

8 April 2020

Senator Hollie Hughes
Chair, Select Committee on Autism

By email to: autism.sen@aph.gov.au

Dear Senator

Re: Submission to the Select Committee on Autism

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the Select Committee on Autism (the Select Committee).

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 5000 qualified psychiatrists in Australia and New Zealand and is guided on policy matters by a range of expert committees, including the Section of Psychiatry of Intellectual and Developmental Disabilities.

The RANZCP would firstly like to highlight the importance of recognising the individuality and differing needs of people with Autism Spectrum Disorder (ASD). It is also important to highlight that ASD affects people across the lifespan and with a variety of backgrounds and cognitive abilities.

The RANZCP continues to engage in efforts to ensure people with ASD are able to access individualised assessment and service provision in a consistent manner. We have made numerous [submissions](#), including to the consultation for the development of the [National Guideline for the Assessment and Diagnosis of ASD](#) in Australia.

People with ASD experience significantly higher rates of mental health conditions than the general population, with 69-79% of people with ASD experiencing at least one mental health condition over their lifespan (1). Research also suggests that people with ASD are at higher risk of suicide compared with the general population (2). Despite the need to support the mental health of people with ASD, many barriers still exist for people with ASD to access consistent and timely mental healthcare.

The RANZCP is concerned that many key government policy documents do not acknowledge the increased vulnerability to mental health conditions and suicide experienced by people with ASD who, in turn, may miss out on appropriate support. [The Fifth National Mental Health and Suicide Prevention Plan](#), for example, does not make any reference to people with ASD. Future policies should include people with ASD and highlight ways to support the mental health needs of this group. Policies should also include specific groups such as Aboriginal and Torres Strait Islander peoples who have ASD and be mindful of the ways in which gender may lead to different experiences and presentations of this condition. This also should be accompanied by increased research into experiences of people with autism particularly for Aboriginal and Torres Strait Islander communities (5) to help guide policy development.

ASD is often a lifelong diagnosis and services are required across the lifespan to reflect this (3). However, much of the current focus within ASD policy and service provision is on supporting children with ASD. For example, the [National Disability Strategy 2010-2020](#) refers only to providing early intervention to children with ASD (4). While the RANZCP does not dispute the importance of providing children with ASD with support, young adults and older adults should also be provided with appropriate support and services. This is particularly pertinent for adults who may be diagnosed with ASD later in life and who may need assistance managing their condition. The RANZCP suggests that service provision and policies for people with ASD account for the experiences of ASD across the lifespan. Services which support the mental health of people who care for and support people with ASD across the lifespan are also required.

Under-diagnosis in people with ASD who do not present with comorbidities such as cognitive or language function is especially problematic. Common screening tools for identifying ASD in people who have ASD and no comorbidities (such as intellectual disability) may fail to ascertain a proper diagnosis (1). Presentation of ASD symptoms may also be difficult to identify in adults as they may have developed mechanisms to help them manage social situations, masking symptoms of ASD but not necessarily managing stressors and symptoms associated with the condition. It is important that proper screening and assessment tools and adequate training are available to ensure people with ASD are able to get the assistance they need, regardless of complexity.

The RANZCP acknowledges that services for children with ASD, with or without intellectual disability, who have mental health and/or significant behaviours of concern, such as self-injury and aggression to others, are lacking in our mental health system. Severe behavioural problems in children that prohibit school placement are a significant concern, not only for parents but for our entire mental health system. Early intervention for these children and their families is inconsistent. The lack of centre-based, disability-focused school holiday programs for these children is being increasingly recognised as problematic in terms of family/carer burnout.

Health policies and guidelines must acknowledge the vulnerability experienced by people with ASD to help them access mental health services when they need them, across the lifespan and regardless of their background or circumstances. Additionally, services which support the mental health of people who care for and support people with autism across the lifespan are also required.

To discuss any of the issues raised in this letter and submission, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via
or by phone on

Yours sincerely

Associate Professor John Allan
President

Ref: 1744

References

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