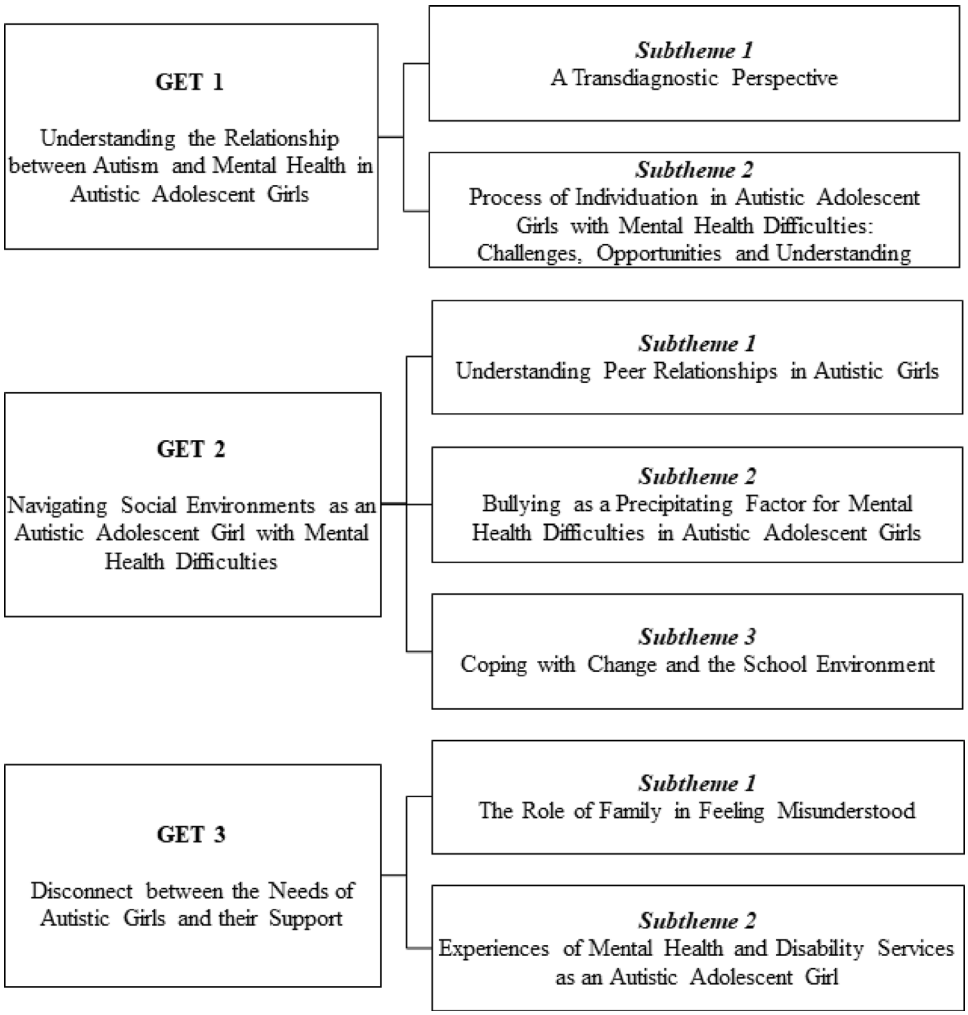

Fig. 1 GET 1: Understanding the Relationship between Autism and Mental Health in Autistic Adolescent Girls

A purposive sampling approach was used to ensure the inclusion of autistic girls with the linguistic ability to provide rich accounts of their experiences. The parent(s)/carer(s) of potential participants discussed the study with the young person and if verbal consent was provided to receive additional information about the study, the parents received an Information Sheet, Parent/Carer Consent Form and Adolescent Assent Form for the study. The young person and their parent(s)/carer(s) were informed that if they chose not to participate in the research, this would not affect the support provided by the service and care would continue as usual. Similarly, they had a right to withdraw from the study up until a week after the interview had been completed. The primary researcher offered an opportunity to answer questions about the study or explore any concerns.

Procedure

In order to develop the interview schedule for this study, a thorough reading of current research was conducted, specifically studies which incorporated an Interpretative Phenomenological Analysis of the experiences of autistic adolescents in relation to their diagnosis (Huws & Jones, 2008) as well as autistic adolescents with co-occurring mental health difficulties such as anxiety (Acker et al., 2018) and anorexia (Nimbley et al., 2023). The use of semi structured interviews allowed for flexibility in the dialogue and the exploration of unique experiences. The development of the interview schedule included Patient and Public Involvement (PPI) as none of the authors are autistic, where the content was reviewed by an autistic female colleague, and an online meeting with all the authors enabled discussion and clarification of interview questions, and adaptions were made to incorporate this feedback. This included changes such as making the questions more concrete and reducing the metaphorical language used (for instance, an early iteration of one question read “talk me through your journey with mental health”, which was changed to, “do you remember how your mental health difficulties began”?

When informed consent and assent were obtained, semi structured interviews were conducted in a private setting within the CAMHS facility. The interviews ranged from

35 min to one hour and ten minutes. The demographic information was obtained with the parent(s)/carer(s) in the room and to allow for the young person to adjust. The remainder of the interview was conducted with the young person. Interviews were audio recorded and transcribed by the primary researcher, ensuring all data was pseudonymised.

Data Analysis

The primary researcher conducted the analysis and initial exploratory notes, personal experiential statements and themes were discussed with the research team. This analysis followed the seven steps of IPA outlined by Smith and Nizza (2022) using the terminology from Smith et al. (2021). These steps include reading and re-reading transcripts, exploratory noting, constructing experiential statements, identifying connections, naming and consolidating Personal Experiential Themes (PETs), analysing each participant individually, and finally identifying patterns of convergence and divergence across PETs to develop Group Experiential Themes (GETs).

Validity and Quality Assurance

In order to conduct IPA research that was reliable and valid, a credibility of analysis was ensured through a coding audit, which was completed and discussed with both the second and third authors (Nizza et al., 2021). This reduced the impact of bias in identifying the intended meaning of the participant's experiences. The primary researcher maintained a reflective diary throughout the process to engage in "reflexive bracketing" to remain conscious of values, beliefs and assumptions associated with being a neurotypical researcher who had previous knowledge of the topic. This reflects recommendations to engage in meaning making and the iterative process of experiencing a differing narrative (Smith & Nizza, 2022).

Results

Three Group Experiential Themes (GETs) were identified following the analysis. A summary of the GETs and subsequent sub-themes are presented in Fig. 1.

Subtheme 1: A Transdiagnostic Perspective

Across the interviews, participants expressed the challenges in understanding their experiences of autism and co-occurring mental health difficulties. From a transdiagnostic perspective, processes at play such as rigidity, rumination, avoidance of social situations, emotional dysregulation, could be seen as contributing to overlapping systems of autism and mental health difficulties.

