



# The ADHD Crisis in the UK - A Call to Action

The socio-economic impact of ADHD in the UK and  
a review of the impact of ADHD360's timely  
assessment, diagnosis and treatment

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# Executive Summary

The UK faces an ADHD crisis, with demand for mental health services far exceeding supply. NHS waiting times for diagnosis can reach up to eight years, impacting individual well-being and imposing significant socio-economic costs through lost productivity, increased social services dependency, and higher criminal justice involvement.

This report, commissioned by ADHD 360 and prepared by Loop Dynamics Group Ltd (T/A Natasha Scott Coaching & Consulting), highlights the economic and social impact of untreated ADHD and demonstrates the effectiveness of timely diagnosis and intervention.

## Key Findings

- **Undiagnosed ADHD Costs the UK Economy Billions** – Annual household income losses per individual range from £6,500–£11,200, with a cumulative economic impact of £6.5bn–£11.2bn over ten years.
- **Healthcare Costs of Untreated ADHD** – NHS expenditures could reach £1.33bn–£5.78bn over a decade due to co-morbid conditions and crisis management.
- **Justice System Burden** – 25% of UK prisoners have ADHD. At £40,000 per prisoner annually (£800m total), providing ADHD diagnosis and treatment at £2,600\* per person (£52m total) could save £748m annually.
- **Return on Investment in Health & Care** – For every £1 invested in ADHD diagnosis and treatment (for 15,000 patients annually), an ROI of 4 times over three years and up to 16 times over 10 years. This equates to total potential savings of £492.84 million over three years and £1.92 billion over 10 years that could be achieved.
- **Private Model Efficiency and Right to Choose Impact** – ADHD360's private model, like international examples, offers more efficient, cost-effective and high-quality care. The Right to Choose option also provides faster, high-quality support compared to traditional NHS pathways, demonstrating that investment in private services can reduce NHS demand by improving efficiency and access.

## Prevalence and Diagnosis Gaps

ADHD affects around 2.6 million individuals in the UK, but only 350,000–500,000 have a formal diagnosis, leaving up to 2.25 million undiagnosed (ADHD UK, 2024; NIHR, 2024). ADHD prevalence is estimated at 5% in children and 3–4% in adults (NHS England, 2024), but diagnosis rates remain low, leaving many untreated and unsupported. Rising referrals have created record-long NHS waiting lists of up to eight years, increasing risks of educational underachievement, unemployment, mental health issues, and criminal justice involvement.

## Economic Case for Change and Potential Return on Investment

The financial burden of undiagnosed and untreated ADHD is significant. The average annual health and social care cost per individual is £13,552, leading to a 10-year cost of £135,520.

*\*This calculation is based on a 3 year assessment, diagnosis and treatment cost per individual of total £7,800*

By contrast, the estimated cost of ADHD assessment and ongoing support once an individual is diagnosed and undergoing treatment is significantly lower:

- Year 1: £3,900 (Assessment & Initial Support)
- Year 2: £1,950 (Ongoing Support & Medication)
- Year 3: £1,950 (Continued Management)
- Total 3-Year Cost: £7,800 per individual\*

*\*Illustrative costs based on known costings*

For 15,000 patients annually, £117 million investment into ADHD360 could yield £328.56 million in savings over three years, with net savings reaching £1.92 billion over 10 years. This represents an ROI of 4 times (£4.21) over three years and up to 16 times (£16.37) over 10 years based on health and social care costs alone.

Beyond financial savings, early diagnosis and intervention contribute to higher employment retention, reduced reliance on social services, decreased mental health crises and lower interaction with the criminal justice system.

### **International Comparisons and Impact**

This report places ADHD360 within the context of national and international landscapes, highlighting that the model delivered by ADHD360 aligns closely with successful ADHD care pathways in countries like Denmark, Sweden and parts of the US. ADHD360's responsive and agile approach to supporting individuals mirrors international best practices and demonstrates how effective, early intervention can lead to better long-term outcomes and reduced societal costs. This model stands in contrast to the fragmented and inconsistent ADHD services currently seen in the NHS in the UK and provides a benchmark for what could be achieved with enhanced ADHD services nationwide.

### **ADHD 360's Role in Addressing the Crisis and the Case for Systemic Change**

ADHD 360 offers an alternative to traditional NHS services, providing timely assessments and tailored interventions through private funding or the Right to Choose option, bridging gaps in ADHD care.

The report highlights that the UK's current ADHD care model is unsustainable, calling for systemic change to reduce waiting times, expand diagnostic capacity and ensure timely interventions. ADHD 360 demonstrates the benefits of a more agile, patient-centred approach.

This report:

- **Presents case studies** showcasing ADHD 360's impact.
- **Quantifies the socio-economic costs** of untreated ADHD on employment, social services, and the justice system.
- **Provides strategic policy** recommendations for a sustainable ADHD care model in the UK.

Aligning individual success stories with economic analysis, this report advocates for expanding ADHD 360's services and similar models, urging a strategic shift in ADHD care that leverages both public and private-sector solutions to improve lives and reduce societal costs.

# Introduction

## Background

ADHD 360 has emerged as a pivotal player in addressing the ADHD crisis in the UK. With a growing number of individuals facing delays in diagnosis and treatment through the NHS, ADHD 360 offers a much-needed alternative that prioritises timely intervention and personalised care.

This report provides a comprehensive analysis of the socio-economic impact of ADHD, exploring how ADHD 360's approach can mitigate these challenges and deliver significant benefits both at the individual and societal levels.

## Objectives

1. To present compelling case studies that demonstrate the psychological, social and financial benefits of ADHD 360's interventions.
2. To conduct a macro-level economic analysis comparing the costs of untreated versus treated ADHD.
3. To provide strategic recommendations aimed at enhancing ADHD services in the UK.



***“As at 25th July 2024,  
there are around  
196,000 adults  
awaiting an ADHD  
assessment and with  
current [NHS] waiting  
times, this would take  
approximately 8  
years to clear the  
backlog”***

***Source: FOI Request via BBC News, 2024***

# Methodology

The methodology for this report was designed to comprehensively explore the socio-economic impact of ADHD and the effectiveness of ADHD 360's interventions. The research process involves a combination of qualitative and quantitative methods, with a strong emphasis on in-depth case studies and macro-level economic analysis.

The report is scheduled for completion by the end of January 2025.



## 01. Scoping & Design (Dec 2024)

The initial phase involves defining project objectives, recruiting participants for case studies and designing the interview templates and analysis framework.



## 02. Data Collection & Analysis (Jan 2025)

This phase focuses on conducting qualitative interviews, collecting data from ADHD 360 and quantifying the socio-economic impacts of untreated ADHD.



## 03. Reporting & Delivery (End Jan 2025)

The final phase includes drafting case studies, performing macro-level economic analysis, and delivering a comprehensive report with actionable recommendations.

# Detailed Methodology

## 1) Scoping and Design

In the scoping phase, project objectives were clearly outlined to ensure a focused approach. Participants for the case studies were carefully selected to represent a diverse range of experiences within ADHD360's services. The interview templates were designed to capture detailed personal accounts, focusing on the psychological, social, and financial impacts of ADHD and the improvements post-intervention.

## 2) Data Collection and Analysis

### *Qualitative Interviews*

The bulk of the research involved conducting in-depth qualitative interviews with five individuals who accessed ADHD360 services. Each interview explores the following key areas:

- *Initial Challenges:* Understanding the participants' experiences before receiving ADHD360's interventions, including their struggles with employment, mental health, and social relationships.
- *Impact of Intervention:* Documenting the changes observed post-intervention, focusing on improvements in quality of life, employment status, and overall well-being.
- *Hypothetical Scenarios:* Exploring what might have occurred without ADHD360's timely intervention, highlighting the potential socio-economic costs avoided.

The interviews are structured to provide a comprehensive narrative of each participant's journey, offering qualitative insights that will later be supplemented with quantitative data.

### *Quantitative Data Collection*

In addition to the qualitative interviews, quantitative data will be collected from ADHD360 and nationally available data and research to support the analysis. This includes data on patient outcomes, demographic information and the costs associated with their interventions and also the wider socio-economic impacts were these interventions not available. This data will be used to quantify the broader socio-economic impacts of untreated ADHD, providing a robust foundation for the cost-benefit analysis.

### *Analysis Framework*

The analysis involves a systematic examination of both qualitative and quantitative data. The case studies will be analysed to identify common themes and trends, while the quantitative data will be used to perform fiscal projections and cost-benefit analysis. The overall report will present a balanced and evidence-based view of the impact of ADHD360's services.

# Case Studies

These case studies provide a detailed look at the experiences of individuals who have accessed ADHD360 services. Each case study illustrates the journey from initial challenges through to improvements seen post-intervention, highlighting the psychological, social and financial impacts of receiving timely intervention.

## Case Study Candidates

| Study ID   | Key dates   | Key Challenges Before Diagnosis   | Impact of ADHD 360's Intervention  | "What If" Scenario Without Treatment                                     |
|--|---|---|--|--|
| <b>CS-1</b><br>(Male, 50s)<br><br>Independent Consultant | <ul style="list-style-type: none"> <li>NHS Waiting List Time: N/A</li> <li>Ref to ADHD360: 13 May 24</li> <li>Diagnosed: 21st May 24</li> <li>Medicated: 8th Jul 24 (delayed due to high BP)</li> </ul>   | Long-standing struggles with focus, impulsivity, and emotional regulation. Frustration in work and relationships. | Improved self-awareness, organisational skills, and family relationships. Decision to pause medication highlights individualised care. | Continued career instability, strained relationships, potential burnout. |
| <b>CS-2</b><br>(Male, 40s)<br><br>Self-Employed IT       | <ul style="list-style-type: none"> <li>Initial GP appt: 14.10.21</li> <li>Initial NHS referral: 17.03.22</li> <li>Self-ref to ADHD360: 7 Jun 24</li> <li>ADHD360 diagnosis: 17.06.24</li> <li>Medicated: 9.07.24</li> <li>Shared care: 9.10.24</li> </ul>   | Difficulties with self-employment, relationship strain, struggles with productivity.                              | Increased confidence, better task management, improved work-life balance.  | Financial and professional stagnation, worsening mental health.          |
| <b>CS-3</b><br>(Female, 40s)<br><br>Academic             | <ul style="list-style-type: none"> <li>Initial NHS GP appt for referral: During Lockdown added to waiting list for assessment</li> <li>Self-ref to ADHD360: 7th Jul 24</li> <li>Private Diagnosis through ADHD360: 16/07/24</li> <li>Medicated: private 28/08/24</li> </ul>   | Late diagnosis, struggles in education and workplace, rejection sensitivity.                                      | Greater self-understanding, successful medication management, and improved family dynamics.  | Continued job instability, relationship difficulties, worsening anxiety. |
| <b>CS-4</b><br>(Female, 40s)<br><br>Academic             | <ul style="list-style-type: none"> <li>NHS Waiting List Time: N/A</li> <li>Diagnosis PsychUK (NHS RTC): 15/11/23</li> <li>Medication: 24/08/24 (Discharged same week by Psych UK due to private treatment)</li> <li>Self-ref to ADHD360: 9 Mar 24</li> <li>Diagnosis ADHD360: 13/03/24</li> <li>Medication: 13/03/24</li> </ul> | Self-medicating due to NHS delays, potential impact on marriage and parenting.                                    | Access to timely treatment, significant career and personal growth.  | Increased risk of substance misuse, divorce, financial instability.      |
| <b>CS-5</b><br>(Female, 40s)<br><br>Clerical             | <ul style="list-style-type: none"> <li>NHS Referral to ADHD360: 5th June 2024</li> <li>ADHD360 Diagnosis: 26/11/24</li> <li>Medicated: 27/11/24</li> </ul>  | Challenges balancing career and family, lack of ADHD support in childhood.  | Diagnosis via RTC pathway, immediate improvements in focus and self-esteem.  | Increased burnout, reduced quality of life, loss of career progression.  |



# CS-1

## Client ID & Age

CS-1 / Male / Mid-50s

## Profession

Independent Consultant

## Brief intro

- NHS Waiting List Time: N/A
- Ref to ADHD360: 13 May 24
- Diagnosed: 21st May 24
- Medicated: 8th Jul 24  
(delayed due to high BP)

## Participant Background

The participant, a dedicated family man with a long marriage, balances life as a business man, parent, grandparent and dog owner. Professionally, he has established himself in innovative consultancy, with a robust history of self-employment. His background in rugby and a penchant for outdoor, action-oriented activities reflect his dynamic and energetic nature. Despite these accomplishments, his journey has been marked by underlying challenges tied to attention and focus, often attributed to their ADHD, diagnosed later in life.

## Educational and Professional Challenges

Reflecting on his academic journey, the participant recounts the difficulty of selecting subjects and adhering to traditional educational structures. The A-level period was particularly chaotic, leading to a humbling re-entry into the educational system. Choosing to study more humanity and science based subjects at University, this became a turning point for the participant, setting the foundation for a fulfilling, future career path. However, throughout this journey, a pattern of self-sabotage emerged, driven by impulsivity and restlessness.

## Late Diagnosis and Realisation

The diagnosis of ADHD in adulthood offered a lens through which the participant could reinterpret past behaviours and struggles. The path to this realisation began with self-diagnosis, supported by his spouse's insights. This newfound understanding illuminated many aspects of his personality and behaviours that previously seemed unexplainable, particularly his difficulty with sustained attention and his tendency towards impulsivity.

