



# Engaging with Neurodiversity

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A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

## Aims of this session:

1. Exploring the concept of neurodiversity and neurodivergence.
  2. Exploring factors impacting mental health.
  3. What we can do to provide support.
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- A blue dashed line is located in the bottom right corner of the slide, consisting of several short, curved segments.

In essence, neurodiversity is about everyone—  
about each of us...autistic, non-autistic, adhd, dyslexic etc.

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# Neurodiversity

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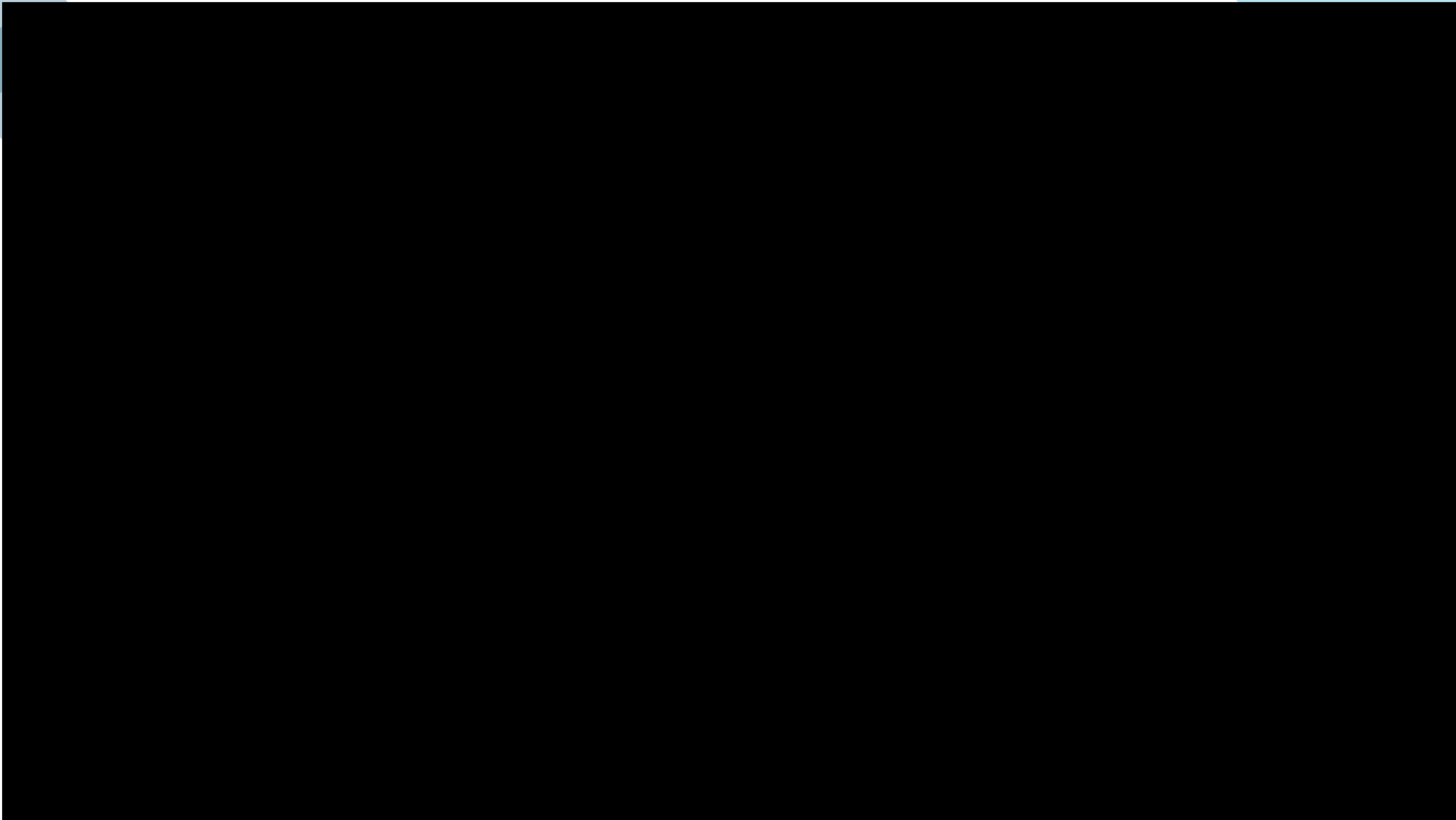
- Everyone has a differently-wired brain and their own unique way of thinking, interacting and experiencing the world.
- **Neurodiversity** is about recognising that there is a wide range of neurological variations in the human brain, instead of viewing these variations as being “abnormal.”
- **Some of these differences also have a name: Autism, ADHD, Dyslexia, Dyspraxia...etc.**



# The “origins” of the term

- Judy Singer - 1998?
- Thesis title: Why Can't You Be Normal for Once in Your Life? From a 'Problem with No Name' to the Emergence of a New Category of Difference.





Source: <https://youtu.be/LDOQxduRbQs?si=2CBO9oE1jd6DM95I>

# **The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory**

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Autism

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# So, what is neurodiversity?



Just like there is biodiversity, which is about the variety of plant and animal life in the world or in a particular habitat [a high level of which is usually considered to be important]....



Neurodiversity is the diversity of human minds, the infinite variation in neurocognitive functioning within our species.



Biodiversity and  
Neurodiversity...Key  
Parallels

Diversity as  
Strength

Interdependence



# Why Neurodiversity?

1. It shifts the perspective from viewing neurological differences as deficits or disorders to recognising them as natural variations in human cognition.
2. It promotes Inclusion and Acceptance.
3. Recognises Unique Strengths.