Emma described her difficulty in distinguishing between autism or mental health challenges in terms of sensory overload resulting in panic attacks, "*It's not like they're sectioned out…They're all together so it's probably more likely that it's a bit of both"*. She noted how autism contributed to *"feeling out of place"* and *"different"*, which *"impacts your mental health…a domino effect"*. Rachel expressed a similar experience with social situations. She recognised that autism made her more vulnerable and when co-occurring with mental health difficulties, created a sense of chaos, "*Once I get overwhelmed with things. I'll bottle them up and then it just explodes"*. She explained how developing her understanding of the two conditions, enabled her to cope more effectively, *"It's easier to just know the differences between the two, but know how they're coming together and making it worse"*.

Grace shared her experiences of how her emotional dysregulation is often misunderstood, particularly by her mother, "*she can't tell the difference between when I'm being rude because I don't understand social rules…She says it's hard for her to tell if I'm having a meltdown or just being rude to her because a lot of the time when I'm having a meltdown I say things that I don't mean*". She described how both autism and mental health impact her emotional responses, making it harder to self-regulate, "*If I'm feeling sad that day and then someone says something to me, that will cause a meltdown"*. Grace also noted how these transdiagnostic factors can result in, *"people trying to get me diagnosed for other things as well like ADHD. Some people think I have BPD"*. Grace described how her difficulties were first understood through the lens of ADHD, *"they told her that I wasn't listening, and they needed to discipline me better but that was not the case"*. Lucy echoed this experience, *"They were taking their time trying to get a diagnosis…a lot of my symptoms are confusing because it could be a multitude of things"*.

For Lucy, the interplay between autism and mental health was more pronounced, *"I get the symptoms confused…they get mixed up and sometimes they can work together… I don't really have anything that helps with telling what's real and what's not and what's autism and what's not. I don't know what's normal…with is another issue with autism. It's confusing"*. Lucy noted that people often struggled to understand her co-occurring difficulties, *"When I tell someone I am depressed they would say I thought you were autistic though and that makes no sense because you can have both"*. She explained how anxiety in the context of autism, triggered a psychotic episode, *"With autism, it can be a catalyst for other mental health issues that are laying deeper below you"*.

Susan portrayed the interaction between autism and mental health as similarly complex, saying, *"they enable each other"* and that, *"It's hard to know whether it's because of my mental health or being autistic"*. She described how, *"if I experience anxiety or depression, it's slightly different to the way someone who isn't autistic does"*. Zoe also emphasised the difficulty in understanding both her autism and mental health simultaneously, *"There are definitely things that I would say are just the autism, but every mental health thing is impacted more by my autism"*.

Subtheme 2: Process of Individuation in Autistic Adolescent Girls with Mental Health Difficulties: Challenges, Opportunities and Understanding

The individuation process was found to be significantly shaped by the participant's understanding and acceptance of their diagnoses. While their diagnoses were sometimes viewed as a challenge in their identity formation, it was often described as an opportunity to develop an understanding of self.

Emma reflected, *"No one who was like me was autistic"*, compared to *"When I got older, I realised what it was and then when I was diagnosed, I realised it is me"*. Emma also shared an experience of attending CAMHS, *"to see if there was something wrong with me"*. She found it difficult to separate herself from her diagnoses noting that, *"I feel like I've always had them"*, suggesting that her developmental and mental health needs are integral to who she is.

For Grace, she experienced some internal conflict, fearing that others would think she was *"faking it"* because she *"doesn't look autistic"*. Grace described how her difficulties have shaped her identity, *"It upsets me that people think I have so many things that are wrong with me"*. Following her engagement with mental health services, Grace reflected on how her perspective has shifted, *"It made me realise that it wasn't what was wrong with me but what was happening for me"*.

Susan considered the autism diagnosis a *"relief"*, as it provided a framework for understanding herself, *"I've realised that everything I do is done in an autistic way, because that's who I am and that's helped"*. However, she also highlighted the limitations in the societal understanding of autism, particularly regarding gender differences, such as the perception that, *"autism is not real for girls"* and *"People say I don't look autistic and I'm like, how does that make any sense?"*. Lucy explored the stigmatisation associated with autism and how this has impacted her sense of self, *"You think of yourself as only one particular way now that you have the diagnosis"*. She expressed, *"I still feel a bit embarrassed to say that I'm autistic. this is a label that means I am not like the other kids… It's difficult because you're not like those really autistic kids where they can't function properly". It's hard to find where you are in the balance"*. Lucy's experience was compounded by the challenge of trying to find a part of the autistic identity that fit her sense of self as she noted that most common stereotypes focused on *"little white boys who love trains"*. This stereotype, according to Lucy, left little room for variation, especially for autistic girls who do not meet these assumptions. Lucy shared how her diagnoses have also impacted her identity formation noting, *"Other people don't have autism and all these mental health issues. Psycho in your diagnosis. Psycho"*.

Susan described how adolescence can often be overcome with self-doubt which is perpetuated by her mental health difficulties and autism, *"I just don't really like myself very much, physically and mentally, I've never really"*. She reflected on how these difficulties and stage of development impacted her view of the future, *"I didn't know what I would like to do anymore because I'd always thought I was going to be an artist or a famous show jumper and when I realised that wasn't realistic, I just felt pointless"*.

Zoe shared how being neurodiverse impacted her, *"It's not the idea of having autism or the concept of oh I'm disabled. it was the way it made my life hard that upset me"*. Zoe reflected on how she valued her own autonomy but also needed her parents' support during adolescence, *"I absolutely broke down at my mother… She always knew there was something going on, but she didn't know how bad it was"*.

Rachel's individuation process involved a strong sense of independence, often preferring to deal with her challenges on her own. Despite this, she still valued her relationship with her parents saying, *"I talk to them about everything."* Rachel's journey with her diagnosis also reflects a move towards acceptance, *"At the start I was very in denial about it… I was like, no I'm not getting an assessment because I didn't want it to be true."* However, after learning more about autism and hearing it described in terms that resonated with her own experiences, she embraced the diagnosis, *"When I was old enough to hear about what it was, I was like, well, that sounds like me… I understand it cause I obviously live it every day."* Her acceptance of her autism was solidified when she said, *"I'm completely fine with living with ASD. I've lived this way my whole life. It doesn't change anything just knowing about it."*

For Susan, the process of diagnosis helped understand her difficulties, *"Things that before I couldn't really explain or even my psychologist or psychiatrist couldn't tell me why I felt a certain way… then it kind of made sense to them and to me more"*. The diagnosis provided a lens through which Susan could understand herself, offering relief and validation.

