MARCH 2024| ISSUE 2

NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER

Neurodiversity Week 18 - 24 March 2024

The views expressed by writers in this newsletter are their own and do not necessarily reflect those of the College.

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Neurodiversity Week 18 - 24 March 2024

IN THIS ISSUE

Save the dates

Royal College of Psychiatrists Neurodevelopmental Psychiatry Special Interest Group
Summer Conference

Wednesday, 5 June 2024
Online

Royal College of Psychiatrists Intellectual Disability Faculty Meeting - Joint with RCPsych NDP SIG

Friday, 26 April 2024
Face to face

https://www.rcpsych.ac.uk/members/special-interest-groups/neurodevelopmental-psychiatry/events

EDITOR'S WELCOME

HELLO NEURODIVERSITY WEEK

by Sana Fatima

It is our pleasure to launch the second edition of our newsletter. Slowly but surely we are working towards improving RCPsych Neurodevelopmental Psychiatry SIGs media profile. We are happy to annouce that our Twitter (now X) account now live @RCPsychNDP - please feel free to connect !

This unique edition is crafted with a broad focus on the themes around Neurodiversity - in anticipation of Neurodiversity Week, a cherished period to honor and embrace the varied richness of the human mind.

As psychiatrists, our approach to neurodevelopmental disorders often leans toward the medical perspective. However, as the concept of Neurodiversity continues to evolve, it's also becoming increasingly evident that this conceptualisation holds significant value in nuanced understanding of neurodevelopmental conditions and their diverse range of manifestation.

'Neurodiversity' reminds us that differences in brain function and behavior are not only natural but also essential components of our collective human experience. Whether it's autism, ADHD, dyslexia, or other neurodevelopmental conditions, each brings with it a unique set of strengths, perspectives, and talents that enrich our society in profound ways.

This Neurodiversity Week, we have the opportunity to shine a spotlight on Neurodiversity and how it is relevant to us as psychiatrists, as clinicians, as learners, and as educators. We aim to foster a greater understanding and appreciation for the diverse ways in which minds can work and thrive.

But our commitment to neurodiversity extends far beyond this week. For us all, it is a year-round endeavour; one that requires us to challenge stereotypes, break down barriers, and create inclusive spaces where everyone feels valued and respected for who they are.

