Hope Therapy
& Counselling

A PRACTICAL GUIDE

Understanding Neurodiversity & Mental Health

How being neurodivergent intersects with emotional wellbeing — and how to thrive

Hope Therapy & Counselling Services

hopefulminds.co.uk

What's Inside

About This Guide

This guide is written for neurodivergent people, those exploring whether they might be neurodivergent, and those who love, support, or work with them.

It approaches neurodivergence as a difference — not a deficit — while taking seriously the very real challenges that can arise from navigating a world not always designed for neurodivergent minds.

If you'd like to speak with someone who understands neurodivergent experience, a free 15-minute consultation is available at hopefulminds.co.uk

1 What Is Neurodiversity?

A different brain, not a broken one

The term neurodiversity refers to the natural variation in how human brains work and process information. Just as there is no single 'correct' body type, there is no single correct neurological profile.

Neurodivergent describes people whose neurological development and functioning differs significantly from what is considered typical. This includes people with ADHD, autism, dyslexia, dyspraxia, dyscalculia, Tourette syndrome, and related profiles. Neurotypical describes people whose neurology aligns more closely with what society considers the norm.

The neurodiversity paradigm recognises that neurodivergent minds are not defective versions of neurotypical ones. They are different — with genuine strengths as well as genuine challenges. The difficulties that neurodivergent people experience are often substantially worsened by environments and systems designed exclusively for neurotypical people.

How common is neurodivergence?

Estimates vary, but research suggests that around 15–20% of the population is neurodivergent in some way. ADHD affects approximately 5–8% of adults; autism around 1–2%; dyslexia around 10%; dyspraxia around 5%. Many people are multiply neurodivergent, with overlapping profiles.

"Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general." — Harvey Blume

The strengths of neurodivergent minds

- • Hyperfocus: the ability to concentrate intensely on subjects of interest
- • Creative, lateral, and pattern-based thinking
- • Strong visual-spatial reasoning
- • High empathy and sensitivity
- • Attention to detail and ability to spot patterns others miss
- • Authenticity and directness in communication
- • Passion, persistence, and deep expertise in areas of interest
- • Ability to think differently and challenge conventional approaches

2 ADHD: Understanding Attention & Energy

Much more than difficulty concentrating

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by differences in attention regulation, impulse control, and executive function. The name is somewhat misleading: ADHD is not simply about having a short attention span. It is about having a brain with a different relationship to interest, motivation, and self-regulation.

Executive function differences

Difficulty with planning, organising, prioritising, time management, initiating tasks, and shifting between activities. These are not laziness or poor character — they are neurological differences in how the prefrontal cortex functions.

Interest-based nervous system

ADHD brains are regulated by interest, challenge, novelty, urgency, and passion rather than by importance or deadlines. This explains why someone can hyperfocus on something fascinating for hours but cannot begin a routine task despite intending to.

Emotional dysregulation

Intense emotional responses, difficulty managing frustration, rejection sensitivity dysphoria (intense emotional pain at perceived criticism or rejection), and rapid emotional shifts. This is one of the most impactful but least discussed aspects of ADHD.

Sleep difficulties

Many people with ADHD experience delayed sleep onset, difficulty winding down, and disrupted sleep — partly due to a delayed circadian rhythm and a brain that remains active long into the night.

Working memory challenges

Difficulty holding information in mind while using it: losing track of what you were saying, forgetting why you entered a room, or losing important information before it reaches long-term memory.

Hyperactivity and restlessness

In some people, physical restlessness; in others (particularly in women and girls), an internal restlessness — a mind that cannot stop, a sense of inner impatience even when outwardly still.

ADHD is significantly underdiagnosed in women, girls, and people of colour, who often present differently from the hyperactive young white boy that dominated early research. Many women with ADHD are diagnosed for the first time in adulthood — often after decades of being told they are disorganised, emotional, or 'not trying hard enough'.

3 Autism: Understanding a Different Way of Being

A different social and sensory world

Autism is a neurodevelopmental condition characterised by differences in social communication, sensory processing, and ways of thinking and experiencing the world. Autism is a spectrum — not a line from 'mild' to 'severe', but a multidimensional range of experiences, strengths, and support needs.

