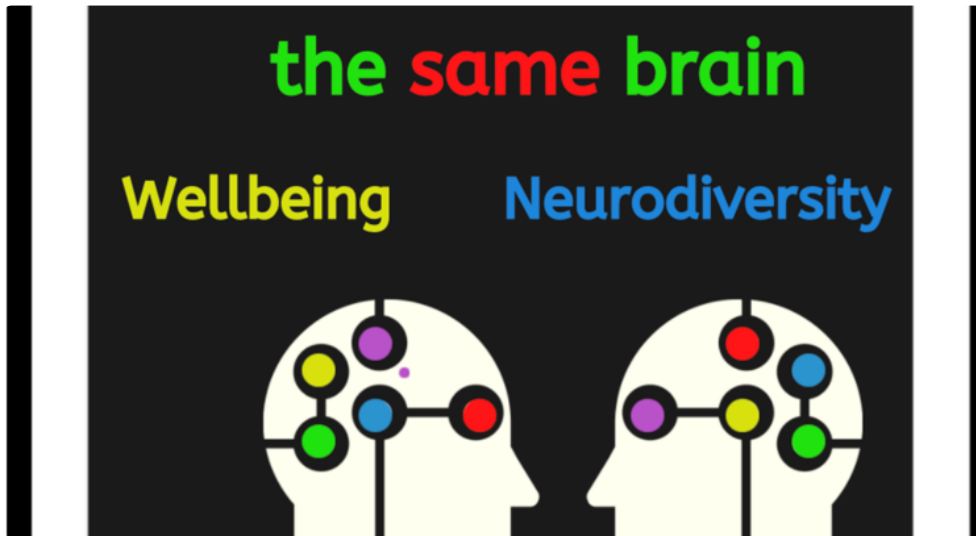




It's only one brain

Neurodiversity 101: and mental health



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Published May 16, 2023

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We only have one brain!

In the same week that it is Mental Health Awareness week we have a Panorama programme going out on BBC last night. It is difficult for me not to avoid talking about this as well. As the Chair of the ADHD Foundation and speaking as me personally I found the way the 'expose' presented bad practices missed the point about why people chose to go and see people for a diagnosis in the way they did.

The [ADHD Foundation](https://www.adhdfoundation.org.uk/2023/05/15/response-to-bbc-panorama-private-adhd-clinics-exposed/) have put out a comment. Please read this as it unpacks the many lost opportunities of explaining the truly current challenges that many adults and parents of children have not only for ADHD but for other neurodivergent traits that commonly co-occur.

<https://www.adhdfoundation.org.uk/2023/05/15/response-to-bbc-panorama-private-adhd-clinics-exposed/>

The programme did not tell the historical perspective of ADHD and trivialised in some ways the challenges that so many people have navigating systems that don't provide a holistic person centred approach.

We only have one brain... and it is important to remind ourselves of this... as we love separating services and solutions



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How can mobile devices be optimized for users with attention deficit hyperactivity disorder?

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Time to discuss neurodiversity more?

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So many people who have so much to offer, but may also often end up feeling anxious and depressed because of past and current experiences in their lives. This can be because of a lack of understanding by society as a whole.

Neurodiversity represents the different ways in which people do anything from thinking, moving, and behaving to visualizing, communicating, and processing information. It includes everyone and encompasses many people who may also diverge from societies' 'typical' or average ways of navigating everyday life.

Neurodiversity does not relate to one single condition.

ADHD often also overlaps with Autism, Dyslexia, DCD (also known as Dyspraxia) .

Neurodivergent traits are typically associated with both challenges and strengths. It is the latter that is important and one of the key reasons for the persistence of these traits in society.

Not everyone gets a diagnosis (or wants one) but it doesn't mean we feel OK!

