



**SPECTRUM
LABOR**

SUBMISSION

to

**THE
ROYAL COMMISSION
INTO
VICTORIA'S
MENTAL HEALTH
SYSTEM**

Contents

Introduction -	3
Question 1 -	4
Question 2 -	5
Question 3 -	7
Question 4 -	8
Question 5 -	9
Question 6 -	13
Question 7 -	14
Question 8 -	15
Question 9 -	16
Question 10 -	17
Question 11 -	18

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

INTRODUCTION

Spectrum Labor is a group within the Australian Labor Party that is focused on the promotion, support and protection of the Autistic Community across Australia. Founded in October 2017, the group has put out several press releases condemning the actions of various individuals to the detriment of the Autistic Community. Those who are Autistic and their families and carers have over a long period of time been subject to much aversive conduct both within the mental health system and by the hand of society at large. Autism is seen as a disability that renders the individual unable to function in society and should therefore not be a part of it. This is far from correct. Equally, Autistics are seen as unintelligent and inherently socially inept with no redeeming qualities whatsoever. This is also far from correct.

At present, Spectrum Labor is only a small group – consisting of four Autistic Labor Party Members;

Philip Gluyas – Philip is one of the co-founders of Spectrum Labor. He lives in Ballarat in Victoria and was diagnosed with Asperger syndrome in 1997. He has a long history of fighting for the rights of the Autistic community and fighting against those who lie about it. This has resulted in no less than four defamation lawsuits, three of which were successful with the fourth still in progress at the time of this submission. Philip has made an individual submission as well as contributing to this one.

Helen Said – Helen is the other co-founder of Spectrum Labor. She lives in Melbourne in Victoria in its northern suburbs and was diagnosed with Asperger Syndrome in 2013. She is a part of Australia's vast migrant community and has a strong interest in minority groups across this area as well as the Autistic community.

Peter Wynn – Peter joined the group as soon as it was formed. He lives on the Sunshine Coast in Queensland.

Andrew Owens – Andrew also joined the group as soon as it was formed. He lives in Perth in Western Australia. He has opted not to participate in this submission.

This submission will be focused on the needs of the Autistic community.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 1

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

There is no doubt that mental illness within the Autistic community has roots in the negative stigma attached to the condition as well as discrimination within general society.

It must be made clear that Autism is not a mental illness. This is one example of an existing stigma that needs to be abolished without delay. The same is true of other false stigmas such as inherent violence, low intelligence, unemployable and so on. These stigmas contribute in no small way to the discrimination that takes place.

Autistics rely on stability and predictability in order to function as well as possible. An inability to do so leads inevitably to mental health issues and can result in mental illness. Such a situation can generally be worse for an Autistic due to the increased need for a routine – breaching said routine is a mental health threat.

It should also be noted that the degree of need for stability and predictability varies widely. It is not without reason that Autism is a spectrum. The higher functioning – while still needing a routine – have abilities to vary aspects as long as a base is there. The lower the functioning, the higher reliance on a routine and the increased risk of mental health issues and consequently mental illness.

With this in mind, improving understanding has to start with eliminating the misconceptions through an education process. There are some within the Autistic community who will reject this and try to interfere in the education process by promoting the existing issues as a reason to treat Autism as a disease to be cured. We are aware that censorship is not a preferred option, but in this case it may be the only option to deal with this.

Alternatively, Amaze presented an alternative education option which was well received by those in attendance at a political forum at the State Library of Victoria in November 2018. It was a series of commercials designed to show how to correctly handle an Autistic in the community after showing how one does it wrong.

A very important thing to note is that Autism doesn't make one more susceptible to mental health concerns, but rather negative social attitudes towards it do. For example, Pauline Hanson was not condemned roundly enough for her rant (it could not be considered a speech) regarding Autistic people. In fact she received support from Andrew Bolt. Evidently, Ms Hanson does not want to understand that special classrooms are not a positive influence. In another example, at the old high school of one of our members, hearing impaired students did not undertake Japanese (the only foreign language on offer at that school). We are not sure if this was by choice or by necessity, yet our member attended university with, and even went on a trip to Japan with, a woman who was hearing impaired and bilingual. Secondly, not all Autistic students excel in the one subject area or learn in the same way. If we had a dollar for every time we have heard, "All autistics are good at maths," We would have more money than the Australian Taxation Office would know what to do with. One of our members remembers the case of a guy he went to school with, who was wheelchair bound, but who was told by the school guidance counsellor, himself a flippant man, not to bother with university and put him down for five subjects not leading to a TE Score (this is the Queensland version of ATAR or VCE).

