



## SUBMISSION TO THE NATIONAL AUTISM STRATEGY – OCTOBER 2023

The Mindful Centre for Training and Research in Developmental Health welcomes the opportunity to provide input into the National Autism Strategy. This submission builds on our previous submission to the Senate Select Committee on Autism in June of 2020.

### Mindful Centre for Training and Research in Developmental health

*The Mindful Centre for Training and Research in Developmental Health (Mindful) is the statewide unit in Victoria responsible for the delivery of postgraduate courses, training programs, professional development and research programs in child and adolescent mental health.*

Since the inception of the first Victorian Autism State Plan in 2009, Mindful has been funded to support the Child & Adolescent Mental Health Services (CAMHS)/Child & Youth Mental Health Services (CYMHS). This has included:

- 1. The delivery and development of Autism training courses**
  - This includes bespoke training tailored to the needs of the Victorian workforce, such as *'ASD Assessment Fundamentals & Co-occurring Conditions'*.
- 2. The development of a wholistic ASD Workforce Training Programme called the *'Mindful Autism Training Calendar'*.**
  - Mindful has developed a comprehensive training programme that in 2022 Mindful offered **49 Autism workshops**, with over **1,800 clinicians** attending.
- 3. The establishment and support of a network of Autism Coordinators in each of the CAMHS/CYMHS across the state support by a Statewide Autism Coordinator at Mindful.**

Mindful has significantly expanded access to autism training over the past 13 years with participants coming from over 500 different organizations, encompassing both public and private sectors. (See *Appendix A: Mindful Autism Training Summary 2022*).

The success of the above programmes led to the establishment of Autism coordinators in several Adult Area Mental Health Services (AMHS) in 2020, which was funded by the Victorian State Government. Mindful provided advocacy and support for the Adult Autism Coordinators, as well as the provision of the required Autism training to the Victorian adult mental health workforce. This was the first time adult mental health services had been offered targeted local support and training to upskill clinicians in understanding autism within the adult mental health context.

Mindful is now the largest provider of autism training in Victoria and is a leading provider of autism training within Australia. Currently 25% of participants in Mindful trainings are from interstate, highlighting the demand for high quality autism training for mental health professionals and the lack of accessible training outside of Victoria.

Our submission will draw on our knowledge, experiences, and learnings within the Victorian public mental health system to focus on **Key Theme 3 – Diagnosis, Services and Supports** and **Key Theme 4 – National Roadmap to Improve the Health and Mental Health of Autistic People**.

A Mindful peer worker who is an autistic person and carer herself has provided input into this submission. Her perspectives have been incorporated throughout this submission in the form of case study excerpts.

## Mindful's Submission

Our perspective is that the two key themes [**Key Theme 3 – Diagnosis, Services and Supports and Key Theme 4 – National Roadmap to Improve the Health and Mental Health of Autistic People**] are interrelated due to the high proportion of both diagnosed and undiagnosed autistic children, young people and adults experiencing mental ill health, and therefore presenting to mental health services for support.

There are significant access issues to both timely diagnosis services for autism and autism related supports, as well as access issues for autistic people seeking treatment for their co-occurring mental health issues. Recent research, Jadav and Bal (2022) found that adults who were diagnosed with autism prior to 21 years of age had fewer co-occurring psychiatric difficulties. This highlights the benefits of early diagnosis for better mental health outcomes for autistic individuals. This finding supports the need for a responsive and well-trained health and mental health workforce across Australia to recognise and respond to the needs of autistic people across the lifespan.

Our submission will provide an overview of the issues we have identified with access to diagnosis, services and supports for autism and associated mental health issues, as well as proposed ideas to improve access to these supports.

The model that has been developed at Mindful (the Mindful Model), offers a successful roadmap for workforce development and capacity building that has been successful over the last 13 years in developing an autism capable workforce with child & adolescent mental health services in Victoria. This has increased accessibility to free assessments and more timely diagnosis for children and young people with autism and the CAMHS/CYMHS mental health autism coordinator has provided autism leadership and expertise within local communities of practice.

We thank the Australian Government for taking the time and resources to allow us to provide our input to this consultation regarding the important issues facing autistic people and their families. We would be happy to discuss any aspects of this submission further.

## List of Recommendations

**Recommendation 1:** We recommend that the Australian Government with the States and Territory Governments map out the publicly funded Autism Diagnostic Assessment services that are available, to determine the current baseline accessibility.

**Recommendation 2:** We propose that a set of national tertiary curriculum standards be developed for all undergraduate training of health care professions.

**Recommendation 3:** We recommend that autistic people would benefit from an increase to 20 mental health Medicare rebated sessions per calendar year.

**Recommendation 4:** Funding is required for all mental health clinicians in all States and Territories to have access to high quality training encompassing diagnosis, co-occurring conditions, and Interventions.

**Recommendation 5:** Funding is required for Autism Coordinators/Autism Specialist in all Public mental health services across Child and, Youth mental health services nationally.

**Recommendation 6:** Funding is required for Autism Coordinators/Autism Specialist in Public mental health services across adult mental health services nationally.

**Recommendation 7:** Funding is required for all Adult mental health clinicians in all states and Territories to have access to high quality training encompassing Diagnosis, Co-occurring conditions, and Interventions.

**Recommendation 8:** We propose that more funding is required for free assessments within all Child and Youth Public mental health services to expand their autism assessment teams and for ongoing provision of services. More funding for targeted Assessment projects is also required.

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## Access to affordable, timely assessment diagnosis, services and supports for autism and mental health.

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### 1.1 Best Practice Treatment of Autism

Autistic people – or those who suspect they may have autism are unlikely to benefit from any care provided that does not take into account their social, communication, thinking and sensory differences associated with their autism. Mental health treatments that are not adapted for these differences will be less effective, leading to worse outcomes for autistic people and the ineffective use of limited Mental Health Services.

Therefore, the efficient and effective provision of mental health services to autistic people requires:

1. Early and timely diagnostic assessments.
2. Accessible and appropriate specialist autism support services.
3. Tailored mental health services for the treatment of co-occurring mental health conditions.

While the situation has improved in Victoria through the work of Mindful and others, there are still significant issues and barriers for autistic people who need to access the above services.

### 1.2 Difficulties Accessing Diagnostic Assessments – Waiting Times and Cost

The current estimates of Autism prevalence in Australia are 1 – 2.5 in 100 people (Randall et. al, 2016), however, access to autism diagnostic assessments is inconsistent across Australia. In Victoria, there are publicly funded Autism assessment services within CAMHS and CYMHS, while these services have increased the number of autism assessments they provide, these services continue to be inundated with complex referrals as the community's recognition of autism has grown. Despite developing a range of flexible assessment processes and increases in staffing levels, these specialist autism teams have lengthy waiting times ranging from 3 months to as long as 18 months. Waiting times can be longer in regional and rural areas, where resources are limited, and recruitment of additional workforce is challenging with regional mental health teams often having funded positions unfilled. Demand for free good quality multidisciplinary assessment remains high.

Lengthy waiting times, mean that often families and adults seeking diagnostic confirmation for autism turning to the private sector for assessment, the fees for these assessments are often extremely high, ranging from \$1000 - \$3000. Many families cannot afford these fees, and which further exacerbates the demand on the public sector lengthening wait times.

