Submission For the Mental Health and Suicide Prevention Review 2025

Background: I am the mother to an autistic son who died by suicide in 2020. Following this I have done research and advocacy on autism and suicide, a relatively new area of research.

Autism strategy and reasonable adjustments for autistic people presenting to the ED in suicidal distress.

-It is estimated that 40% of people who die by suicide are neurodivergent.

-More autistic youth present to the emergency room with suicidal attempts. Ideation and gestures than non-autistic youth.

-One in four autistic people express suicidal ideation.

-One in ten attempt suicide.

-Autistic people are nine times more likely to present in emergency rooms compared to the majority population.

The 2025-26 National autism strategy stresses:

Diagnosis, Services and Supports:

- Improved awareness and access to respectful assessment and diagnosis, including early diagnosis.
- Improved information and support to navigate the assessment and the diagnosis process
- Increased access to timely, equitable and neurodiversity-affirming services and supports

Governance, Research, and Evidence, Evaluation, and Reporting

- **Governance:** Strategy and actions are guided with input from Autistic people, families, carer, professionals, government representatives, and researchers.
- **Research-Driven Policy:** Build on existing evidence to inform policies inclusive of Autistic people and their communities.
- **Monitoring and Reporting:** Monitor progress of Strategy implementation and publicly report on the impact of actions under the Strategy.

ED Autism strategy would involve the following reasonable adjustments and staff development:

Communication scaffolds.

Sensory adjustments.

Bridging course for hospital staff on autism and autism and suicide as well as on-going professional development.

Peer committee comprised of autistic people and carers with lived experience of suicide as part of on-going clinical and policy development.

No autistic person in suicidal distress to be discharged without discharge plan with integrated, family, clinical and community follow up supports overseen by a specialised case manager and reviewed for at least 3 months post discharge.

Extant data on autism and suicidal distress

In a recent article "Improving emergency room care for suicidality and autism" Cervantes et al (2024) found the following deficits in current ED settings:

1. Clinicians had lower self-efficacy for screening autistic suicide risk.
2. Providers did not identify autism as a risk factor for suicide.
3. There was a lower acceptability of the use of safety plans as an intervention for autistic versus non-autistic patients.
4. EDs are not designed to accommodate or support autistic individuals (bridging communication differences, sensory triggers, wait times).
5. Poor evaluation and screening devices.
6. Lack of predictability/explanation of experience to autistic patients
7. No adapted suicide risk screening tool (SBQ-ASC).

Cervante's research used a semi structured questionnaire interviewing autistic people with a history of suicidality, their carers and health professionals.

Through their findings their recommendations for reasonable adjustments were:

1. To optimise the use of language with this population by defining difficult terms, checking frequently to confirm understanding, avoid open ended questions and abstract concepts.
2. Provide additional time to respond, use fewer words, possibly use written or pictorial forms of communication. (Smiley face likert scale, letter board. My additions)
3. Scaffold emotion recognition (many people with autism are alexithymic) include coping strategies in the safety plan.
4. When inquiring about symptoms ask in terms of behaviours and physiological experiences rather than emotions.
5. In cases of emotion dysregulation remove demands where possible and give space.
6. Accommodate sensory needs such as low stimulation environment away from the waiting room and reduce waiting times. (Noise cancelling headphones, Ben's Blue Bag kit, JASPR tablet, my additions)
7. Introduce each provider and explain what they are doing before proceeding with the patient.
8. Resistance (demand avoidance) may look like stubbornness, but it may reflect poor experiences with health care in the past and or sensory overload.
9. Engage in a way that makes the patient feel 'seen' rather than launching straight into diagnostic questioning (No small talk, my addition).
10. Carer involvement and assessment needs to be a larger part of the assessment and follow up as they will be implementing and overseeing care after discharge.

11. Discharge and safety planning must be carefully coordinated to access appropriate rather than generic care without reasonable adjustments. (medications not recommended for people with autism and trauma: benzodiazepines, antipsychotics, cannabinoids, my addition citations in reference section) recommended psychotherapeutic approaches: individual, not group therapy, cognitive processing therapy, prolonged exposure therapy, EMDR, narrative exposure therapy, written exposure therapy, my addition reference in citations).

Practitioner education

Professor Julian Troller's research found that among medical schools he reviewed very little curricular time was spent on intellectual disability and autism.

Lisa Morgan and Mary Donahue have developed training for health professionals and first responders. Their workshop is grounded in moving away from the diagnosis deficit model of autism and into seeing autism as a way of thinking and culture.

The workshop seeks to help practitioners develop cultural competency around neurodivergence and awareness that requiring this population to fit into existing neurotypical models is both ineffective and potentially dangerous as it may force them into masking their experience rather than expressing it.

The workshop also identifies comorbidities frequently seem in this population:

Anxiety/depression

Gastrointestinal issues

Skeletal issues

Epilepsy

Sleep disorders

PTSD

Reference material

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https://www.dss.gov.au/national-autism-strategy

Legacy

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