

Pathways to screening and diagnosis of neurodevelopmental conditions

Introduction

Fetal Alcohol Spectrum Disorder (FASD) is the most common neurodevelopmental disability globally. However, it is commonly reported that the occurrence of FASD is estimated to be at around 5% in high-income nations, and this is reportedly a conservative figureⁱ. In Australia and globally, children and adults with FASD are disproportionately represented in the areas of justice and child protection.ⁱⁱ



What we know

- The first ever prevalence study of adolescents in juvenile detention, Banksia Hill study, found a 36% prevalence rate of FASD, and only two of those 36 adolescents had been previously assessed for FASD.ⁱⁱⁱ
- Despite advancements in FASD diagnosis in Australia, many people still live with undiagnosed FASD.
- The topic of living with undiagnosed disabilities is complex and sensitive, and has received little attention in recent years.
- Research in Australia showed that 51% of children with FASD had a sibling with the same condition, indicating the missed opportunity of prevention within families.^{iv}
- The stigma associated with FASD creates barriers to accessing adequate services for affected individuals.^v

Best practice and culture as care

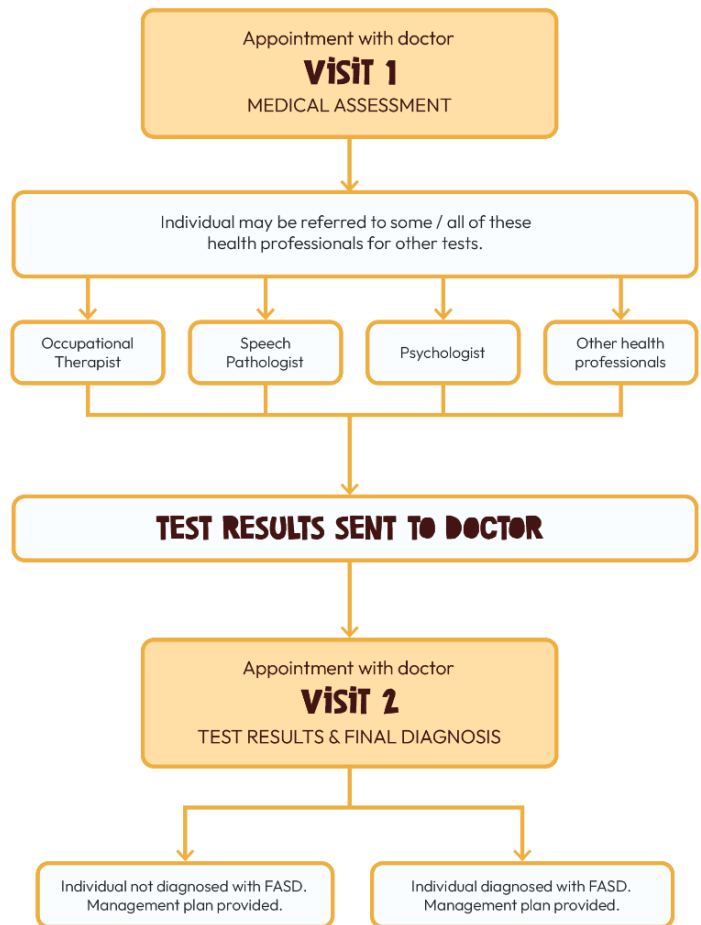
Best practice for screening and diagnosis is based on recognising FASD as a disability that requires early access to appropriate evidence-based interventions across the lifespan.

Access to Screening and Diagnosis is crucial in providing a path to intervention and aligning with the Life Course Health Development Model.^{vi} This model emphasises the importance of promoting health and well-being by enabling individuals to reach their potential, fulfil their needs, and adapt to changing physical, social, and cultural environments through participation in desired roles and achieving personal goals.

Early access to diagnosis and intervention is critical for children, to support academic performance and minimise the risk of developing mental health conditions, such as depression.^{vii}

Prenatal alcohol exposure and unrecognized Fetal Alcohol Spectrum Disorder (FASD) can have serious and life-limiting impacts.^{viii}

Adolescents and adults with FASD who do not receive evidence-based support and knowledgeable interventions throughout their lifespan are at high risk of engaging in suicidal ideation, experiencing early mortality, and becoming involved in the justice system.^{ix}



Assessment Services

www.fasdhub.org.au has extensive information on [assessment and diagnosis](#) including a list of [assessment services](#) and information related to the [NDIS](#).



Advice for the health workforce

- It's important to yarn with families about FASD and pathways to screening and diagnosis in a trauma-informed, culturally safe and stigma-free way.
Resource: The [Strong Born Health Professionals Booklet](#) provides advice on 'ways to yarn'.
- The ASQ Trak is a screening tool that has been adapted and validated for use with Aboriginal children. ^x Aboriginal and Torres Strait Islander Health Practitioners (AHPs) can receive training in the application of the ASQ Trak. ^{xi}
Resource: ASQ training is delivered by [Strong Kids Strong Future](#).
- Children under the age of six who have developmental and behavioural concerns should be referred to a Developmental Paediatrician or a General Practitioner who has received post-graduate training in Child Health and has been accredited in Neurodevelopmental assessments. Additionally, children should also receive evaluations from a Speech and Language Therapist and an Occupational Therapist. Children older than 6 years should be evaluated by a Clinical or Neuropsychologist. If a Clinical or Neuropsychologist is not available, then children of school age are entitled to a free evaluation from an educational psychologist.
- For the best possible outcome, adults should be evaluated by a Speech and Language Therapist, a Neuropsychologist, a General Practitioner or Physician, and a Psychiatrist.
- If you are working with people or families who are seeking a FASD diagnosis, you are encouraged to reach out to your local NDIS Community Connector at your local ACCHO or Local Area Coordinator (LAC).
Resource: <https://www.ndis.gov.au/contact/locations>.
- Individuals with FASD frequently experience comorbid conditions such as mental health problems. Comorbidity refers to the presence of two conditions at the same time. The number of comorbid disorders that co-occur with FASD may contribute to lower-than-expected prevalence estimates for the disorder (i.e. underdiagnosis) because other conditions may shadow the symptoms of FASD. ^{xii}
- Recognizing comorbid conditions with FASD can help inform treatment approaches when other disorders co-exist. Commonly identified comorbid conditions include ADHD, Oppositional Defiant Disorder, Depression, and Bipolar Affective Disorder. ^{xiii}

References

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