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Labor market inclusion of autistic adults in Brazil: bridging functional assessment, clinical practice, and public policy

Short Title: Autistic adults and labor market inclusion

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Abstract

Autism spectrum disorder (ASD) is increasingly recognized in adulthood, yet unemployment and underemployment remain disproportionately high among autistic adults worldwide. Although Brazil has developed a comprehensive legal framework

grounded in the biopsychosocial model of disability, including Law No. 12,764/2012, the Brazilian Inclusion Law (13,146/2015), and employment quota legislation, these advances have not consistently translated into sustainable workplace inclusion. This narrative review critically examines the Brazilian legal framework for labor inclusion of autistic adults, the limitations of current functional assessment instruments, particularly the Brazilian Functionality Index (IF-Br), and the implementation of reasonable accommodations from an International Classification of Functioning, Disability and Health (ICF) perspective, drawing on international policy experiences for comparison. Results indicate that Brazilian policy remains predominantly oriented toward quota-based hiring, with functional assessment instruments that inadequately capture context-dependent difficulties—such as sensory processing, executive functioning, and implicit social demands—particularly among individuals requiring level 1 support. This mismatch between formal inclusion and workplace accessibility may generate a self-reinforcing cycle of psychological distress, reduced occupational performance, and job loss. International models combining legal protections with individualized functional assessment and structured workplace support demonstrate more sustainable outcomes. The findings underscore the strategic role of psychiatrists in bridging clinical evaluation and public policy through workplace-oriented functional assessments and concrete recommendations for reasonable accommodations. Improving labor inclusion for autistic adults in Brazil depends less on new legislation and more on refining clinical and evaluative practices capable of translating formal rights into meaningful, sustainable occupational participation.

Keywords: Workplace Accommodation, Occupational Health, Disability Evaluation, Mental Health, Social Participation

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Introduction

Autism spectrum disorder (ASD) affects approximately 1–2% of the global population and is increasingly recognized across the lifespan, including in adulthood (1). As a growing number of autistic individuals enter or remain in the workforce, labor market participation has emerged as a major challenge at the intersection of mental health, disability policy, and social inclusion. Despite the increasing recognition of ASD in adulthood, unemployment, underemployment, and job instability remain disproportionately high among autistic individuals, even among those with preserved intellectual functioning and higher educational attainment (2–4).

For example, a study conducted in Germany among autistic adults without intellectual disability reported an unemployment rate of 25.2%, approximately five times higher than that observed in the general population (5.2%) (5). Similar patterns have been reported in other countries. In the United States, estimates suggest that approximately 40% of autistic adults are unemployed (6). In the United Kingdom, only about 21.7% of autistic adults are in employment, indicating that the majority of this population remains outside the labor market (7). These findings highlight persistent barriers to employment among autistic adults, including difficulties related to social communication, workplace interaction, and adaptation to implicit organizational norms. Difficulties related to social communication, workplace interaction, and adaptation to implicit organizational norms are consistently identified as major barriers to job acquisition and retention among autistic adults (8). These findings highlight a persistent gap between advances in clinical understanding of ASD and the capacity of labor market structures to support sustainable participation.

In Brazil, this paradox is particularly evident. The country has developed a relatively robust legal framework aimed at protecting the rights of persons with disabilities, including legislation addressing workplace inclusion, employment quotas, and protection against discrimination (9–11). However, the existence of legal provisions has not consistently translated into effective and sustainable inclusion. Estimates suggest that unemployment rates among autistic adults in Brazil may reach approximately 85%, based primarily on data from institutional reports and non-representative samples, although nationally representative epidemiological data remain scarce(3). This limitation reflects broader structural challenges in data collection, including underdiagnosis of autism in adulthood, the absence of standardized national registries, and the lack of integration between health, social protection, and labor market databases. It is important to note that this estimate refers to the broader autistic population and includes individuals with co-occurring intellectual disability.

