MHYF Vic Newsletter No. 97 February 2026

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Winston Rickards Memorial Oration 2026

Negotiations are under way for the 15th Winston Rickards Memorial Oration to be given highlighting indigenous mental health programs for children and families. More details will be given when arrangements are confirmed.
In the meantime, the recording of the 14th Oration can be found on our website, www.MHYFVic.org .

Allan Mawdsley

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The Epidemic of Autism

Ordinary people in general, and health practitioners in particular, have a picture of normal development. They draw attention to anything deemed "not normal". Medical science has the task of describing and measuring the abnormality and seeking an explanation, as a prelude for treatment and prevention. It is a never-ending process. A developmental disorder that has attracted a great deal of attention is autism.

This note is prompted by a newspaper article by Ariana Eunjung Cha, first published in the Washington Post, reprinted in the Age on 30 December 2025, page 16, titled ***"A brain wired differently: New science points to four distinct types of autism."***

The article was of great interest to me because of a fifty-year involvement in the field, rewarded by election as an Honorary Life Member of 'Autism Victoria' (now renamed 'Amaze'), consequent upon my role as the principal advisor on child mental health to the Victorian Government Health Department for a couple of decades.

The syndrome of autism was first described in western scientific literature in 1943 by Professor Leo Kanner. His clinical annotations led to intense speculation about possible social causation by "refrigerator mothers" that took some time to dispel. Family research soon identified genetic predisposition in twin studies, inheritance and the disproportionate prevalence in males. These, and other

epidemiological studies showing strong associations with other brain disorders, shifted the focus strongly to the biological underpinnings. Attempts at measuring prevalence were bedevilled by the question of what were the necessary and sufficient criteria for inclusion in the syndromal cohort.

Lorna Wing's landmark community survey of children in the Borough of Camberwell in London in the early 1970s gave a prevalence of 2-4 per ten thousand children, using the triad of impaired social interaction, impaired communication and restricted (often repetitive) behavioural patterns, combined with intellectual disability. The variety of presentations gave rise to the term 'autism spectrum', which perpetuated these criteria into the writing of the DSM [Diagnostic and Statistical Manual of Psychiatric Disorders] of the American Psychiatric Association, and the ICD {International Classification of Diseases} of the UN World Psychiatric Association.

Subsequent editions of these manuals have greatly broadened the criteria and their operational inclusions, significantly changing the prevalence estimates. Today, the estimated prevalence of children in the autism spectrum approaches 2%, nearly 100 times greater than Lorna Wing's estimate. No, we don't have 100 times more children with a disorder called 'autism', we just have 100 times more children whose developmental needs are being acknowledged.

However, these changes do matter. The recent blowout in the costs of the NDIS is largely attributed to an increased enrolment of children with autism. The proposed introduction of a 'Thriving Kids' program is an attempt to cater for lesser degrees of disability without all children with autism being under the NDIS umbrella. MHYFVic has pointed out, in several bulletins and in submission to the Thriving Kids Consultative Committee, that the fundamental mistake is approving eligibility for support on the basis of diagnostic label rather than assessment of disability support needs.

This is why Ariana Cha's article is so important. In it she reports, "For decades, autism has been described as a spectrum - an elastic term that stretches from non-verbal children to adults with doctorates. Beneath that vast range lies a shared pattern of social communication and behavioural differences, long resistant to neat explanations. Now, advances in brain imaging, genetics and computational science are revealing discrete biological subtypes."

Natalie Sauerwald, one of the quoted lead authors, compared earlier autism research to assembling a jigsaw puzzle, only to find that the pieces didn't quite fit - not because the image was unclear but because "the box had always contained several puzzles, shuffled together". There isn't just one autism, Sauerwald said: "There are many autisms."

There is a usefulness in referring to the autism spectrum, just as there is a usefulness in referring to intellectual disability. However, the usefulness must avoid thinking that all children with that label are 'the same', just as we avoid thinking that all children with intellectual disability are 'the same'. Future research will reveal the different biological pathways resulting in the autism syndrome, with the potential for preventing or treating some of those pathways. In the meantime, every individual deserves to be supported according to need.

Allan Mawdsley

MHYFVic INDIGENOUS LIAISON GROUP

TREATY has succeeded at last in Victoria!!

This week has seen the fulfilment of years of strenuous effort by Aboriginal groups and the Victorian Government in the establishment of Australia's first Treaty between our First Nations and a State. Hopefully this initiates a process that can embrace all of our communities and families in Australia - Indigenous and Non-Indigenous alike.

Now the critical work of the Treaty and the associated Aboriginal Assembly begins, and MHYFVic stands ready to respond in all ways open to us that can support the children, young people and the families whose wellbeing is directly affected.

