

THE APPROACH TO ADULT ADHD IN THE UK

**AN
EVIDENCED
ARGUMENT
FOR
CHANGE**

**THE COST OF INACTION:
BOTH TO SOCIETY AND THE INDIVIDUAL**

ADHD: FLIP THE SCRIPT

campaigning for change in the
UK's approach to Adults with ADHD

ADHD: FLIP THE SCRIPT

35 Hall Road,
Leamington, Warwickshire,
CV32 5RA

www.changehq.co.uk/adhd-flip-the-script

Currently, we at the ADHD: FLIP THE SCRIPT campaign are neither seeking nor accepting any financial donations. We aim to continue this way for as long as possible.

We do welcome, however, donations of far greater value:

your signature on the Parliament petition

your time

your feedback

your experiences

your airtime

your sharing on social networks

your support to publicise and spread the campaign message

your registration as a supporter

your passion

your creative ideas on ways to publicise the message

your recommendations to potential supporters

and most of all, your faith that together we can make these changes happen.

**“Consciousness is only possible
through change; change is only
possible through movement.”**

– Aldous Huxley

THE APPROACH TO ADULT ADHD IN THE UK

AN EVIDENCED ARGUMENT FOR CHANGE

**THE COST OF INACTION:
BOTH TO SOCIETY AND THE INDIVIDUAL**

PROLOGUE

As an adult with ADHD, who was diagnosed late in life, and a coach of adults with ADHD, I have experienced first-hand, and witnessed in others, much of the damage living with undiagnosed ADHD can cause.

I have also learned and witnessed the benefits of knowing about ADHD and understanding how it affects me. The more I research and learn about the topic, the more I read and hear the same key messages about living successfully as an adult with ADHD:

1. diagnosis is vital
2. without diagnosis, information and support, ADHD can be extremely damaging
3. knowledge of ADHD - its effects and ways to navigate them is empowering to adults with ADHD
4. If understood and managed effectively, ADHD can be a gift
5. Adults with ADHD are not receiving a standard of care and support that they need and are entitled to
6. The cost to society of neglecting adults with ADHD is far greater, both to society and the individuals, than the cost of implementing effective support
7. It does not need to be this way

Chris Healey

1. DIAGNOSIS

CURRENT SITUATION NEEDS REVIEW

Recently I tried to seek advice and treatment for my ADHD through my GP and local NHS Health Authority's ADHD "team". I discovered there is no local provision to allow me to alter my current medication. My options were to invoke my "right to choose" and request to be treated outside of this local area (which I was told can take a long time) or to engage private medical care. Every stage of my ADHD journey has presented similar barriers... and, sadly, thousands of people across the country have had and still have similar experiences.

In 2018, a BBC News report estimated that there are 1.5 million adults with ADHD in the UK, yet only around 120,000 have been diagnosed.¹ The article reports that, in the NHS, people face a waiting time of between two and seven years from the moment their GP refers them.¹

Many private specialists offer diagnostic assessments but their prices range between around £1000 to £2500 for a 1 hour appointment in which a diagnosis will be made and in which a medicinal regime recommended.

Adults with ADHD will often have extreme debt, suffer difficulties at work and struggle with personal relationships.²

¹ <https://www.bbc.co.uk/news/uk-england-44956540> - "ADHD diagnosis for adults 'can take seven years'"

² <https://www.demos.co.uk/wp-content/uploads/2018/02/Your-Attention-Please-the-social-and-economic-impact-of-ADHD-.pdf>

It is safe to assume that many of the adults who approach the NHS for a diagnosis are likely to be in the midst of a personal crisis by the time they reach out for help. And once an adult has mustered the courage to seek an NHS diagnosis, after overcoming doubts, scepticism and/or derision from their friends or their family, they are informed of a minimum two year wait to be assessed – before any treatment can begin. For most, the cost of private diagnosis makes that option prohibitive. The undiagnosed ADHD patient inevitably feels both isolated, anxious and is left to suffer unsupported, while their life collapses around them. They are left to suffer for several years before any support is offered.