GET 2: Navigating Social Environments as an Autistic Adolescent Girl with Mental Health Difficulties

Subtheme 1: Understanding Peer Relationships in Autistic Girls

All of the participants reflected on the difficulties in forming and maintaining peer relationships as an autistic girl. Emma described her experience of peer interactions, *"If I was out in a group, there'd be times where I literally could not talk… words would not come out of my mouth so that was a bit awkward"*. She also shared her difficulty in managing social expectations, *"I didn't know what I was supposed to be doing a lot of the time. I always felt a little bit out of place… There'd be things that I'd say, and people would laugh and I wouldn't really know why"*. This sense of exclusion was amplified by the natural process of growing apart as friendships changed over time, *"I lost a lot of friends before and during secondary school. That was quite difficult"*.

Susan shared her experiences of social isolation, *"I didn't have many friends. I didn't like the same things as everyone else. I got made fun of, but people don't realise I'm autistic. So, they just make me fun of how I act"*. She reflected on the sense of a hidden meaning in social interactions, *"Everyone knows something that I don't"*. This sense of being misunderstood and excluded was a recurring theme as she shared, *"Even though I'd say it in the most simple way I could think of people seemed to think that there was always an ulterior motive to what I was saying"*.

Susan's process of forming and maintaining friendships was closely linked to her sense of self, *"I just had very low self-esteem, and I tend to make friends with people who maybe don't have any other friends"*. However, once these friends *"got happier within themselves"*, they would often move on, leaving Susan feeling rejected and abandoned. This cycle of losing friends, despite her best efforts, contributed to her feelings of loneliness.

Lucy's experiences reflected a complex relationship with peers, *"I tend to overshare a lot, and social cues are not my forte. I like to be alone a lot more than other kids. They all want friends, and I just don't really have a need for it. I want friends so that I don't look weird in front of other people, but I don't need them for emotional support or going out"*. This isolation was also driven by the demands of social interactions, *"I'd get really emotional, socially drained of battery really quickly"*. Lucy described how socialising became even more stressful as she entered adolescence, *"My friends getting boyfriends and everything. Normal things that teenage girls do like house parties and drinking. I've never been interested in that. It just got very confusing"*. This added to her sense of being overwhelmed, as she struggled to keep up with this increase in social demands.

For Rachel, the desire for connection was deeply influenced by experiences of exclusion and difficulty in navigating peer relationships, *"I definitely use to take it to heart in first year.because in primary school it was meant to hurt. People make jokes now and it's not meant to hurt. And I get that. It's joke and it's funny. I laugh. Whatever. Because it's funny. Because it's not actually meant to hurt you"*. Despite these challenges, Rachel expressed a strong desire for social interactions stating, *"I'm very social. I'm really friendly with everybody…A lot of people have told me that they have ASD and I'm like, oh well, you know, I can relate to you then"*. Zoe's reflections on peer relationships emphasised the importance of shared interests as a way to form meaningful connections, *"The fact that I have people I can connect with…When they get interested in something, they get really interested in it so that's nice. I feel like we can talk back and forth about things"*.

Grace highlighted that that use of interventions was helpful, "*I went to a lot of classes… to learn about communication. I still struggle with it, but I'm better at communicating now"*. However, this was her unique experience and was not explored in the other interviews.

Subtheme 2: Bullying as a Precipitating Factor for Mental Health Difficulties in Autistic Adolescent Girls

The participants highlighted the vulnerability of autistic girls to mental health difficulties, compounded by delayed diagnoses of autism resulting in feeling isolated and misunderstood in their peer interactions.

Susan's experience of being socially excluded and bullied from a young age was particularly impactful on her self-esteem and sense of identity, *"People have always made fun of me and pushed me around a bit"*. This bullying resulted in her feeling overwhelmed, "*embarrassed and ashamed to even to go in public"*, noting, *"I tried to stay home a lot, I'd fake sick, or if I was sick, I'd be very grateful. And when I was in school, I sat on my own"*.

Rachel also reported, "*I was bullied for eight years in primary school… that just started the eating disorder and just hating absolutely everything about myself….I brought that with me…I took everything to heart"*. Her experiences contributed to her masking her behaviours to adapt to her social environment, further deepening her isolation and vulnerability, *"It definitely took a toll on my mental health, but I just masked it because I'm very good at that…not wanting to talk to people"*.

Zoe's experience of social exclusion compounded her vulnerability to mental health difficulties and resulted in a

suicide attempt prior to her referral to CAMHS, *"I went the first six months of first year with no friends… I didn't talk to anyone"*. This absence of peer relationships increased her vulnerability and was perpetuated by a peer who further exacerbated her isolation, *"He approached me and he tried to make himself out to be a really safe person…He would hit me whenever I talked about my interests… He would beat me up at times but he would beat his friends up too, so it was like, this is just what he does"*.

Lucy also faced social rejection, particularly over her use of sensory toys in primary school, *"They would take them from me and pass them around… that made me feel bad about myself"*. This social exclusion made Lucy feel *"different"*, which influences how she navigates the social environments in adolescence, *"I'm still really worried about if I'm acting weird… I get really panicked about what am I meant to do with my arms and what am I meant to do with my legs"*.

Grace's experience echoed those of the other participants. The social isolation that stemmed from her delayed diagnosis of autism contributed to feelings of depression and an internalisation of her communication difficulties, *"A lot of the problems I have come from being late diagnosed with autism… people treated me badly because they didn't know…I'd fight with people a lot and that would make me upset because I didn't want to fight with them because I didn't know what was wrong with me"*.

Subtheme 3: Coping with Change and the School Environment

All of the participants reflected on how the transition from primary to secondary school was a particularly challenging experience in the context of both their autism and mental health difficulties. Emma described how the move was *"so difficult"* due to the sudden changes in structure. *"In primary school, I'd been there for eight years, so I had an understanding of the way the days went"*, while in *"secondary school every single day was different, and you had different teachers every 40 minutes. And at lunch, you didn't just sit in your class, you had to find a place to eat. It was just so difficult. And then I just remember my mental health went off during that"*.

Social interactions were an aspect of school that resulted in participants often feeling isolated or misunderstood. Emma noted, *"When I went into school, I barely talked to anyone and I'd call home after two classes. I liked going into school. I liked having the routine of having it. It was just things with friends"* and *"There'll be people at school who would talk to me like I've just been born. You wouldn't talk to me like this if I wasn't in a special education class. It's just a bit annoying. There's no need for it. I can understand when you talk normally"*. Similarly, Rachel recalled feeling *"really nervous in first year"*, struggling with the belief that *"everybody was looking at me and judging me"*. Some participants highlighted the feeling of being misunderstood, *"The teachers look at me like I'm insane"* while Zoe reflected similar difficulties with teachers, *"I've heard them talk about how hard it is to deal with autistic people. You should think about how hard it is to actually be autistic"*. The sensory components to the social environment were also described by Lucy, *"The teacher, he turns on the lights really bright. I don't know why and it's just so bright. Could you at least give a warning?"*.

