EVALLIES

Autism Fact Sheet





Hello! Dr Robbie Gillies OAM here, Founder of Evallies.

This is a Fact Sheet that the Evallies team has prepared with information about autism, covering some of the basics. Please feel free to reach out via our website (www.evallies.com.au) if you are in need of assessment or support with a mental illness, and the Evallies team will happily assist..

What is Autism?

Autism is a developmental difference in how a person communicates, relates to others, processes sensory information, and organises their attention and interests. It is lifelong. It is present from early development, whether or not it is identified then.

Autism is not a disease, and therefore it is not something that needs to be cured or resolved. Instead, what can be addressed and supported are specific difficulties a person experiences, and the fit between the person and their environment.

Another thing to know is that autistic people differ from one another enormously. Therefore, support needs range from minimal to substantial, and can change over time.

How autism can present

The first area that is assessed is "social communication and interaction". The assessor looks for differences in how people manage and approach conversations, how they reciprocate, how nonverbal communication is used and interpreted, and how relationships are formed and sustained. Autism is a difference in style rather than a deficit, and autistic people can be highly social or even extroverted.

The second area of impact regards the person's interests, patterns of thought/behaviour, preferences /approaches to daily life, and their sensory experiences. High functioning and low functioning labels are no longer used, and intellectual and language abilities are also assessed.

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Autism and mental health

A systematic review and meta-analysis published in The Lancet Psychiatry concluded that careful assessment of mental health is an essential component of care for every Autistic person, and should be built into clinical practice rather than treated as an optional addition. Attention deficit hyperactivity disorder, anxiety disorders, depression, obsessive-compulsive disorder and sleep difficulties all occur at elevated rates.

Recognition of co-occurring conditions is complicated by two things. Distress may be expressed differently, through changes in routine, withdrawal, increased repetitive behaviour or apparent behavioural escalation (rather than through a description of mood). And features of a mental health condition can be misattributed to autism itself, so that treatable problems go untreated.

Sensory load, social demand, unpredictability and the sustained effort of masking are frequently drivers of anxiety and low mood too.

Why it is so often recognised later in life for people?

A growing proportion of people seeking assessment are adults, because autism has been under-diagnosed for a very long time.

Several things contribute to this trend. Many autistic people learn to mask (that is, to consciously or otherwise suppress natural responses and rehearsing social behaviour to “fit in”). Masking can be effective at concealing a person’s internal reactions, but can also be exhausting, and negatively impact mental health.

Presentations without obvious external signs have historically been overlooked and missed, which is a substantial part of why women and girls are identified later and less often. Difficulties are frequently attributed instead to anxiety, to shyness, or to a personality trait.

Identification in adulthood commonly follows a change in circumstances that removes accommodations a person had relied on, or following a child's assessment.

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What are outcomes of knowing?

For many adults the most significant effect of a diagnosis is retrospective. It supplies an explanation for a long series of experiences that had previously been unexplained or criticised. People might describe relief or even grief, due to the years spent without an explanation and even sad about support that might have been available earlier.

There are practical uses too. A diagnosis gives a basis for requesting adjustments at work or in study, it changes how co-occurring conditions are understood and treated, and it opens access to a community of people with shared experience, which many people find valuable.

A diagnosis does not change who a person is; it describes something that was already true. It does not by itself resolve the difficulties that prompted the assessment; that depends on what follows it. It does not automatically confer funding or workplace accommodations, both of which are decided through separate processes.

What an assessment involves

Australia has a national guideline for autism assessment, approved by the National Health and Medical Research Council in December 2023. It sets out that assessment should be evidence-based, strengths-focused, culturally responsive and neurodiversity-affirming, and that it should include an assessment of a person's support needs rather than only reaching a diagnostic conclusion.

In practice an assessment ordinarily includes a detailed developmental history from early childhood; a review of current functioning across more than one setting; direct observation and structured interview; information from family, partners or school records where these are available and the person consents; and consideration of co-occurring conditions and of other explanations for the difficulties.

There is no blood test or brain scan for autism, and no single questionnaire is diagnostic. Assessment usually takes more than one appointment.

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What treatment might involve

Support is directed at specific difficulties and at the fit between a person and their environment.

Depending on circumstances and preference, this can include

- understanding one's own profile;
- adjustments at work, school or university, including formal accommodations;
- strategies for managing sensory load and overwhelm;
- support for communication and daily living;
- assessment and treatment of co-occurring conditions, which may include psychological therapy or medication; and
- support for families and partners.

Medication has no role in treating autism itself. It is used, where indicated, for co-occurring conditions or other symptoms of distress.

Next steps

If, having read this Fact Sheet, you think an assessment would be useful, the first step is usually to have a conversation with your general practitioner. A referral from them is needed for a Medicare rebate, where applicable. Psychiatrists and some psychologists can assess for autism, but psychologists cannot offer all forms of evidence-based treatments such as medicine. Coaches and/or therapists, counsellors, psychiatrists and psychologists can support your cognitive functioning and general mental wellbeing, with or without an autism diagnosis. If you are looking for assessment or support, after discussing with your GP, feel free to reach out to us at www.evallies.com.au.

References

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