

BY EQUAL PSYCHOLOGY · ISSUE 4 · MAY 2026 · THEME: AUTISM IN PRIMARY CARE

One in four autistic adults has been misdiagnosed with a psychiatric condition before receiving an autism diagnosis. One in three autistic women.

When burnout is misread as depression in a known autistic patient, standard treatment can worsen the picture. A load-and-regulation formulation changes what to look for and how to respond.

THE CLINICAL REALITY

Burnout and depression: a critical distinction

Autistic burnout is a distinct clinical state characterised by pervasive exhaustion, loss of previously mastered skills, and increased sensory sensitivity following sustained cumulative demand. A 2025 systematic review of 48 studies (~4,000 autistic adults) confirmed it differs meaningfully from depressive disorder in mechanism, course, and treatment response (Ali et al., 2025).

The distinction matters most when autism is already known. Standard depression interventions — behavioural activation and graded exposure — increase environmental demand and can deepen burnout. Recovery from autistic burnout requires the opposite: reduced demand, increased rest, sensory relief, and removal of masking pressure.

TREATMENT MISMATCH RISK

Applying an activation model to a depleted autistic patient risks prolonging the episode. If a known autistic patient is not responding to standard depression treatment, consider whether load and burnout are the primary drivers (Ali et al., 2025; Raymaker et al., 2020).

THIS MONTH'S RESOURCE

Load-and-regulation formulation screen

No validated single-item screen exists specifically for autistic burnout. The following four-point formulation lens draws on the mechanism literature to guide clinical differentiation within the consult.

FOUR-POINT FORMULATION LENS

Baseline: Long-standing and demand-linked, or a change from usual functioning?

Context: Worse in sensory or social environments, or present across all settings?

Course: Build-up and crash pattern, or persistent regardless of demand level?

Masking: Clear gap between public presentation and private depletion at home?

Burnout likely if: demand-linked onset, crash-recover pattern, significant public/private gap, and no improvement with activation approaches.

A 2024 study of 1,211 autistic adults found mood and anxiety disorders were the most frequent perceived misdiagnoses before autism was identified — women at substantially higher risk (Kentrou et al., 2024). Autism should be held in the differential when presentations are complex or treatment-resistant.

FROM MATTHEW

What the formulation changes in the room

What I see most often in autistic adults presenting with treatment-resistant depression is that the treatment hasn't failed — it's been applied to the wrong problem. Burnout has a logic to it: it follows demand, deepens with pushing through, and lifts when the environment changes. The question that opens the most is simply: "What are you like once you're home and on your own?"

Matthew Hallam · Registered Psychologist, Equal Psychology

TO SHARE WITH YOUR PATIENT

For autistic patients where load may be driving the presentation, these three questions can help them begin mapping their own pattern before or between appointments.

QUESTIONS TO EXPLORE WITH YOUR PATIENT

1. What does your week look like in the days before you crash or feel most depleted?
2. How long does it take you to recover after a demanding social or work period?
3. How different do you feel at home compared to when you're out in the world?

Goal: identify whether exhaustion is load-linked and whether a public/private gap suggests significant masking demand.

CONSIDER A REFERRAL WHEN...

- Known autistic patient not responding to treatment for anxiety or depression
- Exhaustion consistently follows social or sensory demands with extended recovery
- Significant gap between in-consult presentation and reported daily functioning
- Long history of multiple diagnoses without sustained resolution
- Cyclical symptoms fluctuating with environmental load rather than a mood pattern
- Patient or family querying autism, or late-life unmasking following menopause or major transition

If your patients could benefit from additional psychological support, contact our admin team at admin@equalpsychology.com.au



Patient resource: Autistic Burnout

A practical one-page guide for patients on why autistic burnout happens and what the research identifies as genuinely helpful. Scan the QR code to access and share with relevant patients.

Ali, D., Mantzalas, J., Richdale, A., & Dissanayake, C. (2025). Burnout as experienced by autistic people: A systematic review. *Clinical Psychology Review*, 108, 102521. <https://doi.org/10.1016/j.cpr.2025.102521>

Doherty, M., Martin, J., Dowd, A.-M., & O'Sullivan, S. (2022). Barriers to healthcare and self-reported adverse outcomes for autistic adults: A cross-sectional study. *BMJ Open*, 12(2), e056904. <https://doi.org/10.1136/bmjopen-2021-056904>

Kentrou, V., Livingston, L. A., Grove, R., Hoekstra, R. A., & Begeer, S. (2024). Perceived misdiagnosis of psychiatric conditions in autistic adults. *EClinicalMedicine*, 71, 102586. <https://doi.org/10.1016/j.eclinm.2024.102586>

Lai, M.-C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population. *The Lancet Psychiatry*, 6(10), 819–829. [https://doi.org/10.1016/S2215-0366\(19\)30289-5](https://doi.org/10.1016/S2215-0366(19)30289-5)

Raymaker, D. M., Teo, A. R., Steckler, N. A., Lentz, B., Scharer, M., Delos Santos, A., Kapp, S. K., Hunter, M., Joyce, A., & Nicolaidis, C. (2020). Defining autistic burnout. *Autism in Adulthood*, 2(2), 132–143. <https://doi.org/10.1089/aut.2019.0079>