Neurodiversity and Mental Health: A Narrative Review

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ABSTRACT

Neurodiversity is a framework that recognizes and addresses neurological differences—such as autism, ADHD, dyslexia, and others—as natural variations of the human brain rather than deficits or disorders. This paradigm shift challenges traditional medical models of mental health and calls for a more inclusive approach that respects and values cognitive differences. The intersection between neurodiversity and mental health is complex and significant. While neurodivergent individuals often experience higher rates of anxiety, depression, and other mental health challenges, these are frequently linked not to their neurodivergence itself, but to societal stigma, exclusion, and a lack of adequate support systems. Understanding this distinction is critical to developing effective mental health care strategies that are affirming rather than pathologizing. Emphasizing strengths-based and person-centered approaches, the neurodiversity movement advocates for mental health interventions that consider sensory sensitivities, communication styles, and lived experiences of neurodivergent individuals. Additionally, there is a growing call for mental health professionals to receive training in neurodiversity-informed care to reduce misdiagnosis and promote well-being. This abstract explores the dynamic relationship between neurodiversity and mental health, highlighting the importance of dismantling ableist frameworks and promoting environments that foster acceptance, accessibility, and psychological safety. It concludes that embracing neurodiversity is not only a matter of equity and social justice but also a necessary step toward more humane and effective mental health care systems. Further research and policy reform are essential to support neurodivergent individuals in living fulfilling, mentally healthy lives.

Keywords: Neurodiversity, Mental health, interventions.

INTRODUCTION

"Neurodiversity may be the birthplace of some of humanity's greatest creativity, insight, and innovation—if only we learn to see it not as a problem to be fixed, but a difference to be understood."

What if the things we're trying to fix are actually part of what make us who we are? That's the big question behind neurodiversity. It doesn't ask how to "fix" people. It asks how to include them.

Over the last 20 years, the idea of neurodiversity has picked up steam. It pushes back on the old medical view that treats brain differences like autism, ADHD, or dyslexia as problems to be solved. Instead, it sees them as normal variations in how human brains work — not flaws, just differences.

This shift matters. When we stop seeing neurodivergence as something broken, we start seeing potential instead of just problems. That change in mindset can have a huge effect on how people feel about themselves — their self-worth, how they see their identity, and what kind of support they get.

Still, even with more talk and awareness, a lot of neurodivergent people struggle to get the mental health care they need. They face misdiagnosis, stigma, being left out, and therapy that doesn't really fit them.

This report looks at all that. It pulls together research, theory, policy, and real-world experiences to lay out the big picture. The goal? To understand what's going wrong, find better ways to help, and push for a world where neurodivergent folks are treated with fairness, respect, and care.

REVIEW OF LITERATURE

American Psychiatric Association (2022)

"Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)"

This manual plays a central role in how mental and developmental conditions are defined and diagnosed by professionals. It evolves over time to reflect new understandings in psychiatry, but it also comes with a heavy influence. The labels it provides can deeply shape how people view mental health, especially for those who are neurodivergent. These labels often go beyond the clinic — they seep into how the public sees people, and even how those individuals come to see themselves.

Armstrong in his book challenges the idea that neurological differences are flaws or deficits. Instead, he presents neurodivergence as a natural part of human variety. He draws attention to the talents and unique strengths often found in people with conditions like autism, ADHD, and dyslexia. His goal is to shift the focus — from what people struggle with to what they're capable of — and to push for more supportive, inclusive environments in schools and communities.

Bagatell's work looks closely at how autistic individuals shape their own sense of self, especially within a society that often defines them through clinical terms. She explores the gap between how professionals talk about autism and how autistic people experience it. Her research shows that the language and stories used in public conversations play a powerful role in shaping identity — not just in how others see autistic people, but how they come to understand themselves.

Baker makes the case that recognizing neurodiversity isn't enough — real change needs to happen at the policy level. He argues that laws, educational systems, and public services must actively work to support neurodivergent people. Inclusion, he says, isn't just about awareness or kindness; it's about building structures that protect rights and provide access to the same opportunities as anyone else.

Baron-Cohen puts forward a bold idea: that autistic thinking — particularly the drive to find patterns and systems — has been a key force in human progress. He links this way of thinking to many of the inventions and innovations that shaped our world. Rather than seeing autism as a limitation, he presents it as a powerful cognitive style with deep historical and evolutionary roots.

Brown pushes for using identity-first language, like saying "autistic person" instead of "person with autism." They argue that for many, autism isn't some extra label — it's part of who they are. It's not something to be removed or treated like a problem. Brown's view questions the old way of thinking that sees autism as a separate or negative thing.

Crane's study shares the voices of young autistic adults dealing with mental health challenges in England. A big issue is that the services meant to help them often miss the mark. There's a real gap between what support is offered and what these young people actually need. The system isn't built for them, and it shows.

