

## Autism Strategy – Assessment and Diagnosis – summary.

**Meeting date 23.02.15**

**Present:** Sheila Dowds; Anne-Marie Irving; Karen Whitehead; Sally Rankin; Oliver Harding; Justine McCulloch (Chair and minute)

**Apologies:** Alison Hall; Louise Leiper; Sheila Wason; Lynne Baxter; Morven Graham; Rhona Morrison.

1. **Membership:** Dr Harding, Public Health Consultant and FV Lead for ASD, was welcomed to the group and introductions made together with a summary of the current position. Dr Morrison, Associate Medical Director MH sent her apologies due to AL.

### 2. Updates:

#### **CAMHS**

- current consultation on pathways underway
- waiting times update required
- anecdotal feedback of improved access to Services/support from users and carers
- concern raised re pathway and contingent delays for patients referred to CAMHS who have not completed diagnostic assessment by 18<sup>th</sup> birthday and transition to GAP Services

#### **Learning Disabilities**

- no change to previous Service configuration/pathways
- waiting times compliant with recommendations

#### **General Adult**

- continuing ‘sole-practitioner model’ of assessment and diagnosis due to resource limitations
- ongoing acknowledgement the above does not comply with guidelines
- waiting list ~ 12 months and anticipated to increase due to predicted staff absence without back fill
- recent liaison with carers group highlighted difficulties re the above
- carers also identified perceived gaps in ‘in-patient’ services awareness of ASD related issues.

#### **Psychology**

- ongoing post-diagnostic input across Services
- ongoing commitment to up-skilling on pertinent diagnostic tools (NES training)
- proposed input to GAP diagnostic process on hold due to staff retention

#### **Speech and Language Therapy**

- ongoing post-diagnostic input across Services
- ongoing consideration re optimising service delivery within existing resources
- new SLT post in Stirling CAMH Team has received very positive feedback
- funding bid for ADOS training has had limited success

## Autism Strategy – Assessment and Diagnosis – summary.

### **Occupational Therapy**

- established roles in CAMHS and Learning Disability Services, as previous
- access to sensory profiling identified as a gap within General Adult Services

**3. Access to diagnostic assessments for Forensic Service clients:** acknowledged gap due to resource limitations/staff training issues/support/safety protocols etc

### **4. Action points/recommendations**

- i. Liaise with CAMHS re update on Service pathways and waiting times
- ii. Liaise re transition for patients awaiting diagnostic assessment/undergoing assessment
- iii. Check overall position re 18 week RTT
- iv. Correspond with Dr Cummings, AMD Primary Care
- v. Minute copied to Dr Morrison/Dr Harding re further distribution/action to address gaps in service provision /feed into Clinical Services Review
- vi. Feedback above to larger Strategy Group at meeting scheduled for March 11<sup>th</sup>
- vii. Clarify lifespan of current workstream at above meeting – consensus from those present to put group on hold awaiting further developments at higher organisational levels.

Autism Strategy – Assessment and Diagnosis – summary.

Phase	ID No	Aim	Progress	Action
<b>1. Pre-diagnosis</b>	1.1	Ensure that GP's, nurses and health visitors are trained in recognising signs of autism and are aware of existing diagnosis pathways	Attempts to secure primary care representation have not proved successful.	Ongoing liaison with request for update • J McC
<b>2. Assessment: diagnosis</b>	2.1	Multi disciplinary assessment diagnostic team of health professionals for adults with or without learning disability. Essential members to include psychiatry, nursing, psychology, speech therapy and occupational therapy.	JMcC made contact with QI – action identified as suited to sit with the clinical services review project and discussions with Dr Harding /Dr Morrison commenced.	Dr Harding/Dr Morrison to evaluate appropriate avenues to progress
	2.2	Evaluate current gaps in diagnosis for adults with ASD with or without a mental health or learning disability diagnosis.	See FV ASD Service Summary.	OT to populate summary • KW
	2.3	Evaluate current care pathways for assessment and diagnostic procedures within child services and learning disability services and use this to inform a care pathway for adult services.	CAMHS - Framework update out to consultation Paediatrics – no info LD – see ASD Service summary	Request update from CAMHS re current waiting times and service pathways.
<b>3. Assessment: co-morbid Health issues</b>	3.2	Ensure health staff have appropriate training to recognise and identify problems of co-existing mental health and/or physical conditions.	No progress re liaison with Lorriane Roberston, Service Manager/ head of MH Nursing.	To discuss with Dr Harding/Dr Morrison .
		Develop training for health staff and other professionals to raise awareness on how unmet health issues can impact on behaviour		

Autism Strategy – Assessment and Diagnosis – summary.

**\*\*\*Forth Valley Autism Spectrum Disorder Assessment and Diagnostic Services\*\*\* - as previous**

Autism Spectrum Disorder (ASD) assessments in Forth Valley are carried out under the auspices of: Child and Adolescent Mental Health Services; General Adult Psychiatric Services, and Learning Disability Services as summarised below.

**Child and Adolescent Mental Health Services** update awaited

**General Adult Psychiatric Services** offer a tertiary referral model. The referral pathway for adults (aged 18-years and over) is via their GP to the local sector Psychiatric Team in the first instance.

At present, in the majority of cases, General Adult Services follow the practice of 'sole practitioner' assessment which is carried out by one General Adult Consultant Psychiatrist who is dual trained in the Psychiatry of Learning Disability and has a special interest in Autism Spectrum Disorders with more than 10-years experience of assessment/diagnosis in this client group, together with post-graduate further education. There is also currently *ad hoc* input from a Learning Disability Clinical Nurse Specialist. The assessment service runs in concert with a whole time equivalent General Adult Psychiatry consultancy and, as such, is a limited resource.