Many autistic people will have levels of support needs that require long term funding and support via the National Disability Insurance Scheme. For children over the age of 9 years, adolescents and adults, proof of diagnosis of Autism is also required to meet access requirements for funding. As there is no federal funding for free or subsidised diagnostic assessment services, this further demand contributes to an increase waiting times.

### 1.2.1 Mapping of Diagnostic Services

Even within Victoria, we do not have a clear picture of all of the publicly provided autism diagnostic assessment services that are available, as they are delivered by a variety of public institutions, including hospitals, community health and mental health. However, given the current demand and wait time for these services they are demonstrably inadequate at present. Mapping will identify geographic areas of need and local services that might benefit from targeted training and support to develop autism specific expertise and services.

**RECOMMENDATION 1: WE RECOMMEND THAT THE AUSTRALIAN GOVERNMENT WITH THE STATES AND TERRITORY GOVERNMENTS MAP OUT THE PUBLICLY FUNDED AUTISM DIAGNOSTIC ASSESSMENT SERVICES THAT ARE AVAILABLE, TO DETERMINE THE CURRENT BASELINE ACCESSIBILITY.**

### 1.2.2 Lived Experience Accessing Diagnostic Assessments

██████████ Mindful Autistic Peer Worker, shares her experience below:

*“Many autistic people experience a range of social determinants of health including, but not limited to, education and employment barriers, family breakdown and social isolation all leading to both practical and financial strain to neurodiverse families. Lengthy wait times in both the public and private sectors and the cost of private diagnosis, does not just act as a time barrier but can completely negate the opportunity for diagnosis for many people. This is particularly relevant for families in low socioeconomic thresholds and neurodivergent parents who self-identify during their child’s diagnosis phase and are already experiencing added emotional and financial strain.*

*Despite having early childhood indicators of autism that had been identified by both my son’s early childhood educators and our MCHN the first paediatrician we sought help from did not conclude this diagnosis. Instead of continuing with family support services, after visiting, our home, our social worker suggested we seek a multidisciplinary assessment as they felt much of our family stress was coming from the pressure of misdiagnosis.*

*Due to public waitlists being around 1 to 2 years at that stage, we went about seeking a private multidisciplinary diagnosis including a speech assessment, a report from a child psychologist and multiple paediatrician appointments. The process took almost two years to complete and was extremely expensive. What was most heartbreaking was when the second paediatrician apologised on behalf of the first, stating that some of the service involvement we had sought was unnecessary, as it was clear to him on his initial meeting that my son is autistic.*

*This left my son unsupported when entering primary school causing him great distress while navigating this life change. The trauma caused to my son through*

*misdiagnosis has left a lifelong impact on his social emotional well-being particularly in the education setting where he was stereotyped as being “disruptive”, “naughty” and “weird” by both peers and teachers. The distress I felt as a parent that I was ill equipped and unable to support my child correctly at this stage of his life, despite my best efforts, have left long term anxiety and a fear of being dismissed by healthcare professionals.*

*Furthermore, I personally delayed my late life diagnosis for 3 years after self-identification due to cost and accessibility. Local practitioners able to conduct adult assessment have an approximate 6 to 12 months wait time and the cost associated was \$1400. I could have travelled to Melbourne for a faster diagnosis but having children with varying support needs of their own and limited access to alternative cares who felt confident in caring for them for long periods, made it functionally impossible to travel for diagnosis at that time. The cost associated with that route would have been \$1900 plus travel and I was already struggling to fund private diagnosis for my eldest child.*

*Over the last 10 years I have felt a constant divide in my priorities. Feeling the urgency to provide my family with the appropriate health care and allied health supports necessary for us to participate in things like education, employment and social engagement and providing rich and meaningful family experiences. As a family at times, we have had to decide whether we are going to pay utilities or medical expenses. We are often unable to fund luxuries such as family holidays or zoo/aquarium etc. day trips further adding to our feelings of social isolation and the experience of being disabled by our external stressors and environment rather than our differences in being.”*

## 2.1 Access to Autism supports and services, and mental health care.

### 2.2.1 Co-occurring Mental Health Conditions

There are high rates of cooccurring mental health conditions in autistic people (*Brookman-Frazee et al., 2018, Uljarevic et. al., 2020 & Hassain et. al., 2020*), and hence autistic people are presenting in high numbers to mental health services, both public and private for support and treatment. This often occurs during times of crisis support and may include attendance of emergency mental health services or presentation to emergency departments.

This highlights that it is essential to have a skilled and well-trained mental health workforce knowledgeable in autism to prevent problems of “diagnostic overshadowing” or misdiagnosis across mental health including inpatient, outpatient, emergency department, community, and outreach services.

Mental health conditions can also overshadow potential autistic features where the person’s difficulties are all attributed to the mental health condition (e.g., depression, anxiety) and autism is missed. This results in potentially inadequate or inappropriate treatments.

This requires a skilled workforce that is competent in providing a comprehensive assessment of both mental health problems and autism, and to tailor treatments to appropriately support autistic

individuals. Further, untreated mental health issues in autistic people have been shown to contribute to higher risks of suicide (Hirvikoski et. al., 2020 & Newell et. al., 2023).

### 2.2.2 Lack of specialist services and clinicians

Specialist supports for autistic people and their families can be difficult to access. There are a limited number of clinicians and services that can provide autism specific supports and mental health treatment, despite the essential nature of these services. These professionals and services are often inundated with referrals, have closed their doors and or have high fees associated with the provision of these services. Additionally, many health professionals have not received adequate training about autism within their undergraduate and post graduate training.

There is currently a lack of consistency in the education of health care workers in undergraduate and postgraduate studies relating to how autism presents across the lifespan.

**RECOMMENDATION 2: WE PROPOSE THAT A SET OF NATIONAL TERTIARY CURRICULUM STANDARDS BE DEVELOPED FOR ALL UNDERGRADUATE TRAINING OF HEALTH CARE PROFESSIONS.**

### 2.2.3 NDIS and Medicare funding

The National Disability Insurance Scheme is not accessible to autistic people who have lower support needs. Thus, autistic people are faced with the choice of sitting on long wait lists for public/subsidised services or paying large fees for care if they can afford it. As a substitute for specialist public autism services, autistic people will often seek services through the Medicare Better Access to Mental Health Scheme whereby people can receive a Medicare rebate for up to 10 sessions of mental health treatment. 10 sessions are not sufficient for autistic people, for whom therapies may need to be modified to meet their cognitive, communication and sensory needs. Many practitioners are not able to bulk bill and leading to the charging of significant gap fees for sessions leaving autistic people and their families out of pocket.

In addition to current public mental health services, the current Medicare funding model of 10 sessions is not well suited to meet the mental health needs of autistic children, young people, and adults.

**RECOMMENDATION 3: WE RECOMMEND THAT AUTISTIC PEOPLE WOULD BENEFIT FROM AN INCREASE TO 20 MENTAL HEALTH MEDICARE REBATED SESSIONS PER CALENDAR YEAR.**

### 2.2.4 Uncoordinated service delivery

The health and disability sectors in Australia often work independently from each other. Disability services may exclude people with mental health issues, and mental health services may not provide services to those with neurodevelopmental differences such as autism. This further exacerbate the difficulties autistic people face when seeking appropriate care and can leave autistic people falling through the gaps between these two sectors.

