Neurodiversity

Towards aligned, responsive, and rigorous appraisal of neurodiversity affirming mental health research: the Neurodiversity Appraisal Tool (NeuDAT)

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Abstract:	Neurodiversity has gained rapid scholarly, clinical, and community momentum. This includes the inclusion of understanding neurodiversity approaches as a new mandated competency for Australian psychologists to gain and maintain registration to practice. Consensus regarding the core conceptual features and effective application of neurodiversity affirming principles in research is evolving and the field lacks a standardised tool to guide the interpretation, appraisal, and assessment of neurodiversity affirming mental health research. This includes moving beyond narrow Western ontologies of neurodiversity that often prevail in contemporary scholarship. Moreover, policymakers require guidance on the creation of inclusive policies that are aligned with neurodiversity affirming best-practice, which includes trauma-informed care, and commitment to cultural responsivity. Above all, it is imperative that neurodivergent people and communities continuously benefit from, shape the priorities of, and remain centralised. This includes ensuring neurodiversity affirming approaches do not reinforce colonial assumptions about independence, productivity, and normative functioning. In this Community Perspective, we draw upon our collective researcher-clinician-lived-experience expertise to synthesise current neurodiversity conceptual evidence and distil key principles for the application to mental health research. The resulting Neurodiversity Appraisal Tool (NeuDAT) is a qualitative instrument to guide clinicians, educators, policymakers, researchers, and other evidence consumers in appraising neurodiversity research.

What is already known about the topic?
Neurodiversity affirming approaches are essential in mental health research to address historical research practices that excluded neurodivergent views and experiences. However, there is very little guidance on what a neurodiversity affirming approach is in research. This is a particularly current issue with the 30,000 Australian psychologists now mandated, under new national competency standards, to hold an understanding of neurodiversity approaches.

What this paper adds?
We brought together a multi-disciplinary group of experts including lived and living experience of neurodivergence (including parents, families, carers, and supporters of neurodivergent people), and through a process of exchanging knowledge, including published evidence on neurodiversity affirming approaches and multiple rounds of revisions with the authorship group, we developed a tool to assess neurodiversity affirming mental health research. The NeuDAT provides guiding questions to apply to research to understanding the extent to which neurodiversity affirming approach has been adopted.

Implications for practice, research or policy
The NeuDAT supports aligned, responsive and rigorous appraisal of neurodiversity affirming mental health research. The implications for practice include providing guidance to professionals in their assessment of research and therefore supporting better translation of neurodivergent views and experiences into mental health practice. Researchers can utilise the NeuDAT across the research stages to ensure neurodivergent views and priorities are consistently centred. Policy-makers can utilise the NeuDAT in understanding how to apply appropriate evidence to ensure neurodiversity affirming systems and settings to address inequities for neurodivergent communities.

Abstract

The concept of neurodiversity has gained rapid scholarly, clinical, and broad community momentum. This includes the inclusion of *understanding neurodiversity approaches* as a new mandated competency for Australian psychologists to gain and maintain registration to practice. Consensus regarding the core conceptual features and effective application of neurodiversity affirming principles in research is evolving and the field lacks a standardised tool to guide the interpretation, appraisal, and assessment of neurodiversity affirming mental health research. This includes moving beyond narrow Western ontologies of neurodiversity that often prevail in contemporary scholarship. Moreover, policymakers require guidance on the creation of inclusive policies that are aligned with neurodiversity affirming best-practice, which includes trauma-informed care, and commitment to cultural responsivity. Above all, it is imperative that neurodivergent people and communities continuously benefit from, shape the priorities of, and remain centralised. This includes ensuring neurodiversity affirming approaches do not reinforce colonial assumptions about independence, productivity, and normative functioning. In this *Community Perspective*, we draw upon our collective researcher-clinician-lived-experience expertise to synthesise current neurodiversity conceptual evidence and distil key principles for the application to mental health research. The resulting Neurodiversity Appraisal Tool (*NeuDAT*) is a qualitative instrument to guide clinicians, educators, policymakers, researchers, and other evidence consumers in appraising neurodiversity research.

Background

Grounded in human rights approaches and social models of health and wellbeing, neurodiversity frameworks recognise the rich and expected diversity of human development (1). They accept neurodifferences as natural developmental variations, steering away from deficit-focused and medicalised explanations of human variation (McGrattan, 2025). As a socio-cultural movement neurodiversity has rapidly become recognised as an essential epistemological shift across health, medical, psychiatry, disability, sociological, human rights, social justice, political, and other research disciplines (McLennan et al., 2025). This has important implications for the practice standards for safe and ethical research, which must continuously evolve in accordance with contemporary societal norms and expectations (Miteu, 2024). Here we refer to *neurodiversity* as the descriptive arching concept, framework and paradigm, and *neurodiversity affirming* and *neuroaffirming* approaches (interchangeably) as the application of neurodiversity as a concept in practice. *Neurodifferences* relate to neurological variations that differ substantially to broader population including thinking, learning, processing, communication, sensory, emotion, behavioural and other differences.

