TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into services for people with Autism spectrum disorder

Bendigo — 17 October 2016

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Ms Chloe Fitton, adult with Autism spectrum disorder.

The CHAIR — Hello, Chloe. Thank you for coming along to our public hearing today.

Ms FITTON — Thanks for having me.

The CHAIR — I just need to read this little spiel. All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. Recording of the proceedings will commence today, and you will be sent a proof copy of the transcript and be able to make factual or grammatical corrections if necessary.

Thank you, Chloe, for contacting the committee. I think we have responded to you, but you may not have received that yet. That was only done last Wednesday, so you might get it this week. We are very interested to hear from you about your particular take on our inquiry but also hear about your own experiences, so I will hand over to you to make a short presentation.

Ms FITTON — Thank you. I would just like to say thank you for taking my email so seriously. It is refreshing to hear back from, well, anybody when you are talking about something that impacts my life and the lives of people like me so heavily. Being able to have a voice here is a great privilege. Thank you so much.

The CHAIR — Pleasure.

Ms FITTON — Look, I am Autistic. I always have been and I always will be, and I am proud of this. On me personally, we only started the process of diagnosing me with Autism when I was 20. It is quite odd being Autistic. My whole life thus far has been spent trying to fit in. I never will. I will always be odd. I will always be terrified of saying the wrong thing, doing the wrong thing, trying to guess what somebody means when they speak or trying to make sure that I do not make them uncomfortable by being visibly Autistic. It is quite exhausting. Despite this I do not want to be anything other than Autistic.

No neurotypical, which is somebody that is not Autistic, knows what it is like to be Autistic. Many organisations about awareness publish many kinds of media about what it is like to be Autistic. They do not capture it. All of these videos and other media tend to lull people into a false sense of authority about knowing what it means to be Autistic, which is quite dangerous. These videos and other media are all generally well meaning, but they do not help us. I have seen a video of a woman on an Autism awareness video that went viral recounting the death of her parent and how she truly did not feel that her Autistic child was human, that he had no soul, because he did not express his grief for the death of his grandparent to his mother in a way that a neurotypical child would. This child pulling on her sleeve asking for food, while she just sat there crying about it, made him a monster in her eyes. We live in a world where there are videos arguing that it should be legal for parents of Autistics to kill them, as made by the very, very famous Autism Speaks organisation saying that it should be legal for parents of Autistics to kill them. It is a very, very hostile world for somebody that is Autistic.

Even organisations like beyondblue and more hands-on organisations like headspace — we do have a great headspace office that does a lot of great work in Bendigo here — have no idea what to do with people like me. They have got no clue, and that is not their own fault. Nobody has taught them how to cope with people like me. We have different needs, and that is okay. They just need to be taught, but they need to be taught by Autistics.

It is not that we Autistics are not willing to speak about the issues we face and the barriers placed between us and getting any of the assistance we need to achieve our goals, and sometimes those goals can be as simple as: live, exist and be able to just keep on keeping on. We are willing to speak. Every time we try we tend to be shut down, ridiculed and silenced by neurotypicals, most often by our own parents, teachers, mentors or other people that are supposed to be on our side. We may not necessarily communicate like neurotypicals, but that does not mean that our voices should not be dismissed. Even the most seemingly vacant, non-verbal Autistic person has a rich inner world, and despite what some organisations will have you believe, we do have complex thoughts, feelings and Theory of Mind. We do not want a cure. We care not about the aetiology of Autism. We do care about the way the world works around us in ways that are not conducive to our existence. That is the issue here, not Autistics and the ways that we are different.

A lot of research into Autism has been based on behaviourism studies from the 1960s and has been focused on only small parts of the Autism spectrum, mostly driven on white males. Aside from the obvious limitations of behaviourism, especially when it comes to people that are not Autistic making conjectures about Autistics and their behaviour, the limited range of Autistics on which this research is generally being conducted means that it does not really reflect a lot of the reality of what it is like to be Autistic. That is a really big issue, because the way that we treat Autistics is based a lot on this research. This means that our medical staff, our allied health staff, educators and advocacy organisations are understanding and perpetuating an inaccurate view of Autism. This leads to people who do not present as typically Autistic being undiagnosed or diagnosed later in life, if they have the means to pursue it, because many do not.