### 2.2.5 Lived Experience Accessing Supports and Services

██████████ Mindful Autistic Peer Worker, shares here lived experience below:

*“Many autistic people experience differences in social communication and social anxiety as a response to double empathy. It is a complex issue wherein many autistic people will happily seek support and are aware of the services available to*

*them but are at risk of experiencing emotional distress and poorer mental health outcomes from attempting to navigate the complex healthcare system as it stands. In conjunction with increased Medicare supported mental health sessions and work force training, much more could be done to streamline access and reduce service burnout for autistic people.*

*Despite being employed, having private health insurance, and receiving NDIS funding and healthcare care cards for 3 out of 4 of our family members, I have still found myself out of pocket to the sum of approximately \$1500 this financial year alone. This is due to the GP, paediatrician, and psychiatrist appointments all necessary in supporting our neurodiverse family not only with autism but with common co-occurring conditions.*

*Co-occurring conditions are often treated in a silo and are hand balled from one health care provider to another due to the lack of response to intersectionality apparent in both specialist and mainstream services. This makes continuity of care both exhausting and expensive. As an autistic person, I at times already feel fatigued and overwhelmed by my social and sensory experiences. Adding extra healthcare appointments to the list of extensive steps I have to undertake to maintain a full and meaningful life for myself and my children at times feels counterproductive, yet necessary.*

*For example: to access a mental health plan, I have to see my GP who will not link me directly with a psychologist who is specifically trained in supporting autistic people, they will give me suggestions and I have to research who will be my best fit. I may attend these appointments and find that it is not a good fit at which time I must return to the GP for a new referral. These all seem like simple tasks but when social interaction can be challenging, and executive function (which is often already stretch for many autistic people) is reduced due to stress and overwhelm this could absolutely be the catalyst for an autistic person to discontinue care. Furthermore, if you place this in the context of parenting in a neurodiverse household where there are multiple people seeking multiple streams of support the risk of autistic burnout is insurmountable.*

*Myself and many of the neurodiverse families I have met over time, constantly feel as if we are under pressure to prioritise; either our children's needs above our own; or a particular child's needs above another depending on the level of stress being experienced by each individual within the family at the time. This is due not only to the financial stress of needing multiple streams of support but also the social and emotional cost of navigating multiple tiers of the healthcare system."*

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## Pathways to Improving Access Through Building Workforce Capacity and Capability

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### 3.1 The Mindful Model

#### 3.1.1 The Mindful Model: building autism workforce capacity and capability in Victoria.

There are three key aspects of the success of increasing the autism workforce capacity and capability in Victoria over the past 13 years:

1. Development and delivery of high quality and accessible training
2. Developing clinical skills through the support of specialist autism coordinators in every CYMHS/CAMHS service and several of the Adult Mental Health Services.
3. Facilitating and supporting the network of coordinators and the ongoing development of the autism training calendar through the role of the Statewide Autism Coordinator.

#### 3.1.2 Training

Mindful offers low-cost subsidized training places to Victorian CYMHS/CAMHS priority workforce and offers full fee-paying places to clinicians outside of mental health. In this way, autism knowledge and skills are built across both public and private sectors across Victoria making high quality autism assessments more accessible to Victorian families in their local communities. The training calendar focuses on these three key areas.

- assessment,
- diagnosis,
- early intervention

Mindful tailors its training to the needs of Victorian mental health clinicians and continues to develop and innovate its approach through new workshops in response to the feedback of participants, Autism Coordinators, lived experienced and mental health services leadership. Mindful delivers a range of low cost in-person and live webinar training formats to expand the reach and accessibility of the training. Training is offered throughout the year with foundational workshops and key assessment trainings offered frequently to ensure accessibility to meet the needs of onboarding new clinicians at any time during the year. People with lived experience teach within the autism training program and regularly review content.

Any initiative to improve access to diagnostic assessment services or support services for Autistic people requires a mental health workforce that is adequately trained in autism.

Via the provision of funding from the Victorian Government, Mindful has been able to actively provide autism training to the mental health workforce. Mindful has grown with demand and currently provides up to 1800 training places for professionals per year.

The predominant target audience consists of Victorian public mental health services employees; however, positions are also available for practitioners working within the private mental health, NDIS providers, hospital, community health and disability sector. This has encompassed a wide range of professionals including paediatricians, psychiatrists, general practitioners, psychologists, speech pathologist, occupational therapists, social workers and nurses. Interstate participants make up 25%



of attendee each year highlighting the demand for high quality autism training and the lack of accessible training outside of Victoria (see Appendix A).

**RECOMMENDATION 4: FUNDING IS REQUIRED FOR ALL MENTAL HEALTH CLINICIANS IN ALL STATES AND TERRITORIES TO HAVE ACCESS TO HIGH QUALITY TRAINING ENCOMPASSING DIAGNOSIS, CO-OCCURRING CONDITIONS, AND INTERVENTIONS.**

### 3.1.3 Statewide Network of Autism coordinators

Each Victorian CYMHS/CAMHS service has an Autism Coordinator who oversees specialist multidisciplinary assessments and autism consultations within their service and to the broader community of practice with their local area. Their role is to mentor clinicians and ensure a high level of autism knowledge and practice within their local service. Mentorship and supported skill development is a key aspect of the Mindful model.

The Statewide ASD Coordinator facilitates regular networking meetings with CYMHS/CAMHS autism coordinators. These meetings have been essential in establishing a cohesive reference group of autism professionals over the past 13 years. These meetings via zoom and in person, are well attended by both metropolitan and regional coordinators. In this collaborative forum, knowledge and solutions to challenges facing assessment teams are shared, best practices benchmarked, and training needs identified. The forum also allows for identification of common needs/issues that can be communicated with the Victorian Department of Health via the Statewide Coordinator. The Statewide Coordinator collects waiting lists and autism assessments data from the CYMHS/CAMHS autism coordinators every six months which is provided to Department of Health for planning purposes.

**RECOMMENDATION 5: FUNDING FOR AUTISM COORDINATORS/AUTISM SPECIALIST IN ALL PUBLIC MENTAL HEALTH SERVICES ACROSS CHILD AND, YOUTH MENTAL HEALTH SERVICES NATIONALLY**

### 3.1.4 Addressing the lack of autism expertise within adult mental health services in Victoria.

In 2021, with funding provided by the *Mindful Assessment Capability and Capacity (MAACC) Project*, a suite of autism training for Victorian adult mental health services was also developed and successfully delivered. This training was specifically designed to address the lack of recognition and diagnosis of autism in adult mental health services.

Mindful developed an online OnDemand module which introduces adult autism to adult mental health clinicians in a format easily accessible to all. It caters to a variety of work contexts, including rural, remote, inpatient and community settings. This training fills a significant gap in the skills and knowledge of adult mental health clinicians and is foundational learning for any clinician new to adult mental health.

Additionally, as part of the MAACC project in 2021 six adult mental health services (St Vincent's, Barwon, Latrobe, Goulburn Valley, Monash, and Melbourne Health) were successful in piloting autism coordinators within their services as part of the MAACC Project. The role of the autism coordinator was to raise awareness of autism in their services via a training package provided by Mindful and to provide autism consultations. They also linked clinicians with more extensive free adult autism workshops offered through Mindful. The local autism coordinators were supported by the Statewide Autism Coordinator. Baseline and post measures were undertaken at the pilot services which showed changes in clinician knowledge and confidence in discussing autism with clients as well as improved understanding of referral pathways.

