

Feedback to the National Autism Strategy

COMHWA Submission

October 2023



1. Preliminaries

About the Respondents

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy group independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

Request for Feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work.

Please provide feedback via the contact details on this submission's cover page.

Language

CoMHWA uses the term mental health consumer throughout this submission. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological or emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include "peer", "survivor", "person with a lived experience" and "expert by experience".

This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about 'mental illness'.

CoMHWA also wishes to acknowledge the preferences of the Autistic community in language use and will use the identity-first term 'Autistic person' throughout this submission. In this submission, 'peer' should be

understood to refer to someone with a lived experience of Autism, rather than in the sense—dominant in Autism literature—of a non-Autistic peer or classmate.

About the Consultation: ‘National Autism Strategy’

Reproduced from the Department of Social Services Website

What is the National Autism Strategy?

In 2022, the Australian Government announced the development of a National Autism Strategy. The Strategy will be for all Autistic Australians. It will cover key reform areas including access to services, healthcare, education, and employment. It will help to guide a more coordinated, national approach supporting Autistic people at each stage of life.

The Strategy will be informed by:

- Autistic people,
- their families and carers,
- the Autism sector, and,
- Researchers.

How will the National Autism Strategy be developed?

An Oversight Council will guide the development of the Strategy.

The Council includes eight (8) Autistic community and sector members (including an Autistic co-chair), two (2) research and professional sector members, and six (6) Australian Government members (including a co-chair).

It is important that we listen carefully to Autistic people about what is happening and what they want and need from a national strategy.

Autistic people, their families, and carers will be invited to help develop the Strategy. The consultation process is now open. Visit www.dss.gov.au/national-Autism-strategy to get involved.

Findings and recommendations from the Senate Select Committee on Autism final report will also be considered as part of the development of the Strategy.

Close Date: 30/10/2023

Submissions to: AutismPolicy@dss.gov.au

2. Introduction

CoMHWA welcomes the opportunity to make a submission to the National Autism Strategy on behalf of our members, especially those who are Autistic and stand to be directly impacted by The Strategy. Developing an inclusive, accessible, effective and holistic Strategy for Autism in Australia is an important task, and, in light of the increasing prevalence (or detection of) Autism in Australia, developing a comprehensive, humane and evidence-based strategy is critically important. It is essential to note at this stage that CoMHWA, as a peak body representing people with a lived experience of mental health distress, *does not want to imply through making this submission that Autism can be simply equivocated to other mental health struggles*—CoMHWA accepts the Autistic community’s preference for conceptualising Autism through a *neurodiversity framework*, which will directly inform the recommendations made, and language deployed, in this submission.

We base our submission on:

- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO)
- A survey sent out to all CoMHWA members which was open for responses between 20/10/23 and 27/10/23

Discussion and Recommendations

What does a National Autism Strategy need to achieve? (Discussion Question 1)

It is CoMHWA's belief that the National Autism Strategy (hereafter 'The Strategy') represents a unique opportunity, namely, to make needed changes to policy that have the potential to improve the lives of thousands of Autistic Australians and ensure that their human rights are being upheld in the community. The following recommendations are arranged according to key themes that CoMHWA believes represent key outcomes for The Strategy to be assessed through: Access to services for Autistic people, Ensuring Autistic people have their autonomy respected, ensuring that services for Autistic people are equipped to manage cultural and linguistic differences, develop education about Autism through a neurodiversity framework, and finally elevate the voices of Autistic people with lived experience within institutions, services and governance.

Recommendation 1: Improve access for Autistic people to support services and service accountability.

A key issue that emerged in CoMHWA's survey of our members was the issue of Autistic people facing barriers to the accessibility of services. For example, one member, in response to Discussion question one, summarised their views on what The Strategy should achieve in relation to barriers for treatment:

'It needs to address the current barriers faced by community members in accessing equitable living ... including how it impacts them social, economically, and professionally. It then needs to provide doable strategies (short and long term) that can address these barriers.'

The government should adopt accessibility as a key evaluation criterion to be used to gauge the success of the Strategy over time, seeking information directly from Autistic people to assess the perceived ease of service access.