When the diagnostic assessment arrives, whether NHS or private, it is likely to be an underwhelming experience. When an undiagnosed adult with ADHD eventually reaches their elusive promised land of diagnosis, they discover that the coveted ADHD assessment is in fact... (drum roll please)... a summary of the patient's responses to a specific list of questions –every diagnosis is guided by NICE to use the recommended system (Conners Scale)³ , as well as other background information – all posed by the consultant psychiatrist and/or psychologist. Once the scores for your answers are processed, you are given your results (scores which place you into one of the following 3 categories: Predominantly Inattentive, Hyperactive-Impulsive and Combined).

At the end of my own diagnostic assessment (with a private consultant), I was informed I scored high on both scales and I was then recommended a pharmaceutical regime, and I was handed a prescription for the advised medication.

³ <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#recognition-identification-and-referral>

The prescription paper was pink - not the usual green.

When I handed it to the pharmacist later that day, I learned it was a “private” prescription. I would need to pay £132 to receive the medication. For 28 days’ medication. I had to pay this monthly for three or four months before my GP surgery agreed to apply to take over my care. Fortunately, once the GP received the go-ahead from the Health Authority, I could then have the NHS prescribe the same medication through the NHS system.

When I told my girlfriend about my diagnosis experience, she used a phrase that really resonated with me.

She suggested that the diagnostic assessment, that had been so very difficult to secure, is actually shockingly simple. It can only feed the “social gaslighting” which we, as adults with ADHD, frequently receive. Those judgements are from people who obviously don’t understand the condition. “There’s nothing wrong with them”. “Oh, we all can be disorganised”. “It’s not real”. “We all can be forgetful”. “It’s the new fad, everyone seems to want to have a label”. “When I was young, kids didn’t have ADHD. They were just ‘naughty’”. “It’s just a way for Big-Pharma to sell more meds”. “Just an excuse for personal failings”.

She has a point: after such a battle to reach the diagnosis, it is shocking that all it entails is a questionnaire, totalling of points from responses and then a guess at the medication that might work. No examination (MRI etc), no detail, no investigation... and then trial and error medication prescribed. The generic simplicity of the diagnosis doesn’t help the patient feel vindicated or able to silence the numerous critics and doubters in their lives.

More importantly, it surely begs the question: why the long waiting list? It is hard to understand why the questionnaire

could not be conducted by a GP, or even a prescribing nurse. Instead, the system chooses to make us adults with undiagnosed ADHD suffer on waiting lists or pay exorbitant sums of money to receive an assessment that frankly could be administered by almost anyone – it could even be completed online. Why doesn't the NHS want to change the process to ensure that people, who are suffering and asking for help, receive treatment quicker? The treatment of patients with ADHD seems of low priority to the NHS, whose over-stretched resources cannot possibly meet the healthcare needs of our population. And the pandemic hasn't helped.

In a recent podcast, I spoke to TV producer/presenter, Richard Bacon who was diagnosed with ADHD in his 40s after he and his family had relocated to Los Angeles. He described how, at his diagnosis at the Amen Clinic in Orange County, the staff took a Brain scan. They “showed me the prefrontal cortex... and showed me the areas that were darker – which meant I had a lower bloodflow”⁴. This is an indicator of ADHD. The thorough diagnostic process described by Bacon and the team's effort to explain the condition in detail to their patient is a world apart from the usual diagnostic experience for someone in the UK.

⁴ <https://www.youtube.com/watch?v=U6tfeXfPRBc> – The Attention Seeking Podcast

2. WHAT IS ADHD?

HOW ADHD AFFECTS ADULTS

ADHD is caused by neurochemical transmission deficiency particularly involving dopamine and noradrenaline in the pre-frontal cortex. In an ADHD brain, the neuro transmission flow is slower than in the neurotypical.