When getting help for mental health issues like anxiety, depression or even more severe issues, non-typically presenting Autistic people are significantly more likely to be diagnosed with things like OCD, bipolar disorder or personality disorders, especially those from cluster B, if you are a woman, and to be shunted around different parts of the mental health system. And people get warehoused; people still get warehoused. This is where they get put in long-term care facilities and left there, which is what they used to do even up until the 60s, and it still happens.

Mental health services are incredibly hesitant to diagnose adults, especially women, with Autism. My journey to getting diagnosed started with me being kicked out of home while I was in YPARC. YPARC is the Youth Prevention and Recovery Care centre in Bendigo. They also did not have any idea what to do with me. I was not diagnosed then. They diagnosed me with bipolar disorder, which I do not have. They had no idea how to help me, because I think differently. I behave differently. I do not make sense to them, which is okay; they do not know. So since getting kicked out of home I have been shunted around both public and private sector mental health facilities, had no say in my treatment and been put on all of these different kinds of drugs that have a significant effect on both my physical and mental health.

It was a very traumatic experience being shunted around different mental health facilities and to different services when people do not know how to deal with you so they just palm you off. It just goes around and around and around. I finally found a mental health professional that was able to kind of work with me, and then that is how we ended up coming to the conclusion that I am Autistic. It is because I had somebody that was willing to listen and to consider the fact that the evidence that they were presented with — my medical records — were wrong.

Ms McLEISH — Can I ask what sort of health practitioner that was?

Ms FITTON — A clinical psychologist.

Ms McLEISH — Thank you.

Ms FITTON — After seeing that clinical psychologist for a while I ended up having another follow-up appointment with my psychiatrist from the John Bomford Centre, which is public health. I said to him that we had discovered that I was actually Autistic, and the psychiatrist's response was, 'How?'. Imagine being asked, if you are neurotypical, how you are neurotypical? It is not really something that you can just kind of rattle off an answer to, because being Autistic is so encompassing. It just is. I do not know anything else. So when I was lost for words when he asked me how I was Autistic, he dismissed me, and then my discharge letter said that after all those years and after all the suffering and all the trauma that I went through they did not know what was wrong with me, which was horrifying, to say the least.

The lack of education about the huge variety of experiences of Autism is why all but two of the mental health professionals that I have had dealings with disputed the incorrect diagnoses that I had. That is why it took so long to get diagnosed, because nobody knows what it looks like. It is different in women. It is different for each person.

One barrier to diagnosing Autism is that the Medicare rebates for assessment for Autism have an age cap. The Helping Children with Autism initiative only helps children if they have been referred by their GP to allied health services before their 13th birthday and only for treatments completed before the child's 15th birthday. Autism has no age cap. Somebody that is Autistic is going to be Autistic for their entire life, so I do not understand why — especially when there are so many women that fall through the cracks and do not get diagnosed until, like me, they are about 20, or like many others, until they are even in their 40s or 50s — we have an age cap on Medicare rebates for diagnosis, assessment of somebody's skills and what they need from other services. Because of this, I had to use my 10 sessions from the Better Access initiative, which is the 10 mental health sessions per year that are rebated by Medicare, just for the process of diagnosing Autism. Diagnosing Autism is a process that does take more than a couple of hours. It is an ongoing thing that takes a lot of time. For myself and many other Autistic people, there is a huge comorbidity with conditions like depression and anxiety, so it is really important to be able to access the Better Access initiative rebates and Medicare, because I really need those. Like many people with Autism, I do not earn a whole lot of money in terms of being able to just afford to go to mental health professionals. That is one really big thing that is an issue for people like me.

Another issue is that when we are diagnosed there are no services for adults. There is nothing. There is nothing that I can reach out to, no service that I can go to and say, 'I'm Autistic. I need help. I'm not quite sure what I need help with, but here I am. These are the areas I struggle with in my life, and I am not sure where to go from here'. There is nowhere that I can really go to that can help me with things like that.

