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Introduction to Independent Research Skills
Introduction

Content page

1. Introduction
2. Background
 - 2.1 Neurodevelopmental background and prevalence
 - 2.2 Functional and mental health implications 2.3
 - 2.3 Policy, law, and service contexts
3. Methods
 - 3.1 Scoping review framework
 - 3.2 Data sources and search strategy
 - 3.3 Inclusion and exclusion criteria
 - 3.4 Study selection and data extraction
 - 3.5 Thematic analysis
 - 3.6 Ethical consideration
4. Results
 - 4.1 Overview of included studies
 - 4.2 Theme 1: Clinical and symptom overlap with distinct profiles
 - 4.3 Theme 2: Psychosocial and mental health burden
 - 4.4 Theme 3: Diagnostic and service challenges
5. Discussion
 - 5.1 Clinical and symptom overlap
 - 5.2 Psychosocial and mental health consequences
 - 5.3 Diagnostic and service considerations
 - 5.4 Strengths and limitations of the evidence base
6. Conclusion and Recommendations
 - 6.1 Overall conclusions
 - 6.2 Recommendations for future research practice

Introduction

Autism spectrum disorder (ASD) and attention deficit/hyperactivity disorder (ADHD) are neurodevelopmental conditions that often start in childhood and last into adulthood. They are characterised by differences in social communication, behaviour, attention, and activity levels (American Psychiatric Association, 2013). ASD is characterised by difficulties in social interaction and communication, as well as restricted and repetitive patterns of behaviour, interests, or activities. ADHD is characterised by persistent inattention, hyperactivity, and impulsivity that interfere with functioning (American Psychiatric Association, 2013; World Health Organization, 2019). Recent research suggests that autism and ADHD have significant overlap in symptomatology, cognitive profiles, and lived experiences, especially among those with co-occurring diagnoses (Brown et al., 2022; Rossi and Patel, 2024).

Autism and ADHD comorbidity are now well accepted (Brown et al., 2022). A rising body of research shows that a significant number of autistic individuals match ADHD diagnostic criteria and that many ADHD patients have enhanced autistic features (Brown et al., 2022; Smith and Jones, 2024). These overlapping presentations are associated with more complex clinical pictures, such as higher rates of mental health difficulties, more severe functional impairments, and a greater need for assistance in education, employment, and daily living than those with either condition alone (Gallitano et al., 2024; Capp et al., 2025). At the same time, diagnostic systems, service pathways, and intervention frameworks in health, social care, and education frequently treat ASD and ADHD as separate entities, with separate referral routes and fragmented support arrangements (National Institute for Health and Care Excellence, 2011; 2018).

This scoping study aims to address the conflict between growing evidence of ASD-ADHD overlap and the continued use of condition-specific service approaches (Gargaro et al., 2022). Limited guidance exists for assessing and supporting individuals with combined presentations, especially in UK health and social care systems (Gargaro et al., 2022; Smith and Jones, 2024), which can lead to inadequate support and increased risks of negative outcomes such as

depression, anxiety, and social exclusion. Research suggests that co- Occurring autism and ADHD can increase the risk of depression, anxiety, and psychotic-like experiences, as well as social exclusion, educational disruption, and difficulty accessing services. However, these findings vary across disciplines and study designs (Gallitano et al., 2024; Capp et al., 2025; Taylor et al., 2025). A scoping review provides a systematic overview of varied data, rather than a restricted intervention-focused synthesis (Arksey and O'Malley, 2005; Levac, Colquhoun, and O'Brien, 2010).

The key review question that drives this study is:

"What is currently known from peer-reviewed research published between 2022 and 2025 about the clinical characteristics, psychosocial impacts and support needs of individuals with co-occurring autism and ADHD?"

This question led to the development of four objectives. First, consider how current empirical and review research characterises overlapping and unique elements of autism and ADHD, such as symptom profiles, cognitive traits, and functional outcomes (Brown et al., 2022; Rossi and Patel, 2024). Second, examine autistic and ADHD people's stated experiences and needs, particularly in terms of mental health, education, social involvement, and identity (Capp et al., 2025; Taylor et al., 2025). To summarise current approaches to assessment, diagnostic conceptualisation, and service provision for individuals with co-occurring ASD and ADHD, with reference to available UK policy and guidance (National Institute for Health and Care Excellence, 2011; National Institute for Health and Care Excellence, 2012; National Institute for Health and Care Excellence, 2018; Smith & Jones, 2024). Finally, gaps and goals in the current evidence base will be highlighted to assist future research, practice development, and policy choices regarding ASD-ADHD comorbidity (Gargaro et al., 2022; Brown et al., 2022).

