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The Ups and Downs of Neurodivergent Treatment

For anyone privileged enough to have access to modern medicine, it is not an exaggeration to claim most people know at least one person previously diagnosed with a neurodivergent disorder. These disorders can range on varying spectrums, with multiple areas of a patient's brain being affected, such as basic functioning and processing skills that those falling under the neurotypical category do not often experience. Although symptoms are usually apparent at a young age, it can still be difficult to pinpoint the cause, as they may be experiencing other varying influences.

Throughout this researched article, inclusions of factual and evidence supported statements published in peer-reviewed articles will be discussed, along with details from my own personal experiences with the diagnosis process of neurodivergent disorders. In combination, the evidence provided by research and personal accounts ultimately expose the cracks in the system of mental health care in children, young adults, and adults. The reasons behind these faults will be discussed throughout the following researched articles, coinciding with personal analyzation.

Some patients with particular disorders, specifically suffering from anxiety or depression, do not fall under the neurodivergent category as these are technically mood disorders— but unfortunately, neurodivergent disorders like ADHD (Attention-deficit Hyperactive Disorder) can also cause some patients to experience anxiety and depression as a result of the symptoms and side effects of the various medicines used to treat neurodivergent disorders. Overlaps such as these can make diagnosing ADHD and other disorders difficult, often resulting in misdiagnosing patients in situations where symptoms are repetitive.

Ultimately, the struggles with neurodivergent treatment in correlation with the mere struggles of the disorders cause this to be a rather turbulent experience. Along with this, because of the over-lapping symptoms of other mental illnesses, ADHD and other neurodivergent disorder medications are basically prescribed in one of two ways; over prescribed for patients diagnosed at a very young age and under prescribed for patients, who once recognize their symptoms and seek professional help, diagnosed after reaching adulthood. Everything is, perceptually, connected as a result of neurodivergent disorders and the intertwining of symptoms.

Noticing, experiencing, or diagnosing any disorder is extremely difficult, a diagnosis becomes a lifelong journey for those experiencing life with a newfound clarity. However, the process, due to influences both internal and external, of getting help is often a struggle and can even feel (or actually be) impossible. This may come as a surprise, because of the current and well-lasting effects of Adderall as, well...not just the medicine, but the abused stimulant prescribed to patients who are aware they do not *need* the medicine—they merely want the high and an A on a paper.

Scarily enough, this works; false patients have been scamming doctors in order to receive the medicine, which some abuse themselves and others sell to profit on the misuse. “Another issue contributing to this problem encompasses individuals who fake ADHD symptoms to obtain the ADHD diagnosis,” (Rigney 16). This unfortunate and destructive series of events has led to the chaos of many college students abusing, selling, buying, and some even accidentally overdosing on Adderall, which has understandably led to the harsher and stricter medical practice of diagnosing patients experiencing tell-tale signs of ADHD.

While the stricter enforcing of diagnosing has helped the frenzy slowly begin to dissipate, it has also impacted individuals struggling with undiagnosed ADHD. Speaking from experience, interactions with a doctor, general or psychiatric, should never result in a patient feeling helpless— and they *especially* should not feel dismissed. Unfortunately, for many doctors that treat general issues, the pressure to limit abuse of stimulants has begun to outweigh the responsibility to care for and listen to a patient (of course this is not true for all).

The issue with these experiences, other than feeling hopeless, are the effects of ADHD on education and life in general. Life before my diagnosis was a constant battle between my brain and other parts of my brain, the overwhelming feelings made it feel impossible to cope— in school and out of school. Since becoming aware of my symptoms, prior to medication, life became even harder. The realization that I could be functioning better but had so many hoops to jump through to achieve that was debilitating.

In a study conducted by Brown University, evidence shows that in youth, those with diagnosed ADHD tend to receive lower grades than those without. “The researchers found that the extent of the benefit of taking medication in terms of test performance was similar to having had one previous experience in taking the test,” (Brown 13). This observation, based on the research and evidence conducted, could not have been more accurate in my personal experience. Feeling frustrated and incapable of performing as well as those around me, despite knowing the information at hand, had a domino effect on my studies as well.

For those patients who do have the misfortune of a doctor, most likely their PCP (primary care physician) disregarding their concerns of their mental and physical health, it becomes even harder to find help elsewhere. As most psychiatrists require a referral from a PCP due to insurance purposes, patients often become stuck between a doctor who won't treat them but also

won't help them find someone who will. Once again, this is not true for all patients or doctors, most professional health physicians will do whatever is ultimately best for the patient. However, speaking again from personal experience, my first step in my mental health journey began just like this.

The pressure to limit abuse of stimulants like Adderall or Vyvanse (both ADHD medications) consequently prohibits patients truly suffering from accessing care, but this is not the only reasons this occurs. The world of private insurance in the United States has cornered patients of low-income brackets from finding a solution because of increasing prices of both physician care and medications. This statement can be confirmed with the data found in the *Clinical Psychiatry News* journal, "Between 1999 and 2010, the percentage of poor children diagnosed with ADHD rose from 8% to 12%, and public insurance coverage among these children increased significantly from 40% to 69%, noted Dr. Pastor of the National Center for Health Statistics, Centers for Disease Control and Prevention," (Wendling 4).

While this data is slightly dated, the trends of increasing diagnoses has continued to grow throughout the past decade for similar reasons. As our society (both nationally and internationally) becomes more willing to focus on mental health concerns, more people of all ages feel more confident and accepted when seeking help. Dr. Fiona Stanley of the University of Western Australia at Perth stated, "the increase in diagnosed ADHD among the poor does not represent a real increase in the incidence of the disorder, but rather that "more families are coming forward because they can."," (Wendling 12).

The growth of accessibility to mental health care has most certainly been astonishing to see via data, but the most surprising has been through conversations with those of previous generations. Specifically, hearing the struggles my mom (born in 1959) experienced with her

undiagnosed ADHD as a young adult has had lasting effects on my appreciation for where our society is now. While it is by no means perfect—and perhaps it never will be, the acceptance and willingness to better the access to medications for neurodivergent disorders is something I will never take for granted. In a society where we can voice those concerns and are even *capable* of abusing the medicine for those disorders (while less developed countries have no room to even acknowledge mental health), there is only growth in our future.

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