MHYF Vic Newsletter No. 98 March 2026

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Winston Rickards Memorial Oration 2026

The 15th Winston Rickards Memorial Oration will be given by Catherine Liddle, CEO of SNAICC, the national voice for aboriginal and Torres Strait islanders, on Wednesday 17th June 2026 at the Ian Potter Auditorium at Melbourne University, 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

Our February newsletter had an article of this title. We have received the following two responses. Readers' thoughts on the article and responses will be welcome.

Anonymous correspondent:

"I am writing to formally raise concern about the use of the term "The epidemic of Autism" when referring to autistic people and the autism community. Describing autism as an "epidemic" is inaccurate, harmful, and deeply stigmatising. Epidemics are associated with disease, threat, contagion, and eradication. Autism is none of these things. Autism is a neurodevelopmental difference — not an illness to be feared or eliminated. This framing reinforces outdated and damaging narratives that position autistic people as a problem to be solved rather than as individuals deserving of understanding, respect, and appropriate support. It contributes to public fear, misinformation, and stigma, and it actively undermines efforts toward inclusion, wellbeing, and human rights. From lived experience, we see the real-world impacts of this language every day:

• Autistic people internalise shame and deficit-based views about who they are
• Families experience increased fear, blame, and distress
• Policy and funding discussions become focused on "prevention" rather than support, access, and quality of life

• Systems continue to measure autism only through burden, cost, and deficits, rather than strengths, diversity, and support needs.

Increases in autism identification are best understood as improvements in awareness, diagnostic practices, and access — particularly for groups historically missed or misdiagnosed — not as evidence of an "epidemic." Language matters. It shapes public perception, policy decisions, funding priorities, and ultimately how autistic people are treated within society. Continuing to use deficit-based or alarmist terminology perpetuates harm and places autistic people further at risk of discrimination and exclusion. We strongly urge you to:

• Cease the use of the term "autism epidemic" and similar deficit-based framing
• Adopt language that reflects current evidence, respect, and neurodiversity-affirming practice
• Engage with autistic people and lived-experience organisations when shaping narratives, reporting, or policy positions.

Autistic people are not an epidemic. We are part of human diversity. What is urgently needed is not fear-based language, but investment in understanding, accessible supports, inclusive systems, and respectful public discourse. I would welcome the opportunity to discuss this further and to support the use of language that reflects dignity, accuracy, and genuine inclusion. Have a Great Day! "-

"Dear Editor,
I write to both applaud the article "The epidemic of autism" by Dr. Allan Mawdsley in the last edition of the MHYFVic newsletter (No. 97), and to point out some outdated language that should be changed in any future articles about autism. I am a clinical psychologist and PhD researcher in the area of autism and mental health care so I applaud MHYFVic highlighting autism as an issue - every practitioner needs to know about autism due to the high rates of mental ill-health and unmet needs in this population. In particular, it is important to dispel myths about overdiagnosis and explain the true causes of the increasing number of autism diagnoses, as Dr. Mawdsley does. One factor not mentioned was the greater awareness of health professionals and the general community about autism, especially as it manifests in previously underdiagnosed populations, such as girls and women. This has led to many people self-recognising their neurodiversity and to practitioners picking signs up more often and referring people for formal assessment. Furthermore, it is very good that Dr. Mawdsley highlighted the recent study about different types of autism - this will become a seminal paper in the field so it is good that readers are made aware of it.

Some of the language, however, reflects an older, medical model of autism that is not in line with current conceptions of autism or the wishes of the autistic community. With greater involvement of those with lived experience of autism in research and service delivery it is now accepted that autism is not a "disorder", but simply a naturally occurring neurological difference, like left-handedness, which comes with benefits and disadvantages, or just neutral experience. In this new way of thinking about autism, the term "disorder" should only be used when referring to the formal diagnostic label. Similarly, the term "deficit" is no longer accepted when referring to features of autism such as sensory, social, communication or executive functioning differences - the preferred term is "differences", which are neither good nor bad. Further, as clinicians we should not be aiming to "cure" autism or "treat" its features, but rather to help change environments to better fit the individual, support autistic people to achieve their own

goals, and help individuals or families manage specific things they personally find challenging. Generally it is not autism that people need help with, but rather the challenges of living in a neurotypical world, and/or similar mental health concerns as are experienced by the non-autistic population.

As a practitioner who was trained a generation ago, I know that it is hard to keep updated about changes in knowledge and language in every field. But this is an important area in which we should do so, as identified in the National Autism Strategy published in 2025. Using currently accepted language is inclusive and welcoming, especially to autistic people and to the new generation of mental health practitioners (some of whom are proudly autistic) who we want to attract to an organisation such as MHYFVic.

Robyn Ball, Clinical Psychologist.

Author's reply

Both correspondents express concerns about the importance of language in talking about neurodiversity.

The anonymous correspondent is quite correct in highlighting language as an important source of fear, shame, rejection and stigma. It is absolutely appropriate to use "language that reflects current evidence, respect and neurodiversity affirming practice" and to promote "understanding, accessible supports, inclusive systems and respectful public discourse".

I am truly sorry that the article was perceived as "using fear-based language that placed autistic people at further risk of discrimination and exclusion". That was certainly the opposite of what was intended. The main focus of that perception was the use of the word "epidemic". The intention was to use the word in irony to highlight that the great increase in reported prevalence was NOT due to a change in the frequency of this neurodiversity but due to changes in the criteria of recognition.

Whilst a different metaphor could have been chosen, such as "avalanche", the word "epidemic" fitted better with the medical context in which it was being used. Given that the article was actually saying that it was NOT an epidemic, I was surprised and sorry that it appeared confronting. In general, I consider that the article was quite respectful.

The other theme, picked up by both correspondents, was whether the word "disorder" should be used in relation to this neurodiversity. The analogy was given of left-handedness which comes with benefits as well as disadvantages. I think a much closer analogy would be intellectual ability, because with that group of neurodiversities only a proportion are designated as having a disorder, ascertained by assessment.

Healthcare sciences refer to disorders (biological conditions), disabilities (impairments of function) and handicaps (impairments of capacity to undertake tasks of daily living). Assessment reveals the extent of these characteristics and research attempts to understand how they occur. The article was describing research that showed several different patterns of underlying biological causes for the observable characteristics we refer to as autism. There was no implication that all had disabilities or handicaps. Some would, and others wouldn't. Although I understand the wish to normalise neurodiversity, I also think that it is counterproductive to deny that many people with autism have a degree of impairment that warrants support and research. To do so risks undermining the justification for support. The need for support and the acceptance of neurodiversity should be balanced rather than mutually exclusive.

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

Pathway for medical negligence

The rationale of the government's proposal to legislate for General Practitioners to diagnose and treat ADHD is to reduce out of pocket expenses and long waiting times for specialist

assessment ("GPs called in to speed up ADHD treatment", The AGE, 3/2).

The report mentioned diagnosis numerous times and medication or prescribing eight times, but only once was mention made of psychological and educational components of management. This preoccupation with medication is the problem. It is a pathway for medical negligence.

Sixty years ago, when methamphetamine was the prescribed medication, its place on the Dangerous Drugs list necessitated specialist management. Possible mistaken diagnosis was not the problem then, nor is it a major problem today.

The real need for specialist attention is for holistic assessment and case management, encompassing environmental, psychosocial, educational and developmental needs. In and out of the GP's door in five minutes clutching a prescription in hand without those other needs being addressed is not treatment. It would be medical negligence.

The report suggests that the GPs would be trained. Well and good, but it needs to be in the legislation.

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

2026 MHYF Vic Committee

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