RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

The Impact of Mental Health Networks on the Inclusion and Well-Being of Neurodivergent Individuals

Neide Moreira de Souza
Universidad de Ciencias Empresariales y Sociales

Rossana Lamounier Baptista
UNIFATRA

Roselane de Oliveira Porto Tavares
UNIVERSO

Karen de Fátima Figueroa Bohórquez
Universidad de Ciencias Empresariales y Sociales

Maria Dilceia de Matos Fagundes
Universidade Estadual do Rio de Janeiro

Micheli Werneck Wermelinger
Universidade Federal do Rio de Janeiro

Bruno Cesar Santos Oliveira
Universidade Federal da Bahia

Jayna Epaminondas Rodrigues
Universidad de Ciencias Empresariales y Sociales

ABSTRACT

Mental health care for neurodivergent populations requires recognition of differences in cognitive, communicative, sensory, and behavioral functioning without reducing individuals to diagnoses or deficits. This essay aims to discuss pathways toward equitable, inclusive, and humanized care, with particular attention to the role of mental health networks in promoting social inclusion, psychological well-being, and continuity of care. A theoretical and reflective approach was adopted, drawing on scientific literature and normative documents addressing neurodiversity, autism, attention-deficit/hyperactivity disorder (ADHD), human rights, and health service organization. The analysis integrates the social model of disability, person-centered care, and the principles of psychosocial care. It argues that inequalities in access, communication difficulties, sensory overload, stigma, and fragmented services may exacerbate psychological distress and undermine continuity of care. Promising strategies include reasonable environmental accommodations, accessible communication, shared decision-making, interprofessional training, trauma-informed care, and coordination among health care, education, and social assistance services. The heterogeneity of neurodivergent populations precludes the use of

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

uniform protocols and requires individualized assessment and flexible care pathways. The essay concludes that the effectiveness of mental health networks in promoting inclusion and well-being depends on verifiable organizational changes, reduced power imbalances, effective intersectoral collaboration, and recognition of the autonomy, preferences, and rights of neurodivergent individuals. Strengthening these networks requires coordinated responses that extend beyond clinical interventions and address the social and institutional barriers that shape everyday experiences and opportunities for participation.

Keywords: Mental Health; Health Equity; Patient-Centered Care; Autism Spectrum Disorder; Health Services Accessibility.

1 INTRODUCTION

Neurodiversity refers to the variation in neurological and cognitive functioning within the human population, whereas neurodivergence commonly describes experiences that differ from socially dominant neurocognitive expectations. Although it is not a diagnostic category, the concept has ethical and political relevance for health care because it directs attention to the conditions that enable participation and to the barriers created by inflexible institutions. A rights-based approach does not eliminate the need to identify clinical needs; rather, it challenges practices that equate difference with incapacity. Within mental health networks, this perspective supports the development of services that recognize individual differences while ensuring access to appropriate care and meaningful opportunities for social participation (KAPP et al., 2013; ORGANIZAÇÃO DAS NAÇÕES UNIDAS, 2006).

The relationship between neurodivergence and mental health is complex. Autistic individuals and people with attention-deficit/hyperactivity disorder may experience co-occurring psychological distress, including anxiety and depression, in contexts shaped by exclusion, barriers to accessing services, and negative experiences within health care systems. The coexistence of different conditions requires careful clinical assessment, without automatically attributing all symptoms to the underlying neurodevelopmental condition. Mental health networks therefore need to provide coordinated assessment and support that consider both individual clinical needs and the social circumstances that influence psychological well-being (LAI et al., 2019; SIMON et al., 2009).

Within health services, seemingly minor obstacles can have substantial consequences. Excessive noise, unpredictable waiting times, ambiguous language, a lack of advance information, and consultations with insufficient time may interfere with access to care. These barriers are not merely matters of comfort; they can hinder symptom communication, undermine trust, and compromise participation in therapeutic planning. When services fail to accommodate different communication styles and sensory needs, individuals may encounter additional difficulties navigating care pathways and maintaining relationships with professionals.