## Treatment and Medication Experience

The participant explored treatment options, including medication, which initially brought about a sense of clarity and increased focus. However, he later decided to cease medication, balancing the benefits against the desire to maintain his intrinsic traits. This decision reflects a broader contemplation of the advantages and challenges posed by ADHD, including an enhanced ability to multitask and a unique problem-solving perspective. He does intend to start medication again though in the near future and have been fully supported by ADHD360 along the way.

## Emotional and Psychological Impact

A critical element of the participant's experience is the emotional rollercoaster tied to rejection sensitivity and dysphoria. The diagnosis brought validation and relief, helping him to better navigate these emotional landscapes. This process also included a shift towards greater self-awareness, aiding in the management of personal relationships and professional responsibilities.

## CS1 - continued

### **Experience with ADHD 360 vs. Traditional NHS Pathways**

Comparing his experience with ADHD 360 to traditional NHS routes, the participant expresses a strong preference for the former. ADHD 360's personalised approach and reduced waiting times were pivotal in obtaining timely support. He speculates that without ADHD 360, he might have abandoned the pursuit of a diagnosis due to long NHS waitlists. The participant praises ADHD 360's supportive environment and community, which played a crucial role in their journey. The participant also expresses that he was in a privileged position being able to pay for an assessment and then treatment which he realises that many who are stuck on multi-year waiting lists are unable to do.

### **Impact on Personal and Professional Life**

Post-diagnosis, significant improvements were noted in both personal and professional spheres. The participant highlights enhanced organisational skills, better decision-making, and an increased capacity for patience and empathy, especially in family interactions. These changes were observed and appreciated by his spouse, who noted marked improvements in mobile phone-habits and overall engagement with family life.

### **Advice and Reflections**

In reflecting on his journey, the participant advises others considering an ADHD diagnosis to pursue it, even if medication is not the chosen path. He underscores the value of understanding one's ADHD, which can lead to a more empowered and informed approach to managing life's challenges.

He commends ADHD 360 for their empathetic, personalised and pressure-free support, which allowed for a personalised and meaningful engagement with the diagnosis process.

### **Looking Forward**

The participant concludes with a hopeful outlook, embracing the double-edged nature of ADHD. He acknowledges both the strengths and challenges it brings, emphasising the importance of tools and strategies to harness its potential while mitigating its difficulties. His journey with ADHD 360 represents a critical chapter in their ongoing story of growth, resilience and self-discovery.

### **What If Scenarios**

If the participant had not received a diagnosis or treatment for ADHD, the impact on his life could have been significant and far-reaching. Without understanding the underlying causes of his behaviour, he might have continued to struggle with impulsivity, restlessness, and rejection sensitivity, which could have led to persistent difficulties in personal relationships, including with his spouse and children. Professionally, his tendency to self-sabotage and struggle with organisation might have hindered his career progression, leaving him feeling unfulfilled and frustrated in their work.

## CS1 - continued

Socially, the participant's challenges with focus and rejection sensitivity could have led to strained friendships and a sense of isolation. The lack of clarity and support may have exacerbated feelings of inadequacy, affecting his mental health and overall well-being. Without the tools and strategies provided by ADHD 360, he might have continued to battle with addiction issues, particularly with food, and missed opportunities for personal growth and self-acceptance.

The absence of a diagnosis could have meant enduring these challenges without understanding why, potentially leading to a diminished quality of life, increased stress and lower self-esteem. The participant's reflection highlights the critical importance of timely diagnosis and treatment in transforming lives, improving mental health, and enabling individuals to reach their full potential both personally and professionally.

## Case Study 1 - Summary

### **Key Challenges:**

Longstanding struggles with attention, impulsivity, and emotional regulation impacting both professional and personal life. Limited understanding of ADHD before diagnosis led to frustration and self-doubt.

### **Intervention:**

Diagnosis through ADHD360, followed by medication and personalised strategies for symptom management.

### **Post-Diagnosis Outcome:**

Improved self-awareness and ability to manage daily responsibilities more effectively. Decision to pause medication highlights the importance of flexible and individualised treatment plans.

# CS-2

## Client ID & Age

CS-2 / Male / Late 40's

## Profession

Self-Employed IT

## Brief intro

- Initial GP appt: 14.10.21
- Initial NHS referral: 17.03.22
- Self-ref to ADHD360: 7 Jun 24
- ADHD360 diagnosis: 17.06.24
- Medicated: 9.07.24
- Shared care: 9.10.24

## Participant Background

The participant has faced significant personal challenges, including growing up in a cult, which contributed to feelings of being "out of sync" with peers. These early experiences shaped his difficulties in forming friendships, dating and co-parenting. The participant's career has also been marked by challenges, including being fired from multiple jobs due to difficulty navigating office politics. As a result, they transitioned to self-employment to avoid the stress associated with traditional office environments.

## Educational and Professional Challenges

The participant's professional life has been impacted by their ADHD, making it difficult to manage tasks and projects effectively. He has struggled with maintaining relationships in both personal and professional contexts, facing challenges in asserting himself and dealing with conflict. The inability to chain tasks together and complete projects has also affected his productivity and overall career satisfaction. In terms of self-employment, the participant shares that he has found it easier to work in a more flexible environment, which allows him to manage his ADHD more effectively.

## Late Diagnosis and Realisation

The participant's journey to diagnosis began with an initial visit to his GP, who recognised his symptoms and referred him for an NHS assessment. Unfortunately, his experience with the NHS was frustrating, characterised by long waiting lists and a lack of communication and support. Following a friend's positive experience exploring their own ADHD diagnosis, the participant sought a private assessment, choosing to go with ADHD360 on the recommendation of his local GP, where he encountered a much quicker and more efficient process. The participant found the ADHD 360 service particularly positive, from the initial assessment to the titration of medication.

## Treatment and Medication Experience

The participant shared the immediate benefits of medication, particularly in his ability to focus and complete tasks. The medication has significantly improved his capacity to chain tasks together and manage projects effectively. Additionally, he has noticed improvements in social interactions, including the ability to engage in conversations and respond more appropriately to perceived criticism. Medication has also contributed to reduced anxiety and better emotional regulation, which has positively impacted both his personal and professional life.

## CS2 - continued

### **Emotional and Psychological Impact**

The emotional and psychological benefits of the participant's treatment are clear. The participant feels less anxious and more in control of his life. He reflects on how medication has helped him feel more effective and capable of handling difficult situations, both at work and in his personal life. The participant's self-awareness has grown, and he is now better able to set boundaries and manage stress. The improvements in emotional regulation have also positively impacted his relationship with his daughter and others.

### **Experience with ADHD 360 vs. Traditional NHS Pathways**

The participant's experience with ADHD 360 was notably more positive than his interactions with the NHS. ADHD 360 provided a streamlined, professional service, which contrasted sharply with the inefficiency and lack of support the participant encountered through NHS pathways. The quick assessment and titration process allowed the participant to start medication sooner, improving his quality of life. The participant is particularly appreciative of ADHD 360's responsiveness and efficiency, which he felt was lacking in the NHS.

### **Impact on Personal and Professional Life**

The participant has seen significant improvements in both personal and professional life post-diagnosis and treatment. In terms of work, the participant has been able to take on more tasks, improve job performance, and increase income. Medication has helped him to break free from unproductive work relationships and focus on better-fitting clients, improving professional satisfaction. On a personal level, the participant has found that medication has improved his ability to engage socially, assert himself in difficult conversations and make more informed decisions in relationships.

### **Advice and Reflections**

The participant advises others considering ADHD treatment to seek help as soon as possible and not to wait for traditional NHS services - either exploring Right to Choose pathways, or if they are in a position to, private services. He emphasises the importance of a timely diagnosis and the benefits of starting treatment early. The participant also calls for greater awareness of ADHD and the importance of improving NHS services. He suggests that outsourcing ADHD services to private providers could improve both the quality and efficiency of care, ultimately benefiting individuals and the economy. He highlights the potential for better financial returns through increased productivity and earnings post-treatment.

### **Looking Forward**

Looking ahead, the participant is optimistic about their future. He has started new projects, including the renovation of his home and considering his future positively. The participant is focused on improving his work-life balance and continuing to grow both personally and professionally. He is also considering further steps toward living in a more sustainable/off-grid manner, with a focus on eco-sustainability and building a community of digital nomads. The participant aims to continue improving his mental health and productivity and looks forward to continuing to support others in similar situations.

## CS2 - continued

### What If Scenarios

Without a diagnosis and treatment for ADHD, the participant's life would have likely been marked by ongoing personal and professional struggles. His relationships, particularly with his daughter, might have continued to suffer. The lack of boundaries and an inability to manage conflicts could have strained their bond, potentially leading to a breakdown in their relationship. His difficulties in maintaining friendships and dating could have compounded feelings of isolation and self-doubt, which may have worsened without treatment.

On the professional side, the participant's career would have remained unstable. Without ADHD support, his challenges with office politics, task management and assertiveness could have caused further job losses. This inability to adapt to conventional work environments could have left him struggling to find stable employment, perpetuating stress and financial instability. His decision to become self-employed may have been an attempt to escape traditional office dynamics, but without proper coping mechanisms or structure, it could have led to significant financial difficulties and burnout.

Socially, the participant's struggles with assertiveness and managing conversations could have left him disconnected from others, missing out on networking opportunities and the ability to create strong, supportive relationships. His lack of emotional regulation could have led to poor decision-making, particularly in personal and professional contexts, potentially causing further setbacks in his social and professional life.

Ultimately, without diagnosis and treatment, the participant's ability to focus, manage stress, and make clear decisions would have continued to hinder his overall well-being. He would have missed out on the improved quality of life that medication provided, including better focus, reduced anxiety, and more effective relationship management. This would have meant a prolonged, perhaps even escalating cycle of missed opportunities, stress, and personal dissatisfaction, reinforcing the importance of early ADHD intervention and treatment in promoting healthier, more productive lives.

## Case Study 2 - Summary

### Key Challenges:

Emotional distress from undiagnosed ADHD, difficulties with focus and organisation, leading to inconsistent career progression and relationship strain.

### Intervention:

Comprehensive diagnostic assessment via ADHD360 and a structured treatment plan, including medication and therapy.

### Post-Diagnosis Outcome:

Increased confidence and clarity in professional and personal life. Enhanced ability to implement strategies that improve productivity and mental well-being.

# CS-3

| Client ID & Age           | Profession | Brief intro  |
|---------------------------|------------|--|
| CS-3 / Female / Late 40's | Academic   | <ul style="list-style-type: none"><li>• Initial NHS GP appt for referral: During Lockdown added to waiting list for assessment</li><li>• Self-ref to ADHD360: 7th Jul 24</li><li>• Private Diagnosis through ADHD360: 16/07/24</li><li>• Medicated: private 28/08/24</li></ul> |

## Participant Background

The participant is an individual with a complex personal history, including previous marriage which ended with the infidelity of her first husband and led to divorce. She attributes much of her past challenges to being perceived as “weird,” a trait that was not fully understood or supported by those around her. The participant is a parent, and her experiences with family dynamics have played a key role in her self-realisation process.

## Educational and Professional Challenges

The participant has faced several challenges both in her education and professional life, which were often exacerbated by her undiagnosed neurodivergence. In the workplace, she struggled with administrative tasks and staying focused, which she now attributes to her ADHD and autism. These difficulties have often affected her ability to meet professional expectations, as well as maintain energy levels throughout the workday. The participant’s struggle to juggle family responsibilities and professional demands, compounded by a lack of proper support, has contributed to a feeling of being overwhelmed in the past.

## Late Diagnosis and Realisation

The participant’s journey towards diagnosis began with an initial realisation during an extended hospital stay for an acute physical complaint, where she first suspected she might be autistic. Following the recognition of autism, the participant also began to suspect that she had ADHD, particularly after facing challenges during the lockdown period and menopause, along with managing her youngest child’s aggressive behaviour. These factors led to the decision to seek a private diagnosis, as the participant found it difficult to receive adequate support through the NHS due to long waiting lists and inadequate empathy and support from primary care.

## Treatment and Medication Experience

The participant shared her frustration with the NHS, specifically the dismissive attitude of her GP regarding her concerns about autism and ADHD. After a long wait and inadequate responses from NHS professionals, the participant sought a private diagnosis through ADHD360 on the recommendation of someone at her place of work. This diagnosis provided her with immediate access to the necessary support (within 24 hours), including medication, which she reports has been transformative in helping her focus and manage her symptoms, particularly in the workplace. Medication has allowed the participant to better manage daily tasks and responsibilities.

## CS3 - continued

### **Emotional and Psychological Impact**

The emotional and psychological impact of the participant's late diagnosis has been profound. She reflects on the feelings of relief and empowerment that came with understanding her neurodivergent traits, as well as the emotional weight lifted by the validation of her experiences. However, the participant also experiences ongoing challenges with self-doubt and the need to adjust to her new understanding of herself. The diagnosis has also led to improved emotional communication within her family, as she is better able to articulate her needs and struggles.

