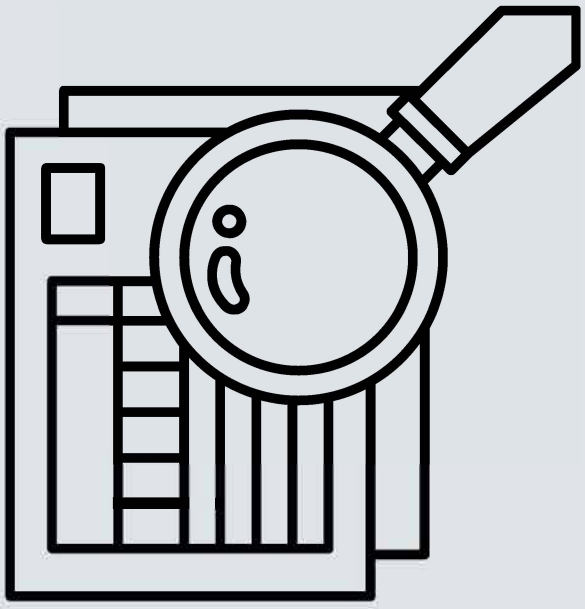
Winter 2025| Issue 5

RCPSYCH NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER

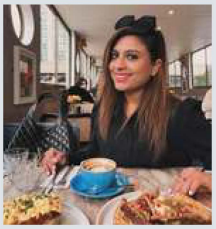
Celebrating Neurodiversity - always

NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER



WINTER 2025| ISSUE 5
NEURODEVELOPMENTAL PSYCHIATRY SIG NEWSLETTER

Editor's Welcome



Dr. Sana Fatima

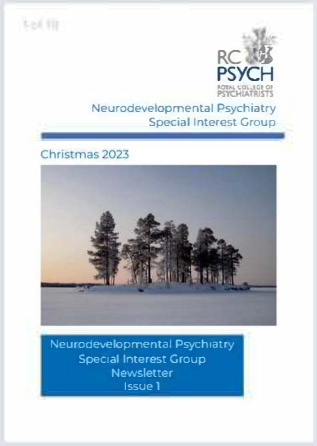
We made it to our 5th Edition !

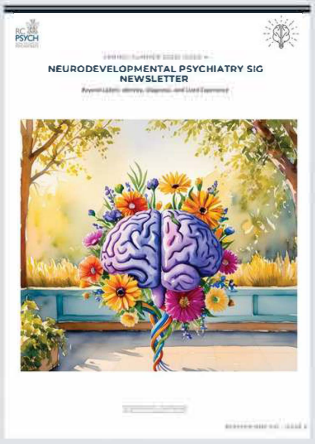
Welcome to the Winter 2025 edition of the RCPsych Neurodevelopmental Psychiatry Special Interest Group Newsletter. I may have said this before, but with each new edition I am struck by a renewed sense of humility and gratitude. It is deeply humbling to see how what began as a small NDP SIG publication, shaped in its early days by the guidance of Dr Peter Carpenter, has and continues to blossom into a space that reflects the depth and diversity of our field.

I recall speaking about how this this work has been guided by a stream of feelings and sentiments. The first being nervousness about carving out space for a small, emerging publication within a landscape dominated by long-established voices. The second was a deeper, more sustaining question: how to remain faithful to Neurodevelopmental Psychiatry, a field that is expansive, nuanced, and evolving, a field that sparks not only interest but also discussion, discourse and debate. Alongside these ran a third sentiment: a sense of responsibility, to approach the work with care, curiosity, and humility.

My hope has always been that, while serving as a portal for facts, figures, and SIG updates, which rightly remain central to our work, the newsletter would also reflect the wider spirit of neurodevelopmental psychiatry, creating space for diverse voices, perspectives, and experiences. Themes that shape our field across specialties and disciplines. A space that welcomes all forms of expression, even when they are abstract, curious, or imperfect, making room for expressions that at times, do not fit neatly into boxes or narratives, and a space that values their creativity, rawness, and authenticity.

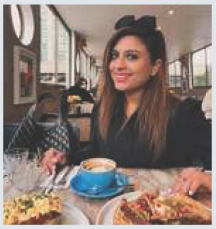
And more relevant to this edition, a space created with care, curiosity, and a commitment to celebrating neurodevelopmental psychiatry and neurodiversity, not as a seasonal theme or a single awareness month, but as an everyday reality that enriches our professions, our communities, our clinical/ academic/ personal spaces and our lives.





Snap shots of our 4 previous editions - find them on the RCPsych Neurodevelopmental Psychiatry SIG page - linked below

Editor's Welcome



Dr. Sana Fatima

As our understanding of neurodevelopmental conditions continues to grow, we are becoming increasingly aware that neurodiversity is ever present across our spaces - clinical and academic, personal and professional. Yet we also recognise that neurodivergent experiences within medical education and clinical practice too often remain unseen, misunderstood, or constrained by systems (one can argue) not quite designed with difference in mind. Among its many themes, this issue seeks to illuminate these realities and bring such conversations to the forefront, as part of an ongoing effort to move beyond accommodation as an afterthought and towards inclusion as a foundational principle of education and care.

This issue opens with a welcome from our Chair, Dr. Jessica Eccles, followed by Autism Champion Blog by Dr. Conor Davidson.

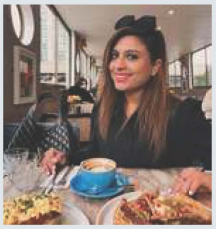
Within the upcoming pages, you will find voices that invite us to pause and listen more deeply. Thoughtful explorations of neurodiversity in professional spaces continue through Dr. Khurram Sadiq's reflections on the workplace, alongside Dr. Ananta Dave's piece on holding space for neurodivergent voices. Dr. Dheeraj Chaudhary sharing his journeys being a neurodevelopmental psychiatrist. Clinical and service-focused perspectives are explored through Dr. Beth Ranjit's focus on "No Wrong Door" approaches to care, while Dr. Alison Lennox offers a glimpse into her current work and reflections. Across the lifespan, we consider Aging Across the Autistic Spectrum by Dr. and examine the complexities of culture and diagnosis in Dr. Mahira Syed's contribution.

Assessment and understanding are revisited through strengths-based approaches to ADHD, explorations of Interoception as a missing lens in psychiatric assessments, and reflections on dyslexia in education and medicine by Oscar Le Jeune. Personal narratives, including family reflections and creative expressions through poetry and visual art, remind us that neurodiversity/neurodivergence is not only a clinical or educational concept, but a deeply human one.

The issue brings together clinical, academic, and personal perspectives, including reflections on neurodiversity in professional spaces, service design, diagnosis across the lifespan, culture and identity, strengths-based assessment, and creative and family narratives.

Together, these contributions ask an important question: what might our clinical and educational environments look like if they truly welcomed different ways of thinking, sensing, communicating, and being?

And also, while we talk the talk, we'd love to hear if there have been any examples where these changes are being implemented and areas of good practice we can all learn from ?



Editor's Welcome

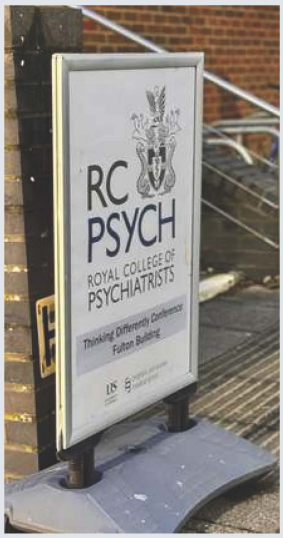
Dr. Sana Fatima

As a key priority moving forward, we encourage and invite SIG members to actively engage in conversations around key issues in Neurodevelopmental Psychiatry, both within and beyond executive meetings and conferences. As we arrange discussions to find creative, effective and innovative ways to make our comms seamless and efficient, I welcome ideas and insights from SIG Executives and Members.

We look forward to our RCPsych NDP SIG conference on 29 January 2026 at the RCPsych in London, which we have organised in association with European Psychiatric Association. Read more on page 39, and 40.

Thank you to all our contributors for their generosity, insight, and courage in sharing their work, and to our readers for engaging with these conversations. We hope this issue informs, inspires, and encourages you to continue celebrating neurodiversity, always, and everywhere..

Last but certainly not least, wishing you a very Merry Christmas and a joyful New Year. May 2026 bring peace, tolerance, harmony, and genuine equality and inclusion..



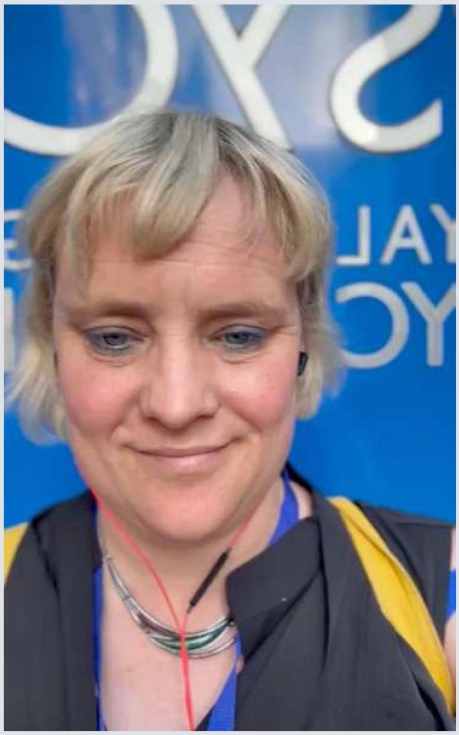
Snap shots from RCPsych NDPSIG conferences in Dec 2024 and June 2025

Dr. Sana Fatima

Dr. Sana Fatima is a Consultant Psychiatrist in the Early Intervention Psychiatry. She has a keen interest in Neurodevelopmental Psychiatry and Health Education. She also often finds herself at the intersection of diversity - a perspective that has fueled her fascination and passion for neurodiversity and diversity in all its forms.
In 2021-2022, she led a regional project in Yorkshire and Humber, developing a professional support and well-being program for resident doctors and dentists . She also played a key role in a national project on neurodiversity in medical education, leading the faculty development stream. Through this work, she advocated for a greater understanding of neurodiversity in resident doctors/dentists and highlighted the urgent need for environmental and attitudinal reforms within medical education.
Committed to promoting inclusivity in mental health, medicine and medical education, Dr. Fatima strives to create spaces where diverse experiences and perspectives are not only recognised but deeply valued.

She's also Clinical Lead for Sustainability and Planetary health in BDC NHSFT

Update from the Chair Dr Jessica Eccles



The RCPSYCH Neurodevelopmental Psychiatry Special Interest Group (NDP SIG) has had an exceptionally active and impactful year, consolidating its role as a leading voice for
neurodevelopmental psychiatry across the College and beyond.

Strategic influence and College work

The SIG has maintained regular Executive meetings and contributed to College policy and public affairs work, including participation in national autism steering groups, the UK Independent ADHD Taskforce and cross-College meetings focused on neurodevelopmental conditions. We have had regular engagement with NHS England and are working with the college to improve educational opportunities across the spectrum of neurodevelopmental conditions and the life span

NDP SIG leaders and exec have played key roles in College activities including autism in women and girls, CCQI webinars on autism in inpatient settings, and collaborative work with other faculties including General Adult, CAMHS, Liaison and Eating Disorders.

