



Support
After
Suicide
Partnership

Understood

Supporting people
bereaved by suicide who
are neurodivergent

By Maxine Roper

In collaboration with



**Ambitious
about Autism**



**ADHD
Foundation**
The Neurodiversity
Charity



Contents

Who is this guide for?	1
What do we mean by neurodivergent?	1
Why this guide is needed	2
Ways a neurodivergent person may react following a suicide	3
Barriers to finding support for neurodivergent people	5
Ways to improve support for neurodivergent people	6
Things to avoid	8
Recognising that someone may be neurodivergent	8
About this guide	10

Who is this guide for?

This guide is for professionals working with adults and young adults who have been bereaved or affected by suicide and are, or may be, neurodivergent. As many adults don't know they are neurodivergent or don't have the right support, this includes anyone likely to come into contact professionally with someone who has been bereaved, as well as anyone employed to support adults with a diagnosis.

What do we mean by neurodivergent?

Neurodivergence is used as an umbrella term for a group of neurological differences which affect how someone experiences the world, including autism, ADHD, dyslexia, dyspraxia, dyscalculia and Tourette's Syndrome.

These differences have been under-recognised throughout history, especially for women and minoritised communities, due to myths and stereotypes which are often based around male presentations. Finding the right support as a neurodivergent person can be difficult. Most people who meet criteria for one diagnosis would meet criteria for more than one.

There are also uncertainties around how different types of neurodivergence are related to each other. This is why we tend to use the umbrella term 'neurodivergent' rather than refer to different types. Many neurodivergent people identify with a single diagnosis (such as "I'm autistic," "I have ADHD" or "I'm dyslexic"). Some may refer to themselves as neurodivergent, or multiply neurodivergent.

Neurodivergence and learning disabilities are different but can occur alongside each other. A number of other conditions are common alongside autism and ADHD, including Obsessive Compulsive Disorder, eating disorders, bipolar disorder, epilepsy, menstrual problems and gastrointestinal conditions.

Neurotypical is a term sometimes used by neurodivergent people in a similar way to non-disabled or able-bodied.

Why this guide is needed

Being neurodivergent can have a huge impact on a person's daily life, including their experiences at work, in education and in relationships. Difficulties managing emotions, or emotional regulation, are also understood to be central to autism and ADHD. A lack of accurate understanding about neurodivergence means it is often unrecognised and unsupported. Common co-occurring health conditions can also make neurodivergence harder to recognise, or add to challenges.

Because of this, neurodivergent people are more likely to experience poor mental health outcomes and to be affected by suicide. It's estimated that 70 to 90 per cent of autistic people and a similar percentage of adults with ADHD will experience mental health problems in their lifetime.¹ Neurodivergent people are more likely to lack support from others, have relationships which aren't recognised by others, or react to events in ways that are less well understood by others, which can add to the impact of a bereavement.

Myths about neurodivergence

Myths about neurodivergence can contribute to a lack of understanding and support, especially after a bereavement, such as:

- **“They won't understand.”** Everyone has different ways of understanding death and grief. Some neurodivergent people may need more time or support to understand, for example, because of a learning disability or language barrier. Others will be very able to understand and assuming otherwise won't be helpful. Not speaking shouldn't be taken as a lack of understanding.
- **“Autistic people don't have feelings.”** Autistic people do have feelings but may communicate differently to the way neurotypical people understand or expect and find neurotypical social norms difficult to relate to. They may be quiet and reserved, but may equally show their feelings loudly and intensely; or look unemotional but feel overwhelmed by emotion.
- **“ADHD means you can't pay attention or sit still.”** Contrary to popular belief, ADHD is not a difficulty paying attention, but a difficulty controlling attention. People often experience both lack of focus and uncontrolled fixation or hyperfocus.

ADHD adults are more likely to over-compensate for their difficulties, so may not appear to be inattentive or hyperactive. A bereaved person who appears calm in public may be spending hours pacing uncontrollably and dealing with racing thoughts.

¹ Based on Asherson, P., Leaver, L., Adamou, M. *et al.* Mainstreaming adult ADHD into primary care in the UK: guidance, practice, and best practice recommendations. *BMC Psychiatry* **22**, 640 (2022), and information from Autistica and the ADHD Foundation (2024). Figures are based on single conditions and do not account for high rates of co-occurrence and overlap.

Ways a neurodivergent person may react following a suicide

A range of feelings and reactions are common to all people after a suicide, including immense sadness, anger, guilt, fear and confusion. Being neurodivergent can make these reactions more or less apparent, and may lead to reactions that seem different.