CC BY

ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

Research examining autistic adults' experiences of health care highlights the importance of listening directly to service users and incorporating their perspectives into service design and delivery (DOHERTY et al., 2022; NICOLAIDIS et al., 2015).

Mental health networks can play a central role in addressing these challenges by coordinating services, facilitating referrals, supporting continuity of care, and connecting clinical interventions with community-based resources. However, the existence of multiple services does not automatically ensure integrated care. Effective networks require clear responsibilities, communication between professionals, accessible referral pathways, and mechanisms that enable individuals to participate in decisions concerning their treatment and support. Intersectoral collaboration is also important because inclusion and well-being are shaped by conditions extending beyond health care, including educational opportunities, social relationships, and access to social protection.

This essay aims to analyze pathways toward equitable, inclusive, and humanized mental health care for neurodivergent populations, emphasizing the contribution of mental health networks to inclusion and well-being. The discussion addresses conceptual foundations, inequalities in access, professional competencies, institutional accommodations, intersectoral coordination, and evaluation mechanisms. By connecting individual experiences with the organizational responsibilities of health systems, the essay seeks to identify approaches that strengthen coordinated care, respect human rights, and promote more responsive services (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2022; WORLD HEALTH ORGANIZATION; UNITED NATIONS CHILDREN'S FUND, 2022).

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, human rights, and the organization of health services. Priority was given to studies with verifiable bibliographic information, literature reviews, and guidelines issued by public organizations. Empirical research was considered alongside ethical frameworks and human rights principles to examine how mental health networks may contribute to the inclusion and well-being of neurodivergent individuals. 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 conceptual foundations and heterogeneity of neurodivergent populations; barriers to accessing mental health services; continuity of care and transitions between services; professional competencies; reasonable accommodations; intersectoral

CC BY

ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

collaboration; participation of neurodivergent individuals; and the evaluation of service quality and outcomes. Particular attention was given to the relationships between service organization, accessibility, social participation, and psychological well-being. 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 intervention effectiveness and does not allow causal relationships between mental health networks and individual outcomes to be inferred.

3 DISCUSSION

3.1 Neurodiversity, individual needs, and person-centered care

A fundamental challenge in organizing mental health networks is the tendency to treat neurodivergent populations as a homogeneous group. Autism, attention-deficit/hyperactivity disorder (ADHD), and other forms of neurocognitive functioning are associated with diverse experiences, abilities, and support needs. These needs vary according to age, social context, co-occurring conditions, communication preferences, and available resources. Mental health networks must therefore provide individualized assessment and flexible care pathways rather than assuming incapacity or a fixed level of autonomy on the basis of a diagnostic label. A neurodiversity-affirming perspective can help services recognize individual differences while identifying the support required to promote participation, autonomy, and well-being (KAPP et al., 2013; PELLICANO; DEN HOUTING, 2022).

Person-centered care also requires professionals to distinguish between neurodevelopmental characteristics and difficulties arising from inaccessible environments, discrimination, or inadequate support. When services focus exclusively on diagnostic categories, they may overlook the social and institutional conditions that influence mental health. Integrating individual assessment with attention to environmental barriers allows mental health networks to respond more appropriately to the needs and preferences of neurodivergent individuals.

3.2 Equity and access to mental health networks

Equity differs from the identical provision of procedures. Whereas formal equality provides the same consultation model to everyone, equity allows adjustments to appointment duration, physical environments, 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. Within mental health networks, these principles require services to adapt their practices to different needs rather than expecting all individuals to navigate the system in the same way (BRASIL, 2015; ORGANIZAÇÃO DAS NAÇÕES UNIDAS, 2006).