# Neurotypical

...having a style of neurocognitive functioning that falls within the dominant societal standards of “normal”.

Source: <https://neuroqueer.com/neurodiversity-terms-and-definitions/>

# Neurodivergent

...means having a mind that functions in ways which diverge significantly from the dominant societal standards of “normal.”

Source: <https://neuroqueer.com/neurodiversity-terms-and-definitions/>

# Why use neurodivergent and neurotypical?

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- Clarity and Representation
- Destigmatisation
- Acknowledging Diversity



# Now have a look at this phrase:

## Original phrase

- Our school offers multiple learning strategies to accommodate the students with a neurodiversity.

## Intention:

- To explain how a school offers support to autistic students.

## Better use:

- Our school offers multiple learning strategies to accommodate the neurodiversity of all of our learners.

Or

- Our school offers accommodations for neurodivergent students.

Keep in mind...  
being neurodivergent is not only  
about Autism!!!!

# NEURODIVERGENT UMBRELLA\*

ADHD  
ASPD  
BPD  
DYSLEXIA  
DYSPRAXIA  
PTSD  
DYSGRAPHIA

DID & OSDD  
NPD  
CPTSD  
HSP  
SENSORY PROCESSING  
DYSCALCULIA

BIPOLAR  
AUTISM  
GAD  
OCD  
ABI/TBI  
TIC DISORDERS  
SCHIZOPHRENIA  
MISOPHONIA  
DOWN SYNDROME  
FASD

EPILEPSY  
HPD  
SYNESTHESIA

\*NON-EXHAUSTIVE LIST

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# To summarise:

- **Neurodiversity** – all of humanity – include neurodivergent and neurotypical.
- **Neurodivergent individual** – a person with neurocognitive functioning that does not fall within the dominant societal standards of "normal".
- **Neurotypical individual** - a person with neurocognitive functioning that falls within the dominant societal standards of "normal".
- **Autism is one form of neurodivergence**, but there are many others, such as dyslexia, ADHD, and epilepsy, etc.
- An autistic person is better described as **neurodivergent**, rather than solely as neurodiverse.
- A classroom with both **neurotypical** and **neurodivergent** students would be considered **neurodiverse**.

# Other good examples:

- A dyslexic student is neurodivergent.
- An autistic individual is also neurodivergent.
- A non-autistic person is neurotypical.
- A workplace with both autistic and non-autistic individuals is a neurodiverse workplace.
- Neurodiverse is not the same as autistic.

# Neurodivergence & Mental Health



Neurodivergence is not a mental illness... but it affects mental health

Neurodivergence  
≠  
Mental Illness

## Common Mental Health Conditions in Neurodivergent Individuals

Mental Health Condition	Often Seen In	Key Features / Notes
Anxiety Disorders	Autism, ADHD, Dyslexia.	Feeling nervous, worrying, social anxiety, often linked to sensory overload or unpredictability
Depression	Autism, ADHD, Tourette's	Low mood, loss of interest after prolonged masking, communication difficulties, or burnout
OCD (Obsessive-Compulsive Disorder)	Autism, ADHD, Tourette's	Recurring thoughts ± compulsions, sometimes confused with autistic-repetitive behaviors
PTSD (Post-Traumatic Stress Disorder)	Autism, ADHD, BPD	Flashbacks, hyperarousal, trouble w/social trust stemming from traumatic situations
CPTSD (Complex PTSD)	Autism, BPD	Chronic trauma, associated w/emotional dysregulation, identity difficulties, feeling unsafe
Eating Disorders (incl. ARFID)	Autism, ADHD (sometimes) Neuro	Fear of gaining weight, unrealistic body image (e.g. anorexia) or sensory avoidance of certain foods
BPD (Borderline Personality Disorder)	Autism (sometimes) ADHD (sometimes)	Alternecected sense of identity and recurrent attempts to overwhelm emotions

These mental health challenges can be underdiagnosed or misdiagnosed, and they're often not treated appropriately, especially if professionals don't understand autism and/or other neurodivergent profiles.

# Neurodivergent individuals are more likely to experience mental health difficulties

.... Especially in late-diagnosed, misdiagnosed, or unsupported individuals.

# Internal factors contributing to mental health difficulties

Internal Factor	Description	Impact on Mental Health
Cognitive Rigidity / Perfectionism	Difficulty shifting perspective; all-or-nothing thinking; high self-expectations.	May lead to distress when expectations aren't met and can reduce self-compassion.
Negative Rumination	Repetitive, intrusive thoughts about mistakes, worries, or perceived flaws.	Can contribute to emotional exhaustion and increase feelings of worry or self-doubt.
Alexithymia	Difficulty recognising, naming, or expressing emotions.	May result in emotional overwhelm and difficulty accessing the right support.
Executive Functioning Fatigue	Struggles with planning, initiating, or completing tasks.	Can lead to frustration and reduced motivation, especially when efforts go unrecognised.
Internalised Ableism	Absorbing societal messages that frame difference as deficiency.	May impact self-worth and increase feelings of shame or isolation.
Identity Confusion	Uncertainty or conflict about self-concept, especially in late-diagnosed or masked individuals.	Can create a sense of disconnection and make it harder to advocate for personal needs.
Sensory Overload	Chronic overstimulation from lights, sounds, textures, or social energy.	May contribute to emotional fatigue, shutdowns, or withdrawal as protective strategies.
Burnout (e.g., Autistic or ADHD Burnout)	Result of long-term overexertion, masking, or unmet needs.	Often brings physical and emotional exhaustion, reduced engagement, and increased sensitivity.



