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Neurodivergence and Public Health: Contemporary Challenges in Comprehensive Care

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ABSTRACT

Comprehensive care for neurodivergent populations represents a contemporary challenge for public health, particularly in view of communication-related, sensory, administrative, and institutional barriers that hinder access to and continuity of care. This essay aims to analyze the obstacles to and opportunities for organizing health services guided by equity, inclusion, and humanization. A theoretical and reflective approach was adopted, based on the critical interpretation of scientific studies, clinical guidelines, and international documents addressing rights, accessibility, and comprehensive care. The discussion encompasses the heterogeneity of needs, primary health care, mental health, transitions between care settings, professional competencies, reasonable accommodations, technologies, intersectoral collaboration, and social participation. It is argued that the uniform provision of procedures does not ensure equity when access and communication conditions remain unequal. Person-centered care is advocated as requiring attentive and responsive listening, organizational flexibility, shared decision-making, and institutional monitoring mechanisms. The need to recognize co-occurring conditions without attributing all forms of distress to neurodevelopmental factors is also emphasized. The essay concludes that comprehensive care depends on coordinated networks, continuing professional education, participatory

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evaluation, and public commitment to eliminating barriers. Transforming practices requires measurable indicators and sustained policies, rather than relying solely on individual initiatives to provide welcoming and supportive care. Future research should examine outcomes and experiences across different geographical contexts and levels of care.

Keywords: Public Health; Health Equity; Health Services Accessibility; Autism Spectrum Disorder; Comprehensive Health Care.

1 INTRODUCTION

Comprehensive care is an organizing principle of public health that extends beyond the mere provision of consultations, diagnostic tests, and referrals. For neurodivergent populations, it entails recognizing clinical, communication-related, sensory, and social needs that arise across different stages of life. The concept of neurodiversity provides a framework for understanding the variability of human functioning without replacing the assessment of health conditions or individual support needs. From this perspective, comprehensive care requires health services to acknowledge individual differences while ensuring access to appropriate, timely, and continuous care (KAPP et al., 2013; PELLICANO; DEN HOUTING, 2022).

Inequalities in access to health care do not arise solely from the availability of services. Appointment scheduling practices, standardized communication, bureaucratic requirements, and sensory-intensive environments may prevent individuals from attending consultations, communicating their symptoms effectively, or maintaining continuity of care. These barriers may be particularly significant when health services are not designed to accommodate different communication styles, sensory sensitivities, and information-processing needs. Reviews of studies involving autistic adults have identified obstacles related to communication with health professionals, the physical environment, and the organization of care, highlighting the importance of adapting service delivery to individual needs (MASON et al., 2019).

From a public health perspective, the diversity of neurodevelopmental trajectories requires policies that integrate primary health care, mental health services, rehabilitation, education, and social protection. Such integration should be guided by respect for human rights and should avoid both the invisibility of legitimate support needs and the indiscriminate pathologization of human differences. Comprehensive care therefore requires a balance between recognizing clinically relevant needs and respecting individual autonomy, preferences, and ways of functioning. International reports emphasize the importance of accessible, community-based, and equity-oriented health systems capable of responding to the needs of diverse populations throughout their lives (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2021; WORLD HEALTH ORGANIZATION, 2022).

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In this context, the principle of comprehensive care also involves continuity across services and transitions between different levels of care. Fragmented referral pathways, limited information sharing, and insufficient coordination among professionals may place additional demands on individuals and their families, who are often required to navigate complex systems independently. Strengthening coordination mechanisms and establishing clear responsibilities among services may contribute to reducing these barriers and improving the responsiveness of health systems to neurodivergent populations (NICOLAIDIS et al., 2015; WORLD HEALTH ORGANIZATION; UNITED NATIONS CHILDREN'S FUND, 2023).

