Adults with Autism Spectrum Disorders, from Child Psychiatry Departments to Forensic Psychiatry Units: An Embarrassing Trajectory?

Dear Editor,

Halpern et al.1 presented the experience of their clinical center on early diagnosis of autism spectrum disorder (ASD) and commented on the diagnostic challenges. We applaud the efforts concerning the use of early effective diagnostic protocols, as early interventions have been shown to improve outcomes. People with ASD face several challenges during their lifetime that may complicate interpersonal relationships and life in society. Our aim is to raise awareness of both the diagnosis of ASD and the legal implications of the lack of specialized care.

Individuals with ASD rarely commit crimes, as rules and laws typically help people with ASD to navigate the complexities of life in society. Surprisingly, there appears to be an overrepresentation of people with ASD in forensic psychiatry units; despite the lack of Portuguese empirical data, international studies support this increased prevalence.2 It is possible that ASD-specific vulnerability factors may increase an individual’s risk within challenging circumstances.

First, there could be difficulties with theory of mind (the cognitive capacity to assess the mental state of others and which is essential in the development of social communication and is often absent in ASD patients) and certain dimensions of executive functioning and central cohesiveness, which affect a significant proportion of people with ASD, may increase the risk of committing offenses, as the capacity to judge the full range of consequences of their actions may be compromised.3 Additionally, it is not unusual for disturbances of fixed routines or episodes of sensory overload to cause extreme distress leading to challenging actions and behaviors.4 A lack of understanding of social rules and social naivete may also put people with ASD at risk of committing law-breaking actions (such as stalking).5 The pursuit of obsessive interests may also lead the individual to commit crimes (hacking being a prime example).4

Finally, people with ASD who commit offenses appear to have a high prevalence of mental disorders, particularly substance use disorder, schizophrenia spectrum disorders and other neurodevelopmental disorders.5

Early diagnosis and therapeutic intervention, along with specialized care throughout the lifespan, may help provide support that is tailored to the individual’s needs and difficulties. Notwithstanding the need of an adequate diagnosis of ASD, inappropriate understanding of the impairments caused by ASD and their implications in everyday functioning significantly compromises the provision of appropriate care and prolongs the existence of unmet needs in this population.3 Specialized care and proper treatment not only improve the quality of life, but have also been shown to reduce criminal behavior in people with ASD. Therefore, the transition from child psychiatry to adult psychiatry services should be seen as a window of opportunity. Closing this window might be forensically costly.

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REFERENCES

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