



**A perspective from the ground**





**A perspective from the ground**

# Summary Agenda

- Introduction to ADHD UK and Myself
- What we've been doing
- What we've been seeing
- And what we are doing / planning to do about it

# About me: Henry Shelford

- CEO & Co-founder of ADHD UK
- I have ADHD. Diagnosed around 10 years ago.
- Background I talk to: is Finance, MBA, Venture Capital, Turnaround CEO, Own business.
- Real background is struggling at everything, failing at things that are often obvious and simple to others, and falling wildly beneath my potential. And knowing it. Without knowing why.
- Diagnosis life changing
- Founded ADHD UK out of frustration of how the UK understands ADHD and fails to support it.

# About ADHD UK

- Founded in 2020
- Gone from zero to a national leadership position in 6 years.
- Five pillars: Information, Support , Awareness, Advocacy and Research.
- Still tiny:
  - Just 2 staff but over one hundred volunteers.
  - Tiny because fundraising for a stigmatised condition is hard.
    - Many don't tell close family and friends. Let alone be public.
    - Fundraising often means being told “ADHD doesn't exist” or similar and dealing with the invalidation that causes.
  - We do a lot with a little. **Thanks enormously to active volunteers and lots of quiet help from those with knowledge.**
  - Lean heavily on leveraging ourselves through technology.
  - Expectation problem that people think we can do much more than we can.

# Fallen Hero

- Extraordinarily saddened by their demise last year.
- Longer I do this the more I respect their work and longevity.
- Wanted to take this opportunity to mark them.



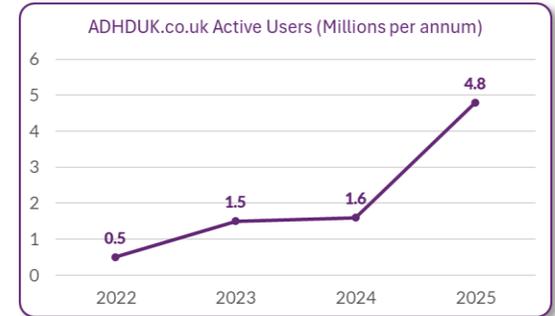
# What we've been doing And what we've not being doing

# What we've NOT been doing

- NOT making “ADHD” videos / social media to build our profile
  - Instead, relatively boring social media.
- NOT been running pay-to-attend events or conferences
  - Ruinous from a financial perspective but we think the right thing for us to do
  - Almost everything we do is free and donate if you can.
- Trying to do everything. Instead, we try to do a few things well.

# Information

- **Website:** Last year 4.8m active users.
- **Global ADHD conference:** 24 hour live virtual conference with ADHD charities in Australia, New Zealand, Singapore, & Hong Kong.
  - 2024 56,000 live streams, 104 countries represented.
  - 2025 Over 100,000 live streams, 125 countries represented
  - 2026 will be our 5<sup>th</sup> year.
- **Deep dive videos**
  - Psychiatrist led with me interviewing
  - Mechanism to efficiently obtain and share high quality information on ADHD.
  - Videos and then transcribed as ever-green content for the website.
  - Target those people who want to feel they really understand the topic.



**Please let me know if you'd like to be involved! In the conference or in deep dives!**

# Support

- We were born in the pandemic so made our support groups online and took advantage to allow us to bring people together based on community or need rather than geography.
- Now some in-person groups.
- I do a weekly drop-in to answer any questions.

**In the background are SOME of the support groups in the next month  
We'd love more Psychiatrists! It is nice to do - and is great for your SEO!**

Understanding your ADHD | ADHD and Women Support Group | ADHD and Men Support Group  
Bristol Support Group | ADHD and Learning a Musical Instrument | ADHD and Leadership  
Using AI to support an ADHD brain | ADHD and Confidence | ADHD and Couples Q & A  
ADHD & Retirement | ADHD and Recovery from Burnout | ADHD for the non-ADHDer  
How to thrive at work for ADHD employees | Educators Support Group | Parents Support Group  
ADHD and Employment Law | ADHD Support Group for the over 50s | ADHD and Perimenopause  
ADHD & Autism | ADHD Newly Diagnosed | Mindfulness and ADHD | ADHD and Children

# Support



- Facebook

- Highly moderated FB groups

- ADHD UK Main Group – **35,800 members**
    - Women with ADHD Support Group – **33,600 members**
    - Men with ADHD Support Group – **6,100 members**
    - And: ADHD and Autism, ADHD and Parents of Adult Children, Children and ADHD / Parents Group, and more.