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

Access barriers often arise before the clinical encounter itself. Appointment systems that rely exclusively on telephone calls, unclear instructions, multiple administrative steps, and a lack of preparation for consultations may prevent individuals from accessing services or maintaining contact with care teams. The review by Mason et al. (2019) identifies relevant communication-related and sensory barriers to physical health care among autistic adults. Although its focus is not exclusively mental health, its findings are relevant to understanding accessibility challenges that may also affect mental health service pathways.

Mental health networks can help address these barriers by establishing accessible referral procedures, providing clear information about available services, and coordinating appointments across different levels of care. Such measures may reduce the administrative burden placed on service users and their families. However, the availability of multiple services does not automatically guarantee equitable access. Coordination must be accompanied by practical accommodations, clear responsibilities, and mechanisms for identifying individuals who encounter difficulties engaging with the network.

3.3 Primary health care and continuity of mental health support

Primary health care has the potential to serve as a first point of contact, provide ongoing support, and coordinate access to specialized mental health services. Its contribution depends on the capacity of professionals to recognize individual needs without automatically attributing physical or psychological complaints to neurodevelopmental conditions. Experiences reported by autistic adults highlight the importance of respectful communication and the possibility of adapting consultations to improve the accessibility and quality of care (NICOLAIDIS et al., 2015).

Within an integrated mental health network, primary health care can contribute to early identification of distress, follow-up of ongoing needs, and coordination with specialized and community-based services. Nevertheless, these functions require adequate training, clear referral pathways, and communication between professionals. Without such coordination, individuals may experience repeated assessments, inconsistent guidance, and interruptions in treatment.

Continuity of care is particularly important when individuals move between pediatric and adult services or require support from multiple providers. Fragmented records and the absence of professionals responsible for coordination may interrupt treatment and delay the identification of emerging needs. Shared care plans, transition protocols, and clearly defined responsibilities can support more consistent care across the life course. International guidance emphasizes the importance of organized mental health services and coordinated responses to mental health needs (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2021).

3.4 Co-occurring mental health conditions and diagnostic accuracy

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

The relationship between neurodivergence and mental health requires careful assessment because anxiety, depression, and other psychological difficulties may coexist with neurodevelopmental conditions. Such difficulties should not automatically be interpreted as intrinsic features of neurodivergence, since they may also be associated with exclusion, negative social experiences, inaccessible environments, or inadequate support. The literature highlights the relevance of co-occurring mental health diagnoses among autistic individuals, reinforcing the need for comprehensive assessment and appropriate treatment (LAI et al., 2019).

Similarly, research on adult ADHD emphasizes the importance of recognizing the condition within broader mental health and functional contexts (SIMON et al., 2009). Mental health networks should therefore support assessment that considers the individual's current symptoms, personal history, environmental circumstances, and support needs. This approach may help reduce diagnostic overshadowing, in which new symptoms or health problems are incorrectly attributed to a previously identified condition.

Accurate assessment also requires professionals to recognize that distress may be influenced by the interaction between individual vulnerabilities and social conditions. An effective network should be able to offer clinical interventions when indicated while also addressing barriers that undermine psychological well-being. This combination is important for avoiding both the underrecognition of treatable conditions and the pathologization of differences that do not, in themselves, constitute mental illness.

3.5 Sensory accessibility and communication in mental health services

Sensory accessibility is a frequently underestimated component of mental health care. Intense lighting, alarms, crowded waiting rooms, unpredictable waiting times, and unexpected physical contact may increase distress and interfere with communication during consultations. For some neurodivergent individuals, these conditions may make accessing services difficult or discourage continued engagement with care. Low-cost measures, such as providing information in advance, offering quieter rooms, allowing breaks, and explaining procedures, should be considered practical accommodations rather than exceptional favors (MASON et al., 2019; NICOLAIDIS et al., 2015).

Communication also requires flexibility. Some individuals prefer written instructions, direct questions, visual resources, or additional response time, whereas others may prefer different approaches or require no specific accommodations. Professionals should ask about individual preferences, confirm understanding without infantilizing the person, and respect alternative forms of expression. Research on autistic adults' experiences of health care indicates that communication practices are important to the quality of interactions with professionals (NICOLAIDIS et al., 2015).

