

Understanding autistic and ADHDe children's mental health online course

About this course

In Australia, an estimated 3.4% of children are autistic, while an estimated 5% have ADHD.^{1,2} Autism and ADHD are types of 'neurodivergence' – a term that describes brain functioning that differs from the current social and cultural norm (i.e. 'neurotypical' functioning).

A neurodivergent-affirming perspective encourages a focus on the disabling effect of living in a neurotypical world – one with rules, systems and environments that aren't built for neurodivergent brains. Research shows that 78% of autistic children and 44% of ADHDe children have at least one mental health condition.^{3,4}

Autism and ADHD are often seen as the domain of specialists and disability service providers. But with many families waiting years for a diagnosis and access to services, it is important that all practitioners are equipped to support children's immediate mental health needs.

Understanding autistic and ADHDe children's mental health invites neurotypical practitioners to support the mental health of neurodivergent children by seeking to understand and accommodate their needs and differences.

The course explores key characteristics of autism and ADHD through a neurodivergent-affirming lens, and introduces five practice shifts to support practitioners' work with children and families. It outlines what it means to take a neurodivergent-affirming approach to practice, recognising autism and ADHD as ways of being in the world that are integral to a child's identity.

1. Australian Bureau of Statistics. (2019). [Survey of disability, ageing and carers \(SDAC\)](#).

2. The Royal Children's Hospital Melbourne. (n.d.). [Kids health info: Attention deficit hyperactivity disorder \(ADHD\)](#) [Web page].

3. Kerns, C. M., Rast, J. E., & Shattuck, P. T. (2020). Prevalence and correlates of caregiver-reported mental health conditions in youth with autism spectrum disorder in the United States. *The Journal of Clinical Psychiatry*, 82(1), 11637. DOI: 10.4088/JCP.20m13242.

4. Steinberg, E. A., & Drabick, D. A. G. (2015). A developmental psychopathology perspective on ADHD and comorbid conditions: The role of emotion regulation. *Child Psychiatry & Human Development*, 46(6), 951–966. DOI: 10.1007/s10578-015-0534-2.

5. Taboas, A., Doecke, K., & Zimmerman, C. (2023). Preferences for identity-first versus person-first language in a US sample of autism stakeholders. *Autism: The International Journal of Research and Practice*, 27(2), 565–570. DOI: 10.1177/13623613221130845.



1.5 HOURS

Start Course

Learning aims

This course aims to increase understanding and application of a neurodivergent-affirming approach among practitioners working with autistic and ADHDe children and their families. It will support you to:

- increase your understanding about autism and ADHD
- recognise your role in supporting the mental health of autistic and ADHDe children and their families
- apply a neuro-affirming lens in your work with children and families.

Who is this course for?

This course is designed for practitioners who engage with autistic and ADHDe children and/or their caregivers. It may be especially useful for early career professionals working with neurodivergent clients. Teachers and early childcare workers may also find the neuro-affirming principles helpful in their day-to-day interactions with children and parents.

A note on language

The majority of individuals in the neurodivergent community advocate for 'identity-first language' (e.g. 'autistic child', 'ADHDe', 'AuDHDe') rather than person-first language (e.g. 'child with autism/ADHD').⁵ This is based on the belief that autism and ADHD are an intrinsic part of a person's identity.

Based on insights from the literature, guidance from parents with lived experience, and the Australian Government's [National Roadmap to Improve the Health and Mental Health of Autistic People](#), we have chosen to use identity-first language in this course.