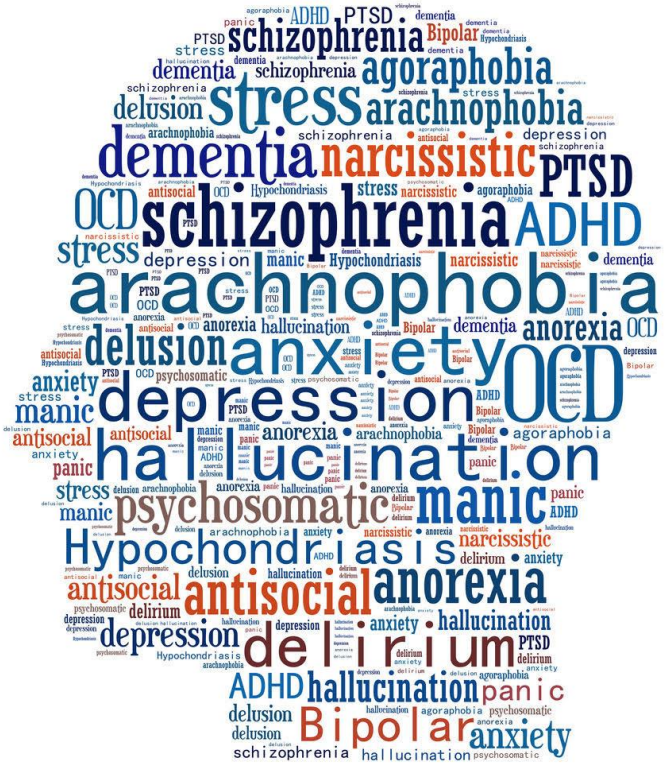
AUTISM – WRITTEN ASSIGNMENT

MENTAL DISORDERS & PSYCHOPATOLOGY (BMHP6006)



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INTRODUCTION

The following report is designed to outline the mental health disorder autism spectrum disorder (ASD), what is ASD, how is diagnosed, what are the treatments available, how is the effectiveness of treatment measured and recommendations for future practice (National Autistic Society, 2022). The ICD - 10 classification will be defined and explained (ICD - 10 Version, 2019); as well as DSM – 5 (Boyd, 2020). Furthermore, the conclusion section with summarises the main findings of the report. Diagnosis of autism can be a long process, the NHS (2022) shared the steps a person needs to take in order to get diagnosed, also what people need to be involved in the process. Medical sectors have significantly improved over the years, nowadays treatments are available for any type of illnesses. However, some illnesses cannot be cured, such as ASD, but they still treatment available to relieve the symptoms.

According to Cox (2018) back in 1800 the people with mental health illnesses were referred as ‘dangerous lunatics’ in the UK. Science Museum (2018) suggest that in 1700 the mentally Il patients were detained in prison, and there were no institutions to treat the mental health conditions. The first institution was opened in 1800, the ‘Middlesex County Lunatic Asylum in Hanwell’, London. This is when people started to be recognised as mentally ill, and they were treated and detained in the asylum instead of prison. However, their treatment at the time was based on simple rewards, supervision and punishment. The patients were able to work within the asylum and they were rewarded for their good work with social activities. The Lunacy Act 1845 was the first legislation in place to protect the people with mental health condition (Britannica, 2022). Prior to the Lunacy Act 1845 was the Madhouse Act 1774 which gave permission for the insane person to be detained (Anthony, 2016). Improvements in mental health legislation and treatment come along with the Mental Health Act 1987.

DEFINITION AND CLASSIFICATION

What is mental health? According to Centres for Disease Control and prevention (2021) mental health stands for psychological emotional and social well-being. While mental health illness represents changes in thinking, mood and behaviour (Mayo Clinic, 2019). Autism spectrum disorder neurodevelopmental condition, which affects people interaction, communication and behaviour. There are currently several 100,000 individuals with autism in the UK, Affecting one in 100 people (National Autistic Society, 2022). NHS (2020) suggest that 'autistic people act in a different way to other people', such as difficulty understanding other persons feelings and thinking, being sensitive with bright lights and noises, get upset and anxious, difficulty absorbing an information, lack of eye contact and overthinking.