This essay analyzes contemporary challenges to comprehensive care for neurodivergent populations within public health services. Particular attention is given to barriers to access, coordination of care, professional competencies, and social participation. It also examines possibilities for institutional reorganization consistent with person-centered care, health equity, and social justice. By adopting a perspective that considers both individual support needs and the structural conditions shaping access to health services, the essay seeks to contribute to the discussion of more inclusive, coordinated, and responsive models of public health care (NICOLAIDIS et al., 2015; WORLD HEALTH ORGANIZATION; UNITED NATIONS CHILDREN'S FUND, 2023).

2 METHODOLOGY

This is a theoretical and reflective academic essay based on the critical interpretation of scientific literature and normative documents addressing neurodivergence, accessibility, mental health, and the organization of health services. Priority was given to articles with verifiable bibliographic information, reviews, and guidelines issued by public organizations, combining empirical studies with ethical and human rights frameworks. The selection was intentional and guided by thematic relevance; therefore, it does not constitute an exhaustive search or a systematic review.

The discussion was organized around the following themes: the concept and heterogeneity of the population, barriers to care, longitudinal care and transitions, professional competencies, reasonable accommodations, intersectoral collaboration, and service-user participation. The arguments were examined in relation to the available evidence and institutional guidance. As no primary data were collected, this essay presents no original estimates of prevalence or effectiveness and does not allow causal relationships to be inferred.

3 DISCUSSION

The first challenge lies in treating the neurodivergent population as a homogeneous group. Autism, attention-deficit/hyperactivity disorder (ADHD), and other forms of neurocognitive functioning do not produce uniform experiences. Support needs vary according to age, context, co-occurring conditions, communication, and available resources. Comprehensive

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care therefore requires individualized assessment without presuming incapacity or absolute autonomy on the basis of a diagnostic label (KAPP et al., 2013; PELLICANO; DEN HOUTING, 2022).

Equity differs from the identical provision of procedures. Whereas formal equality distributes the same consultation model to everyone, equity allows adjustments to appointment duration, the environment, communication channels, and support for decision-making. The Convention on the Rights of Persons with Disabilities and Brazilian inclusion legislation provide a legal and normative basis for accessibility and the elimination of discriminatory barriers (BRASIL, 2015; ORGANIZAÇÃO DAS NAÇÕES UNIDAS, 2006).

Access barriers often arise before the clinical encounter itself. Appointment systems that rely exclusively on telephone calls, unclear instructions, multiple administrative steps, and the absence of preparation for consultations may hinder access to care. The review by Mason et al. (2019) identifies relevant communication-related and sensory factors, indicating that the redesign of service processes should be an integral component of care strategies.

Primary health care has the potential to provide a first point of contact, continuity, and coordination of care. However, this role depends on teams capable of recognizing individual needs without reducing physical complaints to manifestations of neurodevelopmental conditions. Accounts of health care experiences among autistic adults demonstrate that respectful communication and the possibility of adapting consultations are concrete elements of care quality (NICOLAIDIS et al., 2015).

In mental health care, the coexistence of anxiety, depression, and other conditions requires particular attention. Assessment should distinguish current distress, co-occurring conditions, and responses to adverse environments, avoiding so-called diagnostic overshadowing, in which new symptoms are automatically attributed to a pre-existing condition. The literature highlights the relevance of co-occurring mental health diagnoses among autistic individuals (LAI et al., 2019).

Sensory accessibility is a frequently underestimated component of health care. Intense lighting, alarms, crowded spaces, and unexpected physical contact may interfere with consultations and increase distress. Low-cost measures, such as providing information in advance, offering quieter rooms, allowing breaks, and explaining procedures, should be incorporated as available accommodations rather than treated as exceptional favors (MASON et al., 2019; NICOLAIDIS et al., 2015).

Clinical communication requires flexibility. Some individuals prefer written instructions, direct questions, visual resources, or additional response time, whereas others do not require such accommodations. Professionals should ask about individual preferences, check understanding without infantilizing the person, and respect alternative forms of expression. Qualitative research indicates that communication practices influence trust and the ability to participate in decision-making (NICOLAIDIS et al., 2015).

