Mediating pathways to positive change in work for autistic people and those with ADHD

brain in hand

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This report draws on the 2025 neurodivergent employee survey conducted by Brain in Hand. It explores outcomes (wellbeing, leave intention) for autistic employees and employees with ADHD and aims to understand some factors that contribute to these outcomes - with a focus on perceived support sufficiency. The discussion draws on data from Brain in Hand's user survey to consider the ways in which BiH can support autistic employees and employees with ADHD.

Key Findings

Sufficient support is a key predictor of wellbeing and turnover intention	Better supported employees reported higher wellbeing and were less likely to leave. For wellbeing, this effect was strongest for autistic users with ADHD.
Disclosure helps, but only if accompanied by sufficient support	While disclosure predicted better support, it only related to improved outcomes when support sufficiency also increased.
Support pathways vary by company size	For companies of some sizes, support influenced leave intention via emotional pathways. For others, leave intent was shaped more directly by emotions/mental health, and career perceptions.
Brain in Hand is effective along these pathways	Brain in Hand offers an effective and flexible support tool for neurodivergent employees.

Background

Autistic employees and employees with ADHD consistently experience challenges in employment. Despite significant productivity benefits of having neurodivergent people in the workforce [1], research indicates that unemployment rates for autistic people are higher than for neurotypical people [2], while people with ADHD experience similar employment inequalities [3]. These patterns have been attributed to a lack of employer neurodivergence awareness and support, unsuitable recruitment practices, and inconsistent adjustments to suit individuals' needs [4][2]. This general lack of awareness and appropriate support also has implications for the outcomes of autistic people and people with ADHD in the workplace. For example, the perceived need for neurodivergent people to 'mask' their neurodivergence can have negative effects on wellbeing, while leading to burnout and increasing the likelihood of employee turnover [5].

Better understanding pathways to negative outcomes for neurodivergent employees can facilitate better support for these individuals - **improving individual-level and employer-level outcomes.**

Research Question

What are some of the pathways to better overall wellbeing and reduced leave intent for autistic employees/employees with ADHD in the UK, and do these vary between diagnostic groups and/or by company size?

Methods

Variables

Group	Name(s)	Description
Disclosure	Any disclosure	Disclosed neurodivergence to anyone at work (1/0)
	Extensive disclosure	Disclosed to all managers or all colleagues (1/0)
Support	Sufficiency of support	From insufficient to sufficient (5-points)
Feelings and emotions	Energised, exhausted, committed, miserable, excessive pressure	Selected as one of top things most often felt at work
Career perceptions	Peers doing better, reflects qualifications	Selected as things that describe feelings about career
Challenges	Mental health/self care	Selected either social anxiety, looking after self mentally, and/or looking after self physically as one of main challenges at work
Outcomes	Wellbeing	General wellbeing, from very poor to excellent
	Leave Intention	Likelihood of leaving, from very unlikely to very likely
Grouping variables	Diagnosis	ADHD-only; Autistic-only; Both diagnoses
	Company size	Micro (<10); Small (10-49), Medium (50-249); Large (>250)

Participants and Design

Participants were employees in the UK who were autistic and/or had ADHD (n = 659), including clinically and self-diagnosed individuals. Full demographic information for the sample is in Annex A. Participants were recruited via an online access panel, from 6-10th of March, 2025. They completed an online survey sent to them via email relating to their perceptions and experiences at work. The survey lasted approximately 20 minutes and participants received a cash incentive.

Analysis

The analysis involved 3 steps:

1. **Exploring networks** of correlations between all the variables
2. **Narrowing in** on key links between variables
3. **Assessing mediation pathways to outcomes**, and any differences between groups (diagnostic groups, company size)

The presented findings represent the outcomes of this process, with focus on the final mediation pathways. References to **'statistically significant'** or '**significant'** in this report mean that this finding would be very unlikely to occur by chance — about 5% of the time.

More details on the approach to analysis are in Annex B. Further results that underpin discussed findings, incorporating an initial extended selection of variables, are in Annex C.

Results

Descriptive patterns for key outcomes and predictors

As Fig 1 shows, **most participants (70%) reported that their support was sufficient or somewhat sufficient**.

