Hidden In Plain Sight:

Understanding & Addressing Suicidality in Neurodivergent College Students

Presenter:
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MEET YOUR PRESENTER

Tawana Farley, LPC, NCC is a Licensed Professional Counselor, Doctoral Candidate in Counselor Education and Supervision, and trauma-focused clinician specializing in trauma, grief, and neurodiversity. She works with children, adolescents, and adults at Pastoral Institute Inc., located in Columbus, GA.

Her clinical, educational, and community work focuses on increasing awareness and empathy for those with processing differences. She is passionate about translating clinical knowledge into practical strategies that help educators and helping professionals create environments where neurodivergent individuals feel understood, supported, and connected.

OBJECTIVES

Identify nontraditional indicators of suicidality in neurodivergent college students, including perfectionism, masking, and internalized distress.

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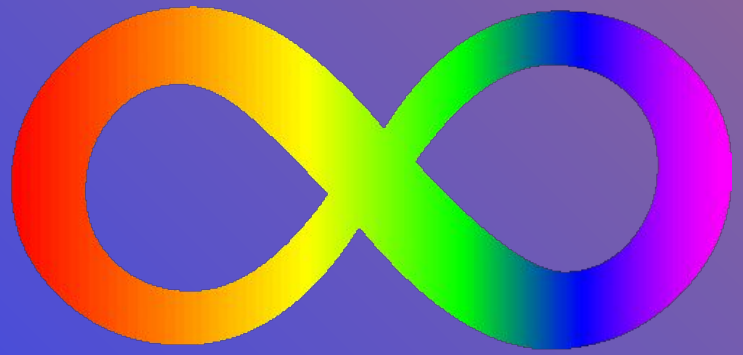
Explain how social challenges, executive functioning demands, and masking may contribute to hidden suicide risk among Autistic and ADHD college students.

Explore neurodiversity-affirming strategies to improve identification, engagement, and support of neurodivergent students who may be at risk.

What is Neurodiversity?



Neurodiversity refers to the natural range of differences in human brain functioning and behavioral traits. It recognizes that there are variations in how people think, learn, communicate, and process information.

Neurodiversity can include, but not limited to, ADHD, Autism, Sensory Processing Disorder, Obsessive Compulsive Disorder, Tourette Syndrome, Giftedness, Learning Disorders, etc.

Common Neurodivergent Traits

- Executive functioning differences
- Emotional regulation
- Sensory differences
- Social communication/connection
- Need for predictability/routine
- Rigid thinking patterns
- Impulsivity
- Rejection sensitivity
- Intense interests/hyperfocus
- Interoception/alexithymia
- Masking/compensation
- Heightened Anxiety
- Perfectionism

CDC statistics state that 11.4% of U.S. children ages 3-17 have been diagnosed with ADHD.

That is 1 out of 9 children

(CDC, 2024; Danielson et al., 2024)

1. Executive Functioning
2. Regulation
3. Motivation & Attention
4. Social/Emotional

Knowing what to do is very different than being able to initiate doing it.

Understanding the ADHD Profile

Research shows that 1 in 36 U.S. 8 years old are autistic.

19% of adults in an outpatient psychiatric setting met criteria for autism.

Shaw et al., 2025; CDC, 2025

1. Social Processing
2. Sensory Processing
3. Predictability & Regulation
4. Internal Experience

Appearing socially capable does not tell us how much energy social functioning requires.

Understanding the ASD Profile

The Hidden Variable: Masking & Overcompensation

Masking- Hiding traits to meet social expectations

- Suppressing stimming
- Rehearsing conversations
- Mimicking social behavior
- Forcing eye contact
- Hiding overwhelm

Compensation- Creating systems to manage difficulty

- Excessive reminders
- Elaborate calendars
- Rigid routines
- Over-preparing
- Repeatedly checking work
- Depending heavily on external structure

