

# Evaluating the Feedback of Neuro-Inclusive and Experience-Driven Teaching in Psychiatric Education



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## Background

- Mental health stigma affects both patients and healthcare professionals.
- Neurodivergent diagnoses are not exempt from this stigma.<sup>1</sup>
- Undergraduate training is a key period for shaping attitudes to mental illness.
- Neuro-inclusive teaching uses lived experience to reduce stigma.<sup>2</sup>
- A 1-hour lived-experience session was added to the City St George's 4th-year Paediatrics placement
- Delivered within a 2-hour Neurodiversity workshop

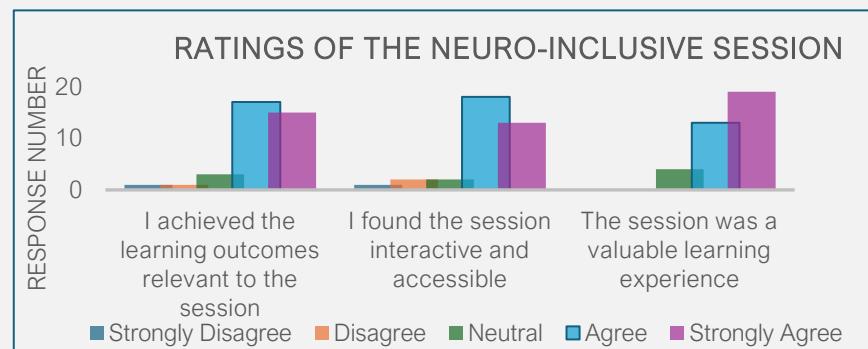
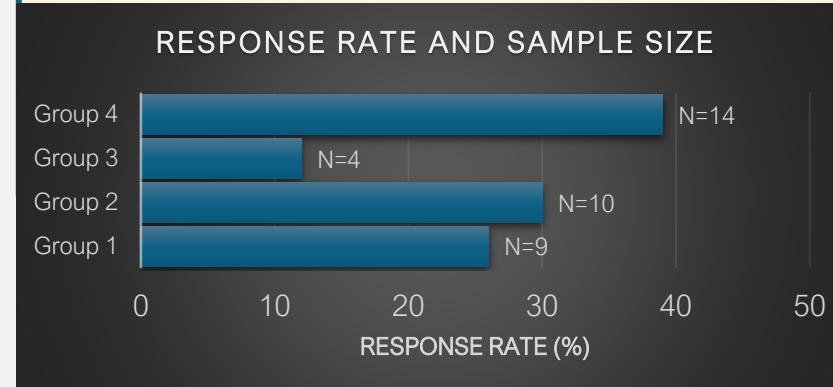
## Aims and Hypothesis

- This project evaluates the educational impact of a neurodiversity themed lived-experience webinar on student understanding of Autism and Attention Deficit Hyperactivity Disorder (ADHD).
- We hypothesise that integrating neurodivergent perspectives enhances learning and reduces stigma.

## Methods

- Analysed routinely collected, anonymised student feedback from four workshops (July–November 2025)
- Data included participant demographics and Likert-scale ratings of learning outcomes, interactivity, and educational value
- A free-text question captured key take-home messages

## Results



## Qualitative Analysis: Thematic Analysis

| THEMES                  | CODE   |
|-------------------------|--|
| Student takeaways       | Early presentation is crucial                    |
|                         | HCP's must be adaptable                          |
|                         | Management is holistic and progressive           |
| Student self-evaluation | Flexibility                                      |
|                         | Open mindedness                                  |
|                         | Communication                                    |
| Student Satisfaction    | Well Taught                                      |
|                         | Preference of live sessions                      |
|                         | Abrupt neuro-inclusive session topic integration |

|                              | QUANTITATIVE ANALYSIS |        |          |          | NON PARAMETRIC QUANTITATIVE ANALYSIS |              | DICOTOMOUS TESTING |         |
|------------------------------|-----------------------|--------|----------|----------|--------------------------------------|--------------|--------------------|---------|
| Variable                     | Mean                  | Median | Skewness | Kurtosis | Kruskal-Wallis                       | p-value      | Chi-squared value  | p-value |
| Achieved Learning Outcomes   | 1.19                  | 1.00   | -1.573   | 3.443    | 7.203                                | <b>0.066</b> | 2.61               | 0.457   |
| Interactive Session          | 1.11                  | 1.00   | -1.504   | 2.757    | 5.657                                | 0.130        | 4.94               | 0.176   |
| Valuable Learning Experience | 1.42                  | 2.00   | -0.781   | -0.506   | 3.536                                | 0.316        | 2.89               | 0.408   |

Based on Likert-scale responses recoded numerically on a scale ranging from -2 to +2, where -2 represented 'Strongly Disagree', -1 represented 'Disagree', 0 represented 'Neutral', +1 represented 'Agree', and +2 represented 'Strongly Agree'.

- **High agreement** that learning outcomes were met (negative skew; strong clustering)
- Sessions rated **highly interactive and accessible**.
- Perceived value showed a **broader distribution**, suggesting varied personal impact.
- **No statistically significant** differences between cohorts.

## Conclusion

- Interpretation is limited by small and unequal group sizes.
- Additional research is needed.
- Lived-experience teaching is highly valued by students.
- Promotes reflection, neurodiversity awareness, and stigma reduction.
- Integration into psychiatric curricula may enhance knowledge and attitudes, reinforcing neuro-inclusive education