- Limited Email Responses

- **Coming soon** : Moderated Forum

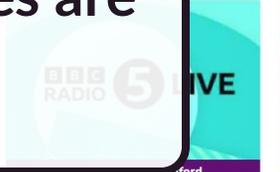
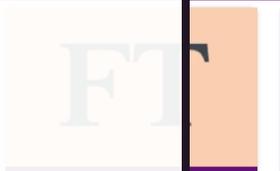
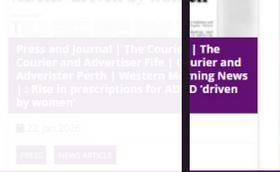
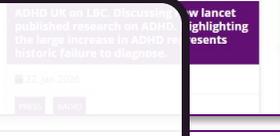
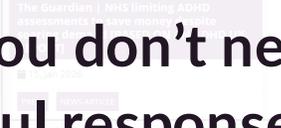
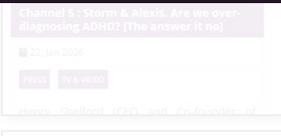
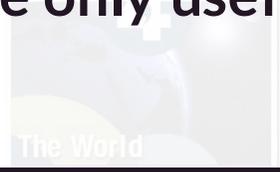
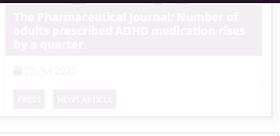
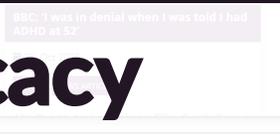
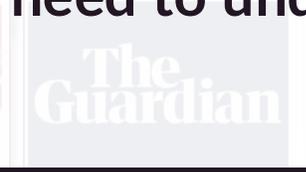
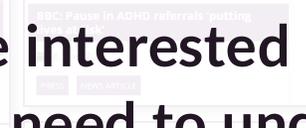
- **Coming soon**: Volunteer Run Telephone Call Back Service





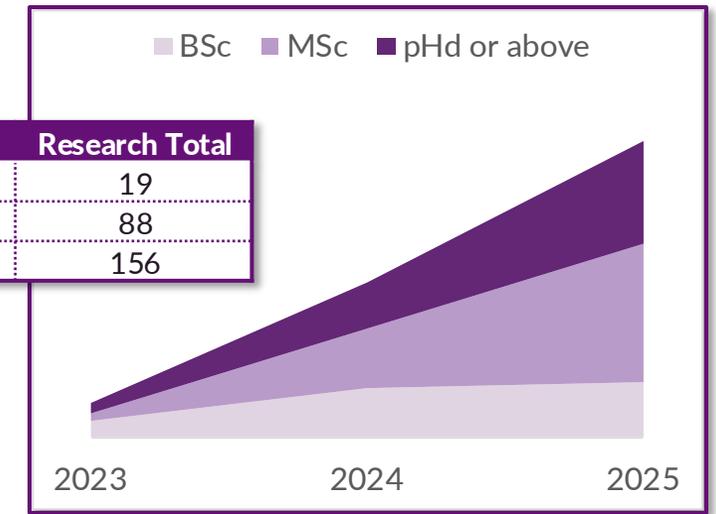
# Awareness and Advocacy

- Responding to ADHD news and trying to shape the narrative to being more understanding of ADHD.
- Creating the news with our own research.
- Background represents some media from last 12 months.
- We need medical specialists who are happy to provide media comment. If you are interested please get in touch. You don't need to always respond but need to understand the only useful responses are in under 2 hours.



# Research

Year	BSc	MSc	PhD or above	Research Total
2023	8	3	5	19
2024	23	28	21	88
2025	26	64	48	156



- Financially backing academic research is currently out of our reach.
- But we can support research and use our reach to make ADHD research easier. Especially helping access research participants.
- BSc and MSc to support researchers of the future and to communicate with the academics they work under. PhD and above to support ground-breaking research.
- In addition:
  - Doing our own (non-academic) research to highlight issues and support media campaigns.
  - Building the discovery platform to help people identify strategies that make a difference.

# On the Ground Issues & our Advocacy Now

# On the Ground Issues – Our Advocacy NOW

## In the general public and media:

- Narrative of over-diagnosis
- Narrative that self-identification means any diagnosis is nonsense
- Narrative to trivialise ADHD
- Narrative that people get an ADHD assessment to live off benefits and get a Motability car.