There is incredibly limited access to aids — and this includes for children as well — like compression vests and weighted blankets, special ones actually suited for adults. They are incredibly expensive. A weighted blanket, even for a five-year-old, can cost a few hundred dollars. You can make them yourself, but again the materials to actually make the weighted blankets that are suitable — that can actually be used and can be washed — again, they are incredibly expensive, and you have got to have the know-how and the time to actually make one. That is another issue that I find is really pressing with a lot of people like me. We just cannot access the basic things to help us. With weighted blankets, whatever the weight of the person is directly affects what weight the blanket needs to be, because you are not going to put a 40-kilo blanket on a five-year-old child, and you are not going to put a 10-kilo blanket on somebody that is as big as me, because it is not going to do anything. That is a really big thing for people like me.

For people that are diagnosed early in life and are going through the school system with a diagnosis, there are so many issues with the systems and the way that we think about Autistic people currently. People with disabilities are most likely to be abused by the people they depend on, and this absolutely includes Autistics. We still see cages being used to hold Autistic people. We still see restraints being used when not necessary. The complete disregard for bodily autonomy of other people is really evident when we see the way Autistics are treated, especially in schools and hospitals.

A lot of the dialogue surrounding Autism is not actually controlled by people like me or even organisations that are run by Autistic people, so it is really hard to get things done when the balance of power is totally out of whack, when it is parents, carers and families of Autistic people who have their own individual struggles and needs that must be addressed when they take precedence over the needs of the Autistic people that they love or look after. It is a really concerning thing. What is really quite prevalent when going through some of the submissions to this inquiry is that there are a lot of parents talking for their children, or really for themselves, when it is their children's voices that need to be heard.

As I said before, even non-verbal Autistics — everybody — we all have a way of communicating; it is just that people are not listening in the right way, which can be hard, because as I said, not many people have necessarily had experience with communicating with somebody that is non-verbal before, and they do not have a platform. I am very privileged to be here today to be able to talk to you. It is a great honour to be able to be here. I know that there are hundreds of people in Bendigo that also have voices that need to be heard, so I am really trying to make the most of it.

Parents and families and carers have their own needs and their own right to services to help them, because raising a child with different needs — obviously never having done it — is something that I imagine is exhausting. Raising a child at all is something that I imagine is exhausting. I think parents do not have a right to erase the voices of their Autistic children. Nobody has the right to take our voices away from us. We deserve to be heard.

One gripe that parents should definitely have is the lack of support for them and their mental health. The total absence of correct information on Autism is highlighted by the discrepancies and misquoted statistics in so many different submissions to this inquiry — quoting different statistics for the exact same piece of data. They need to be able to access correct information. They need to be able to access services that have Autistic influence. They need to be able to access services that can actually help them get the aids they need, whether that be special consideration in school or things like the compression vests or weighted blankets. They need to be able to access that. They need to be able to be told that they need to access that, because somebody that has not raised an Autistic child probably does not know that a compression vest can totally change the experiences of an Autistic child. Being able to have a weighted blanket can totally change the experience of an Autistic child, especially in something like school, where they are probably going to be overstimulated most of the time. They need to be able to access that.

Autistics, we need to be able to access services just for us. A lot of services talk about families and parents. We need services just for Autistics, because we have our own needs. Our parents have needs that need to be taken care of, but our needs are at least as important, so we need to be able to access decent services. We need to be able to access mental health professionals that know Autism — the huge variety of Autism; we need that. We need services for adults, because there is not anything.

It is really hard trying to take your place in a world where all of a sudden — when I was diagnosed, it was like, ‘Wow! This makes so much sense. This fits me. This explains so much of my experience as a human being’, but I had pretty much nowhere to go after that. It is a very peculiar thing to experience, and we need to help people that are going through that. Especially as it is becoming more common for adults, and especially adult women, to be getting diagnosed, we need those supports in place. We need to be able to go to our schools, we need to be able to go to hospitals and just go about the world like everybody else without the fear of being warehoused or shuffled around the mental health system because nobody knows how to deal with us. We need to be able to feel safe in the world.