Centre for Disease Control and Prevention (2015) sustain that International Classification of Disease 10th revision (ICD – 10) was first created in the US in the 1999, for 'coding and classification of mortality'. Which was modified and now it's also used for diagnosis, introducing a new coding system, as well as statistics report. The ICD - 10 code for ASD it's F84, F84.0 for childhood autism, and F84.1 for atypical autism, F84 is an umbrella code for all 'pervasive developmental disorders'. While F84.0 refer direct to childhood autism, which suggests that the developmental disorder is usually starts to be observed by the age of three. Also, that it is manifested as communication, Interaction and behaviour issues, as well as aggression, phobias, eating and sleeping patterns. F84.1 stands for atypical autism; this type of disorder is more common in retarded individuals and after age of three (ICD - 10 version: 2019).

DSM - 5 is another tool used in mental health to define a mental health disorder. According to Boyd (2020) DSM - 5 uses more common language, refers only to mental health disorders and provide more in debt information compared to ICD - 10. While ICD - 10 'assigns a code' to every condition, It contains information about general health illnesses, as well as statistics, and it is not explained as clear as DSM – 5.

DIAGNOSIS

Getting diagnosed with ASD can be a long process, which involves many people during the process. NHS (2022) suggest that if a parent notice signs of autism in their child they should speak to a professional immediately, such as health visitor, GP, doctor, therapist or any other professionals, including school staff or special educational needs. The child or the person with ASD will then need to be preferred to a specialist for an assessment. During the assessment

the specialist will go through a series of questions about the problems noticed. The autistic specialist will also take contact with other people who knows the child or the person having the assessment, including friends, family, teachers and GP. The waiting list is long, and people may have to wait months in order to get an appointment. However, there is other help available while waiting, such as support groups, speech and language therapy, schools, college or university staff can also offer help, as well as local council.

The assessment itself can be one or more appointments depending on the severity, there are different process for a child and adult. For a child assessment the parent will be asked about first time they started to talk, walk, how it interacts with others, how does the child play. They will also ask about any other medical history, physically examinate the child, and read the report sent by the nursery, school or GP. The child may also be watched a school during the lessons, in break, or at home by a member of the team. While with an adult the process may be quicker, as they will have to fill in the questionnaire themselves regarding the issues they are facing. The specialist will have a conversation with a member of the family to ask more about their childhood. As well as reading the referral form, and any other health problems history (NHS,2022).

According to NICE (2020) after the assessment the specialist will decide if the diagnosis is ASD or not, they will explain how decision has been made, plan to treatment and schedule another appointment. If the person taking the assessment has been diagnosed with ASD a written report should be given, and a copy will be sent to their GP and any other professionals involved, including social worker or teacher. Information will be given about autism and plan the support for the family. A named key worker will be associated to the family, which 'will develop personalised plan to focus on strength' of the autistic person. Local support available will also be discussed, such as support groups, activities, for example leisure activities and improving social skills, as well as money and benefit advice.

Autism Speaks (2022) shared the 'DSM - 5 autism diagnostic criteria', which suggests that diagnosis is based on severity, such as how bad 'communication impairment and restrictive patterns of behaviour' is. Level 1 is mild severity; some changes are noticeable of communication and behaviour. Level 2 is moderate, while Level 3 is more severe, affecting verbal and non-verbal communication, functioning impairment are severe and extreme behaviour.

TREATMENT

As specified, there is no cure for autism spectrum disorder, but there are numerous treatment plans to help reduce the symptoms. Centres for Disease Control and Prevention (2022) suggests that treatment can be provided in different settings, including school, community, health or home. Communication between the professionals and the family is the key in order to reach treatment goals. For adults also there is a help available to facilitate community and social life, they can get support with a job training, find employment, transport and housing.

Treatment types include behavioural approaches, developmental, educational, psychological, complementary and alternative. Behavioural approach is the most used and effective on treating the ASD symptoms. Applied Behaviour Analysis (ABA) is used to improve numerous skills, encourage 'desired behaviour' and discourage undesired ones (Miller, 2009). Discrete Trial Training (DTT) and Pivotal Response Training (PRT) are teaching styles for autistic people. DTT is used to learn 'desired response and behaviour, which are rewarded', PRT on the other hand is known to help with numerous skills. Developmental Approaches are designed to improve the skills needed for normal development, such as physical or language skills.