## Getting a diagnosis and maintaining support:

- Issue of waiting lists and waiting times
- Issue of school failures – even more so for girls
- Issue of medication loss and re-assessment hurdles
- ICB Restrictions to ADHD Assessments
  - ICBs Closing for new referrals
  - NHS England looking to implement CAPS and then Activity Plans
  - Triaging
- GP actions
  - Private Pathway restrictions

## Government Taskforces. Taskforces instead of action. Worrying direction of travel.

- ADHD Taskforce
- Review into mental health conditions, ADHD and Autism

# Narrative of over-diagnosis

- ADHD has reached the critical mass necessary to break into the mainstream conversation.
- For some the increased volume, the “new-to-them-ness”, the recent NHS recognition is all evidence of over-diagnosis instead of evidence of past failures.
- This is discussed in media and is being used to drive a political narrative as well.
- Video is a recent interview on Channel 5.





**STORM  
& ALEXIS**

**I'm assuming that**

# Social Media: The importance of self-identification vs trivialisation of ADHD traits

- Self-identification of ADHD is often a necessity for people to get onto an ADHD diagnosis pathway.
- However, there a significant proportion of social media commentary over-trivializes and over-simplifies ADHD. Undermining what it truly means to have ADHD.



## Surge in ADHD diagnoses attributed to TikTok

Influencers sharing details of symptoms, diagnosis and treatment on social media are raising awareness of the condition, experts say



NEWS SPORT BUSINESS LIFESTYLE CULTURE GOING OUT HOMES & PROPERTY COMMENT

LIFESTYLE



## Daydreaming, social awkwardness: Has the internet diagnosed you with autism or ADHD?

Autism and ADHD diagnoses are spiking. But some psychiatrists argue we've reached the point of 'overdiagnosis'. So, how did we get here, and why is the internet making it so much worse?



STORM  
& ALEXIS

heart.

# Trivialisation in the Media

**Daily Mail+**

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**m+** **PETER HITCHENS: ADHD is a fake diagnosis that doesn't exist. I see exactly where this pandemic of idiocy is leading us all...**

By **PETER HITCHENS**, COLUMNIST AND COMMENTATOR  
PUBLISHED: 16:52 GMT, 9 August 2025 | UPDATED: 17:06 GMT, 9 August 2025

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**Daily Mail**

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Columnists

**PETER HITCHENS: It has a huge and powerful lobby which turns with fury on its critics so I know this question will get me into loads of trouble but... does ADHD even exist?**

**THE TIMES**

INTERVIEW

**Philippa Perry: 'ADHD is now fashionable. Social contagion drives this'**

The psychotherapist tells Helen Rumbelow about labels, guilt — and nearly dying



**THE SPECTATOR**



*'So, anyway, when I was diagnosed as ADHD it just explained everything.'*

...and worse in the comments

# Trivialisation in the Media - Responding

**ADHD UK**

**IN RESPONSE TO: Philippa Perry: 'ADHD is now fashionable. Social contagion drives this'.**  
The Times. 10th October 2023

ADHD is not "fashionable" and trivialising it as such is an outrageous smear on the adults and children who have only been recognised in this country since 1980 in 2008. So, of course, there are people coming forward. The fact that ADHD is not fashion. It is not a diagnosis.

We also know that 1 in 10 children with ADHD will at some point struggle to a 'fashion' is a majority of funds to this country. ADHD will

It's an absolute shame on her she's opted to punch down the

**ADHD UK**

**SHOCKING CARTOON FROM THE SPECTATOR MAGAZINE**



**ADHD UK**

**IN RESPONSE TO JOE WICKS SAYING ADHD IS CAUSED BY ULTRA-PROCESSED FOODS.**  
BBC Headliners. 09/04/20024  
Reported in the Daily Mail. 10/04/2024

**ADHD UK** UPDATED [ADHDUK.CO.UK](http://ADHDUK.CO.UK) WEB INFORMATION **ADHD UK**

## ADHD IS NOT OVER-DIAGNOSED

To rebut recent media claims, we've updated our page on the ADHD diagnosis rate. Now with the latest data it is fact based rebuttal to over-diagnosis claims with clear data to the contrary - we have under-diagnosis of ADHD.