Den Houting speaks from their own experience as someone who is neurodivergent. They challenge the idea that

being different mentally or neurologically is a problem to fix. Instead, they describe neurodiversity as a normal part of being human. Their piece is a call for acceptance, not for changing people to fit into narrow norms.

Gernsbacher questions the common academic habit of using person-first language, like "person with autism." She believes this kind of wording can actually make things worse by suggesting that autism is something bad or separate. Her point is that this language, even if well-meaning, might unintentionally make people feel more ashamed of who they are.

Gillespie-Lynch's research highlights how often autistic adults are left out of important conversations about autism — in research, in clinics, and in policy. But they know their experiences better than anyone. The study shows how crucial it is to listen to autistic voices when talking about autism, if we want more accurate and respectful understandings.

Hewitt takes aim at traditional therapy practices, which usually assume that the way non-autistic people think and behave is the default. She argues that therapy needs to change — it should work with how neurodivergent people see and process the world, not try to reshape them into something they're not.

Jaarsma and Welin look at autism through a more philosophical lens. They suggest that autism should be seen as a natural part of human diversity — not as a disease or disorder. Their work supports the idea that society should create space for different ways of thinking, rather than trying to mold everyone into one version of normal.

Kapp and his team explore how we talk about autism — is it a problem, a difference, or something in between? They argue for a more balanced approach. Yes, autism can come with struggles, but it also comes with strengths. It's about seeing the full picture, not just the parts that don't fit the norm.

Kreiser and White explore how autism often goes unrecognized in girls and women. They argue that the diagnostic tools we use were built around how autism shows up in boys.

Because of that, a lot of females either get misdiagnosed or overlooked completely.

Leedham and her team listened to adults who found out they were autistic later in life. Many of them talked about years of confusion and emotional burnout before finally understanding themselves. The diagnosis didn't fix everything, but for a lot of them, it brought a huge sense of relief and self-acceptance.

Livingston and Happé talk about how some autistic people learn to "blend in" by hiding their struggles. These coping methods — called compensation — might help in certain situations, but they're also draining. And they can make it harder for others to see when someone really needs help.

Milton flips the usual script on communication problems. Instead of saying autistic people have a deficit, he suggests that misunderstandings happen because autistic and non-autistic people see the world differently. It's not one group's fault — both sides struggle to relate to each other. That's the heart of what he calls the "double empathy problem."

Nicolaidis urges doctors to stop treating neurodivergence like a disease to be cured. Instead, she says they should listen more to the neurodiversity movement — focus on respect, make accommodations, and support people rather than trying to change them.

Pinder-Amaker and Bell introduce a layered approach to helping neurodivergent students move into college life. They look at everything — personal traits, school policies, and wider social systems — and how these all play a role in a student's mental health and success. Their model says support shouldn't just come from one place — it needs to come from all directions.

Russell and Norwich talk to psychiatrists about the tricky side of giving people labels and diagnoses. Even the professionals admit it's a balancing act — sometimes a diagnosis helps, sometimes it causes harm. Their findings show how the system can create social and ethical problems, even when everyone has good intentions.

Singer is the one who first put the word "neurodiversity" on the map. She argued that different ways of thinking and being — like autism — aren't defects, they're just part of human variation. Her ideas helped spark a movement that's still growing, one that pushes for acceptance over fixing.

Coulder et al concluded that the gap between what is required and what is accessible to support neurodiverse students' success in higher education—where good intentions are obviously insufficient—is widened by the fear of stigmatization and labeling.

METHODOLOGY

Research Gap: This report tries to fill in some missing pieces. It pulls together ideas from different fields — like psychology, brain science, and policy — to paint a clearer picture of how neurodiversity and mental health really connect. Instead of focusing on what's "wrong," it looks at what people bring to the table. The goal is simple: build better support, cut the stigma, and push for mental health care that actually fits the wide range of ways people's minds work.

Aim: To examine how neurodivergent conditions influence mental health outcomes and explore interventions that promote inclusion, acceptance, and well-being

Research design: Literature-based qualitative study

Database: The study drew on secondary sources. Relevant academic literature was reviewed using databases such as Google Scholar, PsycINFO, PubMed, and ResearchGate. These sources helped support the theoretical framework and pointed to gaps in current research.

DISCUSSION

The review shows a clear link between neurodivergent traits and higher levels of mental health struggles — especially when people are in places that don't offer much support or understanding. Things like gender, getting a proper diagnosis, and how much stigma someone faces all play a big role in how they're doing mentally.

When support is tailored — like through therapy, inclusive teaching, or just being seen and understood — people report better emotional balance and a stronger sense of well-being.