Recommendation 2: Reduce stigma faced by Autistic people in the community and support a neurodiversity framework for education.

Another key issue that was highlighted by CoMHWA members was the prevalence of a societal stigma surrounding Autism, and a general lack of community understanding about neurodiversity as a conceptual framework. The impact of stigma on the Autistic community cannot be understated—a report published in 2017 revealed a clear connection between the acceptance of Autism and the reduction in symptoms of depression in Autistic people in the study.¹ Consequently, it is critically important that the government develops systems to measure community stigma about Autism, and establishes the reduction of stigma as a key outcome for The Strategy.

Recommendation 3: Promote diversity in Autistic support services and education about how Autism intersects with cultural differences.

As noted in 2020 study considering Autism across different cultures, there is a distinct challenge in diagnosing Autism and proposing the most appropriate treatments when considering the behaviours of people from diverse cultural and linguistic backgrounds.² The way that Autism intersects with different cultural ways of being and expressing oneself has received comparatively little research, with some authors proposing that these differences are resulting in Autistic Culturally and Linguistically Diverse (CaLD) people being overlooked in clinical spaces.³

Recommendation 4: Promote the development of a peer workforce of Autistic people to help with service design, delivery, and governance.

CoMHWA is strongly committed to the view that Autistic peer workers would be ideally suited to address a range of the key issues outlined in the discussion paper and by our members. Peer workers are well suited to assisting in service navigation roles, adopting a neurodiversity framework and helping people to establish and maintain social connectedness. Importantly, a lived experience workforce should embrace diverse backgrounds and experiences including people from CaLD backgrounds, the LGBTQI+ community, Aboriginal and Torres Strait Islander and other intersectional identities to provide appropriate and individualised support.

¹ Eilidh Cage, Jessica Di Monaco, Victoria Newell. (2017) 'Experiences of Autism Acceptance and Mental Health in Autistic Adults', *The Journal of Autism and Developmental Disorders*, 48:473–484

² Anne de Leeuw, Francesca Happé, Rosa A. Hoekstra. (2020) 'A conceptual framework for understanding the cultural and contextual factors on Autism across the globe' *Autism Research*, 13(7):1029-1050. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7614360/pdf/EMS85803.pdf>

³ *Ibid.*

How do you think the Strategy can support the rights, autonomy, and diversity of the Autistic community? (Discussion Question 2)

Offer support for the development of a national human rights framework. Develop policy and evaluation for Autism that has an emphasis on being culturally sensitive or appropriate. Ensure that complaint mechanisms for Autistic people are accessible and accountable, Complaints and rights violations should be investigated through in-built systems of oversight that incorporate peer led feedback and governance.

Recommendation 5: Support a National Human Rights Framework and educate Autistic people about their rights.

It is CoMHWA's view that The Strategy should orientate its recommendations according to an approach grounded on human rights, rather than adopting economic or other frameworks through which to plan and implement policies to improve the lives of Autistic Australians. One CoMHWA member argued that The Strategy:

'...needs to not be paternal. Our autonomy and ability to self-actualise needs to be at the forefront.'

While Australia, on a federal level, has no legislated human rights bill, we are a signatory to a number of international conventions in support of human rights including the United Nations Convention on the Rights for Persons with Disabilities. By taking a human rights framework seriously, The Strategy would inexorably align itself with the critically important aims to promote autonomy, accessibility and culturally appropriate care.⁴ The need for a Legislative Act to guarantee the human rights of Autistic people was clearly articulated by CoMHWA members in their responses to our survey, with one member capturing this sentiment as follows:

'Give us accountability...Give us legislation that guarantees our rights.'

Additionally, by developing an education campaign to educate Autistic people about their rights (in terms of Australia's International commitments), The Strategy would make it easier for these oft-overlooked Australians to advocate for their human rights and have their voices heard. As one CoMHWA member wrote, The Strategy should aim to help Autistic people to develop their own voice:

'By providing reference to legislation, frameworks, resources, and real systemic structures that are actually practically helpful in allowing once to self-advocate.'

⁴ See, for example, the obligations presented under 'International Covenant on Economic, Social and Cultural Rights' (I.C.E.S.C.R.) and the Convention on the Rights of Persons with Disabilities (CRPD).

