Bringing it all together:
Challenges to all psychiatrists in implementing the Welsh Autistic Spectrum strategic action plan
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- Chair NSAG, Welsh Medical Committee
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Bringing it all together?

- Mental Health & Learning Disability services
- Psychiatry
Challenges

- Values & beliefs
- Politics
- Policy
- Service
- Specialist services
- Psychiatrists
- Specialty Psychiatrists
The Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales

April 2008
Vision inherent in the All-Wales ASD Strategic Action Plan

- **Focus for ASD**: to create an autism-specific infrastructure at local, regional and national levels

- **Consistency of Approach**: the delivery of high quality services to children & adults with ASD across Wales, wherever they should live

- **Spending**: to use public-funding for ASD as wisely and effectively as possible and therefore in an increasingly focussed way

- **Awareness**: to vastly increase the awareness of autistic spectrum disorders throughout Wales
LHBs should have in place by the end of 2008 arrangements to commission, within the lifetime of the Children and Young People’s Plan and Local Health, Social Care and Well-being Strategy, regional provision of diagnostic and treatment services to bring together the appropriate specialisms (including paediatric and adult psychiatry and learning disability) and ensure equity of access across Wales to tier 3 services for those individuals who need them.
CAMHS - “exclusion” to “experts”

LD - “Challenging Behaviour” to “specialist clinics”

Adults - “Outside my competence” to “Having a go”

Forensic - “we probably see it” to “we provide a specialist service”

Older People?

Substance Misuse?

Perinatal - “the heartsink consultation”
Case Scenario 1

Christopher is 18 years old. He lives with his family and goes to a local specialist school with 1:1 support. He has severe learning disabilities. He has had some respite care from a local family, but they feel unable to support him due to his behaviour. He has been allocated a social worker from the local transition team. Within his clinical notes he has been described as having significant developmental delay. Possible autistic traits are mentioned in one psychology report when he was 11 years old.
Case Scenario 2

Lisa is 20 years old and lives with her parents. She has had two severe episodes of psychotic depressive mental illness requiring psychiatric admission whilst she was attending university some 100 miles away from the family home. The mental health team for the family area are currently doing an assessment. The team questions if she has an autistic spectrum disorder.
Case Scenario 3

Peter is 35 years old and lives in his own flat in an urban area. He works for a public sector organisation as a computer programmer. The department has won many national awards. He spends his spare time training for marathons. He had a 2 year marriage in his late twenties to a much older woman but this broke down when she went to live with another partner. Otherwise, despite attending “singles” nights, he is unable to have a long term relationship. He goes to his GP and asks if he could have Asperger’s syndrome.
Case Scenario 4

Duncan is 34 years old and lives with his mother in a rented cottage in a small rural village. The cottage is next to the village pub, which has recently been taken over by a new landlord. Duncan was taken into custody today following hitting the landlord who has been taken to hospital with obvious significant facial injuries. Duncan’s explanation is that he was upset as the landlord has banned him from the pub. The police have taken an initial statement from the landlord’s wife. Her explanation is that they were uncomfortable in Duncan’s presence; he made strange remarks and was “bad for business.”
Sophisticated diagnosticians

Sophisticated contribution to care planning advice on treatments & interventions.
### Theme – Training and raising awareness