However, those in micro-sized companies (*n* = 68) were most likely to report sufficient support (80%), while those in large companies (*n* = 202) were more likely than other groups to report insufficient or somewhat insufficient support at work (25%).

14% of all participants (*n* = 659) reported poor or very poor wellbeing, and a further 28% reported that their wellbeing was fair (Fig 2).

This differed between diagnostic groups, with autistic participants with ADHD (*n* = 147) most likely to report poor or very poor wellbeing (24%), compared to those that were autistic only (11%) and those with ADHD only (11%). However, all groups were similarly likely to report excellent wellbeing.

A high proportion (50%) of all participants (*n* = 659) reported being somewhat or very likely to leave their organisation in the next 6-months.

Intention to leave was highest in smaller companies with 73% of employees in companies with fewer than 10 employees (n = 68) reporting somewhat or very likely to leave in the next 6-months. For the UK population overall, this figure is far lower (24%). [6]

Fig 1 - Support sufficiency by company size

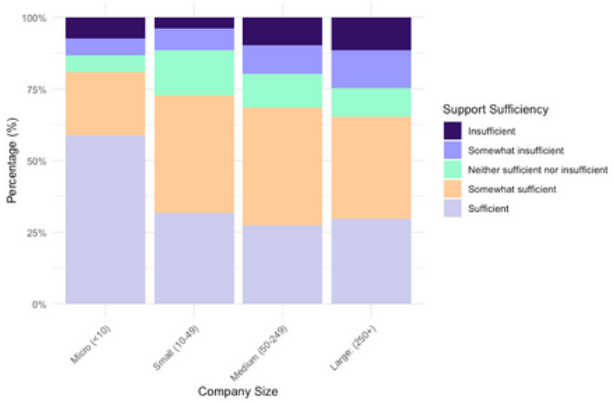


Fig 2 - Overall wellbeing by diagnostic group

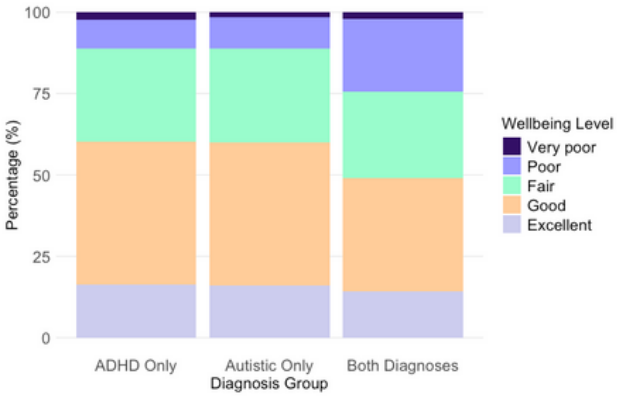
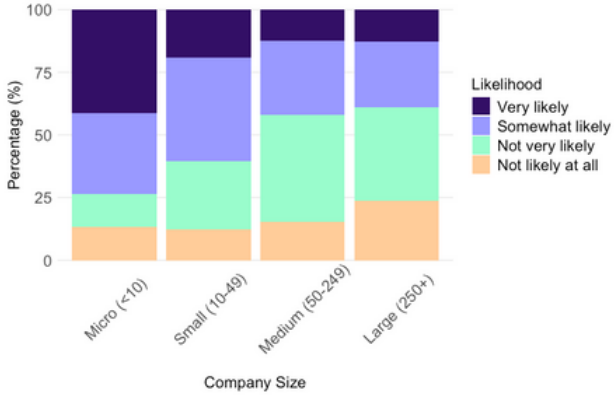


Fig 3 - Leave likelihood by company size



Results

Improving support is a pathway to improved employee wellbeing

Findings indicated that respondents' overall wellbeing was significantly predicted by **perceived support sufficiency at work**, how **energised and exhausted** they felt, their **mental health/self-care challenges**, and **feeling under excessive pressure**.

Support sufficiency had a particularly strong effect on wellbeing (over and above the *extent* of offered supports). There was a direct effect, but it also **operated through** employees feeling **energised** and **exhausted** at work (Fig 4). The direct effect of support on wellbeing was **strongest for autistic participants who also had ADHD** (Fig 5).