Recommendation 6: Ensure that there is a culturally appropriate system developed to diagnose Autism in CaLD communities, and culturally appropriate services to support CaLD Autistic people.

The impact of cultural and linguistic diversity on the diagnosis and understanding of Autism is a profound challenge facing Australia in developing The Strategy—it is challenging for doctors unfamiliar with diverse cultures to recognise Autistic behaviours as clearly, and cultural and linguistic differences can make it difficult to provide appropriate care and support services. One path to address this gap is to train and support CaLD Autism specialists and Autistic peer workers to provide culturally appropriate and tailored support. However, there also needs to be education programs developed to make doctors more broadly aware of culturally distinct permutations of Autistic behaviours. One CoMHWA member proposed that The Strategy needed to ensure:

‘A greater understanding of intersectionality across culture, and diversity and abilities’

The intersection of Autism in relation to cultural differences is complex, and would be well suited to further research in the Australian context—latest statistics show that 27.6% of Australia’s population was born overseas, a record high.

Recommendation 7: Ensure that culturally safe support services are designed to serve the Autistic Aboriginal and Torres Strait Islander community.

Another critically important focus that CoMHWA believes The Strategy must address is the current gap in culturally safe diagnostic and support services for Autistic Aboriginal and Torres Strait Islander people. The impact of cultural difference on Autistic Aboriginal and Torres Strait Islander peoples has been expounded in the 2019 report *“We Look After Our Own Mob”: Aboriginal and Torres Strait Islander Experiences of Autism*, where recommendations included the development of culturally safe support services for Autism and education programs about Autism diagnosis for Indigenous Australians.⁵ The under-diagnosis of Autism amongst Aboriginal and Torres Strait Islander people is of particular concern, due to the subsequent lack of support that Autistic Aboriginal Australians will experience in addition to the already existing inadequacies they will experience in trying to access culturally appropriate health and mental health services. One CoMHWA member who identifies as Aboriginal or Torres Strait Islander felt that the key to addressing the needs of First Nations people was to ensure that The Strategy prioritised:

⁵ Lilley, R., Sedgwick, M., & Pellicano, E. (2019) *“We Look After Our Own Mob”: Aboriginal and Torres Strait Islander Experiences of Autism*. Sydney, Australia: Macquarie University. <https://research-management.mq.edu.au/ws/portalfiles/portal/114274862/114273488.pdf>

'Truth telling and truth seeking... Accountability so that it is not just another policy which does nothing. I want actual legislation to guarantee that this strategy doesn't disappear.'

CoMHWA wishes to highlight the profound gap in services and culturally considerate practices that Aboriginal and Torres Strait Islander people have unfairly experienced, and want to offer our full support for the recommendations outlined in the *'We Look After Our Own Mob'* report.⁶ We strongly encourage The Strategy to utilise these recommendations when developing policy to better support Autistic Aboriginal Australians.

Recommendation 8: Complaint mechanisms for services that help Autistic people should be strengthened to improve their accessibility and transparency, and should be evaluated by internal systems of oversight that incorporate Autistic peer governance.

CoMHWA is of the view that The Strategy should ensure rigorous and transparent complaint mechanisms are developed to ensure accountability across every sector that is engaged with the support and care of Autistic people. One CoMHWA member phrased the need for accountable and transparent complaint mechanisms in the following fashion:

'We also need to improve the accountability mechanisms to better protect Autistic people...The UK's National Autism Strategy is supported by legislation to guarantee accountability. Why can't we have the same?'

Without easy to access official complaint systems designed to accommodate Autistic people, there is a danger that inappropriate care and other legitimate complaints may be unaddressed. Ensuring that Autistic people are aware of their ability to lodge a complaint and that this service is easily accessible is critically important considering the social isolation or communication difficulties often faced by Autistic people.

What needs to improve so Autistic people are better supported across their whole life? (Discussion Question 3)

Increased capacity building for early childhood diagnosis to make it easier to access services later in life. Ensure that a rigorous education campaign is developed for social institutions and services to ensure that they offer appropriate spaces and engagement for neurodiverse individuals. Recognise the unique challenges Autistic people face in employment, housing etc, and develop strategies to mitigate the impact of this difficulty. Build the capacity of clinical services with specialist Autism professionals, alongside developing and funding community-based outreach services to help prevent escalating service requirements.