It seems most people see ADHD as a “label given to kids with bad behaviour”. Most people have heard of ADHD in schoolchildren. Ignorance of the medical research behind identifying the condition can lead to the dismissive opinions so often offered when Adult ADHD is mentioned: “Oh everyone can lose their house keys” or “its not ADHD its just being disorganised” or “why does everyone need a label nowadays” or “Is it ADHD or is it just laziness?”. In workplaces, ADHD symptoms are frequently mistaken for rudeness, arrogance or defiance, when the person with ADHD’s intentions are quite the opposite. Such a lack of understanding can only isolate a person with ADHD – especially if undiagnosed.

What many do not realise about ADHD is that the condition’s symptoms are not limited to fidgeting, interrupting others, disorganisation and being distracted. The condition has numerous comorbidities which can, without therapeutic support or education, ruin the lives of people with ADHD and those around them. If we consider the numbers of people who experience divorce, unemployment, drug addiction, suicide, incarceration or alcoholism, the proportion of people with ADHD that make up these numbers is shockingly high.

As “The Recovery Village” chain of US Rehab centres state in their promotional literature, “Several studies have shown a connection between ADHD, drug abuse and alcoholism. Overall, ADHD is five to 10 times more common among adult alcoholics than it is in people without the condition”. The “Addiction centre”, another large group of addiction treatment centres, explains that,

“Approximately 25% of adults that go to a treatment centre for alcohol and substance abuse also live with ADHD.”

Yes.. that’s 25%. Remember that the estimations of the proportion of the population that have ADHD varies between 2 and 5%. Without diagnosis, education and support for those with ADHD, many more will experience the horror of addiction. And if we continue to ignore the need to diagnose, educate and support people with ADHD, the cost on society will be huge and continue to grow – both the financial cost and the cost on our society itself. The damage caused by serious addiction is not limited solely to the addict – it affects their children, their partners and society as a whole.

Apart from substance abuse, there are many other negative and stressful outcomes commonly experienced by adults with ADHD. Financial chaos, debt, difficulty maintaining close relationships, troubles at the workplace, car accidents, driving convictions and divorce are just some of the troubles that a person with ADHD is more likely to experience than a neuro-typical person – usually an adult who has ADHD will actually recognise most if not all of those experiences.

With such propensity to suffer such troubles in life, divorce and separation is unsurprising. If one partner has undiagnosed ADHD and the other is neurotypical, then the suffering, frustration and that sense of being dragged into these issues must become unbearable and even perhaps traumatic for the neurotypical partner. Eventual irreparable breakdown of the relationship seems almost inevitable.

Melissa Orlov, the founder of ADHDmarriage.com, who has been described as “one of the foremost experts on how ADHD impacts adult relationships in the world”, explains, “Research suggests that the marital “maladjustment” rate may be close to 60% ... My work with couples would suggest that this may be due to the intractability of ADHD symptoms and to the fact that the vast majority of adults with ADHD are still undiagnosed. Lack of diagnosis means that couples go for years without knowing why all of the negative patterns encouraged by ADHD symptoms are happening to them. Escalating anger, frustration and anxiety, as well as financial difficulties and growing trust problems can be depressingly difficult to conquer without the “label” of ADHD to understand how to fight back. Over time, couples with undiagnosed ADHD can simply lose hope and run out of ideas for how to improve their interactions.

This might make you think that ADHD causes divorce. Not so. Unmanaged and undiagnosed ADHD can be terrifically difficult to live with for both the person with ADHD and for his or her spouse. But ADHD that is diagnosed is one of the most manageable mental health issues there is. To provide some perspective, research suggests that about 70% or more of adults with ADHD can find significant relief from their symptoms by taking medication — about 50% can “normalize” their behaviors. And that’s just one part of

the treatment process, which has many different complementary and cumulatively effective options. Management of ADHD in a relationship consists of three steps:

1. Diagnosis and treatment
2. Accepting that ADHD has a huge impact on your relationship
3. Learning and implementing specific tactics that work for couples with ADHD

With these three steps, couples can turn even a dysfunctional relationship around. I've seen it happen many, many times.⁵

“Diagnosis is critical. You have to know about ADHD to start to treat it.”