As shown in Fig 6, higher levels of support sufficiency were related to higher predicted wellbeing levels. Those who rated their **support as insufficient** had an average wellbeing score of 2.65 out of 5 – **between "poor" and "fair"**. In contrast, employees who rated their **support as sufficient** reported wellbeing levels of 4.01 out of 5 on average (**"good" wellbeing**).

Results suggest that **an increase from insufficient to somewhat sufficient, or from somewhat insufficient to sufficient reported support, is related to a 1-point increase in wellbeing for employees** (measured from 'very poor' to 'excellent').

Fig 4 - pathway from support to wellbeing. Stars show significance, arrow width shows strength of effect

Fig 5 - strength of the direct effect of support sufficiency, by diagnostic group

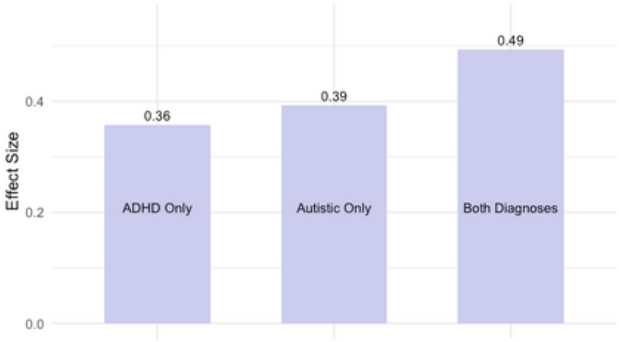


Fig 6 - reported wellbeing at differing support levels

Support Sufficiency	Predicted Wellbeing (1-5)
1 (insufficient)	2.65
2 (somewhat insufficient)	2.99
3 (neither insufficient nor sufficient)	3.33
4 (somewhat sufficient)	3.67
5 (sufficient)	4.01

Results

Facilitating disclosure of neurodivergence has indirect effects

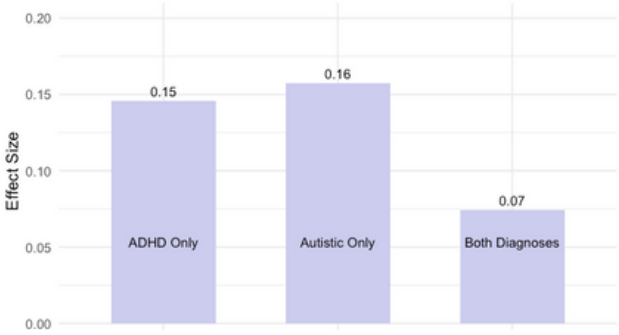
14% (91/659) of respondents reported having **not disclosed their neurodivergence to anyone** at work, while 54% had not disclosed it extensively (355/659).

This has implications for support and wellbeing - both **any and extensive disclosure** had significant **effects on wellbeing**. These effects operated **through higher reported support sufficiency** (Fig 7).

Despite the stronger effect of support on wellbeing, participants with **both diagnoses** showed the **weakest effect of 'any disclosure' on wellbeing** (Fig 8).

Fig 7 - Pathway from disclosure to wellbeing. Stars show significance, arrow width shows strength of effect

Fig 8 - Effect of 'any disclosure' on wellbeing via improved support, by diagnostic group



Support *can* reduce leave intention via multiple pathways

Participants' **likelihood of leaving their organisation** within six months was significantly **predicted by how sufficient they felt their workplace support was**. Thi9 relationship was partially explained by whether participants felt committed to their role and whether they felt miserable at work (Fig 6). These pathways were strongest in large companies (*n* = 202) and small companies (*n* = 187). **Those with sufficient support were ~5% less likely to intend to leave than those with insufficient support.**

For **medium** (*n* = 202) and **micro organisations** (*n* = 91), **misery (medium) and commitment (micro) predicted leave intent**, but were not linked to support sufficiency. For these groups, career perceptions and mental health challenges played a more central role (see Fig 10).

