

Management of the mental health needs of autistic adults:

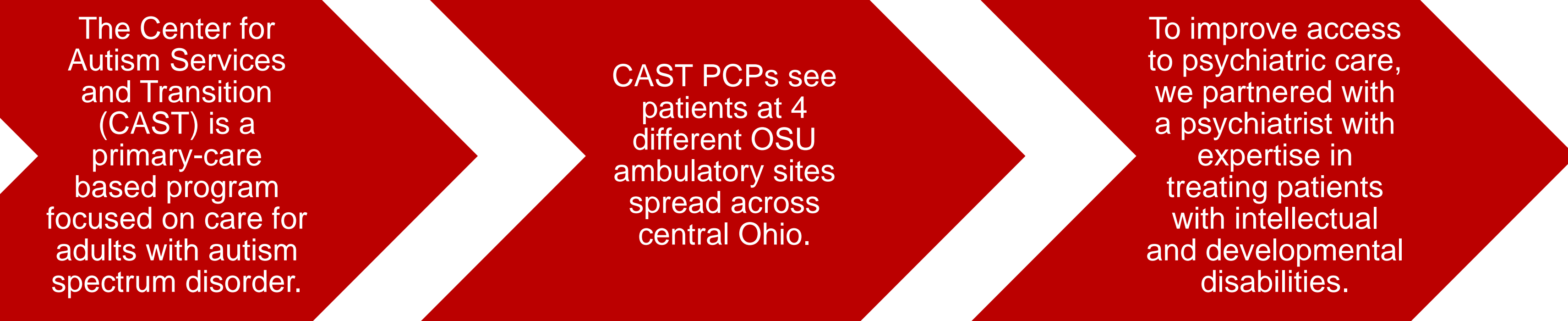
A description of a psychiatric and primary care collaborative approach

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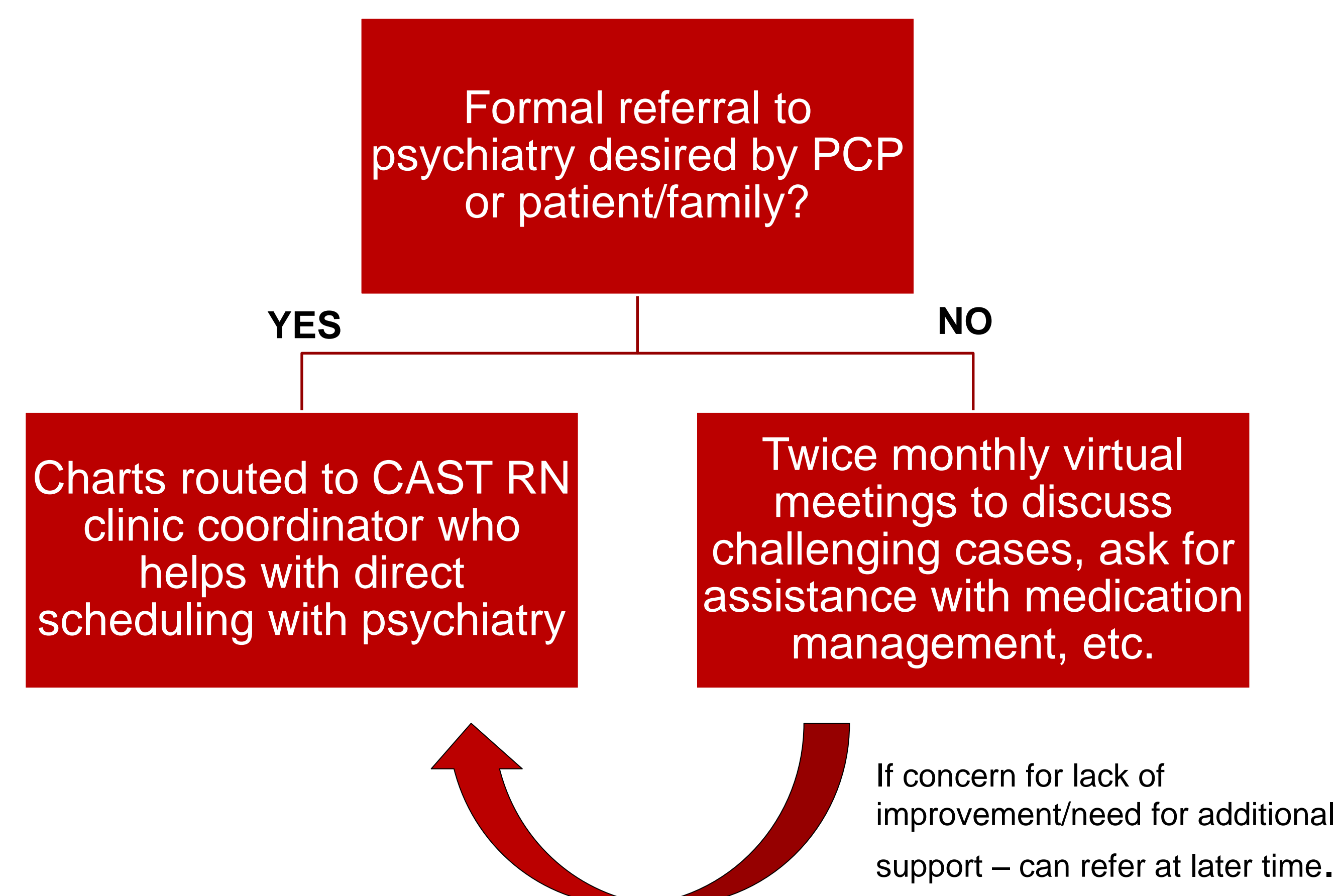
Background:

- Though prevalence estimates vary widely, data suggest that individuals with autism are significantly more likely to be diagnosed with co-morbid psychiatric conditions compared to neurotypical peers¹
- Adults with autism report more unmet healthcare needs and lower satisfaction with healthcare compared to non-autistic adults²
- Many primary care providers lack confidence in their ability to care for patients with autism – at least in part related to perceived lack of resources/support³

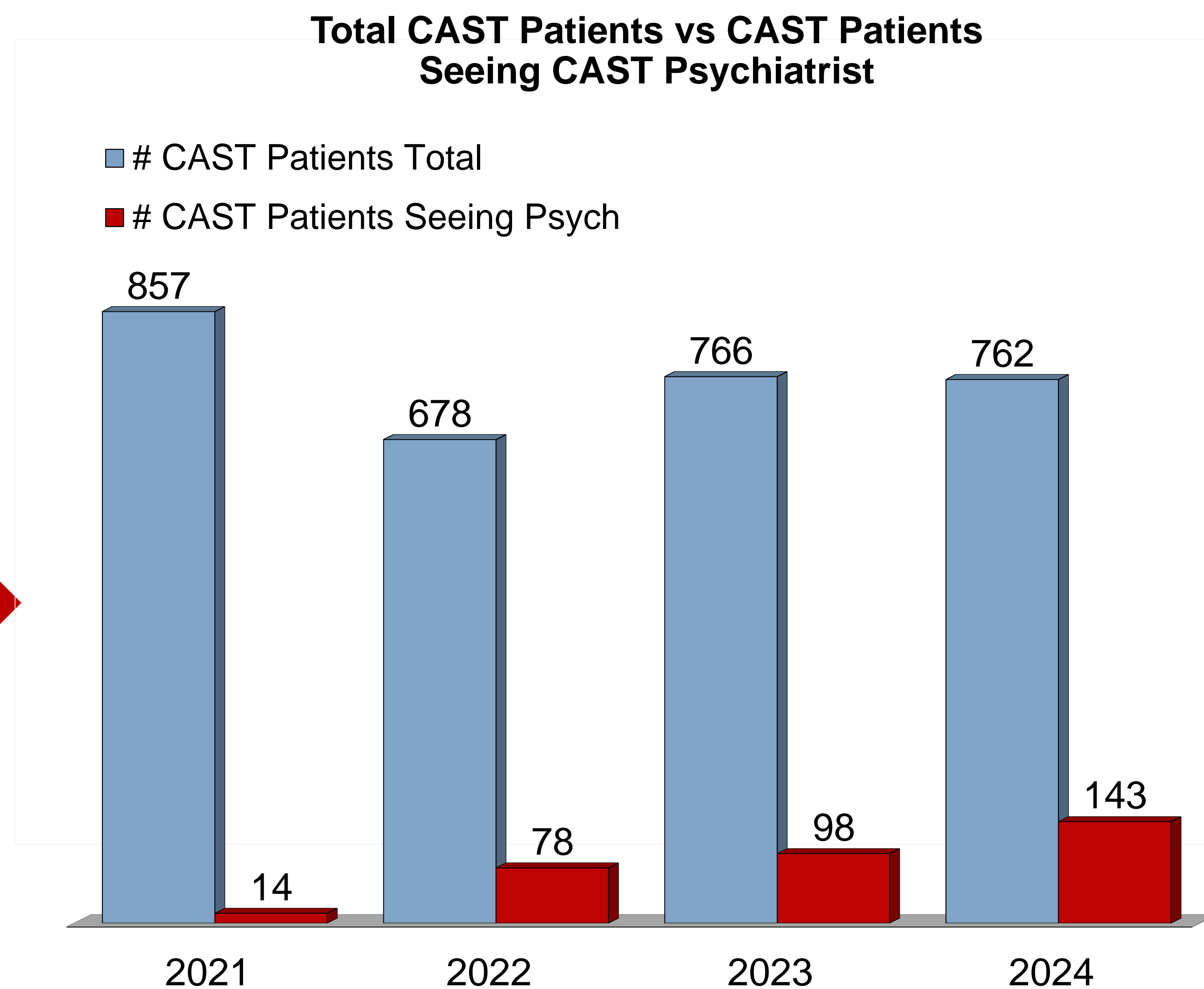


Methods:

- Psychiatrist began seeing CAST patients in fall 2021.
- In early 2022, CAST dedicated 0.1 FTE for this role, which increased to 0.2 FTE as of December 2023.
- Currently, no formal criteria are required for referral.



Results:



Common Diagnoses of Referred Patients:

- Anxiety
- Mood Disorder Unspecified
- Obsessive Compulsive Disorder
- Intermittent Explosive Disorder
- Depression
- ADHD
- Aggressive Behavior
- Behavior Concern

Other results:

- Typical lead time from referral to psychiatry visit date:
 - ~4-8 weeks
- At least 32 patients discussed as a team in “challenging case discussions”

Physician Feedback:

“I breathe a sigh of relief when complicated patients transitioning to adult care...are already established with her. It really helps me do more of the “primary care” stuff more efficiently and effectively.”

“The collaborative approach has been incredibly helpful.”