Diagnosis is vital. Educating both the neurodiverse and neurotypical about ADHD is vital. But in the UK, the diagnosis waiting time is at least two years. Even for the diagnosed, education about the condition is rarely offered.

And then there is RSD – rejection sensitive dysphoria. A comorbidity of ADHD that is rarely explained to people whether diagnosed or not. I was told about it two years after my diagnosis. It is a relatively newly understood disorder. It presents to the sufferer as extreme emotional pain triggered by the perception, real or imagined, that a person has been rejected, ridiculed or criticised by important people in their life. RSD can also be triggered by a sense of falling short, failing to meet their own high standards or the expectations of others. Because ADHD brains have a propensity to focus and lock onto negative thoughts or worries, and because

⁵ <https://www.psychologytoday.com/gb/blog/may-i-have-your-attention/201309/adhd-doesnt-cause-divorce-denial-does>

someone with ADHD is likely to have experienced numerous moments of perceived failure or criticism, when RSD takes hold, it can very quickly spiral into a frightening mental experience. The sufferer can quickly become despondent, fall into an isolated world of desperate despair. They can frequently become excessively defensive, seeming argumentative to others, in their attempts to fight back against imagined threats and criticism. This further isolates them and fuels the RSD.

William Dodson, a leading expert on RSD, says that “just knowing there is a name for this feeling comforts the patients... it makes a difference to people to realise they are not alone. By naming it they can actively attempt to tame it, staving off the downward spiral to despair”.⁶

But without diagnosis, and without education, a patient is left to struggle, unable to understand the frequent emotional suffering they experience.

⁶ ADHD 2.0: New Science and Essential Strategies for Thriving with Distraction, Hallowell and Ratey, Penguin Random House, 2021

3. MEDICAL SUPPORT AFTER DIAGNOSIS

THE NEED FOR INFORMATION AND SUPPORT

Once diagnosed as an adult with ADHD, you may be fortunate enough to be offered care and medication by your GP. However GPs will rarely if ever be willing or able to review your care or adjust your medication. It seems these decisions are outside of their remit. Should you request it and push for it, you can be referred to the local ADHD specialist “team”. A few years ago, I was referred to such a team. I had a wait of many months to be seen by the lead psychiatrist in my local ADHD team, but when my appointment arrived, I was blown away by the detailed advice and information I received in the 30 minute appointment. My medication was reviewed and adjusted, I learned about the many comorbidities and RSD for the first time and suddenly things made so much more sense. Back then, the process of ADHD team support was limited to three appointments before the patient is discharged by the team. Whenever I asked if there was any form of support offered other than medication, I was told there simply was not. Coaching, workshops, guidance, patient groups – none of these existed through the NHS.

In the following year, the structure of the team changed, the excellent psychiatrist I had seen left the NHS. I am not sure

she was ever replaced. When I requested another review of medication two years after my first referral, I learned the team now used a new system of a phone call from a prescribing nurse for all patients referred. She kindly did change my medication and called me monthly for two months to check on me before I was again discharged back to my GP.

The level of care varies massively across the country too. Depending on where you live, you could find your local ADHD team has several specialist doctors offering face-to-face appointments to referred patients or your local team may simply be one prescribing nurse who can only offer a check in phone call once a year or you may even discover there is no ADHD team available at all in your area.

In the UK, there are mainly two types of medication approved and offered through the NHS: amphetamine-based or non-amphetamine based stimulants. Odd as it may sound, stimulant medication can really help ADHD brains calm and focus. Dexamphetamine (and its more recent slow-release version Lisdexamphetamine) cause increased flow of dopamine and therefore reduce the anxious feeling of being on edge, unable to focus, that is commonly experienced by ADHD folk.