- **A lack of visible reaction, or a visibly intense reaction.** Either extreme may be seen as unusual or inappropriate to others.
- **Repeat behaviours** such as fidgeting, pacing, handling objects, or listening to a song continuously. These are sometimes called *stimming*. Stimming is a way of calming down, especially when someone is under extreme stress. A neurodivergent person who has been bereaved may stim more often or more visibly than usual. Stimming shouldn't be discouraged unless it's likely to lead to injury.
- **Being uncomfortable with physical contact, or being very tactile.** Neurodivergent people often have sensory sensitivities and so may prefer not to be touched or held in sympathy. Alternatively, they may crave physical contact, or vary between the two. Some may want to be tactile but feel reluctant to initiate because of dyspraxic difficulties with dexterity and spatial awareness, especially with less familiar people. If in doubt, it's best to ask someone what they're comfortable with.
- **Difficulty listening to the body and/or recognising feelings.** Neurodivergent people often have difficulty noticing and reacting to signals from the body; known as *interoception*. For example, it may be difficult for someone to recognise when they are hungry, thirsty, tired or angry and work out what to do about it, which can make self-care difficult. Grief may make a dyspraxic person increasingly clumsy. Some neurodivergent people have difficulty understanding and labelling their feelings, known as *alexithymia*. These difficulties tend to increase under stress and so may be noticeable after a bereavement.
- **Confusion about how to react.** Neurodivergent people may rely on others to know what is appropriate which may be difficult when others are acting unusually. Judging how much to say to others may feel particularly challenging, especially if they knew things about the person who died that others may not have known. They may misjudge being told the news or asked: "How are you?" as an invitation to share their feelings at length. They may unintentionally upset people, or feel an unhelpful urge to say or do something they know would upset someone. Because of this, others may avoid them, or they may avoid others.
- **Fixating uncontrollably on what has happened, or on trying to avoid it.** Intense fixation with the loss or intense denial are common reactions to a suicide. For neurodivergent people, these can be more intensified by difficulties with attention control and time perception. Following a loss, neurotypical people are

more likely to find comfort in trying to keep life as balanced and close to normal as possible.

A neurodivergent person in hyperfocus may literally find it impossible to think of anything else but the loss, or fixate on something else to try and ignore it. Neurodivergent people often prefer to work or learn remotely and are more likely to be self-employed, as these options can make work and education more accessible. However, remote workers and learners may also need support to manage hyperfocus after a bereavement.

- **A loss of coping strategies, or even greater challenges.** Often, neurodivergent adults will have learned to hide their differences to some extent in order to fit in, sometimes known as *masking*. They may also have learned ways to manage parts of daily life that are difficult, such as organisational skills, dexterity, or sensory sensitivities.

A sudden bereavement can take away someone's ability to cope, especially if the person who died was someone they depended on or looked up to. It can also add to underlying challenges in someone's life, such as problems with money or relationships. This can make it harder to live independently, especially for older or younger people.

- **A fixation with detail which doesn't seem helpful or important to others.** A neurodivergent person may feel the urge to find out or discuss details relating to the suicide or the person who died which others would rather not. This can come across as intrusive, morbid, callous or strange. It can be related to guilt, but not necessarily.

A fixation might be more indirectly relevant to the loss, such as someone ruminating on the way they found out, or feeling attached to something else from the world at the time. Fixating on small details can also be a type of displaced grief, where a grieving person expresses their feelings through something unrelated; or a way of avoiding grief. This is common for people who find it harder to label their emotions.

- **Strongly identifying with the person who died.** A neurodivergent person may feel they can relate to someone's pain in ways others may be less able to, may personalise the loss in a way others don't, or may feel they were close to someone who has died, even if they did not seem to know them very well. This may be because the person was also neurodivergent, or because of other things they had in common.

This can be misunderstood as being narcissistic or dramatic: '*You're making this about you!*' Over-identifying with the person who died can be both helpful and harmful, but should be recognised for what it is. The ability to see patterns or link concepts, often seen as a strength, may also be part of why this happens.

- **Sensitivity to being criticised or misunderstood by others.** Being bereaved by suicide can make anyone more sensitive than usual. To a neurodivergent person, who may be used to being criticised or misunderstood, this may be even more apparent. They may take it personally if others can't relate to their feelings or react differently to the same loss.
- **Difficulty balancing their needs with those of others.** A neurodivergent person might tend to either neglect their own needs or other people's in relationships, especially if they lack self-knowledge or support. This may also create differences with others, or make differences feel harder to work through.
- **Deeply held views.** Anyone's religion, politics or culture can influence how they react to a loss. To a neurodivergent person, these influences may be especially important and may become more entrenched or change profoundly following a suicide.
- **Difficulties with group support settings.** For all the above reasons, individual rather than group support may be more suitable for a neurodivergent person in the early stages of grief.
- **Secondary grief.** Neurodivergent people are more likely to feel isolated from friends or usual interests due to their feelings and reactions. They may have lasting feelings of a connection or disconnection with others who knew the person who died which aren't reciprocated. This can lead to further grief once the impact of the loss itself has faded.

