

# Your Health

 Health Partners

MARCH 2023  
NEWSLETTER

## WHY NEURODIVERSITY & INCLUSIVITY & MATTER

*We also look at eating  
disorders and prostate & ovarian cancers*

**In an early use of the term ‘neurodiversity’ in print, journalist Harvey Blume wrote in 1998 for *The Atlantic*: “Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general”.**

## WHAT IS NEURODIVERSITY?

Neurodiversity is the concept that all humans vary in terms of neurocognitive ability – in other words, no two brains are quite alike and we experience, view and interact with the world in different ways.

Those who embrace the neurodiversity paradigm see value in neurodiversity being a natural and valuable form of human diversity. These differences in thinking, behaviour and learning should not be thought of as deficiencies or disorders but, instead, as variations in the way we each think and interpret.

We use the term ‘neurominority/neurodivergent’ to refer to less-typical neurotypes such as ADHD, autism, dyslexia, dyspraxia, dysgraphia and Tourette Syndrome. Different neurotypes are more common than you may think, with approximately 15 to 20% of the population thought to be neurodivergent – in the UK this equates to one in seven people.

### Neurodiversity at work

Neurodiversity at work involves recognising that some employees may have different ways of interpreting information, interacting with others and problem solving.

Neurodivergent employees often possess a unique skillset which can benefit employers seeking progressive approaches to managing their organisation. The key is to recognise diversity, encourage it and support it with focused adjustments.

Whilst there have been some changes regarding neurodiversity in the workplace,



there is still a lot of misunderstanding and a lack of acceptance about neurodiversity.

### Why is a neuro-inclusive organisation important?

Research shows that neurodivergent employees enhance organisational effectiveness, improve creativity and enable individual thought.

People perform better when they can be themselves at work, so it is vital that organisations create inclusive working environments to support all employees, including neurodivergent individuals.

Neurodivergent people are more likely to disclose their conditions to their employer when they can see their employer recruiting a diverse workforce.

Retention of staff is fundamental in the current workforce shortage. People have



greater loyalty to companies that are inclusive.

Upskilling and supporting managers to have an understanding and acceptance of neurodiversity has a positive effect on their line management skills, including developing clear communication skills and dividing work based on strengths and competencies.

Neurodivergent employees are naturally proficient in many skills critical to the future of work, such as problem solving, critical thinking, creativity and analytical skills.

Considering the neurodiversity paradigm expands organisational outlook, which results in better customer experience, as employees can engage with customers from different perspectives.

The more aware we are of the differences between us, and the more we can accept

## What does embracing neurodivergence look like?

There are some everyday actions that will help neurodivergent employees within the workplace. These may look like:

- Raising awareness of and understanding neurodiversity and the different forms of neurodivergence – sharing knowledge is the key and will create and empower a diverse team;
- Creating a culture where employees feel comfortable to disclose and talk openly about their neurodivergence – this includes recognising each person as an individual and establishing that what they need may vary;
- Fostering trusting relationships between managers and employees;
- Highlighting the employer's commitment to diversity and inclusion;
- Utilising proactive and reasonable adjustments, regardless of whether or not employees are identified as neurodivergent;
- Inclusive recruitment policies and procedures;
- Having accessible software for all;
- Communicating clearly, e.g. clear signage around the building, meetings followed up with a summary email;
- Having environments that are conducive to the employee's needs, such as quiet break-out areas, dividers to reduce noise or inclusive pods.

and understand people, the better we can celebrate everyone. We can take account of our differences into everything we do – from how we work to how we socialise. This can change the workplace and the world for the better.

