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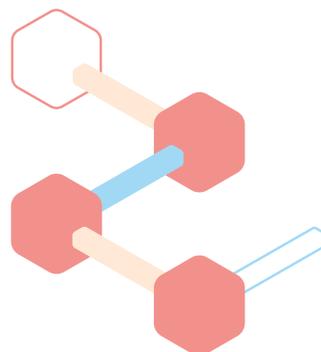
high support needs, intellectual disability & mental health
fact sheet

In our context, the term "high support needs" refers to individuals who require very substantial support for challenges related to verbal and non-verbal communication, and activities of daily living.

The term "high support needs" is used instead of "low functioning", in accordance with the preferences of many autistic people and their supporters, and experts in autism research and practice.

Providing Effective Support

Importantly, although people with high support needs may experience their autism as a source of disability, this is not the same as having a co-occurring intellectual disability (current DSM-5-TR "Intellectual Developmental Disorder"). High support needs do not automatically imply that someone has reduced capacity to understand, communicate, or participate in decision-making, though decision-making supports may be appropriate for some autistic adults. Asking rather than assuming is essential.
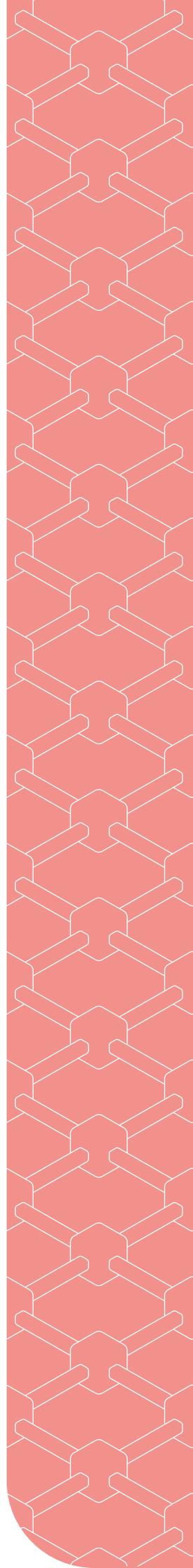
Autistic people with high support needs often experience substantial barriers to accessing appropriate mental health care. These barriers are not simply related to individual support needs, but reflect systemic, structural, and societal failures that disproportionately impact this group. As a result, people with high support needs are at increased risk of unmet mental health needs, trauma, misdiagnosis, and disengagement from services.

Many individuals with high support needs are unable to access suitable, high-quality mental health services on an equitable basis. This includes limited availability of clinicians with appropriate expertise, fragmented service systems, and funding structures that do not adequately support integrated mental health care.

Systemic Barriers to Mental Health Support

People with high support needs often face significant difficulties accessing mental health care due to systemic siloing between mental health services, disability services, and funding schemes such as the National Disability Insurance Scheme (NDIS) in Australia. Mental health support is frequently excluded from disability funding, while access through public mental health systems may be limited or inappropriate.

In some cases, individuals are unable to access psychological therapies due to funding restrictions or service eligibility criteria. Access to psychiatric care and medication often requires private services, which can be prohibitively expensive and difficult to navigate. These barriers result in delayed care, reliance on crisis responses, or the absence of mental health support altogether.

Potential for Harm Within Mental Health Care Systems

Trauma and Power Imbalance

Mental health care systems can be a source of trauma for people with high support needs. Pharmacological treatment is often positioned as the primary or only intervention, with limited consideration of psychological, relational, or environmental contributors to distress. Significant power imbalances between professionals and individuals with high support needs can limit autonomy, choice, and informed consent.

Historical and ongoing trauma related to segregation, institutionalisation, and certain behaviour-focused interventions continues to shape many people's experiences of care. Restrictive practices may be used unnecessarily, further contributing to distress, loss of trust, and avoidance of services.

Ableism and Exclusion

People with high support needs are frequently viewed through a narrow, deficit-based lens rather than as whole individuals with complex inner lives, preferences, and goals. A medical model focus can obscure mental health needs and contribute to the assumption that distress is inherent or inevitable.

There is a lack of validated mental health assessment tools suitable for people with high support needs, which increases the risk of misinterpretation or dismissal of distress. In many clinical settings, professionals communicate primarily with family members or support workers rather than directly with the person themselves, effectively removing their voice from care decisions.

