

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

MHI 97

**Ymateb gan: Llaw yn Llaw at Blant a Phobl Ifanc (T4CYP) | Response from:
Together for Children and Young People (T4CYP)**



Mental Health Inequalities and Links to ND
Prepared by Together for Children and Young People (2) Programme: Dr
Catherine Norton and Deb Austin

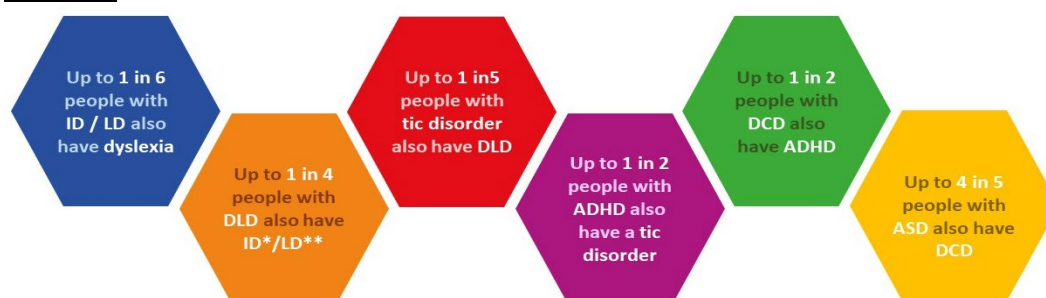
Defining neurodiversity, neurodivergence and neurodevelopmental conditions

- If neurodiversity is the natural state of variation in how we think and function within a population then neurodivergence is that difference expressed in an individual.
- Neurodiversity is a viewpoint that brain differences are normal, rather than deficits.
- Neurodivergent people experience, interact with, and interpret the world in unique ways.
- This concept can help reduce stigma around learning and thinking differences.
- Neurodevelopmental conditions are the diagnostic categories when we consider these differences using a medical or categorical model.

What are Neurodevelopmental Differences?

Autism	learning or intellectual disability	dyslexia or specific learning difficulties
attention hyperactivity disorder or ADHD	tics	developmental co-ordination disorder or dyspraxia
	developmental language disorder	

Neurodevelopmental conditions are not distinct from each other and typically overlap



The evidence suggests that up to 1 in 5 of the population may be neurodivergent.

Inequalities with regard to Neurodiversity

Inequalities - A Basic Briefing

Health Inequalities

Differences in the status of peoples' health

- Health status, for example, life expectancy
- Access to care, for example, availability of given services
- Quality and experience of care, for example, levels of patient satisfaction
- Behavioural risks to health, for example, smoking rates

- Wider determinants of health, for example, quality of housing.

Typically consider factors but also consider how they may combine and interact

Intersectionality

- Socio economic factors such as Income
- Geography-rural or urban
- 9 Protected characteristics -includes disability referenced here in context of Neurodivergence impacting on day to day activities
- Social inclusion - e.g. impact if you are homeless

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

When reviewing the evidence it became clear that limited report reference neurodiversity or neurodivergence. This does not mean that inequalities do not exist, more that we have to consider the language that we use and the impact of intersectionality.

Impact of Intersectionality is critical when considering the Neurodivergent community

Assessing differences in prevalence of Mental illness in relation to the aforementioned factors is complex, this has been confirmed by multiple authors commenting on differences in reporting and recording. This complexity is amplified when you could consider intersectionality and again, when you consider the impact of the pandemic and subsequent economic challenges.

Perhaps because of this complexity broader reports on inequalities in mental health make little or no mention of neurodiversity as a specific factor although the overarching protected characteristic “disability” or a specific diagnosis such as Autism may be referenced.

In 2019-20 in England, disabled people experienced poorer recovery outcomes in Improving Access to Psychological Therapies (IAPT) services than non-disabled people. The report also noted barriers related to transportation cost of access and less satisfaction with care. Advancing mental health equalities strategy NHS England 2020 (Appendix 1)

However, there is a lot of evidence about the different factors that will contribute to this situation. There is evidence about the impact on mental health of the other factors that will definitely intersect with the one in five of the population who are neurodivergent - this is a complex picture for which we would propose a systemic response. We note however that evidencing benefit from systemic actions requires a long time horizon and is not straightforward

Healthier Wales midpoint evaluation September 2020 OB3 research

Recommendation 1-Projects lack the systems and processes to capture data and evidence of outcomes impacts and difference made that will ultimately be required to present a business case for future sustainable funding.

