The clinical importance of caregiver mental health in autism outpatient care

Zeynep Seda Albayrak[1]
[1]Assis. Prof., Department of Child and Adolescent Psychiatry, Koç University School of Medicine, Istanbul, Turkiye
https://orcid.org/0000-0002-3312-0442

Dear Editor,

In autism outpatient settings, clinical attention is naturally directed toward the child's symptoms, functioning, and co-occurring behavioral difficulties. However, the psychological burden carried by caregivers is also an important, yet easily overlooked, component of the treatment process. In routine outpatient care, this may occur because visits are primarily child-centered, consultation time is limited, and structured screening protocols for caregiver well-being are not consistently integrated into autism services.

A clearer conceptual distinction between caregiver burden, caregiver mental health symptoms, and broader contextual stressors may help refine this clinical argument. Caregiver burden refers to the perceived emotional, practical, and role-related demands of caregiving; caregiver mental health symptoms may include depression, anxiety, burnout, or clinically significant distress; and contextual stressors may include financial strain, stigma, limited social support, and service-related difficulties. These domains should not be viewed merely as secondary contextual issues, but as clinically relevant factors that may influence treatment engagement, family functioning, and continuity of care (1,2). Research has shown that caregiver well-being is closely intertwined with the broader therapeutic environment in which autism care is delivered (2,3).

Caregiver mental health difficulties may interfere with appointment adherence, implementation of recommendations, participation in parent-mediated interventions, and collaboration with clinicians (3,4). Consistent with family-systems and transactional caregiving perspective, caregiver distress and child emotional-behavioral difficulties may reciprocally influence one another, shaping treatment engagement, adherence, and the family's capacity to implement recommendations. For this reason, caregiver burden should not be understood simply as an expected consequence of the child's symptoms. Recent findings suggest that the association between autism severity and parental stress or depressive symptoms may be shaped by intermediary processes such as the child's emotional-behavioral difficulties and caregivers' internalized stigma (5). Given the largely cross-sectional nature of much of the available evidence, these associations should be interpreted cautiously and should not be assumed to represent a unidirectional causal pathway. This perspective is clinically relevant because it frames caregiver mental health as a meaningful and potentially modifiable domain rather than an inevitable by-product of caregiving (1,5,6).

Although the realities of high-volume outpatient practice often preclude comprehensive family assessments, attention to caregiver well-being may still be clinically valuable. Clinicians often already refer families for appropriate mental health or social support services when a clear need becomes apparent. Even so, in treatment-resistant situations, or when families do not spontaneously express their difficulties, brief and structured inquiry may be useful. This could include questions

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regarding the distribution of caregiving responsibilities, financial or practical strain, persistent caregiver emotional distress, and the availability of social support. Although not a substitute for comprehensive psychiatric assessment, such brief inquiry may increase family awareness, help identify unmet needs, and guide clinicians toward appropriate further evaluation, support, or referral when necessary (2,6,7). This is particularly relevant because limited support and greater psychosocial burden have been associated with poorer caregiver mental health and lower resilience in parents of autistic children (2,6,7).

For these reasons, a brief and feasible caregiver-sensitive approach may be valuable in autism care. Even when comprehensive evaluation is not possible, a few minutes of structured inquiry may help clinicians recognize families at greater risk and guide more appropriate support or referral. However, implementation requires attention to practical barriers, including limited consultation time, clinician confidence in addressing caregiver distress, and the availability of mental health services for caregivers, social support, or community-based referral pathways. Such an approach may strengthen both family functioning and the sustainability of treatment. Therefore, brief caregiver-sensitive screening should be considered a routine component of autism outpatient care, not as an additional burden on clinicians, but as a practical step toward more family-centered and sustainable treatment.

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Correspondence address: Assis. Prof., Zeynep Seda Albayrak, Department of Child and Adolescent Psychiatry, Koç University School of Medicine, Istanbul, Turkiye
zalbayrak@kuh.ku.edu.tr

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