“Even outside of our scheduled biweekly meetings, Dr. Bryd is very easy to communicate with for concerns on mutual patients and my patients have excellent unsolicited feedback on their experiences with her as well.”

“It’s great to be able to collaborate with the PCPs when physical concerns come up during my appointments” – CAST Psychiatrist

Discussion:

- Approximately 19% of CAST active patients have been referred to see shared psychiatrist
- Limitations – single site, small program, no comparison to other sites
- Challenges – clarity on who is responsible for what (PCP vs psychiatry), inconsistent follow-up
- Future Opportunities – internal mental health counseling, expansion to include additional psychiatric providers, consideration of option for consultative model

References:

¹ M.M. Hossain, N. Khan, A. Sultana, P. Ma, E.L.J. McKyer, H.U. Ahmed, N. Purohit (2020). Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses. *Psychiatry Res.*, 287, Article 112922

² Nicolaidis, C., Raymaker, D., McDonald, K., Dern, S., Boisclair, W. C., Ashkenazy, E., et al. (2013). Comparison of healthcare experiences in autistic and non-autistic adults: A cross-sectional online survey facilitated by an academic-community partnership. *Journal of General Internal Medicine*, 28(6), 761–769.

³ Zerbo O, Massolo ML, Qian Y, Croen LA. A Study of Physician Knowledge and Experience with Autism in Adults in a Large Integrated Healthcare System. *J Autism Dev Disord.* 2015 Dec;45(12):4002-14. doi: 10.1007/s10803-015-2579-2. PMID: 26334872.