The 2014 Adult Psychiatric Morbidity Survey published in 2014 by NHS England found that women in England were more likely than men to report experiencing a common mental health disorder, with 19 per cent of women reporting symptoms compared to 12 per cent of men.

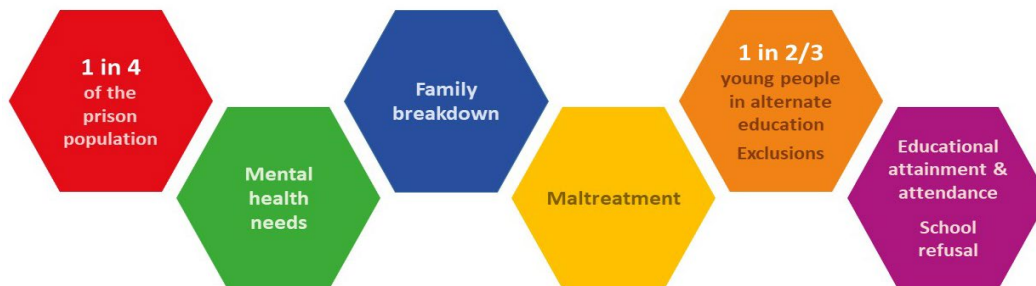
The same Adult Psychiatric Morbidity Survey also showed disparities in mental ill-health by ethnicity in England.

For example, rates of psychotic disorder experienced by Black men (3.2 per cent) and Asian men (1.3 per cent) were higher than among white men (0.3 per cent), although for women no significant difference by ethnicity was observed.

Several socially excluded groups have been shown to experience higher rates of mental ill-health than the general population. For example, more than 80 per cent of people experiencing homelessness report having a mental health difficulty, and in 2019 people in this group were 14 times more likely than those in the general population to die by suicide. Asylum seekers and refugees are also at increased risk of experiencing depression, post-traumatic stress disorder and other anxiety disorders.

There is also substantial evidence of ethnic differences in pathways into psychiatric care across England. For example, in 2018/19, rates of detention under the Mental Health Act among the Black or Black British group were more than four times higher than the white group. In addition, access to mental health services through general practice has been found to be less likely for people in the Black group compared to people in the white group. This has been linked in part to higher rates of serious mental illness in this group as well as to racism and discrimination within services. Ethnic Inequalities and pathways to care in psychosis in England; a systematic review and meta-analysis. Halvosrud et al BMC 223 (2018)

The way we currently support neurodevelopmental conditions has an enormous impact on individuals and on society



We will now summarise some of the key references that evidence the impact of neurodivergence on specific outcomes. This evidence is relevant when considering inequalities that may result in terms of access to resource and lifetime opportunity for individuals who are neurodivergent.

Impact on Mental Health and Suicide

EHWB

Andrea Sandstrom et al - Prevalence of attention-deficit/hyperactivity disorder in people with mood disorders:

- A systematic review and meta-analysis.
- Attention-deficit/hyperactivity disorder (ADHD) in mood disorders is associated with unfavorable outcomes, including more frequent mood episodes, and increased risk of suicide.
- The reported prevalence of ADHD in individuals with mood disorders varies widely.
- People with mood disorders are at a significant risk for ADHD.
- ADHD should be assessed and treated in individuals with BD and MDD.
- Comprehensive assessment strategies are needed to address challenges of diagnosing ADHD alongside mood disorders.
- The prevalence of ADHD within the psychiatric population can be as high as 20%.
- In three quarters of patients, ADHD goes hand in hand with one or more other psychiatric disorders.
- (Kooji 2013)

Chen et al 2018 stated *“The top three comorbidities of adult ADHD were all psychiatric conditions, namely, SUD, depression, and anxiety, with the most common condition being anxiety in females and SUD in males.”*

EHWB Mortality ADHD

Studies have shown that there is a higher rate of mortality associated with people with a diagnosis of ADHD.

