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Webinar

Collaborative mental health care to support adults on the autism spectrum

Monday, 5th June 2017

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Tonight's panel



Dr Aline SmithGeneral Practitioner



A/Prof Amanda Richdale
Psychologist



Occupational
Therapist



Prof Julian Trollor Psychiatrist

Facilitator



Dr Lyn O'Grady Psychologist

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as you would in a face-to-face activity.
- You may interact with each other and the panel by using the **participant chat box**. As a courtesy to other participants and the panel, keep your comments on topic. Please note that if you post your technical issues in the participant chat box you may not be responded to.
- For help with your technical issues, click the **Technical Support FAQ tab** at the top of the webinar room. If you still require support, call the Redback Help Desk on 1800 291 863. If there is a significant issue affecting the overall delivery of the webinar, you will be alerted via an announcement.
- Your feedback is important. Please complete the feedback survey which will appear on your screen when the webinar finishes.

Learning Outcomes



Through an exploration of David's story the webinar will provide participants with the opportunity to:

- Describe the role of different disciplines in providing support to adults on the autism spectrum
- Recognize the warning signs, prevalence and risks of mental illness for adults on the autism spectrum
- Identify tips, strategies and challenges in providing collaborative mental health care for adults on the autism spectrum.



What knowledge does a General Practitioner have?

- Full medical history
- Family history and background of psychosocial issues
- Existing rapport and understanding of David



Aline Smith



Physical, mental, "behavioural" or combination?

- Behaviour change is a common reason for people with autism or intellectual disability to see a GP
- Often the behaviour can be an attempt by the person to communicate discomfort or distress due to illness, pain, environmental stresses and/or psychological problems (Davis and Mohr 2004)
- GP responsible for physical assessment
- Balance with over investigating physical symptoms
- GP responsible for mental health assessment.



Aline Smith



What do we know? People with Autism/ID

- May have existing comorbid physical issues
- The majority of people with autism have an intellectual disability (American Psychiatric Association, 1994)
- Higher prevalence of psychiatric conditions such as depression,
 schizophrenia and anxiety disorders than others in the population
- Due to cognitive and communication problems, they may have an atypical presentation and diagnosis may be difficult
- People with autism or ID have the same right to access mental health services
- On the other hand....



Aline Smith



Cardinal Rules for a successful interaction with patients with ASD

- Be calm and not afraid or dismissive
- Speak slowly (not loudly)
- Wait for 10 seconds for person to speak or express
- {Use gestures or pictures if possible}
- Reinforce good behaviour or expressions
- Get assistance involve a team approach (include carers, supports, others)
- Schedule review
- Several appointments (long) to get to the bottom of things



Aline Smith



Autism Spectrum Disorder

Core difficulties:

- 1. Social-communication
- Routines, repetitive behaviours, sensory sensitivities

Co-morbid conditions:

- ✓ Anxiety, anxiety disorders/ OCD
- ✓ Depression, mood disorders
- ✓ Executive function (EF) difficulties
- ✓ Insomnia/circadian sleep disorders

- ✓ Gastrointestinal issues
- ✓ Fine motor difficulties
- ✓ Poor adaptive behaviour
- ✓ Other mental health problems
- ✓ Intellectual disability



Amanda Richdale



Background

- Mother: Worrier, David's life-long mainstay.
- Father: Reclusive
- Sister: Absent
- David:
 - No early intervention or supports late diagnosis
 - History of social isolation, bullying
 - Somatic complaints
 - * Probable anxiety
 - Sensory issues/routines
 - * Anger issues
 - * Qualified but under-employed
 - * Socialises around socially acceptable interest
 - Still heavily reliant on mother



Amanda Richdale



Crisis precipitation

- David still has:
 - ✓ Somatic / gastric complaints
 - ✓ Anger
 - ✓ Reliance on mother
 - ✓ Socialisation around specific interest
- Mother hospitalised ——— change:
 - > Transportation
 - > Meals
 - Routines



Amanda Richdale



Outcomes

- David:
 - ✓ Angry
 - ✓ Self-injuring
 - ✓ Poor sleep
 - ✓ Inadequate diet
 - ✓ Somatic complaints
 - ✓ Poor personal hygiene
 - ✓ Loss of social contacts
 - ✓ Unemployed

- In summary:
 - * Isolation
 - Mental Health problems
 - Physical Health problems



Amanda Richdale



The Psychologist

- Consider referrals for:
 - Medical evaluation / treatment
 - Psychiatric evaluation / medication
 - OT evaluation
- Key areas for assessment / intervention:
 - Mental health (Intolerance of uncertainty [IU])
 - Anger management (Emotion regulation [ER])
 - Sleep (relationship with mental health, IU, ER)
 - EF difficulties

- Sensory issues
- Adaptive behaviour
- Communication between parties involved



Amanda Richdale



Occupational participation of autistic adults

- Education
- Employment
- Leisure
- Social participation
- Activities of daily living
- Instrumental activities of daily living





Factors influencing occupational participation:

- ASD core features:
 - Social communication skills
 - Restricted & repetitive behaviours/interests/ activities
 - Sensory sensitivities
- Comorbidities:
 - Physical & mental health
 - Intellectual disability
- Plus many others...