⁶ Ibid. p. 52

Recommendation 9: Ensure that the health system has the capacity to investigate and diagnose children without excessive wait times to improve adult support service options.

The issue of long wait times for childhood Autism diagnosis is a problem intimately connected to the accessibility of support services for Autistic people later in life. Autism CRC was commissioned to develop research and mapping to compliment and inform The Strategy, and concluded that early diagnosis was connected to better outcomes over time for Autistic people. Early diagnosis provides access to funding that can help with support and interventions that lead to more effective education and better mental health for Autistic children, which in turn tend to improve a wide range of adult life outcomes.⁷ Providing access to early diagnosis is simply the first required step in improving the systemic treatment of Autistic people more broadly. This over-arching view was captured adroitly by a CoMHWA members:

‘Better access to affordable and timely assessments. Support for the NDIS applications themselves. A better understanding of undiagnosed children from the education department and teachers to provide early interventions and supports to prevent unnecessary long-term impacts on learning, mental health and social determinants.’

Some CoMHWA members identified further barriers to effective early intervention including lack of understanding or unconscious bias in the health system around atypical presentations of Autism, especially in girls, children from CaLD backgrounds and Aboriginal or Torres Strait Islander children. One CoMHWA member summarised this issue as follows:

‘GPs and psychologists (and other medical professionals) need to be educated and re-trained on Autism so that people are not missed, especially autistic girls. They are often the first point of contact.’

Recommendation 10: Ensure that support services and institutions accommodate sensory issues and are otherwise easily accessible for Autistic people.

One key area of challenge faced by Autistic people in the community is managing spaces and environments that contain a large amount of sensory stimulation, especially when trying to access Autistic support services and other government institutions. A mapping project conducted by Autism CRC underscored this lack of consideration for the sensory issues of Autistic people, and identified the creation of sensory-considerate

⁷ Adams, D., Girdler, S., Malone, S., Lawson, W., Carroll, A., Colville, O., Simpson, K., D’Arcy, E., Jackson, E., Timms., L., Berg, V., Whitehorne-Smith, P, Picen, T., & Afsharnejad, B. (2023).

Research evidence and policy landscape mapping to inform the National Autism Strategy: Final report. Brisbane: Autism CRC. p. 354

<https://www.Autismcrc.com.au/sites/default/files/reports/6->

[088 Final Report Research evidence policy landscape mapping to inform the National Autism Strategy.pdf](#)

physical environments as an important need going forward.⁸ The desire for services and institutions to develop appropriate spaces for Autistic people was reflected in the feedback CoMHWA received from our members, with one respondent noting that The Strategy needs to provide:

‘Training for service providers, workers, employers and community groups and clubs to understand how to have inclusive embedded safe spaces.’

Recommendation 11: Services and supports used by Autistic people should have cultural awareness training for all staff, and should ensure translators are available for Culturally and Linguistically Diverse (CaLD) peoples.

CoMHWA is strongly of the view that support services for Autistic people should take active and thorough steps to ensure that staff receive training in culturally safe practices and that there are easy to access translation services available for non-English speaking peoples as well as resources made available in other languages. One member of CoMHWA framed this desire in concise terms, stating that what was needed was:

‘Culturally aware disability providers.’

In order to ensure that Autistic people from CaLD communities are not overlooked and made to experience undue challenges, policies should be developed to mandate that service providers from both the NDIS and Community-based organisations provide their staff with cultural training. Additionally, these services should also be required to establish relationships with translation services that can be quickly brought on board to help where required. Finally, these policies should be developed through a process of co-design with diverse Autistic people, to make sure that their desires and perspectives help inform the systems designed to support them.

Recommendation 12: Autistic peer workers should be employed to bolster the staff of support services, using their lived experience of Autism to help mitigate the challenges Autistic people can face in accessing services and with everyday tasks and sociability.