“ I was told ‘everyone knows someone who’s killed themselves. You’re not special, you just have to get on with it.’”

– Roundtable participant

Barriers to finding support for neurodivergent people

These can increase the need for support following a suicide but make it harder to access.

- **Difficulty knowing where to look for support, or being seen as too complex.** Bereavement services may not know how to support people with additional needs or challenges and non-bereavement support services may not see people who've recently been bereaved.
- **Communication preferences.** Many neurodivergent people dislike communicating by phone, especially to strangers. Others may find voice contact reassuring and struggle with written communication due to difficulty focusing, hyperfocusing, or dyslexia.

- **Relationships that aren't recognised or approved of by others.** Neurodivergent people often find socialising easier online than in person. Despite its popularity, online communication is still sometimes seen as something inferior or dangerous, and feeling that their relationship isn't going to be recognised or understood may deter a neurodivergent person from getting support.
- **Difficulty naming and organising thoughts and feelings.** Some neurodivergent people have difficulty labelling emotions and many may find them overwhelming.
- **Frustration.** A history of seeking support without their underlying problems being recognised may lead to someone becoming frustrated and seen as ungrateful.

Everyone is unique, and that is the case for neurodivergent people too. Each individual will have different wants and needs, so it is important to ask what is important to each person and not make assumptions. Below are some common examples of practical and emotional support that neurodivergent people can find useful.

Ways to improve support for neurodivergent people

Practical support

- ✓ **Offering people different ways to communicate with you or your service.** A variety of ways to communicate will make your service accessible. Consistency and routine are also very important to neurodivergent people, especially in times of distress.
- ✓ **Letting people lead on what would help them but knowing when to make suggestions.** Neurodivergent people will often have insight into what they find helpful based on their strengths and challenges. Equally, they may sometimes need suggestions or prompts to recognise what will be helpful.
- ✓ **Offering support with 'grief admin.'** Form-filling, arrangements and navigating inquests can be especially challenging for neurodivergent people. They will often need support to follow through on decisions, such as reminders to look something up or contact someone.
- ✓ **Being mindful of common coping strategies that may not help some neurodivergent people.** Reading printed books or journalling may not appeal to someone who's dyslexic. Team sports or hands-on activities are unlikely to be helpful to someone who is dyspraxic without appropriate support. Social groups may not be helpful places for an autistic person. Strategies that rely on the ability to control what they think about and when are unlikely to work well for people with untreated ADHD.
- ✓ **Expecting that someone might read from or take notes for support.** Neurodivergent people may use notes or scripts to help them during counselling or support sessions.

Emotional support

- ✓ **Support for people to grieve in their own way.** Bereavement rituals and practical ways to channel fixation can be especially helpful to a neurodivergent person.
- ✓ **Clear boundaries in a group setting.** Balancing a person's right to express feelings with their responsibility to manage those feelings. Quiet rooms and other support for sensory needs can help with this.
- ✓ **Being aware that someone might take things that are said to them very literally or react very intensely.** After a bereavement, people often make promises in the heat of the moment which are difficult to stick to or easily forgotten later, like: "I'm always here if you ever need to talk!" or "Let's all meet up every year on the anniversary!" A neurodivergent person may take these literally, leading to hurt and disappointment.

Similarly, a simple question or remark might lead to a long and overly detailed response. A good counsellor or listener can help someone understand and navigate situations like these.

- ✓ **Being patient when asking questions, especially hypothetical questions.** A neurodivergent person might not understand the reason for questions or be able to answer questions effectively. This can be due to literalness as above, or because of difficulty organising thoughts. Counsellors and listeners are often trained to ask hypothetical questions rather than give advice, such as: "And how do you think writing to your sister will make her feel...?"

A neurodivergent person might struggle to quickly place themselves in a hypothetical situation, especially one that might make them more anxious. At times, giving direct advice may be appropriate to prevent harm to themselves or other people. For example: "I can feel that writing to your sister is important to you right now and that's understandable. But I would be concerned about the effect it might have on both of you, because..."

- ✓ **Supporting people to maintain relationships with others following the loss.** This might be challenging for a neurodivergent person, especially where one person wants to talk about the loss and the other doesn't. You can be supportive by trying to help someone reach a compromise. For example, helping them find ways to acknowledge the loss with others if this is difficult, or gradually find other topics to talk about with others if they are fixated on it.