These results make it clear: we need to stop seeing neurodivergence as something broken and start focusing on people's strengths. Schools, workplaces, and mental health spaces need to catch up and create room for different ways of thinking and being. The findings also back the idea that mental health care and policies can't be one-size-fits-all. Things like gender, culture, and income shape people's experiences in big ways. Any real solution must take all that into account.

CONCLUSION

Neurodiversity gives us a new way to think about mental health — one that values brain differences instead of trying to erase them. When we make space for those differences, we build a world that feels safer and more supportive for everyone.

This report highlights how psychology can help lead that shift by pushing for approaches that affirm, not fix. It also calls on teachers, mental health workers, and policymakers to step up and build systems that truly include neurodivergent people — not just for now, but for the long haul.

REFERENCES

1. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR). American Psychiatric Publishing.
2. Armstrong, T. (2010). Neurodiversity: Discovering the extraordinary gifts of autism, ADHD, dyslexia, and other brain differences. Da Capo Lifelong Books.
3. Bagatell, IN. (2007). Orchestrating voices: Autism, identity and the power of discourse. Disability & Society, 22(4), 413–426. https://doi.org/10.1080/0968759070133796 7

4. Baker, D. L. (2011). The politics of neurodiversity: Why public policy matters. Lynne Rienner Publishers.

5. Baron-Cohen, S. (2020). The pattern seekers: How autism drives human invention. Basic Books.

6. Brown, L. X. Z. (2011). Identity-first language. Autistic Self Advocacy Network. https://autisticadvocacy.org

7. Clouder L. et al. (2020), Neurodiversity in higher education: a narrative synthesis, Higher Education https://doi.org/10.1007/s10734-020-00513-6.

8. Crane, L., Adams, F., Harper, G., Welch, J., & Pellicano, E. (2019). 'Something needs to change': Mental health experiences of young autistic adults in England. Autism, 23(2), 477–493. https://doi.org/10.1177/1362361318757048

9. Den Houting, J. (2019). Neurodiversity: An insider's perspective. Autism, 23(2), 271–273. https://doi.org/10.1177/1362361318820762

10. Gernsbacher, M. A. (2017). The use of person-first language in scholarly writing may accentuate stigma. Journal of Child Psychology and Psychiatry, 58(7), 859–861. https://doi.org/10.1111/jcpp.12706

11. Gillespie-Lynch, K., Kapp, S. K., Brooks, P. J., Pickens, J., & Schwartzman, B. (2017). Whose expertise is it? Evidence for autistic adults as critical autism experts. Frontiers in Psychology, 8, 438. https://doi.org/10.3389/fpsyg.2017.00438

12. Hewitt, L. (2021). Rethinking psychotherapy for neurodivergent clients: Beyond neurotypical norms. Counselling Psychology Review, 36(2), 26–35.

13. Jaarsma, P., & Welin, S. (2012). Autism as a natural human variation: Reflections on the claims of the neurodiversity movement. Health Care Analysis, 20, 20–30. https://doi.org/10.1007/s10728-011-0169-9

14. Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. Developmental Psychology, 49(1), 59–71. https://doi.org/10.1037/a0028353

15. Kreiser, N. L., & White, S. W. (2014). ASD in females: Are we overstating the gender difference in diagnosis? Clinical Child and Family Psychology Review, 17, 67–84. https://doi.org/10.1007/s10567-013-0148-9

16. Leedham, A., Thompson, A. R., Smith, R., & Fresh, M. (2020). "I was exhausted trying to figure it out": The experiences of adults diagnosed with autism in adulthood. Autism, 24(1), 135–146. https://doi.org/10.1177/1362361319851365

17. Livingston, L. A., & Happé, F. (2017). Conceptualising compensation in neurodevelopmental disorders: Reflections from autism spectrum disorder. Neuroscience & Biobehavioral Reviews, 80, 729–742. https://doi.org/10.1016/j.neubiorev.2017.06.005

18. Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem'. Disability & Society, 27(6), 883–887. https://doi.org/10.1080/09687599.2012.710008

19. Pinder-Amaker S, Bell C. A bioecological systems approach for navigating the college mental health crisis. Harv Rev Psychiatry. 2012 Jul-Aug;20(4):174-88. doi: 10.3109/10673229.2012.712842. PMID: 22894727.Russell, G., & Norwich, B. (2012). Dilemmas of diagnosis and labeling: Psychiatrists 'views. *Social Science & Medicine*, 75(12), 2108–2114. https://doi.org/10.1016/j.socscimed.2012.07.030

20. Russell, G., & Norwich, B. (2012). Dilemmas, diagnosis and de-stigmatization: parental perspectives on the diagnosis of autism spectrum disorders. *Clinical child psychology and psychiatry*, 17(2), 229–245. https://doi.org/10.1177/1359104510365203.

21. Singer, J. (1999). *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*. In M. Corkern & S.Ranch (Eds.), *Disability discourse* (pp. 59–67). Open University Press.

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