Modern understanding of autism has moved away from deficit-based models toward recognising it as a different but valid neurological profile. Many autistic people describe their autism as a fundamental part of who they are — not a disease to be cured.

Different social communication

Differences in reading social cues, interpreting non-literal language, understanding unspoken rules, and navigating neurotypical social norms. This is not a lack of empathy — many autistic people experience profound empathy, but express and process it differently.

Monotropism and special interests

A tendency toward deep, intense focus on specific areas of interest. These passions can be a source of great joy, expertise, and connection — and are a core feature of autistic experience, not a symptom to be managed.

Sensory differences

Hyper- or hyposensitivity to sensory input: light, sound, texture, smell, taste, temperature, or proprioception. The sensory world of an autistic person can be significantly more intense or differently organised than that of a neurotypical person.

Need for predictability and routine

Changes in routine, unexpected transitions, and uncertainty can be genuinely distressing. This reflects a nervous system that relies on predictability for regulation — not inflexibility or obstinacy.

Alexithymia

Many autistic people experience difficulty identifying and naming their own emotions. This can make self-care and therapy more complex, and is often misread as a lack of emotional experience.

Autistic burnout

A state of profound exhaustion, withdrawal, and reduced functioning that results from sustained masking and overload. Often misdiagnosed as depression. Requires rest and reduction of demands, not increased effort.

Autism in women, girls, and non-binary people is consistently underidentified. Many autistic women are diagnosed with anxiety, depression, or personality disorders before their autism is recognised. If you have always felt fundamentally different, struggled socially despite trying hard, or found the world overwhelming in ways others don't seem to — an autism assessment may be worth exploring.

4 Dyslexia, Dyspraxia & Other Profiles

Dyslexia

A specific learning difference affecting reading, writing, and spelling. Dyslexia reflects a different way of processing language — not a measure of intelligence. Many dyslexic people have strong visual-spatial thinking, creativity, and problem-solving abilities. It affects around 10% of the population.

Dyspraxia (Developmental Coordination Disorder)

Differences in motor coordination, spatial awareness, and processing speed that affect movement, organisation, and everyday tasks. Often accompanied by difficulties with time management, sequencing, and sensory processing. Frequently co-occurs with ADHD and dyslexia.

Dyscalculia

A specific learning difference affecting numerical processing and mathematical reasoning. Often overlooked compared to dyslexia. Affects the ability to understand number sense, patterns, and mathematical concepts, with impacts on financial management, timekeeping, and daily tasks involving numbers.

Tourette Syndrome

A neurological condition characterised by motor and vocal tics. Often significantly misrepresented in popular culture. Tourette's frequently co-occurs with ADHD and OCD, and many people experience significant anxiety and shame related to the social impact of tics.

PDA (Pathological Demand Avoidance)

A profile within the autism spectrum characterised by an extreme avoidance of everyday demands, driven by high anxiety. PDA is still gaining recognition in clinical settings — but for those who live with it, it is a significant and often misunderstood experience.

Multiple profiles

Neurodivergent conditions frequently co-occur. ADHD and autism together are common. Dyslexia, dyspraxia, and ADHD frequently overlap. Many people have complex, intersecting profiles that do not fit neatly into a single diagnostic box — and this is normal.

5 Neurodivergence & Mental Health: The Intersection

Neurodivergent people experience significantly higher rates of anxiety, depression, burnout, and other mental health challenges than the neurotypical population. Understanding why is crucial — because the causes are often different from what drives these conditions in neurotypical people, and so the most helpful support is different too.

Chronic misfit stress

Living in a world designed for neurotypical minds — in education, work, social environments — creates ongoing stress and exhaustion. The cumulative weight of constantly adapting to an environment that does not naturally fit is a major driver of mental health difficulties.

Misdiagnosis and missed diagnosis

ADHD is frequently misdiagnosed as anxiety, depression, or bipolar disorder. Autism in women is frequently misdiagnosed as personality disorder, social anxiety, or depression. Treatment for the wrong condition is ineffective at best and harmful at worst.

Emotional dysregulation

Both ADHD and autism involve significant emotional regulation differences that are often pathologised as mood disorders. Understanding these as neurological features — rather than moral failures — changes the approach to support entirely.

Shame and internalised deficit

Many neurodivergent people have spent years being told they are lazy, difficult, dramatic, or not trying hard enough. This internalised shame drives anxiety, low self-worth, and depression that require their own specific therapeutic attention.