EDITOR'S WELCOME

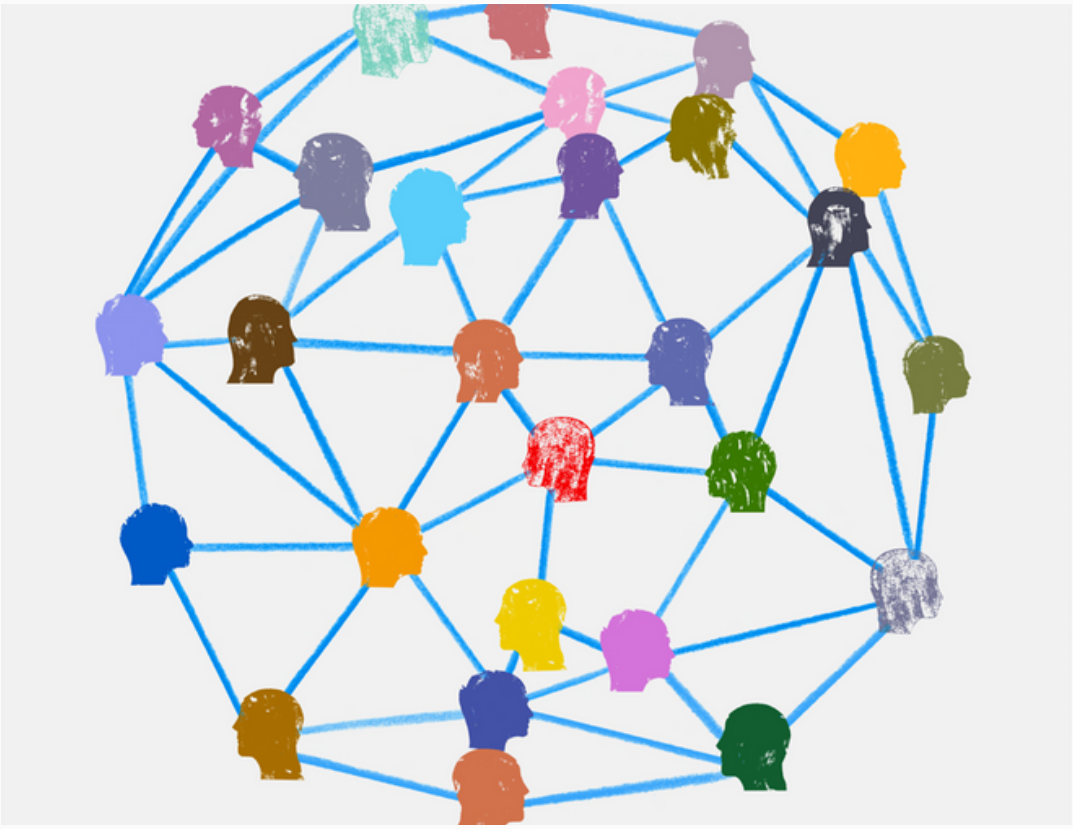
HELLO NEURODIVERSITY WEEK

by Sana Fatima

As we did in our previous edition for x-mas, this time I encourage you to take a moment to reflect on the importance of neurodiversity in our lives and communities and celebrate the unique talents and contributions of neurodivergent individuals, both our service users, our colleagues and perhaps many of us, who ourselves are neurodiverse.

We express our heartfelt appreciation for your engagement and shared dedication to neurodevelopmental psychiatry. Your support and active participation are invaluable as we strive to embrace diversity, foster a more profound and genuine comprehension of inclusivity, advocate for acceptance, and champion inclusivity for all individuals, both within the domain of neurodevelopmental disorders and beyond..

Dr. Sana Fatima
ST6 General Adult Psychiatry
with a very special interest in rehab, forensics and neurodevelopmental psychiatry
IT lead for RCPsych Neurodevelopmental Psychiatry SIG



FROM THE CHAIR

THE YEAR SO FAR AND WHAT'S AHEAD

by Peter Carpenter

The year advances and it is good to see the days lengthening. I hope the poor weather has not been disastrous for you! For me it has just snowed in Bristol – the first time this year and on the second day of spring!

It is only 2 months since I last wrote but things have happened! The first is that we are in the midst of advertising for the new post of ADHD Champion. We hope to have interviews in April and the person in post by the start of May.

The new Champion will take up post at a time when the ADHD psychiatric services are under unprecedented pressure, with waiting lists for specialist services reaching nonsensical and meaningless numbers. How to deal with this is likely to involve questions of prioritisation of referrals, who can diagnose, and who reviews medication at a time when all primary and mental health services are under extreme strain. There are College initiatives however, with the General Adult Psychiatry Faculty starting to explore what is appropriate training in ADHD for its psychiatrists. Like Autism, all psychiatric services are likely to see patients who also have undiagnosed ADHD, and need to be able to recognise and manage it.

In addition the next iteration of the National Autism Training Programme for Psychiatrists is about to start, again free for attendees. The funding for this will be running out and the college with the NDPSIG needs to consider how to continue the training in the future, given the work put into producing material for the current courses.

As this may be my last newsletter as Chair, I feel it worth reminding myself what the SIG has achieved and helped initiate in the last few years. We now have a national community of practice for clinicians who work with Autistic people.We have the training course for Autism and as such the basis for accreditation courses for psychiatrists.We have managed to boost the role of Neurodevelopmental conditions in the revised curricula, and the College is about to produce a position statement on Autism. We now need to develop ADHD and other Neurodevelopmental Conditions in a similar manner within the College.

FROM THE CHAIR

THE YEAR THUS FAR AND WHAT LIES AHEAD

by Peter Carpenter

We could not have got this far within the college without the experience of Tom Berney, who is now trying to completely retire from the College, and without the energy and experience of the members of the Executive Committee who must take credit for much of what we have achieved. In addition I feel members should realise the importance of the work of Catriona Grant who is the administrative support for the SIGs – she has been a wonderful support and has coped well with my ceaseless demands – but then we have managed to change several college internal practices as a result.

I am delighted that Dr Jessica Eccles has become the Chair elect for the NDPSIG. I will leave her to introduce herself in a separate article but look forward to her energy in taking the Group forward. I feel the SIG is due to move forwards in its objectives, with our new team: given the experience of our Autism Champion Conor Davidson who has agreed to extend his tenure for a further year, and also that of Sam Tromans as our academic lead and Finance officer Raja Mukherjee bringing his lengthy experience and energy as well as his links with the ID Faculty; I am sure that with the ADHD Champion we will be able to ensure that neurodevelopmental psychiatry becomes well established as a necessary background skill and service that all psychiatrists must have.