It seems roughly 50-70% of ADHD patients receiving one of these options (in the correct dosage) find it to have an amazing positive effect in reducing the usual ADHD “noise” and symptoms. However, you might not be part of that percentile. You may not have been offered the exact combination of medication that works for you. This is not the case in the UK. You experience minimal effect from your prescription and have to accept that usual medical intervention is not your “silver bullet”. If so, it seems there is nothing more the NHS can offer.

There is much evidence that some have found effective relief

when the two stimulant medication types are combined. Evidence from abroad and evidence from private patients in the UK. NICE does not license or allow the two types to be combined. The 50%-70% success rate is based on US figures, where combinations are allowed, and titration and close monitoring is encouraged.

Another drug, Modafinil, has shown very impressive results in research in America and is available on private prescription in the UK, licensed by the NHS too – but only in treating narcolepsy not for ADHD. The NHS website also states that guanfacine and atomoxetine are also licensed for treatment of ADHD – though personally, I have never heard of these being offered to patients.

The two stimulant medications are expensive. And the patient is never “cured”. Some people report the positive effects wearing off after 1 or 2 years. Once diagnosed, the patient is expected to be medicated for the rest of their lives. My private prescription after diagnosis cost £150 a month. If we consider that the number of people diagnosed with ADHD in adulthood is growing (almost exponentially) and that there is a tsunami of ADHD teens becoming adults, and that number of new adults to treat will only grow bigger year-on-year, then we can see that the treatment of adults with ADHD is going to start racking up quite a bill for the NHS. And the exponential growth shows no sign of slowing at any point soon.

In the excellent book, ADHD 2.0, by Drs Hallowell and Ratey, they offer numerous suggestions of ways to treat ADHD. They recommend that for the majority of adults with ADHD, medication (when the correct type and dosage is matched to the individual) is still very effective. However, in the UK, patients are ever more limited as GPs will rarely take on medication changes and will not get involved in titration and monitoring of the patient. They pass this to the local NHS

ADHD team. The team that has been decimated in the last couple of years. The team which if it exists may only offer a nurse who can only offer one phone call each year. So, unsurprisingly, in the UK medication is a less effective treatment for ADHD than in other countries.

Hallowell and Ratey describe numerous non-pharmaceutical food, activities or lifestyle changes which research shows are hugely therapeutic for adults with ADHD:

- Diet: they discuss the impressive effect certain dietary changes can have on ADHD. Gluten-free and Dairy-free amongst the most successful.
- High quality CBD and Omega 3 supplements are documented as very helpful for many patients
- Daily meditation and mindfulness is well-known to be beneficial to ADHD brains
- Balance exercises (there's a fascinating chapter on the research into treatment of brain insults to the cerebellum has shown neuroplasticity – that neural pathways can be repaired in the cerebellum and even new pathways forged through balance exercises.
- Interaction with others (close relationships and friendships)
- Exercise⁷

Exercise is potentially the most powerful treatments for ADHD.

A psychiatrist once told me that “30 mins of proper exercise can provide 4 hours of good mental health and stability”.

⁷ ADHD 2.0: New Science and Essential Strategies for Thriving with Distraction, Hallowell and Ratey, Penguin Random House, 2021

Hallowell and Ratey explain⁸,

“one of the most fascinating and beneficial effects of exercise is that it prepares the brain to expand, learn, and change better than any other human activity. It improves mood and motivation, reduces anxiety, regulates emotions, and maintains focus. From depression to anxiety as well as for ADHD and VAST symptoms, exercise is just what the doctor should order”.

But in the UK, for adults with ADHD, GPs rarely “order” it. The ADHD specialists continue to explain that a raised heartrate releases a protein called BDNF.