Individuals with neurodivergent traits may or may not all meet a diagnostic threshold for neurodevelopmental conditions such as [attention deficit hyperactivity disorder](#) (ADHD), dyslexia, [autism](#) spectrum disorder (ASD), dyscalculia, developmental coordination disorder (DCD) (also called dyspraxia), developmental language disorder (DLD) and tic disorders.

All these conditions importantly often co-occur.

Autism Spectrum Disorder/conditions and ADHD has been long treated as separate "disorders" but are now increasingly diagnosed together alongside a better understanding of the common underlying genetic variations. They are being seen [on a continuum](#) by many.

This is also true of the other conditions often associated under the umbrella because of high rates of [co-occurrence](#) across all conditions.

While the Panorama programme focused on ADHD practices this could have been seen for other conditions. When people are desperate for support the 'snake oil' charmers will emerge.

Neurodiversity and mental health

Neurodiversity and mental health

While many neurodivergent traits come with some recognised strengths and talents which I have [written about before](#).. there is also extensive evidence of greater rates of [depression](#) and [anxiety](#) co-occurring for those with autism, dyspraxia/DCD, and ADHD. For example, nearly 3 in 10 children diagnosed with ADHD have an anxiety disorder.

What mental health conditions have been shown to be associated with neurodivergent traits and conditions?

Different types of neurodivergent traits have been shown to be associated with

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different mental health conditions. I am putting some references here to help present this information so it can be used by others and to emphasise the need for a holistic approach to support ND people that respects differences. The Panorama programme did show a narrow view of tick box ADHD diagnoses that did not consider the differential diagnosis or the potential for other conditions that may be present including [Traumatic Brain Injury](#) that can present with similar signs and symptoms for some people.

What do we know?

Attention-Deficit/Hyperactivity Disorder is associated with: anxiety disorders, gender dysphoria, mood disorders, obsessive-compulsive disorder (OCD), personality disorders, schizophrenia and substance misuse disorders 2-7.

Autism Spectrum Disorders or Conditions are associated with anxiety disorders, eating disorders, gender dysphoria, mood disorders, OCD, personality disorders, schizophrenia and substance misuse disorders 8-15.

Developmental Coordination Disorder (also known as Dyspraxia) is associated with anxiety disorders and mood disorders 16-18.

Developmental Language Disorder (DLD) is associated with anxiety disorders, mood disorders, OCD, personality disorders and schizophrenia 19-21.

Dyscalculia is associated with mood disorders and schizophrenia 22-24.

Dyslexia is associated with anxiety disorders, mood disorders and schizophrenia 22-26.

Intellectual Disability is associated with anxiety disorders, eating disorders, mood disorders, personality disorders, schizophrenia and substance misuse disorders 30-38.

Tic Disorders are associated with anxiety disorders, mood disorders, OCD and personality disorder 39-47.

Embracing complexity: from specialization to personalization

Until recently we had tended to have a dichotomous approach to neurodivergent traits and conditions and mental illness which has often resulted in people often bouncing between services. They may go for an ADHD diagnosis yet have traits of ASD or DCD too... They may be considered as being depressed yet the underlying reasons for this may not be fully recognised. The single focus last night shown when we do a 'quicky' approach will miss the nuances and the differing impact from person to person.

What are the challenges?

Silos in professional training, service delivery models and different funding mechanisms, together with socioeconomic biases, all influence diagnostic pathways. In the late 1970s, psychologist Urie Bronfenbrenner conceptualized that human development is shaped by complex relationships between individuals and their environments. He believed that contemporary understanding of human development had failed to consider interactive and multi-layered systems within a child's environment. The "Life Course Theory" emphasizes the timing and temporal

context of lived experiences and how they can impact an individual's development and well-being. A diagnosis is far more than just a tick box exercise. We have to understand why someone is coming now, and what are the current challenges and also what else could be contributing. That does require people who are sufficiently trained to do this work!

We are a mix of genetics and our environment

Through [epigenetics](#), the study of how behaviours and environment can cause changes that affect genetic expression, we are learning more about the effects of external experience on brain activity, including how neurotransmitters work.