It is recognised that best practice is for assessment to be carried out by a multi-disciplinary team and a working group has been convened to move forward this agenda.

Assessment uses international criteria for diagnosis (ICD-10) and a standardised diagnostic tool (RAADS, DISCO or the ADI-R).

The waiting time to assessment is currently around twelve months.

A recent six month audit of clinical activity demonstrated that 17 assessments were commenced over this time period of which 13 were completed to the point of diagnosis. The time-frame from initial interview to diagnosis is variable with a mean time of around 3 months.

The data base used by General Adult Services, Pims, has not historically recorded ASD diagnoses and as such centrally held data is of poor quality. It is unclear how this issue will resolve within existing staff levels.

Autism Strategy – Assessment and Diagnosis – summary.

### **Learning Disability (LD) Services**

There is a multi disciplinary assessment team in Forth Valley for adults (16+) who have a diagnosis of LD. The Forth Valley ASD assessment team accepts referrals from any source e.g. from GP's, Social Work, Nurses, LD Team, Care Providers and families. The referral pathway for adults (aged 16 years and over) is via the local LD team. There is no exclusion regarding the severity of the LD.

The Assessment team meet monthly; new referrals are discussed and allocated to two team members. The team has been established for over 6 years and is multidisciplinary consisting of: Psychiatry; Psychology; 2 Community Learning Disability Nurses; LD Speech and Language Therapist, and an LD Occupational therapist. All the team members have advanced knowledge in the Autism field, either having completed Post Graduate further Education in Autism studies or have gained relevant experience within the field.

Assessment uses international criteria for diagnosis (ICD-10 or DSM V) and standardised diagnostic tools; ADI-r is used in the majority of LD assessments as per the evidence basis for tools validated for this client group. LD ADOS and DISCO have been used on occasion.

The waiting time to commencement of assessment is approximately 4 weeks. (This gives consideration to the fact that the team only meet monthly.) The length of time for assessment is very individual however in general this is approx 4 months. The team receives approximately 1-2 referrals per month.

None of the team members have any protected time to carry out this work.

### **Post-diagnostic support**

After assessment, if an ASD diagnosis is given, a report is sent to the referrer/GP and a letter to the client confirming their diagnosis. This also includes recommendations of how best to support the client involving signposting to existing resource provisions including: Psychology; Occupational Therapy; Speech and Language Therapy, Local Authority third sector services; advocacy; employment advice and carers centres.

However, there is a paucity of specialist resources locally with no post diagnostic supports available for general information and guidance.

Autism Strategy – Assessment and Diagnosis – summary.

### **Specific Service Inputs:**

#### **Adult Psychology Services**

The Department of Adult Clinical Psychology provides psychological assessment, formulation and therapy to patients across two bases: in Falkirk and Stirling Community Hospitals. The team is comprised of clinical psychologists, clinical associates in applied psychology (CAAPs), counsellors and a psycho-sexual counsellor.

The department covers a number of service provision areas including primary care mental health, psycho-sexual health, general health, diabetes, learning disabilities, forensic mental health and oncology.

Clinical input is provided to adults above the age of 18 years, and referrals accepted from various referring agents including GPs, community mental health teams and social services.

Although waiting times vary according to resource variations, within primary care mental health, the current waiting time (as of June 2014) is approximately 7 months. In addition to one to one psychological therapy, primary care also offers group based therapies including Mindful Living and Stress Control programmes.

Staff members from primary care mental health have been involved in devising and developing a working group, alongside the specialist ASD diagnostic team in Stirling to consider how best to strengthen multidisciplinary links and work collaboratively on ASD cases, with the overall aim of improving service structure and quality of input to ASD patients with mental health difficulties in the Forth Valley area. In addition, primary care psychology is undergoing a review of how it currently provides assessment and therapy to ASD patients, and the possible future training needs of its staff in order to ensure the provision of high quality psychological intervention for ASD patients with mental health difficulties within Forth Valley.

#### **Occupational Therapy**

Pending

#### **Speech and Language Therapy**

Speech and Language Therapy is not currently part of the diagnostic pathway for adults in Forth Valley who do not have a learning disability. The adult SLT service sits within the Rehabilitation Care Group and works with people aged 16 years and over. There is an open single point of referral to the service, including self referral, with therapists working in both acute and community settings.

## Autism Strategy – Assessment and Diagnosis – summary.

Referrals are usually seen within 4 weeks.

Clinicians working in the service have a wide range of expertise in managing communication support needs in adults, both developmental and acquired; however, there is no specific expertise in ASD. Where an adult with a diagnosis, or with a question of ASD has an identified need for communication assessment they may be referred to this service for general advice and support around their communication. This is not a specialist service however. The ability to signpost adults to a wider network of ASD support is limited due to reduced experience and knowledge in this field. The clinicians access to expertise within the wider professional SLT team in Forth Valley and a degree of flexibility is applied where possible e.g. tapping into expertise in children's and ALD services.

Referral numbers to this service for ASD clients are currently small with 3 referrals between May 2012 and 2013, and 3 between May 2013 and May 2014. However, it is likely that there is a currently unmet need both for people transitioning to adult services with communication difficulties related to ASD and for post diagnostic support.

Authored - FV ASD Assessment and Diagnosis workstream

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