According to Thaut (2018) Speech and language therapy is very common nowadays and is set to help with language and understanding. Occupational therapy includes sensory integration and physical therapy, it is known to help people 'live as independent as possible' (Yack, 2015). Educational approaches are used in education settings, Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) it's one of the educational approaches. TEACCH resumes to visual learning outcomes of people with ASD, the teachers will make adjustments to the 'classroom structure and improve academic outcomes.'

Social relational approaches are focused on social skills and emotional bonds improvement. there are a few models of social relational approaches including floor time, Relationship Development Interventions (RDI) which include activities that increase interest, motivation and social interaction abilities. Social stories and social skills groups are designed to show people with ASD what is expected in social situations, and opportunity to practice social skills in a group. Pharmacological approaches focus on medication, although there is no medication to cure ASD there are still some medications available to relieve the symptoms, help with functioning, self-harming, head banging or hand biting (Centre for Disease Control and Prevention, 2022). Autistic people may experience other psychological conditions, including

anxiety and depression. Furthermore, medication to treat those conditions are very useful to avoid self-harming.

Centre for Disease Control and Prevention (2022) also suggest that psychological approaches help autistic people cope with mental health issues; Cognitive Behaviour Therapy (CBT) Is the most common one used, CBT help with feelings, thoughts and behaviour. Complementary and alternative treatments include herbal remedies, as well as art and relaxation therapy, special diets, chiropractic care and animal therapy. According to GOV.UK (2019) drugs that help with ASD symptoms are called psychotropic medication. Recent studies show that 34% of people with ASD were prescribe psychotropic drugs. However, the negative part of those medication is that they can have significant side effects, behavioural toxicity, irritability, social withdrawal, and decrease efficacy where some of the side effects reported among people taking those medications.

MEASSUREMENTS REHABILITATION

Even though there is no treatment to cure autism spectrum disorder, the previous section shared multiple treatments available to help coping with the symptoms, behaviour, communication and functioning. But how efficient they are? Do they really work? What professionals need to do in order to monitor the progress and measure the outcome of the treatment? Communication between professionals, family and the autistic person, as well as record keeping, and revision will be the first step to monitor the progress and measure efficacy of the treatment. Luiselli (2008) sustain that educational and behavioural therapy are the most effective treatment among autistic children. Progress has to be tracked by the professional using the therapy and measured, behavioural therapy is started at an early age. As the signs of autism can be noticed early, such as tow walking, spinning, lack of eye contact, unable to interact with other people or repetitively behaviour.

The behavioural therapy was first developed by Skinner in 1938, he believed that behaviour can be changed by positive reinforcement. For example, behaviour that is reinforced will become default behaviour, and behaviour that is not reinforced will disappear overtime (Katz & Schinner, 2020). Skinner therapy is seen in everyone, as children they learn to walk, talk and avoid danger from the training received from their parents. Most of life skills are learned through repetitively reinforcement behaviour. Reinforcement behaviour is learned through the outcome of consequences, for instance rewarding a child for cleaning his room it's a positive reinforcement. ABA therapy simply expands this training in intensive ways, until each child struggling with ASD reaches new milestones and develops the habits needed to live a full life as an adult.

Although Centres for Disease Control and Prevention (2022) suggest that special diet can help with ASD symptoms, NHS (2019) claims that it is a fake treatment. NHS (2019) sustain that doctors may prescribe different medications or suggest special diet, such as ketogenic diet, vitamins, diet supplements or injection. However, ASD cannot be cured, and this fake treatment should be reported as soon as possible. According to Mruzek (2014) the effectiveness of the autism spectrum disorder should be visible. Such as in speech and language therapy an increase in spoken language should be noticed, educational therapy should result in academic skills and performance. While behavioural therapy will result in a decrease in challenging and repetitively behaviour, if the treatment is effective. Usually, the change is measured by collecting data in regard to changes in target behaviours and issues identified. The data collected has to be reviewed regularly by the professionals, teachers and parents, as well as the person with ASD.