Masking and burnout

The chronic effort of suppressing neurodivergent traits to appear neurotypical is profoundly exhausting and is directly associated with anxiety, depression, and autistic burnout. See Section 6.

Sensory and sleep challenges

Sensory overload and sleep difficulties — both common in neurodivergent conditions — directly worsen mental health. Addressing these as part of wellbeing support is essential.

> If you are neurodivergent and struggling with your mental health, it matters enormously that your support understands both dimensions. Generic therapy without neurodivergent awareness can sometimes make things worse — for example, by pushing social skills development that increases masking, or by not understanding why standard CBT techniques may need adaptation.

6 Masking: The Hidden Cost of Fitting In

Why pretending to be neurotypical is so exhausting

Masking — also called camouflaging — is the process of suppressing, hiding, or compensating for neurodivergent traits in order to appear neurotypical. It is extraordinarily common among neurodivergent people, particularly those who were not diagnosed in childhood.

Masking can be conscious or unconscious. It includes rehearsing conversations in advance, copying the social behaviour of others, suppressing stims, forcing eye contact, and working constantly to decode social situations that neurotypical people navigate intuitively.

Profound exhaustion

Masking requires enormous cognitive and emotional effort. Many neurodivergent people are exhausted simply from the effort of getting through an ordinary day in a way that looks unremarkable to others.

Loss of self

Years of masking can lead to profound confusion about who you actually are underneath the performance. Many people receive a diagnosis and realise they have no idea what their unmasked self looks or feels like.

Delayed diagnosis

Effective masking means neurodivergent traits are less visible to others — including clinicians. This is a major reason why many neurodivergent people are not identified until adulthood.

Autistic burnout

The eventual collapse of the capacity to mask: profound withdrawal, loss of functioning, and deep exhaustion that can last weeks or months.

Anxiety and depression

The chronic effort of masking, combined with the fear of being 'found out', drives significant anxiety. The inauthenticity of sustained masking also contributes to depression and emptiness.

Difficulty in relationships

When you are always performing rather than being, genuine intimacy becomes very difficult. Many neurodivergent people feel they cannot be fully known by others because they have never fully unmasked.

Towards unmasking

Unmasking is not an overnight process. For many people it requires safe environments, affirming relationships, and professional support. The goal is not total removal of all social adaptation — some social adjustment is natural for everyone. It is the recovery of genuine selfhood: knowing who you are, and having spaces where you can exist without performance.

7 Late Diagnosis: A Life Reframed

When the pieces finally fit

Receiving a diagnosis of ADHD, autism, or another neurodivergent condition in adulthood — or coming to self-recognition without a formal diagnosis — can be a profoundly life-changing experience.

Relief

Finally having an explanation for experiences that never made sense. A framework that makes everything click. 'I'm not lazy, broken, or difficult. My brain just works differently.'

Grief

Grief for the years spent struggling without understanding why. Grief for the support that might have been available earlier. Grief for the person you might have become with different circumstances.

Anger

Anger at systems that missed the diagnosis. Anger at people who misunderstood, dismissed, or blamed. Anger at having internalised their judgements for so long.

Identity questions

'Is this really me, or is it the ADHD?' 'How much of my personality is autistic?' These are real and important questions that often benefit from therapeutic exploration.

Empowerment

Understanding your neurodivergence enables you to seek appropriate support, make accommodations that genuinely help, and stop trying to fix things that were never broken.

Community

Finding others with the same neurological profile — often for the first time — and experiencing genuine recognition and belonging is profoundly healing for many people.

You do not need a formal diagnosis to recognise yourself as neurodivergent or to access support. Self-identification is valid. That said, a formal diagnosis — where accessible — can open doors to accommodations, legal protections, and a clearer understanding of your specific profile.

8 Neurodivergence in Relationships

Neurodivergence affects relationships in complex ways — both the challenges it brings and the misunderstandings it can create. With understanding, many of these can be navigated successfully.

Communication differences

Neurodivergent people may communicate more directly, literally, or differently from neurotypical norms. What reads as bluntness or rudeness is often simply a different communication style. Understanding these differences — in both directions — transforms relationship dynamics.