A neurodivergent person might be highly preoccupied with what other people think of them, which is likely to stem from their past experiences of social rejection. Try not to either dismiss these fears of paranoia or over-affirm them when they might not be true.

- ✓ **Understanding why a neurodivergent person might have been in certain kinds of relationships.** Finding it difficult to fit in with neurotypical social norms can lead to a cycle of difficult relationships and low self-esteem. ADHD has been linked to inconsistent levels of the neurochemical dopamine in the brain, which can also make someone more likely to be involved in seemingly unhealthy or chaotic relationships. People who die by suicide are more likely to have had difficult relationships. Being aware of this can be helpful in supporting someone who has been bereaved.
- ✓ **Accepting that someone else’s neurodivergence may matter to a bereaved person.** Trying to label people who are no longer alive is often seen as unhelpful or disrespectful. But if a bereaved neurodivergent person thinks or knows that the person who died was neurodivergent, let them explore this in a way which helps them.

Following a bereavement, a neurodivergent person may need more support than you can see or than a single service can provide. A joined-up approach to support with a willingness to signpost people elsewhere is important.

Things to avoid

“ Since my friend died, a mutual friend who messaged me with the news has never spoken to me. A counsellor couldn’t understand why this upset me so much and asked why I felt ‘owed’ anything, which made me feel even worse.”

– *Roundtable participant*

- ⊗ **Avoid euphemisms or platitudes around death.** “Passed away.” “Everything happens for a reason.” These can be confusing for some neurodivergent people, or simply annoying.
- ⊗ **Avoid heavy assumptions about how someone is feeling,** especially assuming they feel guilty about the suicide. Neurodivergent people have often experienced denial of how they are feeling or insistence they feel something they don’t feel. This can be particularly distressing following a bereavement.
- ⊗ **Avoid sounding judgemental.** A neurodivergent person may find it hard to articulate why something is important to them. Try to be patient, even if you can’t understand why, or why someone could believe something would be helpful.

Recognising that someone may be neurodivergent

If you are a professional involved in bereavement support, it is likely you will have come across people who are neurodivergent and do not know they are. Unsupported neurodivergence can be difficult to recognise after a sudden death as some aspects can appear similar to grief. However, these are some indications:

- **A history of emotional distress or an existing mental health diagnosis.** For a neurotypical person, a bereavement is more likely to have been their first experience of a difficult life event or of seeking emotional support from a professional.

It is common for neurodivergent people to have faced significant challenges at home, school, work and in relationships and/or been in contact with mental health professionals or listening services throughout their lives. They may have been diagnosed with mental health conditions such as anxiety, depression, obsessive compulsive disorder, post-traumatic stress or a personality disorder.

- **Dyslexia or dyspraxia.** Adults who were identified as dyslexic or dyspraxic at school or in higher education may also have unidentified ADHD and/or autistic traits.
- **Existing health conditions that are common alongside autism and ADHD.** particularly epilepsy, gastrointestinal conditions, eye conditions, chronic pain and being born prematurely.
- **Clumsiness or physical awkwardness** such as standing too far away or too close, confusion over where to sit or stand, or missing physical cues.
- **Difficulty remembering and taking in new information.** This is common to all recently-bereaved people. However, for a neurodivergent person this will be more profound and less temporary. Auditory and sensory processing problems are more common for neurodivergent people.
- **Uneven abilities.** Everyone is good at some things and less good at others. For a neurodivergent person these strengths and weaknesses tend to be more defining.
- **Fixation and rumination.** It's usual to be fixated on a person who has died or death, especially a sudden and unexplained death. For neurodivergent people, fixations are more of a pattern than a phase.
- **Drug or alcohol misuse.** Rates of drug dependency are higher in neurodivergent people, their families and friends.
- **A need for support from others.** A neurodivergent person may need support from family or a partner more than others, especially if their neurodivergence is unrecognised.
- **Friends or family members with similar traits.** A neurodivergent person is likely to have friends or family who are also neurodivergent.

For many, finding out about neurodivergence is a great relief which explains not only their grief but much of their life. However, someone who has been bereaved may find the idea of being assessed daunting and difficult. It's important to work with someone at whatever pace they're comfortable with.

About this guide

Maxine Roper is a neurodivergent content writer and speaker. She is the author of *Finding the Words*, a member of the National Suicide Prevention Alliance (NSPA)'s Lived Experience Network and a Fellow of the Royal Society of Arts.

Thanks to:

Catherine McGill – Lived Experience Influencer, NSPA
Ambitious about Autism
ADHD Foundation
Autistica



Support
After Suicide
Partnership

Support After Suicide Partnership is an organisation hosted by Samaritans, registered charity number 219432 and SC040604. Copyright Samaritans 2024.