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 2

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

For the Autistic community there isn't much that is working well at present. This has led to some community driven attempts to rectify matters, but these attempts are splinters. The only established group in Victoria that represents the whole community is Amaze. Spectrum Labor has an alliance with Amaze for this reason. But for all that, Amaze's resources are limited. The Victorian government has committed to responding in full to 101 recommendations made by a Parliamentary committee in 2017, but said full response as of the time of this submission is yet to be presented. These include factors towards mental health. We recognise the government's commitment to ensuring that the responses are correct – a commitment confirmed at Amaze's political forum in November 2018. But it is now taking too long. Early support and treatment for the Autistic community needs to be available across the spectrum – and this will inevitably go to the prevention of mental illness.

Chapter 8 of the report by the Family and Community Development Committee deals with Health and Mental Health services. Five recommendations came out of this part of the report;

8.1 – The Victorian Government in conjunction with the Australian Dental Association – Victorian Branch develop education and training options to dental clinicians in understanding ASD and the way in which ASD presents in their clients.

8.2 – In the updated State Autism Plan, the Victorian Government develop a strategy for public health and mental health services to accommodate the needs of people with ASD, including the roll out of autism specialists in the public health system.

- That people with ASD are identified on presentation to health services and that this information is recorded.

8.3 – The Victorian Government ensure all new and existing public hospitals and healthcare facilities have provision for dedicated quiet spaces for people with ASD in emergency departments and other inpatient and outpatient areas.

8.4 – The updated State Autism Plan make provision for training and professional development of public hospital staff and public mental health clinicians in the awareness and understanding of ASD presentations.

8.5 – The Victorian Government increase funding to public mental health services and community health services so they have the capacity to provide services for people with ASD with a co-occurring mental health condition.

It should be noted also that the remainder of the recommendations also go indirectly to the mental health of the Autistic community, no matter how obscure it may seem. Autistics have a tendency to not see the wood for the trees (to use the metaphor) and as a result appropriate balances may not be present without help. This is why the implementation of all the recommendations are so important, and we believe the Commission can assist by pressing for such an implementation.

Australia has never been a monocultural country. The First Peoples had different dialects and one

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

tribe could meet another and not understand each other. Even in European settlement, those on the First Fleet were English, Irish, Scottish, Welsh and there was even a West Indian. Adelaide was settled by people escaping religious persecution in the Germanic Confederation. The Labor Party officially abolished race as a criteria for Immigration. As was seen with the federal electorate of Chisholm where both major parties had Chinese-Australian candidates, we have a unique opportunity here. The LGBTIQ Community was targeted with advertisements featuring Dr Pansy Lai, and misleading claims about SSM. We think it's important for us to realise that we need to reach out to the community. If you were a Chinese-Australian LGBTIQ teenager, you would not feel comfortable coming out to your parents if they were conservative, and, if you were an Autistic person from a marginalised ethnic group, you may feel even more marginalised. What we can do is say, "If you feel marginalised, we will absorb you into our community."

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 3

What is already working well and what can be done better to prevent suicide?

As with the previous question, there isn't much that is working well for the Autistic community. Suicidal tendencies are harder to detect here due to an Autistic's generally reserved nature. Introversion, which does not always apply but plays a role in an Autistic's general make up, can lead to not revealing these feelings. This is sometimes due to not knowing how to express said feelings. This is representative of an Autistic person's lack of social instinct, which can only be overcome through manual teaching. And this is just for those whose functioning levels are seen to be at a "normal" level. For those who have higher needs, the ability to express feelings is even more restricted by the inability to communicate in general to a decipherable level. All up, prevention of suicide in the Autistic community relies heavily on self worth. This relates to factors covered in Question 5.

Also - intersectionality affects not just ethnicity but also sexual orientation. Just like we have Chinese-Australian and other groups, we also have LGBTIQ Autistics. Many of these may be dealing with the double whammy, so we need to reach out. Let us not forget LGBTIQ Autistic people are over-represented in mental health concerns.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 4

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

At the base, the lack of respect for the natural diversity of the human race inevitably has a negative impact on one's mental health. This is especially applicable for the Autistic community and the lack of acceptance of the fact that Autism is a natural human variation. But it is impossible to answer this question without going over ground that either has already been covered in previous questions, or will be answered in consequent questions. Good mental health for the Autistic community relies on all these factors.