These internal factors do **not mean that neurodivergent people are destined to experience depression** — but they highlight **why neuro-affirming support and identity validation** are so important for mental health.



What are the emotional burdens that increase their risk of burnout and depression?

# Burnout vs. Depression



## Burnout

- Overwhelming exhaustion
- Reduced effectiveness
- Emotional distance



## Depression

- Persistent low mood
- Loss of interest
- Feeling worthless

# Constant Invalidations

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Being told to “try harder,” “act normal,” or “stop being dramatic.”

Struggles may be minimised or disbelieved ("everyone has a bit of that").

Leads to **self-doubt**, **internalised ableism**, and suppressed distress.

## CONSTANT INVALIDATIONS

'You're too sensitive.'

'Just try harder.'

'It's not that difficult.'

'That doesn't make sense.'



# Masking and Camouflaging:

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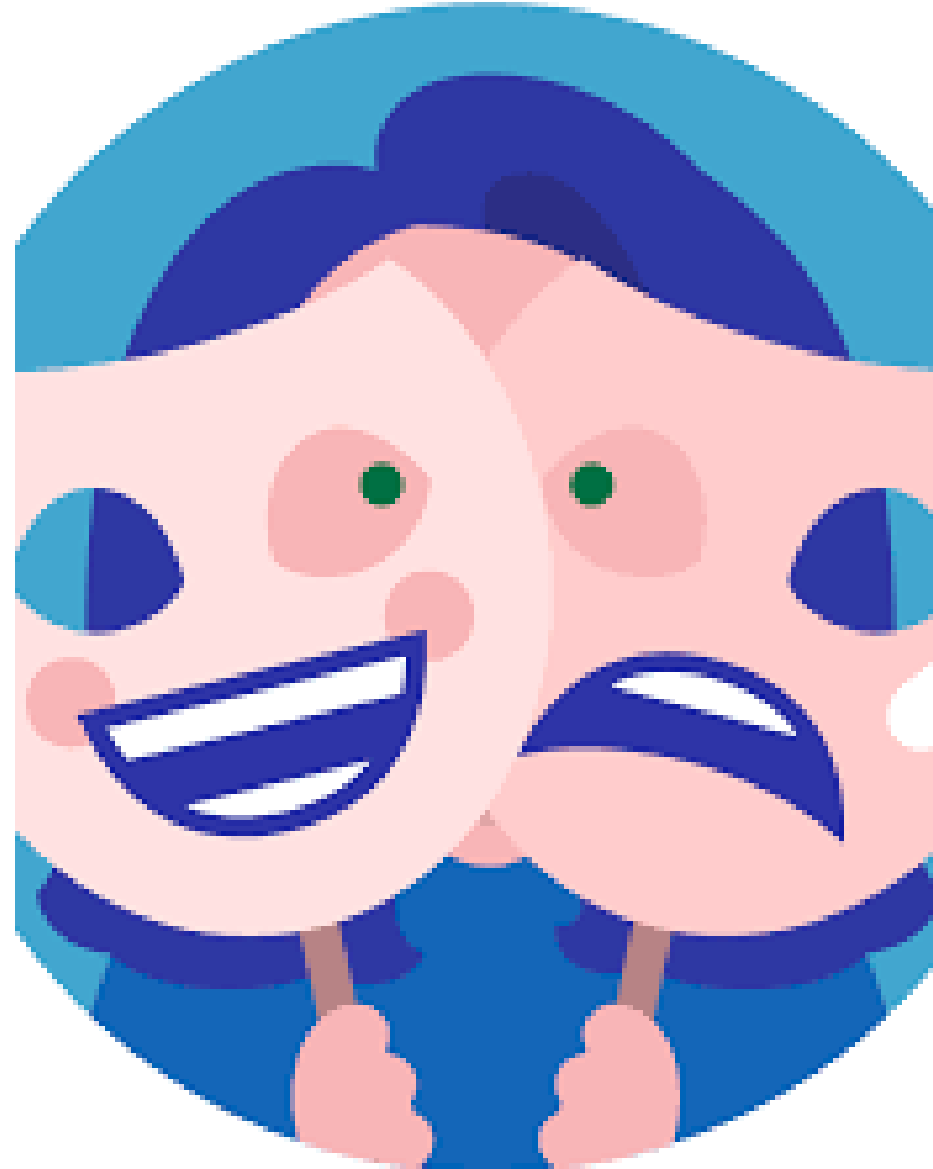
**What it is:** Suppressing one's natural ways of thinking, moving, or expressing in order to "fit in."

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**Emotional impact:** Exhaustion, identity confusion, shame, and disconnection from self.