Neurodivergence includes - but is not limited to - Autism, Attention Deficit Hyperactivity Disorder (ADHD), Specific Learning Disorders including dyslexia, and Obsessive Compulsive Disorder. These diagnostic labels reflect clinical nomenclature that sometimes employs deficit-based and disorder-oriented framings as opposed to neurodiversity affirming approaches, but they are referred to here because they remain the prevailing language within research, clinical practice, and policy contexts (McGinty-Minister, 2026). In contrast to deficit-based frameworks, neurodiversity affirming approaches (also referred to throughout interchangeably as neuroaffirming approaches, reflecting the breadth and diversity of preferred terminology in contemporary scholarship) highlight the significance of social and environmental accommodations, addressing harmful normative standards, and recognises historical inequities in research, policy and practice in understanding neurodifferences (Botha & Gillespie-Lynch, 2022). Human-rights principles inform neurodiversity approaches, in ensuring equality, mutual respect, power sharing, and accountability for practices that fail to adhere to these principles.

Historical exclusionary practices are particularly evident throughout research focused on neurodivergent groups (D'Mello et al., 2022). Many of the past efforts to address challenges experienced in the context of neurodivergence have targeted adjustments to the individual (e.g., teaching neuronormative social skills to neurodivergent people), rather than removing or reducing social and physical environmental barriers (e.g., fostering neurodiversity affirming environments); in other words, there has been a historical attempt to 'normalise' neurodivergent individuals in line with neuronormative expectations (McLennan et al., 2025). Where individual agency, preferences, and capacities to adopt neuronormative behaviours are not considered, intervention success tends to be attributed to unwillingness or incapacity within the individual, rather than recognised as a context-dependent and relational outcomes.

Despite being well-intentioned (if not misinformed) this has placed disproportionate burden on neurodivergent individuals and the broader neurodivergent population to adapt to misalignments between individual needs and socio-environmental demands (Aguirre Mtanous et al., 2026; Cleary et al., 2023). For example, Milton et al. (2022) highlighted the injustice of holding the autistic community as solely responsible for adapting to meet normative standards (i.e., exemplified in the 'double empathy problem') (Milton et al., 2022). By emphasising an inherent asymmetry in expectations, they bring to attention the observed effect of autistic-to-autistic communication whereby social communication difficulties are often reduced. Navigating communication discrepancies is a societal, community, and whole-of-population responsibility, not solely autistic people. Such historically individualising approaches

contribute to place disproportionate burden on neurodivergent people and contribute to poorer mental health outcomes observed among neurodivergent communities (Cleary et al., 2023).

Inequitable mental health outcomes are reported for neurodivergent people across the mental health continuum (Choi et al., 2022; Cleary et al., 2023; French et al., 2024; Hossain et al., 2020). This includes tragic estimates that autistic adults experience a 25-fold increased risk of suicidality compared to non-autistic adults (Conner et al., 2023). Neuroaffirming reform therefore has direct relevance throughout psychiatry, tertiary mental health settings, psychopharmacological, and other settings providing treatment of severe mental ill health and suicidal distress response. Neurodivergent lived experiences support this reform. Despite high utilisation of such services a consistent reported barrier among neurodivergent people and their families, carers, and supporters includes low levels of understanding among service and professionals understanding of neuroaffirming practice, which contributes to exacerbated distress, poorer outcomes, and adversely impact further help-seeking due to risks of re-traumatisation (Hotez et al., 2024; Mazurek et al., 2023; O'Connor et al., 2024).

Evidence-based practice is gold standard for ensuring rigorous and high-quality mental healthcare. Therefore, inadequate representation of community priorities in research continues to impact mental health inequities for neurodivergent people (Hotez et al., 2024). Individuals assigned female at birth for example, are more likely to experience delayed ADHD diagnosis, owing to historically underexplored unique expressions and experiences in research, resulting in diagnostic criteria that inadequately respond to unique expressions (D'Mello et al., 2022). Delayed diagnosis increases risk of anxiety, depression, and maladaptive coping (Attoe & Climie, 2023). Challenges with executive functioning (e.g., task initiation, planning, emotional regulation), as a core feature of ADHD can impact relationship formation, academic engagement, work, and other life domains. Delayed diagnosis therefore can increase vulnerability for individuals assigned female at birth across multiple life domains (Attoe & Climie, 2023). Recognising and addressing such historical inadequacies of the research evidence to date is essential to avoid perpetuating inequitable mental health and other poorer outcomes. This includes reconsidering dominant health frameworks that are consistently adopted throughout research and practice, but largely conceptualise health as it relates to Western paradigms of health and wellbeing (Dudgeon et al., 2022; Limenih et al., 2024; Rhodes, 2019). As such, it is essential that contemporary neurodiversity approaches must further seek to understand and centre the experiences of those experiencing intersectional disadvantage, and ensure genuine commitment to challenging dominant discourse.