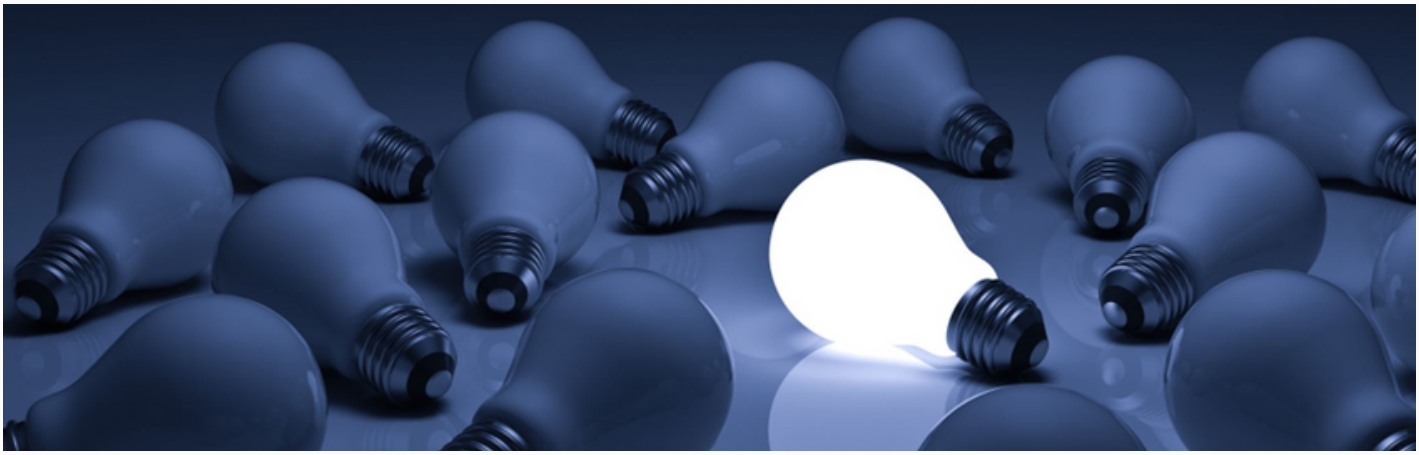
I will not be completely disappearing from the College. I will be mainly involved in the History of Psychiatry Group and writing on the History of Psychiatry – I am currently working on a biography of Samuel Hitch. I suspect I will also be involved in the NDPSIG but in a less prominent role.

Dr Peter Carpenter Retired Psychiatrist

THE AUTISM CHAMPION BLOG

IS AUTISM BEING OVERDIAGNOSED ?

By Conor Davidson



This is one of the questions I am most often asked in my role as Autism Champion, by both psychiatry colleagues and laypeople. Most people have a sense that 'there is more autism about' these days. It is now rare to find someone who doesn't have a friend or relative affected by autism. A recent article in the Guardian newspaper highlighted the issue of a large rise in autism diagnoses in the UK. But does this mean that autism is being overdiagnosed?

I first became interested in the field of autism nearly 20 years ago. There is no doubt in my mind that, back then, autism was underdiagnosed.I encountered lots of patients in the mental health system whose difficulties, in retrospect, would have been better explained by autism. They tended to have diagnoses like schizoid personality disorder or simple schizophrenia, neither of which are in widespread clinical use anymore. I've also seen a number of female patients with a diagnosis of borderline personality disorder who I now suspect had undiagnosed autism. In those days, clinicians rarely considered the possibility of autism in women and girls as it was seen as mainly affecting boys.
Things have changed since then. We have a much better understanding now of how autism typically presents in women and girls, and the M:F sex ratio has narrowed from 9:1 to closer to 2:1. My adult autism clinic in Leeds now receives more female than male referrals. Time trends in autism incidence show that the bulk of the increase in recent years is due to more females, particularly adult females, being diagnosed.

THE AUTISM CHAMPION BLOG

IS AUTISM BEING OVERDIAGNOSED ?

By Conor Davidson

By and large, I think this is something to be celebrated. People who were overlooked or misdiagnosed in previous decades are now being correctly identified as autistic. Most people diagnosed with autism report positive benefits in terms of self-acceptance, self-understanding, connecting to the 'neurodivergent community', and accommodations in education and workplace. It's hugely encouraging that psychiatrists are taking such an interest in autism now (as evidenced by the enormous popularity of the National Autism Training Program for Psychiatrists), as an accurate diagnosis of autism in mental health settings can help with care and treatment planning, to access more support in the community, and allow appropriate reasonable adjustments to be made.