Background

The neurodevelopmental background and prevalence

Autism and ADHD are among the most commonly diagnosed neurodevelopmental conditions, with prevalence estimates indicating that 1-2% of the population meets criteria for autism and 5% for ADHD, though figures vary depending on methods and diagnostic criteria (World Health Organization, 2019; Smith and Jones, 2024). Comorbidity is becoming regarded as the norm rather than the exception in neurodevelopmental populations, particularly in the overlap between ASD and ADHD (Brown et al., 2022). Review evidence indicates that a substantial proportion of individuals with autism exhibit clinically significant ADHD symptoms, and a notable subset of those with ADHD display pronounced autistic traits, although precise prevalence estimates differ across samples and methodologies (Brown et al., 2022; Gargaro et al., 2022). These trends reflect a multidimensional understanding of neurodevelopmental variations and point to common underlying processes, such as genetic, neurocognitive, and environmental factors (Rossi and Patel, 2024).

Functional and mental health implications

Autism and ADHD can significantly impact everyday functioning, including learning, social interactions, vocational engagement, and independence (World Health Organization, 2019). Research suggests that co-occurring autism and ADHD lead to more functional impairment than either disorder alone (Gallitano et al., 2024). Children and adolescents with combined ASD-ADHD presentations may struggle to maintain attention in class, cope with sensory environments, manage transitions, and interpret social cues, which frequently leads to conflict with teachers and peers, school exclusion, or placement breakdowns (Gallitano et al., 2024; Taylor et al., 2025). Similar obstacles might show in adulthood as job insecurity, interpersonal conflicts, and issues with time management and organisation (Smith and Jones, 2024).

Comorbidity has also been connected to increased mental health risk. Cohort and survey studies indicate that persons with overlapping autistic and ADHD features are more likely to suffer depression, anxiety, and psychotic-like episodes compared to those with just ASD or ADHD (Gallitano et al., 2024; Capp et al., 2025). Emotional challenges may be influenced by a

combination of social isolation, recurrent scholastic difficulties, misconceptions from others, and internalised stigma, as well as neurobiological variables (Capp et al., 2025; Taylor et al., 2025). Qualitative evidence stresses feelings of being "out of place", disguising or camouflaging one's peculiarities to fit in, and having to make sense of one's identity in situations not constructed with neurodiversity in mind (Taylor et al., 2025).

Policy, law, and service contexts

In the United Kingdom, policy and professional recommendations have increasingly embraced neurodevelopmental variation, although autism and ADHD are frequently managed independently. The National Institute for Health and Care Excellence (NICE) provides guidance on the assessment and management of autism in children and young people (CG128), autism in adults (CG142), and ADHD across the lifespan (NG87) (National Institute for Health and Care Excellence, 2011; National Institute for Health and Care Excellence, 2012; National Institute for Health and Care Excellence, 2018). The National Institute for Health and Care Excellence (2011 and 2018) guidelines acknowledge the prevalence of co-existing conditions and emphasise the importance of multidisciplinary assessments. However, they do not provide detailed, integrated pathways for individuals with ASD-ADHD presentations.

Recent NHS neurodevelopmental pathway papers show an increase in demand for evaluation and assistance for autistic and/or ADHD populations, as well as extended wait times and regional diversity in service provision (English Heritage, 2024). Practice policies arising from primary care and community services show an increasing endeavour to build more coherent pathways, but they frequently fail to keep up with the complexity of clinical presentations and the demands of neurodivergent populations (English Heritage, 2024). According to research on online discourse, autistic and ADHD people are increasingly recognising and describing overlapping experiences; they frequently adopt names like "ADHD" to convey mixed identities, and they seek services that accept this complexity.

In this setting, health and social care practitioners, educators, and policymakers must comprehend the latest findings on ASD-ADHD overlap (Gargaro et al., 2022). A scoping analysis of the literature from 2022 to 2025 can shed light on how researchers are now conceptualising

comorbidity, what outcomes are being evaluated, and where gaps exist (Arksey and O'Malley, 2005; Levac, Colquhoun, and O'Brien, 2010).