I cannot really feel safe, because if I have to go back and get in contact with the John Bomford Centre because my mental health is worsening, I do not know what is going to happen to me, and I know that I am not going to have a great lot of say in that. I know that my medical records still have my incorrect diagnoses on them, which directly affects my treatment. Even if I go up to the ER, one of the first things that they will see on my file is the incorrect diagnoses. The stigma against mental health anyway is a disgusting thing that directly affects the way I get treated, so I need to be able to go to places and feel safe when I need help.

One avenue that is often pursued for children diagnosed with Autism is applied behaviour analysis. Because I was diagnosed aged 20, I did not go through ABA. I do not think my parents would have put me through ABA anyway, but it is something that I really feel needs to be brought up, because there are several organisations represented in this inquiry that are about promoting ABA, and I disagree with ABA. Even a quick Google search can tell you that it is cruel and often traumatic enough that most people subjected to it end up with post-traumatic stress disorder. A lot of the markers for how successful ABA is are based on parent satisfaction and not on the wellbeing of the child, which I think is also unacceptable. One of the main goals of ABA is to normalise behaviour — to bleach an Autistic person of any Autistic behaviour and to force them to pretend to be neurotypical. In several Autistic-occupied online spaces there have been a lot of discussions about ABA, and I will just quote a couple of people who are recounting as adults how they feel about what they went through as children:

> I went through ABA. In my opinion, I was trained like a dog, and the exclusive focus on learning to ‘pass’ as neurotypical set me up for a lifetime of shame and isolation. When you pass, you make every human interaction a lie. You imbibe the lie that who you are is not acceptable, and the thing you fear most is that you will fail in your effort to mimic social behaviours that are not natural for you and that you largely are unable to perceive (or even perceive how that effort is being received by others), so you slowly accumulate a burden of shame and self-loathing, and anxiety that someone will see who you are. All the while you are dying inside because you want someone to know who you are. You need it — Autistics are human and need human contact and love like everyone else. And yet, we are trained to make ourselves invisible.
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> It denigrates you as an Autistic. It denigrates the neurotypicals around you because you basically operate from the assumption that they could never deign to understand your disability. Or that they would want you to be in pain because you aren’t allowed to self-regulate by stimming, or because making eye contact is like staring into the sun, all so they won’t feel discomfited if their eye happens to fall on your hands and see them moving in a way they don’t understand. It denigrates you both to unbelievable lows. In my opinion, ABA addresses the needs of neurotypicals by rendering Autistics invisible. It also shifts the entire burden to people who are already struggling with the disabilities that come with sensory integration dysfunction and the resulting difficulties with social interaction. It forces us to add a layer of cognitive effort on top of … trying to decipher communication that has a substantial portion of the content missing. That is profoundly ablest and — and frankly selfish.

Another person said:

> When I was going through ABA, I was struggling to communicate at all, and then would be told that the therapist/staff member would not listen to me if I moved my hands or didn't make eye contact (and they would just walk away if I did either). It showed that they had no understanding that I can't process language at the same time as making eye contact or when in sensory overload. I came away with the feeling that the content of what I was trying to say was of no consequence as long as I made them uncomfortable with my body language. How can anyone with so little understanding of Autistics' sensory processing issues be allowed to treat us?

Another person raised another issue:

> If you look at the studies evaluating therapies, basically even the 'good' ones still use outcomes that are obviously not mainly patient wellbeing. I've literally NEVER seen a therapy evaluation that also tracked common comorbidities like depression and anxiety in a control group (with different or no intervention).
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> … the so-called therapist I saw for barely a month would grab whatever body part I was moving and hold it down until I stopped trying to fidget, and if I held still for 5 seconds, I got an M&M (like a good dog!).