Neurodivergent individuals also experience disproportionate exposure to interpersonal violence, victimisation, and coercive control across the lifespan, making trauma-informed approaches foundational to neuroaffirming practice (Fox, 2025; Fox et al., 2025). Critically, these patterns are often framed as reflecting individual vulnerability associated with neurodivergence. This obscures the relational, organisational, and systemic conditions that produce risk, limit protection, and constrain access to appropriate support. Reframing trauma exposure as a product of social exclusion, power imbalances, and inadequate systems of care shifts attention toward the responsibility of institutions and services to respond in ways that are safe, inclusive, and trauma-informed and to mitigate retraumatisation (Health & Services, 2014). Trauma-informed care approaches therefore also provide a critical framework for recognising cumulative harm, mitigating re-traumatisation, and promote safety, trust, and empowerment within services and institutions engaging neurodivergent individuals.

Unsurprisingly, there have been rapid and scaled efforts to adopt neurodiversity affirming approaches in research and practice to address these gaps. This includes an average year-on-year increase of 40% in scholarly outputs including '*neurodiversity'* as a term between 2000

and 2022 (Shah & Holmes, 2023). A recent scoping review found the most consistent feature of neurodiversity approaches (other than that the concept is best described as *evolving*) was acceptance of neurodifferences as a result of natural human variation, and alignment of neurodiversity with social justice, disability- and human- rights movements (McLennan et al., 2025). Further components were: neurodivergence as inseparable to identity, strengths-based acceptance of difference, and environmental supports for neurodivergent differences (McLennan et al., 2025). The significance in terminology for neurodiversity approaches (e.g., identity-first terminology as preference) was highlighted, including the variations of preference and diversity of neurodivergent views and priorities (McLennan et al., 2025), mirroring broader acknowledgment of the influential role of historical language and terminology in perpetuating systemic inequity and reinforcing marginalisation (McGinty-Minister, 2026).

Recent reform in Australian psychological practice has centred neuroaffirming approaches as core practice. As of December 2025, Australian Registered Psychologists are mandated by the Psychology Board of Australia to '*Understand neurodiversity .... approaches to supporting people with developmental disability'* and must demonstrate the *'ability to adapt psychological practice and make reasonable adjustments'* (Psychology Board of Australia, Professional Competencies for Psychologists, Competency 7.9*)*. This represents the first-time neurodiversity has been articulated as a mandated core competency for Australian psychologists. The expected impact extends far beyond psychological practice, noting the broader influence from the psychology discipline on education, health, and workplace settings that are informed by psychological sciences. Neurodiversity affirming mental health approaches have been associated with improved mental health outcomes for neurodivergent people, whereas inadequate affirmation has been associated with greater symptom severity and poorer support experiences (Kroll et al., 2024). Practitioners report low confidence, knowledge and competency in supporting neurodivergent clients in clinical settings (Morris et al., 2023). Indeed, an umbrella review of mental health interventions for autistic adults found little evidence that approaches were responsive to neurodivergent experiences, preferences, and neurodiversity affirming principles (Curnow et al., 2023). Practitioners are now faced with the difficult reality (and ethical challenge) that neurodivergence is not only common among client and general populations, but that historical approaches to psychological practice are inadequate.

To add to these challenges, there remains an evolving consensus and disagreement in what constitutes a neurodiversity affirming approach. For example, concerns have been raised that advocacy for strengths-based approaches may be insufficient if applied too rigidly and may be misunderstood as devaluing clinical or medical support, disproportionately and adversely impacting people and families with high support needs (Srinivasan, 2025). Despite recent progress, including a Delphi-consensus defining neurodiversity affirming practice in the context of Australian psychologists working with autistic adults (Flower et al., 2025), there is no standardised scope of competency for neuroaffirming approaches in psychological practice. Srinivasan (2025) also highlights cultural limitations in neurodiversity discourse, which can reflect dominant Western societal values, such as equating autonomy with functioning without assistance (Srinivasan, 2025). Indeed, the recent Psychology Board of Australian competency reform also mandates the competency of culturally-responsive practice, including the *ability to reflect on and learn from Aboriginal and Torres Strait Islander cultures and Aboriginal knowledges* (Competency 8.5). Clinicians therefore must be equipped with understanding of neurodiversity affirming approaches in the context of broader sociocultural contextual factors, such as mental health being relational, cultural and structural. The critical need to address intersectional experiences of neurodiversity, including through trauma informed care, decolonial frameworks and Global Majority epistemologies, is essential (Nair et al., 2026).

There remains a critical gap in fully accounting for Indigenous epistemologies, particularly those of Aboriginal and Torres Strait Islander Peoples. Neurodiversity discourse, like many contemporary health frameworks, risks reproducing Western individualised constructs of identity, autonomy, and functioning (Nair et al., 2026). First Nations perspectives position wellbeing as inherently relational—embedded within kinship systems, Country, community, and collective responsibility (Dudgeon et al., 2025; Gee et al., 2014). Without this grounding, neurodiversity frameworks may inadvertently reinforce colonial assumptions about independence, productivity, and normative functioning.