In October both Dr Eccles and Prof Brugha featured in the highly popular 62nd Maudsley Debate: 'Coming out of the Shadows'

Media, outreach and public engagement

The SIG Chair, Dr Jessica Eccles, and ADHD Champion Dr Ulrich Muller-Sedgwick, have had a strong media presence, contributing to national and international outlets including BBC Radio 4, BBC Radio 5 Live, Channel 5 News, National Geographic, The Guardian, the New York Times. Dr Eccles has featured on multiple podcasts and webinars, including popular ADHD and neurodiversity platforms, significantly amplifying public understanding of neurodevelopmental conditions and directing listeners to educational resources. Find out more via her linktree https://linktr.ee/bendybrain.

This high-profile outreach has been recognised through College honours, including her shortlisting for RCPsych Psychiatric Communicator of the Year, reflecting both the visibility and credibility and importance of work in this space.

Update from the Chair Dr Jessica Eccles

Events and conferences

In December 2024, the SIG hosted its in-person Winter Conference, "Thinking Differently," at Brighton and Sussex Medical School, bringing together over 100delegates to explore why neurodevelopmental psychiatry is every psychiatrist's business. The programme showcased diverse voices, including neurodivergent experts by experience, trainees, medical students and multidisciplinary speakers covering topics from descriptive psychopathology and neurodevelopmental updates to brain–body links and autism in genetic syndromes.

Panel Q&A session from RCPsych NDPSIG conference in Dec 2024

Feedback was extremely positive, with attendees highlighting the high quality of talks, the inclusive ethos and the energising atmosphere, reinforcing momentum for the SIG's aspirations, including ultimately, perhaps, towards progression towards faculty status.

· The SIG also hosted the first joint RCPsych–RCGP conference, a landmark event, helping to shape an interdisciplinary agenda that connects psychiatry and general practice in improving care for neurodivergent people across the lifespan

We owe Dr Sam Tromans a huge debt of gratitude for all his hard work.

Supporting members and future plans

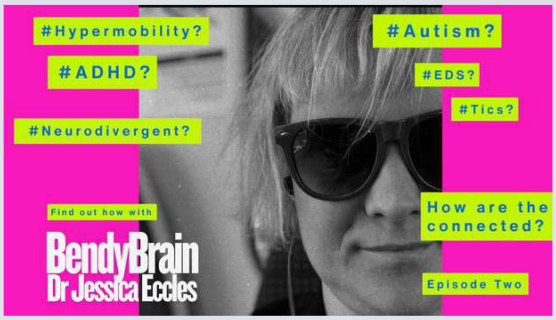
We would very much like to thank Dr Conor Davidson for his outstanding work as Autism Champion. His term has sadly come to an end; he has been instrumental in preparing the College Position Statement on Autism. We hope to advertise for a new Champion shortly. We also say goodbye and a huge thank you to Prof Raja Mukherjee as Finance Officer. Dr Hussien Elkholy has taken on the role

The SIG continues to support psychiatrists with an interest in ADHD, autism and related conditions through conferences, blogs, newsletters and signposting to training, guidelines and emerging research.

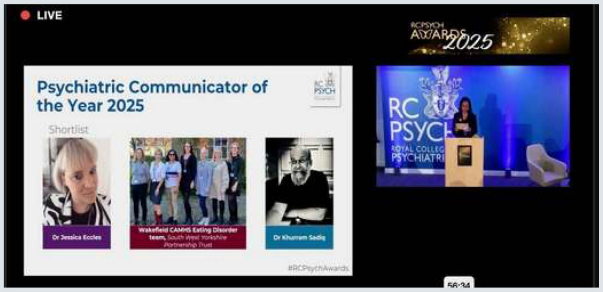
· Looking ahead, the NDP SIG plans to build on the success of its conference and joint interdisciplinary events, expand opportunities for trainee and lived-experience involvement, and further embed neurodevelopmental thinking across all psychiatric and medical specialties.

Update from the Chair Dr Jessica Eccles

Dr Eccles has recently launched a new YouTube Channel – please subscribe here https://tr.ee/ay_b7ABI6M



Dr Eccles was shortlisted for RCPsych Communicator of the year 2025



Dr Eccles continues her advocacy for Neurodevelopmental conditions and hypermobility.

Join us at the 2026 Winter Conference on 29th January at Prescot Street - which includes high profile speakers and panelists such as Dr Adrian James and Prof Owen Bowden Jones.

Dr. Jessica Eccles

Dr Jessica Eccles, Chair, is Associate Professor in Brain-Body Medicine at BSMS, she is trained clinically in both liaison and neurodevelopmental psychiatry and works clinically as a Consultant Psychiatrist in the innovative Neurodevelopmental Service at Sussex Partnership NHS Foundation Trust, where she co-leads the worlds first Neurodivergent Brain Body Clinic. She specialises in complex combined neurodevelopmental assessments (ADHD, Autism and Tic Conditions) in those with significant medical and psychiatric co-occurrence. She is multiply neurodivergent (listen to BBC R4 Archive Hour: Trouble Staying Still, The History of ADHD, to hear more about her journey and impact on thinking). She has numerous intersecting brain-body challenges and hopes to encourage curiosity and challenge stereotypes.

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The Autism Champion Blog

Dr. Conor Davidson

Phew, that went fast! My four-and-a-bit year term as autism champion has now ended. When it started, in May 2021, we had just come out of the third COVID-19 lockdown and were still only allowed to meet in groups of six. A lot of my work in those first months was focused on the impact of Covid on the autistic community, including gathering evidence from College neurodevelopmental experts for the National Covid Enquiry. I also set up a College Autism Working Group, with representation from across the College faculties and other partner organisations. It has been a privilege to chair the Group's meetings. They have brought together clinical, research, policy and lived experience voices to shape the College's approach to autism. I thank all the Group members for your thoughtful and respectful contributions. In our meetings, three key principles became clear very quickly:

- - Autistic people are disproportionately impacted by mental health problems but can thrive with the right treatment and support.
- - There are lots of autistic patients in every area of psychiatry, therefore autism should be every psychiatrist's business.
- - There is also lots of autism within the psychiatric profession itself.

The last point was something of a surprise for me at first, but it really shouldn't have been. Being autistic and being a great psychiatrist are not mutually incompatible – in fact, medical school selects for autistic traits like attention to detail and conscientiousness.

Neurodivergent psychiatrists usually have high levels of understanding, empathy and rapport with their patients. Unfortunately, stigma and workplace barriers still exist for neurodivergent psychiatrists of all grades. It has thus been very pleasing to see the College set up a disability task and finish group, which included neurodevelopmental conditions in its remit. This has resulted in actions such as new guidance on College examinations, a workplace reasonable adjustments form, and a report on providing reasonable adjustments for mental health employers.

A big part of my role has been contributing to teaching and training. The National Autism Training Programme for Psychiatrists reached over 1500 colleagues in England. It won learning project of the year at the RCPsych awards and was nominated for an international learning technologies award (sadly didn't win that one, but had a lovely night out in London at the awards ceremony). The programme has laid the groundwork for a wider neurodevelopmental credential which will cover the full range of neurodevelopmental conditions across the lifespan.

Another aspect of the role is advocacy and policy work. I sat on the NHS England Autism National Steering Group and the All-Party Parliamentary Advisory Group on Autism. I gave evidence to the House of Lords review of the Autism Act.

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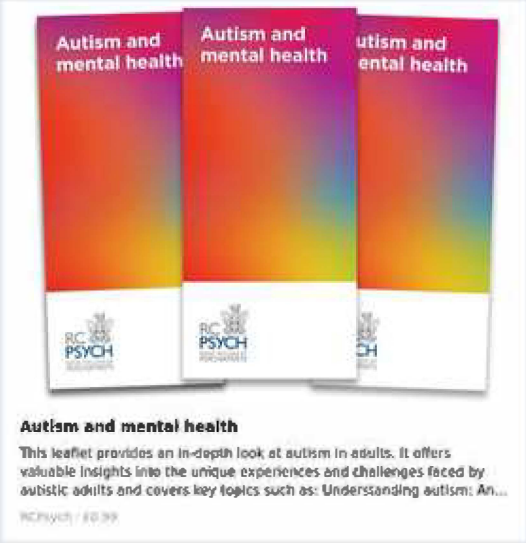
The Autism Champion Blog

Dr. Conor Davidson

Look out for College Autism Position Statement in the new year. Being based in England, I'm very grateful to the autism leads in Scotland, Wales and Northern Ireland for a whole-UK perspective. We face common challenges, such as long waiting lists for autism assessment, overloaded Special Educational Needs systems, and barriers to accessing appropriately adjusted mental health services. Although at times obscured by the media discourse around 'overdiagnosis', the contours of a future approach are beginning to emerge: a shift across public services towards support that is individualised and based on need. I predict that the next few years will see neurodevelopmental considerations becoming more part of the routine business of psychiatry, with ND profile factored into formulation and treatment plans. It is undoubtedly an exciting time for the field.

If you are a psychiatrist interested in becoming the next College Autism Champion, please do get in touch via sigs@rcpsych.ac.uk and I would be happy to have a chat about the role.



Links to RCPsych Championing Autism Initiative and RCPsych Autism and Mental Health Resource - more on RCPsych Website

Dr. Conor Davidson

Dr Conor Davidson is a consultant psychiatrist in general adult psychiatry, and clinical lead of the Leeds Autism Diagnostic Service. He was appointed Autism Champion for the Royal College of Psychiatrists in May 2021.
The focus of this work is on improving autism awareness and autism training for psychiatrists. He chairs the College cross-faculty autism group and sits on the NHS England national autism strategy steering group

Neurodiversity in workspace - What to Adjust?

Dr. Khurram Sadiq

"The challenge is that this world was not designed for autism, and it certainly wasn't designed for ADHD. And when the two meet, many of our existing systems simply collapse." - from my TEDx talk, Believe - The AuDHD Way

I've just returned from delivering my seventh TEDx talk, and this line continues to reverberate in my mind. It captures a truth that millions of neurodivergent people live every single day: we are navigating systems that were never built with our minds in mind.

For so many neurodivergent people, navigating a world built on neurotypical expectations is exhausting. Communication, interpretation, social interaction, sensory experiences, working rhythms, patterns of interest, and the need for psychological safety, all of these operate differently. Yet workplaces rarely reflect this reality.
In most organisations, "reasonable adjustments" are reduced to a checklist: a quiet room, noise-cancelling headphones, an ergonomic chair, the option to work from home. These are useful—but how often do they genuinely transform someone's experience of work?
Because supporting a neurodivergent workforce isn't just about changing the environment. It's about understanding the mind.

Most teams still lack even a basic understanding of neurodiversity. They don't know how these minds work, what nourishes them, or what conditions allow them to thrive. They don't realise what it means to be confined to the rigid 9–5 when your brain comes alive at night more focused, more receptive, more creative. For neurodivergent people, time is not a constraint; it is a facilitator. Given multiple tasks and the freedom to follow their rhythm, they deliver brilliance.
What these minds require, above all, is a safe space. A space where they can communicate openly, express themselves without judgement, decompress when needed. Maybe that means taking a nap with a sign on the door that says, "Please don't wake me for 30 minutes," or heading out for a quick run to reset. Every mind relaxes differently.