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

Mental health networks can support more consistent communication practices by incorporating accessibility into professional training, service protocols, and referral procedures. When information is communicated clearly and in an accessible format, individuals may be better positioned to understand treatment options, express their preferences, and participate in decisions about their care. These practices can strengthen trust and help make mental health services more responsive to diverse communication needs.

3.6 Professional competencies and collaborative care

The quality of mental health networks depends partly on the competencies of the professionals who work within them. Training should extend beyond knowledge of diagnostic characteristics to include accessible communication, assessment of psychological distress, informed consent, prevention of discrimination, and interprofessional collaboration. Clinical guidelines for autism and ADHD provide frameworks for assessment and management, but their application must account for individual circumstances and local service conditions (NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE, 2012; NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE, 2018).

Collaborative care requires professionals to understand their respective responsibilities and communicate effectively across service boundaries. When health care teams, mental health specialists, and community-based providers operate without adequate coordination, individuals may receive fragmented support or encounter unnecessary duplication of assessments. Clear referral pathways, shared care objectives, and appropriate information-sharing procedures can help improve continuity while respecting confidentiality and individual preferences.

Professional development should also address power imbalances within clinical relationships. Neurodivergent individuals should be supported in expressing their needs, asking questions, and participating in decisions. A person-centered approach recognizes that clinical expertise and lived experience provide complementary forms of knowledge. Integrating both perspectives can help services develop more respectful and appropriate responses.

3.7 Participation, autonomy, and social inclusion

The participation of neurodivergent individuals is essential to the development and evaluation of mental health networks. Advisory councils, service-user feedback, and participatory research can help identify barriers that may remain invisible to managers and professionals. Meaningful participation extends beyond collecting opinions after decisions have been made; it requires opportunities to influence service priorities, accessibility standards, evaluation indicators, and care delivery practices (FLETCHER-WATSON et al., 2019).

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

Social inclusion also requires attention to conditions outside clinical settings. Education, employment, transportation, social relationships, and access to social protection can influence mental health and opportunities for participation. Intersectoral collaboration is therefore important because health services alone cannot eliminate all the structural barriers affecting neurodivergent individuals. Coordination among health care, education, employment support, and social assistance services may help connect clinical support with broader opportunities for inclusion (WORLD HEALTH ORGANIZATION, 2022).

Family members may play an important supportive role, but their involvement should not displace the autonomy or preferences of the person receiving care. Informed consent, accessible information, and supported decision-making are essential to ensuring that treatment and support arrangements reflect the individual's will and preferences. The Convention on the Rights of Persons with Disabilities provides a normative foundation for respecting autonomy, dignity, and participation (ORGANIZAÇÃO DAS NAÇÕES UNIDAS, 2006).

3.8 Technology and accessible service pathways

Digital appointment systems, reminders, telehealth, and advance information may facilitate access to mental health services when designed to accommodate different communication and support needs. However, digital systems should not become the only available means of accessing care, as differences in digital literacy, connectivity, and individual preferences may create new barriers. In-person, telephone-based, and assisted alternatives should remain available where appropriate.

Tools developed in partnership with autistic adults illustrate opportunities to improve interactions between service users and primary care professionals (NICOLAIDIS et al., 2016). Although such tools do not, by themselves, establish the effectiveness of integrated mental health networks, they demonstrate the potential value of collaborative approaches to service design. Their implementation should be evaluated in relation to accessibility, acceptability, practical use, and the experiences of the individuals for whom they are intended.

Technology should therefore be understood as one component of a broader network rather than a substitute for human relationships, professional judgment, or accessible services. Its value depends on whether it helps individuals navigate care pathways, communicate their needs, and maintain continuity without introducing additional administrative or technological burdens.

