

Neurodiversity and Mental Health

Presented by: Nicola James and Rebecca Wones

Date: 9th June 2021



Agenda



What is Mental Health?

Overview of mental health



Strategies for support

What support can be accessed



Impact on Neurodiversity

How mental health impacts on neurodiversity



Our recommendations

Lexxic best practice

About Lexxic



What is mental health?

How do other organisations define mental health?

- Mental Health Foundation
- Chesterfield Royal Hospital NHS Foundation Trust
- MIND

What is mental health?

A person's condition with regard to their psychological and emotional well-being.

1 in 4 people will experience a mental health issue in a year, and 1 in 6 will experience a common mental issue in any given week.

Understanding and supporting mental health leads to....







Anxiety

- Feelings of unease, for example, worry or fear that feels uncontrollable and is not fleeting.
- Can range from mild to severe.

Generalised Anxiety Disorder – feeling anxious about a wide range of situations and events, rather than one specific event. Anxiety is experienced most days.

Depression

- Persistent feelings of sadness, unhappiness and hopelessness
- Loss of interest in activities you once enjoyed
- Physical symptoms, for example, fatigue, sleep interference, loss in appetite and libido
- Can range from mild to severe
- Severe depression can lead to suicidal ideation

Stress

- The body's reaction to stressors from a life event or a situation
- Feeling overwhelmed or not equipped to deal with pressures perceived to be unmanageable
- Causes of stress vary considerably from person to person, as does the degree of severity
- Stress is problematic when it becomes excessive and prolonged chronic/long-term stress, and can result in mental health conditions such as anxiety and depression

The difference between stress and anxiety

- Stress is our body's reaction to threat in a situation. Anxiety is a reaction to that stress
- Stress is normally due to a specific external cause
- Anxiety is an internal reaction to that stress, usually experienced in things that are not or not yet actually threatening. This normally persists after a stressor has passed

More complex diagnosis

- Bi-polar Disorder
- Personality Disorders
- PTSD & CPTSD
- **Eating Disorders**
- Schizophrenia

Impact of mental health and neurodiversity



73%

of respondents hide their dyslexia from employers



Source: Connecting the Dots Report, Made By Dyslexia

Prevalence

- Dyslexia is not a mental health condition but it can lead to mental health challenges like depression and low self esteem (Passe, 2015).
- ADHD presents a high comorbidity with anxiety – Pozuelo (2017).



Prevalence

- Anxiety disorders are common amongst people on the autism spectrum. Roughly 40% have symptoms of at least one anxiety disorder at any time, compared with up to 15% in the general population (Winter, 2014).
- The mental health of autistic people is often overlooked. (Robertson, 2014).



Mental health and neurodiversity - prevalence

- Those with a neurodiversity are more likely to experience anxiety and depression
- Studies have shown that those with a neurodiversity are more likely to experience suicidal ideation.
- Increased rates of mental heath issues across neurodiversity diagnosis.
- Misdiagnosis, especially for ADHD and ASC

Lexxic Experience

- Trying hard but not quite getting there at school.
- Childhood emphasis placed on grades as evidence of your value.
- Internalise this value, an inner voice 'I'm not good enough'.
- External comparison-compare to others who are doing better, feel 'not as good'.
- Language used 'stupid' 'thick' 'frustration' 'giving up'.

Mental health and neurodiversity - impact.

- Later life diagnosis
- Gender differences
- Poor positive self concept

Strategies for Support

For the individual

- Cognitive Behavioural Therapy
- Talking Therapy
- Go-to' Plan of Action
- Mindfulness
- Thought Diary
- Support from GP
- Accessing mental health organisations
- Coaching to utilise neurodiversity strategies