They explain BDNF as like a “Miracle-Gro for the brain, as it creates a fertile environment to grow new neurons, connectors, and positive pathways. Additionally, when we exercise, we are using more nerve cells than in any other human activity. The more we move, the more those cells are clicking away and firing. When they fire, they release more neuro-transmitters to carry information from one nerve cell to the next, creating a boost in dopamine and norepinephrine” – the two neurotransmitters whose flow are deficient in ADHD brains. They continue to explain that the stimulant medication (and often antidepressants) are designed and prescribed to increase “the concentration of dopamine and norepinephrine in the brain, as they contribute to maintaining alertness and increasing and sustaining focus and motivation”. Exercise does that naturally and without pharmaceutical prices. They conclude, “so a blast of exercise is like taking a stimulant that corrects this deficit for the moment. We see an aroused and attentive being”.

In 2018, Spanish researchers looked studies of the last 12 years that used exercise as an intervention to treat ADHD.

⁸ ADHD 2.0: New Science and Essential Strategies for Thriving with Distraction, Hallowell and Ratey, Penguin Random House, 2021

The data set included seven hundred individuals from eight countries. It showed clearly that 20-30 minutes of moderate exercise resulted in the subjects demonstrating “an increased reaction speed and precision of response, helping them to “switch gears” to focus with greater strength and accuracy. Additionally, 65 percent of the people significantly improved their planning”.

This information is rarely if ever explained or shared with ADHD adults in the UK. I have heard of GPs providing vouchers for Weightwatchers and exercise programmes at local gyms to help obese patients. But these same therapies are not offered to patients with ADHD.

If we estimate the total financial cost of all of the alternative treatments that Hallowell and Ratey suggest, per month, I estimate the total may be less than the prescription alternative.

And what about coaching, workshops, group therapy? I believe coaching is perhaps the most effective method to support patients with ADHD to make lasting beneficial changes to their lives. And if beneficial lasting changes are established, ADHD disruption will be reduced along with anxiety and overwhelm and the patient’s confidence will be increased.

Yet the NHS treatment of ADHD is fundamentally based on two types of medication. No funding for (nor information on the beneficial effects of) coaching, exercise, mindfulness, dietary education is available (or even recommended) to ADHD patients. It seems that, somewhere in the behemoth of an organisation that is the NHS, it has been decided that ADHD does not merit higher priority in some arbitrarily decided list of medical conditions that the NHS should prioritise. Therefore funding of treatment has been static (or even reduced) over the last few years. Adults diagnosed with

ADHD experience waiting times of 2-8 years to receive diagnostic assessment. They are given little access to medication changes. They receive minimal or no education about their condition. And they are offered no support other than their prescription. The evidence is clear: the treatment of ADHD is not seen as an investment-worthy service of the painfully over-stretched NHS.

4. WHAT IS THE REAL COST OF THIS STRATEGY?

SHORT-TERM GOALS CAN CAUSE LONG-TERM CONSEQUENCES

In 2021, a consensus statement was published by UKAAN entitled “Failure of Healthcare Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom”. It stated that , “Cultural and structural barriers operate at all levels of the healthcare system, resulting in a de-prioritization of ADHD. Services for ADHD are insufficient in many regions, and problems with service provision have intensified as a result of the response to the COVID-19 pandemic.” .

The group’s conclusions were clear,

“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.”⁹

⁹ https://www.frontiersin.org/articles/10.3389/fpsy.2021.649399/full?utm_source=Email_to_authors&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Psychiatry&id=649399

One can imagine the administrators within the NHS or Ministry of Health wanting to kick the Adult ADHD can down the road year after year. After all, they have managed to so far. However, the numbers of adults with ADHD are building quickly. Information about the condition is spreading online and in the media. More people are realising the ADHD symptoms that they read or hear matches closely with their life experience. The flood of already diagnosed teens becoming adults has started.

“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.”

On 22nd April 2022, BMC published another “consensus statement from the UK Adult ADHD Network”. The network had convened a meeting of practitioners and experts from England, Wales, and Scotland, to discuss issues that university students with ADHD can experience or present with during their programme of studies and how best to address them. The collective analysis, evaluation, and opinions of the expert panel led to the release of guidelines for all universities. It includes the recommendation to screen all students at university who present with anxiety, depression, mood issues, substance abuse and other signs of potential mental issues.