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Continuity of care becomes particularly fragile during transitions from pediatric to adult services. Fragmented records and the absence of professionals responsible for coordination may interrupt treatment and delay the identification of emerging needs. Transition protocols, shared care plans, and coordination between teams are consistent with international guidance on integrated services across the life course (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2021).

Professional training should move beyond approaches focused exclusively on diagnostic characteristics. Relevant competencies include accessible communication, assessment of distress, informed consent, discrimination prevention, and interprofessional coordination. Clinical guidelines for autism and attention-deficit/hyperactivity disorder provide frameworks for assessment and follow-up but require adaptation to local circumstances (NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE, 2012; NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE, 2018).

The participation of neurodivergent individuals themselves is essential to designing appropriate responses. Advisory councils, evaluations of service-user experiences, and participatory research can help identify barriers that may be invisible to service managers. Meaningful involvement is not limited to collecting opinions after decisions have already been made; it requires the ability to influence priorities, indicators, and care delivery practices (FLETCHER-WATSON et al., 2019).

In the field of technology, digital appointment systems, reminders, and advance information may facilitate access, provided that they do not become the only available options. People with different levels of digital literacy and support needs should retain access to in-person, telephone-based, or assisted alternatives. Tools developed in partnership with autistic adults illustrate opportunities to improve interactions with primary care professionals (NICOLAIDIS et al., 2016).

Intersectoral collaboration is essential because determinants of care also operate within education, employment, transportation, and social protection systems. Isolated referrals cannot replace communication between services, clearly defined responsibilities, and support for families when requested by the person receiving care. Rights-based and equity-oriented approaches to health recommend removing structural barriers to social participation (WORLD HEALTH ORGANIZATION, 2022).

Services must recognize that family support may be important without allowing it to overshadow the voice of the neurodivergent individual. Informed consent and supported decision-making require accessible information, respect for privacy, and consideration of the individual's will and preferences. This approach is particularly important in situations involving mental distress, in which paternalistic practices may undermine the therapeutic relationship (ORGANIZAÇÃO DAS NAÇÕES UNIDAS, 2006).

Public health authorities can monitor comprehensive care through indicators that extend beyond consultation volume, including waiting times, continuity of follow-up,

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accommodations provided, complaints involving discrimination, satisfaction, and outcomes reported by service users. Responsible data disaggregation should preserve confidentiality and help identify inequalities without reinforcing stigma. The development of information and evaluation systems is among the priorities identified in international mental health guidance (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2021).

Ultimately, transforming care requires funding, institutional accountability, and the continuous review of practices. Isolated awareness-raising initiatives are insufficient when appointment schedules, service pathways, and physical spaces remain inaccessible. A contemporary public health agenda should combine professional training, social participation, accessibility, and network coordination while evaluating tangible outcomes across different groups and contexts (FLETCHER-WATSON et al., 2019; WORLD HEALTH ORGANIZATION, 2022).

4 CONCLUSION

Comprehensive care for neurodivergent populations represents a challenge for health system organization and the effective realization of rights. The evidence and guidelines discussed indicate that communication-related, sensory, administrative, and intersectoral barriers may restrict access to and continuity of care. Public responses should integrate individualized assessment, reasonable accommodations, effective primary health care, community-based mental health services, and meaningful participation by the individuals receiving care.

As a practical implication, this essay proposes incorporating accessibility into care protocols, training health care teams, structuring transitions between services, and monitoring indicators of service-user experience and equity. The theoretical and reflective nature of this essay precludes estimates of the effectiveness of the proposed measures and highlights the need for empirical, participatory, and multicenter research. Humanization will be more consistent when it ceases to depend on the isolated initiative of individual professionals and becomes part of verifiable institutional commitments.