**Sources:** *ACAS, Lexxic, NHS, CIPD, Uptimize, Armstrong.*

## UNDERSTANDING EATING DISORDERS

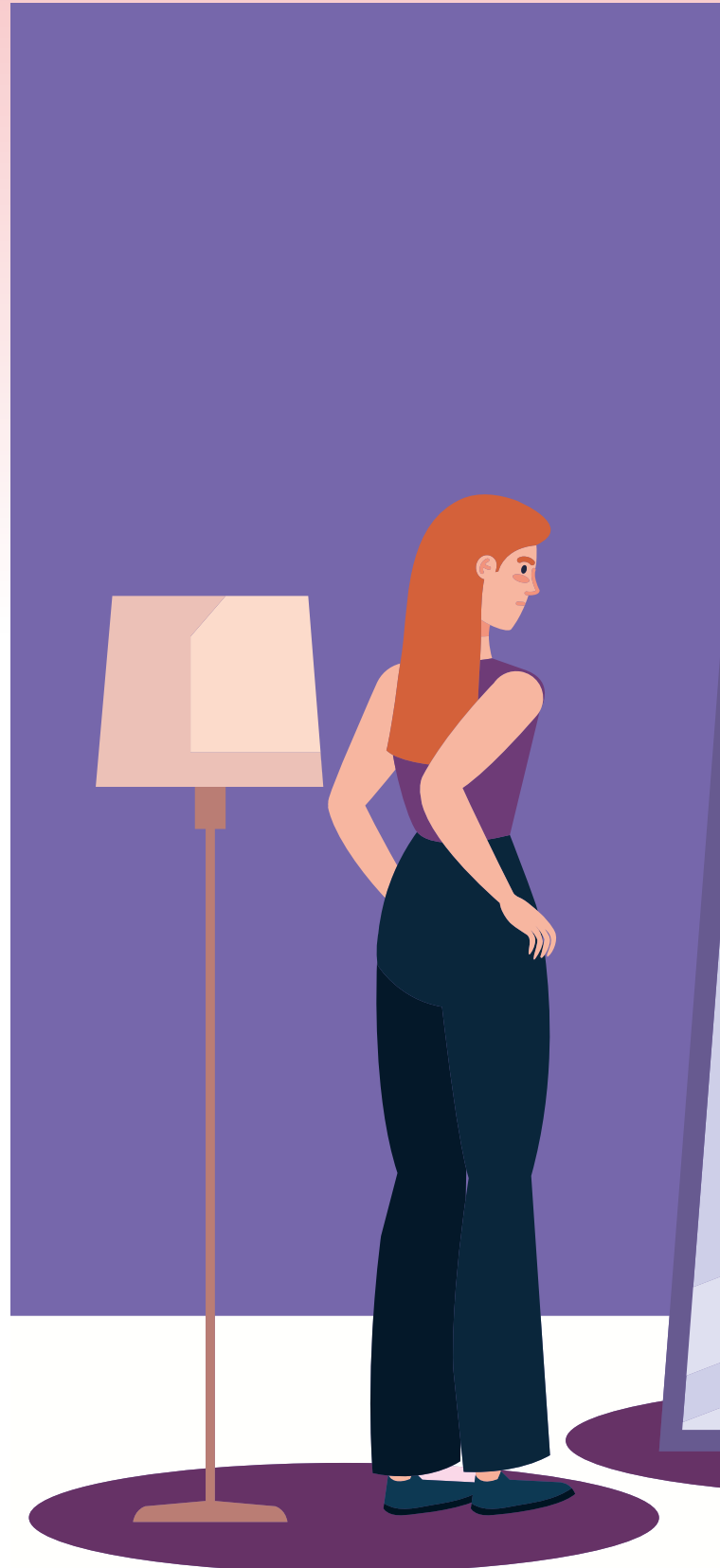
An eating disorder is a mental health condition where you use the control of food to cope with feelings and other situations.

Unhealthy eating behaviours may include eating too much, too little or excessive worrying about your weight or body shape. Anyone can have an eating disorder, but teenagers between 13 and 17 are the most likely. However, with treatment, most people can recover from an eating disorder.

### MAIN TYPES

#### Anorexia nervosa:

- A serious mental illness where people are of low weight due to limiting how much they eat and drink;
- Those affected may develop rules around what they feel they can and cannot eat, as well as when and where they will eat;
- Can affect anyone of any age, gender, ethnicity or background;
- Sufferers may also do lots of exercise, make themselves sick or misuse laxatives to get rid of food eaten;
- Some may experience cycles of bingeing (eating large amounts of food at once) and then purging (vomiting, taking laxatives or diuretics, fasting, or exercising excessively);
- Can cause severe physical problems because of the effects of starvation on the body;
- Can lead to loss of muscle strength and reduced bone strength;
- Sufferers whose periods have previously started may find that they stop. They may also find that their sex drive decreases;
- Weight and shape may be a big factor in their sense of self-worth. This can lead to them checking their body regularly or trying to avoid scales and mirrors;



*“With treatment, most people can recover from an eating disorder.”*



- The way they see themselves is often different to how others see them: they often have a distorted image of themselves and think they're larger than they really are;
- Sufferers experience a deep fear of gaining weight and will usually challenge the idea that they should.

## **Bulimia nervosa:**

- A serious mental illness which can affect anyone of any age, gender, ethnicity or background;
- Sufferers are caught in a cycle of eating large quantities of food and then trying to compensate for that by purging;
- Treatment early on gives the best chance for a fast and sustained recovery from bulimia;
- Most people who aren't suffering from an eating disorder to choose to eat a bit more or overindulge sometimes; this shouldn't be confused with a binge eating episode.