A strong recommendation of the MAACC Project is that all adult mental health services should have an autism coordinator appointed. This would facilitate the development of autism expertise within each service, as there remains a significant unmet need for skilled diagnostic autism services with AMHS. Dedicated funding is also required to develop a broader autism training calendar for AMHS clinicians similar to the extensive calendar of autism training that is available for CYMHS/CAMHS.

Within Victorian Mental Health Services this provides increased availability to autism assessments at no cost to the consumer as public mental health services are free.

**RECOMMENDATION 6: FUNDING FOR AUTISM COORDINATORS/AUTISM SPECIALIST IN ALL PUBLIC MENTAL HEALTH SERVICES ACROSS ADULT MENTAL HEALTH SERVICES NATIONALLY**

**RECOMMENDATION 7: FUNDING IS REQUIRED FOR ALL ADULT MENTAL HEALTH CLINICIANS IN ALL STATES AND TERRITORIES TO HAVE ACCESS TO HIGH QUALITY TRAINING ENCOMPASSING DIAGNOSIS, CO-OCCURRING CONDITIONS, AND INTERVENTIONS.**

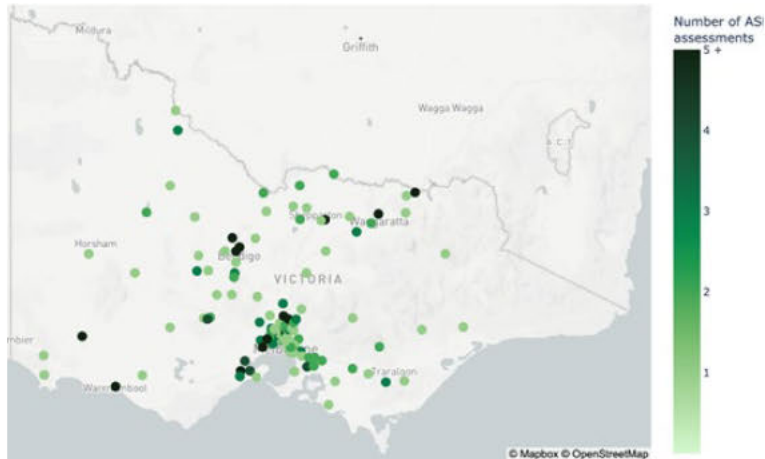
3.1.5 Opportunities to expand free assessments across Victoria.

As Victoria had previously invested in increasing the autism capability of the mental health workforce, when additional funds were made available in response to the recommendations of the 2019 Autism State Plan, additional free assessments were successfully delivered across all regions of the state. This occurred through the *Mindful Autism Assessment Capacity & Capability (MAACC) Project 2020-2022*. This project successfully delivered over 475 additional autism assessments across regional Victoria and widely across metropolitan Melbourne including outer suburban areas and underserved growth corridors. Free assessments were delivered through CAMHS clinicians working in partnership with local community health services and private sector partnerships in regional areas. While providing more timely assessments for families, it also provided the opportunity to build the autism assessment skills in local communities of practice under the guidance of the local CAMHS autism coordinator.

*A.1 Postcode Map of MAACC Autism Assessment Delivered June 2022 – Metropolitan Melbourne*



A.2 Postcode Map of MAACC Autism Assessment Delivered June 2022 – Victoria



This project increased free public autism assessments within mental health in Victoria by approximately 30% for each year that the program ran. This is an example of how targeted funding can capitalize on the value created by upskilling the mental health workforce.

**RECOMMENDATION 8: WE PROPOSE THAT MORE FUNDING IS REQUIRED FOR FREE ASSESSMENTS WITHIN ALL CHILD AND YOUTH PUBLIC MENTAL HEALTH SERVICES TO EXPAND THEIR AUTISM ASSESSMENT TEAMS AND FOR ONGOING PROVISION OF SERVICES. MORE FUNDING FOR TARGETED ASSESSMENT PROJECTS IS ALSO REQUIRED**



**Mindful, centre for training and research in developmental health**  
Building C, 50 Flemington Street, Travancore 3032  
The University of Melbourne, Victoria, Australia  
T: +61 3 8344 1182 E: [mindful-asd@unimelb.edu](mailto:mindful-asd@unimelb.edu).

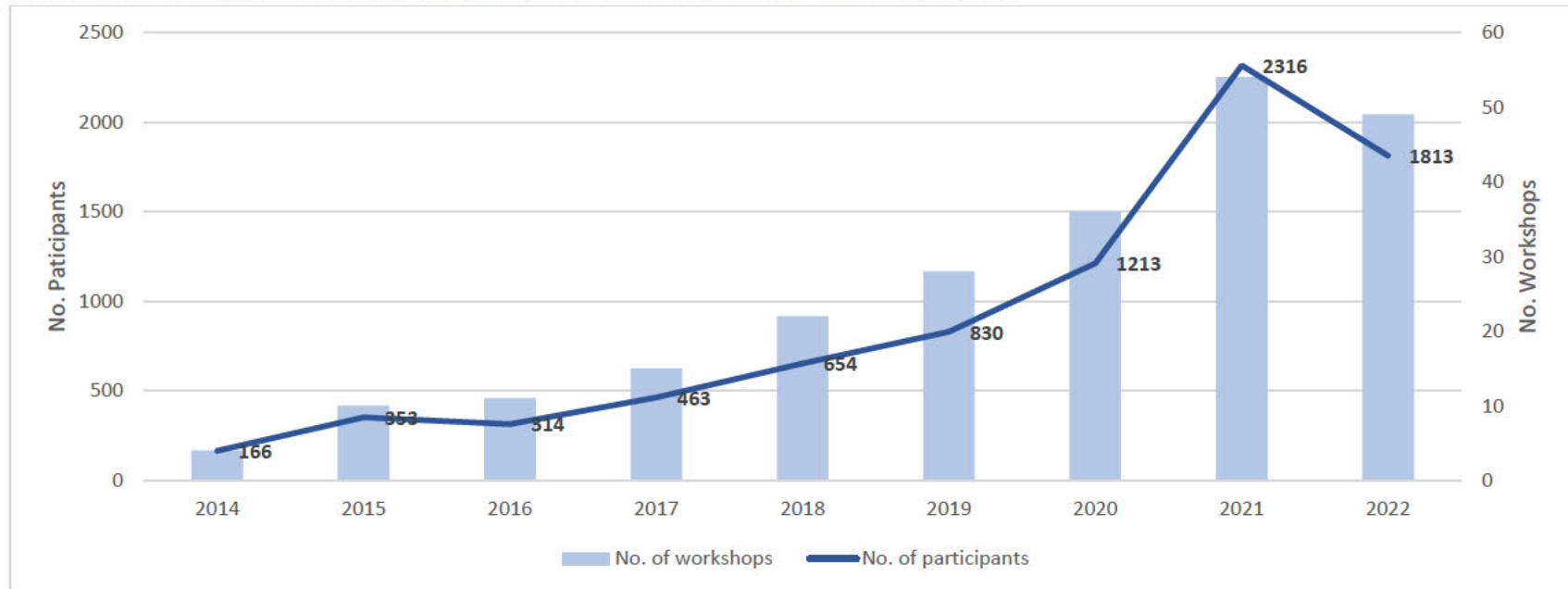
## Appendix A: Mindful Autism Training Summary 2022

### A.1 Training Delivery and Outcomes

#### A.1.1 Number of Participants and ASD Workshops

In 2022 there was a decrease in training attendances in part due to the completion of the Adult Autism Training component of the MAACC project. In comparison, in 2021 an additional 6 two-day adult autism workshops were offered free to AMHS staff. In 2022, *The Introductory Adult Autism workshop* continued to be offered as a free online OnDemand module to AMHS clinicians. There was less uptake of the *Advance Adult Autism Workshop* now that is not free to AMHS. Additionally, only 3 of the 6 Adult MH Autism coordinators continued in their role post completion of the project. The presence of local autism coordinators in Adult AMHS is central to promoting training and providing autism consultation and mentoring to clinicians. Some decline in training numbers also reflects workforce attrition and the impacts of COVID 19 on clinician morale. Training demand remains steady for our CAMHS/CYMHS autism training.