It's like cooking: if you buy spaghetti, meatballs, and tomato sauce, you're not going to end up with Chicken Biryani.
Our minds and bodies are built differently too. Expecting identical reactions from identical conditions is unrealistic—and unfair.
Imagine a workspace with dedicated "ventilation sessions," shelves of books and board games, a corner with gym equipment, music, spaces to play badminton or table tennis. These things aren't luxuries, they help regulate the neurodivergent nervous system.

And time? Time is simply a construct. A neurodivergent person may complete 8 hours of work in one blazing burst of hyperfocus of 4 hours. Those four hours saved belong to them. And if it takes twelve hours on another day, that extra time shouldn't become a punishment. For neurodivergent minds, joy and engagement in the work are not optional, they are essential to sustainability.

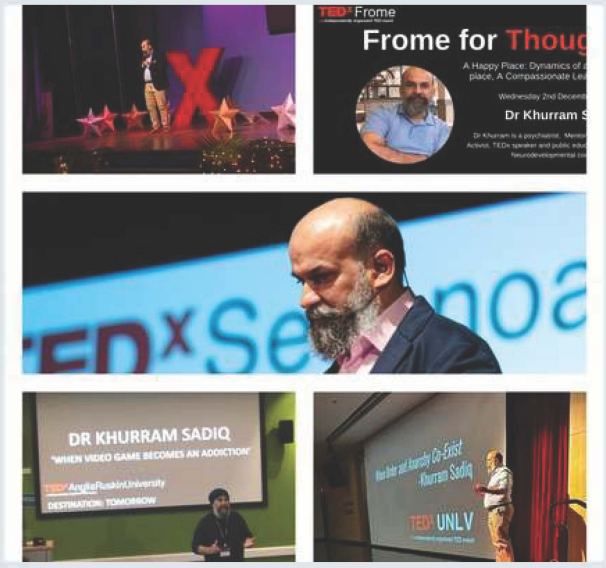
Neurodiversity in workspace - What to Adjust?

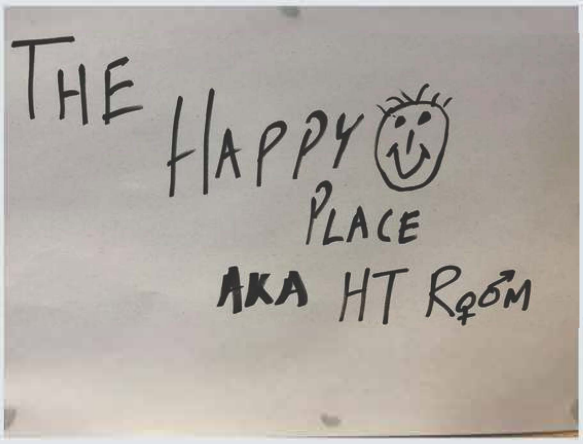
Dr. Khurram Sadiq

I remember my second year as a consultant in Manchester. I rarely sat in my office. Instead, I wandered into the registrars shared room, with a cup of tea. At first, they weren't sure what to make of me. But slowly, something shifted. We began to share experiences, clinical stories, difficult cases. The room evolved into an informal MDT hub. Then came the stories, our backgrounds, cultures, heartbreaks, jokes, childhood memories, and eventually, our career dreams.
If we'd written every idea we brainstormed on the walls, the paint would have been permanently stained red and black.

We introduced Foodie Fridays: each person would bring a homemade dish for the group. It became an instant hit. Even people from other corridors wandered in.
One day, a woman knocked. She said, "The whole corridor feels dull, but this room... this room feels alive. I just had to see what was happening. It looks happy in here."

And that's what we called it from then on: The Happy Place.



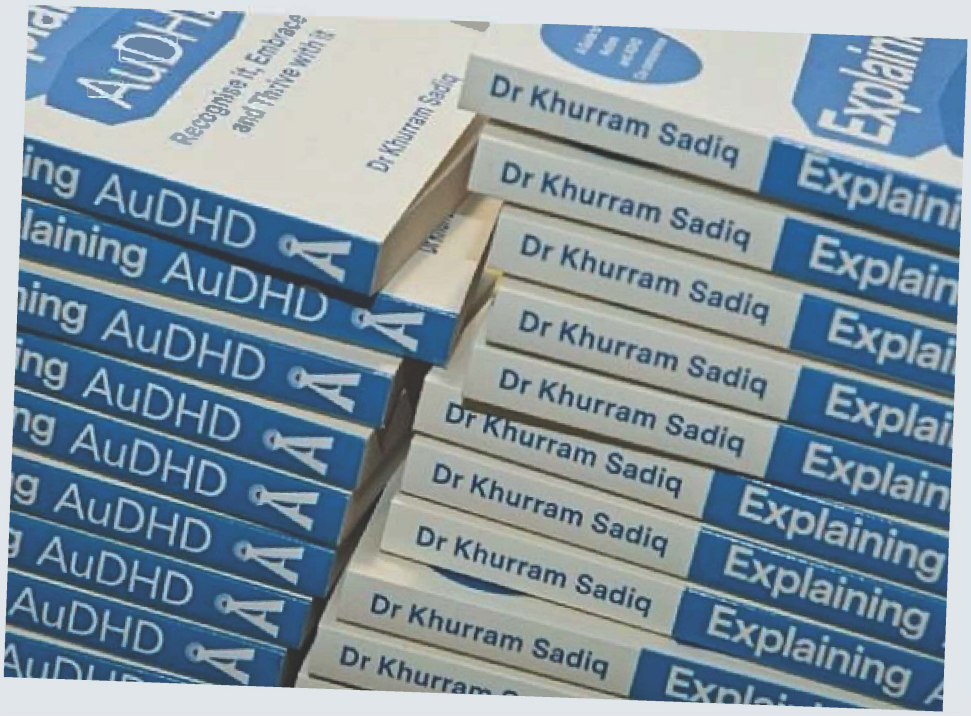


Neurodiversity in workspace - What to Adjust?

Dr. Khurram Sadiq

Looking back now, it was a room full of neurodivergent people, storytellers, thinkers, feelers,: building their own ecosystem of supervision, creativity, learning, and meaning. People finding their reason to exist.
This is what a neurodivergent-friendly environment looks like:

A place where you're encouraged to do things your way, in your time, without judgement. Where strengths are recognised, supported, and amplified. Where weaker areas can be explored without shame. Where ideas and emotions can be expressed without fear.
Doing the right thing is never the wrong thing—no matter how differently you do it.



'Explaining AuDHD' by Dr. Khurram Sadiq

Dr. Khurram Sadiq

Dr. Khurram Sadiq is a Consultant Neurodevelopmental Psychiatrist based in Southeast London. He is dedicated to transforming care for neurodivergent individuals. As the Adult ADHD Clinical Lead at Oxleas NHS Foundation Trust and the Clinical Care Lead for the South East London Integrated Care System, he focuses on improving care pathways and support systems for those with neurodevelopmental conditions. His passion for advocacy and public speaking has taken him across the globe, including delivering six TEDx talks, the most recent at King's College London in April 2024, and presenting at the United Nations in Vienna on the subject of Neurodiversity.
Throughout his career, Dr. Khurram Sadiq has had the privilege of presenting in Spain, France, the UK, Pakistan, and the United States on topics such as Autism, ADHD, the psychological effects of gaming and social media, and compassionate leadership. His mission is to challenge misconceptions, enhance understanding, and inspire meaningful change for a more inclusive mental health landscape.

Holding Space for Neurodivergent Voices

Dr. Ananta Dave

"Oh God, the terrible tyranny of the majority. We all have our harps to play. And it's up to you to know with which ear you'll listen."
Ray Bradbury, Fahrenheit 451

This impassioned quote from Ray Bradbury's dystopian novel may portray an extreme example, but I think many neurodivergent people, be they colleagues, patients or people in the community, will identify with the pressures of being made to conform to a majority view of social discourse and interactions.

As a Child and Adolescent Psychiatrist leading a clinic for autism and related conditions, I hear this refrain repeatedly. The despair of conforming, the way it saps one's spirits and pressurises one to be someone they are not.
As a medical leader working with hundreds of doctors in my organisation in the NHS and as Presidential Lead for retention and wellbeing at the Royal College of Psychiatrists, I know what a difference it can make when neurodivergent voices are heard at all levels:

- a motivated, healthy workforce: when psychiatrists feel accepted, appreciated and valued for who they are and what they bring, it improves engagement, quality of care and retention. The Royal College of Psychiatrists (RCPsych) Retention Charter developed this year, a first of its kind by a Royal College, makes this case too. It is necessary to build a workforce which represents the community around them and the patients who access services

- Quality of policy and decision making. Ensures that the needs and wishes of neurodivergent people is not an afterthought and decisions about services and care pathways are more likely to be equitable and fair.

- Trust and confidence amongst people - staff, patients and community. Instils hope that experience and quality of care will improve when those in positions of influence and power within organisations actively listen and implement views of neurodivergent people.

- Improved quality of teaching, training and learning. The late, great Maya Angelou said, "It is time for parents to teach young people early on that in diversity there is beauty and there is strength." The need to make things better for the next generation of psychiatrists and patients while bringing about changes in the short term is crucial.

- The above points may be easy to state but difficult to achieve in practice. The RCPsych I believe has taken concrete steps to influence standards in training, policy and policy in the right direction through its CPD courses, neurodiversity working group and examinations.

Holding Space for Neurodivergent Voices

Dr. Ananta Dave

There is still more to do including appointing neurodivergent psychiatrists in leadership positions so they can directly shape culture and practice.

For a powerful narrative about the experiences of a neurodivergent Psychiatrist and what the College and employers can do to further improve matters, do watch and listen to Dr Shevonne Mathieken in the initial episode of the Thrive in Psychiatry campaign (28 October - 9 December 2025) Thrive in Psychiatry, the first ever campaign by the RCPsych focusing on the issue of retention of Psychiatrists

This podcast episode also features Dr Raka Maitra and Dr Derek Tracy and can be found here https://www.youtube.com/watch?v=Ve7a97v_YFY

RCPsych 'Thrive in Psychiatry' campaign

Dr. Ananta Dave

Dr Ananta Dave is Chief Medical Officer of the Black Country Integrated Care Board, and a Consultant Child & Adolescent Psychiatrist. Her clinical interests are in neurodevelopmental disorders, suicide prevention, working at interfaces and public mental health approaches.
She was appointed Presidential Lead for Retention and wellbeing at the Royal College of Psychiatrists (RCPsych) in 2023. She is a Trustee of the charity Doctors in Distress which works to prevent suicides in healthcare workers. Dr Dave was the first female President of the British Indian Psychiatric Association (BIPA).
Dr Dave was awarded an Honorary Fellowship of the Royal College of Psychiatrists in 2023 for outstanding services to Psychiatry. Other accolades include a Churchill Fellowship in 2019 to study the topic of preventing doctor suicides, Doctor of the Year by BAPIO (British Association of Physicians of Indian Origin in 2022 and an EDI (Equality, Diversity and Inclusion) award in 2022 by APNA NHS, among others.
She holds a master's degree in medical Ethics and Law. She has recently had a book of poems published titled "An Agony of Hope."