Current policies often emphasize formal compliance with hiring quotas rather than addressing functional, sensory, communicational, and organizational barriers that limit meaningful participation of autistic individuals in the workplace (4,8). Qualitative research indicates that a lack of support and poor relationships with managers often lead to premature contract terminations and dismissals, even when the autistic employee possesses all the necessary technical skills for the job (12). As

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a result, employment opportunities may be created without the structural adjustments necessary to ensure long-term retention and occupational well-being.

In psychiatric practice, this mismatch frequently becomes visible when autistic adults seek care after repeated episodes of work-related psychological distress, despite apparently successful trajectories of formal workplace inclusion. Patients commonly present persistent anxiety symptoms, recurrent depressive episodes, and emotional exhaustion associated with prolonged exposure to poorly adapted work environments (13). Clinicians have also observed increasing demand for psychiatric assessments aimed at supporting applications for public employment examinations or formal recognition of disability status, often accompanied by frustration following institutional decisions based on interpretations of “preserved functionality.” Data from the Brazilian National Council of Justice indicate that persons with disabilities represent only 1.74% of professionals working in the judiciary and only 0.42% of judges, suggesting persistent structural barriers to accessing high-responsibility public positions that typically require highly competitive public examinations (3). This set of experiences demonstrates that the suffering reported in the doctor's office does not stem solely from individual comorbidities, but from the interaction between clinical characteristics of ASD and institutional barriers that remain poorly recognized by current assessment instruments.

A critical dimension of this problem concerns the operationalization of the concept of functionality and the implementation of reasonable accommodations. Although Brazilian legislation has adopted the biopsychosocial model of disability inspired by the International Classification of Functioning, Disability and Health (ICF) (14), the instruments used to evaluate functionality and determine eligibility for inclusion policies still present important limitations when applied to ASD (15). These limitations are particularly evident among individuals with ASD requiring level 1 support, who may be considered too functional to qualify for affirmative policies while simultaneously facing significant barriers to adapting to conventional organizational environments (8).

The dissociation between clinical capacity—what an individual can perform in structured settings—and real-world occupational performance may therefore contribute to underestimation of support needs and to trajectories marked by exclusion, psychological distress, and underutilization of skills (5,16). However, despite the growing body of literature on autism and employment, limited attention

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has been devoted to how functional assessment frameworks and disability policies interact with clinical practice in shaping the labor participation of autistic adults, particularly in middle-income countries such as Brazil.

Against this background, this article critically examines the Brazilian legal framework governing the labor inclusion of autistic individuals, analyzes the limitations of current functional assessment models—particularly the Brazilian Functionality Index (IF-Br)—and discusses the implementation of reasonable accommodations from a functional perspective grounded in the International Classification of Functioning, Disability and Health (ICF). The article also draws on international policy experiences to propose strategies aimed at improving the translation of legal rights into sustainable labor participation for autistic adults.

Methodology

This special article is a theoretical-analytical narrative review oriented by a clinical-functional perspective. The manuscript integrates international scientific literature, Brazilian and international normative documents, and institutional technical reports relevant to the intersection between autism spectrum disorder, mental health, and labor market inclusion.

The literature search was conducted between November 2025 and February 2026 using the PubMed/MEDLINE, SciELO, and LILACS databases. Search terms included combinations related to autism, employment, functionality, public policy, and mental health. The selection of studies did not follow a systematic protocol or PRISMA criteria; rather, studies were chosen based on their conceptual relevance to the clinical objectives of this manuscript.

Studies published from 2010 onwards were prioritized, corresponding to the period encompassing both the consolidation of the dimensional diagnostic model of ASD in DSM-5 and the enactment of Law No. 12,764/2012 in Brazil. Empirical studies and reviews addressing employment outcomes, functional assessment, workplace accommodations, work-related mental health, and models of occupational support for autistic adults were included.

In parallel, Brazilian normative documents—including federal laws, decrees, and regulatory standards—were analyzed alongside international legislation and programs selected for their relevance in operationalizing employment inclusion and functional assessment. Countries included in the comparative analysis were selected

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based on the existence of structured disability employment policies and the availability of publicly accessible institutional information.

