**Inaugural meeting of Neurodevelopmental Disorder Special Interest Group**

**Wednesday 15th February 2017**

11.30am to 1.30pm

**Royal College of Psychiatrists**

21 Prescot Street,

London,

E1 8BB.

|  |  |
| --- | --- |
| **In attendance** | **Apologies** |
| Marios Adamou, Phillip AshersonTom BerneyTraolach BrughaPeter CarpenterJuli CrocombeSarah CurranIan DavidsonAdrian JamesVesna Jordanova Isabella LaffontJane McCarthySridharan Baskaran | Alka AhujaElizabeth BeberDavid BickertonDietmar HankAmani HassanHany KirolousRajah MukherjeeAshok RoyEkkehart StauffenbergJeannette WardMarc Woodbury-Smith |

1. **Welcome & Introduction**
Tom Berney sketched out the background to the development of the SIG which was initially driven by the increased interest in ASD and the need for a group that would cut across all the faculties. It then had become clear that such was the indistinctness of the boundaries and their requirements, any group should address neurodevelopmental disorder The other notable syndrome was ADHD but there had been a reminder that this needed to include other neurodevelopmental syndrome such as Foetal Alcohol Syndrome and the motor disorders such as Dyspraxia and the Tics and the behavioural phenotypes beyond..
The SIG was intended to include all age and ability groups.
The Registrar (Adrian James) took the chair at this point to describe the nature and function of SIGs in the College and to conduct the
2. **Election of Officers**
In the absence of further nominations,
	1. Tom Berney (nominated by Terry Brugha, seconded Peter Carpenter) was elected unopposed as Chair.
	2. Peter Carpenter (nominated by Tom Berney, seconded Terry Brugha) was elected unopposed as Finance Officer
3. **Speakers**
	1. **Initial impressions as the Autism Champion (Dr. Ian Davidson)**
	The Autism Champion programme had been funded by the Department of Health (at the instigation of Terry Brugha) as a 6-month pilot initiative from October 2016 to 31st March 2017. Although funding was only for England, its primary purpose was to identify how to improve the expertise of psychiatrists across the College in their work with autistic people and it was hoped it might be extended to other administrations in time.
	Since being appointed last October, ID had spent his time meeting and listening to a variety of groups
		1. faculties and officers within the College - notably the Associate Dean responsible for the core curriculum (Andy Brittlebank) and the Patient and Carer Group
		2. agencies outside the College e.g. the Westminster Group, the National Autistic Society, Research Autism, Autistica
		3. and the regional Medical Directors and the DH.
		4. He had also been in touch with Dr. Carole Buckley, the Autism Champion for the RCGP.

From this he had a broad-based impression which was coherent but largely anecdotal.
ASD appeared to be associated with a preventable increase in morbidity and mortality.
Services for ASD in general, and Adult Asperger in particular, were very inconsistent across the country and the health contribution to these even more varied. It looked as if psychiatrists, faced with mental disorder in the presence of ASD, often excused themselves either as insufficiently skilled to deal with autism or as inappropriate to provide the requisite resources. Besides this, it was suggested that unfamiliarity with autism might lead to the misattribution of all symptoms to it, so that other health problems went unrecognised and untreated.
There had appeared to be a greater recognition amongst psychiatrists that autistic people were presenting in a variety of ways and a willingness to improve their knowledge and clinical expertise in this area. However, funding and time limited the scope for training and the College in providing training needed to adapt it to the specific needs of psychiatrists and their services.
Within the College there were two groups that required training – trainees at the core level and established specialists – while trainers formed an additional, special group.
The RCGP had provided an example of a resource to be copied – a portal on their website, which took the enquirer through to information about the management of various aspects of ASD.

