

Neurodiversity in Suicide Prevention

A lived experience introduction

Maxine Frances Roper



@MaxineFrances

Maxine Frances Roper

- NSPA Lived Experience Influencer.
- Freelance writer and copywriter.

- Neurodivergent (Dyspraxia & ADHD).
- Twice bereaved by suicide.



https://supportaftersuicide.org.uk/resource/finding-the-words/



Neurodiversity

The idea that people are different from each other in how they think, learn and process information.

Judy Singer.

Australian Sociologist.

Neurodivergent

Someone who thinks, learns and processes information differently to most people, leading to a pattern of both profound strengths and profound challenges.

Numeracy. (DYSCALCULIA)

Reading and Spelling.
(DYSLEXIA/LANGUAGE
DIFFICULTIES)

OFTEN STRENGTHS

- Long-term memory.
- Imagination.
- Loyalty.
- Empathy.

OFTEN CHALLENGES

- Short-term memory.
- Difficulty coping without structure.
- Low selfesteem.

Attention,
Concentration.
Short-term Memory.
(ADHD
Predominantly
Inattentive type.
Used to be called
ADD)

+ Hyperactivity and Impulsivity.
(ADHD Combined type)

Social and Communication. (AUTISM)

Types of Neurdodivergence

- Older adults (25+) are less likely to have been recognised in childhood. Adult diagnosis is often hard to obtain & not matched by support.
- Neurodivergence is underrecognised in women and minority groups.
- Most neurodivergent people have more than one type, but only one diagnosis. More needs = less support!

Motor and Visual-Spatial. (DYSPRAXIA/DCD)

Unsupported Neurodivergence Can Lead To:

- **Difficulty in work or education** Uneven ability = unfulfilled potential.
- Anxiety and depression. Often clinically moderate, but chronic.
- Increased risk of addiction or being around addicts, especially ADHD.







- Increased likelihood of suicidal feelings or being around others with suicidal feelings.
- Intensified grief. Due to negative life experience & intensified feelings.

What we need from suicide prevention

Visibility Understanding of how neurodivergence can impact both mental health and grief.

Challenges to myths, stigma and stereotypes

- Neurodivergence is seen as a trauma response & not a reason.
- Self-diagnosis or private diagnosis are often the only option, but often dismissed.

More data & more joined-up thinking

- The diagnosis or support you get depends too much on who you see, rather than the needs you have.
- Data is sparse & mostly for single conditions, leading to support gaps, especially for multiply neurodivergent people.

Supporting Neurodivergent people with Lived Experience

- Actively recruit us and ask and listen to what we need.
- Support hybrid and flexible working for all.
- Be sensitive in group work. Avoid putting people on the spot, emphasise only sharing what & when feels comfortable.
- Support people with short-term memory difficulties, by minimising paperwork and re-enforcing important information.
- Remember Neurodivergence isn't just autism. It's also ADHD, dyspraxia and dyslexia.