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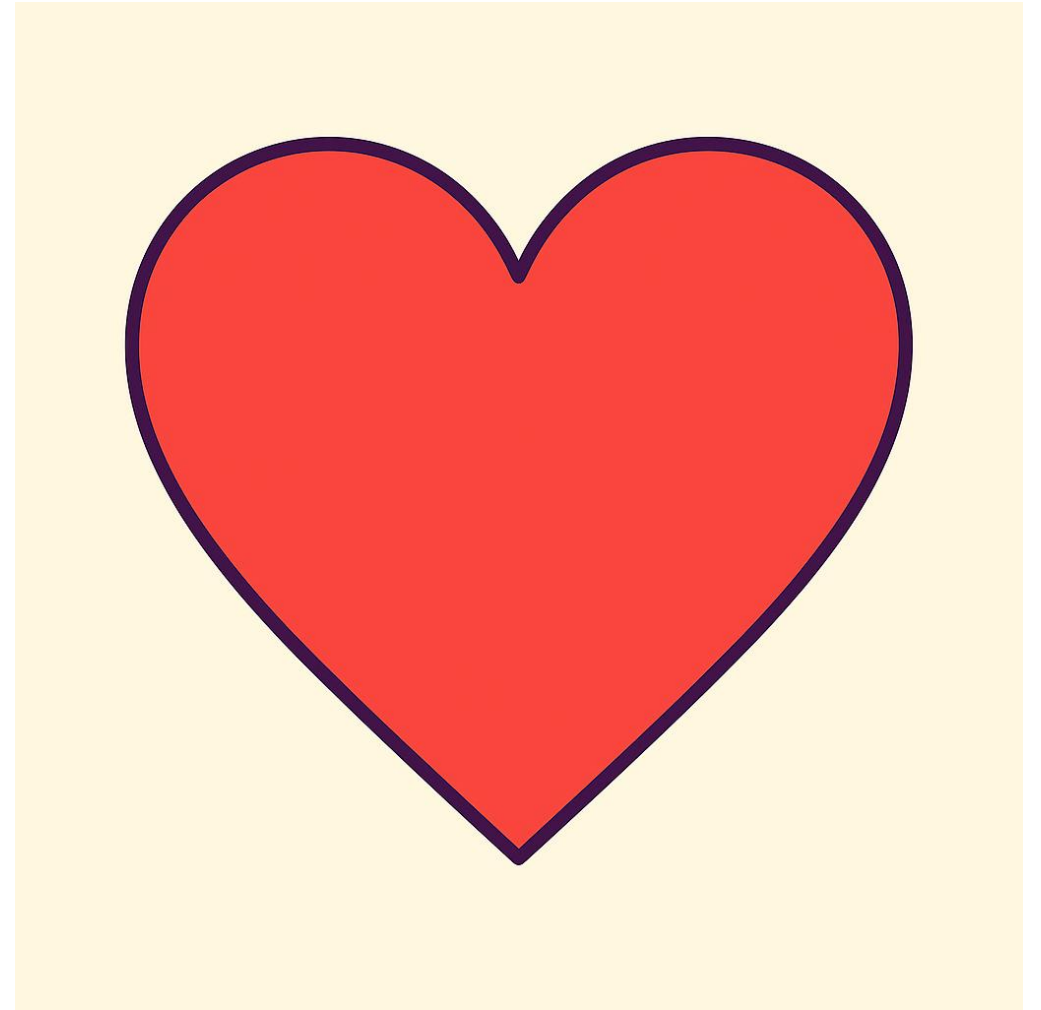
**Burnout link:** Masking drains cognitive and emotional energy over time, often leading to shutdown, anxiety, and depression.



# What helps reduce Masking?

## What Helps?

- Being around people who **accept you as you are**
- Knowing it's okay to **move, speak, or feel differently**
- Finding safe spaces where you don't have to pretend.



# Sensory Overload

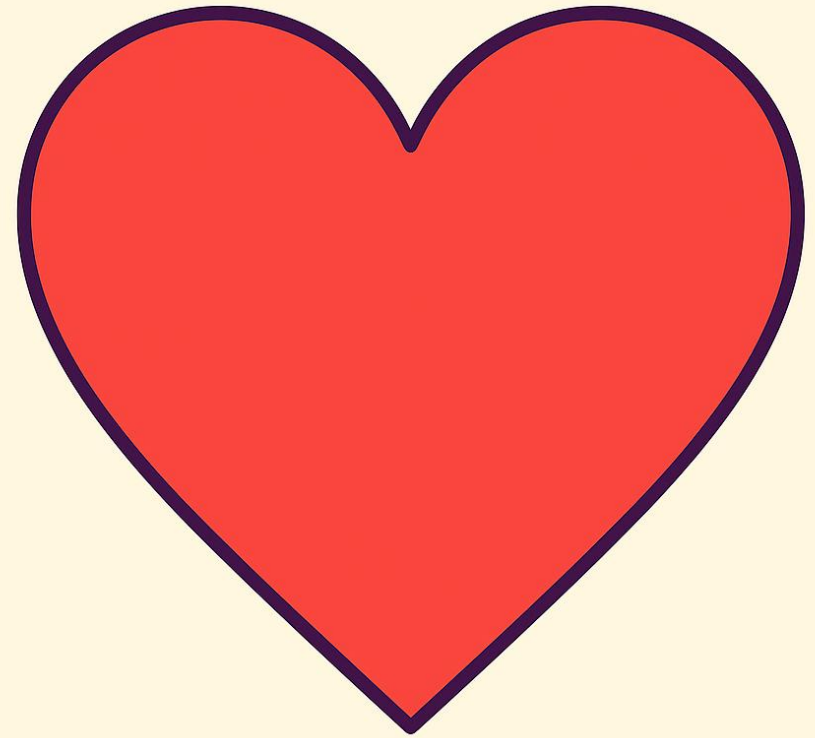
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- Sensory environments (noise, lights, textures) can overwhelm the nervous system daily.
- Neurodivergent individuals often experience heightened sensitivity to sensory stimuli (e.g., light, sound, touch).
- Prolonged exposure without accommodations can lead to burnout.