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<thead>
<tr>
<th>ASD Action Plan Point Ref No</th>
<th>Key actions &amp; service need</th>
<th>For Action By</th>
<th>Outcome required</th>
<th>Timetable for completion &amp; key milestones</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>T-1</td>
<td><strong>Develop &amp; implement ASD training strategy,</strong> to include:</td>
<td>Regional ASD Group in collaboration with Local ASD Network, and partner organisations</td>
<td>Enhance skill mix in Workforce. Promotion of ASD awareness training in other Departments, Agencies and Sectors</td>
<td>30 June 2010</td>
<td>A skilled workforce with a common understanding of criteria for assessment, diagnosis and evidence based interventions.</td>
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<td>S-2(b)</td>
<td><strong>Standardise care pathways across Northern Ireland and share examples of best practice</strong></td>
<td>Regional ASD Group; Primary Care; and Other sectors</td>
<td>Standardised referral pathway for initial assessment &amp; information provided to specialist teams; Agree integrated care pathway for children, adolescents &amp; adults with suspected ASD</td>
<td>Completed by March 2010</td>
<td>Clear understanding of pathway of care, and the services that a service user, family or carer can expect for an individual with a potential diagnosis of ASD</td>
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<td>S-2©</td>
<td>Promote agreed service standards</td>
<td>Regional ASD Group</td>
<td>Development of clear service standards for assessment, diagnosis and interventions within HSC services</td>
<td>March 2010</td>
<td>Agreement on definitions and criteria for assessment, diagnosis &amp; evidence-based interventions for delivery within HSC services</td>
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<td>S-3</td>
<td>At sub regional level, create a local ASD co-ordination &amp; implementation network in each HSC Trust area. To include: HSCB/PHA and Trusts in collaboration with the Regional ASD Group</td>
<td>Multidisciplinary working at HSC Trust level, recognising the importance of links to other sectors, e.g. education, and other sectors &amp; agencies.</td>
<td>September 2009</td>
<td>This can be a virtual network within existing Trust services cutting across children’s and adults Programmes of Care.</td>
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“Ensure that diagnosis and assessments are carried out by specially trained and qualified workers equipped to understand and assess the needs of people with ASD with reference to the diagnostic standard.”
What do you think?
A Better Future for adults with autism
Easy read
2. Making healthcare better for adults with autism

We want to make sure adults with autism have the healthcare they need.

This means help from doctors and hospitals.

We want to make sure that people with autism can find out that they have autism and are given help to understand what this means.

We want to help adults with autism and their families so that the people with autism have better, healthier lives.
Examining the diagnostic evidence base

- Instruments
- Differential Diagnosis
- Genetics
- Scanning
Evidence

- Service models

- Training
ASD / PD

- Childhood & current autistic features in adolescents with schizotypal personality disorder. (Esterberg, Trotman et al 2008)

- Borderline personality disorder and autism spectrum disorder in females: A cross sectional study. (Ryden, Ryden & Hetta 2008)

- Central nervous changes in social dysfunction: Autism, aggression & psychopathy (Anckarsater 2006)
ASD/ADHD

- Evidence for overlapping genetic influences on autistic and ADHD behaviours in a community twin sample. (Ronald, Simonoff et al 2008)

- Attention deficit/hyperactivity disorder in children and adolescents with autism spectrum disorder: Symptom or syndrome? (Sinzig, Walter and Doepfner 2009)

- Structural brain abnormalities in adolescents with autism spectrum disorder and patients with attention deficit/hyperactivity disorder. (Brieber, Neufang et al 2007)
ASD/Schizophrenia

- Psychosis and autism: Magnetic resonance imaging study of brain anatomy
  (Toal, Bloemen et al 2009)

- Neural bases for impaired social cognition in schizophrenia and autism spectrum disorders
  (Pinkham, Hopfinger et al 2008)

- Psychosis and autism as diametrical disorders of the social brain
  (Crespi & Badcock, 2008)
Bringing it Together – College Roles

Training
- Curriculum
  - Core
  - Specialty

- Assessment Tools

- Examinations

- CCT
CPD

- Conferences & Training Events
- Appraisal
- Revalidation
CRTU

☐ Standard Setting

☐ Service accreditation

☐ Outcome measurement
Service Challenges

- Child / Adult / Forensic / LD / Old Age
- New ways of working
- EWTD
Good Old / Bad Old Days

- History Taking
- Mental State
- Formulation
Mental Disorder  >  Mental Illness
Response to the Challenge

- Individuals
- Local, divisional
- College
Acknowledgements

- Hugh Morgan
  ASD Implementation Lead WAG

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