



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Student Name	Naveeda Qayyum
Student Id:	2323532
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Declaration

I declare that this assignment is my own work and that all sources used have been appropriately acknowledged and referenced. I understand the University's regulations regarding academic integrity and plagiarism.

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1. Introduction

In ICD-11, autism spectrum disorder falls under the category of neurodevelopmental disorders, which are disorders related to differences in development, communication, behaviour and daily functioning. While ICD-11 uses the term “disorder”, this language is contentious and is called into question by many autistic people and researchers who advocate for autism to be understood not only as a medical deficit disease, but also as a neurodiversity. Autism is important in health and social care as it may impact on communication, education, employment, relationships and accessing services throughout life. The global evidence also indicates that autism is not a rare disability and should be ready to provide services to autistic people properly (Zeidan et al., 2022). This report critically reviews the classification and diagnosis of Autism Spectrum Disorder in ICD-11, the provision of support and rehabilitation, and the influence of current debates on neurodivergence, masking, stigma and accessing services on practice.

2. ICD-11 Classification of Autism Spectrum Disorder

In ICD-11, Autism Spectrum Disorder belongs to the category of neurodevelopmental disorders, and is included in Chapter 6: Mental, behavioural or neurodevelopmental disorders (World Health Organization, 2024). This classification indicates that autism is perceived as being a developmental disorder typically starting from early childhood and impacting on social communication, social interaction, behaviour, interests and sensory experiences. One of the main advantages of ICD-11 is that it includes specifiers, which include the presence or absence of intellectual developmental disorder and the presence or absence of functional language impairment. This will make the classification more detailed than only a label, as it can illustrate the various support needs of autistic persons. Greaves-Lord et al. (2022) believe that ICD-11 enhanced the classification of autism by offering increased clinical flexibility and acknowledging the diversity of autism. The classification is not, however, completely satisfactory. The term “disorder” can be argued against by some as it may imply that autism is merely a problem or deficit. Autism is also recognised as an alternative thinking, communication and world view from a neurodiversity perspective. While Kamp-Becker (2024) discusses the potential benefits of ICD-11 for clinical practice, the reality of its adoption and application in real-world scenarios remains to be seen. For these reasons, ICD-11 can be a helpful diagnostic tool and for service access but should be applied with caution and be carefully used to avoid only diagnosing autistic people by symptoms.

3. Diagnosis and Diagnostic Processes

There is no single test for the diagnosis of Autism Spectrum Disorder, rather a comprehensive clinical evaluation of a child's development, communication, behaviour, sensory needs and daily functioning. A good assessment will involve developmental history, observation, family/carer information, and professional judgement of trained clinicians (Hirota and King, 2023). This is necessary as, due to age, language skills, intellectual level, culture, and personal coping skills, autism can manifest in a variety of ways. Diagnosis is often initiated when parents, teachers or health professionals begin to observe that there are differences in the way that children communicate, play, interact socially or behave. Diagnosis may be more complicated in adults who may have adapted and learned to conceal and/or control autistic symptoms over time. This is particularly relevant to girls/women, where autism has tended to be overlooked because it does not fit with stereotypical male-based autism (Cook et al., 2024). When someone 'camouflages' or hides autistic traits, diagnosis can be more difficult, as the individual seems to be socially competent whilst internally experiencing stress, exhaustion or anxiety (Cook et al., 2021). The big advantage of diagnosis is that this can enable understanding and support in education, health, employment and social care. The process can also be challenging, though, as there may be long waiting lists for families and professionals, limited specialist provision and varying assessment routes. Health professionals report that service pressure and uncertainty around complex cases (Howes et al., 2021) and limited resources can impact on assessment for autism. So, diagnosis can be of assistance, but must be done carefully, gender and culture sensitive and person centered.

4. Treatment and Support Approaches

It is important to remember that autism is a lifelong neurodevelopmental difference and should not be referred to as a disease that needs to be “cured.” In practice, the primary goal of support is to enhance aspects of quality of life, communication, independence, emotional wellbeing and engagement in daily life. This means it should be person-centred, and reliant on the person with autism's needs, strengths and preferences. Examples of commonly used support strategies are: speech and language therapy, occupational therapy, sensory support, educational support and family guidance and social communication support. For some autistic children, sensory processing and sensory integration interventions can be beneficial; however, the evidence for these interventions is inconsistent and should be used with caution and not as a standardized one-size-fits-all intervention (Camino-Alarcón et al., 2024).

As mentioned, autism itself is not treated with medication; however, autism may lead to other problems, including anxiety, depression, sleep issues, ADHD symptoms or severe distress, which may be treated with medication. The Lancet Commission calls for a shift from the current narrow symptom-focused approach to a more life course-based personalised support system for the care of autism (Lord et al., 2022). This is essential since many autistic individuals require help into and after childhood, during the transition to adulthood and in finding a job and living on their own. One of the main problems is that some interventions have been called into question because they encourage people with autism to suppress their natural behaviours or to be more “normal.” A person-centred approach with a focus on well-being, confidence and meaningful participation should be used rather than on masking of autistic identity. Strength-based support is useful because it takes account of autistic abilities and support needs (Cherewick and Matergia, 2024). Thus, it is not just a clinical approach, but a respectful support to enable autistic persons to live a good life too.