Rejection sensitive dysphoria

Many ADHD and autistic people experience RSD — intense emotional pain in response to perceived criticism, rejection, or failure. This can significantly affect relationships: hyperreactivity to feedback, people-pleasing, avoidance of vulnerability, or shutting down when conflict arises.

Different emotional processing

Both autistic and ADHD people may process emotions more intensely, more slowly, or differently from neurotypical partners. This is not a lack of care — it is a different timeline and style of emotional processing that partners can learn to understand.

Energy and capacity

Neurodivergent people often have less available capacity for social interaction and relationship maintenance after managing the demands of the day. This can be misread as disinterest or withdrawal. Open communication about energy and needs is essential.

Neurodiverse couples

When one partner is neurodivergent and one is not, specific dynamics often emerge. Couples therapy with a neurodiversity-informed therapist can help both partners understand each other more deeply and build communication that works for both.

Chosen relationships

Many neurodivergent people find deep belonging in LGBTQIA+ communities, in unconventional relationship structures, or in friendships and communities built around shared interests rather than social proximity. All of these are valid and worthy of support.

9 Neurodivergence at Work

Thriving in environments not built for you

Common workplace challenges

- • Open plan offices and sensory overload
- • Inconsistent or poorly structured tasks and instructions
- • Neurotypical social norms and unwritten rules
- • Time management, deadlines, and transitions between tasks
- • Meetings and verbal instructions without written follow-up
- • Difficulty with multi-step processes or organisational systems
- • Managing the gap between intellectual ability and consistent performance
- • Fear of disclosure and the risk of being treated differently

Your rights at work

In the UK, neurodivergent conditions including ADHD, autism, dyslexia, and dyspraxia are recognised as disabilities under the Equality Act 2010 when they have a substantial and long-term impact on daily activities. This means employers have a legal duty to make reasonable adjustments.

Written instructions and agendas

Providing written follow-up to verbal instructions, agendas before meetings, and clear written briefs for tasks.

Flexible working arrangements

Remote working, flexible hours, or quieter working spaces to reduce sensory overload and manage energy more effectively.

Extended deadlines or task modifications

More time for tasks requiring sustained focus, or restructuring of responsibilities to play to strengths.

Assistive technology

Text-to-speech software, noise-cancelling headphones, apps for task management, or other tools that reduce friction.

Regular check-ins

More frequent structured feedback and support from managers, rather than annual reviews.

Access to Work

The UK Government's Access to Work scheme can fund specialist equipment, support workers, and other adjustments. Explore at: gov.uk/access-to-work

10 Self-Help Strategies for Neurodivergent Wellbeing

Working with your brain, not against it

The most effective strategies for neurodivergent wellbeing are those that work with your neurological profile rather than fighting against it. What works brilliantly for a neurotypical person may be actively unhelpful for a neurodivergent one — and vice versa.

Managing Executive Function & ADHD

1 Body Doubling

- Work alongside another person (in person or virtually) to maintain focus
- The mere presence of another person activates the ADHD nervous system
- Online body doubling communities (like Focusmate) make this accessible anytime

Why it works: The ADHD brain is regulated by interest and social engagement; body doubling provides the activation needed to begin and sustain tasks.

2 External Structure and Prompts

- Use external tools to replace the internal organisation the ADHD brain struggles with
- Timers, alarms, visual schedules, phone reminders, and written lists
- Put important things in visual sight rather than trusting memory

Why it works: Externalising structure reduces the cognitive load on an already-stretched working memory.

3 Interest-Based Task Design

- Connect tasks to interest, novelty, challenge, or urgency wherever possible
- Break larger tasks into smaller, more immediately rewarding chunks
- Pair boring tasks with something stimulating: music, podcasts, walking

Why it works: ADHD brains respond to interest-based motivation rather than importance-based motivation.

Managing Sensory & Regulation Needs

4 Identifying and Managing Sensory Triggers

- Map your sensory sensitivities: what environments, textures, sounds, or situations are most dysregulating?
- Build in regular sensory breaks during demanding days
- Use accommodations without apology: ear defenders, sunglasses, weighted blankets, or noise-cancelling headphones

Why it works: Reducing sensory load preserves capacity for everything else.