Payakachat et al (2012) shared numerous tools used by clinicians to measure the outcome of ASD treatment. This includes the Aberrant Behaviour Checklist (ABC), Child Behaviour Checklist (CBCL), Vineland Adaptive Behaviour Scales (VABS), Social Responsive Scales (SRS) and Repetitive Behaviour Scales – Revised (RBS-R). The ABC is usually completed by the caregiver of the person with ASD, it focuses on evaluating treatment effectiveness and any changes in behaviour over the previous month. CBCL is another tool used to measure the feelings of the autistic child, including depressive, anxious, aggressive or hyperactive. VABS focuses on skills improvements, such as socialising, communication, motor skills or daily living skills. SRS can be completed either by the caregiver or teacher, SRS assess how the information is being processed, social awareness and communication. RBS-R Is used to measure repetitive behaviour, for instance self-harm or compulsive behaviour. However previous assessments should also be revised and consider redo them

RECOMMENDATIONS FOR FUTURE PRACTICE

According to National Autistic Society (2022) the ‘government must act’ on reducing notice assessment waiting time. As it slows down the process of getting a diagnosis and the number of ASD people will significantly increase if changes are not taken into consideration. Recent data shows that there are more than 100,000 people waiting to be diagnosed with autism in England. Cassidy (2020) suggests that suicide in self harm is a ‘leading cause of early death’ in ASD population and is the most ‘unresearched’ topic. Untreated depression is the first step leading to self-harm, suicidal thoughts and suicide attempts. Figure 1 shows ‘supporting evidence’ that loneliness, mental health, unemployment and social isolation are directly connected to suicide. For instance, Cassidy (2020) sustains that adult with autism spectrum

disorder have the highest recycle rate with a percentage of 66%, who struggled due to delay in diagnosis. Therefore, it is crucial to have a timely diagnosis and good access to post diagnostic care to avoid suicide in artistic community.

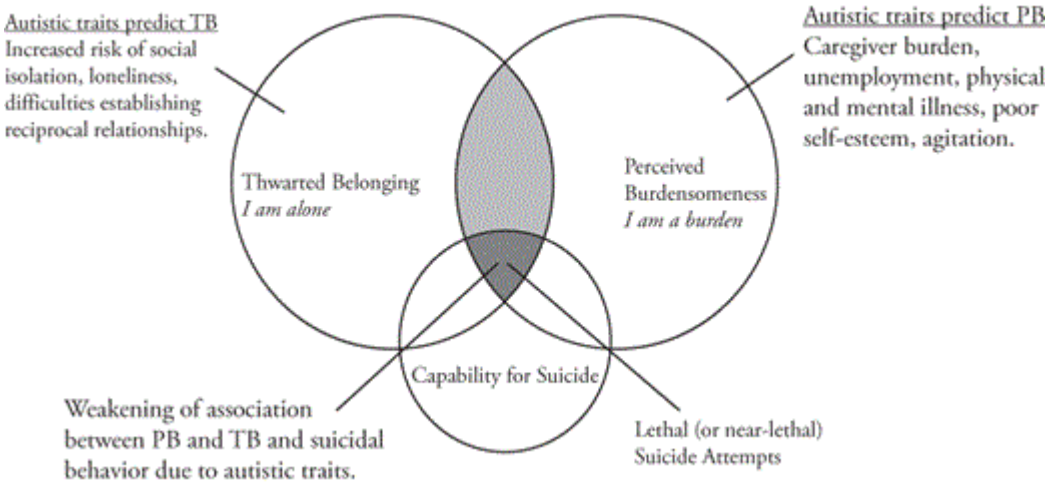

Figure 1. Pelton & Cassidy (2017). Are autistic traits associated with suicidality?

Fischer et al (2022) shared recent studies of the Tel Aviv University, which shows that 'pressure chamber therapy has been proved to cause neurological changes', such as functionality increase among autistic people. Pressure chamber therapy stands for treatment of the patient in 'special chambers' with the medicine called hyperbaric. Hyperbaric medicine it is used already to treat other illnesses, as well as hyperbaric oxygen therapy. The pressure in the chambers is better than the pressure by the sea, allowing oxygen and blood flow to the brain. the pressure chamber therapy provides 100% oxygen which is shown to 'increase brain functioning'.