Fig 9 - Pathway from support to leave intention. Stars show significance, arrow width shows strength of effect

Fig 10 - Significant predictors of leave intention for micro and medium companies

Discussion

Support is a central driver of wellbeing and retention

Across analyses, **perceived sufficiency of support emerged as the most consistent and powerful predictor of positive workplace outcomes for autistic employees/employees with ADHD**. It directly improved overall wellbeing and reduced intentions to leave, while also operating indirectly through emotional a range of emotional states. The effect of support *sufficiency* operated over and above the effect of the *extent* of support (defined as the number of support categories received by participants) in the present study. This underscores the importance of not just whether support is available, but whether employees feel that support adequately meets their needs. Indeed, support for neurodivergent employees is most effective when individualised and person-centred [7]. **The present findings suggest that adopting supports that meet these criteria, and sufficiently meet employee support needs, can have implications for both employee wellbeing, and employee retention.**

Emotional pathways: why support matters

The results provide clear evidence that support influences wellbeing and leave intention partially through its effects on employees' emotional experiences.

Employees who perceived more sufficient support felt more energised and less exhausted. These emotional states in turn predicted better general wellbeing. The central role of these emotional states aligns with research highlighting burnout - a state of physical and emotional exhaustion - as particularly common in neurodivergent employees. This has been linked to the perceived need to ‘mask’ neurodivergent traits and a lack of appropriate support [10]. Past research indicates that burnout not only has significant negative impacts on employee wellbeing, but negatively affects employee productivity and increases the likelihood of prolonged absence from work [11].

Across the sample, support sufficiency was associated with lower leave intention via participants being a) more likely to report commitment to their role, b) less likely to report feeling miserable at work. This suggests that improved support can have positive implications for staff turnover for neurodivergent employees, with these feelings as possible pathways to this change. Given the high levels of leave intention reported here (~50% somewhat or very likely to leave - well above the UK average [6]), and an average employer cost of turnover per employee of £30,614 [8], sufficient support for neurodivergent employees is crucial.

Interventions and adjustments targeting employee wellbeing and retention should therefore consider not only practical adjustments but also their specific impact on feelings and emotions in the workplace.

Discussion

Disclosure enables support, but only sometimes

The present findings indicate that those that had disclosed their neurodivergence generally reported higher support sufficiency. This has implications, given past research suggesting that neurodivergent employees often fear disclosing their neurodivergence at work due too inaccurate stereotypes and assumptions surrounding neurodiversity [9]. This fear of disclosure, and associated insufficient support, may contribute to workplace challenges and to the employment inequalities experienced by autistic people and people with ADHD. [1,2]

Despite its links with support sufficiency, disclosure (either to anyone in the organisation or more extensively) had no consistent direct effects on wellbeing or leave intention. **Its influence was almost entirely indirect: disclosure helped only when it resulted in better support.** For employees who disclosed but did not feel well supported, there were no observed benefits. This highlights a critical gap in many organisational approaches: policies may encourage disclosure without ensuring follow-through in terms of individualised and neuroinclusive support. For example, past research indicates that accomodations that focus on strengths as well as challenges, combined with active promotion of a neuroinclusive environment, may yield the most positive outcomes at the individual and organisational level. [12]

The findings suggest that organisations are only likely to facilitate positive outcomes for employee and employer if the link between disclosure and tangible, meaningful support provision is well-established.

Multiple diagnoses: stronger need, weaker benefit

Employees who identified as having both autism and ADHD showed the strongest direct effect of support sufficiency on their wellbeing. However, this group also experienced the weakest overall benefit from disclosure, with minimal effects on wellbeing via support sufficiency compared to other groups. This suggests that individuals with more complex support needs may be falling through the cracks in current workplace systems. Even when they disclose, the support provided may not match the breadth or nuance of their needs. Indeed, autistic people with ADHD often report an ‘internal struggle’ between autistic and ADHD traits [13]. This may mean that commonly adopted workplace adjustments are inadequate in fully supporting employees with both diagnoses.

These findings call for more tailored support and a deeper understanding of how intersecting neurodivergent identities shape workplace experiences.