That said, there is emerging evidence that conversion rates (i.e. proportion of autism assessments that result in an autism diagnosis) are variable in different parts of the country. This is more likely due to differences in service and clinician factors (such as referral, triage and assessment processes and individual clinicians' diagnostic threshold) than population differences between geographical regions.
It's important that the clinical community work towards better harmonisation of assessment processes and diagnostic threshold, as neither underdiagnosis nor overdiagnosis are desirable outcomes. As a psychiatrist, my main concern about the latter is that people with treatable mental health conditions - such as anxiety disorder or OCD - could be mislabelled as autistic and miss out on potentially helpful treatments. Last year a new national autism practitioners' network was set up, with the aim of sharing best practice and reducing unwanted variation in practice.I encourage those of you who work in the field of autism to sign up to it.

Dr Conor Davidson
RCPsych Autism Champion
Consultant Psychiatrist Clinical Lead, Leeds Autism Diagnostic Service

In FOCUS

DIFFERENTIAL IMPACT OF ASSISTED SUICIDE ON THE AUTISTIC POPULATION

by Jenny Bryden

In Westminster and Scotland, legislation legalising assisted suicide is proposed. In Scotland, Liam MacArthur's bill awaits its second reading. Through professional and personal experience, I'm concerned about unintended consequences but how would they impact particularly on autistic people?

First, autistic people have an increased risk of premature mortality across a range of conditions(1). This means they are more likely to find themselves with a terminal illness at a younger age. Change of any kind tends to be more difficult for autistic people. People choosing assisted suicide are generally doing this to avoid feared future suffering. It's hard for anybody to picture their life with increased disability. This is a classic issue in measuring Health-related Quality of Life(2). Across illnesses, people actually experiencing a health state rate their quality of life as significantly higher than people simply hearing the state described(3). If that's true for the general population, it's even more true for someone fearful of and struggling to predict the effects of any change.

The safeguards proposed in the Scottish Bill are:
·Medical Review by 2 doctors
·Psychiatric Review if indicated
·Screening for coercion
·Must have seen a relevant specialist
·Two week "cool-off" period

Starting with the medical review, it's hoped that one of these reviews will be by a GP with a knowledge of the patient. While anyone with a terminal illness should be in contact with a GP, autistic people struggle to access their services. Demanding that patients use a phone to interact prevents many autistic people accessing their GP. When there, environmental stress often worsens communication difficulties, making it harder for a GP to understand their problems.

Those two assessments are also expected to pick up mental illness. We know that communication differences and alexithymia can make correctly diagnosing mental illness more challenging(4). There is no stipulation that psychiatric review must involve someone with experience in your condition. Even in the general population, we frequently miss depression, particularly in people with chronic or terminal illnesses(5). In Canada, 5% of people assessed for assisted suicide were referred for psychiatric review in 2020(6). The expected rate of treatable depression in terminal illness is 14%7.
Another problem is likely to be coercion. Autistic people are more likely than average to experience abuse from family or partners(8,9),. This is also often harder to pick up. I'll never forget belatedly discovering that one lady understood "violent" as hitting so repeatedly hadn't mentioned being regularly kicked and pushed.

IN FOCUS

DIFFERENTIAL IMPACT OF ASSISTED SUICIDE ON THE AUTISTIC POPULATION

by Jenny Bryden

Autistic people are at higher risk of suicide throughout their life(10), often due to seeing it as logical. This is likely multi-factorial. Autistic people have a higher risk of mental illness(11) while services with suitable or evidence-based talking therapies are scarce(12), particularly for substance abuse. They experience more adverse drug reactions(13) and anxiety is often chronic. A crisis café or telephone helpline is unlikely to be helpful when feeling desperate.
As psychiatrists, we do not believe suicide is ever the right answer. With all suicidal people, we look for treatable problems and potential sources of support. The answer is making life bearable, not approving a medicalised death.