### **Experience with ADHD 360 vs. Traditional NHS Pathways**

Reflecting on her experience with ADHD360, she was incredibly impressed with the service she received and continues to receive—not just for herself but for her children as well. The professionalism and availability of information is outstanding. The participant describes going from the extreme of being potentially stuck in the NHS system for months, if not years, to securing an appointment within days. She adds 'it was absolutely astounding'.

Initially, the Participant was a little sceptical about the process, worried that it might be perceived as "buying a diagnosis." However, she was really pleased to find that the triage system on the website is highly effective and evidence-based. That reassured her that the diagnosis was thorough and legitimate. While the financial outlay was significant, it proved to be excellent value for money, considering the alternative of lengthy NHS waits. The team were incredibly supportive and responsive, whether by phone or email, making the whole experience seamless.

The Participant also acknowledges the ADHD360 app, which ensures that all necessary information is readily available. The appointment reminders are particularly helpful because, of course, people with ADHD need those to stay organised. She describes the whole process as amazing.

### **Impact on Personal and Professional Life**

Personally, the Participant felt their ADHD and autism seemed to surface alongside menopause, which made things particularly challenging. The clinician she spoke to was very knowledgeable about how these factors interact and the impact they can have. She describes how it was an emotional experience to finally be diagnosed and to speak to someone who truly understood. That moment was incredibly special and empowering.

Following the Participant's own diagnosis, she felt empowered to seek support for her children. She made the financial investment to explore diagnosis and medication for her children because she knew how much it would improve their lives. She describes the frustrating reality that if you can't afford to pay privately, the options are extremely limited. She explains she initially considered using the NHS Right to Choose pathway, but given the negativity and reluctance from her GP, she decided not to pursue this route. Instead, she went directly to ADHD360, paying upfront to get her children the help they needed. Ultimately, the well-being of her children was the priority, and they couldn't afford to wait years for support.



## CS3 - continued

Without ADHD360, the Participant feels their children would still be stuck on unbearably long NHS waiting lists, feeling invalidated and lost in the system. They describe how two of their three children are in crucial exam years—one in GCSEs and one in A-levels—and that they were fortunate to be able to act quickly. Getting them diagnosed and onto medication within days meant they had time to adjust before their exams, which was absolutely critical. ADHD360 played a vital role in improving the Participant and their family's lives, and they describe feeling very grateful to have found them.

### **Advice and Reflections**

From a policy perspective, the Participant suggests decision-makers need to understand just how difficult it is for someone who suspects they have ADHD or autism to find the courage to seek help—especially if they're in an unsupportive environment. Many overworked GPs seem sceptical when patients say they've recognised ADHD symptoms in themselves. This dismissive attitude overlooks the enormous personal effort it takes to even reach out for support.

Securing help for neurodivergent individuals is exhausting, requiring executive function many struggle with. The Participant describes the constant fight to be taken seriously, with bureaucratic barriers making support inaccessible. The system must include reasonable adjustments, as those needing help are often deterred by communication and advocacy challenges.

A major issue is GPs refusing shared care for privately prescribed ADHD medication. The Participant highlights that despite NHS collaboration with private healthcare in other areas, ADHD diagnoses remain excluded. This forces individuals to rely on costly private prescriptions, leaving them vulnerable if circumstances change.

Education faces similar challenges. Despite growing awareness, the SEND system is in crisis. The Participant's child's EHCP application is likely to be rejected due to funding shortages, forcing parents into exhausting battles for essential support.

ADHD is not treated as a serious disability. If it were, would EHCPs be easier to obtain? Would the NHS accept private diagnoses? Those seeking private care reduce NHS caseloads, yet are denied essential medication. The system is failing families, and urgent reform is needed to ensure ADHD is recognised and treated with the same urgency as physical disabilities.

### **Looking Forward**

Looking ahead, the participant is committed to continuing her advocacy efforts, especially in terms of increasing awareness of neurodivergence. She is focused on normalising conversations around ADHD and autism, and on pushing for systemic changes that provide better access to diagnosis and support. The participant aims to continue adjusting to her diagnosis and exploring new ways to manage her symptoms and improve her quality of life. She is also considering further involvement in initiatives that support neurodivergent individuals and families.

## CS3 - continued

### What If Scenarios

If the participant hadn't received her ADHD diagnosis and subsequent treatment, her personal, professional and social life could have been significantly impacted. Without the diagnosis, she would likely have continued to experience the self-doubt and confusion that stemmed from feeling "different" in her relationships and in her role as a parent. This lack of understanding could have led to further strain in her marriage and family dynamics, particularly as she navigated challenging situations like her child's aggressive behaviour without a clear framework for managing her own responses. The absence of a formal diagnosis could have resulted in a continued cycle of misunderstanding from her ex-husband, children and even herself, potentially reinforcing feelings of isolation and inadequacy.

Professionally, without the clarity provided by the diagnosis and medication, she may have continued to struggle with task prioritisation, maintaining focus and managing the administrative demands of her role. These challenges could have led to decreased productivity and increased stress at work, making it harder for her to advocate for herself or balance professional and personal demands. She might have continued to rely on less effective coping mechanisms such as lists and alarms, but without the support from ADHD 360, it would likely have been a much harder and slower process to find any lasting solutions.

Socially, the participant might have felt more disconnected from others, both in her personal life and within her professional network. Her openness about her diagnosis has positively impacted her relationships and without this step, she may have continued to face stigma and misunderstanding around her neurodivergence. Without the supportive environment provided by ADHD 360, the participant may have continued to experience a sense of powerlessness in navigating the healthcare system, reinforcing feelings of frustration and disenchantment with the NHS, potentially leading her to disengage from seeking further support.

The lack of timely diagnosis and treatment would likely have led to prolonged difficulties in all areas of life, preventing the participant from fully engaging with and advocating for both herself and others in similar situations

## Case Study 3 - Summary

### Key Challenges:

Delayed diagnosis due to gender-based misconceptions, misinterpretation of symptoms leading to low self-esteem and mental health struggles.

### Intervention:

Gender-informed, comprehensive assessment and diagnostic process through ADHD360, with tailored support to address specific challenges.

### Post-Diagnosis Outcome:

Greater self-understanding, improved coping mechanisms, and better academic and workplace performance.

# CS-4

## Client ID & Age

CS-4 / Female / Early 40's

## Profession

Academic

## Brief intro

- NHS Waiting List Time: N/A
- Diagnosis PsychUK (NHS RTC): 15/11/23
- Medication: 24/08/24 (Discharged same week by Psych UK due to private treatment)
- Self-ref to ADHD360: 9 Mar 24
- Diagnosis ADHD360: 13/03/24
- Medication: 13/03/24

## Participant Background

The participant, a professional and parent, reflects on a life marked by challenges rooted in undiagnosed ADHD. Growing up, she struggled with concentration, impulsivity and anxiety, which were often misinterpreted as typical behavioural issues. As a child, an ADHD diagnosis was explored but the participant's mother, (she admitted to the participant when she was then an adult) sabotaged the diagnosis to avoid the participant being 'labelled'. Despite these childhood challenges, she showed resilience, excelling in creative pursuits and demonstrating a strong work ethic. Her journey towards understanding ADHD was gradual, influenced by the growing awareness of neurodivergent conditions and her own experiences of burnout and stress.

## Educational and Professional Challenges

From a young age, the participant found school difficult, often feeling "out of sync" with peers. She struggled to maintain focus, frequently underachieving despite evident intelligence. This pattern continued into higher education, where anxiety compounded their difficulties. Professionally, she initially thrived in an academic role, driven by a passion for helping others. However, the demands of the job, coupled with her undiagnosed ADHD, led to burnout. The need for structure clashed with her natural tendencies, causing frustration and the eventual decision to take a career break to address her mental health.

## Late Diagnosis and Realisation

The participant's path to diagnosis was a protracted one, hindered by familial misunderstandings and a healthcare system that often overlooked the nuances of adult ADHD. Her symptoms were attributed to anxiety, delaying a comprehensive diagnosis. It wasn't until her thirties, after persistent challenges in managing daily life and working in a demanding public sector role supporting vulnerable individuals, that she revisited the possibility of ADHD. She visited her GP, who referred her to a Right to Choose provider. After two years of waiting for an assessment, receiving an ADHD diagnosis, and being placed on another long waiting list for medication, she began turning to alternative coping mechanisms. Self-medicating with substances often associated with high-pressure environments, initially a way to manage stressful moments, soon became a daily necessity just to function.

When her self-medicating escalated, she sought help from the GP but was met with judgement and the threat of being reported to the authorities due to her public sector role and caring responsibilities, rather than being offered the support she desperately needed despite the lack of timely treatment she had endured. Shortly after this, she attended an ADHD event during which she shared her struggles publicly.

## CS4 - continued

The CEO of ADHD360 heard their story at the event and reached out to her. With ADHD360's support, she finally received the understanding, diagnosis, and treatment she had long sought. This brought relief but also regret as she reflected on how earlier intervention could have altered her life.

### **Treatment and Medication Experience**

Seeking help through ADHD 360 marked a turning point. The participant described the experience as transformative, with the diagnosis process being thorough yet efficient. Starting medication brought immediate changes: enhanced concentration, improved organisational skills, and a newfound sense of calm. She detailed the contrast between this private care and the fragmented, slower support received from traditional NHS pathways, where delays in accessing medication hindered her progress.

### **Emotional and Psychological Impact**

The emotional impact of diagnosis was profound particularly how she had been so unsupported previously by her GP. The participant described feeling validated for the first time, as her struggles were recognised as part of a broader neurological condition. The initial stages of treatment were accompanied by emotional highs and a sense of clarity. She noted improvements in self-esteem and a reduction in the constant mental fatigue she had grown accustomed to. This shift allowed her to reconnect with their husband and cope with work and parenting in a much more balanced and healthy way.

### **Experience with ADHD 360 vs. Traditional NHS Pathways**

The participant highlighted the stark differences between her experiences with ADHD 360 and the NHS. ADHD 360 offered a tailored, empathetic approach, with prompt responses and a clear treatment plan. In contrast, her journey through the NHS was marked by long waiting times, limited communication and a sense of being lost in the system. She emphasised the importance of timely intervention, noting how the delays in NHS care prolonged her struggles and affected her quality of life.

### **Impact on Personal and Professional Life**

Post-diagnosis, the participant observed significant changes in both her personal and professional spheres. At work, she became more efficient, meeting deadlines with greater ease and managing her workload more effectively. This newfound competence translated into increased confidence and opportunities for career advancement. In her personal life, relationships improved, particularly with her spouse, who noted a positive shift in her mood and interactions. The participant also found parenting more manageable, with the ability to provide a stable, nurturing environment for her child.

### **Advice and Reflections**

The participant offered heartfelt advice to others navigating similar paths. She encouraged seeking support from organisations like ADHD 360, where care is holistic and patient-centred. She advocated for systemic changes, urging policymakers to create faster diagnostic pathways and to recognise the importance of supporting neurodivergent individuals in all aspects of life. She underscored the need for societal shifts in understanding ADHD, moving away from stereotypes and towards a more inclusive, supportive environment.

## CS4 - continued

### Looking Forward

Looking ahead, the participant expressed optimism, embracing the strengths that come with ADHD, such as creativity and adaptability. She acknowledged the ongoing challenges but felt equipped to face them with the right tools and support. Her focus now is on leveraging her experiences to advocate for others, using her voice to drive awareness and change. The participant's journey is a testament to the power of diagnosis and the impact of tailored care, offering hope and insight for those still navigating their ADHD journey.

### 'What If Scenarios'

Without a diagnosis and treatment for ADHD, the participant's personal, professional and social life would have faced significant setbacks, with particularly severe consequences for her relationship and family. The strain of undiagnosed ADHD and the participant's self-medication strategies to cope, she feels would likely have led to a breakdown in her marriage, with possible divorce. This separation would have not only caused emotional distress but also had a profound impact on her child, potentially resulting in a "broken home" that could have affected her child's emotional development and stability.

In terms of self-medication, the participant may have turned to increasingly risky behaviours, such as substance misuse, to cope with the unaddressed symptoms of ADHD. This could have severely impaired her ability to hold down a job or pursue career growth. The lack of stability in her professional life could have led to financial insecurity, and there might have been legal implications, including potential police involvement, due to actions taken under the influence of untreated ADHD.

Without the focus and organisation brought about by treatment, the participant may have struggled even further in navigating everyday responsibilities. This would have worsened her mental health, possibly escalating feelings of depression and anxiety. The ongoing personal and professional challenges could have left her isolated, with few options for emotional or social support. In turn, the stress on her health and relationships would have compounded, reinforcing the need for better access to ADHD treatment and support. This case underscores the significant impact that proper diagnosis and intervention can have, preventing a cascade of negative consequences for both the individual and their loved ones.

## Case Study 4 - Summary

### Key Challenges:

Struggles with traditional education structures and workplace expectations, leading to feelings of underachievement and low confidence.

### Intervention:

ADHD360 diagnosis and targeted interventions focusing on executive function and emotional regulation.

### Post-Diagnosis Outcome:

Increased productivity, reduced stress, and a clearer career trajectory with improved work-life balance.