Discussion

Context matters: support pathways differ by company size

The effects of support on leave intention were not uniformly distributed across company sizes. Strong mediation effects — whereby support reduced leave intention by increasing commitment and reducing misery — were evident primarily in large (250+ employees) organisations, and to a lesser extent in small ones (10-49 employees). Larger organisations may be better equipped with formal policies, HR systems, and dedicated inclusion initiatives that translate disclosure or support needs into tangible, structured interventions that lessen the likelihood of turnover. [7] In these

Meanwhile, for micro companies (under 10 employees), leave likelihood was linked to more individual and relational factors — such as whether employees felt their role reflected their qualifications, the degree of emotional distress (e.g., feeling miserable), and workplace mental health/self-care challenges. In such close-knit environments, role clarity and interpersonal relationships may take precedence over formal accommodation structures. However, given the link between negative feelings/challenges and leave likelihood, support within these organisations remains crucial.

Similarly, in medium-sized organisations, leave intentions were predicted by emotional states and career frustrations (e.g., feeling miserable or perceiving that peers were progressing more quickly), rather than support. **Clearly, findings suggest that a one-size-fits-all approaches to supporting neurodivergent employees is unlikely to be effective across different organisational contexts. Accordingly, individualised support that can target various areas of employees experiences and wellbeing could be crucial in reducing leave intention, while supporting employee wellbeing.**

Brain in Hand - a tool for neurodivergent employees

Given the clear relationship between support and employee outcomes, as well as the variation in the nature of these links between groups, individualised approaches to support appear crucial. **Brain in Hand represents one such individualised support tool for neurodivergent employees**. The service provides:

1. Dedicated one-to-one coach to support an individual's needs
2. Additional 24/7 on-demand human support
3. In-app personalised routines, prompts and reminders
4. Accessible solutions for unexpected and overwhelming situations
5. A library of practical ready-made solutions for everyday challenges
6. A journalling tool to monitor mood, reflect on emotions and communicate feelings

Discussion

Brain in Hand - support that works

Crucially - Brain in Hand works along the pathways to wellbeing and leave intention outlined in this report. The below discussion draws on Brain in Hand's user survey - a quarterly survey assessing Brain in Hand users' experiences using the service and their perceived improvements in a range of key areas.

It provides individualised support for all diagnostic groups. Given the direct links between support sufficiency and wellbeing, individualised support tools such as Brain in Hand could have strong effects on employee wellbeing and leave intention. **78% of autistic Brain in Hand users with ADHD (*n* = 167) are satisfied with it as a support tool,** suggesting Brain in Hand meets the potentially complex needs of this group.

I**t targets emotional pathways from support to wellbeing and leave intention.** 64% of employed Brain in Hand users (*n* = 360) report that it has improved their mental health, including stress, anxiety, overwhelm and burnout. Further, **longitudinal research has demonstrated significant improvements in reported anxiety and overwhelm in Brain in Hand users over a 6-month period**. [16] Given key emotional pathways from support to wellbeing and leave intent in the present research, and more direct effects of mental health challenges for smaller organisations, Brain in Hand's effectiveness in this area could have powerful effects on key workplace outcomes.

It has tangible effects on leave intention. 26% of employed Brain in Hand users (*n* = 360) reported that they were more likely to stay in their role since starting to use Brain in Hand. Given the organisational costs of employee turnover discussed (an average cost of £30,614 per employee), this could have positive economic implications for organisations.

It supports people to achieve more in their role. The positive effects of Brain in Hand along these pathways has further benefits for employees and employers. 47% of employed users (*n* = 360) reported that they were 'achieving more' in their role, in relation to having fewer days off, feeling more confident in their role, and/or performing better in their role. A well-supported neurodiverse workforce offers substantial productivity benefits at an organisational level [15]. Brain in Hand can facilitate these gains, while improving employee wellbeing.

Limitations and Future Research

The data were collected at a single time point, which limits the ability to draw causal conclusions. Although mediation models identify plausible pathways, longitudinal or experimental designs are necessary to confirm the direction of effects. Future research should explore changes in support and workplace outcomes longitudinally.