According to White (2020) autistic people add a greater risk of developing other mental condition across their life span. Mental condition could include depression, bipolar disorders or mood disorders. However, there is a lack of 'validated instruments to assess' for other mental disorders among ASD people. Also, they can easily be confused with normal symptoms of ASD. Furthermore, it is important to concentrate research efforts on creating assessments for bipolar disorder, depression and other mood disorders in people with autism, as well us on improving general evaluation processes. These techniques could be employed in more extensive population-based research, to assess the frequency of mood disorders or bipolar disorders. As well as offer details about how these conditions manifest among ASD people and try to treat them on time.

King (2020) sustains that treatment for other psychiatric condition in autistic people have severe side effects. Usually in autism spectrum disorder medication is given to treat anxiety, mood, irritability, impulsivity, insomnia or hyperactivity. Recent data shows that the percentage is significantly higher to be prescribed psychotropic medicine among autistic people then the general population. Therefore, therapy is the most indicated for autistic people instead of prescribed drugs as they can make the symptoms and illness even worse. However, if a psychotropic medicine is prescribed, it should be monitored and assessed regularly, treatment target should also be in place and find a balance against the side effects.

CONCLUSION

Summarising the main concepts National Autistic Society (2022) define autism spectrum disorder (ASD) as a neurodevelopmental disorder which affect a person social interaction, communication and behaviour. The ICD - 10 Classification is used for diagnosis and medical statistics; the ICD 10 assigns a code to every medical condition. DSM - 5 have also been presented which is another tool used in mental health to define a mental health disorder. ASD can be diagnosed through an assessment by a specialist, which can be accessed by a referral from a professional, such as health visitor, GP, therapist, school staff or special educational needs.

There is no cure for ASD, but there are different treatment types to help manage the symptoms. Including behavioural approaches, developmental, educational, social relational, pharmacological, psychological, complementary and alternative (Centres for Disease Control and Prevention, 2022). Behavioural therapy, speech and language therapy and educational approaches are the most used treatments among autistic people (Luiselli, 2008). The effectiveness of the treatment has to be measured, by monitoring the progress, collect data, record keeping, revision and communication between the professionals and the family.

According to National Autistic Society (2022) the ‘government must act’ on reducing autism assessment waiting time as it slows down the process. Also, Cassidy (2020) suggests that suicidal it's a ‘leading cause of early death’ among autistic people, especially in adults who struggle due to delay in diagnosis. Therefore, it is crucial to have a timely diagnosis and good access to post diagnostic care to avoid suicide in autistic community. Also, psychotropic medication should be avoided as much as possible, as it makes the condition even worse.

REFERENCE

Autism Speaks (2022) *Autism Diagnosis Criteria: DSM-5*. Available at: https://www.autismspeaks.org/autism-diagnosis-criteria-dsm-5 (Accessed: 28 November 2022).

Advances in Autism Research (2021). MDPI - Multidisciplinary Digital Publishing Institute. https://doi.org/10.3390/books978-3-0365-0203-8.

Antony, J., T. (2016) *Mental Health Legislation: A journey back to "madhouse era?".* Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4919952/ (Accessed: 26 November 2022).

Boyd, N., (2020) *Diagnostic Codes: DSM-5 vs ICD-10*. Available at: https://kasa-solutions.com/diagnostic-codes-dsm-5-vs-icd-10/ (Accessed: 27 November 2022).

Britannica (2022) *The Lunacy Act 1845*. Available at: https://www.britannica.com/topic/Lunacy-Act-of-1845 (Accessed: 26 November 2022).

Cassidy, S. (2020) *'Suicidality and Self-Harm in Autism Spectrum Conditions', The Oxford Handbook of Autism and Co-Occurring Psychiatric Conditions*. Oxford Library of Psychology. Available at: https://doi.org/10.1093/oxfordhb/9780190910761.013.18, (Accessed: 1 December 2022).

Centres for Disease Control and Prevention (2022). *Autism Spectrum Disorder (ASD) Treatment*. Available at: https://www.cdc.gov/ncbddd/autism/treatment.html (Accessed: 28 November 2022).

Centres for Disease Control and Prevention (2015) *National Centres for Health Statistics*. Available at: https://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm (Accessed: 27 November 2022).

Centres for Disease Control and Prevention (2021) *About Mental Health*. Available at: https://www.cdc.gov/mentalhealth/learn/index.htm(Accessed: 27 November 2022).

Cox (2018). *Negotiating insanity in the southeast of Ireland, 1820–1900*. Manchester University Press.