# CS-5

| Client ID & Age          | Profession | Brief intro  |
|--------------------------|------------|--|
| CS-4 / Female / Mid 40's | Clerical   | <ul style="list-style-type: none"><li>• NHS Referral to ADHD360: 5th June 2024</li><li>• ADHD360 Diagnosis: 26/11/24</li><li>• Medicated: 27/11/24</li></ul> |

## Participant Background

The participant reflected on her early years, describing a challenging academic journey from primary school through secondary school. She was labeled a "late developer" and felt out of sync with her peers, particularly in reading and other academic tasks. A notable memory involved a teacher's analogy of schoolwork as "bread and butter," with creative activities likened to "pudding," highlighting a lack of balance in her educational experience. The transition to secondary school brought increased difficulty, and the participant felt persistently behind, unable to fully grasp the material.

## Educational and Professional Challenges

Throughout secondary school, the participant faced significant challenges, including being accused of cheating and receiving frequent detentions. Despite these hurdles, she managed to pass some GCSEs with external support, excelling particularly in art. College presented additional struggles, and the participant relied on her father to help complete assignments. Professionally, she worked in a childcare setting, eventually pursuing further education in teaching and mentoring. Despite achieving first-class honours and a master's degree, her journey was marked by continuous effort to overcome educational barriers.

## Late Diagnosis and Realisation

At age 23, the participant was diagnosed with dyslexia, which helped explain some of her earlier academic difficulties. She found ways to navigate university by understanding and meeting tutors' expectations. Working in schools and charities, the participant felt the need to overcompensate to mask her learning difficulties. The diagnosis of her children with ADHD and autism prompted a career shift to accommodate her family's needs. This period was marked by significant health issues, which further impacted her well-being and led to a deeper exploration of her own neurodivergence.

## Treatment and Medication Experience

The participant's health deteriorated due to her long term condition, causing physical and emotional strain. A therapist suggested the possibility of ADHD, leading to a referral to ADHD 360 through Right to Choose. The diagnosis process included a comprehensive assessment, culminating in a formal diagnosis and the initiation of medication. The participant experienced immediate benefits, including improved focus and reduced pain, which significantly enhanced her overall well-being. She described this experience as life-changing, with noticeable improvements in her ability to manage daily activities and engage with her family. She acknowledged how her NHS pathway to ADHD 360 had been remarkably quick and how she felt it was 'luck' as they knew many others who had not had such a positive experience or who had gone to other Right to Choose pathways and were still waiting for any formal diagnosis or support despite being on the waiting list much longer.

## CS5 - continued

### **Emotional and Psychological Impact**

Receiving an ADHD diagnosis had a profound emotional impact on the participant. She described a sense of relief and validation, which allowed her to reframe past struggles in light of her condition. The diagnosis and subsequent treatment improved her confidence and reduced the anxiety that had long plagued her. Socially, she felt more at ease, able to engage in conversations without the need to overcompensate or fill silences. This newfound confidence also rekindled her interest in creative pursuits, such as music and art, contributing to a richer personal life.

### **Experience with ADHD 360 vs. Traditional NHS Pathways**

The participant highlighted the stark contrast between their experience with ADHD 360 and what they consider 'usual' NHS pathways. ADHD 360 provided a responsive, empathetic approach, offering clear communication and a structured treatment plan. In contrast, their interactions with the NHS as a child were marked by delays and a lack of understanding, which prolonged their challenges and actually meant that they were not given the help that would have supported them to thrive as a child. The participant praised ADHD 360 for their sensitivity and professionalism, which made a significant difference in their journey toward better health and self-understanding.

### **Impact on Personal and Professional Life**

The diagnosis and treatment had a transformative effect on the participant's personal and professional life. She became more effective in managing work responsibilities, leading to increased productivity and satisfaction. This positive shift extended to her personal relationships, where improved communication and reduced stress fostered a more harmonious family dynamic. The participant expressed a renewed ability to participate in social activities and family gatherings, enhancing their quality of life and strengthening her social bonds.

### **Advice and Reflections**

The participant urged others to persist in seeking an ADHD assessment and to consider private options if NHS pathways are too slow. She emphasised the importance of timely diagnosis and the role it plays in improving life outcomes. Reflecting on her own experience, she called for increased training for professionals in recognising ADHD symptoms and for systemic changes to support neurodivergent individuals. Her advice underscored the necessity of self-care and prioritising mental health, highlighting the significant benefits of appropriate diagnosis and treatment.

### **Looking Forward**

Looking ahead, the participant expressed optimism about her future, feeling empowered to live more intentionally and make the most of her time. She acknowledged the past challenges but focused on the opportunities now available with a better understanding of her condition. The participant looked forward to continuing personal growth and contributing to the community, drawing on her experiences to advocate for greater awareness and support for neurodivergent individuals.

## CS5 - continued

### **'What If Scenarios'**

Without a diagnosis and treatment for ADHD, the participant may have faced worsening health issues, including the debilitating effects of her long term health condition, compounded by stress and confusion over their struggles. Her confidence, already affected by years of feeling different and inadequate, would have likely continued to deteriorate, impacting her mental well-being. Professionally, the participant might have experienced burnout or stagnation, unable to progress or feel secure in her abilities, potentially leading to a reduced role or departure from her career. Socially, relationships would likely have suffered from ongoing misunderstandings and the participant's need to overcompensate, leading to isolation and strained family dynamics. The absence of a diagnosis could have also limited her ability to engage fully in community activities and advocacy, missing out on opportunities to make a positive impact. Additionally, the financial and emotional strain of unmanaged health conditions may have increased, affecting her overall quality of life.

## Case Study 5 - Summary

### **Key Challenges:**

Balancing professional responsibilities with family life while dealing with undiagnosed ADHD symptoms. Financial burden of seeking private diagnosis and treatment due to NHS waiting times.

### **Intervention:**

Diagnosis and treatment via ADHD360 Right to Choose pathway, with focus on medication management and lifestyle adjustments.

### **Post-Diagnosis Outcome:**

Significant improvements in quality of life, greater ability to juggle responsibilities, and increased sense of control and stability.



# Qualitative Analysis of Case Studies

## Methodology Recap

The qualitative analysis is based on in-depth interviews with five individuals who have accessed ADHD360 services. The analysis focuses on three key areas:

1. **Initial Challenges:** Understanding participants' struggles before intervention.
2. **Impact of Intervention:** Documenting changes post-intervention.
3. **Hypothetical Scenarios:** Exploring potential outcomes without ADHD360's support.

## Common Themes and Overarching Challenges



### Late Diagnosis & Realisation

A predominant theme across all case studies is the late diagnosis of ADHD. Many participants only received a diagnosis in adulthood, after years of struggling with unexplained challenges. This delay often led to prolonged difficulties in academic, professional, and personal contexts.

- **Impact:** The absence of an early diagnosis exacerbated issues such as low self-esteem, underachievement, and strained relationships.
- **Example:** Participants described their relief upon diagnosis, finally having a framework to understand their past struggles and behaviours.



### Educational & Professional Challenges

Participants consistently reported significant difficulties in educational settings and professional environments due to undiagnosed ADHD. These challenges often included poor focus, impulsivity, and disorganisation, which hindered academic success and career progression.

- **Impact:** Academic struggles led to feelings of inadequacy, while professional challenges resulted in job instability and limited career growth.
- **Example:** Several participants noted that their professional lives improved dramatically post-diagnosis, with better task management and increased productivity.



## Emotional & Psychological Impact

The emotional toll of living with undiagnosed ADHD was a common thread. Participants frequently mentioned experiences of anxiety, depression, and rejection sensitivity, which were compounded by societal misunderstanding and personal frustration.

- **Impact:** Emotional challenges often led to strained family relationships and social isolation.
- **Example:** Post-diagnosis, many participants reported improved emotional regulation and enhanced relationships, attributing these changes to the support received from ADHD360.



## Experience with ADHD360 vs Traditional NHS Pathways

A recurring comparison in the case studies was between the efficient, empathetic service of ADHD360 and the lengthy, impersonal processes of traditional NHS pathways. Participants expressed a strong preference for ADHD360 due to shorter waiting times and a more personalised approach.

- **Impact:** The timely intervention by ADHD360 often prevented further deterioration of mental health and enabled quicker improvements in quality of life.
- **Example:** One participant highlighted how ADHD360's swift diagnosis and treatment allowed them to avoid the prolonged stress associated with NHS delays.



## Personal and Professional Growth Post-Diagnosis

Following their diagnosis and treatment through ADHD360, participants noted significant improvements in both personal and professional domains. Enhanced focus, better emotional regulation, and improved organisational skills were common benefits.

- **Impact:** These improvements led to better job performance, increased income, and more harmonious personal relationships.
- **Example:** Participants often reflected on how their lives might have continued to deteriorate without the timely support from ADHD360.



## Hypothetical Scenarios if Intervention had not occurred

Each case study included reflections on potential outcomes if ADHD360's intervention had not occurred. Participants speculated on the likely continuation of personal and professional struggles, worsening mental health, and reduced life satisfaction. The following scenarios illustrate these potential outcomes:



- **Scenario 1: Continued Professional Struggles:** Without intervention, participants might have faced ongoing job instability, with difficulties in meeting deadlines, managing tasks, and maintaining employment. The lack of support could have resulted in persistent underemployment or frequent job changes, leading to financial insecurity and career stagnation.
- **Scenario 2: Worsening Mental Health:** The absence of a timely diagnosis and treatment might have exacerbated mental health issues, such as anxiety and depression. Participants could have continued to experience heightened emotional distress, contributing to a cycle of poor mental health and decreased overall well-being.
- **Scenario 3: Strained Personal Relationships:** Without the clarity and coping mechanisms provided by ADHD360, participants' personal relationships might have suffered further. Misunderstandings, impulsivity, and emotional dysregulation could have led to conflicts with family members and friends, increasing feelings of isolation and loneliness.
- **Scenario 4: Missed Opportunities for Personal Growth:** Participants could have missed out on significant opportunities for personal development and self-acceptance. The lack of a supportive framework to understand and manage their ADHD might have prevented them from pursuing hobbies, educational goals, or social engagements that contribute to a fulfilling life.
- **Scenario 5: Increased Dependence on Social Services:** Without effective intervention, the compounded challenges might have led to greater reliance on social services for financial and mental health support. This scenario underscores the potential socio-economic costs avoided through timely and efficient ADHD360 interventions.
- **Scenario 6: Risky Behaviours and Legal Issues:** Without proper diagnosis and support, some participants might have engaged in risky behaviours as coping mechanisms, such as substance misuse. This could have escalated to run-ins with law enforcement, potential jail time, and involvement in criminal activities. Such outcomes would not only impact the individuals but also cause significant strain on their families, potentially leading to a breakdown of family units and adverse effects on dependents as well as impacting the individuals' careers or future career prospects.

# Quantitative Analysis of the Wider Impacts of ADHD

The following quantitative analysis builds on the themes identified in the case studies and their associated 'What If' scenarios to illustrate the potential economic impact of untreated ADHD. While the qualitative analysis explored individual experiences and hypothetical trajectories, this section presents broader illustrative assumptions to estimate the wider financial implications.

Drawing on UK data from NHS costs, policing and criminal justice, education and social services, this analysis provides a high-level indication of the economic burden associated with untreated ADHD. Though not a direct quantification of the case study examples, these estimates highlight the scale of potential costs and reinforce the value of timely interventions, such as those provided by ADHD360.

## Scenario 1: Continued Professional Struggles

- **Assumptions:**

- Average annual household income loss for individuals with ADHD: £6,500–£11,200\* (Biederman and Faraone, 2006)
- Increased likelihood of job loss: **30% higher** for individuals with untreated ADHD (Barkley, 2008).

- **Calculation:**

- Over a 10-year period, an individual with ADHD could lose £65,000–£112,000\* in household income.
- Extrapolated across an estimated 100,000 adults in similar circumstances, the economic impact would amount to £6.5 billion–£11.2 billion\*

*\*Assumptions from US data 2006 and adjusted for \$:£ exchange rates*

**Minimum  
£6.5bn**

Cost to the economy  
over 10 years

## Scenario 2: Worsening Mental Health

- **Assumptions:**

- Adults with ADHD and two or more co-morbid conditions have an eightfold increase in premature mortality, indicating significantly higher health complications and hospitalisations (Sun et al., 2019).
- Healthcare costs for adults with ADHD range from £1,327 to £5,777 annually, depending on severity and co-morbidities (Holden et al, 2013).

- **Calculation:**

- Over 10 years, healthcare costs per individual could range from £13,270 to £57,770.
- For 100,000 individuals, this represents additional NHS expenditure of £1.33 billion to £5.78 billion.

**£1.33bn -  
£5.78bn**

Additional Healthcare  
Expenditure over 10 years

### Scenario 3: Strained Personal Relationships

- **Assumptions:**
  - Annual family counselling cost: £1,275, based on Relate's sliding scale fees (Relate, n.d.).
  - Increased divorce rates: Higher in couples where one partner has untreated ADHD (Michielsen et al., 2012).
- **Calculation:**
  - For 25,000 affected families, the cost over 10 years would be £31.8 million

**£31.8m**

Cost of counselling for affected families over 10 years

### Scenario 4: Missed Opportunities for Personal Growth

- **Assumptions:**
  - Average cost of retraining or additional education: £3,000 per course (GOV.UK, 2024).
- **Calculation:**
  - Total lifetime cost of retraining for 25,000 individuals: £75 million.

