**INSTRUCTIONS FOR EMAILING YOUR MP:**

1. Use this link to find   
   a. your local MP’s name  
   b. your local MP’s email contact details
2. Copy their email address
3. Open a new email and paste the email address into the send address.
4. Then copy the text below the line under these instructions into the body of the email.
5. Make sure you DELETE the highlighted bits – inserting the key information to personalise the email.  
   **NOTE: your address and name are crucial for the MP to act on your correspondence.**
6. Give your Email a SUBJECT and SEND
7. (Optional) Feel free to forward your mail to [chris.healey@changehq.co.uk](mailto:chris.healey@changehq.co.uk) – it would be good to know that there are emails being sent out! And any responses would be welcome too – as it will help us build a database of sympathising politicians.

**CONTENT OF EMAIL TO COPY, PASTE AND EDIT ,IS BELOW**

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Dear [INSERT MP NAME],

As one of your constituents, I am writing to urge you to support the ADHD: FLIP THE SCRIPT campaign for change.

My name is [INSERT YOUR NAME], and I live at [INSERT YOUR ADDRESS INCLUDING POSTCODE]

The campaign mission is to have the government urgently review and change the NHS and its approach to the fast-growing population of adults with ADHD.

There are three key areas that need addressing:  
  
1. Diagnose

* + Reduce the shockingly long waiting time from GP referral to diagnostic assessment to a maximum of 6 months (currently reported to be between 2 and 7 years).
  + Provide pre-diagnostic support to patients that are referred.

2. Inform

* + Detailed information given to diagnosed patients about ADHD, its common traits and comorbidities and ways to self-manage through lifestyle changes.
  + Detailed information about ADHD given to spouses and family members of diagnosed patients (at the diagnosed adult’s request), the ways ADHD presents in adults and guidance on how to cope.
  + Public information drive about ADHD in adults – to inform the undiagnosed (so they can seek assessment); to reduce ill-informed discrimination.
  + Inform employers about neurodiversity in the workplace and of the rare talents and boundless creativity that employees with ADHD can bring to a workplace.

3. Support

* + GPs and Nurse Practitioners trained to monitor efficacy of medication on patients and to be able to prescribe alternative medication or combination medications to maximise the likelihood of medication efficacy on the individual
  + Advice, guidance and provision of other evidenced therapeutic methods for managing ADHD successfully – eg diet, exercise, regular coaching, meditation/mindfulness, balance training, CBD, Omega3, yoga.

Experts say that the estimation of around 2%-4% of the adult population having ADHD is very conservative. In 2018, only around 120,000 had been diagnosed. And out of that number only between 10-20% receive any treatment.[[1]](#footnote-1)

After several years of austerity following the banking crisis a decade ago, and then the pandemic years, resources within the health system (and across government departments) have been stretched. It is understandable, that to use funding effectively, certain areas will be prioritised and others not.

Along with many other mental health conditions, Adult ADHD has clearly been a victim of such prioritisation. One can assume the reduction of staff in local NHS teams, and the minimal care now offered by the NHS, is a result of stretched budgets and a need to prioritise – as if the decision-makers assume that the condition is not very serious.

The condition, particularly if undiagnosed or unsupported, can cause alarmingly serious consequences. To the patient. To their loved ones. To society as a whole.

Statistics clearly show that adults with ADHD show high rates of:

* suicide
* divorce
* debt
* unemployment
* substance abuse and addiction
* criminal and traffic convictions
* car accidents
* financial mismanagement
* educational and career underperformance

All of these tragic problems in life, affect more than one person. All of these issues cause pain and trauma to families. Children can be profoundly affected as can partners an extended family members. All of these issues come with a cost to society – both psychologically and financially.

Therefore it is clear that any government or society that cuts costs on diagnosing, supporting and treating Adults with ADHD, will create much larger costs as a result of negating the care of these people – whose disability means their rights should be protected under The Equality Act.

Autism, ADHD’s cousin in neurodivergence terms, has received much needed government focus in the last decade: Autism Act 2009 and the national strategy announced in 2021. Sadly, ADHD has not received any such government focus.

UKAAN concluded in their consensus statement released on 19 March 2021 that:  
“Evidence-based national clinical guidelines for ADHD are not being met. People with ADHD should have access to healthcare free from discrimination, and in line with their legal rights. UK Governments and clinical and regulatory bodies must act urgently on this important public health issue”.

Sadly, no urgent action has been taken.

Much of the research into ADHD in adults reveals a few recurring messages:  
1. Diagnosis and the patient learning how ADHD affects them is vital to a patient managing their ADHD effectively.

2. The negative consequences of leaving patients undiagnosed can be huge.

3. There are many beneficial ways to support self-management. These include coaching, diets that exclude gluten and/or dairy, regular exercise, balance training, mindfulness, yoga

The current approach to ADHD in adults does not address these messages. But it could.

The damage that is being caused to individuals and society is grave and growing year-after-year. The tsunami of teenagers, who were diagnosed in their school years, that are now becoming adults, has started. And the flood of adults with ADHD, diagnosed in their childhood, will grow bigger annually. Without implementing strategic change to address the neglect of this section of our population, the problem will grow evermore difficult.

NICE guidelines recommend swift diagnosis but the reality of patients awaiting assessment is a long waiting time of around 2+ years. The guidelines also recommend that diagnosis involves the use of questionnaires like the Conners test. This is widely used to assess if a patient has ADHD. If this is the main tool used – why can’t frontline care be trained and be able to offer diagnostic assessment to save the waiting times that referred patients currently face?

NICE guidelines recommend detailed information being shared about the condition with the diagnosed patient and their close relatives. Very little is offered in reality.

NICE guidelines recommend support offered to diagnosed patients, but with GPs reticent to advise on the condition at all, patients receive little to no support.

Health Trusts seem to publish ADHD diagnosis wait times far below the experiences of adults awaiting assessments. Perhaps this because they group child and adult diagnosis average wait times together, distorting the actual adult assessment waiting times.

Detailed evidenced argument for the need to change the UK’s approach is available here:

<https://www.changehq.co.uk/adult-adhd-evidenced-argument-for-change>

Action now will cost far less than the massive moral and financial cost to society of continued inaction.

I hope I can count on your support to raise this issue and further the campaign’s mission to bring hope to many undiagnosed patients, bring knowledge to the general public and bring support to many who are diagnosed.

Thank you for your anticipated support.

[SIGN OFF]

1. *Forbes Magazine - ADHD Crisis In The UK: Under Diagnosed, Lacking Support And Stigmatized – Nancy Doyle (Jan 14 2022) – quoting Dr Rob Baskind – Consultant Psychiatrist*  [↑](#footnote-ref-1)