The mortality rate per 10,000 person-years was 5.85 amongst individuals with ADHD, compared to 2.21 in those without

Danish national registers, standardised for calendar year, age, sex, family history of psychiatric disorders, maternal/paternal age, parent education and employment status.

Accidents and unnatural deaths are the most common cause of mortality in people with a diagnosis of ADHD accounting for 77.8% of unnatural deaths, 42/54 individuals with ADHD who died from unnatural causes.

Dalgaard et al 2015 The Lancet 2015; 385:9983, p2190-2196.

Mortality in children, adolescents, and adults with attention deficit hyperactivity disorder: a nationwide cohort study.
We found a significant association between ADHD and suicidal attempts (2.37, 95% CI = 1.64-3.43; $I^2 = 98.21$), suicidal ideations (3.53, 2.94-4.25; $I^2 = 73.73$), suicidal plans (4.54, 2.46-8.37; $I^2 = 0$), and completed suicide (6.69, 3.24-17.39; $I^2 = 87.53$).
Septier M et al *Neurosci Biobehav rev* 2019 103:109-118 DOI 10.1016/j.neubiorev.2019.05.022
Suicidality - Chen et al 2014 showed an 11% reduction in Suicidality with stimulant treatment *BMJ* 2014;348:g3769
Drug treatment for attention-deficit/hyperactivity disorder and suicidal behaviour: register based study

EHWB ASD

Autism and mood disorder discrepancy between social motivation/social comm-leading to loneliness and mood disorder
Social emotional determinants of depressive symptoms in adolescents and adults with autism; a systematic review
Isaac Smith, Susan W White Autism 2000 Vol 24 (4) 995-1010.

Many adolescents and adults with autism spectrum disorder experience difficulty with symptoms of depression. These symptoms can contribute to poor quality of life and lack of independence for adolescents and adults.

Our goals in conducting this study were
(1) to examine whether depression may be associated with symptoms that are common among people with ASD, such as loneliness or poor social motivation;
(2) to determine whether people with ASD experience depression in a different way than the general population;
(3) to add to other recent studies that have examined how common depression is in autism spectrum disorder and how it is typically measured.

Our study reviewed 48 papers on this topic.
A substantial proportion of people with autism spectrum disorder experience significant symptoms of depression. We related our results to social factors commonly studied in this field (i.e. social motivation) and proposed a new model for the development of depression in this population.

EHWB Mortality ASD

Do people with autism have higher rates of suicide attempt and suicide compared with people without ASD?
Kolves et al *JAMA Network open* 2021
Danish Cohort study - 3-fold higher rates after adjusting for sex age and time. Comorbidity a major risk factor.

Prospective birth cohort study showed an association between social communication impairment, suicidal thoughts, planning and self-harm in adolescence but not with ASD/Suicide due to limited statistical power.
Camm-Crosbie L "People like me don't get support "
Autistic adults' experiences of support and treatment for mental health difficulties *Autism* 2019 ;23 (6): 1431-1441

Higher suicide rates in Sweden among those with ASD
Hirvikoski T Individual risk and family liability for suicide attempt and suicide in autism; a population based study *Psychol Med* 2020;50 (9) 1463-1474

Higher suicide rates in females with ASD - concern regarding impact of delayed diagnosis
Kolves and two other studies (Hirivovski and Jager Hyman)

Five reviews reported the prevalence of suicidal ideation and attempts, ranging from 10.9% to 66% and 1% to 35%, (Hannon and Taylor, 2013; Hedley and Uljarević, 2018; Richa et al., 2014; Segers and Rawana, 2014; Zahid and Uptegrove, 2017).