##### A.1.1.1 ASD Training Participation and Number of Workshops 2014 – 2022 at Mindful



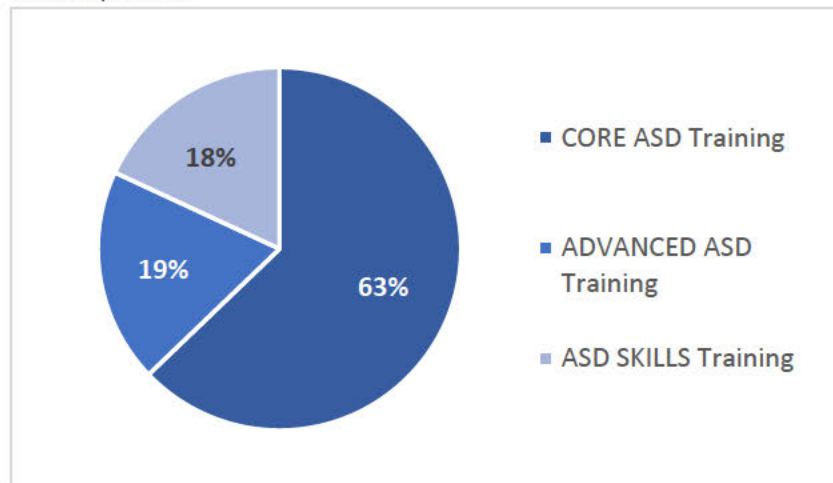


### A.1.2 Developmental Training Progression

Mindful offers sequential training to build autism assessment and intervention skills in the mental health workforce from the ground up. This includes core training that is recommended to all Victorian mental health clinicians. It also includes a range of advanced training in specialist autism assessment tools such as ADOS 2 and ADI-R for clinicians working as part of specialized diagnostic team. An expanding range of clinically focused skill development workshops has also been developed to address co-occurring conditions such as anxiety, gender identity, eating disorders, sleeping issues and challenges such as school refusal, and forensic issues.

Our core training suite of workshops has the highest demand among participants. This is indicative of the recognition within mental health services that autism should be core knowledge for all clinicians. Autism is a common presentation in mental health services across the life span and should be regarded as core business.

#### A.1.2.1 ASD Training Participation 2022: Core, Advanced & Skills Development



### A.1.2.2 Statewide Autism Training Calendar- 2022

MINDFUL CENTRE FOR RESEARCH AND TRAINING IN DEVELOPMENTAL HEALTH

# STATEWIDE AUTISM TRAINING 2022

Jan-Jun

https://mindful.org.au/asd-training

CORE TRAINING	ADVANCED ASSESSMENT	SKILL DEVELOPMENT
<p>The core training workshops are designed for Psychologists, Speech Pathologists, Social Workers, Occupational Therapists, Mental Health Nurses, Teachers, Early Intervention Workers, Headspace clinicians, Paediatric Fellows, and Psychiatry Trainees.</p> <p><b>ASD ASSESSMENT FUNDAMENTALS AND COMORBIDITIES</b> Two day workshop \$350 (\$250 for CYMHS/CAMHS/AMHS**) Presenters: Specialist autism and neurodevelopmental assessment teams from Victorian Child &amp; Youth Mental Health Services</p> <p><b>DATES</b> 01:00am - 4:30pm Thurs 17th - Fri 18th Feb (online) Tue 15th &amp; Tue 22nd March (online) Thurs 12th - Fri 13th May (online)</p> <p><b>ASD POSITIVE BEHAVIOUR SUPPORT WORKSHOP</b> One day workshop \$230 (\$110 for CYMHS/CAMHS/AMHS**) Presenters: Leah Dalton &amp; Jenny Reid</p> <p><b>DATE</b> 9:00am - 4:30pm Monday 14th Feb (online)</p> <p><b>ASD IN ADULTS INTRODUCTORY WORKSHOP</b> Half day workshop \$110 (\$55 for CYMHS/CAMHS/AMHS**) Presenters: Dr Emma Radford, Dr Sandra Radovini, Jo Rouse, Melanie Cooke &amp; Frances Saunders</p> <p><b>DATES</b> 01:00pm to 12:30pm Friday 4th Feb (online) Friday 18th March (online) Friday 29th April (online) *NEW DATE*</p> <p><b>ASD IN ADULTS ADVANCED WORKSHOP</b> Two day workshop \$390 (\$198 for CYMHS/CAMHS/AMHS**) Presenters: Dr Emma Radford, Dr Sandra Radovini, Jo Rouse, Melanie Cooke &amp; Frances Saunders</p> <p><b>Prerequisite:</b> ASD In Adults Introductory</p> <p><b>DATES</b> 01:00am - 4:30pm Thurs 24th - Fri 25th Feb (online) Mon 4th - Tue 5th April (online) Thurs 16th - Fri 17th June (online)</p>	<p>The advanced assessment skills workshops provide clinicians with training in ASD assessment tools for use in clinical practice.</p> <p><b>AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS-2) INTRODUCTORY</b> Two day workshop \$825 (\$596 for CYMHS/CAMHS/AMHS**) Presenter: Deborah Sweeney</p> <p><b>Prerequisite:</b> ASD Assessment Fundamentals and Comorbidities workshop.</p> <p><b>DATES</b> 01:45pm - 4:30pm Mon 28th Feb - Tue 1st March (online) Mon 28th - Tue 29 March (online) Thurs 21st - Fri 22nd April (online) *NEW DATE* Mon 2nd - Tue 3rd May (online) Mon 30th - Tue 31st May (online) Thurs 23rd - Fri 24th June (online)</p> <p><b>ADOS-2 TODDLER MODULE</b> One day workshop \$418 (\$198 for CYMHS/CAMHS/AMHS**) Presenter: Deborah Sweeney</p> <p><b>Prerequisite:</b> ADOS-2 Introductory workshop</p> <p><b>DATE</b> 01:45pm - 4:30pm Friday 1st April (online)</p> <p><b>ADOS-2 CODING &amp; RELIABILITY WORKSHOP</b> Half-day workshop \$209 (\$110 for CYMHS/CAMHS/AMHS**) Presenter: Deborah Sweeney</p> <p><b>Prerequisite:</b> ADOS-2 Introductory workshop</p> <p><b>DATE</b> 1pm - 4:00pm Tuesday 10th May (online)</p> <p><b>AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS-2) ADVANCED</b> Two and a half days workshop \$1542 (\$660 for CYMHS/CAMHS/AMHS**) Presenter: Deborah Sweeney</p> <p><b>Prerequisite:</b> ADOS-2 Introductory workshop</p> <p><b>DATES</b> 01:45pm - 4:30pm, Day 3 ends 12:30pm We are currently only collecting expressions of interest for this training via email. Dates and times are TBC. This training is in person at Mindful.</p> <p><b>AUTISM DIAGNOSTIC INTERVIEW REVISED (ADI-R)</b> Two and a half days workshop \$1540 (\$770 for CYMHS/CAMHS/AMHS**) Presenter: Deborah Sweeney</p> <p><b>DATES</b> 01:30pm - 4:30pm, Day 3 ends 12:30pm Mon 17th - Wed 19th Jan (online) Mon 4th - Wed 6th June (online)</p> <p><b>3DI: DEVELOPMENTAL, DIMENSIONAL AND DIAGNOSTIC INTERVIEW</b> Two day workshop Presenter: Richard Warrington</p> <p>We are currently collecting expressions of interest for this training via email. Dates, times and cost are TBC.</p>	<p>Skill development workshops are designed for professionals working with clients with ASD. They focus on practical skill development for delivering a wide range of ASD interventions.</p> <p><b>ASD AND GENDER IDENTITY</b> One day workshop \$320 (\$110 for CYMHS/CAMHS/AMHS**) Presenters: RGH Gender Service, RGH Specialist Autism Team, Grogan and Dr Wenn Lawson</p> <p><b>DATE</b> 9am - 4:30pm Thursday 5th May (online)</p> <p><b>EATING DISORDERS IN ASD</b> Half-day workshop \$110 (\$55 for CYMHS/CAMHS/AMHS**) Presenter: Dr Claire Burton</p> <p><b>DATE</b> 9am - 12:30pm Monday 16th May (online)</p> <p><b>ASD AND ATTACHMENT</b> Half-day workshop \$110 (\$55 for CYMHS/CAMHS/AMHS**) Presenter: Dr Jennifer Harrison</p> <p><b>DATE</b> 9am - 12:30pm Thursday 9th June (online)</p> <p><b>ASD AND SEXUAL DEVELOPMENT</b> Half-day workshop \$110 (\$55 for CYMHS/CAMHS/AMHS**) Presenter: Belinda Gargaro</p> <p><b>DATE</b> 9am - 12:30pm Friday 11th March (online)</p>
<p><b>For more information visit our website:</b> <a href="https://mindful.org.au/autism-training.aspx">mindful.org.au/autism-training.aspx</a></p> <p><b>Please note:</b> Fees listed include the Goods and Services Tax (GST).</p> <p>*Subsidised rates are available to all of the above, and clinicians employed at Victorian publicly funded Adult Mental Health Services (including Forensic care).</p> <p><b>Where are we?</b> Mindful - Centre for Training and Research in Developmental Health, Department of Psychiatry, University of Melbourne Building C, 50 Farrington St, Traralgon, VIC 3842</p> <p>All training Jan-Jun 2022 will be delivered via Live Zoom videoconference unless otherwise indicated.</p> <p><b>Enquiries</b> Please direct enquiries to Frances Saunders, Statewide Autism Training Coordinator at <a href="mailto:mindful.asd@unimelb.edu.au">mindful.asd@unimelb.edu.au</a></p>		