Distilling such conceptual complexities, respecting diverse views, and translating to a guidance framework to appraise mental health research given recent reform, is an ambitious task. There are also practical, ethical, and contextual considerations in applying standards to research through an appraisal process when research can often be resource-limited, discipline-specific and where full implementation of principles may not be feasible. At the same time, there remain substantial risks in the current state, including a lack of guidance on neurodiversity affirming mental health research, reporting standards, or translational frameworks for applying neurodiversity research to psychological practice. Rapid uptake of recognition and interest in neurodiversity has led to researchers identifying - presumably without ill intent - as conducting neurodiversity affirming research with little justification as to how such an approach has been adopted. Low regard to underlying conceptual complexities poses many risks, including ongoing failure to centre and meaningfully engage lived experience (e.g., terminology used in research in which authors identify adopting a neuroaffirming approach, can be inconsistent with community preferences).

The need for guidance on appraisal for neurodiversity affirming approaches in mental health research is urgent with the >30,000 psychologists in Australia who are, as of December 2025, mandated to ensure understanding of *neurodiversity approaches* in psychological practice. The recently launched *Australian National Autism Strategy 2025-2031* and the *Australian National Roadmap to Improve the Health and Mental Health of Autistic People 2025-2035*, developed through co-design with lived experience and insights from autistic people, families, carers, advocates, researchers, and other stakeholders, seeks to ensure strengths-based and autism-affirming care as standard clinical practice. Comparable momentum is also evident in the United Kingdom. For example, in England, the *National Strategy for Autistic Children, Young People, and Adults 2021-2026* has formalised cross-sector commitments to improving autistic people's lives, while updated (2023) Health and Care Professions Council standards for practitioner psychologists require bias reflection and the ability to make (and support) reasonable adjustments in practice.

In the context of such significant international reform and uptake, and with acceptance that no single framework can evaluate all types of mental health research, it is essential that guidance be provided to address historical harms, strengthen alignment across research, policy, and practice, and, above all, to ensure that the priorities of neurodivergent people and communities remain centred. The aim of this Community Perspective, building upon the literature summarised in this background, our collective clinician-lived experience-research expertise, and pre-existing practice-based guidelines that guide ethical neurodiversity affirming research conduct (e.g.,(Horton et al.; Nicolaidis et al., 2019)) was to synthesise current neurodiversity conceptual evidence and distil key principles for the application to mental health research. Guided by existing appraisal tools and review findings we sought to a) develop key questions

based on the literature and b) propose an initial appraisal tool to guide neurodiversity affirming mental health research and research practices.

The authorship team included research, clinician, and lived experience (i.e., neurodivergent authors, lived and living experience of mental ill health, family, carers and supporters of neurodivergent people) expertise. The authorship expertise further spanned neurodiversity, public health, population health, First Nations leaders, Indigenous knowledge systems, social, emotional and cultural wellbeing, education, psychiatry, health promotion, community-based mental health prevention and early intervention, suicide prevention, implementation scientists, human-rights, disability, and lived and living experience research leadership. Further, our authorship team included practising mental health professionals (i.e., psychologists) across a range of endorsement areas (i.e., clinical, educational, performance, developmental, and community). All authors commit to upholding neurodiversity affirming practice and research. We recognise it is unlikely a single framework or tool will entirely capture all nuances of neurodiversity affirming approaches, but that guidance can mitigate harm perpetuated through mis intended adoption of the approach. The authorship team reviewed and agreed to the underlying concepts and principles which informed this work and considered biases inherent in individual approaches to knowledge exchange. The authorship group recognise and commits to the ongoing advocacy for neurodivergent people and communities in recognising historical harms in research practices and in ensuring self-determination for neurodivergent people. Our authorship team includes First Nations and non-Indigenous people, and together we commit to upholding Indigenous Data Sovereignty. We recognise First Nations people as owners, controllers, and stewards of data and knowledge that concerns First Nations people, their cultures, knowledges and resources.

Method

Informed by previous methods for research tool development (Maeda et al., 2023; Whiting et al., 2017), Cochrane Rapid Reviews Methods Guidance (Klerings et al., 2023), and deductive methods (Fife & Gossner, 2024) based on conceptual features of neurodiversity affirming approaches summarised in the background section, we conducted a rapid review of current neurodiversity conceptual evidence. Given the rapid and recent progress in conceptualising features of neurodiversity and underpinning complexities, reviews were eligible if they were published in the last 5 years, from 2022 onward. We ensured a specific search and synthesis of literature (that is, of any research design) focused specifically on intersectional First Nations and neurodiversity perspectives as commitment to accountability towards Indigenous epistemologies. Key neurodiversity components and principles from literature sources were thematically analysed (Braun & Clarke, 2006) and distilled into guiding questions informed by existing appraisal tools and research guidance frameworks (e.g., (Harfield et al., 2020) (Dark, 2024)). These findings were shared for review and feedback among the authorship group, who collectively determined the items that were proposed in the final tool. Principles and resultant items in the tool relating to Indigenous knowledges were accessed, controlled and determined by First Nations team members, in accordance with Indigenous Data Sovereignty.