The only answer that is exclusive to this question is the access factor. Availability awareness is critical and due to an Autistic's tendencies to "not see the wood for the trees" it has to be made obvious and set separately. Mixing it up with other equally important mental health initiatives will cause it to be missed.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 5

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Poorer mental health outcomes in the Autistic community have many drivers, most of which are community based and need to be addressed and prevented.

1. Fear of the condition.

As it stands right now, whenever the term Autism is introduced to a conversation the majority of the community reacts negatively. Many negative stigmas are associated with Autism, with most deriving from the habits of low functioning Autistics and the frankly lazy assumption that all Autistics have the same or similar issues. These stigmas also have an effect on those who care for Autistics, such as refusing to socialise by visiting them at home as they want nothing to do with the Autistic. We're human. We aren't monsters, especially of the violent variety which is one stigma that strikes fear into society. There is no more violence in an Autistic than there is in any other part of society. Another stigma is being rude, crude and anti social. If we are told that what we are doing is wrong and why, and in a non aggressive manner we will respond appropriately.

A key to this fear is a lack of understanding. The only way that can be addressed is through an education effort. See what was said about Amaze's education effort in reply to Question 1. Also, society needs to be willing to be educated, and that's an issue in itself. Autism is not a simple condition like being blind or deaf as examples. It's a Spectrum with many different layers from person to person. Overcoming fear is not an easy thing to do at the best of times, but a start is recognising the fear. Once it's recognised, the effort to overcome it should be the next step.

2. Lies about it's origins.

As a result of better diagnosis procedures through the Diagnostic Service Manual (DSM), the assumption is made that it has come from nowhere. This is not true, and the assumption also derives from the fear mentioned above. The follow up assumption is that Autism is a disease that is caused by environmental factors, and those factors become targets. The most common of these is vaccines, hence the recent issues with falling vaccination rates at least in part. Detractors try to justify this by stating that there were no Autistics in their school when they were there (that is, in the 1960's, 1970's or even the 1980's). This is also not true. It just wasn't diagnosed. They knew people who were eccentric, loners or the more recent term of nerdy. All of these traits point to Autism at the high end of the Spectrum.

Vaccines aren't the only lie in Autism's origins. Electro Magnetics associated with mobile phones, WiFi and smart meters are also incorrectly implicated. There is a claim that Autism is represented by damage to the DNA of the Autistic, which is also incorrect. Whilst there is no formal confirmation at present, the only causation that has not been eliminated is the genetic factor. Spectrum Labor holds that this is the only causation of Autism, and lies about this are harming the mental health of Autistics.

3. Demands for a cure.

Due to the fear of the condition, parents of a diagnosed Autistic tend to panic and the next step is to

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

demand a cure be found for their child. There are some very determined parents in this area – but these parents don't realise that their child is not as unaware as they think. Children with Autism who are aware will automatically think their parent hates them, and that's a serious and very basic mental health threat. For this reason alone the cure talk has to be stopped. Support structures need to be in place quickly for these parents to make things easier and better and temper the panic and give them the chance to think and realise that they are wrong.

Now it should be pointed out that improving an Autistic child's issues does not amount to curing Autism. This is called dealing with regression – a common mistake is made not telling the difference between regression and causation.

4. Parochialism within the Autistic community.

Unfortunately due to factors related to the previous three points, arguments begin within the community with regard to the best way forward. On the one hand, high functioning Autistics insist that Autism is a natural condition and there is no need for cure, fear and so forth. On the other hand, those who are dealing with low functioning Autistics label the high functioning as ignorant and harming those at the lower end of the Spectrum. For some this even includes calling those at the higher end of the Spectrum not Autistic at all.

There is a word at the centre of this attitude – neurodiversity. This word means what it says; Neuro as in brain, and diversity as difference. Brain difference. Those who support low functioning Autistics have no respect for this term, coining the term "neurodiversity movement" to fight against it. Incorporated into this is a rejection of labels – including both low functioning and high functioning. We are not ready for that yet, as long as Autism is classified as a disability. We need those labels and they need to be recognised as part of the education process. Using alternative terms in a softer manner is and has been abused.

The parochialism is hurting the community and makes it look like we are disjointed and contributes to the fear. We make this point in case others in the community try to press points from either side. Both sides need to stop and work together, and that means labels and recognition of the whole Spectrum as the same condition at the root and expressing itself differently as a totally separate second step.

