

Autism spectrum disorder in high secure psychiatric care: Current issues and considerations

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This article explores the current issues and considerations relating to patients with autism spectrum disorders (ASD) within high secure psychiatric care. ASD are neurodevelopmental disorders which are characterised by impairments in social reciprocal interactions and communication and restricted, repetitive pattern of interests and behaviour (American Psychiatric Association, 2013). Around one in a hundred individuals in the general population have ASD (Baird et al., 2006). Males are more likely to receive a diagnosis of ASD (Brugha et al., 2011; Loomes et al., 2017). However, it is increasingly recognised that the prevalence rate among women is underestimated significantly (Beggiato et al., 2016). There are some recent reviews of the literature which have explored possible explanations for why ASD in women is being underestimated (see recent reviews Allely, 2019a, 2019b).

Keywords: autism; autism spectrum disorder; neurodiversity; psychiatric care; special needs

It is now well-established that most individuals with an ASD are law abiding. There is no evidence which supports the notion that individuals with an ASD are more likely to engage in offending behaviours (Brewer et al., 2017; Im, 2016; King & Murphy, 2014). Where an individual with ASD becomes involved with the criminal justice system it is also typically found that offending is the result of a combination of environmental circumstances and the specific difficulties (ASD symptomology) related to ASD (de la Cuesta, 2010). There is a growing number of studies which have highlighted that ASD symptomology can, at least in some cases, contribute to certain types of offending behaviour including arson or fire-setting (e.g., Radley & Shaherbano, 2011; Allely, 2019); sexual offending (e.g., Allely & Creaby-Attwood, 2016; Creaby-Attwood & Allely, 2017; Sevlever et al., 2013;) and child pornography (e.g., Allely & Dubin, 2018; Allely, Kennedy, & Warren, 2019).

ASD in secure psychiatric care

A recently carried out a literature review of studies (Allely, 2018) explored ASD in low, medium and high secure psychiatric care. There are three high secure psychiatric care (HSPC) hospitals within England, namely, Broadmoor, Rampton and Ashworth hospitals. All three hospitals represent the highest level of secure psychiatric care. All three are managed by different NHS trusts but they are follow similar security protocols and standards of care (NHS Commissioning Board, 2013).

Awareness and views of ASD held by staff working within a secure psychiatric hospital

There have only been two studies, to date, carried out which have examined the views of staff working in HSPC concerning individuals with an ASD – both conducted in the UK. In one of these studies, Misra and colleagues (2013) carried out an audit using a questionnaire sent to 100 nursing staff of one HSPC hospital assessing their knowledge of ASD and knowledge of best practice. Findings indicated that although the majority of staff reported some awareness of autism, most were unaware of the Autism Act (2009) – which outlines the ‘standard approach of care’ for individuals with ASD – and were uncertain of how to most effectively work with patients who had a diagnosis of ASD. The majority of the staff were willing to train and work within a specialist ASD team.

In the other study, Murphy and McMorrow (2015) used a 15-item questionnaire in order to explore the views and experiences of a wider range of staff working in one HSPC hospital who had direct patient contact. The staff group comprised of psychologists, psychiatrists, nursing staff, occupational therapists and medical centre staff. The questionnaire explored the staffs’ views (on vulnerability, benefits from therapy and any adjustments that they made to their practice), knowledge and training needs of staff in relation to ASD. In total, 206 questionnaires were returned to the researchers across this range of staff (about 60% of those distributed). The majority of staff reported that they knew someone with a diagnosis of ASD outside of the work environment (family member, friend, etc.). Most staff also had worked directly with a patient who they knew had a diagnosis of ASD. Regarding everyday management, just over 50 per cent of staff reported making some form of adjustment to their clinical practice in order to accommodate the needs of the patient with an ASD – in addition to adjusting their interactions and expectations of patients with an ASD. Just over half of the staff also had the view that, compared to other patients, individuals with an ASD may benefit from being managed in a different way. Surprisingly, only 22.3% of the staff group thought that the difficulties of patients who had a diagnosis of ASD were considered in their care in the hospital. Crucially, 64% of staff who took part in the survey thought that patients with ASD were more vulnerable to bullying or intimidation when compared to other patients. Only 27% of staff believed they had adequate skills and knowledge to work with patients with ASD. Nearly all staff (92%) wanted more training on ASD and 76% felt that autism awareness training should be mandatory. A number of the staff also reported the need for a specialist ASD ward within HSPC. With the exception of psychiatrists, most staff reported being unaware of the Autism Act (Murphy & McMorrow, 2015).