ABA involves forcibly taking away a person's bodily autonomy. It involves doing things that you are generally not allowed to do to neurotypicals, like holding them down and forcibly restraining them. I can already hear the cries of, 'But we don't do that', from the organisations that promote it. 'We don't commit violence in our ABA!', but the thing is you do. Forcing an Autistic person to look you in the eyes is an act of violence. By shouting, 'Quiet hands', to stop them stimming you are committing an act of violence. By watering some of the more extreme acts down and still trying to force an Autistic to behave like they are not Autistic you are committing an act of violence. 'But my child loves it'. How on earth would you know?

By forcing your child to endure ABA you are making their every interaction a lie. The word 'no' and refusal to comply are not allowed. ABA defines success as obedient pleasers. So a fabricated enthusiasm for loving it is to be expected. 'It is not as bad as you think'. Well, maybe you should listen to the people that have gone through it to decide that. It is bad. Putting people through unending hours of training, because ABA must be applied constantly, by not allowing them to be who they are, forcing an experience of the world that we Autistics can never naturally have and forcing us to internalise hatred for who we are and who we cannot help but be is bad. It is abusive. I understand that sometimes Autistic people have injurious stims or lash out. This is still not an excuse to abuse them. We need to be allowed to stim. We can replace stims with other stims that are not injurious. These are the kinds of things that we need help with, not to be beaten and held against our will and locked in cages or held in four-point restraints. I really honestly believe that ABA practices in general should be made illegal. They are needlessly cruel, and it is abuse. It is illegal to do a few of the things that ABA employs as therapy. It is illegal to do them to neurotypical children, so I do not understand why it is not illegal to do it to Autistics too.

Another thing that we must examine are the motives for putting children through ABA. We must critically examine the motives for treating a person like that. People will say that it makes their child's life easier, but how does it do that? Neurotypicals think that by normalising behaviours the Autistic person will be able to fit in the neurotypical world better. This is wrong. We do not need to change our Autistics to fit in with in society. We need to change society and its constructs to accept Autism — that includes our schools, that includes just the way we talk about Autism, everything. On the one hand it is as simple as that, but I realise it is not necessarily a simple thing to do. It is a huge ask to say, 'Forget everything you've ever learnt about Autism and hear it from us'.

We do not need to abuse and traumatise our Autistics to make life easier for them or to make them more palatable to neurotypicals so that they can take their places in this world. We do just need to adapt the world. What is it called when somebody absent-mindedly chews on a pen or bounces their leg up and down? If it is a neurotypical, generally we just call it fidgeting. When it is an Autistic person, it is pathologised, as in regarded or treated as psychologically abnormal and it is called stimming and it is also not allowed generally, even if it is not disruptive. While people that are not Autistic generally fidget for reasons that are slightly different from the way Autistics stim, I do not understand why one is nearly benign fidgeting and the other is pathologised.

I am very lucky that I am here today. I am very aware of the fact that I am a more acceptable Autistic. I have a lot of privileges that other Autistics do not, and I think that we have a lot of issues that are barriers between people like me and us achieving our goals, and we need to address them.

One last thing: generally as a community we reject functioning labels, as in labelling an Autistic high functioning or low functioning. It does not actually reflect reality. Somebody that is non-verbal is generally automatically regarded as low functioning and they are often shunted off. They do not get to experience much of the world because they are shunted away and treated like they are completely vacant — like they are not people. They do not get services, they do not get to access the world around them, they do not get to explore what it means to be anything. They just do not get that. Whereas on the other hand people like me are often labelled high functioning despite the fact that I have so many struggles, and people that are labelled high functioning may not actually be high functioning. A lot of them might need a lot of supports in place to keep things going. A lot of high-functioning Autistics may not ever be able to live independently.

The high-functioning and low-functioning split is a false dichotomy. The Autism spectrum is a spectrum. Everybody has different abilities and different strengths, and we need to cater for that. We need to drop the functioning labels from the way in which we treat Autistics in schools, in health, in everything. We kind of need a bit of a complete overhaul as to the protocol of how we deal with Autistics and help them.

