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# **PSYCHOLOGICAL CLASSIFICATIONS AND PROVISIONS**

**Autism Spectrum Disorder: ICD-11 Classification, Provision,  
Treatment and Rehabilitation**

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|--------------------|--------------------------------------------------|
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## Introduction

Autism spectrum disorder (ASD) is classified in Chapter 6 of ICD-11 as a neurodevelopmental disorder rather than a mental illness. It is varied: autistic people differ in communication, cognition, sensory experience, adaptive functioning, and support needs. This makes autism an important test of psychiatric classification because a diagnosis can enable support while also shaping identity, stigma, and expectations. ICD-11 replaced several earlier autism subtypes with a single spectrum separated by intellectual development and functional language (World Health Organization, 2024). This report critically examines ICD-11 classification and diagnosis, the relationship between historical and contemporary provision, treatment and rehabilitation, and current debates about neurodiversity and reclassification. It argues that systematization is valuable, but services should not treat ASD categories as complete descriptions of an individual. Classification should be combined with personalised functional assessment, evidence-based support, and autistic people's preferences.

## Classification and diagnosis

ICD-11 places ASD (6A02) within neurodevelopmental disorders. The main requirements are persistent difficulties in initiating and sustaining mutual social interaction and social communication, alongside restricted, repetitive, and rigid patterns of behaviour, interests, or activities. Characteristics appear during the developmental period, although they may become fully clear only when social demands go beyond capacity, and they must result in significant impairment in personal, family, social, educational, occupational, or other important functioning (World Health Organization, 2024). This is therefore not simply all unusual behaviours: diagnosis requires developmental context and clinically meaningful impact.

A major change from ICD-10 is the spectrum model. Earlier categories such as childhood autism and Asperger syndrome are no longer separate diagnoses. ICD-11 instead uses indicators for the presence or absence of a disorder of intellectual development and for the degree of functional language impairment, including absence of functional language. This approach acknowledges variety without implying that named historical subtypes are biologically separate. It also improves lining up with contemporary evidence and international practice (Reed et al., 2019). However, expanding a spectrum increases within-diagnosis variation: two people with the same principal diagnosis may require hugely different support. The code should therefore be accompanied by a profile of strengths, needs, co-occurring conditions and functioning rather than being treated as sufficient for care planning.

Diagnosis is clinical and multidisciplinary. NICE recommends a comprehensive assessment drawing on developmental history, direct observation, current functioning, physical and mental health, and information from family, education, or other settings where appropriate (NICE, 2011; NICE, 2012). Instruments such as the Autism Diagnostic Observation Schedule or Autism Diagnostic Interview-Revised can structure evidence, but no questionnaire score alone establishes ICD-11 ASD. Differential diagnosis is essential because autism-related characteristics can overlap with intellectual disability, ADHD, language disorder, anxiety, trauma, and personality presentations; Bach and Vestergaard (2023), for example, demonstrate clinically important overlap between ASD and personality disorder features.

Diagnostic steps are not equal. A systematic review identified gendered expectations, camouflaging and clinician knowledge as barriers for girls and young women (Estrin et al., 2021), while Pham and Charles (2023) identify structural, linguistic, and cultural barriers affecting racially and ethnically minority groups. UK data show that recorded diagnoses have risen especially among adults and females, suggesting improved recognition contributes importantly to apparent prevalence change (Russell et al., 2022). Consequently, a valid classification can still produce biased outcomes if the pathway applying it is inaccessible or based on narrow stereotypes.

The language of classification also has practical consequences. ICD-11 uses the term 'disorder', signalling that clinically significant functional difficulty is required for diagnosis and supporting a common coding framework for health systems. It does not classify autism as a mental illness. Nevertheless, the word 'disorder' can imply that the person, rather than an interaction between neurological difference and the environment, is the core of the problem. This matters because diagnosis may assist support while simultaneously exposing people to stereotyping. A balanced clinical formulation should therefore retain the formal ICD-11 term when diagnostic precision is required but use the individual's preferred language in communication and care planning. This preserves access to services without assuming that every autistic characteristic is undesirable or requires treatment.

### **Historical and contemporary provision**

Autism provision has changed alongside its classification. Historically, autism was intertwined with concepts of childhood psychosis and schizophrenia, while mid 20th-century psychological theories sometimes located triggers in parent-child relationships. Evans (2013) shows that the meaning of autism changed in Britain as child psychiatry, epidemiology and developmental concepts developed. Wider mental-health provision also moved away from large institutional

models towards community-based care and rights-focused approaches (Taylor and Brumby, 2020). Historical models could restrict autonomy and intensify family blame because difference was framed primarily as pathology requiring correction.