The analysis was conducted qualitatively and interpretatively and organized into three main axes: (1) a clinical axis examining how the literature describes the relationship between employment participation and mental health in autistic adults; (2) a national normative axis focusing on the evolution of the Brazilian legal framework and its functional assessment instruments; and (3) a comparative international axis aimed at identifying alternative models of employment support and evaluation that may illuminate the limitations observed in the Brazilian context.

This work does not constitute a systematic review but rather a critical synthesis emphasizing implications for psychiatric practice. Although not systematic, the review followed methodological principles recommended for high-quality narrative reviews, including transparency of sources, conceptual relevance of included studies, and structured thematic analysis.

Results

Legal framework and public policies for the labor inclusion of autistic individuals in Brazil

The Brazilian legal framework aimed at the labor inclusion of persons with disabilities, including individuals with autism spectrum disorder (ASD), is relatively comprehensive and progressively aligned with the biopsychosocial model of disability. Law No. 12,764/2012 formally recognized individuals with ASD as persons with disabilities for all legal purposes, ensuring access to affirmative policies related to employment, social protection, and anti-discrimination measures (10).

This recognition was further consolidated by Law No. 13,146/2015, known as the Brazilian Inclusion Law (Lei Brasileira de Inclusão – LBI), which redefined disability as the result of the interaction between long-term impairments and contextual barriers (11). Within the labor context, the LBI guarantees the right to work in accessible environments, prohibits discrimination during recruitment processes, and establishes the legal obligation of providing reasonable accommodations, provided that such measures do not impose disproportionate burden on employers.

The employment quota policy established by Law No. 8,213/1991 remains the primary mechanism for promoting workplace inclusion in the private sector (9).

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Although it has broadened formal access to employment, the model prioritizes quantitative hiring criteria and does not systematically require the implementation of structural adaptations, ongoing support strategies, or assessment of the actual accessibility of the offered positions. This disconnect contributes to precarious employment and higher turnover, especially among adults with ASD level 1 support.

Within the public sector, Law No. 8,112/1990 provides for the possibility of reduced working hours for employees with disabilities, including individuals with ASD (9). However, eligibility for this measure is not determined solely by the presence of a formal diagnosis but depends on a multidisciplinary and functional assessment of individual needs. In practice, the implementation of this provision remains heterogeneous and may vary according to how work-related limitations and accommodation needs are interpreted in medical and administrative evaluations, particularly in the absence of standardized criteria for context-dependent functional assessment (14, 15).

More recently, Brazilian occupational health regulations have incorporated broader approaches to psychosocial risk management, particularly through Regulatory Standard No. 1 (NR-01), which established the Risk Management Program (PGR), and through complementary ergonomic provisions outlined in Regulatory Standard No. 17 (NR-17). These approaches include the systematic identification of psychosocial risk factors related to work organization – such as excessive workload, time pressure, lack of autonomy, and interpersonal conflict, as well as the assessment of their potential impact on workers' mental health. These developments reflect a growing recognition of the relationship between work organization and mental health. However, current regulatory approaches remain largely oriented toward general workplace risk assessment and provide limited guidance on the specific functional and environmental needs associated with neurodevelopmental conditions such as ASD.

Overall, the Brazilian legal framework for disability inclusion includes multiple legislative instruments addressing employment rights, quota policies, and workplace accessibility. However, existing regulations focus primarily on formal hiring requirements, while mechanisms for systematic functional assessment and implementation of individualized workplace accommodations remain less clearly operationalized.

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Functionality assessment and limitations of the IF-Br in ASD

The biopsychosocial model adopted by Brazilian disability legislation is conceptually grounded in the International Classification of Functioning, Disability and Health (ICF) (14). Domestically, the Brazilian Functionality Index (Índice de Funcionalidade Brasileiro – IF-Br) has emerged as a pivotal instrument for operationalizing this framework in public policy contexts (15). The IF-Br evaluates autonomy and social participation through a multidisciplinary assessment across domains such as mobility, self-care, communication, interpersonal relationships, and engagement in community and social life. The instrument relies on standardized scoring of functional independence in routine contexts, with contributions from professionals such as physicians, psychologists, occupational therapists, and social workers. Nevertheless, the IF-Br framework presents limitations when assessing ASD, as functionality in these cases is highly context-dependent and may be obscured by social masking strategies, which are not fully captured by standardized independence scores.