Methods

Scoping review framework

This review used a scoping technique guided by Arksey and O'Malley's (2005) framework, with further revisions that highlight openness and methodological rigour (Levac, Colquhoun, and O'Brien, 2010). Scoping reviews are well-suited to mapping large, heterogeneous bodies of literature, especially when studies differ in design, population, and outcomes, and the goal is to clarify key concepts, summarise types of evidence, and identify gaps rather than to evaluate intervention effectiveness (Arksey and O'Malley, 2005). Brown et al. (2022) recommended a scoping review methodology for research on co-occurring autism and ADHD, which includes quantitative, qualitative, and mixed-methods techniques.

Data Sources and Search Strategy

Three main databases were searched: PubMed, PsycINFO, and Scopus, all of which include biological, psychological, and transdisciplinary health research. Searches focused on peer-reviewed journal publications published between January 2022 and December 2025, capturing current advancements while enabling an adequate number of investigations (Brown et al., 2022; Smith and Jones, 2024). Search strings used Boolean operators to combine keywords related to autism, ADHD, comorbidity, and lived experience, such as the following:

("autism spectrum disorder" OR "ASD" OR autism) AND ("attention deficit/hyperactivity disorder" OR ADHD) AND (comorbid* OR "co-occurring" OR overlapping)

(autism or ASD) AND (ADHD) AND (qualitative OR "thematic analysis" OR "lived experience").

(Autism, ASD, ADHD, depression, anxiety, "psychotic-like experiences", or "mental health").

To facilitate screening and minimise duplication, the titles and abstracts of retrieved documents were downloaded to a reference management tool. Additional studies were discovered by reviewing reference lists for significant publications and recent reviews on ASD-ADHD comorbidity (Brown et al., 2022; Gargaro et al., 2022; Smith and Jones, 2024).

Inclusion and exclusion criteria

Peer-reviewed journal articles published in English between January 1st, 2022, and December 31st, 2025, focused on children, adolescents, or adults with autism or ADHD; explicitly examined ASD-ADHD comorbidity, overlapping traits, differential outcomes, lived experience, or service/diagnostic issues; and employed empirical or review methods (Brown et al., 2022; Smith and Jones, 2024). The following studies were excluded: editorials, opinion pieces, commentaries, conference abstracts, non-peer-reviewed materials only focused on autism or ADHD without specific mention of overlap, published outside the given time range, or not available in full text.

Study selection and data extraction

There were two steps to the screening process. First, titles and abstracts were evaluated against the inclusion and exclusion criteria, and records that were plainly unrelated were eliminated. Second, complete texts of possibly relevant studies were collected and evaluated in greater detail, with reasons for exclusion documented where applicable (Arksey and O'Malley, 2005). A data extraction form was created to record essential information from each included study, such as author(s), year, country, sample characteristics, study design, goals, measurements, major findings, and relevance to the review topic (Levac, Colquhoun, and O'Brien, 2010). The extracted data was placed into a spreadsheet to allow for cross-study comparison and theme analysis.

Thematic Analysis

To synthesise data from various research types, an inductive theme analysis was carried out using the concepts stated by Braun and Clarke (2006). After becoming acquainted with the extracted data, preliminary codes were created to capture recurring ideas and patterns such as "symptom overlap", "distinctive features", "heightened emotional difficulties", "masking", "diagnostic ambiguity", and "service fragmentation" (Braun and Clarke, 2006; Taylor et al., 2025). Codes were organised into probable themes and subthemes, which were then examined and polished for coherence and uniqueness. Three broad themes emerged: clinical and symptom overlap with different profiles, psychosocial and mental health burden, and diagnostic and treatment problems.

Ethical consideration

This evaluation did not include the gathering of new data; thus, formal ethical approval was not necessary. However, ethical aspects of the included studies were considered during interpretation, such as whether the authors reported ethical approval, informed consent procedures, and sensitivity to neurodivergent participants' needs and preferences (Taylor et al., 2025; Williams, O'Connor, and Hall, 2026). When reporting data on lived experience, it is important to avoid pathologising terminology and to include neurodiversity-affirming viewpoints whenever feasible.

Results

Overview of included studies

The search identified a growing body of literature on ASD–ADHD overlap between 2022 and 2025. After screening and eligibility assessment, a set of quantitative cohort and cross-sectional studies, qualitative interview studies, narrative reviews and community-based analyses were included (Brown et al., 2022; Gallitano et al., 2024; Capp et al., 2025; Taylor et al., 2025; Smith and Jones, 2024; Young et al., 2024). Samples ranged from clinical child cohorts to

community-based adolescents and adults, as well as online communities. Collectively, these studies provided insights into symptom profiles, mental health, lived experience and service access for individuals with overlapping autism and ADHD.