Clinical Training and High Support Needs

Mental health professionals may have limited training or experience in supporting people with high support needs. This can contribute to misdiagnosis, including the inappropriate attribution of distress to psychosis or behavioural disturbance. Time pressures, lack of accessible assessment processes, and inadequate or poor-quality training in neuro-affirming and trauma-informed practice can further limit the quality of care provided.

Societal Factors

Beyond healthcare systems, people with high support needs experience broader
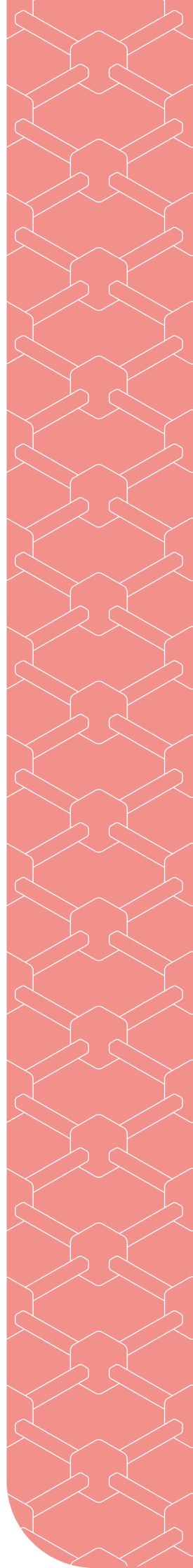
societal exclusion. Some may not strongly identify with autistic or neurodivergent communities, while also being excluded from mainstream society. This dual exclusion can contribute to isolation and reduced access to informal sources of support.

People with high support needs are also over-represented among those who experience abuse, violence, neglect, and exploitation. Low expectations and devaluation within society can reinforce the perception that their needs are less important, further limiting opportunities for meaningful support and inclusion.

Clinical Implications

The cumulative impact of systemic barriers, trauma, ableism, and societal exclusion places people with high support needs at significant risk of unmet mental health needs and poor outcomes. Clinicians should be aware that presentations may reflect long-standing distress, trauma, or unmet needs rather than intrinsic pathology.

Engagement with mental health services may be shaped by previous harmful experiences, requiring additional time, flexibility, and trust-building. Standard assessment and intervention approaches may be inappropriate or insufficient without meaningful adaptation.
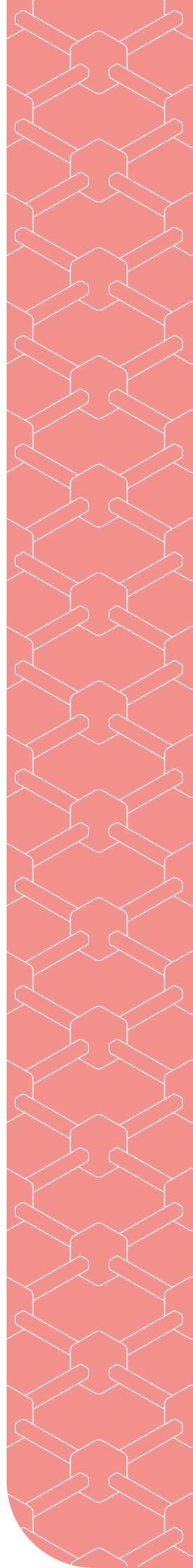
Guidance for Healthcare Professionals

Recommended Strategies

When supporting people with high support needs, it is important to:

- Provide a collaborative, holistic approach that centres the person's goals, needs, and preferences.

- Individualise mental health support, including adaptations to communication methods, assessment processes, session duration, and environments.

- Engage directly with the person wherever possible, rather than speaking only to support workers or family members.

- Work collaboratively with disability supports, support workers, and other professionals to reduce fragmentation.

- Seek to understand how the person communicates distress and how this may differ from standard clinical expectations.

- Recognise the impact of trauma, power imbalance, and restrictive practices on trust and engagement.

- Adopt a human rights-based, neuro-affirming, and trauma-informed approach.

- Actively pursue training and professional development related to autism, high support needs, and accessible mental health care.

Resources

- Waizbard-Bartov, E., Fein, D., Lord, C., & Amaral, D. G. (2023). Autism severity and its relationship to disability. Autism Research, 16(4), 685-696. https://doi.org/10.1002/aur.2898

- Autism Awareness Australia. Supporting autistic adults with complex needs: https://www.autismawareness.com.au/navigating-autism/supporting-autistic-adults-with-complex-needs

- Inclusion Australia. What is intellectual disability? https://www.inclusionaustralia.org.au/intellectual-disability/what-is-intellectual-disability/