Note : The article comes from a presentation at the December CPD group. At that point, no one present could come up with safeguards that would reliably safeguard people with autism. We request and welcome input from all parties who can think of reliable safeguards to send suggestions to autismcop@proton.me

Dr. Jenny Bryden
Jenny Bryden is a consultant rehabilitation psychiatrist
and autism lead for a health- board in NHS Scotland

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ON ADHD

PENDULATING BETWEEN UNDERDIAGNOSED AND OVERTREATED ?

by Deepak Moyal

Attention Deficit Hyperactivity Disorder or ADHD as per DMS 5 affects one in five people around the world on an average. Having worked with both children and adults with ADHD at some point in my psychiatry career, I do realise that this common but debilitating condition can have long lasting implications and repercussions on one's life. In the recent aftermath of BBC Panorama documentary on Private ADHD diagnoses clinics, there has been an upheaval in the area and opinion about ADHD diagnosis and treatment.

On one hand a clinician needs to be quite careful and diligent before making a diagnosis of ADHD because once a label of ADHD is given to any person it stays with him for a life time. The other aspect of it is treatment with potentially dangerous medications like stimulants and atomoxetine. Also, the point worth noting is the therapeutic effect of ADHD medications is short lasting means the medications will be effective only on the day that one takes them and no long lasting effects like antidepressant or antipsychotics.

However, on the flip side, in the recent wake of social and political awareness, scepticism remains about patients who actually suffer from ADHD and have been misdiagnosed with other mental disorders or mental conditions and remain untreated. Such patients need to be identified, assessed and appropriate treatment is the responsibility of our health services. If correctly diagnosed and treated, these persons can live wonderful, prosperous and functional life. Many a times there are other labels including personality disorders and conduct disorders which are stuck with these patients. This devoid them of the potential therapeutic effect of one of the most effective medications in medical field. One does not need to be reminded that stimulants have the highest effect size amongst psychotropic medications.

With that note I think a balance needs to be struck between over diagnosing and under diagnosing ADHD, under treating and over treating ADHD, prescribing and deprescribing ADHD medications. Wishing you all a lovely week ahead.

Dr. Deepak Moyal
ST5 General Adult Psychiatry
with a special interest in addictions and neurodevelopmental disorders

UNITY IN DIVERSITY

CELEBRATING DIVERSITY AND NEURODIVERSITY WITHIN NHS TEAMS

by Sana Fatima

As someone, who's somewhat, on (what appears like) an intersection of diversity, the subject of diversity is something I can talk about for days. Over the past 10 years of my experience of working in the dynamic settings of the NHS, I've come to realise, how 'diversity' isn't merely a theoretical concept but a perpetual presence in our workplaces.

As healthcare professionals, we come across a diverse range of service users, on a daily basis The uniqueness ranges from aspects such as ethnicity, social standing, gender identity, sexuality, religion, and cultural backgrounds to more intricate differences like personality, perspectives and world view. They bring with them diverse life stories, lived experiences, and unique healthcare needs.

However, diversity extends beyond our service users and encompasses our healthcare teams. Much like our service users, our clinical teams now, increasingly comprise of professionals with diverse backgrounds, personalities, skill sets, and identities as they work together towards a shared goal of delivering safe and quality patient care.

There's growing acknowledgement that diversity within healthcare teams lays the foundation for enhanced patient outcomes. By integrating diversity as an innate and integral facet of the healthcare landscape, teams can better cater to the diverse needs of their service-user population. It is therefore imperative for us, as individuals, as clinicians and as team members, to value and celebrate this diversity, and for me personally, the most important bit is recognising the strengths inherent in these differences.

Over the years, the NHS has made significant strides in acknowledging diversity and, more recently, neurodiversity. It's heartening to witness this progress, moving from a superficial view of diversity that was often regarded as 'tokenistic' and 'box-ticking' towards more authentic approaches that foster a culture of inclusivity and respect. Still ongoing, with lots more to learn and develop, this cultural shift involves refining attitudes and behaviours, moving away from stereotypes and biases towards a mindset that regards (once again!) differences as strengths. Valuing the diversity of insights, voices, perspectives, personalities and skill sets that each team member brings enriches the collective knowledge and capabilities of the team.

UNITY IN DIVERSITY

CELEBRATING DIVERSITY AND NEURODIVERSITY WITHIN NHS TEAMS

by Sana Fatima

More specifically for our neurodivergent colleagues, (I hope I am getting the terminology right but correct me if I am wrong!) creating a supportive work environment requires a focus on cultivating empathy, inclusion, and open-mindedness. It involves not only acknowledging the strengths but also being sensitive to the challenges faced by neurodivergent colleagues. Simple adjustments, such as asking how they feel they can be best supported (as one size does not fit all, at all), providing clear communication channels or (for example) accommodating sensory sensitivities, can significantly contribute to ensuring that team members feel seen, valued, and included.