# What Helps with Sensory Overload?

- Taking a quiet break
- Wearing headphones or a hoodie
- Being in a calm space
- Gentle voices, soft lights
- Someone saying, “It’s okay. I understand.”





# Executive Functioning Fatigue

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- **Executive Functioning Fatigue** refers to the mental exhaustion that results from overusing executive functions — the brain's self-management system that helps us plan, organise, prioritise, focus, regulate emotions, and complete tasks.

## EXECUTIVE FUNCTIONING FATIGUE

Mental exhaustion from prolonged use of executive functions.



# Social Demands

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- Navigating social interactions in environments that do not accommodate neurodiversity can be overwhelming and **isolating**.
- Social demands refer to the expectations placed on people to engage, communicate, and respond in socially “acceptable” ways — including:
  - Making eye contact
  - Reading body language or social cues
  - Holding small talk or group conversations
  - Understanding sarcasm, humour, indirect language
  - Navigating group dynamics or conflict
  - Adapting behaviour across social contexts (e.g., home vs school vs work)

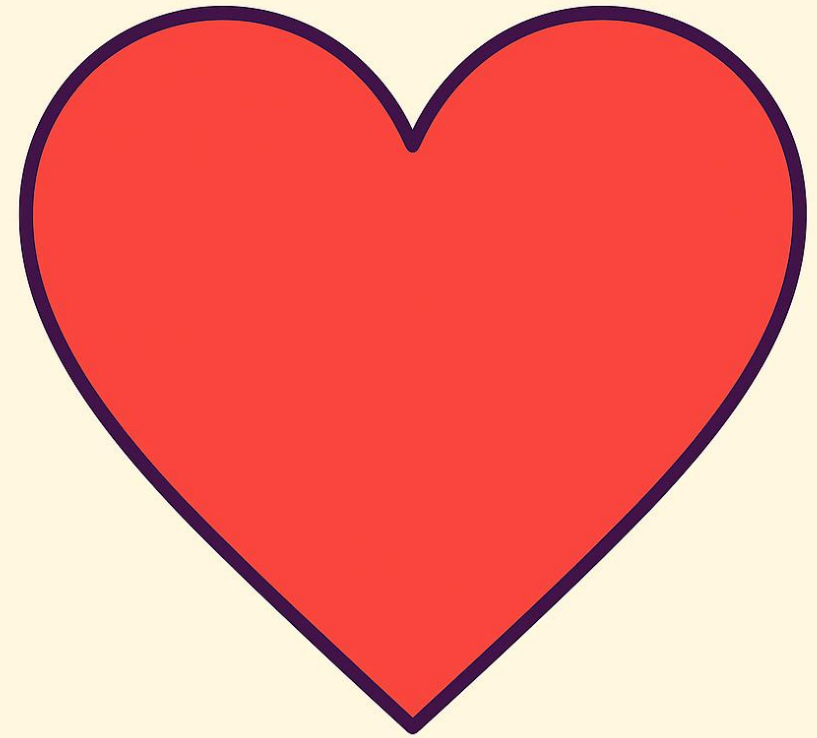
## SOCIAL DEMANDS

Expectations placed on people to engage, communicate, and respond in socially “acceptable” ways.



## What helps with high Social Demands

- Friends or adults who accept you just as you are
- Taking breaks after social time
- Being allowed to be quiet, use scripts, or use non-verbal ways to connect
- Knowing it's okay not to get it right all the time



# Hyperfocus and Neglect of Self-Care

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- Intense focus on specific activities may lead to neglecting basic needs like rest, nutrition, or relaxation, depleting energy reserves.
- Hyperfocus is a state of **deep, intense concentration** on a task or interest — to the point where everything else fades into the background. It's often described as being “in the zone” or “locked in.”

## HYPERFOCUS

A state of deep, intense concentration on a task or interest.



# Chronic Environmental Stress

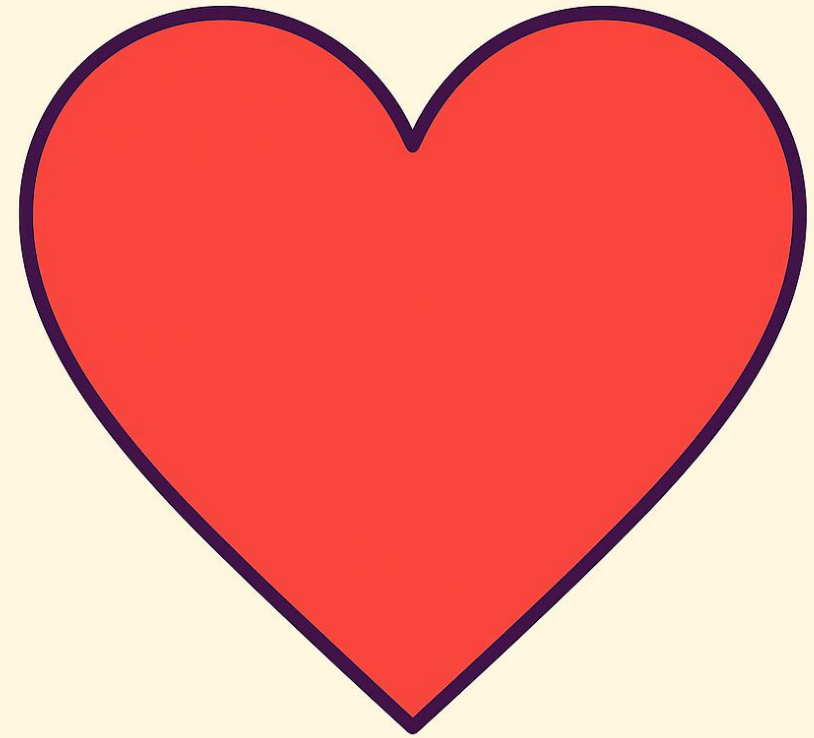
- Living in a world designed for neurotypical individuals creates a baseline of constant stress that amplifies burnout risks.