Journeys in Practice - Sharing our stories

Dr. Dheeraj Chaudhary

1. What first inspired you to pursue a career in neurodevelopmental psychiatry, and at what point did you know this was the specialty for you?

Since my medical school days, I was drawn to the intersection of brain, behaviour, and development. During early psychiatry training, I found neurodevelopmental conditions and the way they shape cognition, emotion, and social interaction, both intellectually stimulating and clinically fascinating. I realised how meaningful it could be to help individuals with ADHD, autism, and related conditions navigate challenges and reach their potential.

I trained for a year in higher specialist training (ST4) in CAMHS, where I particularly enjoyed my weekly ADHD clinic. Later during forensic psychiatry training, I observed how accurate diagnosis and effective treatment could reduce lengths of stay in prison or the use of segregation. These experiences helped seek a role for myself within neurodevelopmental psychiatry.

2. Can you briefly tell us about the key stages of your training journey , from medical school to consultancy, and the moments that shaped your professional direction?

That is a real trip down memory lane! My journey began in medical school, where we were taught the foundations of clinical reasoning and patient-centred care. During core psychiatry training, I gravitated toward roles involving ADHD and autism assessments, which helped me develop both diagnostic and therapeutic skills. Subspecialty training then allowed me to integrate neurodevelopmental expertise with adult mental health.

I think the key moments that shaped my professional direction included developing an early interest in the field, observing first hand the difference that targeted interventions can make, attending conferences on neurodevelopmental psychiatry, and the excitement of being one of the early starters in this growing area of practice.

3. Neurodevelopmental psychiatry is a field full of complexity and nuance. What aspects of the work drew you in and continue to motivate you today?

Neurodevelopmental psychiatry is indeed highly complex, and that is where the value of training, experience, peer expertise, and lifelong learning becomes clear. What motivates me most is the challenge of solving clinical complexity, the real-world impact of our work, the opportunity to lead peers, and the inherently rewarding nature of the work itself.
Every patient presents a unique profile of strengths, vulnerabilities, and environmental influences, which makes the work intellectually stimulating. At the same time, helping someone with ADHD or autism gain clarity, access appropriate support, and improve their quality of life is profoundly rewarding. The field also allows me to work collaboratively with families, educators, and other professionals, reflecting my belief in relational and personalised care.

4. Every journey has its challenges. What were some of the major barriers you faced, whether personal, systemic, or clinical and how did you navigate them?

Challenges have included balancing complex clinical demands with systemic pressures and service limitations, particularly ensuring timely assessments and follow-up. Clinically, managing comorbidities and engaging patients with multifaceted needs has required adaptability, continuous learning, and the development of a relational, reflective style of practice. I have navigated these challenges through careful prioritisation, collaboration with multidisciplinary teams, seeking mentorship, and maintaining focus on meaningful outcomes for patients. Developing resilience and problem-solving skills through experience has also been essential.

Journeys in Practice - Sharing our stories

Dr. Dheeraj Chaudhary

5. On the flip side, what have been the most rewarding or affirming parts of your career so far?

Thankfully there have been many, when patients write to thank you for changing their life, there is no greater reinforcer, seeing patients thrive following structured assessments and personalised interventions. Feedback from families that a diagnosis or management plan has improved daily life is deeply affirming. Contributing to workshops, training sessions, and quality improvement initiatives has allowed me to extend my impact beyond individual consultations. Being part of positive change, both for patients and services, remains a powerful motivator for me.

6. How has the field changed since you began your training, and what developments excite you for the future of neurodevelopmental care?

The landscape has improved significantly. When I trained, and it has been a few years, there was no formal training in neurodevelopmental psychiatry and no departments dedicated to this specialty. Now, I hear residents receiving training in the field, and there are recognised experts and specialist departments. Over the past five years, since I began raising awareness through social media and talks, adult ADHD and autism, which were previously only partially recognised, are now discussed openly and more widely understood. The field has fortunately become more structured, evidence-based, and recognised across the lifespan. Adult neurodevelopmental needs are increasingly acknowledged, and early interventions are gaining prominence.

Looking ahead, I am excited by the potential for digital tools, personalised care models, and collaborative approaches to improve outcomes. The integration of neurobiological insights with patient-centred care promises a more precise and effective approach to treatment. While challenges such as extended waiting lists remain, it is heartening to see the national effort and focus on reducing these barriers.

7. For trainees or junior doctors considering this specialty, what advice or message would you most want to share with them?

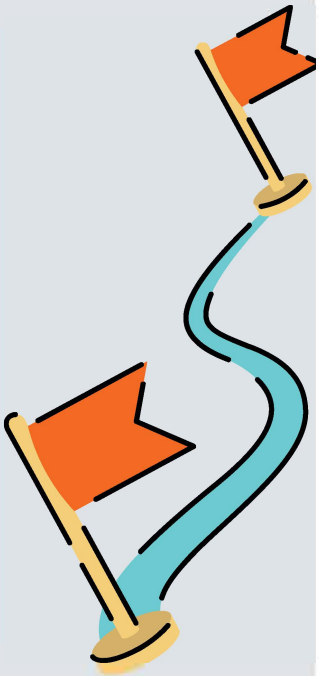
Be curious, attend talks, read widely, and gain experience under supervision. Neurodevelopmental psychiatry requires detailed assessment, the ability to understand complex presentations, and a willingness to learn from multidisciplinary teams. Consultants are usually happy to support requests to shadow, sit in on clinics, or discuss cases, never hesitate to ask nicely! Seek mentorship, embrace continuous learning, and recognise that even small interventions can have a profound impact. The work is challenging but deeply rewarding, offering the opportunity to make meaningful differences in patients' lives.

Dr. Dheeraj Chaudhary

8. Looking back, is there anything you would tell your younger self as you embarked on this path?

Lots, hindsight is always beautiful! I would tell my younger self to trust the journey, be patient with learning, and embrace curiosity. Focus on building a network and peer groups, as these relationships will guide your entire career. Take opportunities that excite you, as they often become defining moments in professional growth. No question is ever too small, be brave and ask. make sure that you enjoy the journey.

Most importantly, remember that a meaningful career is built gradually, through persistence, reflection, and collaboration. Take informed risks, be reassured that your being supervised, and there is no other time in your career when you can be freer to make mistakes. Trust the process. Enjoy working with other juniors, build strong links within the MDT, and learn from everyone around you. Keep an open mind and embrace every opportunity to grow.



Dr. Dheeraj Chaudhary

Dr Dheeraj Chaudhary is a Consultant Forensic Psychiatrist with Priory Healthcare and the founder of a specialist private Neurodevelopmental Psychiatry service. His clinical interests span ADHD, Autism, and complex neurodevelopmental presentations across secure settings, community services, and private healthcare.

Dr Chaudhary is committed to advancing understanding of Neurodevelopmental Disorders and has delivered extensive teaching on ADHD to multidisciplinary professionals. He has contributed to professional development through lectures, workshops, and presentations at events organised by RCPsych, Andrew Sims Centre courses, and other educational forums.

Alongside his clinical work, Dr Chaudhary leverages social media to widen access to high-quality education for general public. He hosts a widely followed series of LinkedIn Live sessions on Neurodivergence, with the aim of making specialist knowledge clear, practical, and accessible for patients, families, and professionals.

he would love to connect https://www.linkedin.com/in/dr-dheeraj-chaudhary-225469160/

No Wrong Door
Making ADHD everybody's business in mental health services

Dr Beth Ranjit

Few mental health services have the privilege of designing their model from scratch. For most clinical leaders engaged in service design and quality improvement, they have to grow their vision out of a collection of variably-engaged professionals, convoluted administrative processes, and looming waiting lists.

The choices that remain to us reflect the values and priorities of the team and the organisation. The service user experience is sometimes lost in competing demands and constraints and, of course, the need to come in under budget.

When it comes to ADHD diagnosis, we also have to ask ourselves tough questions. Do we need the perfect ADHD diagnostic pathway or do we need a good enough ADHD diagnosis? Does the person on the waiting list want the idealised 3-4 hour assessment and 10-page report, or do they want to be seen sooner?

One such issue is collateral information. For adults who didn't receive an ADHD diagnosis in childhood, one possible factor is not having the parental support to advocate for them as children. Some people do not have a single confiding relationship.

As part of the SWELL study, I have been involved in interviewing parents from across the country about their own mental health. One stark theme is their struggle to access neurodevelopmental assessment. One person told me she couldn't access a referral, because her husband had only known her for 15 years. Another said she hadn't been able to complete the multiple forms requested in order to start the referral process. At some point, services need to ask themselves if they are striving for accurate diagnostic assessment or whether they are merely engaging in waiting list management.

The question of what makes 'a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in diagnosing ADHD' is also a barrier to access.

What makes ADHD so special, compared to bipolar affective disorder or emotionally unstable personality disorder? For the psychiatrists of the future, appropriately supervised diagnosis and management of ADHD should be a standard part of core and higher training. By placing ADHD care in a silo away from general adult psychiatry, resident doctors and other clinicians are not being given the opportunity to develop their competency.

It also creates difficulties when a person is on three different waiting lists – one for CMHT, one for ADHD, and one for autism.

No Wrong Door
Making ADHD everybody's business in mental health services

Dr Beth Ranjit

In Cwm Taf Morgannwg University Health Board, ADHD is everybody's business. The Primary Care Mental Health Support Service provides the initial mental health assessment, as they would for anyone referred by GP practices or 111#2. The resident doctors, including the GP trainees, and Advanced Nurse Practitioners are involved in ADHD diagnosis and management. If clinically indicated, ADHD assessment can take place on the inpatient unit, in Home Treatment Teams, and within substance misuse services. This leads to a mental health workforce who are used to recognising ADHD in the same way they would recognise low mood, which allows ADHD to be considered for people who have never even thought about it for themselves.

We still have a long way to go. We need to explore the potential of the General Practitioners with Extended Roles framework, particularly considering the interplay between neurodiversity and multiple physical health conditions. The Integrated Autism Service provision in Wales has been helpful in providing dedicated autism diagnosis pathways, but at the expense of those routes that already existed in adult mental health services.

We are working to open old doors and find new ways forward – but the first step is opening minds.

Dr Beth Ranjit

Dr Beth Ranjit is a Consultant Psychiatrist in Cwm Taf Morgannwg University Health Board. She has clinically led Adult ADHD service development in the health board since 2021, including in a Clinical Director role from 2022-2024. She chairs the Post-Diagnostic MDT Management workstream for the CTM Neurodevelopment Improvement Board. In 2025, she was appointed HEIW Professional Support Unit Lead for the School of Psychiatry.

Aging Across the Autistic Spectrum

Dr Funmi Deinde

In recent years, there has been a greater focus on autism within healthcare and public consciousness, however the discourse tends to focus on children and younger people despite autism being a lifelong condition. This has unfortunately led to older autistic adults being overlooked by services and underrepresented in policy discussions (NHS England and NHS Improvement, 2022; National Autistic Society, 2025).

Autism is underdiagnosed in older adults (O'Nions et al., 2023; Stewart, 2024). As an older adult psychiatrist this concerns me as there is clear evidence demonstrating that older adults who remain undiagnosed with autism are at increased risk of developing mental health issues, being misdiagnosed with mental illness, and facing greater difficulties with activities of daily living (Stagg and Belcher, 2019; Stewart, 2024).