5 Stimming as Regulation

- Stimming (self-stimulatory behaviour: rocking, fidgeting, tapping, humming) is a natural regulatory tool
- Rather than suppressing stims, find forms that work in your context
- Fidget tools, doodling, walking meetings, or background music can all serve this function

Why it works: Stimming regulates the nervous system and should be supported rather than eliminated.

6 Recovery Time

- Build deliberate recovery time into demanding days and weeks
- After high-demand social or sensory situations, plan low-demand time
- Treat this as non-negotiable rather than optional — it is maintenance, not laziness

Why it works: Neurodivergent nervous systems often require more recovery time than neurotypical ones after equivalent demands.

Managing Mental Health

7 Separating Neurodivergence from Mental Health

- Learn to distinguish between what is a feature of your neurodivergence and what is a mental health difficulty on top of it
- For example: emotional dysregulation is a feature of ADHD; persistent hopelessness is depression
- This distinction matters for how you respond and what support you seek

8 Challenging Internalised Deficit

- Notice the internal critic that labels your neurodivergent traits as failures
- Ask: is this actually a problem, or is it a mismatch between my brain and an environment?
- Reframe: not 'I can't finish things' but 'I work better on shorter cycles with clear rewards'

Why it works: Internalised shame drives significant mental health difficulties in neurodivergent people and can be directly addressed.

9 Community and Representation

- Seek out neurodivergent communities, content creators, and voices
- Hearing 'me too' from others with similar profiles is profoundly validating and reduces isolation
- Online communities can be particularly accessible for those who find in-person socialising demanding

Why it works: Isolation and shame are among the most harmful aspects of unrecognised neurodivergence; community directly counteracts both.

11 Self-Assessment Checklist

This checklist is not a diagnostic tool. Only a qualified professional can assess and diagnose neurodivergent conditions. However, it can help you identify patterns worth exploring further — either with a professional or through self-reflection.

Attention, focus & executive function

- ☐ I struggle to sustain attention on tasks that don't genuinely interest me
- ☐ I find starting tasks very difficult, even when I know I need to do them
- ☐ I lose track of time, regularly run late, or underestimate how long things take
- ☐ I have a strong tendency to hyperfocus on things I find interesting
- ☐ I frequently lose things, forget appointments, or miss important details
- ☐ I find it hard to organise tasks, prioritise, or plan multi-step activities
- ☐ My working memory often lets me down — forgetting mid-sentence or mid-task

Social, communication & sensory

- ☐ I find social situations draining in a way others don't seem to
- ☐ I have always felt fundamentally different from other people, even when I couldn't explain why
- ☐ I take language literally and sometimes miss sarcasm, jokes, or implicit meanings
- ☐ I am very sensitive to certain sounds, textures, lights, or smells
- ☐ I find unwritten social rules confusing or exhausting to navigate
- ☐ I have specific, intense interests that I can focus on for hours
- ☐ I find changes in routine or unexpected events disproportionately stressful
- ☐ I need time alone to recover after social situations

Emotional regulation & mental health

- ☐ I experience emotions very intensely, often more so than others around me
- ☐ I am highly sensitive to perceived criticism or rejection
- ☐ I struggle significantly with anxiety, depression, or burnout
- ☐ I feel exhausted by the effort of appearing 'normal' in everyday life
- ☐ I have been diagnosed with mental health conditions that never quite felt like the full picture
- ☐ I often mask or hide aspects of myself to fit in

☐ I have difficulty identifying what I am feeling in the moment

Would neurodiversity-informed therapy help?

At Hope Therapy we offer support that truly understands neurodivergent experience.

- Book a free 15-minute consultation: calendly.com/hopetherapy/15-minute-consultation
- Visit: www.hopefulminds.co.uk

12 Reflection Exercises

Getting to know your own mind. Take your time — there are no right or wrong answers.

Exercise 1: Your Neurodivergent Profile

What aspects of how your mind works have always set you apart from others?

What are the genuine strengths of how your brain works?

What are the areas of greatest difficulty or challenge for you?

Exercise 2: Masking & Authenticity

In what situations do you mask most — and what does that cost you?

Where in your life do you feel most able to be your unmasked self?

What would more unmasked living look like for you?

Exercise 3: What You Need

What conditions help you function and feel well? (Environment, routine, relationships, work)

What do you most need from the people around you that you are not currently getting?