However, its application to ASD presents important challenges in relation to workplace functioning. Because the instrument primarily emphasizes independence in observable daily activities, it may insufficiently capture domains such as executive functioning, social cognition, and sensory processing, factors frequently described as critical for occupational performance among autistic individuals.

This limitation becomes particularly evident among individuals with ASD requiring level 1 support, who may be classified as functionally independent in standardized assessments while experiencing difficulties in work environments characterized by implicit social expectations, sensory demands, and organizational unpredictability. From the perspective of the ICF, this discrepancy reflects the distinction between *capacity*—performance in standardized conditions—and *performance*, referring to functioning in real-life environments shaped by contextual factors. This perspective is consistent with the concept of person–environment fit, emphasizing that occupational outcomes emerge from the interaction between individual characteristics and workplace demands (18).

International instruments such as the WHO Disability Assessment Schedule (WHODAS 2.0) and adaptive behavior scales (e.g., Vineland and ABAS) provide complementary approaches to assessing functioning and participation (19-21). These instruments were primarily developed to assess general functioning and

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adaptive behavior across populations and were not specifically designed to evaluate workplace functioning in autism. As a result, they may not fully capture domains – such as implicit social expectations, sensory demands, and organizational unpredictability – which are increasingly recognized as central to occupational experiences among - individuals with ASD, as highlighted in the literature on person–environment fit and qualitative studies of employment in autism (13, 18). Consequently, assessments focused primarily on general autonomy may fail to identify participation restrictions that emerge in complex occupational environments.

Reasonable accommodations and occupational support

Under the Brazilian Inclusion Law, reasonable accommodations are defined as necessary adjustments aimed at ensuring equal conditions for the exercise of work activities (10). In the context of autism spectrum disorder (ASD), such adjustments may involve environmental, organizational, and communication-related modifications designed to reduce workplace barriers and facilitate occupational participation (22). Examples of these accommodations and their implementation in workplace contexts are summarized in Table 1.

Environmental and organizational adjustments—such as reducing sensory stimuli, establishing predictable routines, and allowing flexible work arrangements—have been associated with improved well-being and job retention among autistic employees (2,12). These findings align with broader frameworks emphasizing the importance of optimizing the person–environment fit for autistic individuals across the lifespan (18). Similar findings have been reported in the emerging literature, including recent scoping reviews that synthesize international evidence on workplace adaptations for autistic individuals (24). However, it is important to note that empirical observational studies conducted in the Brazilian context remain scarce, highlighting a significant gap in national research on this topic.

Organizational initiatives such as training programs for managers and coworkers can further reduce stigma and improve workplace climate (25). In addition, supported employment models involving job coaches have demonstrated promising results in facilitating sustained workplace integration for autistic individuals (22).

Despite legal recognition of the right to reasonable accommodations, several barriers remain. These include fear of diagnostic disclosure, limited institutional

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knowledge about neurodiversity, and the absence of systematic mechanisms to monitor implementation (26). Research conducted in the United Kingdom indicates that many autistic individuals report masking or camouflaging autistic traits during recruitment processes in order to avoid stigma or discrimination (8).

The absence of adequate workplace adjustments has been associated with occupational exclusion, underutilization of professional skills, and increased vulnerability to psychological distress among autistic adults (18).