Register online at [mindful.org.au/asd-training](https://mindful.org.au/asd-training)

Disclaimer: All information correct at time of printing (Dec 2021). Mindful reserves the right to make changes to the training calendar or any general or specific information published in this calendar. Mindful reserves the right to cancel courses that do not achieve minimum numbers of participants. Cancellations, wherever they will be required. See our website for our cancellation policy.

### A.1.3 CAMHS /CYMHS Uptake of Autism Training

Victorian CAMHS and CYMHS utilize a quarter of all training places and have priority access to all training places. The table below illustrates the autism training undertaken by the various child and youth mental health team across Victoria. The larger metropolitan teams have a greater uptake of training in general, however all CAMHS/CYMHS have accessed the training depending on their specific needs and clinical priorities.

### A.1.4 Adult Mental Health Clinician uptake of Autism Training

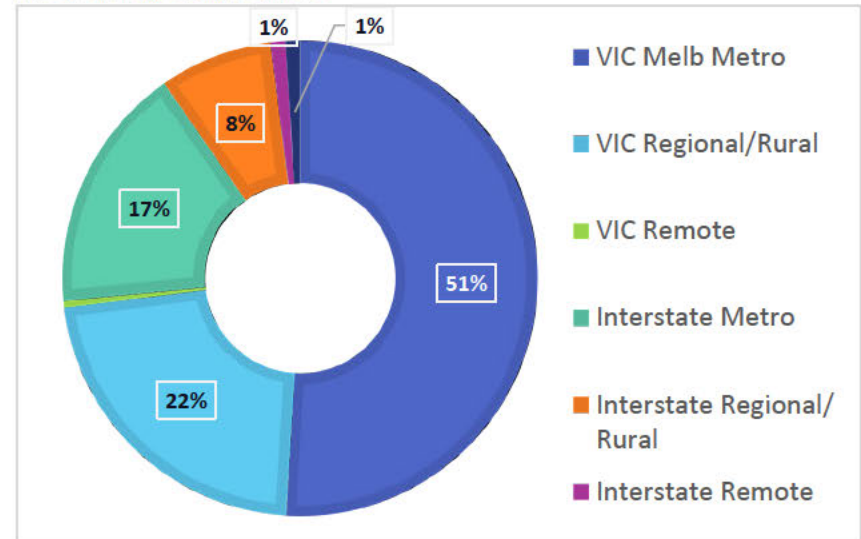
There has been a strong uptake of training particularly with adult mental health services that had a local autism specialist providing consultations, assessments, mentoring and training. Four of the six services funded for an autism coordinator within the 2021 MAACC project continued by self-funding their Autism Coordinator in 2022. These included Vincent’s, Monash, Melbourne Health, and Barwon. Two levels of training were offered, an introductory OnDemand module and a two-day advanced workshop, focused on assessment, presented as a live webinar.

### 3.5 Access to Autism Training by Rural and Remote Mental Health Clinicians

Our autism training has successfully reached rural and remote mental health clinicians through increased online delivery, which was developed during the COVID 19 pandemic of 2020/21. The availability of online webinars has not only increased the number of metropolitan based clinicians attending training but importantly has made training more accessible to rural and regional clinicians.

Across all participants, rural and remote clinicians take up 49% of training places. Of Victorian clinicians, rural and remote clinicians make up 31% of all training places.