Four participants shared how their mental health difficulties in the context of autism, led to school refusal and perpetuated their social isolation. Grace noted, *"I became home schooled for a bit in secondary school but then I was on my own a lot of the time, so I went back to school"*. The pressure of being behind in school was evident in Emma's story, where she shared how her mental health has impacted her education, *"It's a bit annoying when people think it's just laziness.I've missed out on so much. I'm so behind on everything now"*.

However, for many participants, coping strategies and support systems were crucial in managing the challenges at school in the context of autism and mental health difficulties. Emma described how her teachers encourage her, *"I'm not really pushed to do stuff that I'm not able for. I'm pushed to do things that I'd be a bit worried for but I am able for"*. Grace also shared her experience following her diagnosis, *"I am able to take breaks and I get put in a special room for tests because I get overwhelmed with them"*. This supported Grace in coping with overwhelming situations and allowed her to perform better in school despite her difficulties. Susan also mentioned the importance of accommodations, especially when it came to her academic struggles, *"If I couldn't handle going to a class, it was easier for me to go somewhere else and take a break because definitely having the diagnosis means that there are certain things that they have to give you"*. Zoe's experience also highlighted the importance of support in school, *"I am allowed to go into the sensory room for one period and teachers have to be nicer to me"*. She mentioned a teacher who advised her on how to make eye contact in a way that felt comfortable, a small but meaningful accommodation that made a big difference for her, *"She told me to look here [points to forehead], which really helped me a lot"*.

GET 3: Disconnect Between the Needs of Autistic Girls and Their Support

Subtheme 1: The Role of Family in Feeling Misunderstood

Families were found to play a key role in helping the autistic girls navigate their needs and obtaining necessary support. Emma noted, *"My family and friends know, I guess, so if I get overwhelmed, they know why".* While Rachel expressed that, *"I would immediately go to my mother as in I trust my parents with my whole heart".* Rachel highlighted how her parents had to be proactive in accessing appropriate services, *"Any actual help I needed my parents had to get as in no referrals worked or anything".*

Lucy shared how her mother's experience of working with children with autism gave her a better understanding of the complexities she faced, *"My mum can see it. She's very good with that kind of stuff".* Lucy also noted the possible presence of neurodiversity in her family, *"I definitely think my dad's autistic".* While Grace shared a similar experience of having a neurodiverse caregiver.

In contrast, Zoe had a more complicated relationship with her parents regarding her diagnosis, *"My mom used to think I had autism before I was diagnosed, and she didn't want to get me assessed because she said that autism was my sister's thing".* Zoe shared how her mother's hesitations initially delayed her own diagnosis and that her parents struggled to understand her needs, *"My parents tried to support me made it a lot worse".*

Grace also reflected on the dynamics within her family, *"My sister was diagnosed before me and she's younger than me… My mam said that's very rare for girls to be diagnosed early because they mask very well. But she would treat me differently than my sister".* Grace described how her arguments with her mother, who is also awaiting an autism assessment, stemmed from misunderstandings in social communication, *"If she says something and I think it's in the wrong tone, I'll get upset"* and how she feels this contributed to the onset of her mental health difficulties, *"I started getting really depressed when I was nine because me and my mum would argue a lot".* Additionally, Grace expressed how her father also struggled to understand her difficulties, *"My dad doesn't know very much about mental health and especially autism…so a lot of the time he doesn't understand me or why I'm doing it".*

Susan's experience was shaped by a similar feeling of being misunderstood, *"My mom never seemed to think that I was autistic".* She noted how her brother received an earlier diagnosis, *"Since they knew he was autistic, it was okay when he did it, but since they didn't know I was autistic, somehow it wasn't".* Susan also expressed frustration with her sense of validation, *"My mom would always be like someone has got it worse. So, I internalised that quite a lot".* Susan described her relationship with her family, *"I'm not particularly close with my parents or my siblings"*, but she highlighted the importance of parent psychoeducation groups, *"I think my dad did one and that was nice because he doesn't really take anything I say as kind of facts. You know? Cause I'm his kid. It was nice when he came home and he was like, this is so interesting".*

Subtheme 2: Experiences of Mental Health and Disability Services as an Autistic Adolescent Girl

Participants expressed dissatisfaction with neurotypical interventions from mental health services, which they experienced as not meeting their needs. Masking was frequently described as a coping mechanism in response to these neurotypical approaches, highlighting a critical barrier to authentic support.

All of the participants reported that mental health was their first presentation to services which resulted in a referral for an autism assessment. This resulted in autistic girls engaging with multiple services and disciplines. However, the participants shared a sense of frustration with the referral system with Rachel noting, **"***They refer you to somewhere, which refers you to somewhere else, which refers you back to CAMHS. Yeah, that's not helpful at all".* Rachel recalled how the lengthy referral process made her feel overlooked, *"It was just like, yeah, we'll refer you. Okay. Bye. And nothing came of it… my mam had to take me into A&E. If someone is suicidal, they are not going to wait because that makes them feel like that's not a priority".* Rachel also explained how waiting for her diagnosis left her in a state of distress, *"You just sit there with all the stress of it, but you're waiting then to actually find out what the stress is from".*

Psychology was noted to be difficult to engage with due to the social and emotional expectations, *"It felt like I couldn't properly be myself…I found the questions very difficult. It was easier to just mask…It was almost an hour of just someone asking me very personal questions…There's no set way of doing it so I didn't know what to do" (Emma).* While Rachel highlighted the overwhelm of engaging in multiple social interactions with the Multidisciplinary Team members, *"I didn't want more people being involved because having to tell your story over and over again".* Emma also noted challenges with certain interventions in Psychology, *"I already knew about breathing and your anxiety is not real, it's not really happening. None of that really helps because I'm still feeling this way and I've been breathing… I don't really understand what you want me to do. It doesn't help because I don't know what's causing this".*

The autism assessment process also left the participants feeling confused and misunderstood, *"I had no idea what they were doing. I still think the way they did it was really childish. Giving me toys and asking me to make a story up at 13 didn't feel right"* and *"It's odd to me because they asked me how I brushed my teeth and there was story on frogs. So, I was confused"*. The frustration of being misunderstood was a common thread throughout the interviews. The mismatch between neurotypical expectations and the needs of neurodiverse individuals was further emphasised by Lucy's reflection on her own experiences, *"I just remember being a bit upset and reading the things that they said about me. They said that I talk a lot about myself and I was very upset about that because I do not talk a lot about myself. That was an interview. That was an interrogation. I was supposed to talk about myself…What was she expecting? I was a bit upset about that because I don't want to be seen as stupid. Before the autism diagnosis, I thought that I was"*. Susan described how people often, *"don't understand. There's so much of people trying to solve things as if there's something they can just fix"*. She noted that her difficulties in the context of autism and mental health made it more challenging to engage with services, *"Even though I knew I needed it, I didn't feel like I deserved to get any help…because I'd been just going without it for ages. I felt guilty for taking up space…I just felt like people didn't want me. Even though I knew that was their job."*

Participants shared different experiences in how services managed transitions with some remaining within the team to reduce distress while others reflected the difficulty in coping with a change in staff. Zoe also highlighted her experiences of interactions with professionals, *"It feels dehumanising… I'm like okay it's their job, I guess. They're getting paid…I feel like if I had to do it every day I'd also be like…You can tell they don't really care and I kind of get why they wouldn't. They're just getting their money. I wish they could at least pretend they do though"*.

