

## **Collaborative mental health care to support adults on the autism spectrum**

### **Background**

David (32 years old) is on the autism spectrum and is the younger child of Linda (71 years old) and Dan (68 years old), with whom he lives. His elder sister, Melissa (38 years old), works and lives inter-state. Her contact with the family is limited to regular telephone calls/skype. Linda, an only child, was the sole beneficiary of her parent's large estate following her mother's death five years ago, leaving the family without financial worries. Linda has never worked and has relished being a homemaker, in particular cooking for her family. Since his retirement as a State Government auditor, Dan now spends most of his time in his home office drawing cars, a hobby which he has had since he was a teenager.

Linda has seen the same GP all her married life. She regularly presented with somatic complaints for which she underwent comprehensive testing over the years but no underlying illness or disease was ever diagnosed. After David's birth, Linda's health concerns shifted to him, but were not alleviated by the GP's consistent reassurances that David was a normal, healthy child. Linda confided in the Maternal and Child Health Nurse that David's developmental milestone achievements were significantly behind Melissa's at the same age. Particularly his speech and hearing, but hearing test results were in the normal range.

At pre-school, David's teacher expressed concerns about his interactions with other children, but attributed it to excessive shyness. To help David, Linda wanted to socialise more with other families with children, but Dan, who was also shy, wasn't interested and preferred the family to stay at home.

In primary school David thrived academically, but struggled socially. He found it difficult to make and keep friends and wasn't interested in age-appropriate play. He was prone to tantrums and angry outbursts, particularly when the class was asked to undertake noisy, large group activities and/or when tasks or play was unsupervised. The school reassured Linda that David would 'grow out' of his anger, but Linda worried that David was 'growing out of school'.

#### **Mental Health Professionals' Network**

Emirates House  
Level 8  
257 Collins Street  
Melbourne  
VIC 3000

**postal**  
PO Box 203  
Flinders Lane  
VIC 8009

**email**  
contactus@mhpnp.org.au

**telephone**  
1800 209 031

**www.mhpnp.org.au**

Over the years, David spent more time alone in his room, citing a range of reasons why he couldn't or shouldn't attend school. He developed a 'funny tummy'; certain foods did not agree with his digestion and he often stayed at home struggling with stomach cramps or loose bowels. Other times he insisted on staying home because he hadn't slept well and was exhausted. Late in primary school Linda started cooking David 'special meals' which agreed with his 'funny tummy', a commitment that persisted into David's adult years.

Secondary school was more challenging for David. He continued to do well academically but his social struggles escalated. He became the target of bullying. David was not skilled at physical activities but took sport seriously. He developed strange ideas about washing and only showered once a week. His angry outbursts persisted and tended to occur when things didn't go 'his way', particularly when his school sports teams didn't do well. Angry outbursts at school incurred 'time out' punishments. At home Linda worried about Dan's reaction to David's anger, and tended to try to soothe or indulge David until he calmed down. David's tummy still troubled him occasionally, often after an angry outburst, as did his sleep.

One day David came home very withdrawn; the result of teasing by his peers. This was the last straw and Linda secured an appointment with a private psychologist who specialised in supporting adolescents. After one session the psychologist recommended that David see a paediatrician. The paediatrician assessed David as having Asperger's Syndrome.

Linda felt relieved and vindicated by David's diagnosis. David continued to see the psychologist for help with his social skills and saw an occupational therapist for support in developing self-care skills. As a result, over time his attendance at school improved, as did his self-care. Through a social skills group, David met Jake with whom he forged a strong connection, and was introduced to the world of AFL football.

David did well in his Year 12 exams and was accepted into a university accounting degree. Shortly after graduating, he secured casual employment with H&R Block – where he was recruited to work 8 weeks each year during tax time and casually when staff took annual leave. He spent the ensuing years in regular casual work at H&R Block, liaising online with Jake about football, watching 'his team' Collingwood play or train, and recording and crunching team statistics. He joined the Collingwood football club and wowed other members with his recall and knowledge of AFL statistics. David never obtained his driver's licence. Linda, delighted with David's engagement with the 'outside world', happily drove him to his football commitments, which along with cooking meals that agreed with David's 'funny tummy' kept her busy.

### **Current situation**

Now in his thirties, David's angry outbursts persist and tend to occur when Collingwood do not play well or when he is 'slighted' by a team member at H&R Block. This is followed by problems with his 'funny tummy'. He showers more regularly, but still harbours strange ideas about washing.

One day, after taking David to watch Collingwood train, Linda is in a serious car accident requiring lengthy hospitalisation and in-patient rehabilitation. While Melissa cannot return home, she provides support by organising cooked meals to be delivered every day for Dan and David.

Dan is content spending time in his office and visiting Linda regularly. David refuses to visit Linda. Dan doesn't share with Linda that he is struggling to support David whose angry outbursts have escalated in severity and regularity; more often than not around meal times. David refuses to eat the meals Melissa has arranged and he erupts when Dan tries to encourage him to do so.

One night David appears very out of control, repeatedly banging his head on the dining room wall and Dan calls the police. By the time the police arrive, David has calmed down and they left without further incident.

Most nights Dan and David retreat to their rooms, Dan in his office and David in his bedroom where he has now moved the family TV. David has dropped out of his outside football commitments; rather he watches recorded matches repeatedly. He avoids going to bed until well after midnight and has stopped showering altogether. Tax time is looming and he rings H&R Block to lodge his resignation.

One day David presents at the GP, looking gaunt, exhausted and tense. He tells the GP he had a 'turn' the other day. Out of the blue he became breathless and felt he was melting away. He had pain in and around his chest and his bowels gave way. Now all he has to do is think about the episode and the same sensations return. He confides that he is scared, very scared that he might be dying.