For example, Segers and Rawana found 10.9% to 50% of the ASD populations had suicidality (Segers and Rawana, 2014), whereas Richa and colleagues found the prevalence of suicidal attempts ranged from 7.2% to 15% among participants with ASD

In another review, Hannon and Taylor reported a high burden of suicidal behaviour co-occurring in ASD, where 31.6% and 40% prevalence rates of suicidal attempt were found among participants with a history of physical and sexual abuse, respectively (Hannon and Taylor, 2013)

Impact on Education and Offending

Education and Opportunity

John et al., Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK, *The Lancet Psychiatry*, Volume 9, Issue 1, 2022, Pages 23-34, ISSN 2215-0366, [https://doi.org/10.1016/S2215-0366\(21\)00367-9](https://doi.org/10.1016/S2215-0366(21)00367-9)

School absence and exclusion is associated with range of poor outcomes later in life- educational attainment, employment, and poverty

Children and young people with neurodiversity, mental health diagnoses, substance use and self-harm recorded in health records up to age 24 were more likely to miss school than peers even after adjusting for age, sex, and deprivation.

The likelihood of being absent or excluded increased with deprivation for pupils with a record of any of ADHD, ASD, learning difficulties, conduct disorder, depression, anxiety, eating disorders, drug or alcohol misuse or self-harm.

The effect is likely bi-directional. Absences and exclusions are a potential indicator for current/ future poor mental health.

Education and Opportunity Exclusion

Why were they excluded?

Children are excluded from school for a variety of reasons. In 2016/17, the most common reasons for school exclusion were persistent disruptive behaviour, physical assault against a pupil and physical assault against an adult.

In 2016/17 36% of permanent exclusions were for persistent disruptive behaviour.

Department for Education (2018) Permanent and fixed period exclusions in England: 2016 to 2017. London, UK: Department for Education.

Children with special educational needs are 7 x more likely to be excluded, Children in care, from Gypsy, roma and traveller backgrounds and /or in receipt of free school meals are 4-5 x more likely to be excluded.

Timpson E (2019) Timpson review of school exclusion. London, UK: Department for Education

WG reports on attendance in maintained schools but does not specifically reference ND

Pupils entitled to free school meals are less likely to attend school- on average a gap of 6% Welsh parliament CYPE Committee, Pupil absence Engagement findings June 2022

- Transition after Pandemic
- Impact of online learning
- Missed key transitions-year6-7
- Changes to friendship groups
- Impact of Bullying
- Increase in illness (also chronic pain/fatigue)
- Identified ALN-exacerbated by disruption, online learning
- Absence was related to likely ALN-perceived barrier to assessment or support
- Known/likely neurodivergence and increasing levels of distress post pandemic

- Anxiety- separation, social and emergent Mental health needs

Education & Opportunity Absence

There were particular frustrations amongst parents of children with additional learning needs, where many felt their school had not listened to their concerns about neurodivergence and had not supported assessments or referrals.

Similar to the waiting lists for mental health services, parents felt this was causing unnecessary, prolonged periods of absence as the problems were not being addressed.

“There is a clear gap once you are out of the school and getting the support you need, in terms of both medical and educational support.”

The low level interventions were really good but once my daughter was unable to go to school at all, there is nothing happening until she can be seen by the other services.

The waiting lists for everything are just huge and in the meantime she is spiralling.”

“Everything seems very fragmented at the moment. I’ve been left feeling that I have to try and work out what the problem is, ask for an assessment but am then refused.

I received 3 rejections in one day from CAMHS, Educational psychology and the paediatrician. I had built my hopes up to get answers but was then turned down.”

Welsh parliament CYPE Committee, Pupil absence Engagement findings June 2022

Criminal Justice System

Themes

- Prevalence within prison population of ADHD and DLD
- Impact of Co Morbidity
- Cost
- Impact on repeat offending
- Impact of recognition and treatment

Prevalence

An estimated 25% of offenders have ADHD according to the roundtable- ref from Young et al ADHD in the prison system

Current psychiatry reports 2019 Jun 2;21 (6):41 Young, S., & Cocallis, K. (2019). ADHD in the Prison System.

A study of Danish Registry data showed that those diagnosed with ADHD were 2x more likely to be convicted of a criminal offence and 3x more likely to be incarcerated.

The prevalence of ADHD within the criminal justice system is well documented; the pooled prevalence of ADHD is 25.5%.