Guiding principles identified from the review were translated into appraisal items through an iterative, deductive process following previous methods for research appraisal tool development (Ahmed et al., 2025; Fife & Gossner, 2024; Maeda et al., 2023). Each principle was operationalised into observable features of research practice, informed by existing appraisal frameworks and participatory research guidance. Draft items were developed and refined through collective knowledge exchange within the authorship group, with attention to validity, clarity, applicability across research contexts, and alignment with neurodiversity

affirming, and human-rights approaches. Consensus was reached through iterative review, resulting in the final set of NeuDAT items. Consistent with early-stage tool development (Maeda et al., 2023; Munn et al., 2014), the NeuDAT has not yet undergone formal evaluation or usability testing, and is intended as a preliminary framework to guide appraisal.

Findings

The findings of the rapid review indicated six interconnecting guiding principles. These principles informed the development of corresponding appraisal items, operationalised within the NeuDAT tool. It is noted this summary of evidence and subsequent principles are by no means comprehensive and should not be interpreted as exhaustive. A commentary of the guiding principles are as follows, and the principles, the evidence supporting their extraction, and the application to research appraisal based on existing tools, are reported in Table 1.

Neurodiversity affirming approaches acknowledge the broad and expected variations of humans, and focuses on environmental adjustments and accommodations.

A key defining feature of neurodiversity throughout the review evidence was the recognition of the broad and varied neurodifferences spanning social, communication, emotional, behavioural, and other characteristics that are normal and expected variations of the human population. Further, the evidence recognised harmful impact of historical approaches to mental health research and practice, which viewed neurodifferences as deficits, which universally required corrective intervention. This does not necessarily indicate that intervention is not warranted, but individuals, families and carers require genuine agency and choice in intervention. As such, the identified reviews described that neurodiversity affirming approaches identify the essential role of environmental targets for addressing difficulties and challenges, as well as the importance of environmental-individual fit, and genuine agency and choice. Environmental factors must be understood not only as immediate social or physical contexts, but as shaped by ongoing colonial structures, including racism, dispossession, child removal, and over-incarceration. These structural determinants profoundly shape neurodivergent experiences and mental health outcomes for First Nations Peoples.

Diversity in perceived conceptual features of neurodiversity is evident.

There is considerable variation in how neurodiversity is conceptualised within the literature. Reviews examining neurodiversity consistently identify that the most appropriate descriptor for the field is *evolving*. For example, the term neurodivergent has often been used in the context of ADHD and autism, representing the set of developmental differences that substantially vary from typical human development. However, there is consideration as to whether all neurocognitive differences – for example, including those acquired through injury – are considered neurodivergent. Recognition of the diverse views and neurodiversity as an evolving concept was regularly discussed through the identified reviews, and acknowledgement of diverse views and preferences was a consistent emerging feature. This was further exemplified through the recognition that a single approach or framework was unlikely achievable given the breadth, application, and diversity of views in the field. A highlighted limitation was the tendency of neurodiversity conceptual research to remain positioning in dominant Western discourse of health and wellbeing, focusing on individual autonomy, without integration of relational, collective informed concepts that comprise health and wellbeing. Diversity of conceptual features was an essential component, alongside the recognition that accountability to diverse epistemologies is also essential.

Strengths-based, trauma-informed approaches are accepted as essential.

The reviewed literature indicated that neurodiversity affirming approaches are underpinned by the assumption that individual diversity should be valued and respected, and that being

neurodivergent is not inherently adverse; rather, it is associated with a greater likelihood of adverse experiences, including low community awareness and exposure to stigma, abuse and discrimination, that shapes outcomes. The reviewed literature recognised that neurodivergent community views have historically been excluded from research and practice and that health and mental health services (which are ultimately informed by such research) have been inadequate in implementing affirming practices. This further necessitates the need for trauma-informed approaches, given that many neurodivergent people may have experienced poorly equipped health, community, research and other settings and services, and such approaches inherently acknowledge the need for physical and emotional safety alongside respect, acceptance, and empowerment. Grounded in a strengths-based and neurodiversity-affirming perspective, trauma-informed care foregrounds the importance of understanding how past and ongoing adverse experiences shape engagement with services, research, and institutions. It emphasises the creation of physically and emotionally safe environments, alongside practices that promote respect, acceptance, agency, and empowerment.

Self-determination for neurodivergent people is upheld.