Table 1. Examples of reasonable accommodations in the context of ASD

Category	**Description / objective**	**Examples of reasonable accommodations**
Environmental accommodations	Reduce sensory overload and increase predictability	Noise and lighting reduction; creation of calm spaces; flexible working hours; remote work options
Communication	Promote clear, objective, and accessible communication	Written instructions (e-mails, checklists); use of assistive technologies; simplified job interviews
Work organization	Align job demands with individual characteristics while preserving autonomy	Predictable routines; expectation alignment; task adjustments as needed
Team training	Reduce stigma and promote inclusive work environments	Training teams on autism characteristics and communication strategies
Technology and innovation	Facilitate communication, adaptation, and workplace preparation	Digital tools and artificial intelligence; virtual reality platforms for pre-employment familiarization
Human support (mentorship)	Support integration and mediate workplace relationships	Job coaches or workplace mentors providing ongoing support

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International comparison and alternative policy models

International experiences suggest that labor inclusion policies relying exclusively on quota systems may present limitations in ensuring sustainable employment outcomes for autistic adults (4,16). In response, several countries have developed policy frameworks that combine legal protections with individualized functional assessment and structured workplace support mechanisms. Table 2 summarizes selected international models of employment inclusion, highlighting differences in policy mechanisms, functional assessment practices, and workplace support strategies.

In the United Kingdom, the *Access to Work* program provides government-funded workplace accommodations based on individualized assessments of functional needs. Similarly, in the United States, the Americans with Disabilities Act (ADA) requires employers to provide reasonable accommodations unless doing so would impose undue hardship, while the Job Accommodation Network (JAN) offers consultation services to guide workplace adaptations (27–29). These approaches illustrate policy models in which legal protections are operationalized through mechanisms that directly support person–environment adjustment.

It is important to note that some countries also adopt quota-based or target-oriented mechanisms as part of their disability employment policies. However, these measures are typically integrated into broader systems that include individualized functional assessment, workplace accommodations, and post-employment support. Evidence indicates that while quota systems may contribute to increasing access to employment when combined with such supportive mechanisms, often yield isolated quota-based approaches tend to have more limited impact on long-term employment sustainability.

Supported employment approaches also play an important role in several countries. In Canada, programs such as *Ready, Willing and Able* connect employers with neurodivergent candidates and provide support for recruitment and workplace integration (30). These initiatives reflect broader policy frameworks that emphasize institutional mediation, individualized accommodations, and continued support after hiring.

Other countries combine employment incentives with structured vocational support. Sweden uses wage subsidy programs to encourage employers to hire workers with disabilities, while Japan maintains a national network of vocational

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rehabilitation centers that provide job coaching and workplace integration support (31,32). In Australia, the Disability Employment Services (DES) system connects individuals with disabilities to competitive employment opportunities while offering long-term workplace support (33). Finland similarly emphasizes school-to-work transition planning and coordinated policies linking education, health, and employment services (34,35).

Taken together, these international experiences converge on a common principle: labor inclusion policies are more effective when access to employment is supported by integrated systems that combine functional assessment, workplace adaptation, and ongoing institutional support. In contrast, the Brazilian framework remains predominantly oriented toward quota-based hiring, while structured mechanisms for individualized workplace support and post-employment follow-up remain comparatively underdeveloped.

Table 2. International models of employment inclusion for autistic adults.

Country / Region	**Main policy approach**	**Key support mechanisms**	**Role of functional assessment**	**Relevance for the Brazilian context**
United Kingdom	Individualized support programs	*Access to Work* program; funding for workplace accommodations; job coaching	Functional needs assessed to determine accommodation funding	Emphasizes individualized support rather than quota systems
United States	Anti-discrimination legislation	Americans with Disabilities Act (ADA); Job Accommodation Network guidance	Case-by-case assessment of reasonable accommodations	Strong legal protection but implementation varies across workplaces
Canada	Supported employment and inclusive hiring programs	Ready, Willing & Able initiative; partnerships between employers and disability organizations	Functional assessment used to guide workplace adjustments	Demonstrates the role of public–private partnerships in employment inclusion

