



Autism in child psychiatry:

epidemic or artificial trend?

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Are rising autism rates indicative of a true increase in prevalence, or a consequence of the way our healthcare system is organized? This was the question addressed on January 17th and 18th at the “Autism: 2019 perspectives/ epidemic or artificial trend?” conference held in Montreal. The event was organized by the Autism Program at Rivière-des-Prairies Mental Health Hospital, of the CIUSSS du Nord-de-l’Île-de-Montréal, and with the support of the Petits Trésors Foundation. The organizers were psychiatrists dedicated to improving service delivery in Quebec and disseminating accurate clinical and epidemiological information. The 22 speakers included psychiatrists and representatives from the education and public health sectors of Sherbrooke, Québec City and Montreal, who presented to around 500 participants on various issues and mechanisms driving the epidemic increase of autism diagnoses in Quebec.

The speakers unequivocally concluded, based on a careful analysis of autism assessment referrals suggesting a steady decrease in the number of autism diagnoses received from such referrals, that we are currently witnessing an artificial increase in autism diagnoses. The nature of diagnostic tools, diagnosis-based access to educational services, the existence of specialized autism classrooms, and the quest for a sole, targeted diagnosis rather than the consideration of multiple possible diagnoses, equally contribute to this artificial increase. This reality simultaneously harms autistic people, whose autism-specific services will be made available for other conditions, and those falsely

diagnosed as autistic, who will not receive appropriate services. The rising number of autism cases in Quebec is not attributable to any biological phenomenon, epidemic, or related trend. Differences in prevalence across regions are a reflection of whether a diagnosis is required to obtain services, rather than the result of thorough assessments made by a team of experts.

We must reconsider *targeted* screening for a main diagnosis of autism. In effect, this diagnosis is often dropped following specialized assessment, where clinicians will identify other diagnoses. However, we must preserve expert clinics exposed to a large number of autistic people of all ages. This is necessary in order to maintain clinical expertise, train competent professionals to diagnose this condition (when truly present), and to contribute to scientific research.

Whilst child psychiatry has contributed to the increased recognition of autism diagnoses (and must continue to do so), the link between diagnosis and services must be fundamentally reconsidered, and it is this task which awaits our new government. The apparent increase in autism diagnoses is actually the result of a faulty organization of care, in which a growing number of children will see autism as their only hope to gain access to services. The conference’s conclusion was firm: services must be delivered according to need and not the nature of diagnosis. Diagnosis must determine the content of services, but not whether they are obtained in the first place. ❁

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