The Transition to College

Loss of External Structure

Executive-Function Demands

Social Demands

Sensory Demands

Independence Demands

Familiar Supports

The Perfect Storm

- Executive Function Overload
- Masking & Compensation
- Loss of Structure
- Social Pressure & Uncertainty
- Academic Pressure
- Sensory & Environmental Demands

Overwhelm = Burnout = Functional Decline = Isolation/Shame =

Mental Health Crisis

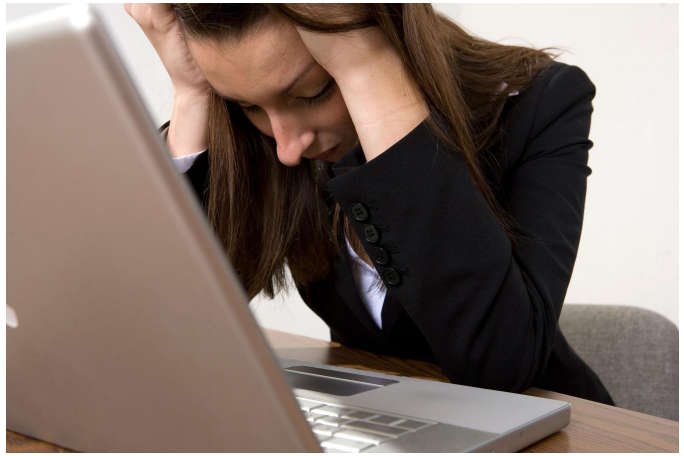
Hidden In Plain Sight

(The Quiet Storm)

- High GPA
- Polished Presentations
- Friendly/Socially Capable
- Organized Calendar
- Very Put Together

What It May Cost

- Scripting & Rehearsing Interactions
- Rigid Systems to compensate
- Suppressing fidgeting/sensory needs
- Exhaustion after socal performance
- Shame when the system finally fails



Watch for the Pattern Break

- Procrastination
- Emailing Constantly for Reassurance
- Unmotivated
- Noticeable Change in Grades
- Missing Assignments
- Absences in Class
- Constantly late to class
- Always asking for extensions
- Constantly Challenging their Grade

What It May Actually Be

- Task paralysis
- Burnout
- Shame
- Fawning
- Loss of Executive Functioning
- Reassurance Seeking
- Mental-health deterioration

Don't just notice the behavior. Notice the CHANGE.

Why Does This Matter?

The Risk Is Real

There was a study that compared 102 first-year college students with ADHD with 102 matched controls or students without ADHD, and the results showed:

- 13.7% students with ADHD reported a prior suicide attempt
- 2.9% students without ADHD reported a prior suicide attempt

Nearly 4x difference

(Eddy et al., 2020)

One study examined 160 undergraduates, ages 18-23 on masking in college and found:

- Greater autistic masking was associated with greater lifetime suicidality. It also stated that masking was associated with “thwarted belongingness”.

67% of autistic student in one students described their transition to college negatively

Qualitative study in 2022 showed that there was a high prevalence of autistic students who spent most of their freshman year in their room.

(Cassidy et al., 2020; Kim et al., 2021; Goddard & Cook, 2022)

How Can We Be More Proactive for Suicide Prevention?

Reduce the social initiation burden

- Neurodivergent Affinity Groups
- Structured Social Events
- Peer Mentoring/Buddies
- Interest-Based Connection
- Assigned Study Group Days for different majors

Belonging Needs To Be A Prevention Target

Reduce Executive Functioning

- Text Message or Email Scheduling
- Clear Concrete Instructions
- Photos/Maps of Unfamiliar Locations
- Predictable Appt. Process
- Transportation if Needed

Make Support Easier To Access

More Options for Sensory-Friendly Spaces

- Quiet/Low Stimulation Options: No Noise Zones, Areas Having Quiet Hours
- Dorm Options for Quieter Areas
- Transparent Expectations
- Silent Disco Events

Notice, Ask, & Connect

- **Notice** the change in patterns (grades, attendance, etc.)
- **Ask Questions**- Check in with curiosity. Ask directly about suicide and if support is needed.
- **Connect**- Give a warm hand-off by connecting the dots with wrap-around services.