**Discussion**
Training needed to be appropriate to practice – tiers of expertise had been proposed in CR136 in 2006 but withdrawn when it was revised in 2014 as CR191. The College, avoiding prescriptive competencies for a given disorder, rather described the skills and experience that was required. It was suggested that credentialing or some form of endorsement might be helpful but, given the bureaucracy and cost, this was thought unlikely to come about. The aim would be to describe the role that might be expected of a psychiatrist in relation to ASD and the training to fulfil that role.
Service mapping was suggested. Effectively this was being done In England by the Self-Assessment Framework but its reliability was weakened by the lack of audit (it was suggested that prompt publication of the results of each survey might strengthen this).

* 1. **ADHD in adulthood (Prof. Phillip Asherson & Prof. Marios Adamou)**The two presenters outlined the characteristics of the syndrome in adulthood and the gradual evolution of the concept to include late-onset and secondary forms. There was, however, no evidence as to how these variations affected treatment response.
	The predisposition with coexistent disorder meant that, while the community prevalence might be about 1%, it was likely that it ran at 10-20% in adult mental health services.
	Psychiatrists largely had the necessary skills but were limited in their practice by their knowledge, experience and confidence.
	UKAAN had been established in March 2009 in response to the lack of clinical training and guidance. Its activities and achievements were summarised, notably the training of nearly a thousand clinicians and the publication of guidelines as well as regular consensus meetings and conferences. However, this organisation was outside the College so that the SIG might be a useful means for them to engage.
	MA made a fundamental sharp distinction was made between neurodevelopmental disorder (unusual development) and mental disorder (an illness) in proposing a series of service models that including the specialist neurodevelopmental clinic, the advisory ADHD clinic, and the ADHD clinic that provided treatment (with or without a shared care arrangement with primary care). the recognition which was less (including the issue of and various service models that might respond to it. However, the essential element was treatment/management and diagnosis was simply a stage on the path to obtaining it..
	A model of psychiatric competencies, similar to that for ASD, had been developed and were in negotiations with the curriculum committee.
1. **Aim and objectives of the SIG**
The outline proposal for the SIG had been circulated. It was agreed to set out a list of aims/actions derived from that set out in the SIG proposal. This would be circulated to today’s invitees (and others interested in joining this SIG) to encourage people to express their interest in areas that they might be particularly interested in engaging in.
A recurrent point was that the aims needed to keep in mind the neurodevelopmental theme rather than being dominated by just one or other of the disorders.

|  |  |
| --- | --- |
| To promote a wider discussion and understanding of neurodevelopmental disorder across the whole of psychiatry and to act as source of information and networking. | CR191 (Good Practice in the management of autism in adults) is for revision over the next 18 months. Although ADHD is covered comprehensively by UKAAN publications it was suggested that there might be the potential for the revision to address the wider brief of neurodevelopmental disorder rather than focusing on ASD.TPB would take the lead in exploring this suggestion by email  |
| To support academic and clinical developments in this field | To discuss, plan and hold meetings on neurodevelopmental disorders. Members were asked to declare their interest in being part of a group to organise an academic conference and its nature. |
| To support a College wide, cross faculty approach to psychiatric training in this area both the levels of the core training and at CPD. Although we would continue to pursue ADHD & ASD as individual topics, they would also seek to promote training and experience in neurodevelopmental disorder. | To be led by MA (for ADHD) & ID (for ASD) |
| To develop and maintain the SIG website. This would be a series of devolved areas of special interest/expertise. | To ask people to propose potential areas/pages and to register their interest in leading on theseTPB to coordinate and liaise with website officer.ID will lead on development of portal to online info on management of ASD |
| To enable a coordinate approach to policy issues (including governmental consultations)This will require the availability of people willing to take part in the discussion, collate a view of a topic or respond to a consultation paper over the various aspects of neurodevelopmental disorder | To ask people to register their areas of interest/expertiseTSB and JC offered to be involved |
| To facilitate links with other organisations in this field | To list links with external organisations on the web page to promote a coordinate approach |
| To help provide support to psychiatrists who themselves have neurodevelopmental disorders  | To be available to the clinicians engaged in the psychiatric support service  |

1. **Future meetings**
The elaboration of these objectives would initially be by electronic communication.

The next SIG meeting for the membership should be as part of a wider academic conference.