One contributing factor to the underdiagnosis of autism in older adults is that in clinical practice, the scope of differential diagnoses often narrows with advancing age. This narrowing is often shaped by cognitive biases, systemic pressures and age-related assumptions (Stubbe, 2021). As a result, dementia and other neurodegenerative conditions tend to dominant diagnostic considerations in older adults, leading other conditions such as autism to be overlooked (Visser et al., 2025; Rutter and Crabtree, 2025). Another contributing factor to the underdiagnosis of autism in older adults (arguably the most significant, as it shapes our overall knowledge and understanding of the topic) is the dearth of research on autism in later life. This leaves clinicians without the skills, training, or validated tools needed to deliver evidence-based practice for this patient group (NHS England and NHS Improvement, 2022). It was therefore very insightful to read a recent review (Stewart and Happé, 2025) which explores the experiences and challenges of autistic individuals in midlife and older age.

The key takeaways, at least for me, were as follows:

1.It is thought that up to 90% of autistic people over the age of 50 remain undiagnosed.
2.Although research on autism and aging has grown substantially (marked by a 392% increase in publications since 2012), only a small proportion (0.4%) of all autism studies since 1980 have specifically focused on midlife and older adults, leaving significant gaps in our understanding of autism across the lifespan.

3.Longitudinal studies suggest that sociocommunicative traits in autistic individuals may decline with age, while repetitive behaviours remain stable. However cross-sectional studies show mixed results; some traits peak in middle adulthood, while others show no clear age trend.

4.Sensory sensitivities may intensify with age.

5.Autistic adults, older age or not, experience higher rates of physical and mental health conditions, including cardiovascular disease, diabetes and psychiatric disorders.

6.Mortality rates are higher in autistic individuals, particularly among those with intellectual disability. Additionally, the pace of biological aging may be faster in those with autistic traits, though the reason for this is not fully clear.

7.For autistic adults, retirement appears to be early and frequently unexpected for reasons unclear, though potentially linked to health issues.

8.For autistic women and people assigned female at birth, menopause tends to be more challenging, as not only do they have to contend with psychological and physical symptoms but often do so without autism-aware medical support.

Aging Across the Autistic Spectrum

Dr Funmi Deinde

9.PTSD symptoms and suicidality appear to be more present in midlife and older age individuals with high autistic traits, compared with their low autistic trait peers.

10.Cognitive aging in autism may follow a similar trajectory to nonautistic individuals, however dementia is notably more prevalent among autistic adults over 65, compared with the general population.

11.Physical, psychological, social, and environmental quality of life scores were found to be lower in autistic people in midlife and older age, compared with nonautistic peers.

12.Regarding accessing healthcare, autistic older adults have expressed concerns about continuity of care, about the uncertainty of which services to access (e.g. mental health, older adult, or autism services), and about clinician understanding of autism in adulthood.

In terms of the future, the authors of this review emphasise the need for a clearer conceptual framework in autism and aging research. They point out that current studies often group midlife and older age together, overlooking important differences between these life stages. To improve understanding of key developmental changes and support needs in these life stages, they recommend stratifying age oups—defining midlife as 40–64 and older age as 65 and above. This approach would not only enhance research precision but also help align autism studies with broader aging research.

Distinguishing midlife and old age: A recommendation for autism researchers - Gavin R Stewart, 2025

Aging Across the Autistic Spectrum

Dr Funmi Deinde

As an old age psychiatrist with a particular interest in autism, I found this paper both exciting and highly informative. It addresses a long-overlooked area with a level of depth and clarity that I have not previously seen. The authors not only highlight the significant issue of underdiagnosis of autism in older adults but also explore how autistic traits, health outcomes, cognitive aging, and quality of life evolve over time.

I thought it was particularly helpful and great to see both formally diagnosed autism and autistic traits included in their studies pool, as this reflects the complexity of real-world presentations where some individuals may self-identify as autistic or have autistic traits but no formal diagnosis, yet navigate and face the same challenges and difficulties. The findings on mental health and dementia risk are of particular relevance to me as an old age psychiatrist and offer new perspectives on how autism intersects with aging. The call for stratified, longitudinal research and tailored support systems is certainly something I support, as this may provide us with further insights to better meet the care needs of autistic older adults and improve their outcomes.

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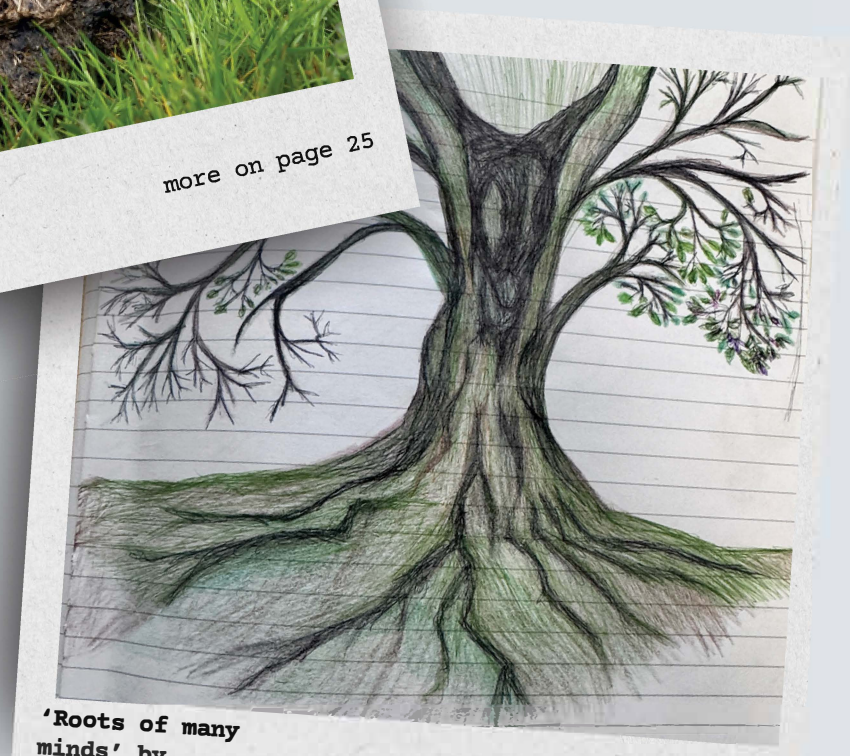
Dr Funmi Deinde

Dr Funmi Deinde is a Consultant in Old Age Psychiatry based in South East London and a trained Dynamic Interpersonal Therapy (DIT) practitioner through The Anna Freud National Centre, with expertise in autism-informed therapy. She is also chair of the older adult section of the Association for Psychoanalytic Psychotherapy in the Public Sector (APPPS). She works in the NHS in liaison psychiatry and at Skylight Psychiatry involved in autism assessments. She has a special interest in autism, due to personal experience and is particularly interested in its intersection with race and ageing.

Beyond clinical work, she serves as a trustee for a women's health and wellbeing charity, contributes to her local PCREF older adults working group and supports the charity Colourful Minds in promoting mental health awareness in Black and other global majority communities. She is particularly proud of the work they did with Mrs Aji Lewis and the Department of Health and Social Care to review and provide a response to the government's draft statutory guidance for the Mental Health Units (Use of Force) Act 2018, also known as Seni's Law. Dr Deinde is passionate about medical education, she is pursuing a Master's at UCL in relation to this and is a firm head and educational supervisor for GKT medical students. She also really loves cats!

'Finding balance' by Sarah Clark

more on page 25



'Roots of many minds' by Natalie Irving

More on page 27

Perspectives in Palette

Staying true to our mission, we aim to make our newsletter not only more accessible but also a genuine celebration of diversity, not just in identity, but in expression. This spirit of creative and authentic variety is flourishing before our eyes, and we couldn't be prouder to witness it.

Seeing Strengths: Rethinking ADHD Assessment: Looking through the Strengths-Based Lens

Dr Judith Mohring

If you were struggling with menopause and ADHD back in the 1990s, you might actually have had better treatment than many women receive today.

Not because ADHD was better recognised in women, or because the links between hormones, attention and mood were better understood, but because HRT was less controversial and more widely prescribed.

The pendulum has swung many times since then. Today we understand much more about the neurological basis of ADHD, but our frameworks for identifying and supporting it still tend to focus on deficits. We describe disorganisation and inattention far more readily than courage and adaptability or creative drive. Yet these strengths are often what sustain people through the challenges of living with ADHD.

When Hormones Meet Neurodiversity

In my work with neurodivergent adults, I often see women whose symptoms intensify during perimenopause. Falling oestrogen levels affect dopamine and serotonin transmission, the same neurotransmitters implicated in ADHD. Women who have functioned well for years can suddenly find themselves overwhelmed and anxious, wondering if they are “going mad”.

For many, this is not the onset of something new but an “unmasking” of longstanding traits. Hormonal change can strip away the compensatory structure and energy that once held things together. Recognising this intersection between neurodiversity and menopause can be transformative, both for clinicians and for patient

Kamila’s Story: A Case Study in Rediscovering Strength

Kamila, a marketing manager in her late forties, had always been dynamic and adaptable. She thrived under pressure, mentored others and brought creativity to every project. But as she entered perimenopause, she began to forget meetings, lose track of deadlines and feel easily overwhelmed. Her confidence collapsed.

It was only when a supportive colleague mentioned that falling oestrogen reduces dopamine which can worsen ADHD symptoms, that the pieces began to fit together. Kamila recognised her sons’ recent ADHD diagnoses in herself. A specialist assessment confirmed her own diagnosis and with the right treatment, including HRT, she was able to regain focus and energy.

Kamila’s story shows how menopause can act as a tipping point that brings neurodiversity to light. Yet it also highlights her strengths: creativity, leadership and emotional intelligence. These are not incidental qualities; they are part of the same neurodivergent profile.

Seeing Strengths: Rethinking ADHD Assessment:
Looking through the Strengths-Based Lens

Dr Judith Mohring

Assessing for Strengths

When assessing adults for ADHD, we can take a similar approach.
Rather than focusing solely on impairment, a strengths-based assessment asks:

- What has helped you manage?
- When do you perform at your best?
- What do you enjoy and excel at?

Many adults, especially women, have spent decades camouflaging their ADHD traits, often becoming exceptionally empathetic, resourceful and creative. These strengths are not separate from their difficulties; they are two sides of the same coin.

We can integrate this approach by exploring stories of success as well as struggle, mapping when traits are assets rather than barriers and formulating care plans collaboratively so that patients feel seen, not judged.

From Deficit to Difference

Our role as psychiatrists is to help people make sense of their neurodivergence in a way that fosters hope, not shame. A diagnosis should open the door to understanding and self-compassion, not self-criticism. For women in midlife, this also means recognising the hormonal context and discussing menopause and HRT openly. When started at the right time, HRT can protect brain, bone and heart health and may also help stabilise attention and mood in ADHD.

At the intersection of neurodiversity and menopause lies an often invisible workforce, who are creative, resilient and capable of extraordinary contributions when supported effectively.

A strengths-based approach does not ignore difficulty; it reframes it. It allows us to see the insight and energy that so often sit alongside the challenges.