Several participants expressed a strong desire for support from professionals who understood neurodiversity from a perspective beyond the neurotypical lens. Emma highlighted this need, saying, *"It would be nice to have someone who actually understands… someone who's lived through it… instead of just reading from a book"*. Rachel also shared this preference for someone with lived experience, *"It's just giving me the same exercises as a neurotypical person, which completely defeats the point"*. Rachel explained, *"The person running it never has ASD. They're like, I understand you, but you don't because you have never lived like that. You don't. You don't. You're neurotypical. It's always somebody neurotypical who doesn't actually understand. They just understand from a course they've taken. I bet the person that taught you that course was also neurotypical…I'd love to sit down with somebody who has ASD to teach me this kind of thing. Their experience with it, not what they've heard or what they've read"*. Rachel strongly believes that having neurodiverse professionals would make a significant difference, *"It would be so much more comfortable talking to somebody… if it was there as a resource to help. I would completely prefer if it was somebody with autism because they actually live it every day, they understand"*. Lucy also expressed difficulty understanding therapy approaches that did not resonate with her needs, *"They tell you they're going to teach you DBT, and they take months to try and explain it to you and it's like please just tell me what to do. I don't need this, the Latin words in psychology because I'm not smart enough for that"*.

The participants highlighted their preference for more practical solutions in manging their co-occurring difficulties with Lucy referring to medication as an *"emotional blunter"* while Zoe expressed what she found helpful, "*Being put on meds… getting more support at school"* as did Emma, *"I mainly just do occupational therapy now because I found the psychology very difficult… It has been quite good…It's more things that you can actually do instead of focusing on what's going on in your head because I didn't find that helpful"*.

Some participants described the benefit of receiving a mental health diagnosis in order to understand their difficulties. Lucy's experience echoes this sentiment as she acknowledged, *"It has helped me a lot. If I didn't have it, I wouldn't know what was up with me"*. The participants shared the benefits of developing coping strategies. Lucy spoke about the use of temperature changes to manage emotional distress while Grace highlighted the benefits of groups in having shared experiences, *"There was a lot of people that I made new friends with because they experienced the same things as me. We didn't really talk about mental health much, but I think that's better because talking about private things in front of those people is scary"*. However, Rachel expressed her discomfort in group settings, *"What are you going to do? Sit and talk about it? What does that actually change? I could sit here screaming at you, just making a stupid noise and it'll have the same effect…It's not going to change anything"*.

Discussion

This study used semi structured interview data which was analysed using IPA to explore autistic adolescent girls experience of autism and mental health difficulties, particularly in relation to their experience of engaging in health services and the presence of transdiagnostic factors contributing to and maintaining their current difficulties. The analysis

identified three Group Experiential Themes (GETs): Understanding the Relationship between Autism and Mental Health in Autistic Adolescent Girls, Navigating Social Environments as an Autistic Adolescent Girl with Mental Health Difficulties and Disconnect between the Needs of Autistic Girls and their Support.

How Do Autistic Adolescent Girls Make Sense of their Journey To an Autism Diagnosis?

Participants such as Grace and Lucy highlighted the challenges associated with receiving accurate diagnoses. Grace, for example, reported how her emotional responses were often misinterpreted, with her emotional dysregulation being seen as rudeness or behavioural issues. This could reflect previous findings on alexithymia which is prevalent in 50% of autistic individuals (Kinnaird et al., 2019) and is linked to difficulties in recognising and processing emotions, potentially contributing to co-occurring mental health difficulties such as depression and anxiety (Milosavljevic et al., 2016; Oakley et al., 2022). Similarly, the participants' experiences of having multiple diagnoses, accords with research by Russell et al. (2016), who found that the longer autism remains undiagnosed, the more likely it is for clinicians to focus on co-occurring neurodevelopmental and mental health conditions.

In terms of the individuation process, the participants highlighted the challenges in navigating adolescent identity development and alongside their understanding of their autism and mental health difficulties. Previous research by Bargiela et al. (2016), found that autistic young people often report struggling with the "authentic self" and an intense sense of confusion due to consistently masking in order to meet social expectations. Emma's experience of initially feeling "out of place" but later embracing her autism diagnosis reflects the opportunity that a diagnosis provides for self-understanding and acceptance, echoing Hendrickx's (2015) observations that prior to diagnosis, autistic individuals, particularly females, often experience confusion and stress in navigating neurotypical spaces and understanding themselves.

The participants' difficulty with fitting the stereotypical image of an autistic young person highlights the limitations of societal understandings of autism, a finding consistent with Chapman et al. (2022) who emphasised how societal views of autism can negatively impact self-esteem. Similarly, Mogensen and Mason (2015) described how an autism diagnosis can influence both personal and public identity development. This is crucial in understanding autistic girls as the societal assumptions of autism can result in a delayed diagnosis for girls, further perpetuating prolonged mental health difficulties.

Some participants found relief in receiving their diagnoses as it provided clarity and a framework for understanding their experiences, while others expressed feelings of conflict and uncertainty about their diagnoses. Grace's internal struggle—fearing others might perceive her as "faking it"—aligns with findings from earlier studies (Chapman et al., 2022; Hendrickx, 2015) that highlight the emotional toll of diagnostic processes, particularly when the diagnosis is misunderstood or stigmatised by those around them. Moreover, the challenge of navigating both autism and co-occurring mental health difficulties was evident in the accounts of participants' reflections on how autism "made life hard", acknowledging the intersection of autism with mental health difficulties can complicate identity development.

How Do Autistic Adolescent Girls Make Sense of Their Mental Health Difficulties?

The findings from this research demonstrate the significance of the intersection of autism, mental health difficulties and social environments in autistic adolescent girls. Research by Ozsivadjian et al. (2012), highlighted that the experience of being autistic often increases vulnerability due to the pressure in navigating a world that is predominantly neurotypical. This vulnerability was echoed by the participants who all shared challenges with peer relationships, social exclusion, and managing an increase in social demands during adolescence.