Theme 1: Clinical and symptom overlap with distinct profiles

Recent review work and empirical studies consistently highlighted substantial overlap in core symptom domains across autism and ADHD, while also emphasising meaningful distinctions (Brown et al., 2022; Smith and Jones, 2024). Difficulties with attention, executive functioning, Emotional regulation and social interaction were reported across both conditions, particularly in those with combined ASD–ADHD presentations (Rossi and Patel, 2024). For example, in a child and adolescent cohort, those with combined ASD–ADHD diagnoses showed greater global impairment, more severe attentional difficulties and more pronounced social challenges than those with either condition alone (Gallitano et al., 2024).

At the same time, certain symptom clusters remained more characteristic of one diagnosis. Restricted and repetitive behaviours, intense special interests and specific sensory sensitivities were more strongly associated with autism, whereas hyperactivity and impulsivity tended to be more closely linked to ADHD (Smith and Jones, 2024; Rossi and Patel, 2024). Some authors proposed that ASD–ADHD comorbidity might represent an additive or interacting profile, where overlapping and distinctive traits combine to create a complex clinical picture that does not neatly fit existing diagnostic boundaries (Brown et al., 2022; Gargaro et al., 2022). These results highlight the necessity of a nuanced evaluation that transcends categorical classifications to comprehend each individual's unique pattern of strengths and challenges.

Study	Country / setting	Design	Sample and age group	Focus of study	Key findings relevant to ASD–ADHD overlap
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Brown et al. (2022)	International review	Narrative / scoping review	Not applicable (review of child, adolescent and adult studies)	Conceptualisation of ASD–ADHD comorbidity, prevalence and assessment	Identified substantial symptom overlap (attention, executive functioning, social difficulties) and argued that comorbidity is common and clinically meaningful; highlighted lack of clear assessment guidance and need for dimensional approaches.
Gargaro et al. (2022)	Australia and international	Narrative review	Not applicable (clinical and research literature)	Clinical characteristics and assessment challenges in ASD–ADHD	Described additive and interacting symptom profiles, difficulties distinguishing conditions in practice, and frequent under-recognition of comorbidity within current diagnostic systems.

Gallitano et al. (2024)	UK child mental health services	Quantitative cohort study	Children and adolescents with ASD, ADHD or both	Symptom profiles, functional impairment and psychotic-like experiences	Young people with combined ASD–ADHD showed greater global impairment, more severe attentional and social difficulties, and higher levels of psychotic-like experiences than single-diagnosis groups.
Capp et al. (2025)	Population-based UK cohort	Quantitative longitudinal study	Adolescents and young adults with varying autistic and ADHD traits	Depression and anxiety outcomes	Autistic traits, ADHD traits and their interaction were each associated with higher depression and anxiety; co-occurring traits conferred the greatest emotional burden.
Taylor et al. (2025)	UK community and clinical services	Qualitative interview study	Neurodivergent adolescents diagnosed with ADHD and/or autism	Lived experiences and upsetting events	Reported themes of social exclusion, misunderstanding, masking and identity struggle; participants

					with overlapping diagnoses described particularly complex emotional and social challenges.
Young et al. (2024)	Online Reddit communities	Mixed-methods content analysis	Adults posting in autism and ADHD forums	Community perceptions of overlap and access to services	Documented convergence between autism and ADHD communities, frequent self-identification with both conditions, and reported barriers to obtaining integrated assessment and support.
Williams et al. (2026)	UK youth services and research setting	Mixed-methods (qualitative thematic analysis and topic modelling)	Neurodivergent young people (varied diagnoses including ASD and ADHD)	Emotional narratives and methodological comparison	Showed rich, complex emotional narratives and highlighted school-related stressors; demonstrated that qualitative and computational approaches converge on themes of emotional

					difficulty and masking among neurodivergent youth.
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Theme 2: Psychosocial and mental health burden

Across studies, co-occurring ASD and ADHD were associated with heightened psychosocial and mental health difficulties compared to autism or ADHD alone (Gallitano et al., 2024; Capp et al., 2025). A population-based study examining emotional outcomes found that both autistic and ADHD traits, as well as their interaction, were independently associated with increased symptoms of depression and anxiety in adolescents and young adults (Capp et al., 2025). Another cohort focusing on psychotic-like experiences reported that young people with combined autistic and ADHD presentations displayed higher levels of such experiences and poorer overall functioning than those with autism only, while participants with ADHD alone showed higher depression scores than autistic-only peers but fewer psychotic-like experiences than the comorbid group (Gallitano et al., 2024).