Exkorn, K.S. (2005) *The autism sourcebook: everything you need to know about diagnosis, treatment, coping, and healing*. New York: HarperCollins.

Fischer, I., et al (2022) Hyperbaric Oxygen Therapy Alleviates Social Behavior Dysfunction and Neuroinflammation in a Mouse Model for Autism Spectrum Disorders. *International Journal of Molecular Sciences.*

ICD-10 Version:2019. Available at: https://icd.who.int/browse10/2019/en#/F84 (Accessed: 27 November 2022).

Katz, Mercer, S. H., & Skinner, S. (2020). *Developing Self-concept, Coping Skills, and Social Support in Grades 3–12: A Cluster-Randomized Trial of a Combined Mental Health Literacy and Dialectical Behavior Therapy Skills Program*. School Mental Health, 12(2), 323–335. https://doi.org/10.1007/s12310-019-09353-x

King, Bryan H. et al (2020) *'Medications to Treat Co-Occurring Psychiatric Conditions in Autism Spectrum Disorder'. The Oxford Handbook of Autism and Co-Occurring Psychiatric Conditions.* Oxford Library of Psychology. Available at: https://doi.org/10.1093/oxfordhb/9780190910761.013.19 (Accessed: 1 December 2022).

Luiselli. (2008). *Effective practices for children with autism educational and behavioral support interventions that work.* Oxford University Press.

Mayo Clinic (2019) *Mental illness*. Available at: https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968 (Accessed: 27 November 2022).

Miller, L. (Linda J. (2009) *Practical behaviour management solutions for children and teens with autism the 5P approach*. London: Jessica Kingsley.

Mruzek, D. W. (2014). *ASD intervention: How do we measure effectiveness?* Science in Autism Treatment, 11(3), 20-21

National Autistic Society (2022) *Autism assessment waiting times.* Available at: https://www.autism.org.uk/what-we-do/news/autism-assessment-waiting-times (Accessed: 30 November 2022).

National Institute for Health and Care Excellence (2022) *Assessment and diagnoses of autism: what to expect*. Available at: https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/assessment-and-diagnosis-of-autism-what-to-expect (Accessed: 28 November 2022).

National Autistic Society (2022)a *What is autism?* Available at: https://www.autism.org.uk/advice-and-guidance/what-is-autism (Accessed: 27 November 2022).

NHS (2019) *Fake and harmful autism 'treatments'*. Available at: https://www.nhs.uk/conditions/autism/autism-and-everyday-life/fake-and-harmful-treatments/ (Accessed: 29 November 2022).

NHS (2022) *What happens during an autism assessment*. Available at: https://www.nhs.uk/conditions/autism/getting-diagnosed/assessments/ (Accessed: 27 November 2022).

NHS (2022)a *How to get diagnosed*. Available at: https://www.nhs.uk/conditions/autism/getting-diagnosed/how-to-get-diagnosed/ (Accessed: 27 November 2022).

NHS (2022)b *What is autism?* Available at: https://www.nhs.uk/conditions/autism/what-is-autism/ (Accessed: 27 November 2022).

Payakachat, N., et. al (2012) *Autism spectrum disorders: a review of measures for clinical, health services and cost–effectiveness applications*. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3502071/#!po=28.8991 (Accessed: 29 November 2022).

Pelton, M. K., & Cassidy, S. A. (2017). *Are autistic traits associated with suicidality? A test of the interpersonal‐psychological theory of suicide in a non‐clinical young adult sample*. Autism Research, 10(11), 1891–1904.

Science Museum (2018) *A Victorian Mental Asylum*. Available at: https://www.sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum (Accessed: 26 November 2022).

Thaut, M. and Hodges, D.A. (2018) *The Oxford handbook of music and neuroscience*. Edited by M. Thaut and D.A. Hodges. Oxford: Oxford University Press.

White, S., W. (2020) *The Oxford Handbook of Autism and Co-Occurring Psychiatric Conditions*. 1st edn. Oxford University Press. Available at: https://doi.org/10.1093/oxfordhb/9780190910761.001.0001 (Accessed: 30 November 2022)

Yack, E., Aquilla, P. and Sutton, S. (2015) *Building bridges through sensory integration : therapy for children with autism and other pervasive developmental disorders*. Third edition. Arlington, Texas: Sensory World.