**£75m**

Missed lifetime earnings

### Scenario 5: Increased Dependence on Social Services

- **Assumptions:**
  - Annual social welfare cost per individual: £10,000 (DWP, 2022; OBR, 2024).
  - Increased reliance on social services: 25% higher for individuals with untreated ADHD (Demos, 2018).
- **Calculation:**
  - Cost per individual over 10 years: £100,000
  - Total cost for 50,000 individuals: £5 billion.

**£5bn**

Cost of social welfare for 50,000 individuals over 10 years

### Scenario 6: Risky Behaviours and Legal Issues

- **Assumptions:**
  - Average cost per police interaction: £2,500, estimated based on College of Policing data (College of Policing, 2015).
  - Annual incarceration cost per prisoner: £51,724 (Statista, 2024).
  - Increased likelihood of criminal activity: 15% for untreated ADHD individuals (Prison Reform Trust, 2021).
- **Calculation:**
  - Cost of police interactions for 10,000 individuals annually: £25 million.
  - Annual incarceration cost for 5,000 individuals: £258.62 million.
  - Combined 10-year cost: £2.84 billion

**£2.84bn**

Combined cost of police interaction and incarceration over 10 years

# Macro-Level Economic Analysis

## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) presents a significant challenge for the UK across multiple domains, impacting healthcare services, educational institutions, the workplace, and the broader economy. The increasing prevalence of ADHD diagnoses highlights systemic pressures and the urgent need for sustainable interventions that address the needs of both children and adults. This section provides a comprehensive analysis of the macro-level economic implications of ADHD, examining its direct and indirect costs, the burden on public services, and the potential benefits of early and effective intervention.

A holistic approach is essential to fully grasp the economic and social costs associated with ADHD. These costs encompass healthcare expenditures, lost productivity, criminal justice implications, and the impact on families and caregivers. Addressing ADHD effectively requires an integrated strategy that aligns national policy initiatives with evidence-based interventions and a focus on accessibility to timely diagnosis and treatment.

The following subsections explore the national picture of ADHD, quantify its socio-economic costs, outline current national policies, examine the growing demand for services and analyse the financial burden of diagnosis and treatment. In addition, the section will discuss the wider determinants of ADHD and conclude with a strategic call to action for policymakers and stakeholders.

## National Picture: The ADHD Crisis in the UK

ADHD imposes a significant economic burden on the UK, affecting sectors such as healthcare, education, employment, and the criminal justice system. A report by Vibert (2018) highlights the extensive costs associated with ADHD, noting that undiagnosed cases may lead to even higher expenses. While specific figures for the UK's annual productivity losses due to untreated ADHD are not readily available, international studies provide context. For instance, research in the United States estimates annual societal excess costs of ADHD to be between \$143 billion and \$266 billion, with adults accounting for the majority of these costs (Schein et al., 2022). This underscores the substantial economic impact of ADHD and suggests that early intervention and tailored support systems could lead to significant savings.

# Quantifying Socio-Economic Costs

## 01. Healthcare



The financial burden of ADHD on healthcare services is significant, with increased demand for mental health services, frequent hospitalisations, and management of coexisting conditions such as anxiety and depression. For example, untreated ADHD is associated with higher use of psychiatric and primary care services (NICE, 2012, NICE 2018). UK studies estimate ADHD-related healthcare costs to be substantial, driven by the need for long-term treatment and comorbidity management. Early interventions can reduce these costs significantly, improving both individual and systemic outcomes.

## 02. Employment



Adults with ADHD are disproportionately affected by underemployment, job loss, and reduced productivity. Research highlights that adults with ADHD are more likely to face workplace challenges, including time management, focus and emotional regulation issues, leading to lower workforce participation (Vibert, 2018). These challenges have significant economic implications; the United States alone estimates annual societal costs of ADHD at \$143–266 billion, with adults contributing the majority (Schein et al., 2022).

## 03. Criminal Justice System



Individuals with untreated ADHD are overrepresented in the criminal justice system. A study by the Prison Reform Trust (2021) found that 25% of the UK prison population has ADHD. Increased impulsivity, emotional dysregulation, and coexisting mental health issues often lead to higher rates of arrests and incarceration. This imposes a substantial financial burden on policing and prison services, with annual costs exceeding £250 million for incarceration alone.

## 04. Social Services Dependency



Untreated ADHD increases reliance on social welfare systems due to employment and daily life challenges. Individuals with ADHD are 25% more likely to depend on social services, with annual costs averaging £10,000 per recipient (GOV.UK, 2022). Early diagnosis and support can significantly reduce this dependency and its associated costs.



## 05. Tax Impacts

ADHD-related employment challenges also lead to reduced tax contributions. Individuals with ADHD often face lower lifetime earnings due to underemployment or job loss, reducing their ability to pay income tax (Biederman & Faraone, 2006). Furthermore, the economic loss from decreased workforce participation and increased reliance on welfare exacerbates the tax burden on the general population.



## 06. International Comparisons

Research indicates that early intervention and treatment for ADHD can mitigate its economic burden. A study from Norway (Gjervan et al, 2011) found that early recognition and treatment of ADHD positively impact future employment among young individuals. Additionally, a cohort study in Sweden (Li, et al, 2022) observed that pharmacological treatment of ADHD was associated with a 10% reduction in the risk of long-term unemployment among middle-aged adults. These findings suggest early and appropriate intervention can improve individual outcomes reducing the broader economic impact of ADHD.

## Understanding National Policy

National UK policy regarding ADHD has evolved significantly over recent years, driven by the need for better service provision and improved outcomes for individuals with the condition. The Darzi Review: High Quality Care For All (2008) was a landmark report that emphasised the importance of personalised care, advocating for greater investment in mental health services. It highlighted the need for early interventions, multi-agency collaboration, and patient-centred care models, all of which remain particularly relevant to ADHD service provision.

Building on this, Darzi was commissioned to lead a further 'Independent Investigation of the National Health Service in England' in 2024 revisiting systemic challenges in the NHS. This identified persistent issues such as long waiting times, fragmented care pathways, and limited resources for neurodevelopmental conditions like ADHD. The report called for targeted reforms to reduce disparities in service access and enhance integrated care, further stressing the importance of embedding mental health support within broader healthcare strategies.

In response to these ongoing challenges, the NHS ADHD National Taskforce (2024) was established to address critical gaps in ADHD services. The taskforce identified key areas for improvement, including:

- Excessive waiting times for diagnosis and treatment.
- Inconsistent diagnostic processes across regions.
- Insufficient post-diagnosis support for individuals and their families.



The taskforce recommended the development of regional ADHD hubs to streamline diagnostic services and offer comprehensive, multidisciplinary support, aligning with the priorities outlined by Darzi (2008, 2024). It also called for collaboration between the NHS, education, and justice sectors to address the broader societal impacts of ADHD.

Together, the two Darzi investigations (2008, 2024) and the ADHD National Taskforce underscore the need for a coordinated national ADHD strategy, with a focus on improving service delivery, reducing health inequalities, and promoting early intervention. These policies reflect a growing recognition of ADHD as a public health priority in the UK.

## **Waiting lists vs Assessments in the UK (2023)**

The below chart highlights the alarming increase in ADHD referrals and waiting times in the UK, reinforcing the urgent need for systemic improvements. This surge in demand is not simply a reflection of trends or social bandwagons, but rather a result of increased awareness, improved diagnostic frameworks and the growing availability of reliable information that provides individuals with long-sought answers and hope (Royal College of Psychiatrists, 2022).

The stark numbers shown in the chart—comparing the volume of referrals with the number of individuals actually being seen—underscore the critical need for systemic reforms to address capacity constraints and provide timely support for those affected.

### Adult ADHD Services Waiting List vs Assessments in 2023

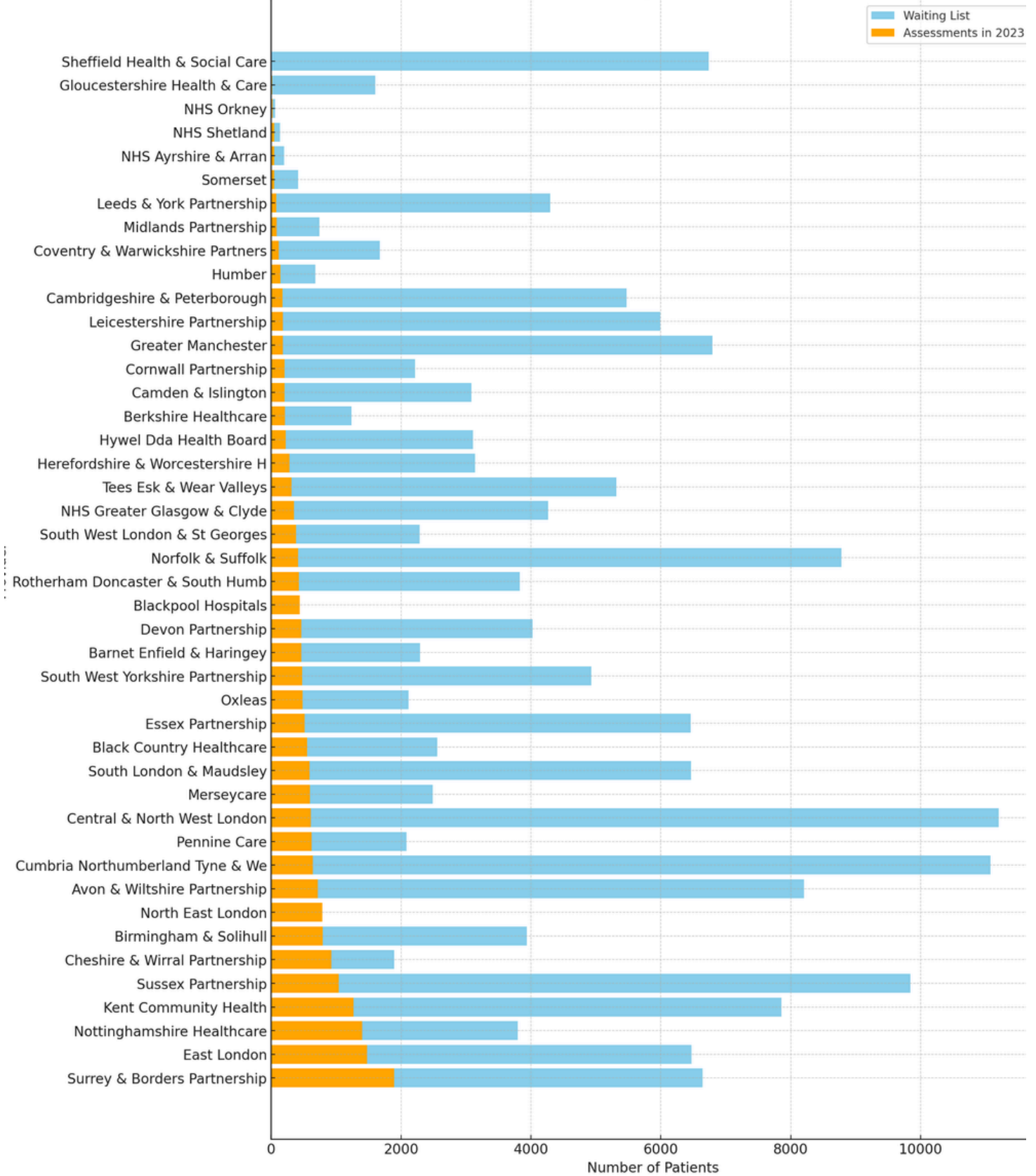


Figure 1: Chart created using data from “Data on adult ADHD service backlogs in the UK”, FOI

Request via BBC News, 2024

Source: <https://www.bbc.co.uk/news/articles/c0dm20k491wo>

# The Current Demand for ADHD in the UK

## Increase in Diagnoses

The demand for ADHD services in the UK has surged over recent decades, with significant increases in both child and adult diagnoses. Among children aged 10–16, ADHD diagnoses rose from 1.4% in boys and 0.7% in girls in 2000 to 3.5% and 1.7% respectively by 2018 (NHS Digital, 2021). Adult diagnoses also increased, particularly among men aged 18–29, with rates rising from 0.01% to 0.56% in men and 0.01% to 0.20% in women during the same period (Holden et al., 2013).

## Gender Disparities

Despite these increases, ADHD remains under-diagnosed, especially among women who often face delays of up to four years compared to men due to differences in symptom presentation, such as inattentiveness rather than hyperactivity (Agnew-Blais, 2024; Attoe & Climie, 2023).

## Rising Referrals and Service Pressures

The surge in ADHD diagnoses has placed immense pressure on services, with a 51% increase in ADHD medication prescriptions between 2019/20 and 2022/23 (Nuffield Trust, 2024). Referrals for assessments have tripled among children, with over 150,000 currently waiting, and approximately 196,000 adults also awaiting diagnosis, quadrupling since 2019 (BBC, 2023).

## Challenges in Diagnosis and Resource Allocation

NHS waiting times have reached crisis levels, with adults waiting an average of 8 years for an ADHD assessment compared to 6 months in 2013 (BBC News, 2024; NHS Digital, 2021). Children also face long delays, with some waiting over two years for initial consultations. Many educational settings are unwilling to support undiagnosed children with special educational needs (SEN), negatively affecting academic success and mental health (National Children's Bureau, 2023).

While referrals have increased, 25–30% do not result in a diagnosis due to strict eligibility criteria and inconsistent assessments (Young et al., 2021; RCP, 2022). Gaps in NHS data collection further complicate tracking referrals and diagnoses, highlighting resource allocation challenges.