- **9 million GP records analysed** in recently published research found ADHD diagnosed for just 0.32% of patients. Roughly 1 in 9 of those expected - **showing the vast majority without a diagnosis.** [The British Journal of Psychiatry, Published Jan 2025].
- Our own analysis of NHS data on ADHD medication indicates underdiagnosis in every area of England and wide variance between areas.
- Just 12% of all ADHD prescriptions are issued privately [BBC Research, Jan 2025].
- Long waits for ADHD diagnosis make over-diagnosis near impossible.

ADHD is underdiagnosed. A diagnosis and support is life changing for many. Helping people with ADHD thrive in life.

**For more: [adhduk.co.uk/adhd-diagnosis-rate-uk/](http://adhduk.co.uk/adhd-diagnosis-rate-uk/)**

**ADHD UK**

## PANORAMA'S SHOW HAS DONE HARM

- 89%** Stigma for ADHD has increased due to Panorama
- 87%** Panorama wasn't fair in how it represented ADHD
- 89%** Panorama lacked balance in its representation of private clinics
- 83%** Think Panorama's show will stop people with symptoms seeking an Assessment
- 75%** People with ADHD think Panorama's show will have a personal negative impact

Source: 1,581 people with ADHD. Survey by ADHD UK

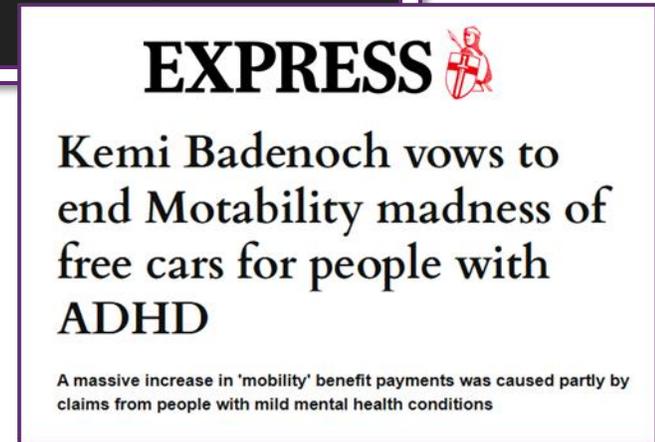
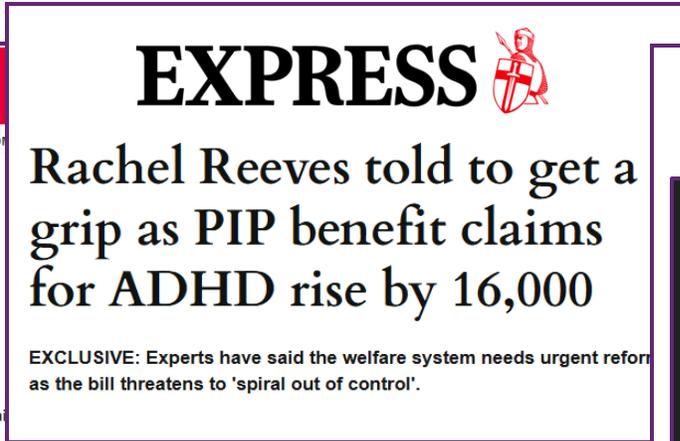
particular diet, including ultra-processed foods, is not the development of ADHD. It is a gross distortion of the facts" [The British Journal of Psychiatry, Published Jan 2025].

in ADHD. Co-founder of ADHD UK.

Wicks linking a processed food to ADHD is not good but on this he is not good, bad, or ugly won't have ADHD. To suggest for a plate of veggies is all ADHD is both wrong and ignores the very real difficulty of ADHD.

er of ADHD UK

# Narrative – ADHD as a pathway to benefits



- ADHD is only appearing in data because there now are people with ADHD assessments to count.
- Correlation is not causation.
- Our experience is that people want an ADHD diagnosis to thrive and succeed. Not to be on benefits.

We have an idea for research that we hope will challenge this narrative. If anyone is involved with, or has contact with an online NHS pharmacy, we'd like to analyse ADHD prescriptions and how they are paid for. Notably benefit payment exemptions over time. If that is you please get in touch!

# Issue of ADHD waiting lists and they're getting worse

- New NHS England ADHD Data Dashboard
  - Sporadically updated
  - No local data. Despite its importance
- 2.5m in England have ADHD (c.3m for UK)
- 700,000 waiting
- 20,000 new referrals (+20%) last month

**Estimated number of people with ADHD**  
In November 2025 it is estimated that 2,506,000 people in England have ADHD, including those without a diagnosis.