The difficulties faced by the participants in forming and maintaining friendships are consistent with prior research that emphasises the social challenges encountered by autistic adolescents. Autistic girls, in particular, face unique social struggles that can exacerbate feelings of isolation and loneliness (Cresswell et al., 2019). The participant's experiences of social exclusion from peers highlight the difficulty in understanding social cues and the anxiety that often accompanies these interactions. Cage et al. (2018) reported that when autistic individuals perceive less autism acceptance from others, they are more likely to internalise stigma and experience mental health difficulties, such as depression. For these participants, the inability to communicate or connect with peers as expected, led to feelings of being "out of place", contributing to their low self-esteem and isolation. Also, the desire for connection as described by the participants emphasised the internal conflict between a desire for meaningful relationships and the external experience of social isolation. This internal conflict is consistent with the research by Cresswell et al. (2019) who found that autistic adolescents often experience a desire for friendship but struggle to form lasting connections due to the social complexities of adolescence. Similarly, autistic girls are

also reported to be more motivated than their male peers (Tomlinson et al., 2020).

Bullying emerged as a consistent theme in the participants' narratives, further reinforcing the indirect relationship between autism and mental health, with environmental factors like bullying exacerbating mental health difficulties in autistic adolescent girls (Brede et al., 2020). The participant's accounts of experiencing bullying for a considerable amount of time, coupled with the deterioration of mental health difficulties, mirrors the findings of Cage et al. (2018), that the internalisation of negative experiences, such as bullying, can deepen depression and contribute to poor mental health outcomes. Some participants highlight the profound impact that social exclusion can have on mental health, particularly in environments that fail to understand autistic needs. The impact of bullying and rejection, is further compounded by the delayed autism diagnosis, as highlighted by a number of the participants.

What Are Autistic Adolescent Girls' Experiences of Accessing and Receiving Support for their Mental Health?

A core finding of this study was the frustration that participants expressed in relation to the services that they engaged with who they experienced as failing to address their unique needs. This is similar to research by Unigwe et al. (2017), who reported that GPs felt they lacked adequate skills and training to support autistic people with mental health difficulties, due to the differences in presentation and communication style.

Many participants reported difficulties with masking in psychological therapy and a mismatch between their needs and the traditional neurotypical approaches to mental health services. This aligns with the studies by Coleman-Fountain et al. (2020) and Nicolaidis et al. (2014), which found that autistic individuals often disengage from services due to the systems not being designed to meet their needs. The participants also highlighted the challenges they faced in managing the social and emotional expectations of psychology, often leading to a tendency to mask. This experience can result in autistic young people becoming self-reliant in manging their own mental health difficulties (Salaheddin & Mason, 2016). Seeking isolation and withdrawal as a way to manage emotional distress was reported by the participants in this study. However, Coleman-Fountain et al. (2020) found that while these strategies are understood by autistic young people as a way to reduce emotional dysregulation, in the long term it maintained their mental health difficulties.

What, if Any, Are the Common Transdiagnostic Factors Contributing to and Maintaining their Current Difficulties?

The experiences shared by the participants were consistent with existing research on the overlap between autism and co-occurring mental health difficulties (Cath et al., 2007). From a transdiagnostic perspective, factors such as rigidity, rumination, emotional dysregulation, and avoidance of social situations were frequently identified by the participants in the study as aspects of autism and mental health difficulties that impacted their ability to engage in daily functioning. The participants expressed the challenges in distinguishing between autism and mental health difficulties which often coexist and perpetuate each other, with some referring to this as, "the domino effect". These findings are consistent with previous research that emotional dysregulation is more elevated in autistic people compared to the general population (Conner et al., 2022), but specifically, autistic young people who have been found to experience more challenges than their neurotypical peers in engaging in self-soothing and emotional regulation strategies (Cibralic et al., 2019).

Studies have also indicated that sensitivities to changes in the environment can be understood as a transdiagnostic factor which increases the risk of mental health difficulties in autistic young people (Rai et al., 2018; Tseng et al., 2011). This was evident throughout the participant's narratives where social and academic environment resulted in a sense of overwhelm and perpetuated isolation.

Limitations and Future Research

Limitations

Several limitations should be considered when interpreting these results. Firstly, this study focuses on the experiences of a small sample of participants, without any co-occurring intellectual disability in order to ensure some homogeneity in the sample. Similarly, the participants were recruited from a specific service. As a result, these findings are a distinct representation of their experience of that system and any generalisability to wider CAMHS services should be made with caution. Finally, this study included participants whose biological sex and gender identity was female. This excluded autistic girls who are transgender and are considered an important population in autism research. This exclusion criterion was developed to ensure and promote a homogeneity in the sample and to reflect previous research on autistic girls and the specific difficulties they experience.

Future Research

Future research should aim to build on these findings by including larger and more diverse samples to improve the generalisability of results. Including autistic adolescents with co-occurring intellectual disabilities would offer a more comprehensive understanding of varied experiences and needs within this population. Similarly, it would be valuable to explore the experiences of transgender adolescents and the distinct challenges they face with their mental health difficulties and in accessing appropriate supports. It may be beneficial to explore the experiences of autistic girls diagnosed before their CAMHS referral or conduct multi-site comparisons to examine how experiences differ across healthcare contexts. Longitudinal research could also investigate how these experiences evolve over time, particularly during key transitions such as moving from CAMHS to adult services.

Clinical Implications

Clinical Psychology Practice

These findings have several important clinical implications for how psychological support is provided to autistic adolescent girls. It is essential that interviews are person centred and include strategies that are flexible and adaptable to the individual's needs. Additionally, the social demands of psychological approaches should be carefully considered and accommodations made to ensure that autistic girls can fully engage in therapy. This could involve simplifying language, using visual supports, or breaking down complex concepts. Clinicians should adopt a transdiagnostic approach to formulations, that recognises the overlap of autism with co-occurring mental health difficulties and considers underlying factors such as sensory sensitivities, communication styles, and emotional regulation. Importantly, these findings acknowledge the unique presentation of autism in girls, a critical aspect historically underrepresented due to the gender imbalance in autism research across the lifespan. Addressing this gap helps ensure that interventions during adolescence are better tailored to the specific experiences of autistic girls.

Healthcare Services

In terms of a wider consideration of service structure, this research highlights the need for services to be more aware of diagnostic overshadowing, particularly in understanding the intersection of autism and mental health in autistic adolescent girls. Clinicians should increase their awareness of how autism presents in girls, as it may differ from traditional male presentations. Additionally, the CAMHS key worker role is an essential support for autistic girls as it can help minimise the challenges associated with engaging with multiple members of the Multidisciplinary team by offering a consistent, single point of contact. Considering a transdiagnostic approach in service delivery could also enhance the understanding and treatment of co-occurring difficulties, ensuring that interventions are more comprehensive and tailored to the unique needs of autistic adolescent girls with mental health difficulties.

Funding Open Access funding provided by the IReL Consortium. This research was supported by funding from the Health Service Executive Primary Care Services as part of the first author's Doctoral Programme in Clinical Psychology at University College Cork, Ireland.