Although analyses were built from an initial wide range of variables, models were not exhaustive. There are a range of further factors that likely contribute to wellbeing and leave intention likelihood for neurodivergent employees. In particular, recent research has highlighted psychological safety - the feeling that it is safe to take risks without fear of punishment or reprisal - as a key contextual workplace factor influencing leave intention [17]. Future research could explore this further in relation to support sufficiency and the prposed pathways to wellbeing and leave intention.

T**here were some limitations regarding the measurement of constructs**. Questions relating to work challenges and feelings at work were framed in terms of being one of participants' top three challenges/feelings. This may also underrepresent the extent of other feelings/challenges for individuals. Future work could adopt/formulate more sensitive response scale, to strengthen inferences.

Conclusions

This research underscores the vital role that perceived support sufficiency plays in shaping the wellbeing and retention of neurodivergent employees. **Support that is not just present but felt as sufficient has wide-ranging benefits: it improves wellbeing, reduces turnover intentions, and enhances emotional experiences at work.**

However, these benefits are not uniform across all employees or workplace contexts. Autistic employees with ADHD may be particularly dependent on support to sustain wellbeing but benefit least from disclosure — indicating a mismatch between complex needs and current support responses. Similarly, the impact of support on turnover intention differed by company size: in large organisations, support was linked to lower leave intent through emotional pathways, while in micro and medium-sized organisations, support played a weaker role and career frustrations, and mental health/self-care challenges took precedence. These variations make clear that a one-size-fits-all approach to supporting neurodiverse employees is insufficient.

Instead, these findings highlight the need for practical, personalised support tools that can bridge the gap between disclosure and meaningful change. Brain in Hand — as a digital, user-led support system and coaching service — offers one route for delivering tailored support. By equipping both employees and employers with the means to understand and support neurodivergent experiences, such tools can help foster more inclusive, productive workplaces.

Annex A - Sample Infomation

Demographics		Autistic only	ADHD only	Both Diagnoses	User Group
Age	18 – 24	38 (19.2%)	49 (15.6%)	28 (19%)	115 (17.5%)
	25 – 34	71 (35.9%)	129 (41.1%)	60 (40.8%)	260 (39.5%)
	35 – 44	59 (29.8%)	97 (30.9%)	41 (27.9%)	197 (29.9%)
	45+	30 (15.2%)	39 (12.4%)	18 (12.2%)	87 (13.2%)
Gender Identity	Female	105 (53%)	196 (62.4%)	97 (66%)	398 (60.0%)
	Male	91 (46%)	112 (35.7%)	45 (30.6%)	248 (37.6%)
	Non-Binary	0 (0.0%)	4 (1.3%)	4 (2.7%)	8 (1.2%)
	Other	0 (0.0%)	2 (0.6%)	1 (0.7%)	3 (0.5%)
	Prefer not to say	2 (1%)	0 (0.0%)	0 (0.0%)	2 (0.3%)
Company Size	Large (250+)	61 (30.8%)	92 (29.3%)	49 (33.3%)	202 (30.7%)
	Medium (50 – 249)	52 (26.3%)	108 (34.4%)	42 (28.6%)	202 (30.7%)
	Small (10 – 49)	65 (32.8%)	80 (25.5%)	42 (28.6%)	187 (28.4%)
	Micro (<10)	20 (10.1%)	34 (10.8%)	14 (9.5%)	68 (10.3%)
Salary Range	<£20,000	5 (2.5%)	11 (3.5%)	2 (1.4%)	18 (2.7%)
	£20,0001 - £30,000	60 (30.3%)	104 (33.1%)	51 (34.7%)	215 (32.6%)
	£30,001 - £45,000	65 (32.8%)	90 (28.7%)	38 (25.9%)	193 (29.3%)
	£45,001 - £60,000	37 (18.7%)	65 (20.7%)	29 (19.7%)	131 (19.9%)
	£60,001 - £100,000	28 (14.1%)	37 (11.8%)	25 (17%)	90 (13.7%)
	£100,000+	2 (1%)	3 (1%)	0 (0.0%)	5 (0.8%)
	Prefer not to say	1 (0.5%)	4 (1.3%)	2 (1.4%)	7 (1.1%)
Work Pattern	Hybrid	83 (41.9%)	129 (41.1%)	70 (47.6%)	282 (42.8%)
	In-person	115 (58.1%)	185 (58.9%)	77 (52.4%)	377 (57.2%)
Total		198	314	147	659