# What helps with environmental stress?

Just like a phone:

- You need **regular charging** (downtime, rest, safe spaces)
- You need to **close some background apps** (reduce sensory/social demands)
- And most importantly, you need people to understand:  
**“I’m not broken. I just need support to recharge differently.”**





# Low Self-Worth and Identity Struggles

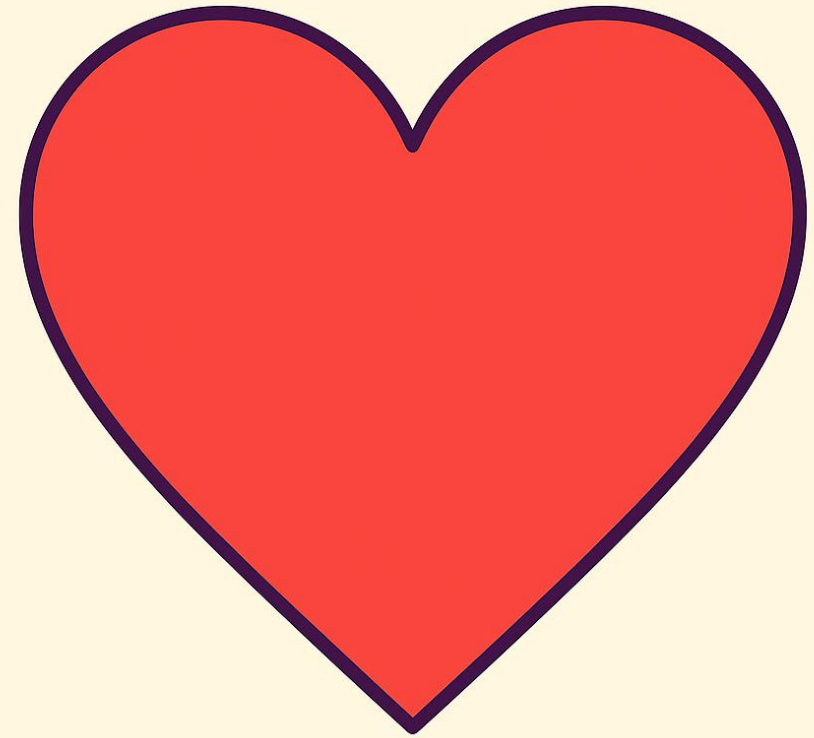
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- Constant comparisons to neurotypical peers (academically, socially, emotionally).
- Internalising messages like “broken,” “too much,” or “not enough.”
- Feeling like a burden can fuel depressive thinking and self-harm ideation.



# What helps reduce low self-worth?

- Discovering your **true identity** in a safe, affirming space
- Connecting with others who **think and feel like you do**
- Seeing your neurodivergence as a **strength**, not a flaw
- Having people around who say:  
“You are not too much. You are just enough — as you are.”

