



# Minding your language around autism and ADHD



**A guide for health and care  
professionals**

September 2024

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### About this guidance

The following guidance has been produced by people with lived experience of autism and attention deficit hyperactivity disorder (ADHD). The questions and answers are based on their experiences of language used towards them, and about them, in health and care settings.



It's certainly not an exhaustive list. Scan the QR code to check out our YouTube channel for more in-depth resources on language or [click this link to view](#).

## Is it ok to call autism a disorder?

Try not to refer to autism as a disorder and avoid the phrase autism spectrum disorder - just say autism. The word disorder implies there is something wrong with autistic people. Autism is not an illness or disease, it's just the brain working in a different way.

## Do neurodivergent people identify as being disabled?

Don't assume neurodivergent people identify as being disabled or having a disability. Everyone identifies disability differently and how 'disabled' someone may feel can fluctuate as well. It's ok to ask if someone identifies as having a disability because of their neurodivergence, as long as you respectfully accept their answer.



## Is it better for neurodivergent people if we use spoken language all the time?

Try not to depend on spoken language. With all the things going on in a neurodivergent person's head, spoken language can be overwhelming. Be clear, be concise and offer additional or alternative formats for information sharing. For example, diagrams, videos or bullet pointed text.



## What if a neurodivergent person declines the support I've offered?

If someone doesn't use the support you offer, avoid saying that they refused support or failed to engage. This puts the blame on the autistic person or the person with ADHD. Instead you could say the support offered wasn't suitable for the person, so they didn't continue with it.

## Can I ask a neurodivergent person to rate things on a scale of 1 to 10?

Try not to ask autistic people to rate things on a scale of 1 to 10 - especially pain. Look for alternative pain scales online or ask what impact the pain is having.

## Is it ok to use abbreviations and acronyms?

Abbreviations are shortened forms of words or phrases. They can be made by simply shortening a word – January to Jan for example. Or the initial letters in a phrase can be used to create an abbreviation. For example, we usually say ADHD instead of using the full term, attention deficit hyperactivity disorder.

If an abbreviation creates a word in itself, that is called an acronym. For example the National Institute for Health and Care Excellence is shortened to NICE which is an actual word rather than just a few letters.

Please be careful when using abbreviations and acronyms. People may not know what an abbreviation or an acronym stands for and might not feel comfortable asking.

Ideally, we would use full words throughout a document but this may not always be practicable, especially if the term is used many times. In such cases, write the term in full the first time you use it and put the abbreviation or acronym in brackets so that people know what it means when it's used later on in the documents.

The first sentence in [About this guidance](#) is a good example, it reads:

‘The following guidance has been produced by people with lived experience of autism and attention deficit hyperactivity disorder (ADHD)’.

If you have a document with a lot of abbreviations and acronyms then it's a good idea to have a ‘Glossary of terms’ as an appendix, listing all the abbreviations and acronyms you've used.

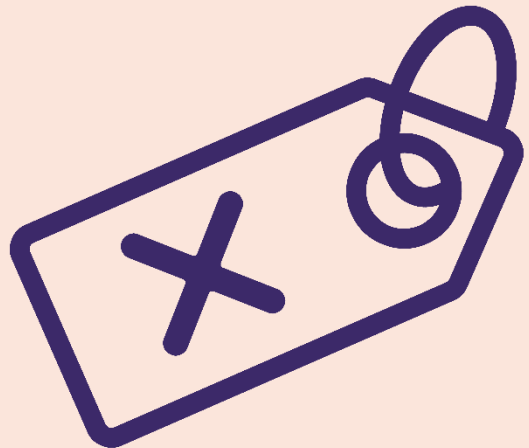


## Can I talk about neurodivergent people I've seen on TV?

Avoid referencing neurodivergent characters from popular culture when someone explains they're autistic or that they have ADHD. Autistic and ADHD TV and film characters tend to perpetuate unhelpful stereotypes, and making comparisons can be really offensive.

## Is it ok to use 'functioning' labels?

Avoid using labels such as high functioning, low functioning, mildly, moderately and severely. This language is often inaccurate and can invalidate people's experiences, as well as being hurtful or patronising. It can also be subjective. It's better to identify what people's strengths are, and which areas they may experience more difficulty with, if it's appropriate to do so.



## Is the term 'co-morbidities' ok to use?

Autistic people and people with ADHD are more comfortable with the terms co-occurring conditions or co-existing conditions.

## Can we describe someone as 'suffering' from or 'overcoming' their autism or ADHD?

Please avoid doing this. The words 'suffering' and 'overcoming' suggest neurodivergence is an affliction or deficit which it is not (although neurodivergent people may often suffer from the effects of living in a neuro-majority world).