The pooled studies incorporated data from 42 studies from around the World; there was no significant difference between the international data collated (Young et al 2018) Young et al BMC Psychiatry. 2018 Jun 25;18(1):210.

The economic consequences of attention-deficit hyperactivity disorder in the Scottish prison system Mohr-Jensen and Steinhausen’s 2016 meta-analysis and systematic review identified “that the estimated risks of arrests, convictions, and incarcerations in individuals with childhood ADHD compared to controls were two to three-fold higher. Most studies supported that age at first antisocial involvement was lower, and that the risk of recidivism was higher among cases with childhood ADHD.

The most frequent offenses leading to arrest, conviction, or incarcerations were theft and assault. These findings highlight that having ADHD in childhood confers a substantial risk for antisocial outcomes later in life.”

Criminal Justice System Impact of Treatment

Impact of treatment

A study in Sweden highlighted the reduced risk of criminality when patients with a diagnosis of ADHD are treated with ADHD medications. The study involved 25,656 patients with a diagnosis of ADHD; 37% of males and 15% of females had committed at least one criminal offence. When treated

with ADHD medication, a reduction in criminal behaviour was noted in 32% of the males and 41% of the females.

(Lichtenstein et al 2012 N Eng J Med 2012 Nov 22;367(21) 2006-14)

However, we need to recognize ADHD to treat it

One study found that only 18.8% of individuals who were diagnosed in the study with ADHD had been previously identified by a health professional and that only 15.6% had received pharmacological treatment for their symptoms. Young et al 2016

Likewise, another study found that only two out of 30 prisoners with ADHD had been diagnosed in childhood .Eme et al 2013

Criminal Justice System Cost

Young et al 2018 The economic consequences of attention deficit hyperactivity disorder in the Scottish prison system examined “the relationship between ADHD and health-related quality of life (HRQoL) and quality-adjusted life years (QALY) amongst imprisoned adults; and to estimate the annual expenditure associated with ADHD status in prison”.

It concluded “ADHD may directly contribute to adverse health and quality of life through cognitive and executive function deficits, and co-morbid disorders.

The extrapolation of conservative cost estimates suggests that the financial burden of medical and behaviour-related prison care for inmates with ADHD in the UK is approximately £11.7 million annually.

The reported cost estimates are conservative as there is great variability in recorded critical incidents in prisons. In turn, for some prison establishments the prison care costs associated with prisoners with ADHD may be considerably greater.”

Prisoners with ADHD demonstrate incremental vulnerability due to comorbid psychiatric disorders, neurodevelopmental disorders and traumatic brain injury.

Compared with prisoners without ADHD, prisoners with ADHD become involved in the criminal justice system at a younger age and have higher rates of recidivism in adulthood- Susan Young et al.

Impact on Family Functioning & Safeguarding

Family Function

Parental Employment and Earnings

Typical research on the cost of childhood autism has been restricted primarily to studying direct costs (money outlays) incurred by publicly and privately funded service systems.

Cidav et al estimate the economic impact on the family and examines indirect costs to families in the form of parental labour market productivity losses.

On average, mothers of children with ASD earn 35% (\$7189) less than the mothers of children with another health limitation and 56% (\$14 755) less than the mothers of children with no health limitation.

They are 6% less likely to be employed and work 7 hours less per week, on average, than mothers of children with no health limitation. There were no statistically significant differences in fathers' labour market outcomes across 3 groups.

On average, children with ASD are 9% less likely to have both parents working. Family earnings of children with ASD are 21% (\$10 416) less than those of children with another health limitation and 28% (\$17 763) less than those of children with no health limitation.

Family weekly hours of work are an average of 5 hours less than those of children with no health limitation.

Families of children with ASD face significant economic burden

The impact on family functioning was frequently reported by all stakeholders with themes relating to access to support and advice, financial impact, parent emotional and mental health, impact on relationships and experience of conflict.

Defining crisis in families of individuals with autism spectrum disorders. Weiss et al. Autism. 20014 nov;18(8) 985-995

The subjective experience of 155 mothers of children diagnosed with ASD. Thematic analysis suggests that crisis is characterised by demands, internal capabilities, external resources and subjective appraisal. A better understanding of what crisis means to families can help inform service development.