What is one thing you could change in your life to better accommodate your neurodivergent needs?

13 Seeking Diagnosis & Support in the UK

If you believe you may be neurodivergent and have not been assessed, understanding your options for diagnosis or support is a valuable next step. The landscape can be confusing — this section provides a clear overview.

NHS routes

You can ask your GP for a referral for ADHD or autism assessment. NHS waiting times for adult ADHD and autism assessments are currently very long in many areas (often 2–5 years). Your GP can also refer to community mental health teams where appropriate.

Private assessment

Private assessment is significantly faster (typically weeks to months) but involves cost. It is worth researching practitioners carefully: look for psychologists or psychiatrists who specialise in adult neurodivergent assessment and have relevant professional registrations. A private diagnosis carries the same legal weight as an NHS one.

Useful UK organisations

- • ADHD UK — Information, support, and resources for adults with ADHD. adhduk.co.uk
- • ADHD Foundation — Neurodiversity charity offering resources, training, and support. adhdawareness.org
- • Autistic UK — Autistic-led organisation providing community and resources. autisticuk.org
- • National Autistic Society — Information, support, and advocacy for autistic people and families. autism.org.uk
- • British Dyslexia Association — Information and support for dyslexic people. bdadyslexia.org.uk
- • Dyspraxia Foundation — Support for people with dyspraxia and related conditions. dyspraxiafoundation.org.uk
- • Right to Choose — Under the NHS Right to Choose scheme, some patients can access private ADHD assessment at NHS cost. Ask your GP for details.

14 How Therapy Can Help

Neurodivergent-affirming professional support

Therapy for neurodivergent people is most effective when the therapist genuinely understands neurodivergence — not just in theory, but in the specific ways it shapes a person's experience of themselves, others, and the world. At Hope Therapy, we work with neurodivergent clients with genuine understanding and without pathologising.

Person-Centred Counselling

Provides a safe, fully accepting space to explore your experience at your own pace and in your own way. For many neurodivergent people — particularly those who have spent years masking — the experience of being fully accepted without needing to perform or adapt is itself profoundly therapeutic.

CBT — Adapted for Neurodivergent Clients

Standard CBT can be adapted significantly for neurodivergent people. This includes working with the internalised shame and deficit narratives that drive anxiety and depression, addressing rejection sensitivity, and developing strategies that work with neurodivergent executive function rather than against it.

EMDR

Particularly valuable for neurodivergent people who have experienced trauma — including the accumulated trauma of growing up unrecognised, being misunderstood, experiencing bullying or rejection, or living for years with an unexplained sense of being fundamentally wrong.

Hypnotherapy

Can be effective in addressing deeply held internalised beliefs about inadequacy, failure, or not being enough that are common among neurodivergent people with long histories of struggle. Works with the subconscious patterns that drive anxiety, perfectionism, and chronic self-criticism.

Couples & Family Therapy

When neurodivergence affects relationships, neurodiverse-aware couples or family therapy can help all parties understand each other more deeply and build communication strategies that genuinely work for everyone.

Sessions are confidential. There are limited circumstances where this may need to change — for example, if there is a serious risk of harm — and your therapist will explain these clearly at the outset.

NCPS Organisational Membership covers our counselling and psychotherapy services. Hypnotherapy is offered by qualified practitioners and is not covered by our NCPS membership.

Support That Works With Your Brain

When you're ready, a free 15-minute conversation is a good place to start.

No commitment. No pressure. Just a chance to explore whether we can help.

Book Your Free 15-Minute Consultation

calendly.com/hopetherapy/15-minute-consultation

Or visit us at: www.hopefulminds.co.uk

- ✓ Individual counselling, CBT, EMDR and hypnotherapy for neurodivergent clients
- ✓ Therapists with genuine understanding of ADHD, autism, and related profiles
- ✓ Support for internalised shame, masking, burnout, anxiety, and depression
- ✓ Neurodiverse-aware couples and family therapy
- ✓ Affirming support for LGBTQIA+ neurodivergent clients
- ✓ Online sessions nationwide and face-to-face in selected locations

Hope Therapy does not provide crisis support or emergency services. In crisis: Samaritans 116 123 · SHOUT text 85258 · 999

This resource is for informational purposes only. It is not a diagnostic tool and does not constitute professional advice or therapy.