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Sweden	Government-supported employment incentives	Wage subsidies for employers hiring persons with disabilities	Functional capacity evaluated in relation to job tasks	Financial incentives promote employer engagement
Japan	State-supported vocational rehabilitation system	National vocational centers; structured job coaching programs	Functional evaluation used to guide training and job matching	Emphasizes long-term employment support and training
Australia	National disability employment services	Disability Employment Services (DES); job coaching and workplace support	Functional assessment used to guide employment placement	Focus on ongoing employment support rather than only job access
Brazil	Employment quota legislation	Mandatory hiring quotas under Law 8,213/1991; legal requirement for accommodations	Functional assessment mainly used for eligibility and benefits (e.g., IF-Br)	Strong legal framework but limited mechanisms for workplace adaptation

Note: Selected countries illustrate different policy strategies, including quota-based systems, supported employment programs, and financial incentives for employers. The comparison highlights how the integration of functional assessment and workplace support mechanisms may influence the sustainability of labor participation among autistic adults.

Workplace context, mental health outcomes, and functional assessment

Although the mismatch between formal workplace inclusion and long-term employment stability has been described in the literature, relatively little attention has been given to the clinical implications of this phenomenon for psychiatric practice. Studies indicate that autistic adults exposed to poorly adapted work environments show higher vulnerability to anxiety symptoms, depressive episodes, and emotional exhaustion associated with prolonged exposure to social and sensory demands (2,18).

Systematic reviews examining workplace accommodations indicate that the absence of environmental and communicational adjustments is associated with poorer psychological well-being and a higher likelihood of job termination (12,22). In contrast, work environments that implement individualized support strategies tend to show better indicators of job retention and occupational satisfaction.

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In the Brazilian context, although systematic data remain limited, clinicians increasingly report demand for psychiatric assessments intended to support applications for public employment examinations, eligibility for disability quotas, or requests for workplace accommodations. These requests highlight the central role of functional assessment in mediating the relationship between clinical diagnosis and institutional eligibility criteria.

Figure 1 presents a conceptual model illustrating the gap between formal legal inclusion and sustainable labor participation among autistic adults. The model highlights how structural policies, functional assessment frameworks, and workplace environments interact to shape occupational outcomes and mental health.

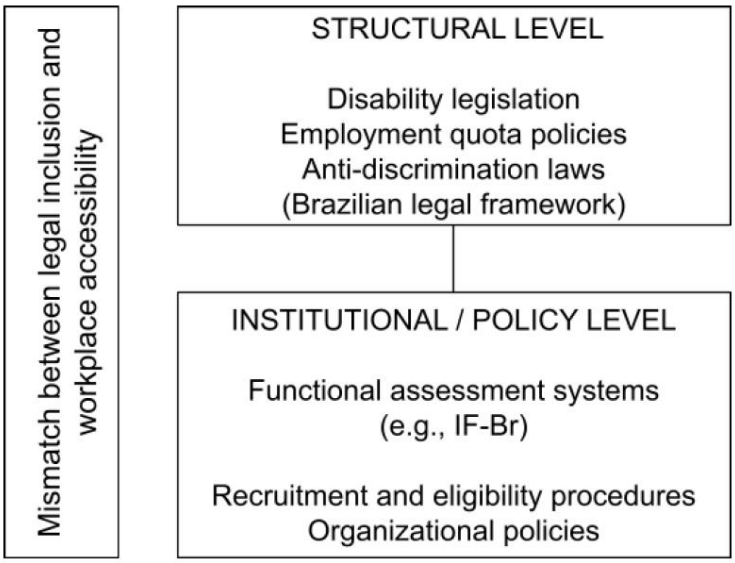


Figure 1 - Structural mismatch between legal inclusion and workplace accessibility for autistic adults

Discussion

Structural gap between policy, assessment and clinical practice

This review highlights a structural dissociation between the three domains that should operate in an integrated manner: legal frameworks governing disability inclusion, systems of functional assessment, and the clinical reality of work-related distress among autistic adults.

Although Brazil has made important normative advances by adopting the biopsychosocial model of disability and formally recognizing the right to reasonable accommodations, the translation of these principles into operational mechanisms for functional assessment and workplace adaptation remains limited. In practice, this

gap reflects the limited integration between disability legislation, functional assessment systems, and clinical evaluation of work-related distress among autistic adults.