Family functioning, psychological distress and wellbeing in parents with a child having ADHD. Moen et al. Jan 2016 Sage open Journals

A longitudinal study of the relation between family functioning and preschool ADHD symptoms. Breaux et al. J Clin Child Adolescent Psychol. 2019. One of a variety of studies looking at bidirectional issues in families, a theme that needs to be addressed in a balanced and considered manner.

Safeguarding concerns

Reflection on discussion within both the national clinical and steering groups relating to awareness of safeguarding and patterns of need that may identify risk and need for early support and intervention.

Factors that may delay or prevent action,

- Optimism- doing their best, hoping for improvement
- Diagnostic Overlay- Signs or indicators of possible abuse are attributed to a disability/medical condition & remain unexplored
- Reluctance to challenge-lacking confidence or alternative approach?
- Losing site of the child
- Making assumptions about the credibility of the child or assuming action cannot occur without a verbal disclosure
- Tolerance of abuse due to disability - verbal interaction, overmedicating, inappropriate restraint, www.autism.org.uk/safeguarding

Children with disabilities are more likely to experience abuse than non-disabled children, yet the abuse is less likely to be reported.

Miller et al 2014 We have the right to be safe. Protecting disabled children from abuse NSPCC.

Compounding inequality intersectional factors that will further impact on neurodivergent individuals

Gender Bias and Inequalities

National Expert Consensus Statement published in Journal - Frontiers of Psychiatry March 2021

' Failing in Healthcare by NHS for ADHD in the UK' and a similar study published in 2020 on the gender bias and health inequalities for women and girls with ADHD

- the majority of who are overlooked and never referred because of the persistent misconceptions and stigma deriving from enduring myths about ADHD being about 'naught fidgety boys' and delinquency.'

Women who are undiagnosed with ADHD will be at increased risk of recurrent depression in adult life

Disparity between genders being diagnosed with ADHD i.e. girls with the inattentive subtype not being identified and leading to higher incidence of mental health inequalities. (Young et al 2020)

Higher suicide rates in females with ASD - concern regarding impact of delayed diagnosis

Kolves and two other studies (Hirivovski and Jager Hyman)

A Wales Child & Adolescent Mental Health Services (CAMHS) survey conducted by Parents Voices and the ADHD Foundation in 2020 showed that around 65% of those entering CAMHS were neurodivergent

Impact on BAME and LGBTQ+ Community

National Autistic Society

Diverse perspectives: the challenges for families affected by autism from Black, Asian and Minority Ethnic communities (2014)

Why are so many BAME autistic people not getting the support they need?

Our research so far (NAS)

We wanted to find out some of the key reasons why BAME autistic people are not receiving appropriate support or struggling to get a diagnosis. To help us do this, we asked BAME autistic people and their families about their needs and experiences and to consider the role that ethnicity, faith and language could play in this.

Five key themes came out of these discussions:

- **Challenges getting a diagnosis** - some participants considered levels of understanding of autism to be lower in their communities, which may have delayed a diagnosis. Others said that teachers can fail to spot characteristics of autism due to incorrect assumptions about a child's behaviour or language abilities.
- **Barriers to accessing support services** - parents talked about challenges understanding autism and knowing what services are available due to information often only being available in English, few translation services and professionals' use of jargon.
- **Communication problems with professionals** - some families said they didn't feel confident dealing with professionals, or they felt professionals could be patronising or lacking in cultural understanding. Others said some people from BAME communities could hold suspicious attitudes towards professionals and authorities.
- **Awareness and understanding of autism within communities** - close communities can be an important source of support for people, but many participants reported coming across judgemental attitudes. Our charity was told that disability can be stigmatised in certain communities and sometimes blamed on parents. While some participants emphasised that their faith gave them strength, others spoke about a lack of support from faith groups and at places of worship.
- **Denial and isolation** - some families said they initially refused to acknowledge that their child was autistic. Others believed that their child's difficulties should remain private and not be discussed outside the home. Along with feelings of blame and shame, many said that these issues could lead to parents, carers and siblings missing out on support and becoming socially isolated.