## Binge eating disorder (BED):

- A serious mental illness where sufferers eat very large quantities of food without feeling like they're in control of what they're doing;
- Can affect anyone of any age, gender, ethnicity or background, and evidence suggests it is more common than other eating disorders;
- Sufferers eat large quantities of food over a short period of time. Unlike people with bulimia, they don't usually follow this by getting rid of the food through purging although sometimes, they might fast between binges;
- Far from being enjoyable, binges are very distressing, often involving a much larger amount of food than someone would want to eat;
- Sufferers may find it difficult to stop during a binge even if they want to. Some have described feeling disconnected from what they are doing during a binge or even struggling to remember what they have eaten afterwards;
- Sufferers may eat much faster than normal, eat until uncomfortably full, eat large amounts of food when not physically hungry, eat alone through embarrassment at the amount being eaten and feel disgust, shame or guilt during or after the binge;
- Someone who experiences at least one of these distressing binge eating episode a week for at least three months is likely to be diagnosed with binge eating disorder.

## Other eating disorders include:

- Other specified feeding or eating disorder (OSFED): an umbrella term, people diagnosed with it may experience very different symptoms. See [www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/osfed/](http://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/osfed/);
- Avoidant/restrictive food intake disorder (ARFID): a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both. See [www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/arfid/](http://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/arfid/);
- There are numerous other types. See [www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/](http://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/);

**Symptoms:** If you or people around you are worried that you have an unhealthy relationship with food, you could have an eating disorder. Symptoms of eating disorders include:

- Spending a lot of time worrying about your weight and body shape;
- Avoiding socialising when you think food will be involved;
- Eating very little food;
- Making yourself sick or taking laxatives after you eat;
- Exercising too much or obsessing around exercising enough to balance food intake;
- Having very strict habits or routines around food;
- Changes in your mood such as being withdrawn, anxious or depressed.



*“Far from being enjoyable, binges are very distressing.”*

You may also notice physical signs, including:


- Feeling cold, tired or dizzy;
- Pains, tingling or numbness in your arms and legs (poor circulation);
- Feeling your heart racing, fainting or feeling faint;
- Problems with your digestion, such as bloating, constipation or diarrhoea;
- Your weight being very high or very low for someone of your age and height;
- Not getting your period or other delayed signs of puberty.

**Why me?** We do not know exactly what causes eating disorders but there are several reasons why you may be more likely to get one, if:

- You or a member of your family has a

history of eating disorders, depression or alcohol or drug misuse;

- You have been criticised for your eating habits, body shape or weight;
- You are really worried about being slim, particularly if you also feel pressure from society or your job, for example, ballet dancers, models or athletes;
- You have anxiety, low self-esteem, an obsessive personality or are a perfectionist;
- You've been sexually abused.



*“It can be very hard to admit you have a problem and ask for help.”*

## Getting help/treatment for an eating disorder:

If you think you may have an eating disorder, see a GP as soon as you can. They will ask about your eating habits and how you are feeling and will check your overall health and weight. They may refer you to an eating disorder specialist or team of specialists.

It can be very hard to admit you have a problem and ask for help. It may make things easier if you bring a friend or loved one with you to your appointment. You can also talk in confidence to an advisor from eating disorders charity Beat by calling their adult helpline on 0808 801 0677. A useful website to look for specialist support: [www.helpfinder.beateatingdisorders.org.uk](http://www.helpfinder.beateatingdisorders.org.uk).

## Other points:

- You can recover from an eating disorder, but it may take time and recovery will be different for everyone;

- If you are referred to an eating disorder specialist or team of specialists, they will be responsible for your care;
- They should talk to you about the support you might need, such as for other conditions you have, and include this in your treatment plan;
- Your treatment will depend on the type of eating disorder you have, but usually includes a talking therapy;
- You may also need regular health checks if your eating disorder is having an impact on your physical health;
- Your treatment may also involve working through a guided self-help programme if you have bulimia or binge eating disorder;
- Most people will be offered individual therapy, but those with binge eating disorder may be offered group therapy.

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**Sources:** NHS, BEAT.

## KEEP CALM AND GET CHECKED: PROSTATE CANCER

The prostate is a walnut-sized gland, whose function is to produce fluid, which mixes with sperm during ejaculation to create semen. Prostate function is governed by the male\* hormone testosterone.