Declarations

Conflict of interest The authors have no competing interests to declare that are relevant to the content of this article.

Ethical Approval This study received ethical approval from the Clinical Research Ethics Committee of the Cork Teaching Hospitals (CREC) and the Clinical Psychology Research and Ethics Committee (CPREC) at the University College Cork.

References

Acker, L., Knight, M., & Knott, F. (2018). Are they just gonna reject me?' male adolescents with autism making sense of anxiety: An interpretative phenomenological analysis. *Research in Autism Spectrum Disorders, 56*, 9–20.

Adams, D., & Emerson, L. M. (2020). Family accommodation of anxiety in a community sample of children on the autism spectrum. *Journal Of Anxiety Disorders, 70*, 102192.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. https://doi.org/10.1176/appi.books.9780890425596

Baird, G., Simonoff, E., Pickles, A., Chandler, S., Loucas, T., Meldrum, D., & Charman, T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: The special needs and autism project (SNAP). *The Lancet, 368*(9531), 210–215. https://doi.org/10.1016/S0140-6736(06)69041-7

Bargiela, S., Steward, R., & Mandy, W. (2016). The experiences of late-diagnosed women with autism spectrum conditions: An investigation of the female autism phenotype. *Journal of Autism and Developmental Disorders*, *46*, 3281–3294.

Brede, J., Babb, C., Jones, C., Elliott, M., Zanker, C., Tchanturia, K., & Mandy, W. (2020). For me, the anorexia is just a symptom, and the cause is the autism: Investigating restrictive eating disorders in autistic women. *Journal of Autism and Developmental Disorders*, *50*, 4280–4296. https://doi.org/10.1007/s10803-020-04479-3

Brede, J., Cage, E., Trott, J., Palmer, L., Smith, A., Serpell, L., Mandy, W., & Russell, A. (2022). We have to try to find a way, a clinical bridge - autistic adults' experience of accessing and receiving support for mental health difficulties: A systematic review and thematic meta-synthesis. *Clinical Psychology Review*. https://doi.org/10.1016/j.cpr.2022.102131

Cage, E., Di Monaco, J., & Newell, V. (2018). Experiences of autism acceptance and mental health in autistic adults. *Journal of Autism and Developmental Disorders*, *48*, 473–484.

Cath, D. C., Ran, N., Smit, J. H., Van Balkom, A. J., & Comijs, H. C. (2007). Symptom overlap between autism spectrum disorder, generalized social anxiety disorder and obsessive-compulsive disorder in adults: A preliminary case-controlled study. *Psychopathology*, *41*(2), 101–110. https://doi.org/10.1159/000111555

Chapman, L., Rose, K., Hull, L., & Mandy, W. (2022). I want to fit in… but I don't want to change myself fundamentally: A qualitative exploration of the relationship between masking and mental health for autistic teenagers. *Research in Autism Spectrum Disorders, 99*, Article 102069. https://doi.org/10.1016/j.rasd.2022.102069

Cibralic, S., Kohlhoff, J., Wallace, N., McMahon, C., & Eapen, V. (2019). A systematic review of emotion regulation in children with autism spectrum disorder. *Research in Autism Spectrum Disorders*, *68*, 101422. https://doi.org/10.1016/j.rasd.2019.101422

Coleman-Fountain, E., Buckley, C., & Beresford, B. (2020). Improving mental health in autistic young adults: A qualitative study exploring help-seeking barriers in UK primary care. *British Journal of General Practice*, *70*(694), e356–e363.

Conner, C. M., Kim, P. S., White, S. W., & Mazefsky, C. A. (2022). The role of emotion dysregulation and intolerance of uncertainty in autism: Transdiagnostic factors influencing co-occurring conditions. *Research in Developmental Disabilities*, *130*, 104332. https://doi.org/10.3399/bjgp20X709421

Cook, J., Hull, L., Crane, L., & Mandy, W. (2021). Camouflaging in autism: A systematic review. *Clinical Psychology Review*, *89*, 102080.

Cresswell, L., Hinch, R., & Cage, E. (2019). The experiences of peer relationships amongst autistic adolescents: A systematic review of the qualitative evidence. *Research in Autism Spectrum Disorders*, *61*, 45–60. https://doi.org/10.1016/j.rasd.2019.01.003

Dean, M., Harwood, R., & Kasari, C. (2017). The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder. *Autism, 21*(6), 678-689. https://doi.org/10.1177/1362361316671845

Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. *The Sage Handbook of Qualitative Research in Psychology*, 193–209.

Fombonne, E. (2005). The changing epidemiology of autism. *Journal of Applied Research in Intellectual Disabilities*, *18*(4), 281–294.

Global Burden of Disease (2019). Global Health Data Exchange (GHDE). *Global Burden of Disease Study 2019 (GBD 2019).*

Griffiths, S., Allison, C., Kenny, R., Holt, R., Smith, P., & Baron-Cohen, S. (2019). The vulnerability experiences quotient (VEQ): A study of vulnerability, mental health and life satisfaction in autistic adults. *Autism Research*, *12*(10), 1516–1528.

Health Service Executive (2019). *Child and Adolescent Mental Health Services, Operational Guideline*, 2nd edition. HSE: Dublin.

Hendrickx, S. (2015). *Women and girls with autism spectrum disorder: Understanding life experiences from early childhood to old age*. Jessica Kingsley.

Hollocks, M. J., Leno, V. C., Chandler, S., White, P., Yorke, I., Charman, T., ... & Simonoff, E. (2023). Psychiatric conditions in autistic adolescents: Longitudinal stability from childhood and associated risk factors. *European Child & Adolescent Psychiatry, 32*(11), 2197-2208. https://doi.org/10.1007/s00787-022-02065-9

Honeybourne, V. (2015). Girls on the autism spectrum in the classroom: Hidden difficulties and how to help. *Good Autism Practice (GAP)*, *16*(2), 11–20.

Howard, K., Katsos, N., & Gibson, J. (2019). Using interpretative phenomenological analysis in autism research. *Autism*, *23*(7), 1871–1876.

Huws, J. C., & Jones, R. S. (2008). Diagnosis, disclosure, and having autism: An interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual & Developmental Disability, 33*(2), 99–107.

Kinnaird, E., Stewart, C., & Tchanturia, K. (2019). Investigating alexithymia in autism: A systematic review and meta-analysis. *European Psychiatry*, *55*, 80–89.

Lockwood Estrin, G., Milner, V., Spain, D., Happé, F., & Colvert, E. (2021). Barriers to autism spectrum disorder diagnosis for young women and girls: A systematic review. *Review Journal of Autism and Developmental Disorders*, *8*(4), 454–470.