Contemporary provision is more developmental, multidisciplinary and community oriented. NICE pathways emphasise recognition, specialist assessment, family involvement, education, environmental adaptation and coordinated health and social-care support across the lifespan (NICE, 2011; NICE, 2012; NICE, 2013). Neurodiversity has further shifted the aim from making autistic people appear non-autistic towards participation, communication, autonomy, and quality of life (Pellicano and den Houting, 2022). Yet progress is uneven. Adult diagnostic delays, fragmented transitions from child to adult services and limited post-diagnostic support remain reported problems (de Broize et al., 2022). Thus, contemporary language is more person-centred, but historical assumptions can persist when services prioritise normalisation over individually meaningful outcomes.

The relationship between classification and provision is therefore two-way. Broader diagnostic concepts have made previously overlooked adults and less stereotypical presentations more visible to services, while community advocacy and changing expectations of disability have pressured diagnostic systems to describe the variety more accurately. However, increased recognition also creates demand that specialist services may not be able to meet. A diagnosis without timely post-diagnostic support can validate identity but leave functional needs unchanged. Contemporary provision should consequently be judged not only by diagnostic activity but by whether people obtain accessible communication, reasonable adjustments, education, healthcare, social participation, and support at transitions. This represents a significant move beyond historically safeguarding or corrective models, while acknowledging that classification alone cannot deliver inclusion.

## **Treatment and rehabilitation**

Autism is lifelong and there is no medication that treats its core characteristics. The appropriate clinical question is therefore not how to 'cure' autism, but which interventions reduce distress, develop useful skills, support communication and participation, or treat co-occurring conditions. NICE recommends psychosocial interventions matched to age and need, while cautioning against biomedical approaches such as chelation and secretin for core autism features (NICE, 2012; NICE, 2013). Co-occurring anxiety, depression, ADHD, epilepsy, sleep, or gastrointestinal

problems require assessment in their own right; Micai et al. (2023) demonstrate the substantial burden and variability of co-occurring conditions across autistic populations.

Developmental, behavioural, and naturalistic developmental behavioural interventions can improve child outcomes, but effectiveness should not be overstated. In an updated meta-analysis, Sandbank et al. (2023) found that estimated effects were strongly influenced by study quality and measurement choices, with weaker evidence for generalised change than some intervention labels imply. This supports shared decision-making and specific functional goals rather than assuming that more intensive intervention is automatically better. Psychological treatment such as CBT can also be adapted when an autistic person has anxiety or another treatable difficulty, for example through clearer structure, visual supports, and attention to sensory needs (NICE, 2012). Medication may be appropriate for defined co-occurring disorders or, in carefully assessed circumstances, severe behaviour that challenges; it should not be presented as treatment for autism itself.

Rehabilitation is similarly wider than symptom reduction. Speech and language therapy, augmentative and alternative communication, occupational therapy, sensory and environmental adaptations, independent-living support, education, and vocational rehabilitation may all promote participation. Employment programmes and supported employment show promise, although evidence remains uneven and service availability varies (Baker-Ericzen, ElShamy and Kammes, 2022). Autistic adults have also argued that occupational therapy should modify environments, support self-advocacy and respect autistic identity rather than train conformity (Serman et al., 2023). These perspectives expose an important limitation of traditional outcome measures: reduced observable autistic behaviour does not necessarily equal improved wellbeing.

Importantly, ICD-11 is a classification and diagnostic system, not a treatment or rehabilitation manual. It helps describe the condition and relevant functional features, but intervention recommendations must come from evidence, clinical guidelines, and person-centred assessment. Treating ICD-11 as if it prescribed rehabilitation would therefore exceed its purpose. In practice, rehabilitation should be coordinated across health, social care, education, employment, and family systems, with goals reviewed as needs change over the lifespan.

## **Current debates and emerging issues**

The central debate concerns whether the term 'disorder' appropriately describes autism. ICD-11 retains ASD because diagnosis is linked to functional impairment and service need. The

neurodiversity pattern, however, understands neurological differences as part of human variation and questions research or treatment organised primarily around normalisation (Pellicano and den Houting, 2022). These positions need not be absolute opposites. Green (2023) argues for a framework that can recognise biological and developmental difference while retaining clinical responses to disabling difficulties. A purely lacking model risks stigma; conversely, a framework that ignores profound disability risks minimising the needs of people requiring intensive support.