As the Autistic Self Advocacy Network says: ‘Nothing about us without us’. Basically the main issues that I think we can actually really start focusing on to do something about include trying to maybe get the ball rolling for something like the Helping Children with Autism scheme to be extended to all people, regardless of the age cap. I think that it would be really good if we could make aids like compression vests and weighted blankets subsidised or otherwise make them more available to Autistics and their families. I think we need a distinct separation of services for parents and families of Autistics and services for Autistics. I do not think that ABA and ABA-like therapies should be legal, and I think that people employing cruel tactics need to be punished by the law. I think that every decision that is made regarding Autism and Autistics needs to be made with Autistics — nothing about us without us. I propose that the protocols regarding treating Autistics in health services are reviewed with heavy involvement of Autistics, and I think that we should encourage studies to be conducted on things like ABA, people who have gone through ABA, patient welfare and things like that.

The CHAIR — Thank you very much, Chloe — much appreciated. You have given us a very comprehensive report on what you think about ASD. I just have one question, because you have pretty much covered all the questions I had. What do you think about people with ASD being described as having a disability, just briefly?

Ms FITTON — I think that is a really complicated question because on one hand there are things that I just cannot do and there are things that people like me cannot do, but each individual with Autism has a right to self-describe. I feel like it is only a disability because there are things in place in society stopping me from achieving my goals. So I do not really think it is a disability — like, I love being Autistic. It is pretty great actually. I experience the world in a pretty unique way, like everybody does. I do not really think it is a disability, but I think with the current state of attitudes towards Autism and the current state of affairs with services that we currently cannot access, viewing it in the context of disability makes sense.

Ms COUZENS — Thanks for your presentation. You have done a good job, so thanks very much for coming today. I was interested in a lot of things that you talked about. You talked about services for adults, and I understand that there are limited or none existing for adults who have been diagnosed. Apart from equipment, what sort of services do you think would be really beneficial for adults who are diagnosed with Autism?

Ms FITTON — We need mental health care. We need to be able to have access to mental health services. We do have a lot of community-based social groups around, and I am not really even aware of that many, even though I feel like I am avidly involved in being Autistic and advocating for that. With the Better Access scheme, part of it is that you get 10 individual and 10 group sessions. If there were some kind of network that we could get together and people could actually use up some of their 10 group sessions that just typically do not get used, from what I have read — if we could have some kind of thing like that.

Ms COUZENS — For counselling do you mean?

Ms FITTON — Yes, like for counselling or as a more formalised place for Autistics to get together and speak about the really nitty-gritty parts of what their struggles are. Like struggling with anything like communication issues, speaking about struggling with things like emotional regulation, things that you might talk about in a therapy session one on one, but talking in small groups I think is something that could perhaps be beneficial.

Ms COUZENS — What about support for each other?

Ms FITTON — Yes, support for each other is a big one. There is a huge online presence on most social platforms of Autistic people getting together and talking about their experiences, posting questions and just getting hundreds of responses from people that society generally depicts as antisocial. It is really great for people to be able to talk with people like us. It is really refreshing to not have to put up that face of having to think through everything I say before I say it, because a lot of the things I say do not come out right. So being able to network some Autistics especially in a place like Bendigo and other regional centres where we can get together and just be ourselves is really important. One thing that I think we do not really get from the community groups is a huge variety. I know a few are starting up female-only groups, because women come along to some of these groups and it is just men, and a lot of them still do not quite fit in.

Ms COUZENS — What about services like employment services, for example, and education services? Do you see them being as critical to adult people with Autism?

Ms FITTON — I think they are really important. I myself have had a lot of struggles through university and getting employment. I ended up dropping out of uni from La Trobe Bendigo twice because I just did not have the supports, and that was the same time that I was being shunted around to all the different mental health facilities and centres and services. It just was not working. The university models do not necessarily work for people like us.

Employment agencies: I know that Centrelink recently scrapped their stream 4, which was disability-specific job services, which makes it even harder for people like me to access jobs. When places like Centrelink and the government implement some of the unpaid internships that I think I have seen advertised, like schemes to try to get Autistic people into work — like there was one that was kind of like a tech internship — that does not necessarily appeal to all Autistic people. Just like everybody else, we have a wide variety of interests and skills.