Embrace complexity and embrace neurodiversity

What this means is that we need to embrace complexity instead of trying to remove it. We need to take a biopsychosocial approach to screening, assessment, and intervention and to shift beyond the overly simplistic "one-gene-one-disease" paradigm and notions of "chemical imbalance" to seeing how every person's brain can and does change over time and understanding the reality of neuroplasticity.

This means we need to **not** work in diagnostic or professional silos. Developing ND pathways that consider this is essential.

Training for GPs and psychiatrists that relate to Neurodivergent traits and conditions is important so that people don't wander around systems being potentially misdiagnosed and misunderstood. It is also important to set some professional standards so we don't see the 'cowboy/girl' practices highlighted in the **Panorama** programme we saw last night. We need responsible reporting as well.

Personalised interventions and formulations offer a keyway to improve outcomes. Above all, it's time to stop thinking of neurodivergent traits and conditions and mental health as separate constructs and focus more on individuals and their individual brains.

The blog author

I am Amanda Kirby, CEO of [Do-IT Solutions](#) a tech-for-good company that delivers web-based screening tools and training that help 1000s of people deliver person-centered solutions relating to neurodiversity and wellbeing. Contact me if you want to discuss how we can help your organisation.

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I am a mixed bag of experiences and skills and have 25+ years of working in the field of neurodiversity.

I am a medical doctor, Professor, and have a Ph.D. in the field of neurodiversity; parent and grandparent to neurodivergent wonderful kids and am neurodivergent myself (bits of me I share!).I am also sensitive and get anxious easily! I am also Chair of the ADHD Foundation.

Theo Smith and I wrote together the award-winning book Neurodiversity at Work [Drive Innovation, Performance and Productivity with a Neurodiverse Workforce](#). Theo and I have a weekly podcast neurodiversi-TEA with a roundup of the week. Read the [Neurodiversity Index](#) from City and Guilds Foundation and Do-IT Solutions. Digest it, Act on it.

My 10th book has come out called [Neurodiversity in Education](#) and I am very excited about sharing that with you. Thanks to my wonderful co-authors Paul Ellis and Abby Osbourne.

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The blog author

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As an adult with ADHD - possibly Autism as well - who has suffered from it my whole life but was not diagnosed until I was 20 and went to the psychiatrist with certainty that I had already found what I had, I am still outraged at the medical biases towards neurodivergence that kept me from getting the help I needed as a child. It is painfully obvious to me that I am neurodivergent and yet the three therapists I went to as a depressed, anxious teenager with an eating disorder never even considered it. Why? I'm a woman, and I got good grades. Never mind, of course, the hundreds of things outside academia that are affected by our ND brains! My social awkwardness, picky/disordered eating, disorganisation and always being late and losing things, inability to relate to my peers, communication problems, etc., all seemed to be my fault because, in three years of intense therapy, no one told me I simply had a different brain, a dopamine dysregulation or whatever it is. They do us a massive disservice when they make assumptions about these conditions and I've met many people, especially women and non-binary people that don't fit the hyperactive little boy stereotype, that are living with the awful consequences.

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Casper Gorniok MBA CMktr

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[Prof. Amanda Kirby](#) - I honestly don't know HOW it can be done, but [BBC](#) & other broadcasters should be infinitely more careful before broadcasting anything about neurodiversity.

I think Producers are GUILTY of sensationalising us, when they should be liasing with medical specialists.

The simple truth I want to see portrayed is how challenging society is towards us, and completely forgetting these are lifelong conditions and society just doesn't empathise, let alone accept/tolerate us, especially once we are adults.

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Thank you for shedding light on the importance of understanding neurodiversity, particularly ADHD and its overlaps with mental health. It's crucial to have proper assessments and widely available support to ensure accurate diagnoses. This is very insightful [Prof. Amanda](#)

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