5. Rehabilitation and Practical Support

Rehabilitation of Autism Spectrum Disorder should be geared toward enabling the autistic person to live as normal and comfortable a life as possible, not to change him or her. This can range from communication support, education, independent living, employment, social interaction, access to health care and community involvement in practice. Practical support for children can include school changes, sensory-friendly learning environments, routine and family support. Rehabilitation for adults may involve assistance with housing, work preparation, social care and mental health support, reasonable adjustments in the workplace.

One of the critical points is that autism support must be ongoing as needs do not end at childhood. Malik-Soni et al. (2022) describe how healthcare may present barriers for people with autism from the time of diagnosis to adulthood. This indicates that early childhood interventions are not the only ones that should be considered for rehabilitation. It should also incorporate Transition planning, particularly as Autistic young people transition from child to adult services. Even in the UK, families can encounter barriers to accessing autism related health care and support. Professional understanding and system-level barriers are the potential difficulties autistic children and their families may experience, as identified by Babalola et al. (2024). This is important because a correct diagnosis is not necessarily enough to provide helping services which are effective if they are not provided in time or are difficult to use. Overall, rehabilitation should be person-centred, strength-based and practical. It must facilitate meaningful involvement in

education, employment, health care and community life and acknowledge autistic identity and individual needs.

6. Current Approaches and their effectiveness and limitations.

Autistic individuals can benefit from current supports, if they are suitable for them and begin at an early age. Speech and language therapy, occupational therapy, family guidance and school adjustments can assist autistic individuals to communicate and to manage sensory issues and participate in everyday living more comfortably. Everyone is unique when it comes to autism, and therefore their support should not be uniform (Hirota and King, 2023). A strength of the modern support to autism is that it is becoming more person centred. For instance, some autistic individuals might require assistance with communication, others with anxiety, sensory or independent living. But there are still numerous issues. There is sometimes a long delay from assessment to support for some families. Access is also challenging for some services, particularly when staff are not knowledgeable about autism. Babalola et al (2024) identified that accessing healthcare support can be challenging for autistic children and their families in the UK. A further restriction is that children may be supported more than adults. Some individuals might also be diagnosed and then fall through the cracks for support. Some interventions are also concerned with getting autistic people to behave in “normal” ways. This can have a negative impact on them if it makes them feel compelled to conceal their own actions. Current support can be helpful but must be made more accessible, respectful and focused on quality of life in general.

7. Current Debates and Emerging Issues

There is an important discussion around understanding Autism Spectrum Disorder from a medical perspective or a “neurodiversity” perspective. The medical model can assist with diagnosis and support but is considered to be too problem oriented. Neurodiversity is a way of thinking that considers autism as a difference in thinking, communication and experiencing the world. The use of the term “disorder” is also controversial as it can be stigmatizing when used without sensitivity (World Health Organization, 2024). ICD-11 can be useful in terms of clinical practice, but this will depend on its application in the real world (Kamp-Becker, 2024). Masking is another important issue. Ensuring appropriate diagnosis can be more difficult as some autistic individuals may conceal or camouflage their characteristics in order to fit-in, impacting on wellbeing (Cook et al., 2021). This is particularly relevant for girls and women, who have the potential to be diagnosed late, or not diagnosed at all (Cook et al., 2024). There is also thought to be a lack of services that

are geared towards strengths rather than deficits. An important consideration is a strengths-based approach as the skills and thinking of autistic people also need to be considered (Cherewick and Matergia, 2024). Overall, Autism classification should enable access to support and respect neurodiversity whilst minimizing the stigma.

8. Recommendations

There needs to be more person-centred and respectful autism support. Health & social care workers require improved training to be able to identify autism in children, adults, girls and women and people from different cultures (Cook et al., 2024). There should also be faster diagnosis, and families should be well informed pre- and post-assessment. Services should be available to autistic persons throughout their lives and not just during childhood of the person. This should cover school support, transition planning, employment support, mental health support and adult social care. The focus should be on the quality of life, independence and participation in society as relates to autism care (Lord et al., 2022). The inclusion of autistic people in the planning of services is also necessary as their experience can enhance actual practice. Autism generally should not be viewed as something that needs to be “fixed,” rather, it is a lifelong difference in the way the brain develops which may require support.

9. Conclusion

To conclude, Autism Spectrum Disorder has been categorised in ICD-11 under the category of “neurodevelopmental disorders”. This classification is helpful as it provides professionals with a common means to diagnose autism and determine what supports are needed. Yet there is some argument over the use of the word ‘disorder’ as it can over-emphasize difficulties and minimize the focus on autistic identity, strengths and neurodiversity. Diagnosis can assist autistic individuals to understand themselves and to seek support, however it is not always a fair or easy process. Diagnosis may be more challenging due to delays, masking and gender differences and limited services. While current support can enhance communication, independence and wellbeing, it should be individually tailored and not directed towards getting autistic people to look “normal.” Future practice should focus on both clinical knowledge and an understanding of neurodiversity, increased access to services, and greater participation of autistic people in the development of services and policy.

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