## **Right to Choose and Alternative Providers**

The NHS Right to Choose (RTC) pathway has seen a sharp increase in uptake due to prolonged NHS waiting times, with over 60,000 individuals pursuing this option in the past five years (NHS England, 2023). However, financial challenges associated with the RTC framework remain significant. Some General Practitioners (GPs) decline shared care agreements after the titration process, particularly for RTC and private diagnoses, leading to a 'postcode lottery' in which continued ADHD care depends on geographic location and local prescribing policies (NHS England, 2023).

## **Addressing the Demand**

The growing strain on ADHD services has profound financial and societal implications, increasing pressure on families, workplaces, and the healthcare system. Addressing these challenges requires targeted policy interventions, increased investment in specialist services, and an efficient triage system to prioritise high-need cases. Additionally, improving diagnostic processes, standardising eligibility criteria, and enhancing data collection would help ensure fair and effective access to ADHD assessments and treatment across the UK.

## **Cost of ADHD Diagnosis and Treatment**

The financial burden of ADHD diagnosis and treatment is considerable:

- NHS diagnostic assessment costs: £500 per individual (NHS England, 2021).
- Medication costs: Average of £1,200 per person annually (National Health Service, 2021).
- Counselling costs: £2,000 per year for individuals opting for therapy (British Psychological Society, 2021).
- Total estimated cost: £3.8 billion annually for those seeking both medication and counselling
  - *(There is no publicly available data on what the split of those seeking a) medication b) counselling c) both medication and counselling d) no further treatment post-diagnosis)*

However, the economic strain of untreated ADHD, as explored earlier in this report, leads to increased healthcare expenditure, loss of productivity and reliance on welfare services, making a compelling case for early intervention and efficient service delivery.

## Diagnosis & Treatment Illustrative Costs

### 1. Annual Cost for Individual ADHD Diagnosis and Treatment:

**Diagnosis Cost:** While NHS assessments are typically free, private assessments are often sought due to long waiting times. The cost of private ADHD assessments varies:

- ADHD 360 offers assessments for £530 ([adhd-360.com](http://adhd-360.com))
- Psychiatry-UK provides assessments for £360 ([psychiatry-uk.com](http://psychiatry-uk.com))
- Oxford ADHD & Autism Centre lists assessments at £1,200 for adults (<https://www.oxfordcbt.co.uk/>)
- The ADHD Centre offers online assessments for £695 ([adhdcentre.co.uk](http://adhdcentre.co.uk))
- For the analysis, this report will use an average cost of £750 per individual

**Medication Cost:** The annual cost of ADHD medication varies depending on the type and dosage.

- ADHD 360 indicates that monthly costs can range from £35 to £250, averaging around £100 per month
- .This equates to £1,200 annually per individual.

**Counselling Cost:** Cognitive Behavioural Therapy (CBT) is a common counselling approach for ADHD. While specific session costs vary, an average CBT session in the UK costs approximately £50 to £100. Assuming bi-weekly sessions, the annual cost per individual would be around £1,300 to £2,600. This analysis will therefore use an average annual ADHD counselling cost of £1,950 for assumption purposes.

### Individual Annual Cost for Assessment, Medication & Counselling: £3,900

#### **\*Assumptions Rationale:**

- **Prevalence Rates:** Utilised current UK prevalence estimates to determine the adult ADHD population.
- **Treatment Uptake:** Based on available data, assumed that 50% of adults with ADHD receive medication, 35% receive counselling, and 30% receive both treatments.
- **Cost Estimates:** Averaged available data to estimate costs for private assessments, medication, and counselling sessions.
- **Overall cost:** The £3,900 cost covers the first year, including assessment, diagnosis, medication titration and counselling. Subsequent years are projected at £1,950, assuming no further assessment costs and reduced medication intervention.

All assumptions aim to provide a realistic estimate of the financial implications of ADHD diagnosis and treatment in the UK, acknowledging variability in individual treatment choices and associated costs.

## Undiagnosed/Untreated ADHD Illustrative Costs

### 1. Annual Health & Social Care (averaged) Cost for an individual

- Health Cost - £3,552.00
- Social Care Cost - £10,000.00

**Individual Annual Cost for Health & Social Care = £13,552.00**

### 2. Annual Personal Costs (averaged) for an individual

- Income Loss - £8,850.00
- Counselling - £1,275.00
- Retraining - £3,000.00

**Individual Annual Personal Costs = £13,125.00**

**Total Health, Social & Personal Costs\* per individual, per year: £26,677.00**

*\*This assumption does not include any police interaction or incarceration cost. However, we know that individuals with undiagnosed (and diagnosed ADHD) represent a significant number of those who come into contact with the Policing services.*

## Financial Case for Change and ADHD360 Potential Return On Investment

Taking the societal costs (i.e. not including the personal costs as shown above) and using the health and social care costs (again excluding the policing/prison costs), we can make the following assumptions around net savings and return on investment (ROI):

### Health & Social Care Costs per individual:

- 1 year cost - £13,552.00
- **3 year cost - £40,656.00**
- 10 year cost - £135,520.00

### Costs - ADHD Assessment

*For y2 & y3 costings, the costings are assumed approximately 50% less due to assessment already completed and then only ongoing medication/reduced counselling - this is indicative but could vary up or down.*

- Year 1 - £3,900.00
- Year 2 - £1,950.00
- Year 3 - £1,950.00

**Total cost over 3 years (per individual): £7,800.00**

An initial three-year investment in ADHD diagnosis and treatment for 15,000 patients annually could yield long-term benefits, with individuals continuing to see improvements for up to 10 years. Every £1 invested could generate savings of £492.84m over three years and £1.92bn over 10 years, delivering an ROI of 4 times over three years and up to 16 times over 10 years.

| 3 year investment             | 3 year net savings | 10 year net savings |
|-------------------------------|--------------------|---------------------|
| 1 patient: £7,800             | £32,856.00         | £127,720.00         |
| 15,000 patients: £117,000,000 | £492,840,000       | £1,915,800,000      |
| ROI (every £1 spent = XX)     | £4.21              | £16.37              |

# Wider Impact of ADHD for individuals in the UK

## Impact on Families and Relationships

ADHD can significantly strain family dynamics, leading to increased rates of conflict and, in severe cases, children being placed into care. Studies indicate that families with a child diagnosed with ADHD experience higher levels of parental stress and marital discord compared to families without an ADHD diagnosis (Theule et al., 2013). Financial stress is also prevalent, with families incurring additional annual costs due to therapies, medications, and educational support. For instance, Doshi et al. (2012) estimated that the annual incremental costs for families of children with ADHD in the United States were substantial, encompassing healthcare, education, and work loss expenses. This highlights the urgent need for comprehensive family support systems to mitigate these impacts.

## Impact of Education on ADHD Children

Children with ADHD face significant challenges within the UK education system, often leading to adverse academic and social outcomes. These challenges can include higher rates of school exclusion, lower academic performance, and increased instances of bullying and social isolation. Research indicates that pupils with mental health and neurodevelopmental disorders, such as ADHD, are more likely to miss school through absenteeism and exclusion (Cardiff University, 2020). Additionally, children with ADHD are at a higher risk of experiencing peer victimisation, contributing to social difficulties (Twyman et al., 2010).

## Key Data

**Academic Performance:** Approximately 25–40% of individuals with ADHD experience significant reading and writing difficulties, which can adversely affect academic success (Wilcox, 2023).

**School Exclusion:** Students with ADHD are more likely to face suspensions and expulsions due to behaviours associated with their condition. Research indicates that children with ADHD have lower grade point averages and higher rates of school disciplinary actions compared to their peers (Loe & Feldman, 2007).

**Co-occurrence of Developmental Disorders:** Research indicates that children with neurodevelopmental disorders often experience co-occurring conditions. For instance, a study by Goulardins et al. (2015) found that up to 87% of children with ADHD have at least one co-occurring diagnosis, with Developmental Coordination Disorder (DCD) being the most common.

## International Best Practice for Education:

**United States:** The Individuals with Disabilities Education Act (IDEA) mandates that public schools provide free and appropriate education tailored to individual needs, including Individualised Education Programs (IEPs) for students with ADHD (U.S. Department of Education, 2021).

**Finland:** Emphasises inclusive education with a flexible curriculum and early intervention strategies, resulting in better academic and social outcomes for students with ADHD (EASPD, 2023; Lempinen, 2013).

### **Recommendations for the UK for Improving Education:**

- **Teacher Training:** Enhance professional development to equip educators with strategies to support students with ADHD effectively.
- **Inclusive Policies:** Implement and enforce policies that promote inclusivity and provide necessary accommodations for neurodivergent students.
- **Parental Involvement:** Encourage collaboration between schools and families to create consistent support systems for children with ADHD.

By adopting and adapting international best practices, the UK can improve educational experiences and outcomes for children with ADHD, fostering an environment where all students have the opportunity to reach their potential.

### **Impact of Employment and Workplace on Adults with ADHD:**

Adults with ADHD are more likely to experience workplace challenges, including difficulty with focus, time management and emotional regulation. A review by the ADD Association found that adults with ADHD are nearly 60% more likely to be fired and 30% more likely to have chronic employment challenges (Augmentive, 2023).

Key Findings:

- **Employment Rates:** Only 22% of autistic adults are in paid employment in the UK (ADHD Foundation, 2022).
- **Workplace Adjustments:** Implementing reasonable adjustments, such as flexible schedules and coaching, can significantly improve productivity and job satisfaction for employees with ADHD (ADHD Foundation, 2022).

### **Mental Health and Addiction**

The relationship between untreated ADHD and mental health disorders is well-established. Approximately 80% of adults with ADHD experience at least one co-occurring psychiatric disorder, such as anxiety, depression, or substance use disorders (Kessler et al., 2006). The risk of substance abuse is also heightened; individuals with ADHD are more likely to develop addiction issues compared to those without (Kessler et al., 2006). This exacerbates the socio-economic burden, leading to increased healthcare costs and lost productivity.

### **Criminal Proceedings and Justice System**

There is a disproportionate representation of individuals with untreated ADHD in the criminal justice system. Research indicates that approximately 25% of the prison population has a diagnosis of ADHD, compared to around 4% in the general population (Young et al., 2015). The financial implications are substantial, with the cost of incarcerating an individual estimated at £40,000 per year (National Audit Office, 2018). Early diagnosis and treatment could significantly reduce these numbers, leading to lower incarceration rates and associated costs.



### **Medical Costs**

The healthcare system faces substantial costs in managing the co-morbid conditions associated with untreated ADHD. Direct medical expenses, including hospitalisations and outpatient visits, are approximately 50% higher for individuals with ADHD than for those without (Doshi et al., 2012). Indirect costs, such as lost workdays and reduced productivity, add a further significant amount to the economic burden (Doshi et al., 2012). Early intervention has been shown to reduce these costs by up to 30% (Lichtenstein et al., 2012).

### **Late Diagnosis in Women**

ADHD in women often goes undiagnosed due to the presentation of inattentive symptoms, which can be mistaken for anxiety or depression (British Psychological Society, 2022). Women with ADHD typically receive a diagnosis later than men, contributing to increased rates of anxiety and depression, misdiagnosis throughout life, and a higher financial burden due to delayed treatment (British Psychological Society, 2022).

## **The Role of Education and Health in ADHD Outcomes: Why a Joined-Up Approach is Essential**

Whilst this report focuses on improving the health and well-being of individuals with ADHD, the sheer number of adults awaiting a diagnosis highlights the urgent need to consider broader systemic influences. Education and healthcare must work in tandem to create better long-term outcomes, as early intervention is critical in reducing the risks associated with untreated ADHD. Schools are often the first point of contact for recognising ADHD-related challenges, yet without adequate support, many children fall through the cracks, leading to academic struggles, social exclusion and worsening mental health. Research shows that children with ADHD are more likely to be excluded from school, achieve lower academic outcomes, and experience higher rates of anxiety and depression than their peers (Mezzanotte, 2020). These early disadvantages persist into adulthood, affecting employment opportunities, economic independence, and overall quality of life.

However, the disconnect between education and healthcare services often results in delayed diagnoses and limited access to treatment, exacerbating these challenges. With NHS waiting times for ADHD assessments frequently exceeding two years, many families are turning to private providers like ADHD360, which play a critical role in closing this gap. Organisations like ADHD360 offer faster diagnoses, tailored treatment plans, and ongoing support, ensuring that individuals receive timely interventions that can prevent worsening mental health, school disengagement, and long-term socio-economic costs.

The challenge now lies in ensuring shared care arrangements with primary care (for both medication, review and ongoing support) and greater NHS recognition of the vital role these providers play—both as private services and as potential partners in a more integrated, accessible ADHD care system.

A joined-up approach between education and healthcare—both public and private—is essential to ensure earlier identification, timely treatment, and ongoing support for those with ADHD. Strengthening collaboration between schools, the NHS and private ADHD service providers will not only improve educational and health outcomes but also reduce the long-term financial burden on the healthcare system.

By recognising ADHD as both a health, education and economic priority, the UK can move towards a more inclusive, effective system that meets the needs of neurodivergent individuals at every stage of life.