Annex B - Analytic Approach

All analyses were conducted in R[14] and proceeded in three stages:

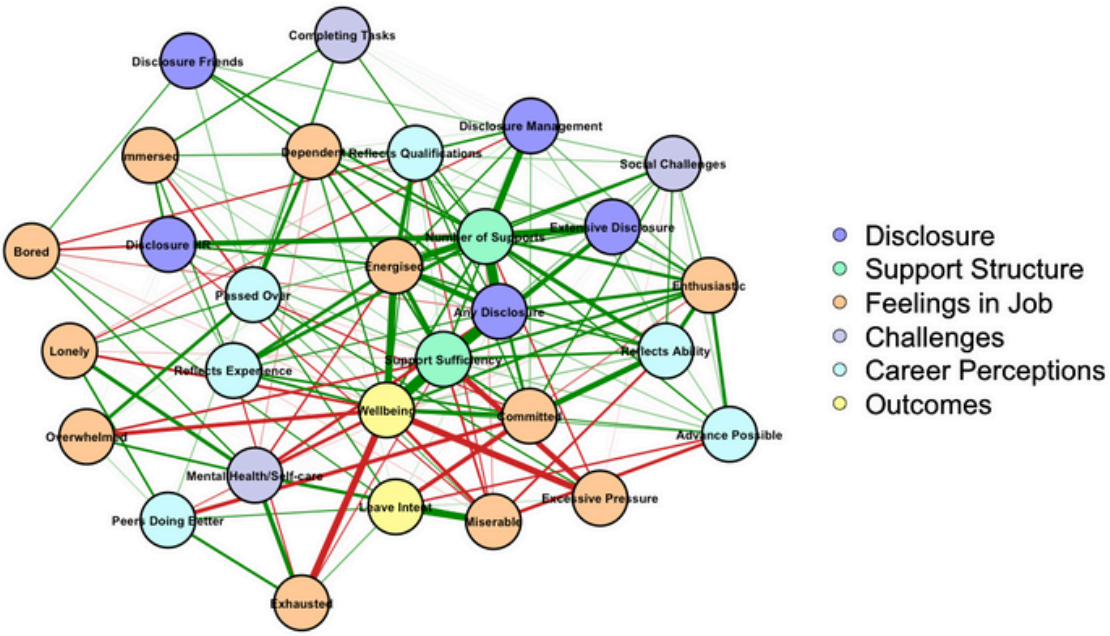
1. **Exploring relationships across variables.** We first constructed a correlation network to map associations across all survey variables. This visualisation helped identify the strongest links between variables, particularly those most closely related to key outcomes such as wellbeing, absence, and turnover intention.
2. **Focusing on key sub-networks:** From the broader network, we identified clusters of variables forming plausible causal pathways to outcomes of interest. These sub-networks informed the selection of predictors and mediators for further analysis.
3. **Modelling pathways to outcomes.** We fitted a series of structural equation models to assess direct and indirect (mediated) pathways from workplace factors (support sufficiency, disclosure) to outcomes (wellbeing, leave intent). All models were bootstrapped (1,000 draws) to estimate confidence intervals and test the significance of indirect effects. We also conducted multi-group comparisons to test whether pathways differed across diagnostic groups and company sizes, providing insight into how workplace dynamics vary across different employee contexts.

Annex C - Further Results

Initial network of correlations

Fig C1 below outlines the network of correlations between all the variables initially considered in the research. Outcomes (leave intent, overall wellbeing) are in yellow. The network revealed a range of interrelationships between disclosure, sufficiency and extent of support, how participants were feeling in their job and about their career, their challenges at work, and these outcomes. This network informed following analyses involving mediation models within key sub-networks.

Fig C1 - Network of Correlations Between Disclosure, Support, Feelings, Challenges, Career Perceptions, and Work Outcomes



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