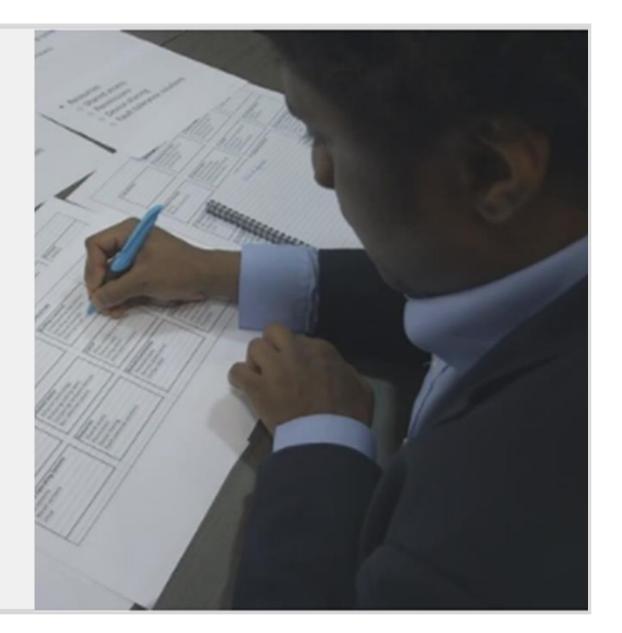
Concentration

- Provide squeezy ball e.g., in meetings; for reading
- Encourage short physical break every 45 minutes
- Verbalise their thoughts to aid concentration
- Move desk to a quieter area
- Encourage to block out time in the diary
- Tomato Timer



Organisation

- Regular meetings to discuss priorities
- Break down larger tasks into smaller chunks and set deadlines
- Provide logical checklists to work through
- Create a set structure for the study week and enter this into the calendar
- Encourage to keep task lists and to-do lists



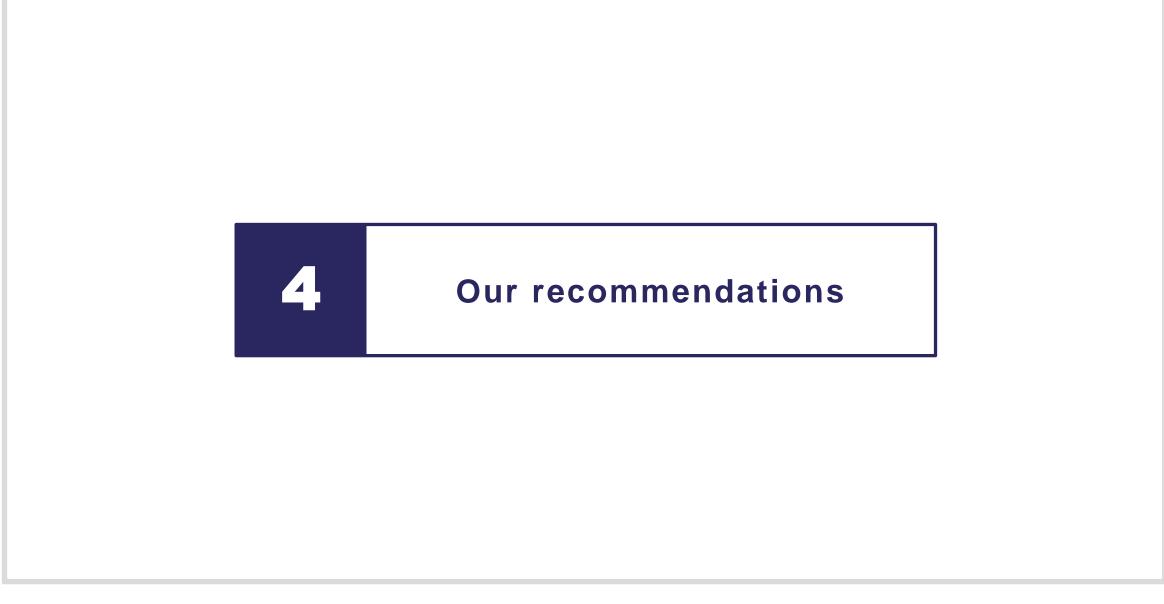
Confidence

- Highlight their strengths and the positives they bring to the subject
- Provide specific positive feedback, before any developmental feedback
- Encourage them to reflect on their achievements
- Send them encouraging emails
- Praise them when they have achieved their goals



Strategies for the employer

- Open and honest communication
- Implementing a 'buddy'
- Mental Health First Aiders/Champions
- Adapting shift patterns according to medication needs
- Awareness training around specific diagnosis
- Phased return to work for extended sick leave
- The curb-cut effect
- What resources do you have available



Our best practise approach

1. Screening and Diagnostic assessment

- A screening is to identify if an employee demonstrates tendencies of a specific neurodiverse condition.
- A psychologist will discuss with the individual their history and experiences in a number of life and work areas. They will use recognised psychometric tools and the outcome will be summarised in a report.