***Investing in timely ADHD  
diagnosis and treatment isn't  
just a health imperative—it's  
an economic necessity, saving  
billions and transforming  
lives.***

# ADHD360: A Key Solution to the UK ADHD Crisis

## Addressing the Gaps in ADHD Care

As this report already acknowledges, the UK is facing an unprecedented ADHD crisis, with NHS waiting times for an assessment stretching up to eight years in some regions. The socio-economic cost of untreated ADHD is immense, impacting employment, education, social services, and the criminal justice system.

ADHD360 has emerged as a key provider of timely, high-quality ADHD diagnosis and treatment, offering an alternative pathway for individuals struggling to access NHS services.

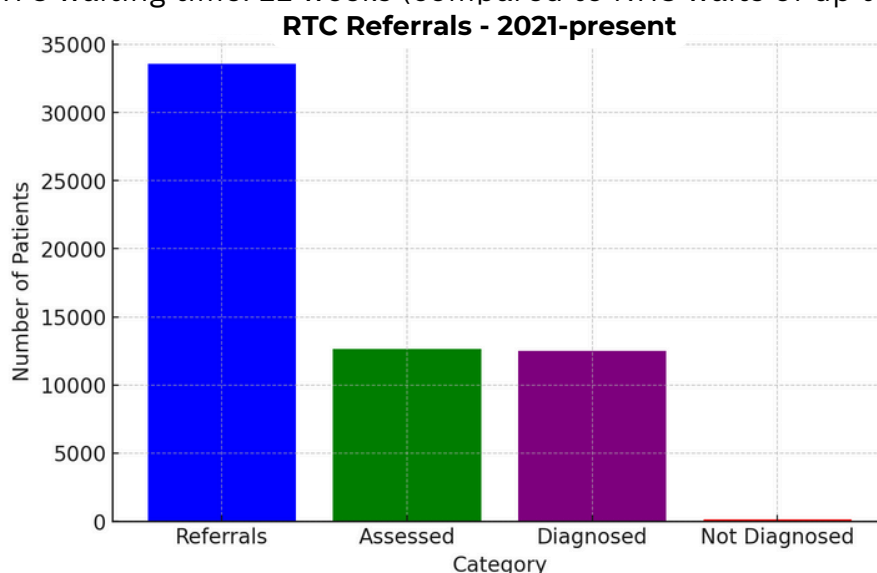
## ADHD360's Impact: Data-Driven Results

ADHD360 has played a crucial role in bridging the gap in ADHD care by offering assessments through private funding and the Right to Choose (RTC) pathway. The organisation's ability to provide timely intervention has made a significant impact on thousands of individuals.

ADHD360 bridges the gap in ADHD care by offering assessments via private funding and the Right to Choose (RTC) pathway. The impact is evident:

### Right to Choose Referrals and Diagnoses

- Since 2021, ADHD360 has received 33,581 RTC referrals (as of January 2025).
- Monthly average (last 3 months): 5,020 referrals (1,195 per week).
- Total RTC patients assessed: 12,635
- Through effective screening and meaningful triage, the 25% of referrals that warrant assessment ensures an appropriate use of public sector funds.
- Current RTC waiting time: 22 weeks (compared to NHS waits of up to 8 years).



### Private Referrals and Outcomes

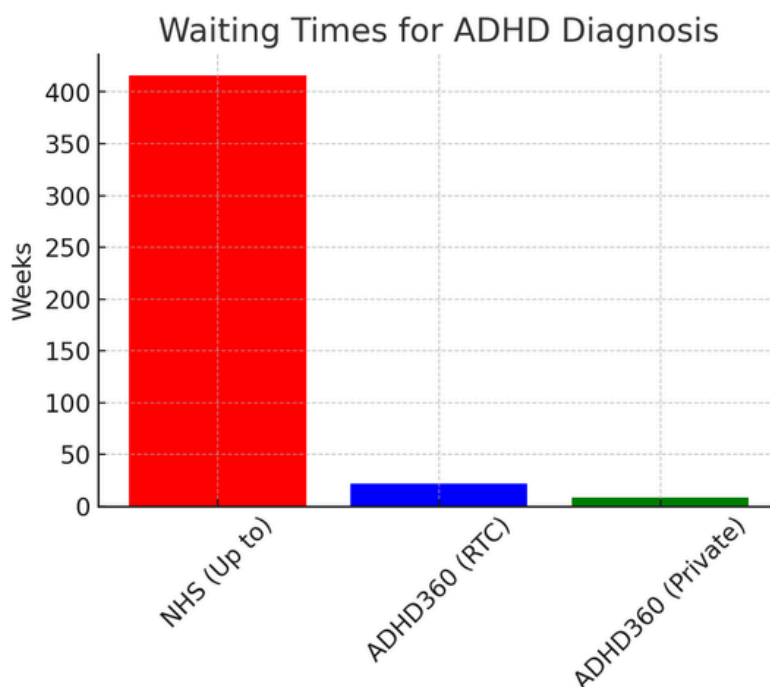
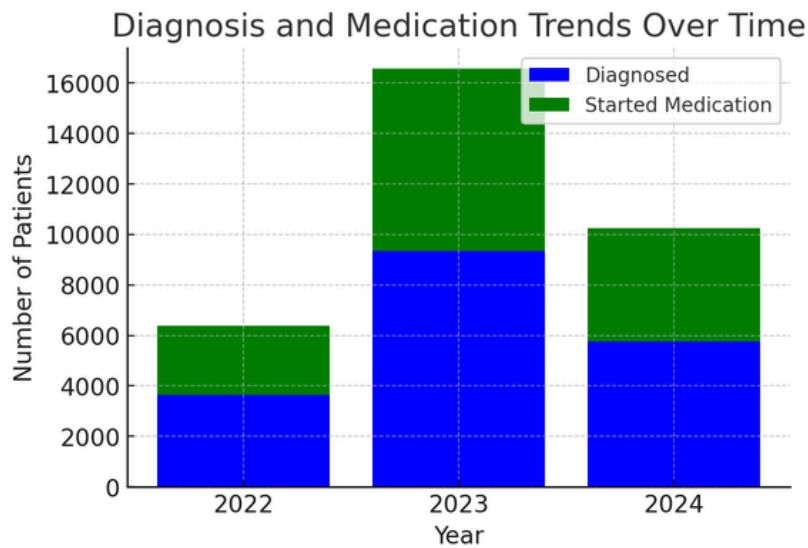
- 2022: 3,659 diagnosed
- 2023: 9,342 diagnosed
- 2024: 5,774 diagnosed
- Private assessment waiting time: up to 8 weeks.

### Medication and Treatment Support

Many diagnosed patients opt for medication treatment:

- 2022: 2,729 started medication.
- 2023: 7,219 started medication.
- 2024: 4,482 started medication.

*ADHD360 does not provide in-house counselling but partners with external providers for support.*

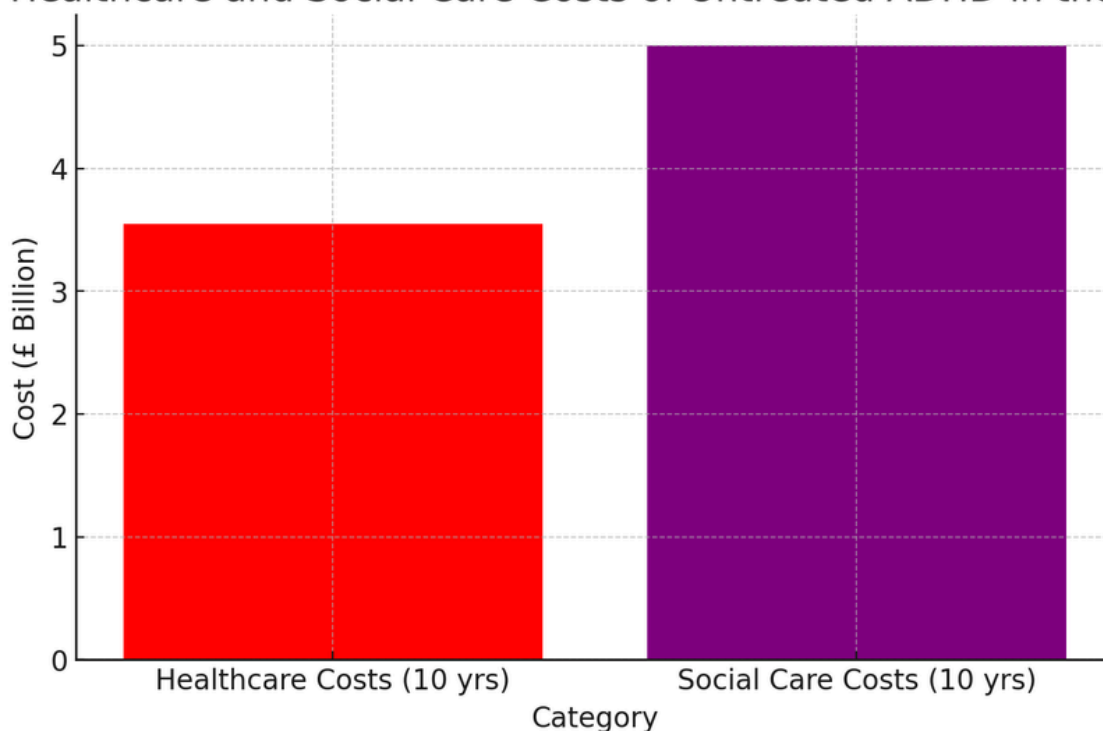


## Why ADHD360 is the Right Solution

Rather than focusing solely on the financial burden of untreated ADHD, it is crucial to highlight how ADHD360 provides a real-world, actionable solution to these challenges:

- **Proactive Intervention:** ADHD360 significantly shortens the diagnostic timeline, reducing the likelihood of crisis-point interventions that increase public costs.
- **Workforce Retention:** By enabling early diagnosis and treatment, ADHD360 helps individuals stay employed and productive, contributing positively to the economy.
- **Support Beyond Diagnosis:** Unlike traditional models that focus only on assessment, ADHD360 connects patients with treatment options quickly and efficiently.
- **Reducing Reliance on NHS:** ADHD360 offers a scalable model that alleviates the strain on NHS services, creating an alternative system that can be expanded nationally.

### Healthcare and Social Care Costs of Untreated ADHD in the UK



### Enhancing Accessibility and Affordability

ADHD360's approach improves accessibility for those struggling with NHS pathways. Key benefits include:

- Faster diagnosis and treatment, bypassing NHS delays.
- Comprehensive support from assessment to treatment.
- Reduced long-term costs by preventing severe interventions.

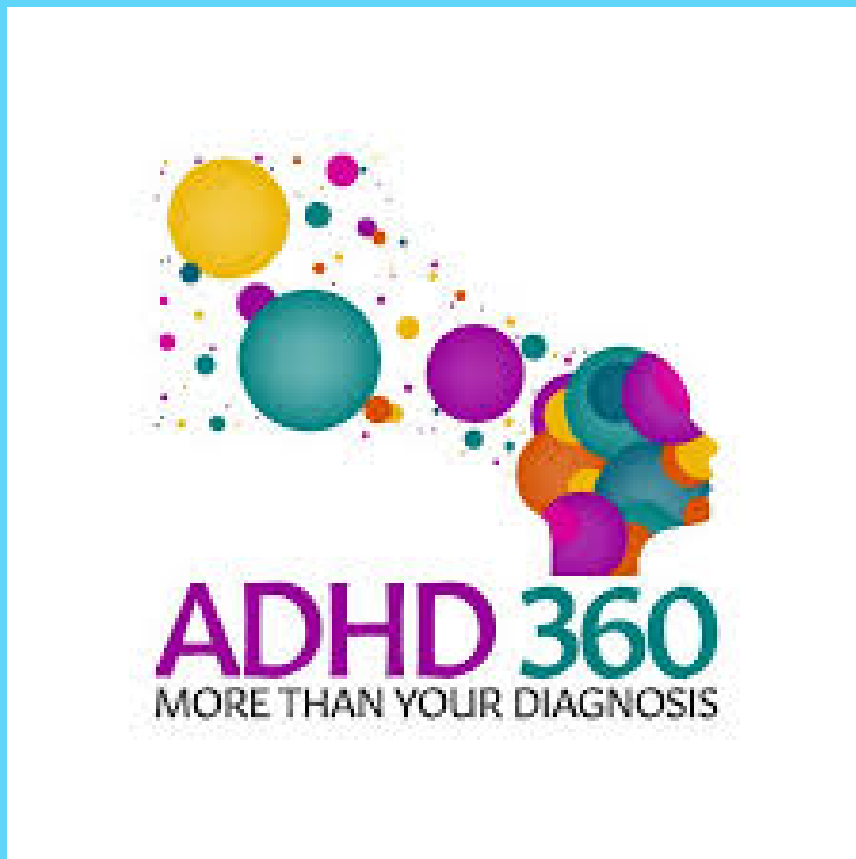
## **The Case for Expanding ADHD360's Model**

To further address the ADHD crisis, national policy should consider:

- Greater integration of RTC pathways into mainstream NHS services to reduce waiting lists.
- Increased GP participation in shared care agreements to improve medication access.
- Adoption of ADHD360's data-driven approach to track patient outcomes and inform best practices.