Connect Your Resources

- **Step 1:** Faculty/staff notice a meaningful change
- **Step 2:** Concern is submitted through the university's designated reporting system
- **Step 3:** RES/Student Affairs coordinates appropriate outreach (RA's, Residential Life Support, etc.)
- **Step 4:** Relevant campus partners are engaged as needed (Academic Advisors, etc.)
- **Step 5:** Student receives appropriate support and follow-up (Counseling Center, etc.)

Adopt A Campus-Wide Step-By-Step Pathway

Tiered Support Levels for Students

- **Tier I Support**- Continued check-ins and support for student after protocol is activated.
- **Tier II Support:** Higher level of check-ins, and accommodation support.
- **Tier III Support**: Urgent Crisis Protocol

- **STAY**
- **ASK**
- **ACT**
- **WARM HAND-OFF**
- **FOLLOW-UP**

Urgent Crisis Protocol

Suicide Prevention Is EVERYONE'S Job

FINAL TAKEAWAYS

1. Look Beyond Performance

High achievement does not always mean a student is coping well. Masking, perfectionism, and compensation can hide significant distress.

2. Watch for the Pattern Break

Pay attention to changes from the student's baseline

3. Get Curious Before Getting Punitive

What looks like, procrastination, disengagement, or irresponsibility may reflect burnout, executive-function overload, or deteriorating mental health.

4. Connection Is Prevention

Belonging matters. Intentional peer connection, neurodivergent affinity groups, mentoring, accessible support, and trusted relationships can reduce isolation.

5. You Don't Have to Be the Clinician

Your role is to:

NOTICE. ASK. CONNECT

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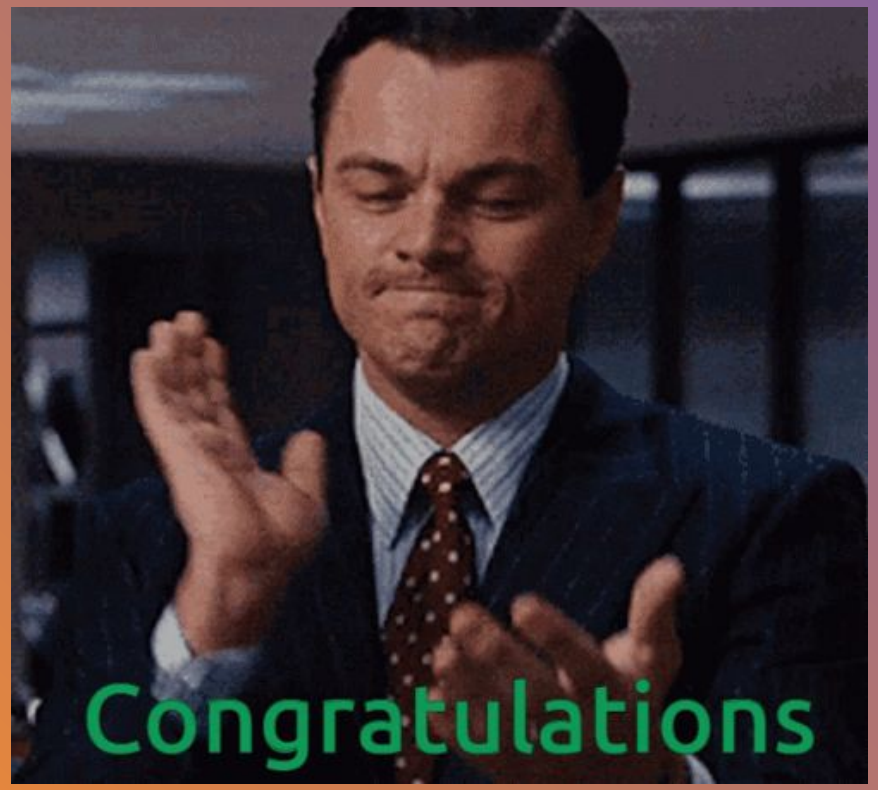

THANK YOU

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