Current labor inclusion policies remain largely organized around formal eligibility mechanisms, particularly employment quotas and standardized functional classifications. Within this framework, functionality is frequently treated as a binary condition—either capable or incapable of work—rather than as a dynamic construct guiding individualized support strategies. For autistic individuals, particularly those requiring level 1 support, this approach creates a zone of ambiguity in which independence in basic activities is interpreted as global functional autonomy, despite substantial vulnerability to implicit social demands, sensory overload, and organizational unpredictability.

This structural gap helps explain an increasingly observed clinical phenomenon: the conversion of environmental barriers into individual psychiatric diagnoses. In practice, poorly adapted work environments may initiate a cycle in which the absence of workplace adjustments leads to psychological distress, increased job instability, and eventual exclusion from the labor market (Figure 2). This cycle illustrates how structural barriers within workplace environments may be progressively translated into individual clinical outcomes. In such contexts, clinical responses may become centered primarily on pharmacological management of symptoms, while the environmental determinants of psychological distress remain comparatively underrecognized.

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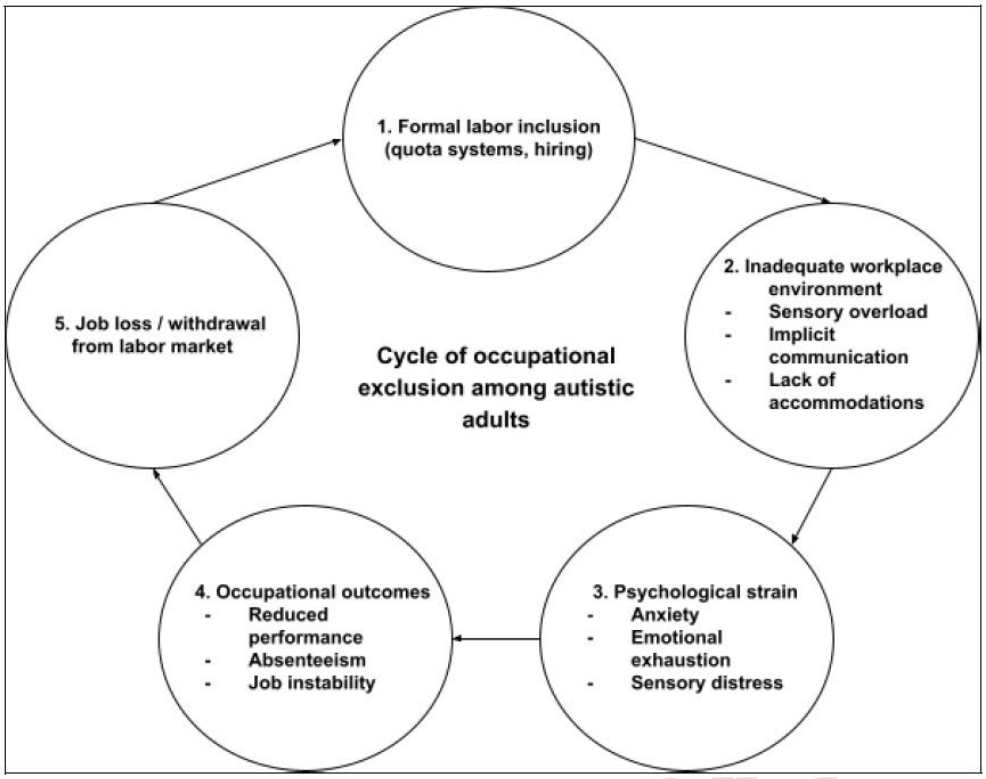


Figure 2. Cycle of occupational exclusion among autistic adults. This conceptual model illustrates how the absence of adequate workplace accommodations may generate a self-reinforcing cycle of occupational instability and psychological distress among autistic adults. Formal labor inclusion without functional accessibility can lead to environmental stress, mental health symptoms, reduced occupational performance, and eventual job loss, thereby perpetuating patterns of labor market exclusion.

