

## Transcription AMASE Response

### **Autism and LD as disabilities.**

When look at the percentage of autistic people and people with LD who are covered in stage one or active in Mental Health Act only very small element of them. Implications for people who aren't encompassed there and quite mindful of that. Some issues I had is when we defining these people in distress and under MHA doesn't mean the others aren't experiencing disability and aren't needing preventative support (advocacy, supported decision making etc). People should have their needs met on ongoing basis they need access to advocacy and supported decisions making at all times and not just during crisis or experiencing trauma. Everyone should have equal access to healthcare and a clear route to go for mental health.

Continually people with autism fall outside of services as people view them as having autism and not wanting anything to do with them. When autistic have anxiety and mental health issues. Autism is handled by mental health system and yet not a MH issue and the MH services don't have any idea how to handle autistic people whether or not we have MH difficulties.

There is a bit missing – at the moment get a diagnosis, get a referral when life in crisis and there's a need for it, people might miss diagnosis if not in crisis.

There's a little bit of a problem with disability framing. Many autistic people would feel that not necessarily disabled and will react strongly to being called "impaired". Various differences lead us to be disabled are not necessarily impairments just differences. In interaction with world we live in they make us are disabled. If seek autism diagnosis it's generally required that you are disabled and has a significant negative impact on your life. It is a problem because lots of people don't get the diagnosis and then have problems later on that result in them being more disabled than would have been because they didn't get the support they needed when it was just a background feature of their life.

We're seeing more and more people self-identifying because of difficulty in getting referral or you are misdiagnosed or you show empathy etc. Neurology needs to be a protected characteristic. We need to let people with autism behave in natural autistic ways of being and it's not a protected characteristic. Lots of concurrent conditions autistic people can have that end up being disabling;

There's a case for doing it just under disability law and to large extent autistic people are covered, but way it is defined under the equality act largely excludes a lot of autistic people.

It needs to be in schools and everywhere and not just during meltdown and in crisis.

AMASE very supportive of social model of disability with caveat that term impairment is problematic. Impairment is stigmatising but understand it is the language as things stand.

### **Right to advocates**

There is a current right to this under the mental health act. This is rarely met. It's clear that there are massive difficulties which could be considered translation issues for autistic communications.

This requires huge investment- currently no investment in this. Need to have someone you trust who can help you and this is why people successfully.

## **Medication**

Welcome the review looking into medication and psychotropic medication. It's a massively under researched area but clear that autistic people have atypical responses to psychotropic medication and quite often refuse treatment on basis know it will affect them badly. The issue of getting medication for things we want treated but the medication or other treatment just not being appropriate and professionals get annoyed we refuse the first prescription or certain therapies (Group therapy for example). It's treated as if it is a problem with the individual when it's an access issue.

Psychological interventions when done by people who don't understand anxiety and sensory drivers of behaviours and impose NT views of what is important for that person to have a quality of life instead of an autistic quality of life. Flagged as an area that needs to be looked into.

Moving to a multi – neurodevelopmental model. Now people should be screened for other conditions too.

When someone is experiencing distress what should the response be? Autistic people seek treatment and are turned away because they are autistic and you can't treat autism but really they were seeking treatment for depression or insomnia.

Human rights approach and full person rights approach is fundamental way forward for everyone. All a person may need is a trusted person who can pick up what is wrong.

Safe place is a positive thing.

## **Risk**

Suicidal risk needs to be looked at – articulating things differently may mean they have more restraint than needed or they get put away and it is just their way of behaving.

One of these areas where autistic openness can be terribly dangerous as most people have suicidal ideation at some point and we know better than to talk about it. Autistic people don't judge when it's not safe to talk about it. It's very important that professional knows that its likely autistic person will respond literally.

It comes back to autistic input. If more professionals had training about autism they might understand better if they called on autistic people to look at environment etc can help to work out why someone is so distressed.

AMASE agree with reviews ideas on how things planned, delivered, monitored, training etc.