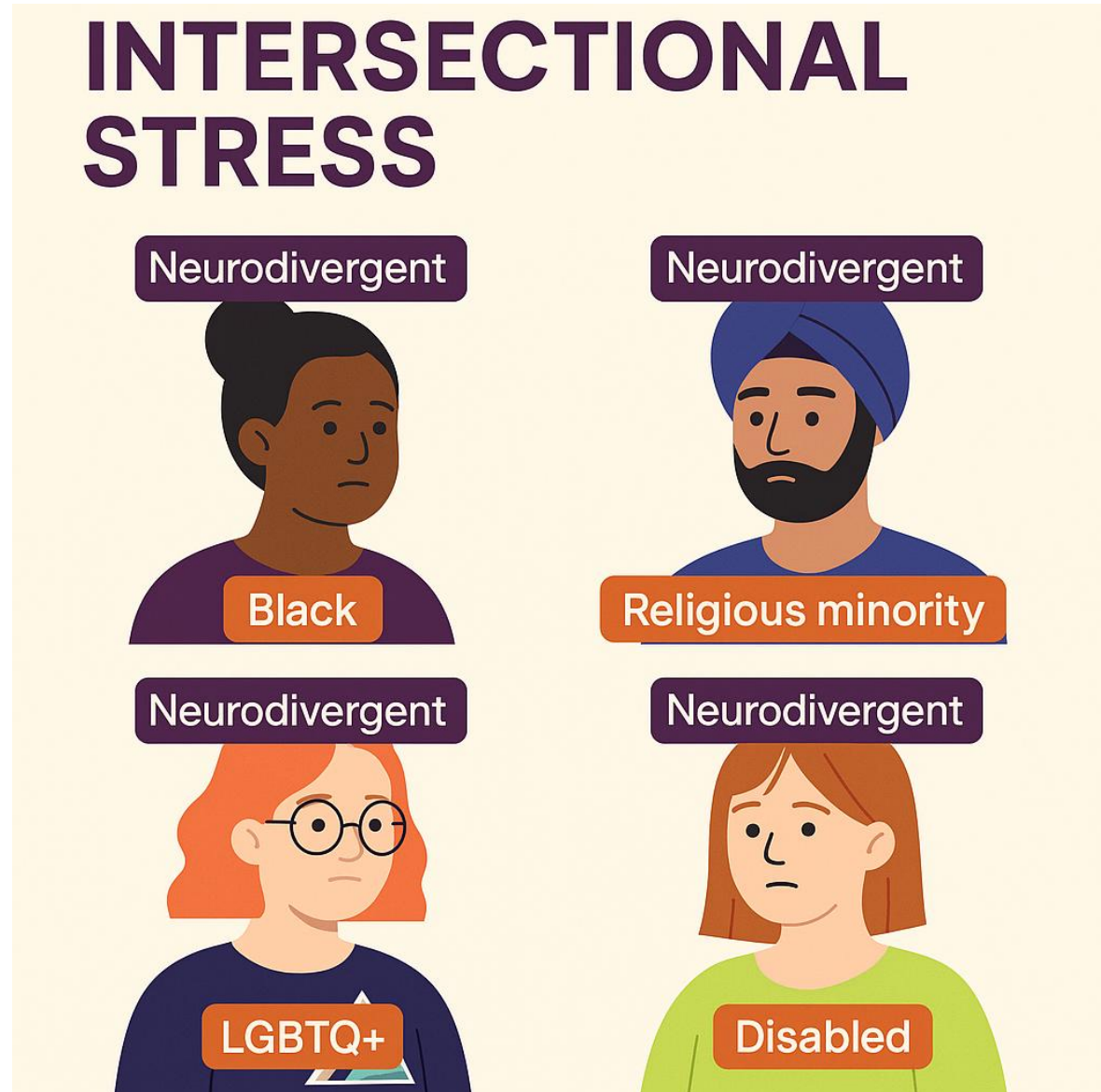




# Intersectional Stress

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- Belonging to multiple marginalised groups (e.g., being neurodivergent and LGBTQIA+, racialised, or disabled) amplifies stress and risk.
- Discrimination and compounding stigma increase vulnerability.



## Social Spoons



## Language Spoons



## Physical Activity Spoons



## Sensory Spoons



## Executive Function Spoons



**My Spoon  
Drawer**

# Real-World – Spoon Theory – Example

An autistic person might start their day with 10 spoons. By the time they've:

- Woken up and coped with sensory discomfort (–2 spoons)
- Navigated public transport (–2 spoons)
- Masked through social interactions at school/work (–3 spoons)
- Dealt with an unexpected schedule change (–2 spoons)

They've only got 1 spoon left—and still have the rest of the day to manage. Over time, if they're not given chances to recharge (i.e., replenish spoons), this can lead to burnout.

# Factors Increasing Risk of Depression

## Burnout as a Precursor:

- The pervasive exhaustion and reduced functionality from burnout often lead to feelings of hopelessness and depression

## Isolation:

- Social withdrawal due to sensory overload or masking can result in loneliness, further increasing depression risk.


## Loss of Skills and Identity:

- Burnout may involve temporary loss of abilities or interests closely tied to identity, leading to feelings of inadequacy or emptiness.



# Dos & DONTs

...things to think about!!!


 Don't: Assume you know what's best for a neurodivergent individual.

Many neurodivergent individuals with mental health conditions are used to having their autonomy overridden, even with good intentions. Assuming control can feel disempowering or infantilising.

 Do: Ask how they want to be supported.

Respecting their preferences builds trust and confidence.

Try asking: “Would you like me to listen, offer ideas, or just sit with you?” This invites collaboration instead of control.

 Don't: Downplay experiences (“You’re overreacting” / “It’s not that bad”)

This can invalidate their reality and increase feelings of isolation or self-doubt.

 Do: Validate their emotions, even if you don’t fully understand.

Say things like: “That sounds really tough. I’m here with you.”

N.B. Validation doesn’t mean agreement — it means connection.


# ✖ Don't: Hover or check on them constantly

Over-monitoring can feel invasive, increase anxiety, and reinforce the idea that they can't cope.

✔ Do: Offer consistent, low-pressure presence.

Let them know: “I’m around if you need anything — no pressure.”  
This creates a safety net without smothering.



 Don't: Force social interaction or push them to “get out more”.

Socialising can be exhausting and unpredictable. Pushing it can increase shutdowns or shame.

 Do: Support their preferred ways to connect

Ask: “Would texting or one-on-one time feel better than a group?”

Respecting their social needs reduces stress and increases comfort.

# Don't: Focus on fixing their neurodivergence or personality

Framing support around "normalising" them can harm self-esteem and reinforce internalised ableism.

 Do: Accept their neurotype and adapt the environment.

Help create routines, sensory-friendly spaces, or visual supports.

This tells them: “You don’t need to change — the space around you can.”

# Don't: Avoid talking about mental health, suicide, or self-harm

Avoidance can lead to shame or fear around expressing distress.

 Do: Create space for open, gentle conversation.

Ask calmly and compassionately:

“Have you been feeling safe?”

I care about you and want to support you.”

This reduces stigma and invites honesty.

# Don't: Criticise shutdowns, meltdowns, or procrastination


These are often signs of overwhelm or executive dysfunction — not laziness or defiance.

 Do: Recognise when burnout or fatigue is setting in.

Offer rest, breaks, or reduced expectations:

“You’ve been pushing hard. Would a low-demand day help?”