Many autistic adults prefer identity-first terms such as 'autistic person', whereas professional traditions have often favoured person-first language; preferences vary and should be asked rather than assumed (Taboas, Doepke and Zimmerman, 2023). Stigma is not semantic only: Han et al. (2022) found that autistic people report stereotyping, discrimination, internalised stigma, and pressures to hide characteristics. Respectful terminology is therefore part of ethical practice, although language change alone cannot substitute for accessible services and reasonable adjustments.

The ASD broad spectrum improves continuity across previously separate labels, yet it can obscure major differences in daily living and support needs. The Lancet Commission proposed 'profound autism' as an administrative descriptor for people with extremely high long-term support needs, not as a replacement ICD-11 diagnosis (Lord et al., 2022). The proposal may help service planning, but additional labels can recreate categorical boundaries and should not determine support without individual assessment. Similarly, rising diagnosis should not automatically be interpreted as evidence of an autism 'epidemic': changes in awareness, diagnostic boundaries and recognition of adults and females are plausible contributors (Russell et al., 2022).

## **Recommendations**

First, diagnostic services should apply ICD-11 through multidisciplinary, lifespan assessment rather than screening scores alone. Training should clearly address presentations in women and girls, adults, people from minority communities, people with intellectual disability and those who camouflage. Services should audit waiting times and diagnostic outcomes by demographic group so that improved criteria translate into equitable access (Estrin et al., 2021; Pham and Charles, 2023).

Second, every diagnosis should highlight an individual strengths-and-needs profile and a post-diagnostic plan. Support should address communication, sensory environment, education, employment, physical health, and co-occurring mental health rather than assume one autism

initiative fits everyone. Treatment goals should be co-produced, measurable, and focused on outcomes meaningful to the autistic person, such as autonomy, safety, participation, and quality of life. Evidence of benefit and harm should be reviewed transparently because intervention research remains methodologically uneven (Sandbank et al., 2023).

Third, policy should fund continuity beyond childhood. Adult assessment, transition planning, vocational support, and reasonable environmental adjustments require the same attention as early intervention. Research commissioners should increase autistic participation in priority-setting and include people with high support needs, intellectual disability and limited functional language. This would reduce the risk that either a purely medical model or an overly general neurodiversity narrative overshadows policy at the expense of diverse lived needs.

## **Conclusion**

ICD-11 improves autism classification by replacing disconnected subtypes with a spectrum differentiated by intellectual development and functional language. Its value lies in a shared diagnostic language, but diagnosis remains interpretive, and unequal pathways can limit who benefits. Historical provision demonstrates how classification and social attitudes shape care; contemporary practice is stronger when it combines evidence with rights, participation, and neurodiversity-informed support. Treatment should target meaningful goals and co-occurring difficulties rather than autism as an identity, while rehabilitation should extend across communication, daily living, education, and employment. Future policy should therefore retain diagnostic clarity while making assessment more unbiased, support more individualised and research more participatory.

## References

Bach, B. and Vestergaard, M. (2023) 'Differential diagnosis of ICD-11 personality disorder and autism spectrum disorder in adolescents', *Children*, 10(6), p. 992. Available at: <https://doi.org/10.3390/children10060992> (Accessed: 7 August 2026).

Baker-Ericzen, M.J., ElShamy, R. and Kammes, R.R. (2022) 'Current status of evidence-based practices to enhance employment outcomes for transition age youth and adults on the autism spectrum', *Current Psychiatry Reports*, 24(3), pp. 161-170. Available at: <https://doi.org/10.1007/s11920-022-01327-2> (Accessed: 7 August 2026).

de Broize, M., Evans, K., Whitehouse, A.J.O., Wray, J., Eapen, V. and Urbanowicz, A. (2022) 'Exploring the experience of seeking an autism diagnosis as an adult', *Autism in Adulthood*, 4(2), pp. 130-140. Available at: <https://doi.org/10.1089/aut.2021.0028> (Accessed: 7 August 2026).

Estrin, G.L., Milner, V., Spain, D., Happe, F. and 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, pp. 454-470. Available at: <https://doi.org/10.1007/s40489-020-00225-8> (Accessed: 7 August 2026).

Evans, B. (2013) 'How autism became autism: the radical transformation of a central concept of child development in Britain', *History of the Human Sciences*, 26(3), pp. 3-31. Available at: <https://doi.org/10.1177/0952695113484320> (Accessed: 7 August 2026).

Green, J. (2023) 'Debate: Neurodiversity, autism and healthcare', *Child and Adolescent Mental Health*, 28(3), pp. 438-442. Available at: <https://doi.org/10.1111/camh.12663> (Accessed: 7 August 2026).

