

AUTISM IN PAKISTAN: MYTHS, CHALLENGES AND REMEDIES

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In recent years, a lot of information has been published regarding the mental health challenges specifically autism in children. This has helped increase awareness among masses specially the parents who constantly battle misinformation, myths and stigma attached to it. Due to fear of this public stigma, parents often do not seek treatment from mental health professionals.

Autism spectrum disorders are a group of pervasive, neuro-developmental disorders which according to DSM-IV, comprise various conditions such as autistic disorder, Asperger's syndrome (AS), atypical autism and pervasive developmental disorder not otherwise specified (PDD-NOS).¹ However, DSM-V has introduced these disorders under a single term "autism spectrum disorder" (ASD), thus, providing a new diagnostic criteria entailing 4 domains: "1) Impairment in social interaction and communication 2) Abnormal and repetitive behavior, interests, and activities 3) Presentation in early childhood development and 4) Limited and hindered everyday activities".²

There are several other problems associated with autism such as short attention span, aggression, self-injurious behaviors, epilepsy and sleep difficulties.³ Autistic children exhibit high rates of anxiety and obsessive compulsive tendencies and a small subset also has genetic disorders such as fragile X syndrome and Down syndrome.³ Autistic children are often considered "mentally retarded" by the general public, however, it is a misconception. Although it is true that a substantial percentage of individuals with ASD have mild to severe intellectual disability, however, many autistics exhibit average IQ levels and even giftedness.⁴ Occasionally some autistics called Savants, have remarkable abilities in areas of music, computation, mathematics or remote memory.⁵

The prevalence of children diagnosed with autism is at a constant rise. Increased awareness about autism or changing diagnostic criteria might be a reason for this inflation but there is a possibility that it may depict a true increase in its prevalence. Statistics regarding autism are deficient in Pakistan due to poorly executed research studies but it ranges from 2.4%-5.3% according to different surveys.³ Despite these clear challenges, research and clinical infrastructure in this particular field is lacking, specifically in Pakistan. While, only a small fraction of country's annual budget is spent on health, mental health, in general, has always been neglected.³ The

picture of management and treatment of autism in Pakistan is more ominous than these statistics. The diagnoses, management and treatment of autism requires an interdisciplinary approach including child psychiatrists, educational psychologists, occupational therapists, speech therapists, teachers, parents and family therapists. This collaborative management approach usually involves speech therapy, social skills training, individualized educational interventions, occupational therapies and medications to control symptoms of aggression and attention deficits. A lot of emphasis is placed on behavioral interventions for teaching daily life skills like toilet training, feeding, taking bath, brushing teeth, to improve the daily living of autistic children. Group and support therapies are also extended to parents of these children to lower their stress levels. Educational pamphlets and awareness seminars are also a good source of education for these families.

However, such collaborative approaches require strong psychiatric support, funding and a lot of commitment from the society. And the Psychiatric system of Pakistan is weak, with meager manpower and resources. There are only 342 psychiatrists, 13643 nurses, 478 psychologists, 3145 social workers, 22 occupational therapists, 102597 other health or mental health workers,⁵ mental hospitals, 624 Community-based psychiatric inpatient units and 1.9 beds/100,000 population, catering to our population that nears 200 million.⁶ Furthermore, this situation is not predicted to improve since there are only 29 fellowship training programs in General Psychiatry.⁷ To date, no subspecialty training such as child psychiatry is being offered in Pakistan. However, the recent editorial by Azeem, Rana & Stubbe has shone a ray of hope; announcing the start of fellowship in Child Psychiatry in Pakistan.⁸ At present, there are only a few foreign trained child psychiatrists who are diligently serving the Pakistani public in big cities. And it would take decades to fill the acute shortage of child psychiatrists in Pakistan. Perhaps, training of clinical psychologists, educational psychologists and other allied mental health professionals by providing similar postgraduate diplomas, certificates and fellowship trainings can provide an avenue to improve this situation.

In Pakistan, family physicians and pediatricians are usually the first point of contact between parents of autistic children or adults having concerns that they might be high functioning autistics. It is often opined that these specialists are equipped with right training to

manage autism but recent survey conducted in Lahore by Imran & Azeem suggest otherwise. They reported that family physicians and pediatricians lacked training and knowledge regarding autism.⁹

This editorial highlights the need to create public awareness to fight the stigma attached to autism. We recommend that steps should be taken to increase the mental health workforce by training new psychiatrists as well as psychologists and allied mental health workers, family physicians and pediatricians through fellowships, continued medical education and short courses. This will also help to increase the professional confidence of current mental health professionals in diagnosing and managing autism. Schools should appoint educational psychologists as well as start training programs for teachers to recognize the “red flags” of mental health problems in children. These could be a valuable resource in early diagnosis and intervention for these children, both associated with a good prognosis.¹⁰

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