The reviewed literature recognised imbalanced power relationships which have characterised neurodivergent people and their engagement with research, mental health and other services, ultimately negatively impacting autonomy and opportunities to contribute to decision-making related to the factors that impact functioning. The literature discussed medical terminology (e.g., deficit, disorder, restricted) designed to describe different types of neurodivergence as contributing to stigma towards neurodivergent people. The significance of terminology for neurodiversity affirming approaches (e.g., identity-first terminology as a preference for the majority and noting diversity of preferences) was highlighted as an essential mechanism for upholding sovereignty and self-determination for neurodivergent people. Priority groups were recognised, referring to the unique experiences of individuals who face multiple intersecting identities. Self-determination within neurodiversity research must extend beyond individual autonomy to encompass collective, cultural, and relational dimensions of decision-making. For First Nations Peoples, self-determination is inseparable from sovereignty, kinship obligations, and responsibilities to community and Country. This challenges dominant Western framings that prioritise independence as a marker of wellbeing, instead recognising interdependence, reciprocity, and relational accountability as central to human flourishing.

Community priorities, views, and experiences are embedded across all research stages.

The reviewed literature aligned with broader human-rights frameworks and the need for prioritising participatory research methods and shared decision making where appropriate. Neurodiversity affirming research practices included shared power, genuine collaboration and input for neurodivergent priorities, including priority setting for research aims, co-design and other collaborative methodologies, and translation of research findings that ensure impact and improved outcomes for neurodivergent populations.

Neurodiversity research must be accountable to Indigenous sovereignty, relationality, and Country.

This includes recognising that research occurs on unceded lands, is shaped by colonial histories, and must be accountable to First Nations governance structures. Research must move beyond inclusion towards Indigenous leadership, data sovereignty, and community-defined benefit. This requires embedding Indigenous methodologies, privileging local knowledges, and ensuring that research processes and outcomes do not reproduce harm.

Table 1. Guiding principles, underpinning evidence, and items used to develop the *NeuDAT* tool

Guiding principles	*Neurodiversity affirming approaches acknowledge the broad and expected variations of humans, and focuses on environment.*	*Diversity in perceived conceptual features of neurodiversity is acknowledged.*	*Strengths-based, trauma-informed approaches are accepted as essential.*	*Self-determination for neurodivergent people is upheld.*	*Community priorities, views and experiences are embedded across all research stages.*	*Neurodiversity research must be accountable to Indigenous sovereignty, relationality, and Country.*
Example supporting evidence from identified reviews (*not exhaustive*)	The principles of human rights and social models of disability, health and wellbeing align with neurodiversity affirming approaches (Dwyer, 2022; Gray et al., 2025; McLennan et al., 2025). Neurodevelopmental differences, such as ADHD and autism, are considered within the rich diversity and broad variation of human development (Dwyer, 2022; McLennan et al., 2025). Historically research has predominately focused on individual factors, as opposed to environmental factors (Dwyer, 2022). There exists rich variation in human cognitive, sensory and communication (Goldberg, 2023).	*Evolving* as the most acceptable definition of neurodiversity (Dwyer, 2022) Neurodiversity is often misunderstood, and often used without understanding of its complexity (Grummt, 2024) Some consensus, but contrasts and debate remain. Tensions associated with the term. (McLennan et al., 2025) Disproportionate representation of community, noting neurodivergence is also evolving (Goldberg, 2023).	Being neurodivergent is not a negative outcome but places an individual at a greater likelihood of adverse experiences including exposure to trauma (Black et al., 2024). Importance harnessing strengths and inherent diversity of all people (Goldberg, 2023). Neurodivergent people are likely to have experienced health and other services with inadequate support for neurodevelopmental differences, and mis-diagnosis is common, thus trauma-informed approaches are required given likelihood of such experiences (Gray et al., 2025). This includes seeking to actively prevent retraumatization.	Unbalanced power relationship whereby decision making has disadvantaged neurodivergent people and their autonomy (Acevedo & Stolz, 2024). Medical terminology for neurodivergence (e.g., deficit, disorder, restricted) can be stigmatising, subjective, and value-laden (Grummt, 2024). Neurodivergence as inseparable to identity. The significance in terminology for neurodiversity approaches (e.g., identity-first terminology as preference) was highlighted. Diversity or difference, not disorder or deficit. (McLennan et al., 2025)	Meaningful input from neurodivergent people, including in leadership and governance. Highlight lived experiences as expertise. Promote autonomy (Acevedo & Stolz, 2024). Awareness that disadvantages experience is caused by, and can therefore be improved through, practice (Grummt, 2024). Inseparable aspect of identity. Neurodivergent voice should be central. Research required to improve understanding and support (McLennan et al., 2025).	Neurodiversity mental health research occurs on unceded lands, is shaped by colonial histories, and must be accountable to First Nations governance structures (Bruno et al., 2025; Nair et al., 2026; Simpson, 2021). Research must move beyond inclusion towards Indigenous leadership, data sovereignty, and community-defined benefit (Illes et al., 2025). This requires embedding Indigenous methodologies, privileging local knowledges, and ensuring that research processes and outcomes do not reproduce harm.
Examples of successful application	•The research utilises strengths-based language throughout,	•Definition of neurodiversity adopted is provided, with justification, and	•Adopts trauma-informed principles (e.g., AIFS Principles for doing trauma-informed research and	•Research capacities are enhanced to benefit neurodivergent people.	•Reflexivity from the research team. •Utilises guides e.g., AASPIRE Practice-based	•Cultural validity has been assessed regarding First Nations research values and knowledges.

