

## **My Story as an Autistic Help Seeker**

- I had negative experiences with admin staff who were rude and impatient with me because of my autism; they wouldn't honour adjustments despite constantly self-advocating and explaining my disability.
- When I complained to the admin manager for one clinic, they argued it was 'not their job to train their staff on how to communicate with autistic patients'.
- This caused me huge iatrogenic trauma and made me never want to seek therapy or help again.
- This has caused lifelong resentment and anguish along with not being informed of my rights and refusal of complaint escalation despite multiple self-advocacy efforts.
- I felt there was no recourse for redress; I complained to my psychologist many times about the admin staff's behaviour and they did nothing.
- The problem is that many of these clinics are private practices but attract Medicare rebates, meaning the practitioner may be neuroaffirming but not the clinic or the staff themselves.
- It's confusing to find out your rights and which agency to turn to when escalating things.
- It should be the law that every mental health service has an adequate rights, resolution and complaints policy.
- Redress policies that force offending staff to apologise to the patient when they are wronged.

- Lack of safe spaces in the clinic to recover after a post-therapy meltdown.
- Feeling abandoned, often after talking about my trauma I am left in a mess having a meltdown but 'sorry your 1 hour is up'.
- Tougher minimum regulations for reception and other front-facing staff who work in these clinics regardless of whether they are public or private.
- Too much siloing; it's not our problem, we don't deal with that. Lack of coordination and knowledge of other advocacy services have to rely on unhelpful admin staff.
- Lack of safe alternatives to hospital when in crisis, there is an urgent Medicare mental health centre in Adelaide that's open 24/7 why not the whole of Australia?
- Lack of support for people involved in these consultations, trauma informed specific services should be available for ALL consultations that could cause us trauma having to retell our stories.
- Lack of neuroaffirming mental health services.
- Lack of minimum mandatory training standards for ALL mental health professionals.
- We need a more holistic system rather than a siloed fee-for-service model that's affordable.
- More acknowledgement on iatrogenic trauma that Autistic people like myself have faced dealing with the healthcare

system and that many like myself have past negative experiences which are iatrogenic in nature.

- We need more inclusive social groups that help promote cohesion and inclusion; I want to socialise with BOTH neurotypical and neurodivergent people, not segregated into autistic people only groups and services. Let allies and those who want to learn more join us too. Breaking down segregation will lead to better mental health outcomes for sure.
- More integration of MH services with other health, education, NDIS, housing, employment services (such as the upcoming Inclusive Employment Australia service).
- Alternative to seeing a GP for an Mental Health Referral I would prefer an Social Worker or an MH triage that actually understands the unique nature of autism, neurodiversity and mental health, and can warm refer to services (clinical and non-clinical) in the community that match our needs. We need a no wrong door approach; this is often talked about, but in reality, I had to go through many wrong doors, causing me to give up.
- Autism and neurodiversity must be mentioned in the upcoming mental health and suicide prevention plan as a priority group; this is non-negotiable!
- It would be great to have neurodiverse peer-support services; this could be integrated into the Cert IV in peer support.
- Remove barriers for people with lived experience to be MH professionals or support workers I.e. to be a psychologist or social worker.

- Some autistic people can't drive due to executive functioning challenges or sensory overwhelm; removing the requirement to have a driving licence to be a support/social worker shuts out a lot of peer talent.
- More affordable housing options for autistic people prevent many bad mental health outcomes.
- Don't cap sessions for Mental Health!
- More training on autism for all healthcare professionals, especially general practitioners, and make it mandatory!
- More Medicare incentives to encourage longer care for autistic patients.
- Create a system where support needs can be flagged when contacting medical/mental health services.
- Better quality 24/7 crisis support especially for autistic people; lifeline is not helpful as they ask me what helps me even though I don't know and that's why I'm calling them. They don't suggest anything, just make me figure it out myself, which doesn't work when you're autistic and your brain is in overdrive.
- Services must be more affordable.