

## 6.8 Mental Health Component of Asperger Syndrome

Asperger syndrome has been described as 'high functioning autism'. People with Asperger Syndrome do not generally have a learning disability and Asperger Syndrome may not become obvious until a child is older. Some people can go through their whole lives having Asperger Syndrome and not receive a diagnosis until they are in the 40's or older.

The main clinical features of Asperger Syndrome are:

- Lack of empathy;
- Naive, inappropriate and one sided interactions;
- Limited ability to form friendships;
- Repetitive speech;
- Poor non-verbal communication;
- Intense absorption in certain subjects;
- Clumsy, ill coordinated movements and odd postures.

Individuals with Asperger Syndrome (in common with all people within the autistic spectrum disorder) will have difficulties in 3 main areas:

- Social communication – knowing what to say to other people and understanding what they are saying to you;
- Social understanding – knowing what to do when you are with others or behaving inappropriately (apparently oblivious to social rules);
- Imagination – pretend play, make believe and fantasy.

Adapted from Autism NI website accessed September 2009 ([www.autismni.org](http://www.autismni.org)).

**Please note that the term 'Asperger Syndrome' may be subject to change in May 2013**

## Overarching Standard 42: Mental Health Component of Asperger Syndrome

A person showing clinical features of Asperger Syndrome should be referred, following initial assessment in primary care, to specialist services for assessment, diagnosis, intervention, care and support as outlined in the Northern Ireland Care Pathway for Autistic Spectrum Disorder (ASD).

### Rationale

Asperger Syndrome, like other autistic spectrum disorders, is not always easy to identify. It can present in different ways and in different settings. ASD poses many challenges and can be difficult to diagnose. Early recognition, diagnosis and intervention is essential for people with Asperger Syndrome in order to provide specific support for the individuals affected as well as their families and carers.

### Evidence

Bamford Review: Autism Spectrum Disorder Report (May 2006)

[http://www.rmhdni.gov.uk/asd\\_report\\_may06.pdf](http://www.rmhdni.gov.uk/asd_report_may06.pdf)

Maginnis, K (2008) Independent Review of Autism Services

[http://www.dhsspsni.gov.uk/independent\\_review\\_of\\_autism\\_services\\_final\\_report.pdf](http://www.dhsspsni.gov.uk/independent_review_of_autism_services_final_report.pdf)

OFMDFM (2006) Our Children and Young People – Our Pledge. A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016

<http://www.dardni.gov.uk/our-children-and-young-people.pdf>

DHSSPS (2009) Review of Health Visiting and School Nursing

DHSSPS (2008) Understanding the Needs of Children in Northern Ireland (UNOCINI) [http://www.dhsspsni.gov.uk/unocini\\_guidance.pdf](http://www.dhsspsni.gov.uk/unocini_guidance.pdf)

### Responsibility for delivery/implementation

HSC organisations in partnership with DENI, voluntary and community groups  
Primary care

Performance indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people referred to specialist services for assessment, diagnosis, intervention and support	ASD Action Plan monitoring reports	Establish baseline  Performance level to be determined once baseline established	March 2013