2. Workplace assessment

- Building on the screening, the assessor will explore with the individual their current job role and responsibilities, and their strengths and challenges at work.
- This leads to series of recommendations to support the individual's challenges in the workplace.



3. Coaching and further training

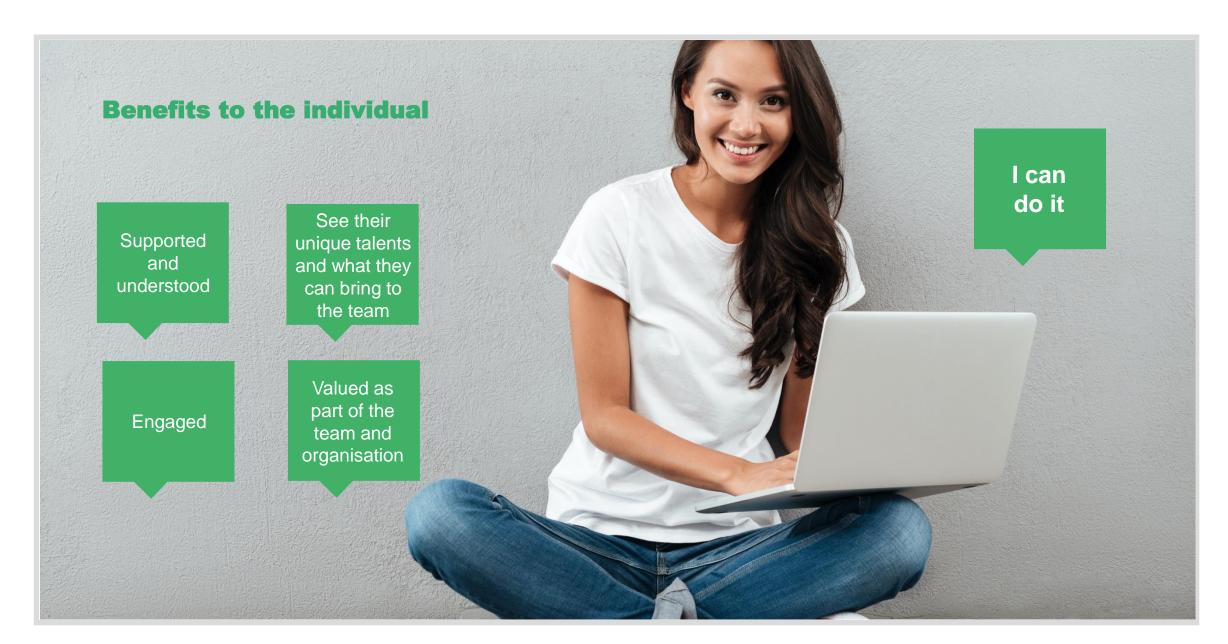
- Based upon the results a range of support training will be recommended including one-to-one coaching, group training, e-Learning and assistive technology training along with tools and tips specific to the condition.
- Awareness training for line managers and employees is also delivered.



4. Follow-up

We will follow-up with the individual three months post assessment or the end of their coaching programme, to discuss the impact of the recommendations and coaching strategies and how they are working in practice.





Contact us

Head Office

Unit CH3.20, Kennington Park, 1-3 Brixton Road, London, SW9 6DE.

Irish Office

76a George Street Upper Dun Laoghaire Co. Dublin Ireland, A96 P9R2.

- +44 (0) 330 311 2720
- nicolajames@lexxic.com