to research appraisal	and differences are respected. • Research is conducted through a neurodiversity informed paradigm, which is described and defined.	acknowledgement of evolving nature and diverse views.	program evaluation) (MacDonald et al., 2024). •The unique views and priorities of specific neurodivergent groups are recognised. •Recognises efforts to address historically inadequate research and practice and move beyond such practices.	•Lived experience is centred and self-determination is ensured. •Research team continuously assess to ensure the benefits for the neurodivergent community are ensured across all research stages.	guidelines for the inclusion of autistic adults (Nicolaidis et al., 2019), or the Autism CRC Participatory and Inclusive Autism Research Guides. •Guides used such as the NHMRC Self-assessment of consumer and community involvement in research.	•Utilises tools and guides such as First Nations Cultural Validity Assessment Tool (O'Gradey-Lee et al., 2026), and adheres to the AITSIS Code of Ethics •Commitment to upholding Indigenous Data Sovereignty (Trudgett et al., 2022).

Table 2. *Neurodiversity affirming mental health research Appraisal Tool (NeuDAT)*

***NeuDAT* items**	**Response (Yes/No/Unclear)**	**Justification** *[Examples]*
(1) Did the research acknowledge and define neurodiversity affirming approach adopted?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•Reference to theory and neurodiversity concepts that inform the study, and application of the theory evident throughout. •Authors consider factors beyond individual-level such as socio-cultural, structural, systemic, environmental factors that shape outcomes].*
(2) Was the neurodiversity affirming approach apparent throughout the research cycle?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•Consistency in neurodiversity concepts and alignment to adopted framework was apparent throughout the research cycle, including in the methods and outcome measures chosen. •Authors recognise historical research may be limited in affirming terminology and ensures efforts to communicate findings in accordance with neurodiversity approach. •The research demonstrates substantive integration of neurodiversity principles beyond terminology.]*
(3) Is the diversity in views of the conceptual features of broader neurodiversity affirming research and community views acknowledged?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•The authors reference diversity of views that exists in the neurodiversity field as to how it should be best applied in research practice. •The authors reference evolving consensus of neurodevelopmental differences recognised as neurodivergence.]*
(4) Is there reflection on chosen terminology, how the terminology reflects the preference of neurodivergent people?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•Authors make reference to chosen terminology (e.g. autistic person versus people with autism), and provide reference as to how decision making occurred, and that the chosen terminology reflects preference of neurodivergent community. •Deficit-oriented framing is unlikely to correspond to neurodiversity affirming approach, but also may be clinically appropriate.]*
(5) Did the authors adopt and describe a strengths-based and trauma informed approach?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•Social, communication, behavioural and other differences are respected. •The value of all humans and relative development is valued. •Authors reference how power differences were managed (safety and trustworthiness). • Opportunities for engagement are transparent and participants are offered choice in when and how they engage.]*
(6) Did the authors identify and describe how it was ensured the research responded to neurodivergent community need or priority as identified by community?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•The authors describe the decision-making and priority setting process to which the research questions are derived. •Processes are determined by views, experiences and priorities determined in collaboration with neurodivergent people, communities, families, and carers.]*
(7) Were neurodivergent lived experiences are included in the research team, the broader project governance, methods, and/or how else was research capacity fostered that benefits neurodivergent people?	*Yes – evidence present* *No - evidence not present* *Unclear – unclear whether evidence is present, or partial evidence present.*	*[•There is evidence of genuine, authentic inclusion of neurodivergent lived experience (e.g., neurodivergent people, their families, carers, and supporters) throughout the various stages of the research process, such as through co-design, identified roles in the research team, through advisory groups and committees, or through adherence to relevant practice guides. Genuine and meaningful engagement with commitment to addressing historical harm is evidence, including*

