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Access to mental health services

Throughout our inquiry we have heard about the importance of co-production. To what extent are people with lived experience of neurodivergence or neurodevelopmental conditions involved in the development and delivery of neurodevelopmental services? How could this be improved?

They are being involved more in the process with coproduction boards for research, but more could be done. Greater understanding what this means and how it can be properly enacted is important.

I think we could also be learning more from neurodivergent professionals who have dual experiences, and I don't think we have considered this.

Working with neurodivergent people at the creation of services and getting feedback at all stages of service delivery.

We need to be careful to gain an understanding with people who are truly finding services difficult to access without diagnoses but with higher risk of mental health and neurodiversity e.g. in substance misuse services, homeless, in care, parents of children and young people who have been excluded.

Awareness and understanding

We have heard concerns about levels of awareness and understanding of neurodivergent conditions among the education, mental health and wider workforce. How could the development and delivery of training could be improved? Are there particular parts of the workforce, or elements of training that should be prioritised?

Avoid siloed learning. Deliver some uniform content via e-learning that is consistent in the language used and evidence based.

There remains a bias on awareness relating more to autism and other conditions such as developmental language disorder (DLD), DCD, ADHD, Tics are not considered as much. This results in people not understanding the high levels of co-occurrence between these other conditions with autism and with each other.

If this is not undertaken, we have a challenge of not delivering a person-centred approach to care.

Training and awareness needs to be with all agencies that have higher rates of neurodivergence but may not traditionally recognise this for a lasting impact. In education it is especially important in children at risk of exclusion and already working in alternative provisions. In addition, social services, General Practice, youth working, with police and housing where people 'fall out' of services.

We have also heard that there needs to be greater public awareness and understanding of neurodiversity and neurodivergent conditions. What could be done to encourage a cultural shift in society towards 'e_m_b_r_a_c_i_n_g' _n_e_u_r_o_d_i_v_e_r_s_i_t_y_?

Ensuring there is a unified approach working with a range of charities from across Wales/UK to ensure that there is cohesive involvement.

Positive models of success from all parts of society to show what can be achieved with the right support. I think it's important to not show neurodiversity is all wonderful for everyone and that there are no challenges, so discussing solutions to some of the challenges but also seeing that everyone also has strengths and discussing these.

Reducing the misinformation about conditions associated with Neurodiversity.

Discussing that all people are different and have strengths and challenges.

Campaigns in schools will filter out to parents too and will change understanding from a young age e.g., ADHD Foundation Umbrella campaign has been wonderful.

All Wales Embracing Neurodiversity Day could be good to do as well as a focus.

Parents sharing ideas on how to support their children.

Using social media can be an effective way to do this.

Welsh Government policy

Is there a sufficiently joined-up approach within Welsh Government to deliver the improvements and outcomes needed for people with neurodivergent conditions? If not, what needs to change?

CAMHS and Childrens Paediatric services need to work more closely together delivering neurodiversity/neurodisability services.

Improved transition planning for adults who are known to be neurodivergent services

Neurodiversity adult services across Wales.

Neurodiversity needs to sit in health because of the impact on mental and physical health and needs to be seen more in the way Diabetes is considered as a lifelong multisystem condition.

T4CYP has been an excellent model to get services to work more closely and needs continuing to allow for further development and to grow the relationships that have started.

Need an upstream approach working with parents and providing support pre-diagnosis so they can have assistance and guidance and not waiting on waiting lists with no help at all. This is where working with education and health can pay dividends and stem the flow to neurodiversity services.