The prostate sits just beneath the bladder and the urethra (the tube from the bladder to the penis) runs through the centre of the prostate gland. Hence, the most common symptoms experienced relating to prostate health are related to urination, such as:

- Not being able to urinate or difficulty doing so such as straining or delay;
- Poor urinary flow;
- Increased frequency or urgency to urinate, particularly during the night;
- Leaking following urination;
- A feeling like the bladder has not been emptied fully;
- Pain or discomfort on urination.

Fortunately, these symptoms are most commonly due to an enlarged prostate (commonly caused by benign prostatic hyperplasia (BPH) - a non-cancerous growth of cells) and can be easily managed with lifestyle changes, medications if required or occasionally surgery if this is deemed necessary. However, other causes can also include prostatitis (infection of the prostate gland) or prostate cancer, so it's important to seek advice from your GP as soon as possible, if you develop any symptoms.

Prostate cancer is the most common cancer in UK males (27%) and second-most common cause of cancer death. Prostate

cancer is easily treatable, especially if caught early. Although survival rates have never been better, the UK still experiences 11,900 deaths per year as a result of prostate cancer. The causes of prostate cancer are not fully understood but it tends to affect men aged 50 or over.



**Sources:** *Prostate Cancer UK, Men's Health Forum, Office for National Statistics.*

**Note:** 'Male' may include men, trans women, people who are nonbinary who were assigned male at birth and cis gender men.

## OVARIAN CANCER: THE BEST PROTECTION IS EARLY DETECTION

Ovarian cancer happens when cells in the ovaries grow and multiply uncontrollably, producing a lump of tissue called a tumour.

Ovarian cancer, or cancer of the ovaries, is the sixth most common malignancy in females\* in the UK. There are around 7,500 cases diagnosed across the UK each year. There are around 4,100 ovarian cancer deaths in the UK every year, primarily due to it being identified late, as symptoms are not always obvious until then.

Ovarian cancer mainly affects women who have been through the menopause (usually over the age of 50), but it can sometimes affect younger women. The outcome for women with ovarian cancer is generally poor, with an overall five-year survival rate of 43% (England).

Despite the relatively poor survival rates for ovarian cancer, there has been a decline in mortality rates across the UK over the last 40-50 years. This has coincided with the advent of effective chemotherapy, as well as changes in surgical practice.

### Symptoms and signs

- Persistent abdominal distension (often referred to as 'bloating')
- Feeling full (early satiety) and/or loss of appetite
- Unintentional weight loss
- Pelvic or abdominal pain
- Increased urinary urgency and/or frequency

### When to see your GP

- If you have been feeling bloated, particularly more than 12 times a month
- If you have other symptoms of ovarian cancer that will not go away

## SOME OF THE SIGNS & OF OVARIAN CANCER

- Weight gain ■ Bloating
- Abdominal Pain ■ Tiredness
- Trouble eating
- Urinary changes
- Upset stomach
- Painful intercourse
- Constipation
- Changes in menstrual cycle

*"There are around 4,100 ovarian cancer deaths in the UK every year."*

- If you have a family history of ovarian cancer and are worried that you may be at a higher risk of getting it. Your GP may consider sending you to a genetics specialist
- If you have already seen a GP and your symptoms continue or get worse, go back to them and explain this



## SYMPTOMS

If you are diagnosed with ovarian cancer, it will be given a “stage” between one to four. This describes the size of the cancer and how far it has spread and allows the doctors to plan the best treatment for you.

Treatment depends on how far the cancer has spread, your general health and whether you are still able or want to have children. Most people have a combination of surgery and chemotherapy.

The aim of treatment is to get rid of the cancer if possible. However, if it is too advanced to be cured, treatment aims to relieve symptoms and control the cancer for as long as possible.

Useful information describing symptoms and signs of ovarian cancer is available on [www.ovarian.org.uk](http://www.ovarian.org.uk)

**Sources:** *NICE, Cancer Research UK, Ovarian.org.uk*

**Note:** ‘Women’ may include trans men, people who are nonbinary who were assigned female at birth and cis gender women; ‘men’ may include trans women, people who are nonbinary who were assigned male at birth and cis gender men.

## NEXT ISSUE:

- Stress Awareness
- Occupational Hygiene
- Multiple Sclerosis

At Health Partners we offer a full range of tailored health and wellbeing services.

**Our thinking is innovative.** We constantly develop new responses and tools designed to address the health and wellbeing challenges that face your business and people.

**Our commitment is total.** We invest in our services, creating new ones and keeping in step with every client. We constantly explore new ways of working and make no compromises in the quality of our services.

**Simply put, we are here to help people be their best.**