We just need to make workplaces more aware of the fact that some people are different. My workplace is wonderful. I am a programmer. It suits me perfectly. My work is really understanding of the fact that I am just weird, so we need to be able to make workplaces and colleagues understand that people are different. We need to be able to help people with Autism. It is easy to get burnt out really quickly. I work full-time. It is so easy to get burnt out very quickly when you are Autistic, even when you are mentally really well.

We need to be able to have a little bit more flexibility in general with employment and schooling, which is why so many Autistics do not actually finish their degrees and why so many do not find higher paying jobs even if they do have their degrees. It is because the inflexible way that society is structured is not necessarily conducive to Autistics in the workplace. So we need to help educate people about that.

Ms COUZENS — So you could have, say, what was suggested earlier — and I am not sure if you were here — in the hospital system you only need one person to guide people through that system and make sure that the professionals are doing the right thing in supporting that person. Would you see education and employment services along the same lines or would there need to be something different than that — than having a person guiding people into those services?

Ms FITTON — It is a lot easier — personally, I find — when you have got one person that is a point of contact to help facilitate changes like that, but on the other hand, when you have only got one person as your point of contact, in the likelihood that they are going to be overworked, they are not necessarily going to have a lot of time because they are going to have a lot of people that they have to attend to. So being able to give people enough time to help people like me is necessary.

Ms McLEISH — I have got a comment and then a couple of quick questions. I love your boots. That is my comment.

Ms FITTON — Thank you.

Ms McLEISH — First question is just around ABA. You had a lot of criticisms about it, and you read out a couple of quotes that you had got through a Google search. Were there positive ones as well?

Ms FITTON — I did look, because having a one-sided view of an argument — I do not think that is conducive to anything. But from an Autistic point of view the most positive thing that I found was that one person found that their therapist was able to help them actually understand a lot of the social graces that just do not come naturally to us. They were able to help this person understand some of those, which did make their life easier, and I think that is the kind of thing that is actually helpful to people like me — to be to sat down and told: ‘Hey, when somebody says this, other things are going on’. Being able to study some of that is helpful, but I did not find anything much more positive than that, unfortunately.

Ms McLEISH — Were the comments, the criticisms, from Australia or — —

Ms FITTON — They were from worldwide. I did look for particular Australian criticisms. The Australians were pretty much on par with everybody else around the world — it is the same thing.

Ms McLEISH — Have you ever met anyone that has had ABA?

Ms FITTON — Not in person — I only know a couple of other Autistic people in person.

Ms McLEISH — So that is that line of questioning. The next one is about bipolar, which you said is on your medical records. If you go to the emergency department and they access that, what happens? Do you have big argument with them about: ‘No, actually, I’m not taking that medication because I am actually not bipolar’, and they go, ‘Oh yes, you are, shovel this down your’ — —

Ms FITTON — It is a little bit more complicated than that. I was never non-compliant. Non-compliance is one of the worst things that anybody can do going through the mental health system because that is also noted. I was always compliant. I always took all my medications, despite the fact that they absolutely destroyed my body. When we un-diagnosed me with bipolar disorder, so to speak, because my clinical psychologist is my only point of contact for my mental health care at the moment, I do not know how to go about going with somebody that is able to update my medical records to get rid of that.

Ms McLEISH — Maybe your local member can help.

The CHAIR — Thank you, Deputy Chair. You are welcome to come and see me any time.

Ms FITTON — Thank you.

The CHAIR — Thank you so much. I am just mindful that we are way behind time now, so thank you so much for coming along, Chloe. It has been quite insightful to hear your perspective on some of these things, so we do really appreciate that you have taken the time to come along and that you took the time to contact the committee in the first place. It is much appreciated from our end, and good luck with everything that you do. If you are not tracking what the committee is doing and do not access the report yourself, we will certainly make sure that you get a copy. Thank you very much.

Ms FITTON — Thank you so much for having me here today. I really, really appreciate being able to have a voice.

Witness withdrew.