		through centring intersectional experiences (e.g., (Horton et al.; Nicolaidis et al., 2019))]
(8) Did the authors identify how the research outcomes benefit neurodivergent people, their families, carers, supporters, and or communities?	*Yes – evidence present No - evidence not present Unclear – unclear whether evidence is present, or partial evidence present.*	*[•The authors describe the impact and outcomes resulting from the research which might include translation to policy or practice, and the benefits for neurodivergent people and communities as a result of this impact and translation is articulated. •Dissemination and translation of the research occurring in collaboration with neurodivergent people and groups]*
(9) Were research findings disseminated in a way specifically to ensure accessibility among neurodivergent groups?	*Yes – evidence present No - evidence not present Unclear – unclear whether evidence is present, or partial evidence present.*	*[•Translation to policy and practice are described with specific reference to mechanisms in place to ensure benefits and access for neurodivergent people. •Evidence is observed for efforts to move beyond traditional research and scientific impact.]*
(10) Did the research group engage in positionality?	*Yes – evidence present No - evidence not present Unclear – unclear whether evidence is present, or partial evidence present.*	*[•Aligning with broader human-rights, and social models of health and wellbeing, the research team include a statement of positionality which includes broader reflections on inherent biases that may impact research, and actions taken to mitigate impacts of such biases.•Positionality includes accountability to communities affected by the research, including how power, privilege, and potential harms are actively mitigated.•Researchers articulate their relationship to Country, community, and the knowledge they are producing, including obligations arising from this positioning.]*
(11) Does the research demonstrate accountability to Indigenous governance, data sovereignty, and community-defined benefit (where relevant)?	*Yes – evidence present No - evidence not present Unclear – unclear whether evidence is present, or partial evidence present.*	*[Cultural validity has been assessed regarding First Nations research values and knowledges.•Utilises tools and guides such as First Nations Cultural Validity Assessment Tool (O'Gradey-Lee et al., 2026), and adheres to the AITSIS Code of Ethics•Commitment to upholding Indigenous Data Sovereignty (Trudgett et al., 2022).]*

Potential applications

The *NeuDAT* is proposed as a complementary instrument to guide the appraisal of neurodiversity affirming mental health research and to augment clinicians, policy-makers, and researchers' knowledge of principles in research practice. The foundations for this tool development were in the recent revisions to Australian psychologist competency standards, which mandate an understanding of neurodiversity approaches to maintain registration to practice. As such, it has been prepared with the specific focus on mental health-related research, and with the specific target audience of psychologists and mental healthcare professionals in their adherence to the scientist-practitioner model. Given broader reform in mental health and healthcare including the principle of person-centred care, alongside broader progress including inclusive education systems, organisational policies to ensure diversity, inclusion and equity in the workplace, and contemporary understandings of human-rights informed ethical research practices, this tool may have great reach and application across-sectors in throughout research, policy, and practice. It may be used as a complementary tool in systematic reviews alongside

other standardised quality appraisal tools. Researchers may seek to integrate the items in their research design processes and incorporate justification within research publications relative to their consideration, as has been the case of other efforts to address historical exclusionary practices in research. It is our hope the *NeuDAT* tool is further stimulates conceptual and theoretical discussion regarding the application to research practice, and translation to neurodiversity affirming approaches in mental health and psychological practice. An adapted tool is envisaged for non-research, non-scientific settings and communities, such as for community members seeking to critically appraise the quality of information available in other public settings such as media, social media, and science communication content. We anticipate critical evaluation of our proposed principles to which we remain unwaveringly responsive to revise and improve the *NeuDAT* tool.

Limitations

This *Community Perspective* sought to provide a rapid (i.e., not comprehensive) review of evidence, and apply our collective researcher-clinician-lived experience expertise to develop a guidance tool to support (not replace) understanding of neuroaffirming mental health research appraisal. The NeuDAT represents a preliminary appraisal framework and has not yet undergone formal validation. We acknowledge that a single framework is unlikely to apply to all neurodiversity research, and that high quality, neuroaffirming research can take many forms. As an example, and as per Srinivan's description of the socio-cultural limitations in the current neurodiversity discourse (Srinivasan, 2025), there are risks in assuming strengths-based approaches exclude the use of deficit, medically focused terminology and interventions which can be clinically necessary in some contexts. We recognise the need to better understand how these principles can be applied across disciplines and settings, particularly those that do not closely align with social models of health, and within settings that may be constrained by resources or methodological requirements. These considerations will form the focus of future work, which will further explore the practical, ethical, and other considerations in applying the *NeuDAT*, including piloting through multi-stakeholder groups across diverse research contexts to understand utility, and with the intention to revise and review the tool pending such insights.

Conclusion

In this Community Perspective, we sought to respond to rapid community, scholarly, and clinician uptake of neurodiversity affirming approaches through providing a high-level summary of conceptual features and propose a tool to guide the rigorous appraisal of neurodiversity affirming mental health research. The authorship group comprises a broad range of research-clinical-lived experience expertise, First Nations and non-Indigenous knowledge holders, which collectively has enriched this Community Perspective. However, given the limitations of the rapid review methods and potential failure to incorporate exhaustive literature, rigorous piloting of the *NeuDAT* is required, and further revisions and refinements are expected. The *NeuDAT* is intended to provide broad considerations and ultimately support the design and use of research, clinical practice, and inclusive policies that benefit neurodivergent people. We have positioned this tool as a complementary asset to augment broader developments in the field and to ensure responsiveness to emerging research. There has been a rapid advancement in strengthening and ensuring that the rights and sovereignty in the context of neurodiversity are upheld. It is essential that the research, health and other professional communities continue to reflect on and engage with research and ensure genuine commitment to practices that enhance and ensure benefits for neurodivergent people and communities. Without embedding Indigenous sovereignty, relationality, and accountability, neurodiversity risks becoming another framework that names difference while leaving

underlying structures of colonial harm intact. We propose the *NeuDAT* to support the facilitation of these processes.

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