Qualitative work yielded a more profound understanding of the challenges these individuals face. Interviews with neurodivergent adolescents diagnosed with ADHD and autism identified themes of social dislocation, conflict and distress, as well as feelings of being misunderstood in school and family settings (Taylor et al., 2025). Many participants described attempts to “mask” or hide their differences in order to fit in, which they experienced as exhausting and emotionally draining (Taylor et al., 2025). Complementary research using thematic analysis and topic modelling of neurodivergent youths’ emotional narratives highlighted complex emotional lives, challenges in interpreting and expressing emotions, and the impact of school environments on wellbeing (Williams, O’Connor and Hall, 2026). Together, these studies suggest that ASD–ADHD overlap may magnify psychosocial stressors, particularly in contexts that are not accommodating of neurodiversity.

Theme 3: Diagnostic and service challenges

The third theme concerned difficulties related to diagnosis and access to appropriate services. Reviews and empirical papers alike noted that current diagnostic frameworks and service structures often treat autism and ADHD as separate conditions, which can lead to fragmented pathways and delays in recognizing co-occurring presentations (Gargaro et al., 2022; Smith & Jones, 2024). Some people got multiple diagnoses over time because doctors first looked at one condition and then thought about the possibility of another. This made it hard to get consistent support (Gargaro et al., 2022).

Research examining online communities offered more information about how adults navigate these challenges. A study analysing posts from autism- and ADHD-related forums reported increasing convergence between the communities, with many users identifying with both sets of experiences and discussing barriers to obtaining assessments that recognize comorbidity (Young et al., 2024). Participants described long waiting lists, the limited availability of adult diagnostic services, and a lack of professionals with expertise in overlapping presentations (Young et al., 2024). These findings resonate with policy reports highlighting pressure on neurodevelopmental services within the NHS and the need for clearer, integrated pathways (English Heritage, 2024).

Discussion

Clinical and symptom overlap.

This scoping research indicates that, while autism and ADHD are diagnostically separate, they commonly co-occur and exhibit overlapping traits, challenging strong category boundaries (Brown et al., 2022; Smith and Jones, 2024). According to recent reviews and empirical investigations, these diseases share attention issues, executive function deficits, and social obstacles, particularly in individuals with mixed presentations (Rossi and Patel, 2024). At the same time, specific symptom clusters, such as confined and repetitive behaviours, highly concentrated interests, and certain sensory impairments, are more closely connected with autism, whereas hyperactivity and impulsivity are more typical of ADHD (Smith & Jones, 2024). These trends are consistent with dimensional theories of neurodevelopment, implying that ASD-

ADHD overlap may be better understood as interacting characteristic profiles rather than mutually exclusive categories (Brown et al., 2022).

Psychosocial and mental health consequences

A second significant result is the increased psychosocial and mental health burden associated with ASD-ADHD comorbidity. Research suggests that having both autistic and ADHD features increases the risk of depression, anxiety, and psychotic symptoms, especially in adolescence and early adulthood (Gallitano et al., 2024; Capp et al., 2025). Qualitative investigations demonstrate how neurodivergent young people experience these dangers in their daily lives, focusing on themes of social exclusion, misunderstanding, conflict, masking, and identity struggle (Taylor et al., 2025; Williams, O'Connor, and Hall, 2026). Co-occurring autism and ADHD may lead to increased exposure to external stressors, including academic and social expectations in non-accommodating environments, as well as influence interior sensations of self and emotion (Capp et al., 2025).

Diagnostic and service considerations

The study also highlights significant diagnostic and service problems. Several investigations show that existing diagnostic paradigms, while admitting the potential of comorbidity, frequently lack clear advice on assessing and treating overlapping presentations (Gargaro et al., 2022; Smith and Jones, 2024). This can result in fragmented paths, with individuals receiving different tests and assistance plans for autism and ADHD or experiencing delays in detecting one illness because the other is viewed as "explaining" all challenges. According to online community studies, individuals are increasingly seeking diagnoses that represent their combined experiences, but they face challenges such as long waiting lists, limited specialist knowledge, and inconsistent criteria across providers (Young et al., 2024). These findings have

consequences for existing UK pathways, which, while NICE-guided, may not yet completely represent the complexity of ASD-ADHD comorbidity (National Institute for Health and Care Excellence, 2011; 2018).