As psychiatrists, we are well placed to lead this reframing. By recognising ADHD as a difference to be understood rather than a deficit to be fixed, we can help our patients reclaim both their story and their strengths.

Dr Judith Mohring

Dr Judith Mohring is an award-winning consultant psychiatrist, coach, therapist and trainer with over 25 years' experience. In 2024, she founded ADHDEd – a first of its kind education programme for adults with ADHD and the professionals who support them.

Interoception as a Missing Lens in Psychiatric Assessments

Sarah Clark

Interoception, the ability to sense, interpret, and respond to internal bodily signals, is a foundational aspect of emotional awareness and self-regulation. Yet within psychiatric assessments, it remains largely invisible. For autistic people, this omission has real (and potentially devastating) clinical consequences. Differences in interoceptive awareness are common in autism, affecting how individuals experience pain, hunger, fatigue, nausea, anxiety, and even basic physiological changes. When clinicians do not account for these differences, symptom reporting can appear inconsistent, confusing, or "atypical," often leading to diagnostic overshadowing.

Many autistic adults struggle to identify or describe internal sensations not because they lack insight, but because their interoceptive signals are faint, overwhelming, or difficult to decode. A person may report sudden emotional distress that seems to arise "out of nowhere," when in fact they missed earlier bodily cues of escalation. Others may describe intense physical discomfort without being able to pinpoint its source. In my own experience as a late-diagnosed autistic person with multiple chronic health conditions (including hypermobile Ehlers-Danlos syndrome), I learned to chronically override my body's signals, until those signals became what others misinterpreted as "crises".

Through the lens of my EUPD misdiagnosis, treatment provided consisted of DBT and CBT, both of which I found more harmful than helpful. I was taught that it was unhealthy to experience emotions, and I needed to constantly distract myself and push emotions away. I was also never permitted or given time to process the trauma I had been through.

Thankfully, I managed to get a lot better by helping myself after I was discharged from the CMHT as I was too complex for them. I then turned to embodied somatic mind-body approaches, floatation REST therapy, yoga, and sound healing, where I learned to reconnect to my body again in a healthy way.

When clinicians interpret these interoceptive challenges as emotional instability and instability, somatisation, or personality disorder, autistic adults risk being misdiagnosed or misunderstood.

This is especially problematic for those with co-occurring conditions such as hypermobile Ehlers-Danlos syndrome, dysautonomia, or gastrointestinal disorders, where symptoms fluctuate and can be difficult to articulate. Without an interoceptive lens, medical complexity is easily reframed as psychological complexity.

Interoception as a Missing Lens in Psychiatric Assessments

Sarah Clark

Integrating interoception into psychiatric assessments does not require specialist training; it simply requires a shift in approach. Practical strategies could include:

Using structured prompts and questions such as “Where in your body do you feel that?” or “What physical sensations do you notice before things get too much?” can guide awareness without pressure.

Providing body maps to serve as visual tools help individuals locate sensations more clearly, reducing the cognitive demand of verbal description.

Incorporating visual scales such as Interoceptive or sensory intensity scales to facilitate people to communicate distress levels without needing precise language.

Slowing the pace, and allowing silence, reflection, and longer response times gives the nervous system space to process internal cues.

Asking about sensory and autonomic changes – such as exploring dizziness, temperature shifts, heart rate changes, or tension can reveal early signs of emotional overload.

By embedding interoception into psychiatric practice, clinicians can better understand autistic presentations, reduce diagnostic overshadowing, and support more accurate, compassionate formulations. Interoception is not a niche concept—it is a missing lens that has the potential to improve care for countless autistic adults.

Sarah Clark

Sarah Clark is a multiply neurodivergent late-diagnosed autistic individual with an interest in the overlaps between autism and Ehlers-Danlos syndrome, a mental health advocate, Expert-by-experience autism trainer, author, photographer and has an MSc in Clinical and Developmental Neuropsychology. Her current MRes research looks at how to reduce diagnostic delays for autistic individuals with EDS/HSD.

Website: https://floatawaytrauma.wordpress.com/publications/

LinkedIn: Sarah Clark

Working at the Crossroads of Culture and Diagnosis: Personal Learning from Autism CPD Update 2025

Dr.Mahira Syed

Working in the Bradford Adult Neurodevelopmental Team has shaped my understanding of neurodiversity in ways I did not anticipate when I first joined the service. Bradford is a richly diverse yet highly deprived area, with significant commissioning gaps, long waits for specialist provision, and persistent under-engagement from ethnic minority communities. These clinical realities formed the backdrop against which I attended the RCPsych Autism CPD Update 2025. Hearing from speakers such as Dr Sophie Doswell and Dr Susannah Witwell, I found myself repeatedly reflecting not just on diagnostic frameworks, but on the lived experiences of the people we serve and the structural barriers that so often stand between them and meaningful support.

Dr Sophie Doswell's talk was particularly impactful in highlighting the stark variation in autism service provision across the UK. She described how commissioning differences determine the availability of psychological input, post-diagnostic support, and specialist interventions for autistic adults. This resonated deeply with my experience in Bradford, where access to therapy and post-diagnostic resources is limited, and where geography often dictates care more than clinical need. Listening to her, I felt both validated and challenged; validated in recognising the systemic pressures our team faces and challenged to think more critically about how to advocate for equity within a fragmented landscape.

Earlier in the course, Dr Susannah Witwell's session on ICD-11 and DSM-5 diagnostic updates offered another lens through which to examine my practice. Her overview of the transition to ICD-11 and DSM-5, with the consolidation of autism into a single spectrum condition, clearer emphasis on functional impact, and removal of subtypes highlighted the intention to create a more flexible and developmentally sensitive diagnostic system. As a General Adult Psychiatry Trainee, I found this shift helpful in validating the heterogeneity I see daily in clinical presentations.

However, integrating these frameworks into practice is not straightforward, particularly in a region like Bradford where cultural norms, migration patterns, and health inequalities strongly shape help-seeking behaviours. In our service, ethnic minority groups remain under-represented, despite constituting a substantial proportion of the local population. Engagement challenges frequently arise, influenced by limited awareness of neurodevelopmental conditions, stigma, and the perception that autism assessments are irrelevant or unfamiliar.

Working at the Crossroads of Culture and Diagnosis: Personal Learning from Autism CPD Update 2025

Dr.Mahira Syed

One area of reflection that has struck me, is the under-diagnosis of autism in South Asian women. Cultural norms around modesty, quietness, reduced social interaction, lowered gaze, and deference to elders often mask autistic social communication differences. In many families these traits are encouraged, even praised, making them indistinguishable from cultural expectations. I have met women whose long-standing rigidity, sensory sensitivities, or social overwhelm were reframed as shyness, personality, or culturally appropriate behaviour. Their autistic traits went unnoticed not because they were absent, but because they blended so seamlessly into their sociocultural environment. For some, diagnosis only came after repeated episodes of anxiety, burnout, or misattributed mental health difficulties.

My interest in applied transcultural psychiatric practices has reinforced the need to balance diagnostic clarity and cultural complexity together and approaching assessments with genuine curiosity rather than assumptions. My key learning has been the importance of cultural formulation as an integral part of neurodevelopmental assessment. This includes asking open questions about family expectations, recognising gendered social roles within South Asian communities, and being sensitive to masking behaviours particularly in women who have learned to “cope quietly.” As a higher trainee working in a diverse and under-resourced area, the most meaningful insight has been that diagnostic accuracy is not just about criteria, it is about context. Only by integrating both can we offer services that are equitable, compassionate, and truly reflective of the communities we serve.

Dr.Mahira Syed

Dr Mahira Syed is a Psychiatry Higher Trainee (ST6) currently working in the CMHT at Bradford District Care Foundation Trust. She has clinical and academic interests in Transcultural Psychiatry, Trauma-Informed Care, and embedding sustainability within mental health practice. Within her work, she tries to address inequities in mental healthcare, enhancing culturally responsive services, and promoting practices that support both clinician wellbeing and planetary health

Reading between the lines : Dyslexia in Education and Medicine

Oscar Le Jeune

'Oscar has shown great potential in his English lessons this year, especially with creative writing, but he sometimes finds it hard to focus in the classroom... and occasionally struggles with his spelling and grammar' – Year 6 English teacher

This is a quote from my year 6 school report, written before I was diagnosed with dyslexia. You might think 'that explains it', and in many ways, it did. Having my struggles validated was a relief, and it certainly explained the amount of red pen in my workbooks – even if it didn't stop it appearing. It's been ten years since I found out I was dyslexic, and I've now got the opportunity to share my journey with dyslexia – all the way through school and up to my fourth year of medical school - in the hope of giving a first-hand account of both the challenges and triumphs that accompany this neurodivergence.

Progressing through school, it became clear that I struggled with certain tasks more than my peers. Reading aloud in English or being handed another 'short essay' homework quickly became my worst nightmare. This struggle was perpetual, and I had certainly accepted defeat when it came to studying subjects which required what I described as an "unnecessary" amount of prose. I found it difficult to quickly and accurately comprehend even small pieces of text, and "read the question properly" was scribbled in red pen across countless workbooks and practice papers. Reflecting back, this particularly pointed comment may have said more than I realised at the time. My teachers knew that I understood the content, but my answers lacked execution. Whether they knew why, or how to help me change that was a different question entirely. Despite this, I still performed well at school. I was competing academically with the top students in my classes, which perhaps explained why those questions didn't matter so much to me at the time.

At this point, I planned to write a brief paragraph on some of my coping strategies for combatting dyslexia but, come to think of it, I didn't have many. I had almost become immune to spelling corrections, and I accepted that reading simply just took me longer. That was that. I tried using rulers to track lines of text, and plastic colour filters to overlay my books, but neither seemed to help. I was taught about visual and kinaesthetic learning as alternative ways of understanding and retaining information and shown how to make mind maps for revision – strategies I now value deeply, thought I didn't appreciate their significance at the time. Eight years on from my GCSEs I can now say I have a few top tips, but I'll get onto that.

Before the violins play on for too long, I'd like to say it wasn't all bad. My interest in science, maths, and creativity prevailed through my school career. I found enjoyment in learning about the workings of our world. Maths questions fitted neatly into recognisable patterns; with processes I could repeat to find correct answers. More numbers also meant less words, which was music to my ears. Interestingly, I later learned that dyslexia often effects mathematical reasoning too, with over 60% of dyslexics struggling with maths according to the British Dyslexia Association, but fortunately this wasn't the case for me. I found that, compared to reading prose, processing and understanding mathematical equations was a completely different story, if you will. My interest in the sciences meant I knew lots and could move past the 6 markers quickly without too much fuss, and the 2 markers in between became a case of reading and re-reading the question until I knew exactly what was being asked – maybe I did learn a thing or two.

Reading between the lines : Dyslexia in Education and Medicine

Oscar Le Jeune

Art was something I have always loved. I studied it up to A-level before reluctantly dropping it, as I felt it would take too much time from my other subjects. Ironically, I was a complete perfectionist. I would spend hours painting pieces for my GCSE coursework and time just seemed to disappear, which was a striking contrast to the strenuous concentration required for 'academic' subjects - it was never a chore, and focus was never an issue.