This inevitably will further raise the numbers of diagnosed Adults with ADHD in the UK.

The report states, “The expert group is aware that at present, waiting times for access to treatment via specialist NHS adult ADHD clinics can be anything of up to two years or longer in some areas of the country”. And as University courses are usually 3 years long, they observe such a long wait would be unhelpful in supporting University students. “The expert group recommends that practitioners and assessors be given training in how to screen for and diagnostically assess ADHD using robust and evidence-based rating scales, screening tools, and standardised clinical interviews”.

The specialist panel are right to call for the design of alternative routes to screen (and so unofficially diagnose) students that present with likely symptoms. The irony is that the screening/assessment recommended is the same as the NHS assessment uses, but which necessitates a two to five year wait from referral to diagnosis. Surely as these experts suggest for students, the system can be changed to allow trained practitioners (whether clinical nurses, GPs or other specialists) to offer the same assessment procedure. This would slash the wait times and bring comfort, relief and hope to so many people who are currently struggling. It would save many from divorce, falling into addictions, unemployment, debt and even save some from suicide. Throughout the published work of world’s experts in particular areas of ADHD, there is the same message repeated again and again: knowledge is power. When you understand that what is happening is physiological and the ways that ADHD can affect you, you can start to embed strategies to navigate, lessen and even avoid ADHD’s negative impact on your life.

Professor David Daley (The University of Nottingham) shown through his study of same sex siblings across several European countries, that the

economic burden of untreated and late-in-life diagnosed ADHD is substantial. Crucially his research reveals that society has to carry that economic burden too, as his evidence revealed the undiagnosed sibling with ADHD usually paid less tax contributions because they earned less and they were likely to also rely at times on benefits from the state – while their neurotypical siblings rarely showed the same financial disruption. Add to that the financial and social consequences of the more extreme problems ADHD can cause: addiction, crime, divorce, unemployment, suicide... The cost of ignoring adult ADHD is massive. And it will keep growing in the UK until a change is made.

The argument that diagnosing and treating adults with ADHD is a low priority, and therefore an area where governments can save money by reducing service provision, is clearly false. It is also discriminatory and I believe illegal as ADHD is a disability and the rights of adults with ADHD should be protected under the Equality Act.

Poignantly, when thanking the different European institutions who participated and provided most of the evidence in the report, Professor Daley clearly states “that such a study would have been impossible to undertake in the UK” because it offers so little support and monitoring to adults with ADHD.

CONCLUSION

A BLEAK FUTURE FOR ADULTS WITH ADHD IN THE UK - WITHOUT CHANGE

In ADHD 2.0, Drs Hallowell and Ratey, quote Russell Barkley's research in their introduction:

“Compared to other killers from a public health standpoint, ADHD is bad.

Smoking, for example, reduces average life expectancy by 2.4 years, and if you smoke more than 20 cigarettes a day you're down about 6.5 years.

For diabetes and obesity it's a couple of years.

For elevated blood cholesterol, it's 9 months.

ADHD is worse than the top 5 killers in the U.S. combined. Having ADHD costs a person nearly thirteen years of life, on average.”

Barkley adds, “And that's on top of all the findings of a greater risk for accidental injury and suicide....About two-thirds of people with ADHD have a life expectancy reduced by 21 years.”

The authors then correctly state: “knowing what we now know about ADHD and based on the most recent research we can categorically and confidently say this it does not have to be this way!”

Currently, shockingly, in the United Kingdom, **it seems it does...**

... Unless we flip the script, and change our society's approach to adults with ADHD.

ABOUT THE AUTHOR

CHRIS HEALEY

Chris Healey is

a coach of adults with ADHD

a campaigner for ADND: Flip the Script

an advocate for the talent and creativity of adults with ADHD

chris.healey@changehq.co.uk

www.changehq.co.uk

The **Attention Seeking Podcast** is available on youtube and all major podcast providers.



© 2022 ADHD: FLIP THE SCRIPT