Our Indigenous Liaison Group, which has been active ongoingly for over 20 years, is clarifying evolving processes to extend our support for the Aboriginal Organisations involved in striving to enhance the mental health and wellbeing of children, young people and families in Indigenous communities in this country.

If you wish to join our thinking and action, please contact our Liaison Group Convenor, Suzie Dean, via admin@MHYFVic.org - your interest will be very welcome!

IACAPAP 2026

INTERNATIONAL ASSOCIATION OF CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP): Connecting with colleagues world-wide……

THE UPCOMING 27th WORLD CONGRESS OF IACAPAP IN HAMBURG, JULY 1-4 2026 will be as stimulating and important as ever in our troubled world. Contributions are invited from all and any person interested in the child and adolescent mental health and wellbeing field, and individual papers and posters can be submitted until 20th January 2026. Full details about submitting an abstract are found at https://iacapap.org

INVOLVEMENT OF ALLIED PROFESSIONALS IN IACAPAP is highly valued. An international IACAPAP Group of Allied Professionals has been meeting during the past year, to brainstorm how IACAPAP can be of optimal use to the breadth of professionals active in the field. This led on to a very successful international webinar being organised by MHYFVic in September this year, which focussed, from an Australian perspective, upon the critical role of allied professionals in multidisciplinary teamwork. Over 400 people from 60 countries participated. Two more such webinars are planned for 2026, featuring other parts of the world and other urgent issues. Anyone wishing to contribute to this effort in any way at all, please contact Suzie Dean at admin@MHYFVic.org, who will get back to you.

WEBINARS OF OVERALL RELEVANCE IN CHILD AND ADOLESCENT MENTAL HEALTH are offered by IACAPAP on a regular, frequent basis. Highlighting complex issues, they are presented by excellent expert colleagues, and are of high quality. Also, surprisingly, they are often also free of charge. You can find out how to be notified ongoingly by going to the website: https://iacapap.org

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FORUM

Social Media Minimum Age

The Australian Government has implemented legislation requiring nominated age-restricted social media platforms to prevent Australians

under 16 years old from having accounts. This world-leading legislation has ignited controversy about immediate and longer-term effects on young people and on the social media platforms. The process is being watched carefully by other countries to learn from our psychosocial experiment.

The impetus for the restriction of access has been acknowledgment of some youth suicides attributed to online bullying, rising concern about sharing of suicide methods, eating disorders fuelled by social comparisons and discontented envy with 'fear of missing out'. There has been a slight generalised increase in youth depression, anxiety and self-harm correlated with the rising use of smart phones and social media use.

There is also a concern that social media preoccupation is associated with decreased healthy involvement in sports and recreational activities with peers and their own families. This evidence of causality in the youth population is rather weak, but there has been a UNESCO report on the harmful effects of social media on young girls.

As always, the majority of young people are not unduly affected by these issues, but those who are affected will easily find more fuel. This is amplified by generative AI programs used by social media platforms to make available more and more of whatever interests the viewer. As with snuff movies, hard-core pornography and gruesome killings, once seen it cannot be unseen.

The central issue here is censorship. Protection of children from harm is appropriate, but how? and when?

Young people develop personal responsibility and compliance with societal norms through social learning, emotional development and identity formation, shaped by family, peers, education and broader cultural influences. The family is particularly important in the early emotional development of self-regulation and executive functioning and empathy. Peer group influences become more important in adolescence, by which time it is expected that judgment and impulse control will underpin responsible behaviour, albeit that this maturation process continues into young adulthood. This concept justifies delaying access to inappropriate material until the young person is expected to be able to deal with it.

The new legislation has immediate and longer term implications.

In the longer term there should be a reduction in the abovementioned adverse outcomes, although all the undesirable influences will still be available through other channels.

In the immediate term there are already difficulties reported. Young people who have established friendship groups online are distressed at having these disrupted. Parents bear the brunt of the dissatisfaction and the added problems of threats of disobedience in working around the restrictions and what this means for acceptance of authority. It poses a challenging time for parental 'discussions'.

After this Immediate period, when the discontented cohort has become old enough and wise enough to resume using social media, the family tensions should subside. The rising generation who have never used social media in the former way may wonder what the fuss was about. Perhaps even the social media platforms may become aware of responsibilities to avoid unnecessary harms.

At first sight, the benefits of shielding young persons from harm seem to outweigh the costs of disruption of popular means of group social communication and the engendered

discontent. Saying that young people managed social communication adequately prior to mobile phones may not be of much comfort. However, learning to postpone gratification is part of growing up.

Readers may feel that there are additional issues that should be included in the discussion. If so, we would be pleased to receive your comments and will respond in the next newsletter. Email to admin@mhyfvic.org

Allan Mawdsley
Josephine Hall

2026 MHYF Vic Committee

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