Ayana's Story

My lightbulb moment was the first time I heard about rejection sensitivity; an intense, nearly violent emotional flood that means you don't get to feel small feelings, even in small matters. That term sent me down a rabbit hole where line after line of symptoms and criteria felt like a mirror showing me my reflection for the first time. Yet, it wasn't convincing enough.

Fast forward a few harrowing years and I'm meticulously combing through the ASC criteria because, just like with rejection sensitivity, I found a piece of myself in each new term I unpacked. I devoured and digested every self-report tool and first-hand account I could find, and it rattled my entire being, despite me trying to stay objective. But somewhere between special interests, stimming and social differences, I'd burst into tears because some little part of me screamed *I knew it.* But if I did, why didn't anyone else?

I burst into tears a few months later when my new NHS therapist, unprompted, picked up on it in our first ten minutes together. We discussed the reasons why I fell through the cracks for twenty-three years: my constant changing of schools, high academic achievement, Black womanhood, family life difficulties and other intersecting challenges. She helped me complete a referral to my local NHS autism assessment service. A month later, my referral was accepted, but they estimated 2 years plus waiting time. It wasn't the best news but through the Waiting Well initiative, I was connected to a support worker at CAAS and my one-to-one sessions with her were so validating that the lengthy wait felt inconsequential. That validation slowly turned inward. Happily ever after, the end – or so I thought.

Instead came a whirlwind of impulse and chaos when my support worker pointed out that among my reported traits were some ADHD-hued footnotes – hating alarm clocks, thousand-miles-a-minute thoughts, needing novelty – woven into my rigidity was a strong ADHD undertone. A sense of urgency took over because I'd been losing the ability to function from a decade of poor and treatment-resistant mental health issues. If ADHD was involved, there were still medications for daily functioning that I could try and I was desperate for a solution.

I impulsively booked an unaffordable private ADHD assessment and in trying to cut down on costs, I was told to get a letter from my GP – someone I'd avoided in fear of dismissal. Yet, as I read from my frantically scribbled out script, my GP listened to me and beamed while telling me about an NHS-funded ADHD assessment service that could offer assessments to local surgery patients in 2-4 weeks. I was sceptical but agreed to be referred. After filling out their forms, including getting a scathingly accurate account from my mum that showed me that a lot of my "quirks" were heavily ADHD-coded, I was given an assessment 4 weeks after my referral. I couldn't believe it. I saw my GP on the one day that this could've happened.

I was assessed by a consultant psychiatrist who read my forms, and my overdetailed 40-page account of my life – I didn't want to forget anything. His questions revealed coping strategies, masking, and the inattention I'd always battled without realising. An hour later, I left with a

diagnosis for inattentive ADHD, a prescription that kicked off my titration, and the relief that I could cancel my private assessment and get my money back.

During titration, I slowly felt the way I had expected my antidepressants to make me feel. To be clear, my mental health challenges, executive dysfunction and support issues continued but things got better. I wasn't bogged down by a never-ending haze, "depression naps", and task-related nausea. I could get things done. Life finally felt possible. Once I got to a good dose, my ADHD nurse ended my titration after three months. My prescription now come through my GP, thanks to a shared care agreement. Today, I am only a year into my autism assessment wait, yet I can confidently say that all those initial suspicions I had were spot on.