MacLeod, A. (2019). Interpretative phenomenological analysis (IPA) as a tool for participatory research within critical autism studies: A systematic review. *Research in Autism Spectrum Disorders*, *64*, 49–62. https://doi.org/10.1016/j.rasd.2019.04.005

Mental Health Commission (2023). Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services: interim report.

Milosavljevic, B., Leno, C., Simonoff, V., Baird, E., Pickles, G., Jones, A., & Happé, C. R., F (2016). Alexithymia in adolescents with autism spectrum disorder: Its relationship to internalising difficulties, sensory modulation and social cognition. *Journal of Autism and Developmental Disorders*, *46*, 1354–1367.

Milton, D. E. (2012). On the ontological status of autism: The 'double empathy problem.' *Disability & Society, 27*(6), 883–887.

Mogensen, L., & Mason, J. (2015). The meaning of a label for teenagers negotiating identity: Experiences with autism spectrum disorder. *Children Health and Well-being: Policy Debates and Lived Experience*, *37*, 83–97. https://doi.org/10.1002/9781119069522.ch7

Montague, J., Phillips, E., Holland, F., & Archer, S. (2020). Expanding hermeneutic horizons: Working as multiple researchers and with multiple participants. *Research Methods in Medicine & Health Sciences*, *1*(1), 25–30. https://doi.org/10.1177/2632084320947571

NHSE. (2023). *). A National framework to deliver improved outcomes in all-age autism assessment pathways: Guidance for integrated care boards.* Available at: NHS England » A National framework to deliver improved outcomes in all-age autism assessment pathways: guidance for integrated care boards.

Nicolaidis, C., Kripke, C. C., & Raymaker, D. (2014). Primary care for adults on the autism spectrum. *Medical Clinics of North America, 98*(5), 1169–1191. https://doi.org/10.1016/j.mcna.2014.06.011

Nimbley, E., Gillespie-Smith, K., Duffy, F., Maloney, E., Ballantyne, C., & Sharpe, H. (2023). It's not about wanting to be thin or look small, it's about the way it feels: An IPA analysis of social and sensory differences in autistic and non-autistic individuals with anorexia and their parents. *Journal of Eating Disorders, 11*(1), 89.

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, *18*(3), 369–386. https://doi.org/10.1080/14780887.2020.1854404

Oakley, B. F., Jones, E. J., Crawley, D., Charman, T., Buitelaar, J., Tillmann, J., & Loth, E. (2022). Alexithymia in autism: Cross-sectional and longitudinal associations with social-communication difficulties, anxiety and depression symptoms. *Psychological Medicine, 52*(8), 1458–1470. https://doi.org/10.1017/S0033291720003244

Ozsivadjian, A., Knott, F., & Magiati, I. (2012). Parent and child perspectives on the nature of anxiety in children and young people with autism spectrum disorders: A focus group study. *Autism*, *16*(2), 107–121. https://doi.org/10.1177/1362361311431703

Pecora, L. A., Hancock, G. I., Hooley, M., Demmer, D. H., Attwood, T., Mesibov, G. B., & Stokes, M. A. (2020). Gender identity, sexual orientation and adverse sexual experiences in autistic females. *Molecular Autism*, *11*, 1–16.

Rai, D., Heuvelman, H., Dalman, C., Culpin, I., Lundberg, M., Carpenter, P., & Magnusson, C. (2018). Association between autism spectrum disorders with or without intellectual disability and depression in young adulthood. *JAMA Network Open*, *1*(4), e181465–e181465. https://doi.org/10.1001/jamanetworkopen.2018.1465

Rhodes, S. M., Eaton, C. B., Oldridge, J., Rodgers, J., Chan, S., Skouta, E., & Stewart, T. M. (2023). Lived experiences of depression in autistic children and adolescents: A qualitative study on child and parent perspectives. *Research in Developmental Disabilities*, *138*, 104516. https://doi.org/10.1016/j.ridd.2023.104516

Rodriguez-Seijas, C., Gadow, K. D., Rosen, T. E., Kim, H., Lerner, M. D., & Eaton, N. R. (2020). A transdiagnostic model of psychiatric symptom co-occurrence and autism spectrum disorder. *Autism Research, 13*(4), 579–590. https://doi.org/10.1002/aur.2228

Russell, A. J., Murphy, C. M., Wilson, E., Gillan, N., Brown, C., Robertson, D. M., & Murphy, D. G. (2016). The mental health of individuals referred for assessment of autism spectrum disorder in adulthood: A clinic report. *Autism*, *20*(5), 623–627.

Ryan, C., Coughlan, M., Maher, J., Vicario, P., & Garvey, A. (2021). Perceptions of friendship among girls with autism spectrum disorders. *European Journal of Special Needs Education*, *36*(3), 393–407. https://doi.org/10.1080/08856257.2020.1755930

Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: A cross-sectional survey. *British Journal of General Practice*, *66*(651), e686–e692. https://doi.org/10.3399/bjgp16X687313

Sedgewick, F., Hill, V., & Pellicano, E. (2019). 'It's different for girls': Gender differences in the friendships and conflict of autistic and neurotypical adolescents. *Autism*. https://doi.org/10.1177/1362361318794930

Smith, J. A., & Nizza, I. E. (2022). *Essentials of interpretative phenomenological analysis*. American Psychological Association.

Smith, J. A., Larkin, M., & Flowers, P. (2021). *Interpretative Phenomenological Analysis: Theory, Method and Research.*

Stewart, T. M., Martin, K., Fazi, M., Oldridge, J., Piper, A., & Rhodes, S. M. (2022). A systematic review of the rates of depression in autistic children and adolescents without intellectual disability. *Psychology and Psychotherapy: Theory, Research and Practice, 95*(1), 313–344. https://doi.org/10.1111/papt.12366

Tomlinson, C., Bond, C., & Hebron, J. (2020). The school experiences of autistic girls and adolescents: A systematic review. *European Journal of Special Needs Education*, *35*(2), 203–219. https://doi.org/10.1080/08856257.2019.1643154

Tseng, M. H., Fu, C. P., Cermak, S. A., Lu, L., & Shieh, J. Y. (2011). Emotional and behavioral problems in preschool children with autism: Relationship with sensory processing dysfunction. *Research in Autism Spectrum Disorders*, *5*(4), 1441–1450.

Unigwe, S., Buckley, C., Crane, L., Kenny, L., Remington, A., & Pellicano, E. (2017). Gps' confidence in caring for their patients on the autism spectrum: An online self-report study. *British Journal of General Practice, 67*(659), e445–e452.

Westwood, H., & Tchanturia, K. (2017). Autism spectrum disorder in anorexia nervosa: An updated literature review. Current Psychiatry Reports, 19, 1-10. https://doi.org/10.1007/s11920-017-0791-9

Zeidan, J., Fombonne, E., Scorah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research*, *15*(5), 778–790. https://doi.org/10.1002/aur.2696