Han, E., Scior, K., Avramides, K. and Crane, L. (2022) 'A systematic review on autistic people's experiences of stigma and coping strategies', *Autism Research*, 15(1), pp. 12-26. Available at: <https://doi.org/10.1002/aur.2652> (Accessed: 7 August 2026).

Lord, C., Charman, T., Havdahl, A., Carbone, P., Anagnostou, E. et al. (2022) 'The Lancet Commission on the future of care and clinical research in autism', *The Lancet*, 399(10321), pp. 271-334. Available at: [https://doi.org/10.1016/S0140-6736\(21\)01541-5](https://doi.org/10.1016/S0140-6736(21)01541-5) (Accessed: 7 August 2026).

Micai, M., Fatta, L.M., Gila, L., Caruso, A., Salvitti, T., Fulceri, F. et al. (2023) 'Prevalence of co-occurring conditions in children and adults with autism spectrum disorder: a systematic review and meta-analysis', *Neuroscience & Biobehavioural Reviews*, 155, 105436. Available at: <https://doi.org/10.1016/j.neubiorev.2023.105436> (Accessed: 7 August 2026).

National Institute for Health and Care Excellence (NICE) (2011) autism spectrum disorder in under 19s: recognition, referral, and diagnosis (CG128). Available at: <https://www.nice.org.uk/guidance/cg128> (Accessed: 7 August 2026).

National Institute for Health and Care Excellence (NICE) (2012) autism spectrum disorder in adults: diagnosis and management (CG142). Available at: <https://www.nice.org.uk/guidance/cg142> (Accessed: 7 August 2026).

National Institute for Health and Care Excellence (NICE) (2013) autism spectrum disorder in under 19s: support and management (CG170). Available at: <https://www.nice.org.uk/guidance/cg170> (Accessed: 9 July 2026).

Pellicano, E. and den Houting, J. (2022) 'Annual Research Review: Shifting from normal science to neurodiversity in autism science', *Journal of Child Psychology and Psychiatry*, 63(4), pp. 381-396. Available at: <https://doi.org/10.1111/jcpp.13534> (Accessed: 2 July 2026).

Pham, A.V. and Charles, L.C. (2023) 'Racial disparities in autism diagnosis, assessment, and intervention among minoritized youth: sociocultural issues, factors, and context', *Current Psychiatry Reports*, 25(5), pp. 201-211. Available at: <https://doi.org/10.1007/s11920-023-01417-9> (Accessed: 2 July 2026).

Reed, G.M., First, M.B., Kogan, C.S., Hyman, S.E., Gureje, O., Gaebel, W. et al. (2019) 'Innovations and changes in the ICD-11 classification of mental, behavioural, and neurodevelopmental disorders', *World Psychiatry*, 18(1), pp. 3-19. Available at: <https://doi.org/10.1002/wps.20611> (Accessed: 2 August 2026).

Russell, G., Stapley, S., Newlove-Delgado, T., Salmon, A., White, R., Warren, F. et al. (2022) 'Time trends in autism diagnosis over 20 years: a UK population-based cohort study', *Journal of Child Psychology and Psychiatry*, 63(6), pp. 674-682. Available at: <https://doi.org/10.1111/jcpp.13505> (Accessed: 2 August 2026).

Sandbank, M., Bottema-Beutel, K., Crowley, S., Feldman, J.I., Crank, J., Albarran, S.A. et al. (2023) 'Autism intervention meta-analysis of early childhood studies (Project AIM): *updated systematic review and secondary analysis*', *BMJ*, 383, e076733. Available at: <https://doi.org/10.1136/bmj-2023-076733> (Accessed: 7 July 2026).

Sterman, J., Gustafson, E., Eisenmenger, L., Hamm, L., and Edwards, J. (2023) 'Autistic adult perspectives on occupational therapy for autistic children and youth', *OTJR: Occupational Therapy Journal of Research*, 43(2), pp. 237-244. Available at: <https://doi.org/10.1177/15394492221103850> (Accessed: 7 July 2026).

Taboas, A., Doepke, K. and Zimmerman, C. (2023) 'Preferences for identity-first versus person-first language in a US sample of autism stakeholders', *Autism*, 27(2), pp. 565-570. Available at: <https://doi.org/10.1177/13623613221130845> (Accessed: 2 July 2026).

Taylor, S.J. and Brumby, A. (2020) *Healthy minds in the twentieth century: in and beyond the asylum*. Cham: Palgrave Macmillan.

World Health Organization (2024) *Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural, and neurodevelopmental disorders*. Geneva: *World Health Organization*. Available at: <https://www.who.int/publications/i/item/9789240077263> (Accessed: 2 July 2026).