For art, the homework battle with my parents was getting me to the dinner table, not to my desk. For many of us with dyslexia, creativity and visuo-spatial processing are real strengths, and making sense of the world through imagery rather than text has always come more naturally to me. Research increasingly recognises these as characteristic cognitive patterns in dyslexia. I've since realised these strengths can be powerful tools in academic study, and not just for securing an 'easy' GCSE in Art.

Taking this forward into medical school, I began to lean into these strengths. I learned the value of visual and kinaesthetic learning and started translating textbook content into diagrams, sketches and mind maps. I learned anatomy through drawing; physiology and management pathways turned into flow charts; even my pharmacology notes were mapped out in colour-coded clusters indicating drug classes. Once I stopped forcing myself to learn like everyone else, revision became more intuitive. I found I was properly engaging with my studies, and it wasn't just more manageable, it became a way I could make extensive and complex material genuinely stick.

Granted, these techniques can't and don't solve all problems and as you might imagine, medicine has many. Reading and retaining drug names is a nightmare, and I still avoid pronouncing some anatomical terms, syndromes and diseases where possible, in fear of saying them wrong and seeming clueless. Reading and writing medical literature is also difficult for a dyslexic cognitive profile which, in the penultimate years of my studies has become a larger part of my learning and is likely to be for years to come. Still being a slow reader, I have learned to navigate research papers quickly, so that I don't waste time on less relevant sections. The advent of medical podcasts that summarise contemporary research and talk through relevant topics for revision, has created another avenue of learning that will help me stay up to date with an evidence base that, as you'll appreciate, is constantly evolving and often hard to keep up with.

Reading between the lines : Dyslexia in Education and Medicine

Oscar Le Jeune

Much like with school, alongside the difficulties I have faced while studying medicine, there are some clear-cut benefits to having a brain 'wired' for pattern recognition and visuo-spatial reasoning: mentally fitting together the 'puzzle pieces' from history, examination findings and investigations is right up my street; anatomical diagrams and medical imaging made sense to me and I found I could visualise surgical intervention strategies. All of this gave me a strong foundation for understanding disease pathophysiology and management strategies. I also found that conversational strengths helped me during consultations on placement and the dreaded 'OSCE's' – the simulated patient exams all medical students sit. In support of this, evidence to suggest that many people with dyslexia develop strong interpersonal communication skills and emotional intelligence. Theorists propose that this may arise from navigating early challenges and becoming more attuned to subtle social cues, although there is no definitive explanation.

Throughout my education, I have learned not only to cope with the challenges of dyslexia but to take genuine pride in it. The broad skill set required to study medicine has shown me that the most valuable qualities – problem-solving, communication and clinical intuition – come from how we think, not how fast we read. Instead of masking the difficulties, I have tried to integrate the strengths that dyslexia gives me into my learning and identity. There is still plenty to learn, but I am pleased with the foundation I have built by understanding and accepting my diagnosis. I write this blog in the hope that sharing my experience reassures anyone - whether it's you, a colleague, or a loved one – that alongside its difficulties, dyslexia brings many strengths that truly deserve to be celebrated.

Oscar Le Jeune

I grew up in Nottingham and currently study medicine at the University of Leeds where I have just completed an intercalated master's degree in sports medicine. I'm currently in my 4th year of studying medicine, with a plan to train as a surgeon in the future. I met Dr Fatima on my psychiatry placement and thought writing about my own experience navigating life and now medical school would be a great opportunity to raise awareness for dyslexia, dyslexic thinking, and other forms of neurodiversity.

Some Days I Can...

Dr Osamah Khan

Some Days I Can (Somedays I Can't)"

Some lose an eye, a hand, a part—
the wound seals, the story told,
a clean break the world can see,
and grief, in time, grows old.

But mine is not a steady scar,
it breathes, it wakes, it sleeps.
Some days my hands build cities bright,
some days they can't find keys.

The world sees me on "good" days,
thinks the wound was never deep.
They don't see how I count the hours
between the fall and leap.

The trauma is not what was lost,
it is what refuses to stay lost—
the flicker that says maybe today,
the hope that turns to frost.

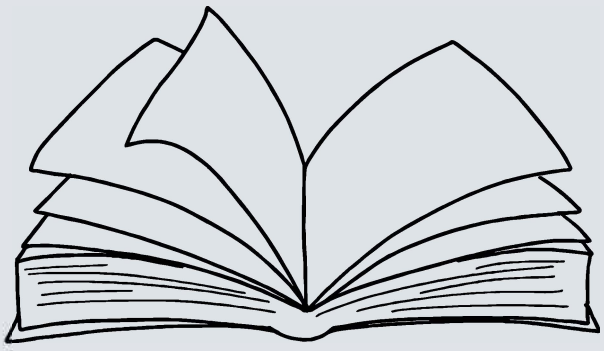
If I could been broken clean in two,
perhaps I would learn to rest—
but I live in the maybe, the almost, the if—
and that is its own unrest.

Author's note: This poem reflects my own lived experience of fluctuating function and invisible struggle. It is not intended to compare different forms of disability, but to explore how hidden conditions can be misunderstood or unseen.

This was written from the perspective of living with a fluctuating neurodevelopmental profile, where ability and exhaustion coexist in unpredictable cycles. It explores the hidden nature of such variation; how on "good days" one may appear entirely functional, while on others even simple tasks feel unreachable.

The poem contrasts visible injuries, which invite recognition and closure, with invisible neurocognitive differences that remain misunderstood. It reflects the psychological toll of uncertainty: the sense of existing between "the maybe, the almost, the if."

In neurodevelopmental psychiatry, we often focus on deficits or diagnoses, but lived experience shows the emotional reality of inconsistency, not as failure, but as a rhythm of being.



Dr Osamah Khan

Dr Osamah Riaz Khan is currently a CT3 with NHS Lothian. As a neurodivergent clinician (Autism and ADHD), he has particular interests in neurodevelopmental psychiatry and public mental health.

Art and Photography

Finding Balance

Sarah Clark

Sarah is a Patient Expert in the EDS International Consortium (Psychiatric Working Group) and a Postgraduate Researcher on diagnostic delays in Autism and hEDS. With an MSc in Neuropsychology, Sarah is an award-winning EDI advocate, EBE Autism Trainer, author, and photographer. Her work captures the intersection of health, trauma, and healing, using photography to explore the power of embodiment practices in resilience and self-discovery.

More to the picture...

This image of delicate white fungus, balanced atop a block of manure, symbolises resilience and the power to nourish and thrive in unexpected places. This image reflects my own person journey of finding balance amid life's challenges, transforming adversity into growth. It tells a story of renewal and the ability to flourish, even in the most unlikely and challenging circumstances.

This image of a small fungus growing atop a piece of manure or block of mud, with the blue sky as its backdrop, symbolizes my personal journey of growth, balance, and resilience. Much like this fungus, I've had to find a way to thrive amidst the struggles and hardships of my life. Overcoming personal and health-related challenges, I've learned to nourish my body, mind, and spirit in unexpected ways, often finding strength in the most unlikely places.

The fungus, fragile yet persistent, serves as a powerful reminder that resilience doesn't always come from ideal conditions. Instead, it's about how we adapt, endure, and make the most of what's available to us. The piece of manure or mud beneath it represents the struggles, the moments of hardship, and the obstacles I've faced. Just as the fungus grows in such an environment, I have discovered the ability to flourish in my own life, even when confronted with challenges like complex health conditions, trauma, and moments of despair.

The blue sky in the background symbolizes hope, freedom, and the possibility of growth. It reminds me that, despite the obstacles we face, there is always space for new beginnings, healing, and transformation.

This image reflects my journey of rediscovery—of learning how to nourish myself, embrace my struggles, and grow stronger with each step. Like the fungus, I've learned to find balance and resilience, proving that even in the most difficult circumstances, growth is possible.

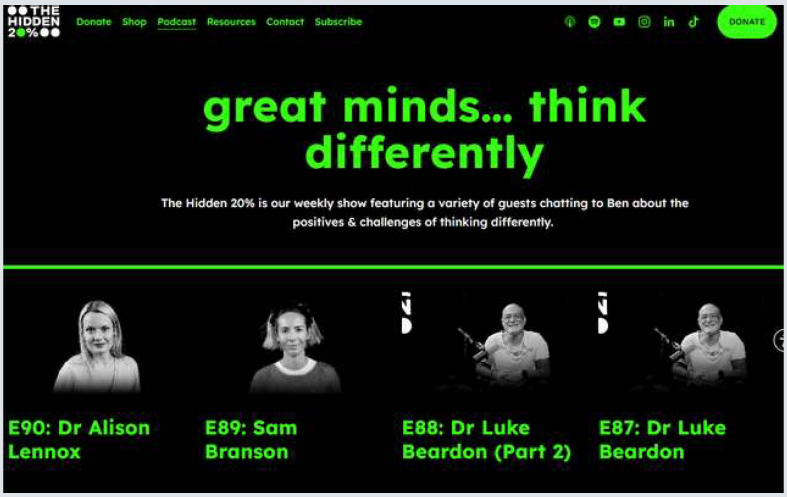
This photo encapsulates the essence of my personal story: that no matter where we start, there is always potential for growth, renewal, and finding balance, even in the most unexpected and challenging places.

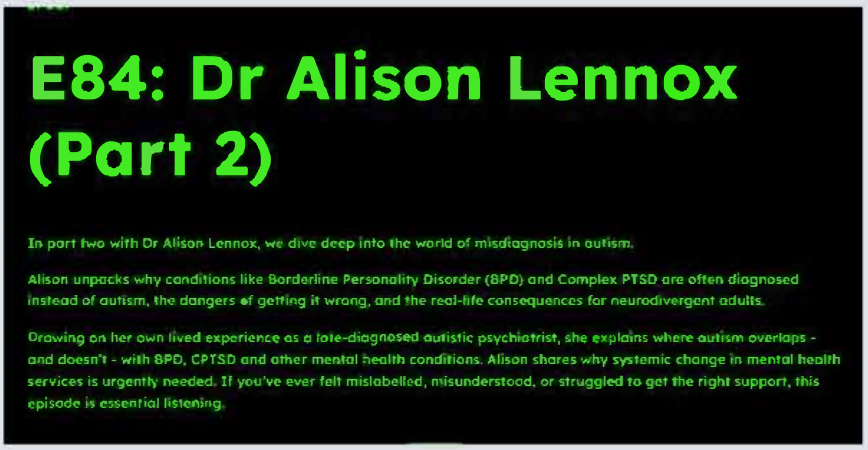
Learning as we go..

Dr Alison Lennox enjoyed being a guest for several podcast episodes for the charity, The Hidden 20% (www.hidden20.org).

The Hidden 20% aims to change how the world sees neurodivergence. Previous guests have included Dr Tony Lloyd, Heston Blumenthal, Francesca Happe and Kit Harrington.

Alison said it's an inclusive space for different stories. Stay tuned for new episode in December on how to survive the festive season if you are neurodivergent.





Available on:
https://www.youtube.com/@hidden20charity/videos

What My Nephew Teaches Me About Neurodiversity

Dr Poorani Rathninasamy

By an Aunt Who's Still Learning ...

Before my nephew came into my life, Neurodiversity was a word I understood only partly in theory. I knew it meant that brains work in different ways, each with its own strengths and challenges. But he is the one who showed me what neurodiversity feels like; how it looks, sounds and unfolds in everyday life.

