

Vanessa Spiller  
JumpStart Psychology  
[www.JumpStartPsychology.com](http://www.JumpStartPsychology.com)  
[jumpstartpsychology@gmail.com](mailto:jumpstartpsychology@gmail.com)

Senator Rachel Siewert  
Committee Chair  
CHIEF MINISTER  
Senate Standing Committees on Community Affairs

28<sup>th</sup> November, 2019

Dear Senator Siewert,

My name is Vanessa Spiller and I am a Clinical Psychologist and parent to a young adult with FASD. I wish to respond to a number items relating to this enquiry. I am aware that a previous enquiry has occurred with few of the issues adequately addressed since then. I sincerely hope that issues will be better addressed following this enquiry. My responses are included below and reflect my experiences as a mental health professional and as a parent.

*[d] provision of diagnostic services in Australia including capacity, training, integration and diagnostic models*

More diagnostic services are needed, particularly in rural and remote communities and for adults. There are currently no dedicated public programs that provide assessment and diagnosis of FASD for adults within Australia. Publicly available services for children face huge demand and often have very long waiting lists. Private diagnostic services are rarely available and are prohibitively expensive. Many more publically available options are needed. Allowing service provision including assessment through medicare-funded mental health plans or a similar scheme would be one option for increasing access. Lack of diagnosis contributes to increased secondary conditions and the financial and emotional costs associated with them.

*[e] the prevalence and nature of co-occurring conditions and of misdiagnosis of FASD;*

Individuals with FASD experience a vast array of secondary conditions including exclusion from education and mental health issues etc, which disproportionately brings those with FASD into contact with mental health services and criminal justice systems. Allowing service provision including assessment through medicare-funded mental health plans or a similar scheme would be one option for increasing access to diagnosis and appropriate treatment and supports. Without providing access to specialised services geared specifically towards reaching those with FASD these secondary conditions and the costs associated with them will continue to grow unabated.

*[g] awareness of FASD in schools, and the effectiveness of systems to*

*identify and support affected students*

Education and training about FASD should be built into all university education training programs so that all incoming teachers have an awareness of this condition and how to support students with it.

It is also essential that all at risk students e.g., every student in years prep to year 2 who have been suspended or excluded are identified and given timely access to a thorough neurodevelopmental assessment and subsequent service provision. Expansion of existing services such as Child and Youth Mental Health Services, or Child Development Services may be one option. This will help to increase diagnosis and early intervention to high-risk young people for a range of neurodevelopmental conditions including FASD and ASD.

*[h] the prevalence of, and approaches to, FASD in vulnerable populations, including children in foster and state care, migrant communities and Indigenous communities;*

Given the elevated rates of children with FASD in out of home care, most of whom are not diagnosed, all children in this setting should receive a thorough neurodevelopmental assessment including screening for FASD as a basic standard of care.

All foster carers should receive education and ongoing support for children in their care with such a condition. Inadequately informing and supporting carers contributes to high rates of placement breakdown and further damage to already vulnerable children. All foster care support agencies should have access to various professionals with expertise and training in FASD. Children with FASD and their carers should continue to receive financial and service based support until they are 25 years old due to their extended care needs across the lifespan. Comprehensive exit from care plans should be available for all children with FASD exiting the Child Protection System due to the lifelong nature of their disability.

Aboriginal and Torres Strait Islander medical services should receive funding and staff to enable them to diagnose and provide culturally appropriate support to members of the Aboriginal and Torres Strait Islander communities with FASD across the lifespan.

*[i] the recognition of, and approaches to, FASD in the criminal justice system and adequacy of rehabilitation responses;*

Training for magistrates and justice professionals in FASD is needed. Setting up a FASD/neurodevelopmental condition court is needed as has been done in Canada. Programs that aim to address core neurodevelopmental and skill deficits will be more effective than punitive approaches designed to deter young people with FASD from reoffending.

*[k] access, availability and adequacy of FASD support available through the National Disability Insurance Scheme, including access to effective and early intervention services for individuals diagnosed with FASD;*

NDIS remains too complicated and difficult for individuals and their carers to navigate. This is a broader problem for the NDIS but even worse for those with FASD.

FASD should be recognised as an A-list recognised condition due to its status as a lifelong condition with a recognised high levels of complexity and impairment.

*[1] support for adults with FASD and for parents and carers of children with FASD;*

Supporting parents and carers to continue caring across the lifespan is needed. Timely access to respite care, including emergency respite, financial support and ongoing support services designed to maintain their own mental health and well-being is desperately needed.

*[n] the effectiveness of the National FASD Action Plan 2018-2028, including gaps in ensuring a nationally coordinated response and adequacy of funding;*

The financial cost of not adequately addressing issues related to FASD are astronomical and well documented. The cost of providing adequate services pales in comparison.

Thank you again for the opportunity to present my views to this enquiry. I am more than happy to discuss these further as needed and look forward to hearing the outcomes.

Kind Regards,

Vanessa Spiller  
Clinical Psychology