Factors contributing to anxiety in autistic individuals

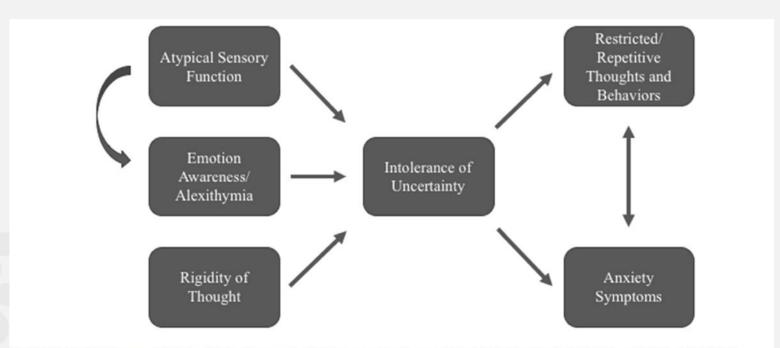


FIGURE 1 | Exploratory model of possible pathways related to Intolerance of uncertainty (IU) and anxiety in Autism Spectrum Disorder (ASD). Evidence is growing for IU as a significant mediator of anxiety in ASD samples.

South & Rodger (2017) Sensory, Emotional & Cognitive Contributions to Anxiety in ASD. Frontiers in Human Neuroscience, 11(20).





Key things for OTs to consider

- Assessment:
 - Client centred goals (COPM, GAS)
 - Factors contributing to participation restrictions
 - Factors contributing to anxiety, particularly sensory differences
 - Involvement of support person/s
- Adaptations for autistic adults:
 - Clear communication (e.g. Unambiguous language, use of visuals/videos/demonstrations, check for understanding)
 - Sensory differences (e.g. Avoid fluorescent lighting, noisy environments)





Mental III Health in ASD Adults

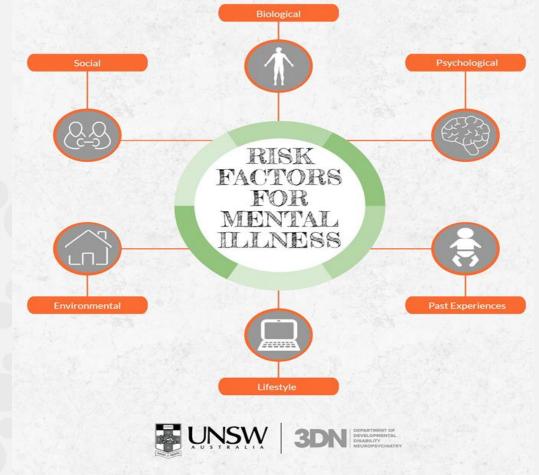
- Diversity of population
 - specific subgroups
- Core over-representation
 - anxiety disorders
 - affective disorders
 - psychotic disorders
 - other developmental disorders



Julian Trollor



Vulnerability to mental ill health





Julian Trollor



Barriers to effective treatment





Julian Trollor



Key adaptations in assessment

- Preparation
- Communication
- Carers
- Developmental perspective
- Sensory aspects
- Physical health comorbidities
- Assessing behaviour



Julian Trollor



Key management issues

- Comprehensive formulations
- Interdisciplinary practice
- Psychological therapies
- Responsible prescribing



Julian Trollor

Help guide tonight's discussion



The following themes were identified from the questions you provided on registration:

- 1 Assessment / diagnosis
- 2 Collaboration: who & how?
- 3 Medication
- 4 Strategies to engage
- **5** Gender differences
- 6 Employment/work-place

A pop up will appear on your screen shortly listing the themes. Choose the one you'd most like the panel to discuss.













Q&A session

Thank you for your participation



- Please ensure you complete the exit survey before you log out (it will appear on your screen after the session closes)
- Certificates of Attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks
- Our next webinar, **Co-ordinating mental health care for people experiencing** suicide bereavement, will be held on Thursday 17th August at 7.15pm 8.30pm (AEST).

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Thank you for your contribution and participation

Good evening