He experiences the world with a depth and intensity that many people miss. Sounds can feel overwhelming, routines bring comfort, and emotions arrive in colours that seem brighter than mine. When he lines up his toys with careful intention or focuses deeply on something he loves, I see the unique patterns of a neurodiverse mind-
attentive, detailed and thoughtful.

He is neurodiverse, but more importantly, he is himself. Every day, he invites me into a world that doesn't follow the usual rules, a world where honesty is pure, joy is unfiltered, and communication is far more than words. When he lines up his toys or focuses intensely on a single task, he isn't being difficult; he's showing me the magic of deep attention. When he flaps his hands or jumps excitedly, he reminds me what it looks like to feel emotions fully, without shame.

I've learned to listen differently. To slow down. To observe the small things; the way his eyes light up when he trusts you, or how he expresses love in gestures rather than sentences. I've learned that behaviour is communication, and that patience is not just a virtue; it's a gift we give each other.

Not every day is easy. There are meltdowns, misunderstandings, and moments when the world asks too much of him. Too much noise, too much change, too many demands. But even then, I see resilience, creativity, and a way of navigating life that is uniquely his. Neurodiversity isn't just a concept; it's the lens through which he
experiences everything, and the lens through which I've learned to understand him better.

Being his aunt isn't about "fixing" him; it's about standing beside him as he navigates the world in his own way. It means learning to meet him where he is, not where others expect him to be. It means celebrating the way his brain works, not trying to change it. He has taught me that neurodiversity isn't something to accommodate reluctantly; it's something to embrace because it expands the way we see the world. He has taught me to celebrate differences, to value neurodiversity, and to see strength where others might only see challenges.

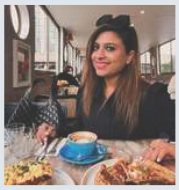
He may be growing up with support, routines, and accommodations; but I'm the one being transformed. Through him, I've learned that differences are not deficits. They are perspectives. And his perspective has made my life richer, more patient and more compassionate than I ever imagined.

Dr Poorani Rathninasamy

Dr Poorani Rathinasamy is a Specialty Doctor in Psychiatry. She currently works in Dudley, Stourbridge.

Balancing the Parallel Process: Our Brains, Our Bodies, Our Systems

Dr. Sana Fatima



A year after CCT, I steal a moment to reflect, not just to look back, but to look around, and notice things I almost missed while swept along by the relentless rush of training

Stepping into the Consultant role has been one of the most profound professional transitions I have experienced. After years of moving between hospitals, cities, even countries; years of struggling, striving, learning, unlearning - years that could fill volumes, the moment I once imagined as a sense of 'arrival' finally came. And yet, as real as that arrival felt, it also dawned as a whole new beginning. The paradox is familiar to anyone who has passed through the gates of senior responsibility: anticipation rarely matches the lived reality. Only by stepping in do you truly feel it.
Expectations shift. The pace intensifies. Responsibility, ah, the old "buck stops here", lands squarely on your shoulders. Noise, both literal and metaphorical, becomes constant. There is a strange duality here: autonomy paired with responsibility; chaos interlaced with calm; independence shadowed by apprehension.

And yet, somethings have indeed shifted. I am no longer sprinting from one team to another, from ARCP to ARCP, from one temporary post to the next. That relentless external juggling has eased, and in this easing, I have found, briefly, fleetingly, but profoundly - moments to pause, to breathe, to reflect. It is in these pauses, amidst a life defined by movement and momentum, that I have begun to recognise the cumulative impact of working in a rushed system, not just on our services, but on us: the workforce, our peers, and especially those whose neurodivergence demands constant adaptation.

Working in Early Intervention and Neurodevelopmental Psychiatry, my days are spent observing the intersections of trauma, stress, uncertainty, and the human mind. I observe only major life events, but also the quieter, everyday contributors to strain: chaos, uncertainty, chronic stress, sensory overload, executive fatigue, and the relentless demand to adapt to environments not designed with difference in mind.

Increasingly, I see parallels everywhere, not only in the clinical presentations I encounter, but in the very systems in which we work. I notice colleagues struggling with morale and productivity. Hospitals and health services, inadvertently (I'm sure), replicating the very conditions associated with adverse mental and physical health outcomes: chaos, uncertainty, deadlines, pressures, work-life imbalance, relentless stimulation, and unspoken expectations of immediacy.

It no longer seems far-fetched to wonder whether we are collectively living in a state of perpetual rush, chronic hyperarousal, constantly in 'fight or flight' mode, fuelled by caffeine, cortisol, and adrenaline. From my work in workforce wellbeing, I have seen (and I am sure, this will come as no surprise), that even the most resilient among us have limits. Over time, the toll can manifest as persistent fatigue, chronic aches, irritability, emotional blunting, a fading curiosity, or, for some, complete burnout. For neurodivergent clinicians, the cost is often amplified, the continual masking, switching, and adapting compounds the strain.

Balancing the Parallel Process: Our Brains, Our Bodies, Our Systems

Dr. Sana Fatima

These are complex discussions, and I cannot claim to have neat solutions. Systemic reform, cultural shifts, and policy change are undoubtedly essential, but for me, change often begins closer to home, in small, intentional acts. Many meaningful adjustments don't require formal mandates; they emerge through attitudes, compassion, and attention to the nuanced needs of ourselves and those around us. Inclusive spaces are built not just through policy, but through interpersonal understanding, flexibility, and care.

What has shifted for me this year is not insight alone, but noticing.
Noticing how slowing, even slightly, enhances my capacity to think, to connect, to care.
Noticing that switching pace, adjusting environments, and naming limits are not signs of weakness, but acts of wisdom.
Noticing how much safer and more resilient teams feel when adaptations are visible, normalised, and actively supported, rather than quietly endured.

My commitment is to work more mindfully: questioning the tyranny of speed, safeguarding pauses, and advocating for adjustments that allow myself and those around me - colleagues, and peers, neurodivergent or otherwise, to do more than merely cope; to participate, belong, contribute, and thrive.

ART AND PHOTOGRAPHY

The drawing depicts a tree whose roots, branches, and varied foliage symbolise the complexity and richness of neurodiversity. With some branches flourishing with leaves and colour while others remain bare, the image reflects the natural peaks and troughs experienced by many neurodivergent individuals the blend of strengths, struggles, and continuous growth.

The deep, sprawling roots evoke resilience and groundedness, while the intricate shading on the trunk suggests the layered experiences that shape each person. Altogether, the image serves as a visual reminder of the value in recognising and honouring the full spectrum of human diversity.

Doodled on a simple lined page, the image also speaks to balance and humanness—an embrace of the everyday, the imperfect, and the beautifully unfinished, celebrating that growth doesn't require perfection.

ART AND PHOTOGRAPHY

Roots of Many Minds

Natalie Irving

Natalie Irving is a social worker in the Early Intervention in Psychosis (EIP) team and a dedicated advocate for neurodiversity, both within her service users and among her colleagues. She often doodles during meetings as a way to maintain focus and remain fully present, embracing this as part of her own neurodivergent-informed practice. Her commitment to valuing different ways of thinking and processing shines through in her work, where she continually promotes understanding, inclusion, and the celebration of diverse minds.

RCPSych Neurodevelopmental Psychiatry Conference 29th January 2026

Royal College of Psychiatrists London

The Neurodevelopmental Psychiatry Special Interest Group invites you to join the upcoming conference at the Royal College of Psychiatrists (21 Prescot Street, London, England, E1 8BB) on 29thJanuary 2026. We have brought together leading experts to explore cutting-edge research and clinical insights into neurodevelopmental conditions, including ADHD and autism. The programme features thought-provoking sessions on topics such as outcomes of ADHD treatment, findings from the 2023/4 Adult Psychiatric Morbidity Survey, and Neurodevelopmental Conditions and Acute Psychiatry.

Highlights include presentations from internationally renowned speakers such as Dr Zheng Chang on the impacts of ADHD drug treatment, Professor Rohit Shankar on AI and autism, and Dr Adrian James on the future of neurodevelopmental psychiatry. The day will have two dynamic panel discussions and closing remarks from Dr Ulrich Muller-Sedgwick, ADHD Champion at the Royal College of Psychiatrists. This conference offers a valuable opportunity and update with regard to understanding the latest in research and clinical care for people with neurodevelopmental conditions.

The conference attracts 1 CPD point per hour, subject to peer group approval. The conference is supported by the European Psychiatric Association (EPA).

RCPSych Neurodevelopmental Psychiatry Conference 29th January 2026

Royal College of Psychiatrists London

Conference Programme

Neurodevelopmental Psychiatry SIG Conference

Date: Thursday 29 January 2026
Venue: 21 Prescot Street, London, E1 8BB

Time	Session
9.30am	**Registration**
10.00am	**Welcome and introduction** Dr Jessica Eccles, Chair of the Neurodevelopmental Psychiatry Special Interest Group, Reader in Brain-Body Medicine, Brighton and Sussex Medical School
10.20am	**ADHD drug treatment and risk of suicidal behaviours, substance misuse, accidental injuries, transport accidents and criminality (virtual presentation)** Dr Zheng Chang, Principal Researcher at the Department of Medical Epidemiology and Biostatistics, Karolinska Institutet
10.50am	Morning refreshment break
11.10am	**Autism and attention deficit hyperactivity disorder: findings from the 2023/4 Adult Psychiatric Morbidity Survey** Dr Zoe Morgan, Research Associate and Epidemiology and Survey Fieldwork Manager, University of Leicester and Dr Samuel Tromans, Associate Professor of Psychiatry, University of Leicester
11.50am	**Past and future of neurodevelopment and psychiatry** Dr Adrian James, National Medical Director for Mental Health and Neurodiversity at NHS England
12.20pm	Comfort break
12.35pm	**Panel discussion** Chair: Dr Adrian James
1.10pm	Lunch break
2.10pm	**The elephant in the room: neurodevelopmental conditions and acute psychiatry** Dr Jessica Eccles
2.40pm	**ADHD: Perceptions from the Ground**

1

RCPsych is an inclusive organisation with over 21,000 members who have a diverse range of views, which we look to represent across the programme. To further open dialogue, scientific discovery and enrich learning, we provide our members with the opportunity to hear from a range of professionals. The speakers, panellists and participants views and comments are their own and not the established views of the College.

RCPSych Neurodevelopmental Psychiatry Conference 29th January 2026

Royal College of Psychiatrists London

Conference Programme

	Henry Shelford, CEO and Co-Founder, ADHD UK
3.10pm	Afternoon refreshment break
3.25pm	**When artificial intelligence learns to see autism: insights from fMRI connectivity** Professor Rohit Shankar, Professor of Neuropsychiatry, University of Plymouth Medical School
3.55pm	**Improving care for people with co-occurring substance use, mental health and neurodevelopmental conditions (pre-recorded presentation)** Professor Owen Bowden-Jones, Registrar, Royal College of Psychiatrists
4.25pm	**Panel discussion**
4.45pm	**Closing remarks** Dr Ulrich Muller-Sedgwick, ADHD Champion at the Royal College of Psychiatrists, Consultant Psychiatrist at Health & Care Jersey, Life Member of Clare Hall at University of Cambridge
5.00pm	Close of conference

2

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