#### 3.5.1 Participants by geographical location 2022: Metro/Regional/Remote

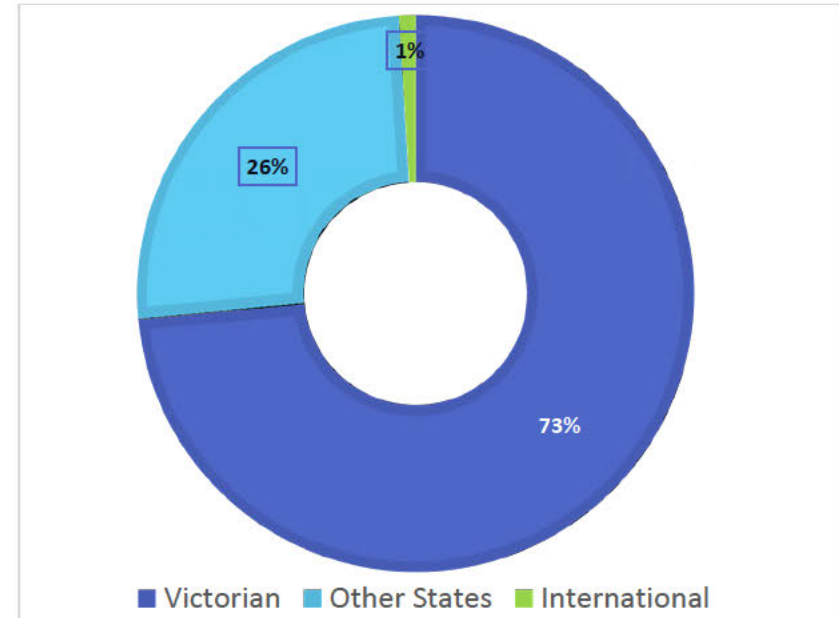


### 3.5.2 Participants from Outside of Victoria

Demand for training from participants outside of Victoria continues to increase. This highlights the lack of high quality and affordable training in other states.

More than one quarter of participants are from interstate with an additional 1% of participants attending our autism training from other countries.

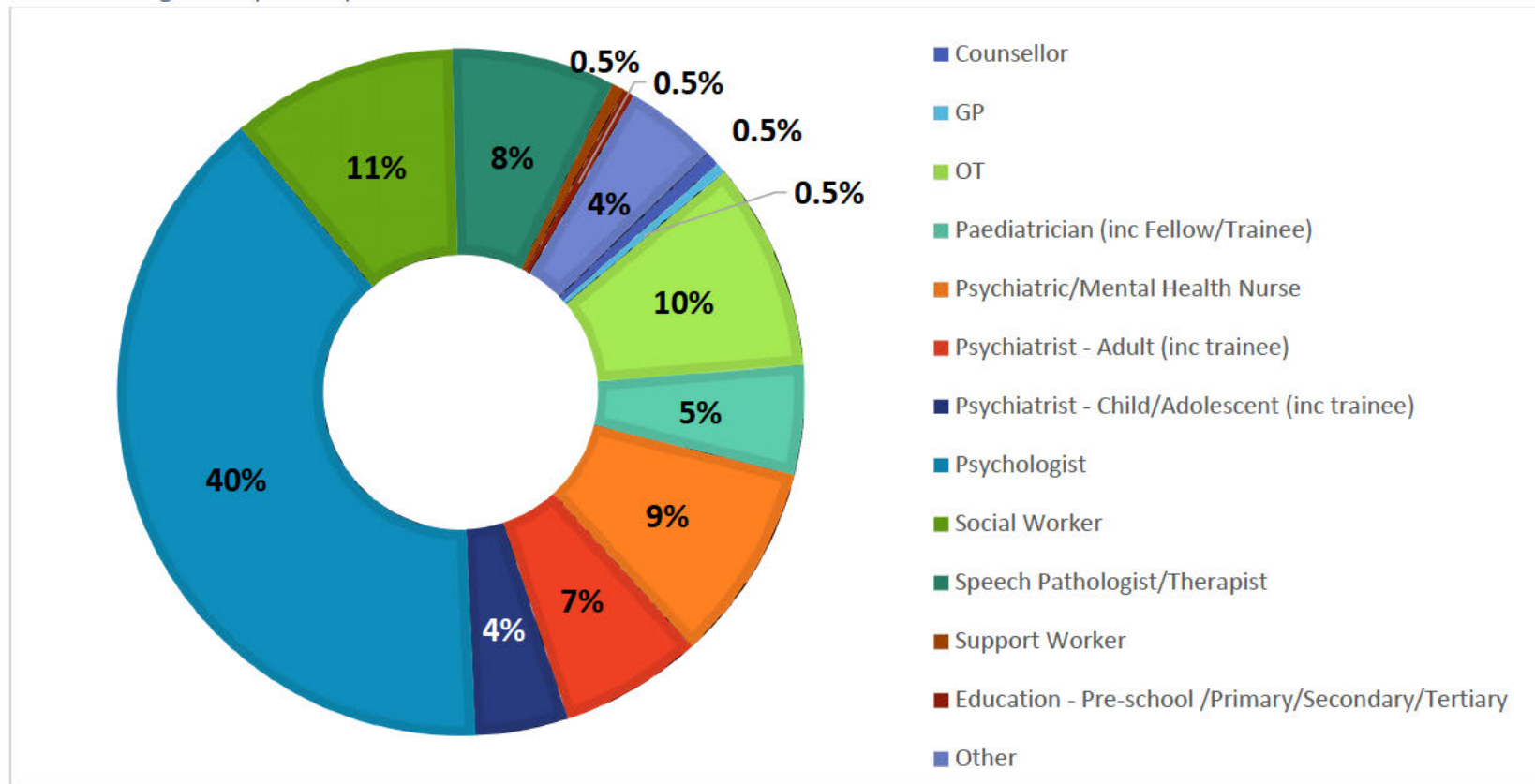
### 3.5.3 Percentage of Participants from Outside Victoria 2022



### 3.6 Professions of Participants and Years of Experience

Mindful’s autism training aims to build a multidisciplinary workforce that has the skills and training to diagnose ASD and work with the co-occurring mental health issues of these clients. Our training participants come from a broad spread of professions, which is essential given that ASD assessments require the input of several different disciplines. Attendees of the autism workshops reflect the full range of mental health professions as well as professions employed in other sectors such as education and primary care.

