



Research Inspired by Service Experts

How does having a diagnosis of a neurodiverse condition affect CAMHS practitioners' decisions about mental health treatment?



- Although there is guidance for modifying existing treatment options for children and young people with neurodiverse conditions, these are not always followed.
- Traditional methods may not be appropriate for many neurodivergent children and young people and a more holistic approach to treatment may be needed.
- Recommendations have been made that more training is needed for CAMHS practitioners to help them better understand the needs of neurodivergent children and young people.

What did we find?

In the UK, it is estimated that around 1 in 7 people are neurodivergent.¹ Neurodiversity refers to a range of differences in brain function and personality traits. Neurodiversity is often first noticed in childhood, and neurodivergent children and young people are particularly vulnerable to mental ill health because of the lack of resources to help them, stigma and discrimination.^{2,3} For example, over 70% of autistic children also experience mental health challenges such as depression and anxiety.³ As a result, many CAMHS users will also be neurodivergent; it is estimated around 1 in 10 CAMHS users are autistic.³

Even though many CAMHS users are neurodivergent, there is little evidence to show that CAMHS practitioners tailor treatment options for these children and young people. Instead, the approach is standardised for the mental health condition³ which can lead to problems with accessibility and inappropriate interventions.



Overlooked?

One study looking at the experiences of autistic CAMHS users found that mainstream interventions that were not modified for the young person's autism were often unsuccessful in improving their mental health, or in some cases, made symptoms worse.³ Parents also felt that their child's mental health difficulties were often dismissed as a feature of their autism, rather than a mental health condition in its own right.³

Citation Top Tip

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Adapting treatment

Other studies have also commented on the inability or unwillingness of mental health practitioners to tailor approaches to support the needs of those with an Autism Spectrum Condition (ASC) diagnosis.⁴ This is further reflected in adult mental health services where a lack of a holistic approach for treating mental health difficulties in neurodivergent individuals has also been noted.^{5,6}

In one study, parents of children with diagnosed speech, communication and language needs were interviewed on their experience of mental health services.⁷ Although parents did highlight that they felt their CAMHS practitioners were caring and had a good relationship with their child, some parents said that their CAMHS practitioner had not made treatments accessible to their child.⁷ For example, “talking therapy” would be a non-accessible treatment approach for children with language needs.⁷ Traditional treatment methods may not be appropriate for many neurodivergent children and their associated needs.

Guidance for practitioners

Adjustments to existing treatments for mental ill health are recommended by National Institute for Health and Care Excellence (NICE) for neurodivergent children.⁸ For example, for young autistic people, adjustments such as offering regular breaks, involving parents/carers, and using visual and written materials during the sessions are suggested.

Despite the guidance acknowledging other mental health difficulties such as depression, Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD), the guidance focusses mainly on delivering Cognitive Behavioural Therapy (CBT) to treat anxiety in autistic children and young people.

Furthermore, CAMHS practitioners are advised to follow guidance for neurotypical young people rather than using mental health disorder-specific adjustments for any of these other mental health challenges.⁹ The lack of specific guidance in relation to mental health challenges other than anxiety may be because there is little published evidence.¹⁰

Further suggestions



A literature review looking at modified CBT for use in children with ASC diagnoses found that CBT with specific adaptations can be an effective treatment for autistic young people with anxiety, OCD, and potentially depression.⁹ This review also found the extent to which adjustments that are recommended by NICE were used varied greatly between the studies.⁹

The review also noted that more adjustments than recommended by NICE were consistently used, including mental health disorder-specific adjustments, for example, for young people experiencing OCD rather than anxiety.⁹ This review also highlighted that more research is needed for the use of treatments, such as CBT, in neurodivergent young people experiencing mental health challenges other than anxiety.⁹

Alternative treatment options and recommendations have also been put forward by some of the research we reviewed. Approaches such as the use of visual aids and play therapy were given as potential options for neurodivergent children.⁷ Activity-focused options may work better than talking therapies for neurodivergent children and young people.⁷

Additionally, there have been recommendations that CAMHS practitioners could benefit from specialist training to enable them to adjust their treatment options to make them more accessible and effective for neurodiverse young people.⁷





With a large proportion of CAMHS users also being neurodivergent, there is a need for accessible and appropriate treatment for their mental ill health. Despite this, parents and carers still report that their children are receiving mainstream treatment regardless of their neurodivergent diagnosis.

We were able to find a number of studies that highlighted that many children and young people find mainstream mental health treatment options inaccessible. We also found research reporting that neurodiverse CAMHS users were not offered tailored treatment options. We were able to find evidence for autistic children but there has been little research in children and young people with other types of neurodiversity.

Although there is guidance for modifying existing treatment options, these are not always followed. Some studies have made additional recommendations to help improve the mental health treatment of neurodiverse children and young people using CAMHS.

This summary highlights the need for further research into how we can help train practitioners to provide tailored treatment options to neurodivergent children and young people.

What did parent/carers ask us?

Parents and carers of children and young people were asked about their experiences of the Child and Adolescent Mental Health Services (CAMHS) in Devon. A list of questions about their experience of CAMHS was created and they asked us to find evidence to help answer these questions. One of the questions we were asked by the parents and carers was, "For children with neurodiversity as well as a mental ill health, how does having a neurodiversity diagnosis affect CAMHS practitioners' decisions about mental health treatment?". They would like to know what evidence there is to better understand how CAMHS practitioners make choices about treating a child or young person with neurodiversity as well as mental health difficulties.

what did we do?



We searched for evidence to answer the question, "For children with neurodiversity as well as a mental ill health, how does having a neurodiversity diagnosis affect CAMHS practitioners' decisions about mental health treatment?".

To answer this, we searched several databases including MEDLINE, APA PsycINFO, and Google Scholar. The search aimed to include all neurodiverse conditions. The findings from these searches were then summarised. The searches were last updated in July 2022.

Although we searched for all neurodiverse conditions, the evidence we found focused on autism. Experts in mental health research, parents of CAMHS service users, and young CAMHS users reviewed the accuracy and accessibility of this summary.

Scientific databases used:

MEDLINE: Medical Literature Analysis and Retrieval System Online database
[APA PsycINFO: American Psychological Association Psychological information database]

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