Kings Fund Report:

Existing evidence suggests that inequalities in various types of mental ill-health exist across a range of protected characteristics, including sexual orientation, disability, sex and ethnicity.

People in the United Kingdom who identify as lesbian, gay, bisexual or transgender (LGBT), for example, experience higher rates of poor mental ill-health and lower wellbeing than those who do not identify as LGBT.

Inequality among lesbian gay bisexual and transgender groups in the UK: a review of evidence. Hudson Sharp et al July 2016 NIESR

COVID Impact

Covid-19 has had an unequal impact on different population groups and has exacerbated existing health inequalities

This relationship is seen across the four factors that influence inequality.

The true impact will reflect the intersectional nature of these factors.

With specific reference to Disability within the Kings Fund report focus was on Mortality, access to health care and impact on backlog waiting lists with no specific reference to ND

Health inequalities are also likely to be exacerbated by growing disparities in the wider determinants of health linked in part to the pandemic, including around education, unemployment and financial insecurity.
Protecting the mental wellbeing of our future generations; learning from covid-19 for the long term.

Edmonds, N., Morgan, L., Thomas, H.A., Fletcher, M., Parry Williams, L., Evans, L., Green, LL., Azam, S., Bellis, M.A. (2022)

Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term.

A Mental Wellbeing Impact Assessment Approach. Main Findings Report. Public Health Wales NHS Trust.

The prevalence of probable mental disorder in young people has increased significantly between 2017 and 2020, and between 2017 and 2021, however, it is not clear how much of this increase is linked to the pandemic itself, and there was not a significant increase between 2020 and 2021 (NHS Digital 2018, 2020, 2021). This is English data, no comparable data for Wales Children and Young People with a Probable Mental Disorder in 2017 and 2021

6-16 year olds 11.6 % 2017 rising to 17.4% in 2021

17-19 year olds 10.1% in 2017 rising to 17.4% in 2021

The percentage reporting a deterioration in mental health also increasing.

Prior to the pandemic children with ALN had higher rates of mental disorder (NHS Digital, 2018).

Parental stress and rates of emotional, behavioural and attentional symptoms in children aged 4 -16 with ALN have been observed as being significantly higher across the time period of the pandemic with less recovery since the end of the 2021 lockdown compared to average rates (Creswell et al., 2021; Skripkauskaite et al., 2021).

Longitudinal data indicates that rates of mental disorder have increased between 2017 -2021 for young people with special educational needs (NHS Digital, 2021).

In a cross-sectional survey of Canadian children and adolescents, those with Autistic Spectrum (ASD) diagnoses were reported to have the greatest deterioration in depression, irritability, attention, and hyperactivity.

The authors suggest that this may be due to several factors, including the termination of school-based services (including therapeutic services) for children with ASD, in conjunction with challenges associated with online learning, the closure of respite care services, and disruptions to daily routines (Cost et al., 2021)

Conclusions

Themes	Recommendations
Intersectionality compounds inequality and is highly relevant to the ND community	Complexity requires systemic response (see reference 1 below)
Economic, societal and personal impact significant	Consistent language and philosophy- Biopsychosocial model- do not polarise to medical or social models (see reference 2 below)
In the right situation early intervention, family support, targeted therapy and pharmacology can make a difference	Early access to support and intervention and align with NYTH / NEST Framework (see reference 3 below)
	Access to medical, pharmacological and therapeutic treatment where appropriate-

	systemic pathways across health, education and social care
--	---

References for recommendations:

1. <https://embracingcomplexity.org.uk>
2. The British Journal of Psychiatry , Volume 168 , Issue S30: Comorbidity of Mood Disorders , June 1996 , pp. 44 - 49
DOI: <https://doi.org/10.1192/S0007125000298401> J Ment Health Policy Econ. 2011 Dec;14(4):197-200.
Dimensional approaches to psychiatric diagnosis in DSM-5 William E Narrow, Emily A Kuhl
3. The NEST Framework - NHS Wales Health Collaborative