#### 3.6.1 Training Participants by Profession 2022

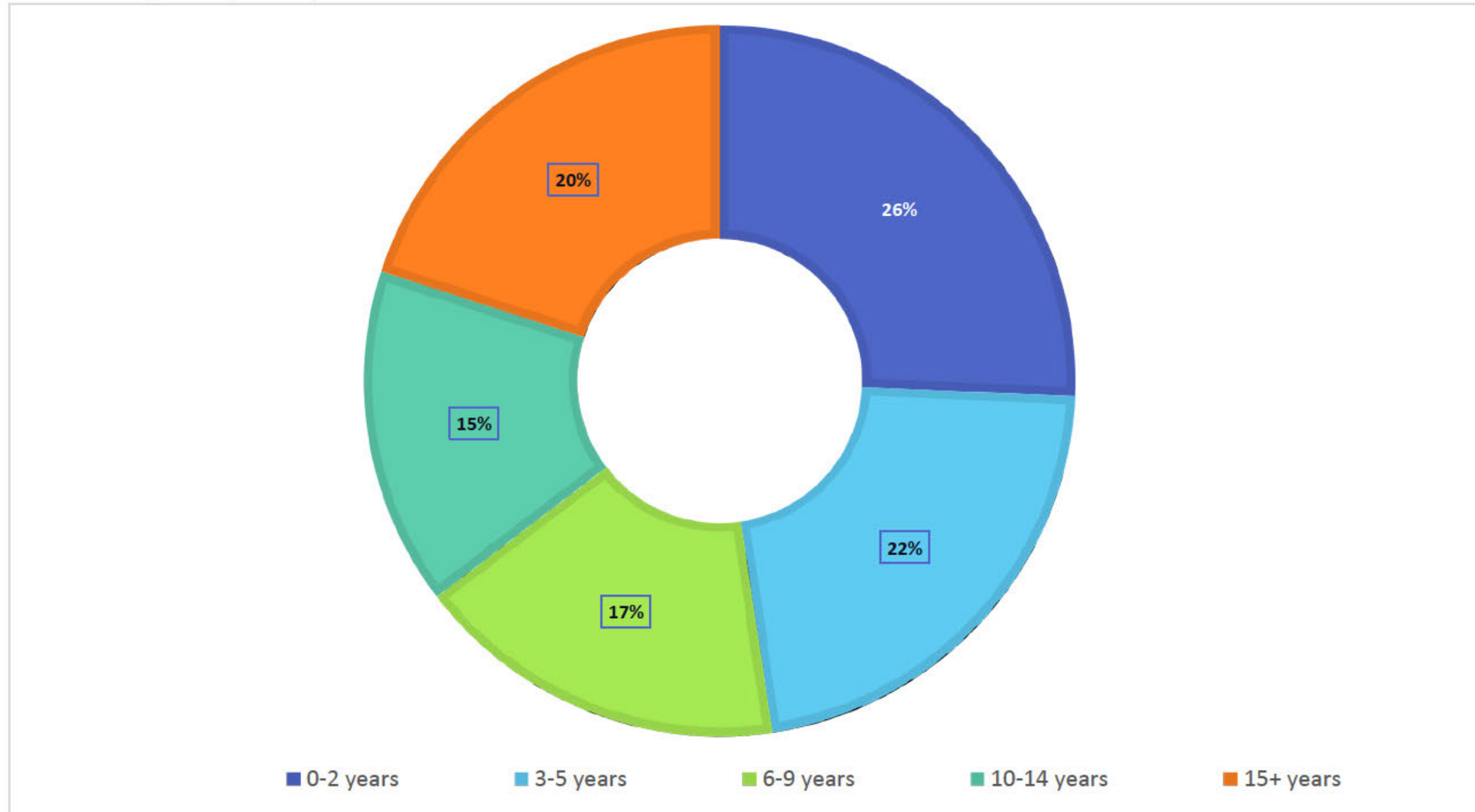




### 3.6.2 Participants Experience

Attendees of the autism workshops report the full range of clinical experience. Just over a quarter of participants are new mental health clinicians (0-2years experience) with the rest evenly spread across various years of experience, including 3-5 years, 6-9 years, 10-14 years to 20% of clinicians having over 15 years of experience in the field of mental health.

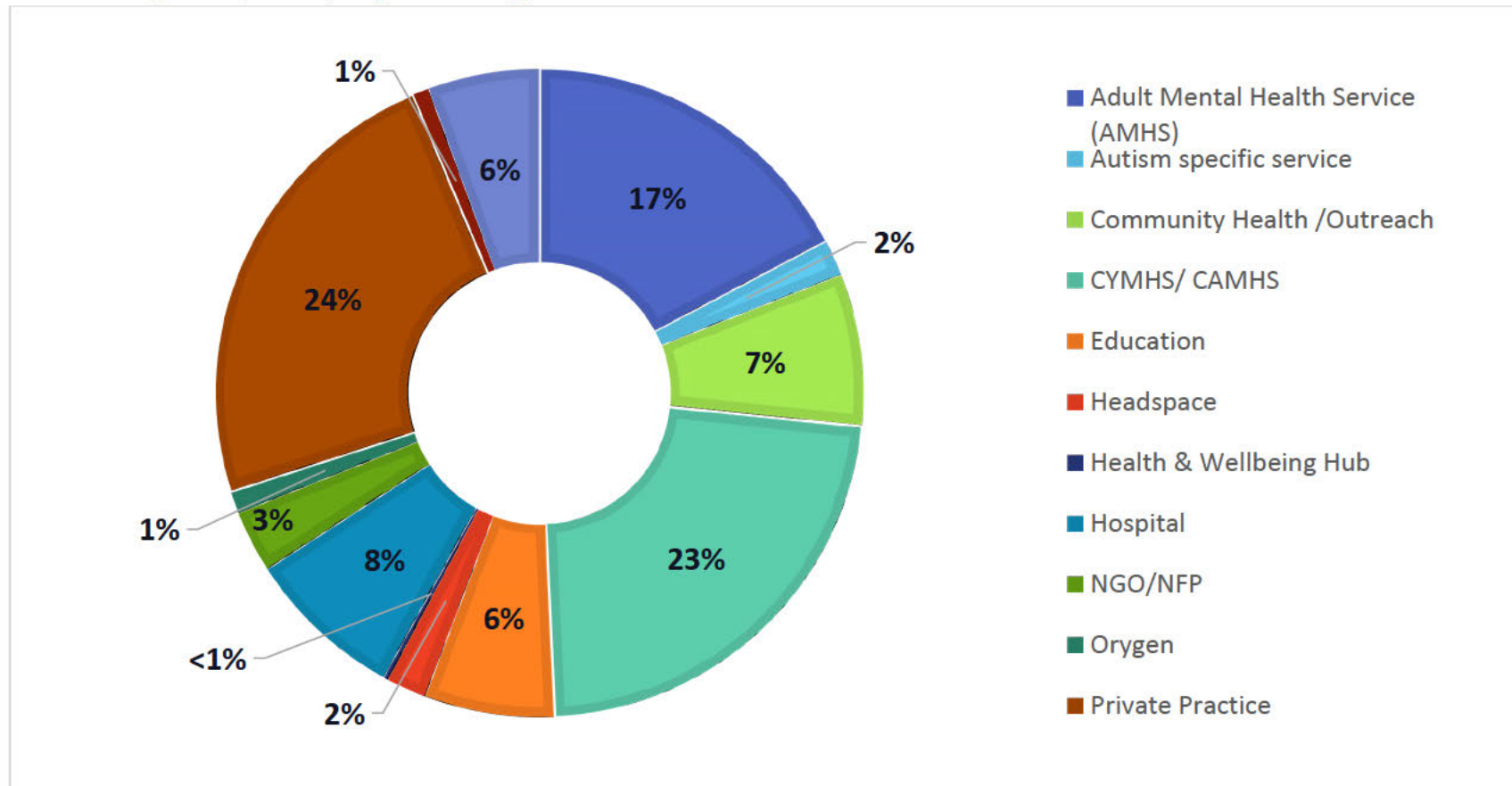
### 3.6.3 Training Participants by Years of Professional Practice 2022



### 3.7 Organizations Reached

Mindful’s training has significant reach and is highly regarded throughout the state and the whole of Australia. Over the past few years much of the growth in training demand has been facilitated by the work of the Statewide ASD Coordinator in developing relationships with the organizations that are eligible for training places. This includes CAMHS/CYMHS, Orygen, Adult Mental Health, Headspace, and others, and promoting subsidized training places. Demand from the private sector and the public sector (not subsidized) has grown organically by word of mouth and social media through clinicians recommending the training to colleagues.

#### 3.7.1 Training Participants by Organization Type



## References

- Brookman-Frazee, L., Stadnick, N., Chlebowski, C., Baker-Ericzén, M., & Ganger, W. (2018). Characterizing psychiatric comorbidity in children with autism spectrum disorder receiving publicly funded mental health services. *Autism*, 22(8), 938–952.
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- Hossain, M., Khan, N., Sultana, A., Ma P., Mckyer, J.L., Ahmed, H.U., & Purohit, N. (2020). Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses, *Psychiatry Research*, Volume 287,
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