CoMHWA is strongly committed to championing the positive impact and transformative potential of peer workers, who, in this context, represent Autistic people using their lived experience of being Autistic to help others in a professional capacity. Peer support has the capacity to improve the lives of Autistic Australians, and has the potential to multiply the effectiveness of The Strategy going forward. Peer workers can be employed in a variety of roles to which they can bring their expertise to bear, including service navigation, the co-design of services, assisting people to engage with the community, managing employment issues,

⁸ Ibid.

building up educational or skill capacity, and finally in the creation and maintenance of social relations.⁹ There were repeated calls for peer-led supports for Autistic people from CoMHWAs members, who hope The Strategy will deliver:

'More government support, more visibility, more funding, more lived experience support...'

Peer workers are also effective at promoting a sense of hope, empowerment and self-efficacy for the people who engage with these services. Hope is associated with improved mental wellbeing and is a protective factor against suicide, and empowerment has been found to contribute to recovery¹⁰. Peer workers also support recovery outcomes, both directly through involvement with programs and provision of peer support, and also through service transformation, promoting a shift towards a recovery orientation and holistic treatment. The desire for non-clinical engagement with Autistic peers was a clear desire of some CoMHWAs members, for example one member requested:

'...videos of people with Autism talking about their life and experiences, free peer support...'

The knowledge that Autistic peers develop through their own lived experience has been shown to offer a strong benefit in the delivery of support services to Autistic people. A 2017 study considered the level of knowledge held by Autistic people and by medical professionals about Autism, and found that Autistic people were frequently better educated about the most recent findings in Autism research and had a better grasp of emerging conceptual frameworks such as neurodiversity.¹¹ Furthermore, this study highlighted how Autistic people, through their lived experience, were more likely to challenge the reductive 'deficit based medical model' of Autism.¹² The expertise about Autism that Autistic people often systematically develop makes them particularly well suited to offer peer support to other Autistic people. Further supporting the potential for Autistic Peer-led Support, a 2022 review of an American Autistic Peer Support program showed that 90% of the participants of this program reported overall satisfaction with the peer support they received.¹³ This study also identified the congruence between peer-led services and the neurodiversity paradigm, which enables peers to help people in surmounting challenges and pursuing a

⁹ Shea, L.L., Wong, M.Y., Song, W. et al. (2022) 'Autistic-Delivered Peer Support: A Feasibility Study' Journal of Autism and Developmental Disorders. <https://link.springer.com/article/10.1007/s10803-022-05816-4>

¹⁰ White, S., Foster, R., Marks, J. et al. (2020) 'The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis' BMC Psychiatry 20, 534

¹¹ Gillespie-Lynch K, Kapp SK, Brooks PJ, Pickens J, Schwartzman B. (2017) 'Whose Expertise Is It? Evidence for Autistic Adults as Critical Autism Experts' Frontline Psychology. 8:438.

¹² *Ibid.*

¹³ Shea, L.L., Wong, M.Y., Song, W. et al. (2022) 'Autistic-Delivered Peer Support: A Feasibility Study' Journal of Autism and Developmental Disorders. <https://link.springer.com/article/10.1007/s10803-022-05816-4>

meaningful life without resorting to biomedical neurodevelopmental benchmarks as the standard for successful care.¹⁴

What can be done to better support Autistic people from different population groups? (Discussion Question 4)

What can be done to better support Autistic people from different population groups?

The demand to adjust Autism support services and diagnosis procedures to account for distinct population groups is extremely important, as it addresses the common intersectionality of Autism with other identities and cultures, as well as the historic under-diagnosis of subsequent lack of support for Autism in these population groups.

Some authors have shown the benefits of allowing Autistic people to be experts in their own condition.¹⁵

***Recommendation 13:* Services (especially those in regional or culturally diverse areas) should be strongly encouraged to employ Autism specialists and Autistic peer workers from relevant cultural backgrounds to help deliver appropriately tailored support to CaLD Autistic people.**

The need to improve knowledge about diagnosing and treating Autism in the context of CaLD people could be implemented through the training and employment of both medical professionals specialising in Autism, and Autistic peer workers, from relevant CaLD communities.

‘Pathways for people of different backgrounds, beliefs and communities to work in the disability sector.’