## **A Scalable Solution for the Future**

ADHD360 has positioned itself as a critical player in addressing the UK's ADHD crisis. Through rapid diagnosis, personalised treatment and commitment to reducing waiting times, ADHD360 has transformed thousands of lives. Investment and scaling this model nationwide could be a key solution to improving ADHD care across the UK.



# Recommendations

The ADHD crisis in the UK requires immediate and sustained action to address the increasing demand for diagnosis and support services. A coordinated, multi-sector approach is essential to ensure individuals with ADHD receive timely, appropriate, and effective interventions.

The following recommendations outline tangible actions across short-term, medium-term and long-term horizons, aimed at policymakers, healthcare providers, employers and educators.

## Short-Term 0-12 months

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### 1. Immediate reallocation of funding for ADHD services to provide adequate and timely assessment and treatment

- **Reallocate NHS funding for ADHD services to providers with capacity to address significant waiting lists and streamline the diagnostic pathway.** Current NHS organisations are not providing timely assessment, diagnosis or treatment for people awaiting support for ADHD (NHS England, 2024).
- **Allocate emergency funding to pilot additional assessment centres, exploring the use of Private Providers under Right to Choose/Any Qualified Provider contracts in high-demand areas.** The 'Right to Choose' framework allows patients to select qualified providers for ADHD assessments (NHS England, 2024).
- **Creation of a Standardised Quality Framework:** A standardised quality framework should be developed and implemented to ensure consistent quality standards across ICBs. This would streamline accreditation for Right to Choose and AQP providers, aligning with NHS Provider Selection Regime principles and ensuring equitable, high-quality care nationwide (NHS England, 2023; NHS Confederation, 2021).

### 2. Standardised Shared Care Agreements

- **Introduce a national framework mandating GP acceptance of ADHD diagnoses from Right to Choose and private providers.** Currently, GPs are not legally required to accept shared care agreements from private providers, leading to variability in patient care (Ashershon et al, 2022).
- **Provide clear guidelines for shared care agreements to ensure patients can continue medication without financial barriers.** Clear guidelines are essential to prevent financial challenges for patients accessing medication (NHS England, 2024).

**Establish financial structures through Integrated Care Systems that acknowledge the positive economic impact of supporting individuals' medication pathways and the broader determinants of health.**

Integrated Care Systems are designed to coordinate services and could play a role in supporting medication pathways, leading to economic and health benefits (NHS England, 2024).

### **3. Public Awareness Campaigns**

- **Launch nationwide ADHD awareness initiatives to combat stigma and misconceptions surrounding ADHD.** Public awareness campaigns are essential in reducing stigma and misconceptions about ADHD. Raising awareness helps create more accessible schools and workplaces, ensures healthcare providers can properly treat ADHD, reduces the condition's impact, and encourages individuals to seek a diagnosis (Medical News Today, 2021).
- **Promote understanding of ADHD symptoms, particularly in women and under-represented communities.** Research indicates that ADHD is often underdiagnosed in women due to differences in symptom presentation, comorbidity profiles, and associated functioning when compared to males. This disparity leads to many women not receiving timely diagnoses and appropriate support (Quinn and Madhoo, 2014). Targeted awareness initiatives can help bridge this gap and ensure earlier identification and intervention for underrepresented communities.

### **4. Immediate Educational Support**

- **Provide schools with interim funding to support students with suspected ADHD while awaiting formal diagnosis.** Children with ADHD face higher risks of poor academic outcomes, including lower scores in reading and arithmetic, reduced grade point averages (GPA), grade repetition, and increased placement in special education classes compared to their peers (Loe and Feldman, 2007). Providing interim funding for schools can help mitigate these risks and support students while they await a formal diagnosis.
- **Ensure SEND (Special Educational Needs and Disability) coordinators receive additional training on ADHD management strategies.** Research has shown that teachers generally have a better understanding of ADHD than parents and the general public, but there is still a need for enhanced educator training to improve ADHD support in schools. Enhanced training for educators can improve support for students with ADHD, leading to better educational outcomes (Sciutto, Terjesen, & Bender Frank, 2000).



## Medium-Term 1-3 years

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### 1. Integrated ADHD Care Pathways

- **Establish regional ADHD specialist hubs offering multidisciplinary support**, including mental health, employment services, and family support. Developing integrated care pathways can provide a valuable structure for patient identification, assessment, diagnosis, management, and support, ensuring a seamless service for individuals with ADHD (CEPiP, n.d.).
- **Develop an integrated care model that bridges NHS, social care and educational services to provide holistic ADHD support.** A multi-agency approach involving health providers, education services, and social care is essential for comprehensive ADHD management (NHS England, 2018).

### 2. Workplace Adjustments and Inclusion Policies

- **Work with employers to develop national guidelines for reasonable adjustments in the workplace for individuals with ADHD.** Employers are encouraged to implement reasonable adjustments, such as flexible working hours and modified tasks, to support neurodivergent employees, including those with ADHD (AGCAS, n.d.).
- **Encourage companies to adopt neurodiversity-friendly HR policies, supported by government incentives.** Inclusive HR policies that recognise the strengths of neurodivergent individuals can enhance innovation and productivity in the workplace (ADHD Foundation, 2023).

### 3. Data Standardisation and Monitoring

- **Implement a unified ADHD data capture system across NHS services to monitor waiting times, diagnosis rates and treatment outcomes.** Standardised data collection is crucial for evaluating service effectiveness and identifying areas for improvement in ADHD care (NHS England, 2018).
- **Introduce a national ADHD register to track the long-term impact of interventions and inform policy.** A national register would facilitate ongoing monitoring of patient outcomes and support evidence-based policy development (NHS England, 2018).

### 4. Expansion of Training Programmes for Professionals

- **Mandatory ADHD training for GPs, educators and social workers to enhance early recognition and referral pathways.** Specialist ADHD teams are tasked with developing training programmes for healthcare, social care, and education professionals to improve early identification and management of ADHD (Asherson et al., 2022).
- **Establish continuous professional development modules focused on ADHD-specific interventions.** Ongoing professional development ensures that practitioners remain informed about the latest ADHD interventions and best practices (Asherson et al., 2022)

### 1. Policy Reform and Legislation

- **Introduce a statutory requirement for ADHD diagnosis and treatment to be recognised as a priority within NHS Long Term Plans.** The NHS Long Term Plan emphasises the importance of mental health services, including conditions like ADHD, and commits to growing investment in these areas faster than the overall NHS budget (NHS England, 2019).
- **Secure long-term funding commitments for ADHD services and research to address evolving needs.** Long-term funding is crucial to address the evolving needs of individuals with ADHD and to support ongoing research into effective treatments and interventions (NHS England, 2019).

### 2. Research and Innovation Investment

- **Fund research into gender differences in ADHD diagnosis and treatment to close the current evidence gap.** Research indicates that ADHD is more commonly diagnosed in boys than in girls, with greater prevalence noted in clinical versus population samples. This suggests a need for further studies to understand and address gender disparities in ADHD diagnosis and treatment (Quinn & Madhoo, 2014).
- **Encourage investment in digital health tools, such as AI-driven screening methods and remote monitoring applications.** Innovations like the QbTest, which has been selected to join the NHS Innovation Accelerator, exemplify the potential of digital health tools in improving ADHD diagnosis and management (Qbtech, 2019).

### 3. Educational System Reform

- **Embed ADHD-friendly teaching practices within national curricula and teacher training programmes.** Implementing ADHD-friendly teaching practices can enhance educational outcomes for students with ADHD. Training educators to recognise and support ADHD can lead to more inclusive learning environments (Sciutto et al., 2000).
- **Create ADHD-specialist schools or resource centres to cater to students with more complex needs.** Specialist provisions can offer tailored support for students with complex ADHD needs, ensuring they receive appropriate educational interventions (Sciutto et al., 2000).

### 4. Workplace Development and Employment Strategies

- **Develop ADHD employment support schemes in collaboration with job centres and vocational training providers.** Collaborative employment support schemes can assist individuals with ADHD in securing and maintaining employment, contributing to their economic independence and well-being (ADHD Foundation, 2023).
- **Provide tax incentives for businesses that create inclusive work environments for neurodivergent individuals.** This has benefits for both both employers and neurodivergent employees (ADHD Foundation, 2023).

# Conclusion

The findings of this report paint a clear and urgent picture: the UK's current approach to ADHD care is failing individuals and costing society significantly. With NHS waiting lists stretching up to eight years in some regions, an estimated 2.1 to 2.25 million people remain undiagnosed, left to navigate life without the critical support they need. The economic consequences of this failure—lost productivity, increased social welfare dependency and higher rates of mental health issues and criminal justice involvement—are staggering.

The case studies in this report demonstrate the profound impact of timely intervention. Individuals who received an ADHD diagnosis and treatment through ADHD360 saw significant improvements in their personal and professional lives. These experiences highlight the need for a systemic shift in the UK's ADHD care model—one that prioritises early diagnosis, accessible treatment, and integrated support services.

To address this crisis, we recommend the following key actions:

1. **Reduce NHS waiting times** – The government must invest in expanding ADHD diagnostic capacity and streamline assessment pathways to ensure that individuals receive timely care.
2. **Expand the Right to Choose (RTC) framework** – More individuals should be able to access private providers like ADHD360 under NHS-funded schemes, removing financial barriers to diagnosis and treatment.
3. **Ensure shared care agreements for medication** – GPs must be mandated to accept shared care agreements, preventing individuals from facing financial hardship due to private prescription costs.
4. **Improve training for healthcare professionals** – ADHD training should be embedded within GP and mental health professional education to improve early identification and reduce diagnostic bias.
5. **Recognise ADHD as a serious public health issue** – Policymakers must acknowledge the scale of the crisis and commit to long-term strategies that ensure equitable access to ADHD services across all regions.

The time for action is now. The financial, social and personal costs of inaction are too great to ignore. By implementing these recommendations, the UK can build a more inclusive, supportive, and effective system that empowers individuals with ADHD to thrive.

# Final Reflections

The personal stories shared in this report illustrate a crucial reality: ADHD is not merely an individual struggle but a systemic issue that affects families, workplaces and society as a whole. The contrast between those who accessed timely care and those who remain stuck in limbo underscores the need for urgent reforms. Without intervention, individuals face a cycle of underachievement, mental health struggles and economic instability—outcomes that could be prevented with a more responsive, person-centered, healthcare system that considers the individual as a whole.

The evidence is clear: early intervention changes lives. When individuals receive the diagnosis, treatment and support they need, they are better equipped to contribute meaningfully to society, strengthen their relationships, and reach *their* full potential.

As this report demonstrates, investment in ADHD care is not just a moral imperative but a financially sound strategy that can save billions in long-term societal costs.

This report highlights a critical opportunity for change. ADHD360's impact demonstrates the power of early diagnosis and intervention, offering a viable solution to the ADHD crisis. By working collaboratively—across government, private healthcare, and the workplace—the UK can move towards a fairer, more effective ADHD care model.

## Call to Action

To mitigate the long-term economic and societal costs of ADHD, it is recommended that:

### For Policymakers & NHS Leaders:

#### 1. Expand NHS ADHD Services & Reduce Wait Times

- Introduce regional ADHD hubs to streamline assessments.
- Increase Right to Choose (RTC) funding and improve access to private pathways for those in need.

#### 2. Integrate ADHD Support Across Public Services

- Establish ADHD screening in primary care and schools.
- Improve GP training on ADHD to ensure accurate referrals and prevent dismissals.

#### 3. Recognise ADHD as a Critical Public Health Issue

- Incorporate ADHD treatment into national workforce retention strategies.
- Expand mental health budgets to fund comprehensive ADHD interventions

**For Private Providers & Employers:**

**4. Expand Shared Care Agreements Between NHS & Private Providers**

- Address GP reluctance to accept private ADHD diagnoses and titration plans.
- Improve integration between private and public healthcare services.

**5. Increase Workplace ADHD Support**

- Introduce reasonable workplace adjustments including flexibility, coaching and recognition of the strengths that a neurodiverse workplace brings
- Offer employer-backed (and where appropriate, employer-funded) ADHD assessments to boost productivity and retention.

**6. Enhance Awareness & Reduce Stigma**

- Develop public awareness campaigns to ensure better recognition of ADHD.
- Support neurodivergent-led initiatives in policy reform and education.

***The time for action is now. Failure to address this growing crisis will not only have devastating consequences for individuals and families but will also result in continued economic strain and loss of potential for society as a whole.***

# Acknowledgements

This report would not have been possible without the invaluable contributions of various individuals and organisations.

Firstly, we extend our gratitude to the individuals who participated in the case studies, sharing their personal experiences and insights. Their openness and willingness to discuss their journeys with ADHD have provided crucial real-world perspectives that highlight the urgent need for reform in ADHD care in the UK.

We also acknowledge the support of ADHD360, whose commitment to improving ADHD diagnosis and treatment pathways has been instrumental in shaping this report. Their dedication to providing timely and effective care has made a tangible impact on individuals and families affected by ADHD.

Additionally, we recognise the contributions of researchers, healthcare professionals, and policy analysts who continue to advance the understanding of ADHD and advocate for systemic change.

Lastly, Loop Dynamics Group Ltd is grateful for the opportunity to contribute to this critical work and to play a role in advocating for much-needed change in ADHD care. A special thanks to ADHD360 for their trust and collaboration in making this report possible, and for their continued commitment to improving ADHD (and ASD) pathways for individuals across the UK.

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