5. Judging Autism on it's faults, not it's benefits.

A common angle of argument for those who want a cure is the falsehood of a lack of benefits of being Autistic. This is especially the case for low functioning Autistics. Whilst things may be hard for adults at the lower end of the Spectrum, the children can be brought back up the Spectrum. This is where the benefits need to be promoted. Autism does provide benefits. They just need to be worked on. Autistics are generally excellent with numbers as an example. With the right teaching these skills can be expanded further. Special interests can also be expanded to be of benefit, especially in useful areas. Computer skills are quite common in the Autistic community. Other benefits include attention to detail, perseverance, loyalty (which should never be abused and has been) and honesty. Social skills – seen as a weakness of being Autistic – can be taught.

Bullying Autistics on the basis of the faults is very cruel and needs to be prevented.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

6. False hope.

With all the demand for a cure, it's open slather for con artists to ply their trade of so called treatments. These treatments are wide and generally provide little or no benefit. Some examples of these fake cures are;

- a. MMS (Miracle Mineral Solution)
- b. ABA (Applied Behavioural Analysis – the aversive version)
- c. Chelation
- d. Gluten free diet
- e. Cannabis oil
- f. Electric shock therapy

MMS has no medicinal benefit whatsoever and should be banned. Chelation is the treatment for mercury poisoning and there is a false claim that mercury poisoning and Autism are one in the same, another incorrect assertion. This also relates to vaccines back when the ethyl mercury based derivative thiomersal was used as a preservative in vaccines. The Gluten free diet is a reaction to the incorrect assumption that Autistics all have gut issues. With children in particular such a diet at best should only be used with proper dietary guidance. Cannabis oil has cropped up as a cure for many conditions of which Autism is just one. Electric shock therapy is banned in Australia, but there is a place in the United States that falsely claims positive results from this. ABA is the only treatment that has some benefit, but only if the non aversive version is used.

Spectrum Labor believes that the only real treatment is the identification of the Autistic's sensory sensitivities and reducing them as best as possible. This is at present an unproven theory but Philip Gluyas in particular supports it as Autistics are generally sensory sensitive. The lower on the Spectrum the Autistic is, the more pronounced the sensitivity is. And it doesn't just relate to the basic five senses either. It also covers the sixth sense – instinct.

The answer to this question explains all the drivers behind the mental health of the Autistic community. It is as mentioned complex but it all needs to be considered.

Some further points to be made on this subject;

- Feeling different with no understanding of why (if they have not been diagnosed), or feeling stigmatised by the Autism diagnosis if this has been presented in a negative way
- Being misunderstood, bullied and pressured to conform
- Sensory over-sensitivities which are not well catered for in busy environments such as schools, shopping centres, workplaces, public transport, recreational facilities, leading to fatigue, stress and avoidance of these environments and consequent social isolation
- Difficulty in accessing relevant educational services in schools and the community, where autistics can learn to decode other people's behaviour and identify emotional states (including their own emotional state)
- Low funding and low pay in schools for special education assistants leads to poorer outcomes in life for those with additional needs, similar issues with early intervention and tertiary assistance services
- Pressures to perform in job interviews and keep up the social chitchat in workplaces, leading to unemployment or under-employment, poverty, social isolation and consequent pressures

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

on mental health

- Pressures on women on the spectrum to conform to narrow "feminine" roles, join in with high level chitchat, wear uncomfortable clothes and the continued stigmatising of women with supposedly "unfeminine" attributes such as strong STEM skills
- Pressures on autistic migrants to change and "become like everybody else" when in fact the combination of cultural, racial and neurobiological differences make such changes impossible.
- Autistic women, migrants, Indigenous people, LGBTIQ people and people with disability experience negative social attitudes which are harder for Autistics to deal with. These unpleasant social experiences make it additionally difficult for Autistics to feel comfortable socialising and picking up social skills.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 6

What are the needs of family members and carers and what can be done better to support them?

The factors mentioned in answer to Question 5 affect families and carers just as much as the Autistics themselves. This is why family was mentioned at times in said answer. From the very beginning in the Autistic community, numbers are needed. This is especially the case for the Autistics who have higher needs as they are at the lower end of the Spectrum.

One aspect of Autism that has to be taken into account here is routine, and that has to be established. For immediate family members respite is essential. It should never be permitted for a single family member to shoulder the load. It has to be a team effort, and support services must be there from the beginning in the case of families that are small and the natural numbers just don't exist. If everything is done correctly, parents won't fall into the traps described in Question 5.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 7

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

In the case of the Autistic community, understanding of the core condition is critical. This again goes to factors mentioned in Question 5. The mental health work force is also subject to matters covered in Question 6. Tolerance levels have to be extremely high, and finding the right people is therefore not an easy task.