***Recommendation 14:* Provide education for business leaders about the challenges faced by Autistic people and how to promote suitable workplaces for Autistic employees.**

A clear concern that emerged from consultation with CoMHWA members was the difficulties that people had experienced in workplaces. Specifically, challenges were noted by members in relation to the workplace, such as the presence of challenging sensory environments, a lack of consideration about changes to systems and routines, and a judgemental lack of understanding when negotiating difficulties stemming from Autism from managers and bosses. This experience is captured in the following statement from a CoMHWA member, who feels The Strategy should:

¹⁴ Shea, L.L., Wong, M.Y., Song, W. et al. (2022) ‘Autistic-Delivered Peer Support: A Feasibility Study’ Journal of Autism and Developmental Disorders. <https://link.springer.com/article/10.1007/s10803-022-05816-4>

¹⁵ Gillespie-Lynch K, Kapp SK, Brooks PJ, Pickens J, Schwartzman B. (2017) ‘Whose Expertise Is It? Evidence for Autistic Adults as Critical Autism Experts’ Front. Psychol. 8:438.

‘Provide advocacy for leaders within organisations to have a better understanding of the way people living with ASD react to over stimulation, structural processes and poor change management and respond in supportive ways rather than from a performance management perspective. Support people juggling sector burnout alongside ADHD/ASD burnout and provide advocacy for safe workplace environments.’

What might help to improve people’s understanding of Autism?

(Discussion Question 5)

The responses that CoMHWA received about the need for Autism education from our members were passionate—they spoke not only of the need for the education of civil figures and the general population to address stigma about Autism, but also the critical need to better educate medical professionals about neurodiversity and the latest Autism research.

Recommendation 15: Education programs should be designed to help reduce the stigma that Autistic people face in the community, utilising a neurodiversity framework to disrupt common assumptions about Autism as a pathology.

The traditional understanding of Autism as a disorder/deficit-based medical model is currently being challenged by the neurodiversity framework advanced by both Autistic People and biomedical researchers. Simply put, neurodiversity entails that Autism is simply a naturally occurring difference in how human beings encounter and experience the world and others around them. On this account, Autism is not a disorder, or malfunction of a normally operating biological system, but is rather a natural kind of variety some people display. The adoption of a neurodiversity framework is not without some complexities: This view may challenge the common association of Autism with disability, however some CoMHWA members felt that this normalisation was a double-edged sword, noting that their struggles were sometimes disregarded by non-Autistic people they encountered in everyday life, who discounted the debilitating impact Autism can have:

‘[Autism] is a spectrum and that I’ve even had to explain that just because we work and be social doesn’t mean we are not disabled. Let’s smash the stereotypes.’

The challenges faced in overcoming stereotypes and stigma more broadly are compounded by the phenomenon of ‘masking’, whereby Autistic people take conscious steps to demonstrate neurotypical behaviours and mask over their Autism. There is building evidence emerging that reveals the great

psychological strain that masking can entail, and thus reducing the perceived need to mask Autistic behaviours should help to reduce the mental distress experienced by some Autistic people.

'...providing statistics, and education on what 'Autism' means and the reality of it versus the social depiction.'

Importantly, any education program aimed at enabling an understanding of Autism *must* be co-designed and delivered by Autistic people. Giving Autistic people an opportunity to share their stories for the purpose of driving change could be instrumental for improving understanding of and empathy for the needs of the Autistic community.

Recommendation 16: Professionals who will come in contact with Autistic people should receive specialised training to understand how to best communicate with Autistic people and the challenges they may be experiencing.

A consistent theme in the feedback CoMHWA received from our members was the frustration they felt with the lack of understanding about Autism displayed by professionals both with, and outside of, the medical system (including in schools, workplaces, other social services and indeed any sector or institution where working with people is central to their core purpose). Without education for professionals tasked with engaging with Autistic People, misunderstandings will emerge and unnecessary challenges will be faced by professionals and Autistic people alike. The need for a broad program to train professionals from a range of sectors and industries about autism was phrased succinctly the following CoMHWA member:

'...more training for people across all industries, particularly any that involve humans.'

Another CoMHWA member recommended having Autistic speakers visit schools, and pointed out that awareness of Autism must involve acknowledging that Autistic people are all different and have diverse experiences and abilities, giving the example of the differences between verbal and non-verbal persons.



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