REFERENCES

BRASIL. Law No. 13,146 of July 6, 2015. Establishes the Brazilian Law for the Inclusion of Persons with Disabilities (Statute of Persons with Disabilities). *Diário Oficial da União*, Brasília, July 7, 2015. https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13146.htm.

DOHERTY, M. et al. Barriers to healthcare and self-reported adverse outcomes for autistic adults: a cross-sectional study. *BMJ Open*, v. 12, e056904, 2022. https://doi.org/10.1136/bmjopen-2021-056904.

FLETCHER-WATSON, S. et al. Making the future together: shaping autism research through meaningful participation. *Autism*, v. 23, n. 4, p. 943–953, 2019. https://doi.org/10.1177/1362361318786721.

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RSV
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Pages: 1-8

HOLLANDER, E. et al. (eds.). *Autism Spectrum Disorders*. Washington, DC: American Psychiatric Association Publishing, 2018.

KAPP, S. K. et al. Deficit, difference, or both? Autism and neurodiversity. *Developmental Psychology*, v. 49, n. 1, p. 59–71, 2013. https://doi.org/10.1037/a0028353.

LAI, M.-C. et al. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet Psychiatry*, v. 6, n. 10, p. 819–829, 2019. https://doi.org/10.1016/S2215-0366(19)30289-5.

MASON, D. et al. A systematic review of what barriers and facilitators prevent and enable physical healthcare services access for autistic adults. *Journal of Autism and Developmental Disorders*, v. 49, p. 3387–3400, 2019. https://doi.org/10.1007/s10803-019-04049-2.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE. *Autism spectrum disorder in adults: diagnosis and management*. Clinical guideline CG142. London: NICE, 2012. https://www.nice.org.uk/guidance/cg142.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE. *Attention deficit hyperactivity disorder: diagnosis and management*. NICE guideline NG87. London: NICE, 2018. https://www.nice.org.uk/guidance/ng87.

NICOLAIDIS, C. et al. The development and evaluation of an online healthcare toolkit for autistic adults and their primary care providers. *Journal of General Internal Medicine*, v. 31, p. 1180–1189, 2016. https://doi.org/10.1007/s11606-016-3763-6.

NICOLAIDIS, C. et al. "Respect the way I need to communicate with you": healthcare experiences of adults on the autism spectrum. *Autism*, v. 19, n. 7, p. 824–831, 2015. https://doi.org/10.1177/1362361315576221.

ORGANIZAÇÃO DAS NAÇÕES UNIDAS. *Convention on the Rights of Persons with Disabilities*. New York: United Nations, 2006. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

ORGANIZAÇÃO MUNDIAL DA SAÚDE. *Comprehensive mental health action plan 2013–2030*. Geneva: WHO, 2021. https://www.who.int/publications/i/item/9789240031029.

ORGANIZAÇÃO MUNDIAL DA SAÚDE. *World mental health report: transforming mental health for all*. Geneva: WHO, 2022. https://www.who.int/publications/i/item/9789240049338.

PELLICANO, E.; DEN HOUTING, J. Annual Research Review: shifting from 'normal science' to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*, v. 63, n. 4, p. 381–396, 2022. https://doi.org/10.1111/jcpp.13534.

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ISSN 2674-8584

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Vol: 08.10
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SIMON, V. et al. Prevalence and correlates of adult attention-deficit hyperactivity disorder: meta-analysis. *British Journal of Psychiatry*, v. 194, n. 3, p. 204–211, 2009. https://doi.org/10.1192/bjp.bp.107.048827.

WORLD HEALTH ORGANIZATION. *Global report on health equity for persons with disabilities*. Geneva: WHO, 2022. https://www.who.int/publications/i/item/9789240063600.

WORLD HEALTH ORGANIZATION; UNITED NATIONS CHILDREN'S FUND. *Global report on children with developmental disabilities: from the margins to the mainstream*. Geneva: WHO, 2023.

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