In any workplace, combating discrimination is crucial, particularly in healthcare settings. It's imperative that team members actively critique, address, and challenge stereotypes and prejudices, both overt and covert. Educational and awareness-raising initiatives on diversity and neurodiversity play a pivotal role in dispelling misconceptions and nurturing a more inclusive workplace culture. I have heard how reverse mentoring has been used to a reasonable effect in improving understanding amongst team members from different backgrounds.

Lastly, here's to celebrating strengths in our differences.

If you have any thoughts on the topic, please feel free to share with me/ us @ sana.fatima1@nhs.net
Or link us on Twitter (x) @RCPsychNDPsig – we are always keen to start conversations

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NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER

Neurodiversity Week March 18 - 24 2024

SAVE THE DATE :

Royal College of Psychiatrists Neurodevelopmental Psychiatry Special Interest Group Summer Conference

Online, Wednesday 5th June 2024

1000-1015	Introduction Doctor Peter Carpenter Chair of the Neurodevelopmental Psychiatry Special Interest Group
1015-1045	An evolutionary perspective on ADHD and autism Dr Annie Swanepoel Consultant Psychiatrist, North East London NHS Foundation Trust
1045-1100	Break
1100-1130	Epidemiology of Autism Doctor Liz O'Nions Postdoctoral Researcher, Bradford Institute for Health Research and University College London
1130-1200	Fragile X Syndrome: Lived Experience and Developing Clinical Service and Research in the United Kingdom Mr Chris McQuade Expert by Experience
1200-1215	Break
1215-1245	Sleep in People with Neurodevelopmental Conditions Doctor Jayne Spiller Lecturer in Psychology, University of Leicester
1245-1315	Discussion of Morning talks Speakers and Panel Chairs
1315-1415	Lunch Break
1415-1445	Insights from the 2022 Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR) Report Doctor Rory Sheehan Senior Clinical Lecturer, King's College London
1445-1515	The Invisible Ones: Autistic Adults without Intellectual Disabilities in our Daily Practice Doctor Bernadette Grosjean Retired Associate Clinical Professor, University California Los Angeles
1515-1530	Break
1530-1545	Discussion of Afternoon Talks Speakers and Panel Chairs
1545-1600	Closing Remarks Doctor Peter Carpenter Chair of the Neurodevelopmental Psychiatry Special Interest Group

MARCH 2024| ISSUE 2

NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER

Neurodiversity Week March 18 - 24 2024

THE NDPSIG EXECUTIVE

The SIG executive comprises 2 elected officers – the Chair and Finance Officer. Each has a term of office of 4 years

The Chair then co-opts any number of additional executive members. These officers have to have their co-option onto the executive formally renewed each year by the Chair.

The College provides the sterling services of Catriona Grant to provide admin support for all the SIGs – this means that the support has to be targeted – for example minutes of executive meetings have to be done by Exec Members.

Executive members can be contacted through their published emails but also through three 'SIG' emails:

Catriona's email: Sigs@rcpsych.ac.uk

The Chair's email: Chair.NDPSIG@rcpsych.ac.uk

The X account email: rcpsychneurodevelopmental@outlook.com

EXEC. MEMBERS:

Peter Carpenter Chair

Jessica Eccles Chair-Elect

Raja Mukherjee Financial Officer& ID Faculty Rep

Conor Davidson - Autism Champion

Sam Tromans academic sec

Dietmar Hank ADHD SIG lead

Amanda Brickstock PTC Rep

Bhathika Perera Chair of ID in ADHD CoP

Jenny Bryden Chair of Autism CoP

Sana Fatima Online lead

Jenny Parker CAP faculty Rep

Tim Alnuamaani GA faculty rep

Ken Courtenay Forensic faculty rep

Quinton Deeley Neuropsychiatry rep

Premal Shah Scotland co-rep

Sharon Brown Scotland co-rep

Helen Matthews Wales rep

Marie Boilson Ireland and ADHD links

Anna McGovern Northern Ireland Rep

Marios Adamou ADHD & ASD interests

Terry Brugha Academic interest

Dheeraj Chadhary - private forensic Neurodiversity

Ashok Roy DHSC and NHSE-WTE link

Mike Smith ADHD interest

Mark Lovell CAP interest

Ulrich Muller-Sedgwick ADHD UKAAN

Alison Lennox ASD services

Anna Sri Neurodiverse Trainee