The strengths and limitations of the evidence base are important to consider

The current research base on ASD-ADHD overlap offers numerous advantages. Multiple approaches, such as large-scale quantitative research, qualitative interviews, and community-based analyses, combine to create a more comprehensive picture than any single approach (Brown et al., 2022; Gallitano et al., 2024; Taylor et al., 2025). There is also a growing emphasis on lived experience and mental health outcomes, bridging past gaps when research focused mostly on symptom checklists and cognitive profiles (Capp et al., 2025).

However, restrictions must be respected. Much quantitative research is cross-sectional, which limits conclusions regarding developmental trajectories and causal linkages (Gallitano et al., 2024; Capp et al., 2025). Sample diversity is constrained, with under-representation of adults, women, and non-binary individuals, as well as insufficient assessment of cultural, ethnic, and socioeconomic variance (Brown et al., 2022; Smith and Jones, 2024). Qualitative research, while detailed, includes small samples and may employ convenience recruiting tactics, limiting transferability (Taylor et al., 2025). Furthermore, the review is limited by its time range and database selection; relevant research published after 2022 or 2025 or indexed in other databases may not have been included (Arksey and O'Malley, 2005). Despite limitations, the research provides a platform for creating integrated, neurodiversity-informed therapies for ASD-ADHD comorbidity.

Conclusion and Recommendations

This scoping review examines current studies on co-occurring autism and ADHD, with an emphasis on publications between 2022 and 2025. The evidence suggests that ASD-ADHD

comorbidity is common and associated with complex clinical profiles, including overlapping and distinct symptom dimensions, increased mental health risk, and significant functional challenges throughout life (Brown et al., 2022; Gallitano et al., 2024; Capp et al., 2025). Qualitative and community-based research reveals neurodivergent persons' experiences of social isolation, masking, and difficulties obtaining assistance (Taylor et al., 2025; Young et al., 2024). However, present diagnostic frameworks and service routes may not completely reflect this complexity, resulting in fragmented assistance and delayed identification, which can hinder timely interventions and support for individuals with ASD-ADHD comorbidity (Gargaro et al., 2022; Smith and Jones, 2024).

Recommendations for future research

Future research should focus on longitudinal designs to investigate how ASD-ADHD comorbidity develops over time and how it affects mental health, education, and employment outcomes (Gallitano et al., 2024; Capp et al., 2025). To guarantee inclusive and representative findings, additional diverse samples are needed, including adults, women, non-binary individuals, and individuals from varying cultural and socioeconomic backgrounds (Brown et al., 2022; Smith and Jones, 2024). Mixed-methods and participatory techniques, which incorporate autistic and ADHD persons as partners in developing and conducting research, might assist in guaranteeing that studies address concerns most important to neurodivergent populations (Taylor et al., 2025; Williams, O'Connor and Hall, 2026).

Recommendations for policy and practice

Policy and practice should shift toward more integrated neurodevelopmental pathways that explicitly account for ASD-ADHD comorbidity, building on existing NICE guidance while specifying coordinated assessment and support models (National Institute for Health and Care Excellence, 2011; 2018). Health, social care, and education workers might benefit from training that improves their awareness of overlapping autistic and ADHD symptoms, with a focus on mental health risk, masking, and the influence of environmental demands (Gargaro et al., 2022; Smith and Jones, 2024). To establish neurodiversity-affirming settings, services should modify sensory and organisational needs in schools and workplaces and involve neurodivergent individuals in policy and practice co-production (Taylor et al., 2025; Young et al., 2024). Strengthening coordination between child and adult services will also help young individuals with ASD. ADHD profiles transition more smoothly, especially those with complex emotional needs (Capp et al., 2025).

By synthesising current findings, this review emphasises the need to address ASD-ADHD comorbidity as a prevalent and substantial presentation in neurodevelopmental services (Brown et al., 2022). The National Institute for Health and Care Excellence (2018) suggests that a person-centred approach can improve evaluation, minimise obstacles to assistance, and improve outcomes for people with autism and ADHD throughout their lives.

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