3.9 Evaluating network performance and outcomes

The evaluation of mental health networks should extend beyond the number of consultations or referrals completed. Relevant indicators may include waiting times,

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

continuity of follow-up, availability of reasonable accommodations, user-reported experiences, satisfaction, complaints involving discrimination, and participation in shared decision-making. Where feasible, outcomes related to psychological well-being and social inclusion should also be considered.

Responsible data disaggregation may help identify inequalities between population groups and geographical areas, provided that confidentiality is protected and data are not used in ways that reinforce stigma. International mental health guidance emphasizes the importance of strengthening services and developing approaches that respond to population needs (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2021).

Evaluation should also incorporate the perspectives of neurodivergent individuals and consider whether services respond to their stated priorities. Quantitative indicators can identify patterns in access and continuity, while qualitative accounts may explain why particular pathways are helpful or difficult to navigate. Combining these perspectives can support more context-sensitive service improvement.

3.10 Institutional responsibility and the sustainability of inclusive care

The development of inclusive mental health networks requires funding, institutional accountability, and continuous review of service organization. Isolated awareness-raising initiatives are unlikely to be sufficient when appointment systems, referral pathways, communication practices, and physical environments remain inaccessible. Sustainable change requires accessibility and inclusion to be incorporated into routine procedures, professional development, management responsibilities, and service evaluation.

The implementation of reasonable accommodations should not depend exclusively on the goodwill or individual initiative of professionals. Institutional protocols can clarify responsibilities, facilitate consistent practices, and establish mechanisms for responding to unmet needs. Such measures should be adapted to local contexts and evaluated according to their contribution to accessibility, continuity, autonomy, and well-being.

Ultimately, the contribution of mental health networks to inclusion depends on their capacity to coordinate clinical care with social support, respect individual rights, and respond to the diversity of experiences within neurodivergent populations. A public health approach should therefore combine professional training, meaningful participation, accessible service pathways, and intersectoral collaboration while evaluating outcomes across different groups and contexts (FLETCHER-WATSON et al., 2019; WORLD HEALTH ORGANIZATION, 2022).

4 CONCLUSION

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

Mental health networks have the potential to contribute to the inclusion and well-being of neurodivergent individuals by improving access to services, supporting continuity of care, coordinating clinical and community-based interventions, and addressing barriers that affect participation. The literature and normative frameworks discussed in this essay highlight the importance of recognizing neurodiversity, providing individualized assessment, implementing reasonable accommodations, and ensuring that mental health care respects autonomy, dignity, and human rights.

The analysis also indicates that the existence of multiple services does not, by itself, guarantee integrated or equitable care. Effective networks require clear referral pathways, communication between professionals, appropriate training, intersectoral collaboration, and meaningful participation by neurodivergent individuals in decisions concerning their treatment and support. Attention to sensory accessibility, communication preferences, co-occurring mental health conditions, and social determinants is essential to avoid fragmented responses and reduce barriers to engagement.

As practical implications, this essay recommends incorporating accessibility into service protocols, strengthening collaboration between primary health care and specialized mental health services, improving transitions between care settings, and establishing participatory mechanisms for monitoring service quality. Evaluation should include indicators of access, continuity, user experience, psychological well-being, and social inclusion. These measures should be supported by institutional accountability and sustained public investment rather than relying solely on individual professional initiatives.

The theoretical and reflective nature of this essay does not allow the effectiveness of specific network configurations or interventions to be established. Further empirical, participatory, and multicenter research is needed to examine how different organizational arrangements influence access, continuity, inclusion, and well-being across diverse contexts. Ultimately, the contribution of mental health networks will depend on their capacity to translate principles of equity and human rights into consistent, accessible, and verifiable practices that respond to the priorities of neurodivergent individuals.

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.

CC BY

RSV
ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

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.

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.

CC BY

ISSN 2674-8584

Received: 19/09/2026 - **Accepted:** 26/10/2026
Vol: 13.22
DOI: 10.66104/15fkbw98
Pages: 1-11

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.

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.

CC BY