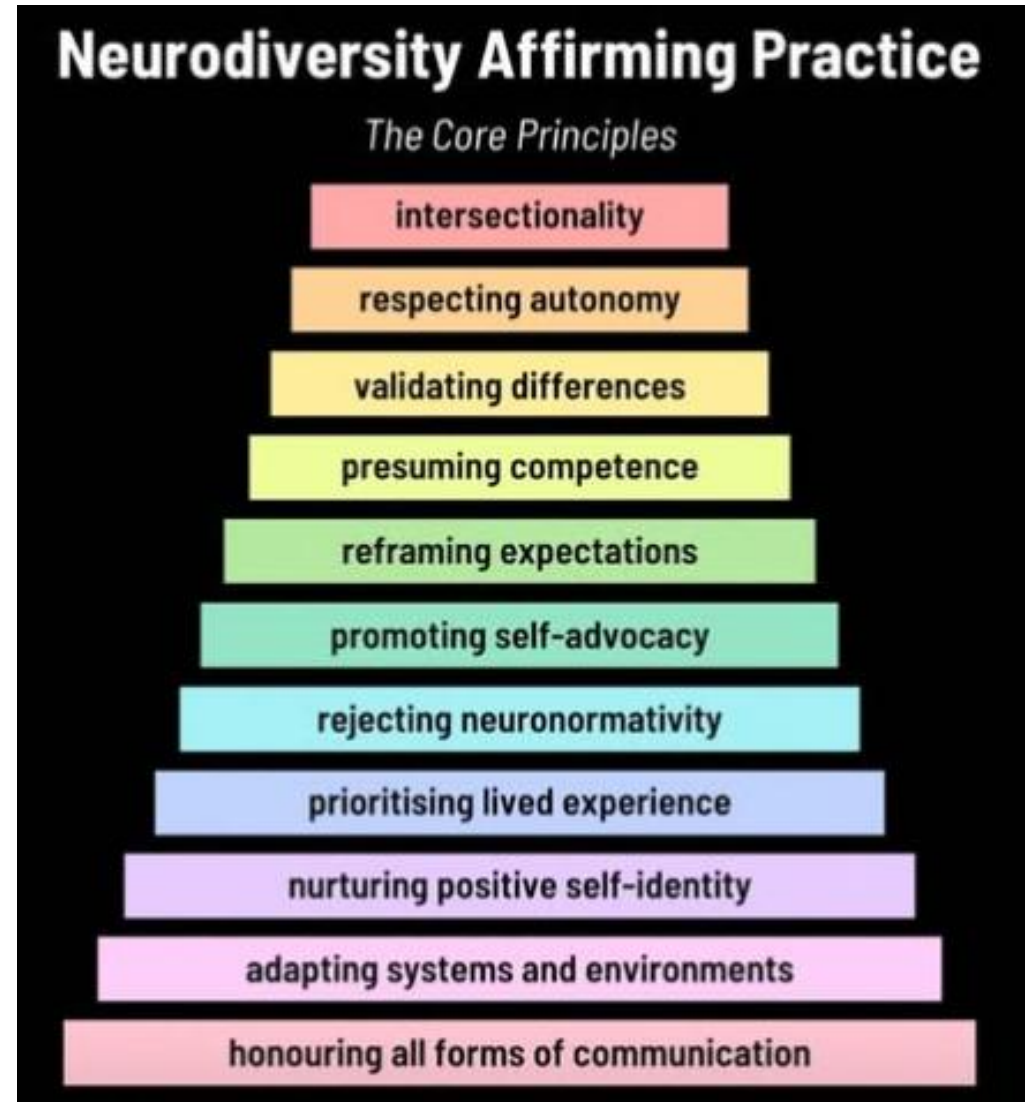
This supports recovery and resilience.

The background features a series of concentric circles in shades of blue, green, and purple. A wavy line, also in these colors, curves across the right side of the image.

**Professional supports  
which could help**

# Neurodiversity-Affirming Mental Health Care

- Seek therapists trained in neurodivergent-affirming approaches, which validate the individual's experiences and adapt treatment environments to their needs (e.g., adjusting lighting or minimizing sensory triggers).



# Compassion-focused therapy

- **Compassion-Focused Therapy (CFT)** is a psychological approach developed by **Dr. Paul Gilbert**, designed to help individuals who struggle with **shame, self-criticism, and low self-worth**, particularly those whose emotional difficulties are rooted in trauma, neglect, or harsh environments.
- **CFT in a Nutshell:** “It’s not your fault — but it is your responsibility to care for yourself.”
- CFT offers tools to do just that, by cultivating inner warmth, safety, and support.

# Trauma-Informed Practice

An approach to care that recognises the impact of trauma and aims to create environments that are safe, empowering, and supportive.

## Key Principles

- ✓ Safety
- ✓ Trustworthiness & Transparency
- ✓ Choice & Autonomy
- ✓ Collaboration
- ✓ Empowerment
- ✓ Cultural, Historical, & Gender Awareness

## Focus on

- connection before correction

## It's about

- seeing the person, not just the behaviour



# Guidance for Families: Balancing Support Without Overprotection



## Empower Independence

- Encourage self-advocacy – Support them in expressing needs and preferences in different settings



## Avoid Micromanaging

- Offer support without taking over. Encourage decision-making and problem-solving

## Recognize Distress Signs


- Learn to spot early signs of overwhelm or triggers and respond with calm, non-intrusive support

## Collaborate Rather Than Control

- Co-create routines and goals. Working together builds trust and confidence



## Avoid Stigma or Infantilization

- Treat them as capable individuals. Frame support as empowerment, not rescue.
- 



Thank you for your attention.



Question time

Email Dr Louis J Camilleri  
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