Experience and quality of life of patients within HSPC

Only one study to date has explored the experiences and quality of life of a small sample of seven individuals with an ASD in HSPC (Murphy & Mullens, 2017). In their study, they found a broad range of backgrounds, offending behaviours, personal experiences, as well as relative vulnerabilities and objective measures of functioning (such as participation in occupational and therapeutic activities, number of problem incidents, periods in seclusion and views from staff). Individuals expressed the view that there were too many rules and restrictions with HSPC which prevented them from pursuing their personal interests. For example, not being allowed to have a pair of binoculars to watch aircraft or not being allowed a computer. The regular security searches (involving physical rub downs) and room searches were also described as stressful by many individuals with ASD where their personal possessions were frequently not placed back in the same place during the search. Many individuals reported frequently having difficulties with sharing their immediate environments with other patients perceived as being 'difficult, unpredictable and disinhibited'. Some of the patients expressed the view that they did not feel that their difficulties relating to their ASD were understood by staff. The majority of patients only received a diagnosis of ASD when they were admitted to HSPC. In sum, based on the individuals in this study, even within specialist ASD units there can be negative experiences. Interestingly, many patients with an ASD in this study reported having a preference for wards where there is mixture of individuals (not just wards which are specifically for patients with ASD. This may be because such mixed wards would be more representative of everyday life and that other patients without ASD can sometimes offer assistance or advice (Murphy & Mullens, 2017).

Evaluation of an optional autism awareness training provided to staff working in a HSPC hospital

This year, Murphy and Broyd (2019) carried out an evaluation of autism awareness training which was provided to staff working in a HSPC hospital in England. During the training staff are provided with information on ASD, the associated difficulties and how to work with an individual's difficulties in a way that is positive. Murphy and Broyd also introduced staff to the SPELL guidelines (National Autistic Society, 2013) during the training day. The SPELL guidelines provide useful information on ways to work positively with individual strengths and weaknesses in individuals with ASD. An online survey of staff views who had completed an autism awareness training day. Most staff reported that the autism awareness training was most useful in understanding the difficulties associated with ASD (89.74%) and improving interpersonal communication (79.49%). Nearly 65% of staff reported that the training had been useful in helping them avoid potential problems and encouraged them to think about more ways to work with individual strengths. Nearly 30% of the staff felt that there was no unhelpful aspect of the training, 16 (41.03%) had the view that a one-day training course was not long enough and 30.77 per cent felt that more case discussion would be helpful to them. Nearly all members of staff (97.44%) reported that a refresher course would be useful and expressed the view that autism awareness training should be mandatory for all staff (Murphy & Broyd, 2019). Murphy and Broyd highlighted in their paper that the course was voluntary and a relatively small number of staff took part. They suggest the need for further investigation into ways to increase staffs' motivation to attend autism awareness training. Research investigating how the knowledge from the training is used by staff during everyday work with patients with ASD would also be useful.

Conclusion

To date, the relatively little research that has been carried out investigating ASD and HSPC indicates that individuals with an ASD in HSPC present with difficulties and needs which are different when compared to other patient groups. Moreover, the research shows that staff view patients with ASD as particularly vulnerable and would benefit from being managed in a different way compared to other

patients. Although the majority of individuals with an ASD reported positive hospital experiences, there is a very real need for improvements within HSPC, specifically, in creating an environment which is more autism friendly by making reasonable adjustments in ward design and how individuals are managed by staff (Murphy & McMorro, 2015; Murphy & Mullens, 2017). Murphy and Broyd (2019) also point out that such adaptations are also useful when formally interviewing individuals with an ASD in forensic settings (see Murphy, 2018). As found in the study by Murphy and McMorro (2015), the majority of clinical staff expressed the view that autism awareness training should be mandatory and many believed that they did not have enough skills in working with patients with an ASD. Lastly, as recently highlighted by Markham (2019) there is a lack of research investigating the experience of female adult patients with ASD (in terms of assessment and treatment, for instance) in secure hospitals (Markham, 2019).

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