International experiences suggest that more sustainable employment outcomes are associated with policy models that combine legal protections with individualized functional assessment, institutional mediation, and continued workplace support. These approaches contrast with systems primarily centered on quota-based hiring, where mechanisms for ongoing workplace adaptation may remain less developed. Comparative evidence therefore suggests that the effectiveness of disability inclusion policies depends not only on formal legal protections but also on institutional capacity to translate these rights into individualized workplace adjustments.

Clinical implications for psychiatric practice

Within this context, psychiatrists occupy a strategically important position at the interface between clinical assessment, functional evaluation, and workplace participation. Beyond confirming diagnostic criteria, psychiatric practice increasingly involves describing context-specific functional implications of autism and translating

clinical characteristics into practical recommendations for workplace accommodations.

Psychiatric evaluation of autistic adults should therefore extend beyond diagnostic confirmation and incorporate systematic assessment of work-related functional demands. Traditional clinical evaluations often focus primarily on symptom severity or comorbidities, while overlooking how sensory processing differences, implicit communication expectations, and executive functioning challenges may affect performance in specific occupational contexts.

Psychiatrists may also play an important role in translating clinical characteristics of autism into practical recommendations for workplace accommodations. Medical reports prepared for employers, occupational health services, or public examinations can describe functional implications of ASD in concrete terms, such as the need for predictable routines, explicit communication, sensory adjustments, or flexibility in task organization. Such recommendations may help shift institutional responses from exclusion or medicalization toward environmental adaptation.

Finally, mental health care for autistic adults should increasingly consider occupational participation as a relevant dimension of clinical outcome. Symptoms of anxiety, depression, or emotional exhaustion observed in autistic patients may be closely linked to poorly adapted work environments. Addressing occupational context during clinical follow-up may therefore contribute not only to symptom management but also to more sustainable labor participation and improved overall well-being.

Limitations

This review has limitations inherent to its narrative and theoretical–analytical design. The literature selection did not follow a systematic protocol with predefined eligibility criteria or PRISMA flow procedures, and the included studies were selected primarily on the basis of their conceptual relevance to the clinical objectives of the manuscript. In addition, the limited availability of systematic national data on employment outcomes and mental health among autistic adults restricts the possibility of more robust quantitative analyses in the Brazilian context. The international comparisons presented here were illustrative rather than exhaustive and may not capture the full diversity of existing policy models. Nevertheless, the synthesis allows the identification of convergent patterns across the literature and

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highlights relevant implications for psychiatric practice and for the development of more effective labor inclusion policies.

Conclusion

The labor inclusion of autistic adults in Brazil remains characterized by a structural paradox: significant normative advances coexist with operational limitations that hinder sustainable participation in the workforce. The prevailing emphasis on quantitative access mechanisms, combined with functional assessment instruments that remain insufficiently sensitive to the specificities of neurodivergence, has promoted formal inclusion without ensuring long-term occupational stability. As a result, many autistic adults experience unstable career trajectories characterized by repeated job loss and avoidable psychological distress despite the existence of progressive legal frameworks.

From a clinical perspective, it is essential to recognize that a substantial proportion of anxiety, depressive symptoms, and emotional exhaustion observed among employed autistic adults cannot be explained solely as individual psychiatric comorbidity. The dissociation between legal frameworks, functional assessment systems, and organizational practices often transforms environmental barriers into psychiatric diagnoses and reinforces responses centered on medicalization rather than workplace adaptation.

In this context, psychiatrists should not be viewed merely as diagnostic certifiers but as key actors at the interface between clinical practice and public policy. Through workplace-oriented functional assessments, clinicians can identify environmental barriers, describe job-specific demands, and propose concrete reasonable accommodations tailored to specific occupational contexts. Such an approach shifts the focus from exclusion toward adaptation and from legal formalities toward effective participation.

Ultimately, improving the labor inclusion of autistic individuals in Brazil will depend less on the creation of new legal norms and more on the refinement of clinical and evaluative practices capable of translating formal rights into sustainable and meaningful participation in the workplace.

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