Peer support at this stage needs to be from within the Autistic community. We are in the best position to really understand. The best equipped in Victoria would probably be Amaze, but they are not the only ones.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 8

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Yet again, this question refers back to factors in Question 5. Good social outcomes for the Autistic community rely heavily on social awareness – not easy when one lacks social instinct and needs it replaced manually. Autistics themselves do need to do their share. It's not up to general society to do it's bit 100 percent, and that will solve the problem. Socialisation is a two way street, and Spectrum Labor recognises this. But it can not be aversive in any way for the Autistic.

Economic participation is also a two way street which comes in two parts, education and employment. However if the education aspect is correctly handled on both sides, employment should look after itself. But in the prevailing environment in competition for jobs, the compulsion for Autistics to be truthful becomes a mitigation factor against neurotypicals who will lie to get ahead.

Another restraining factor is employers demanding social skills even in jobs where it is not an inherent requirement – as it would be in jobs where regular contact with the general public is an inherent part of the job. But one can not reasonably apply the conditions outside of this, as for example former federal politician Mal Brough did in 1997 thus;

As a former employer, I put it to you: if a young person came to me and did not have either the social skills, education, experience or training that I was looking for, it would not matter if they went and sat on the dole for another six months. It would not matter if they went and did some inadequate small course—to use a phrase which I was not going to use—which really was not going to lead to any benefit to them directly or to me as an employer. It would not matter how long they sat there, I would not employ them.

(Second reading – Social Security Legislation Amendment (Youth Allowance) Bill 1997; November 17, 1997)

It is put to the Royal Commission that this sort of discriminatory attitude has to be stopped in order for Autistics to have the best chance at the employment aspect of economic participation. It is also put to the Royal Commission that a good way to assist in this is to recommend to the state government that the definition of unjustifiable hardship in section 23 of the Equal Opportunity Act 2010 be tightened.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 9

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

The most important immediate need for the Autistic community is the presence of mental health services, with services specifically for us incorporated into it statewide. It can't just be Melbourne and the big three regional cities (Geelong, Ballarat and Bendigo). It has to be all the major population centres – at least Colac, Warrnambool, Portland, Hamilton, Ararat, Stawell, Horsham, Maryborough, Mildura, Swan Hill, Castlemaine, Echuca, Shepparton, Seymour, Benalla, Wangaratta, Wodonga, Drouin, Warragul, the Latrobe Valley, Sale and Bairnsdale. There can not be reform without full access and in Victoria there can not be full access without full availability across the state.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 10

What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

A commitment needs to be made by the state government for the initial outlay to ensure full service. This commitment must be matched by all interest groups including opposition political parties. There can be no short cuts in mental health, especially (without wanting to undermine other affected groups) the Autistic community. Appropriation of the funds required must be in the first state budget consequent to the Royal Commission's final report.

Another factor that is needed is legislative prohibition of the factors mentioned in answer to Question 5. It is regrettable that such a measure is needed, but we do not believe there is a choice. Good mental health should be a right available to all Victorians, and threats to those rights simply must be quashed.

"We are different, not less" – "Nothing about us without us"

Spectrum Labor: Submission to the Royal Commission into Victoria's Mental Health System

QUESTION 11

Is there anything else you would like to share with the Royal Commission?

Philip Gluyas; I have already made a personal submission separate to this one, making many general observations and so forth – leaving the work for the Autistic community to this submission. I have been fighting those who are part of the issues covered in Question 5 for a long time, and it has been a hard battle that in upon itself could be said that has adversely affected my own mental health. This is partly why I am acutely aware of said issue. I have had to use my own tactics to stay in good mental condition due to the lack of support services and I guess I've done okay. I will say for myself that services like _____ and _____ are useless to me – as I see them as rather patronising (that is, being patted on the head and told everything's going to be okay). That doesn't mean that such services can't help others of course, but I suspect my own experience as an Autistic may be repeated within the Autistic community. We lack the instinct that would respond to such tactics, and I for one end up insulted by it. For myself, this Royal Commission is the best chance yet for the Autistic community to get the supports it needs at the core – and urgently.

Helen Said; Does not wish to comment further.

Peter Wynn; Does not wish to comment further.

"We are different, not less" – "Nothing about us without us"