Of these an estimated 744,000 are children and young people (aged 5-24).

**Referrals for an ADHD assessment**  
In September 2025, there were up to 700,123 people who may be waiting for an ADHD assessment.

Of these, 526,980 referrals are recorded in the Mental Health Services Dataset (MHSDS) and up to 173,143 in the Community Health Services (CHS) SitRep dataset.

**New referrals for an ADHD assessment**  
In September 2025 up to 19,685 new referrals were received to mental health services for a possible ADHD assessment.

This is an increase of 20.7% (3,380) from September 2024.

# Issue of ADHD waiting lists and they're getting worse

- We worked with the BBC Data Team who wanted to understand ADHD wait times.
- We advised them to avoid the inference trap of “We are currently seeing people referred to us on X date”, and assuming X-Now = Wait
- Instead, we advised they ask how many people are waiting in each area, and how many people were seen.

$$\text{Quantity} / \text{Throughput} = \text{Time}$$

- Published July 24, but things haven't got better.

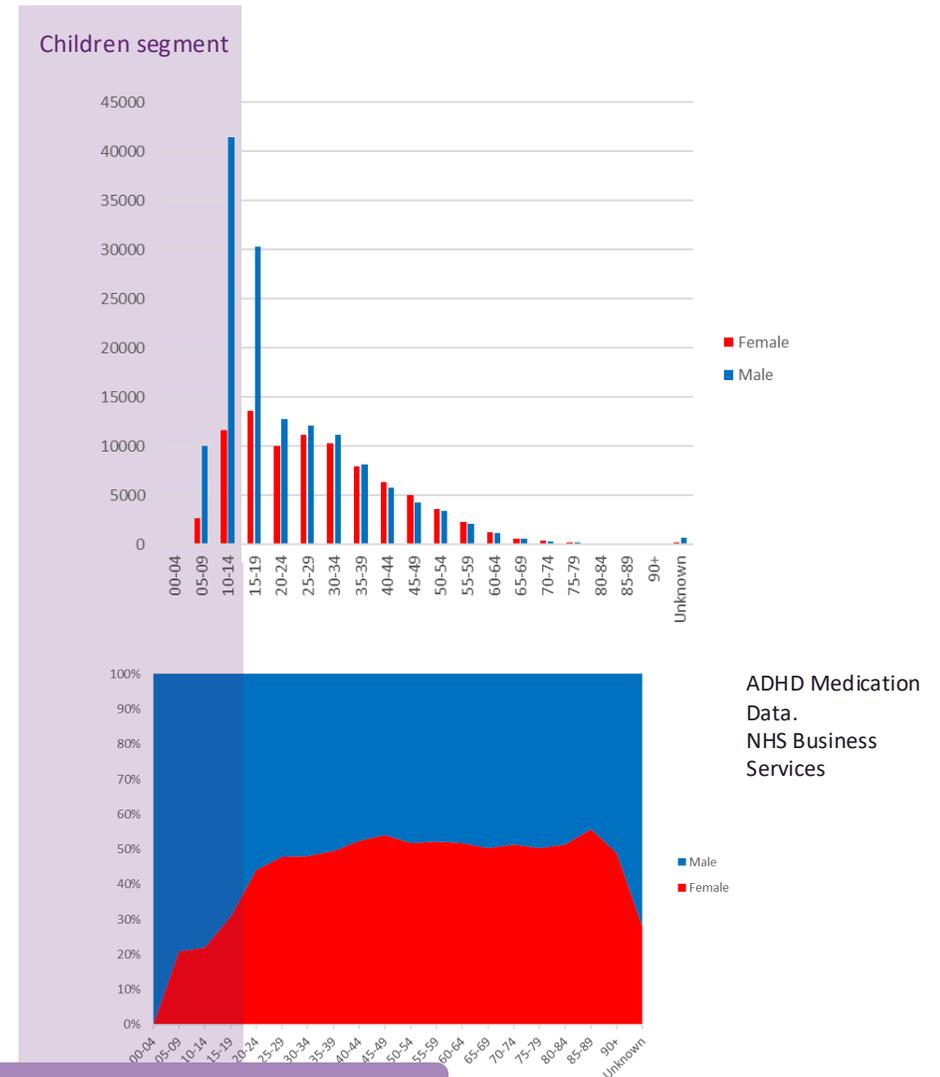


WHAT WE'VE BEEN SEEING AND ARE DOING

Central and NW London  
18 years

# Issue of school failures - even more so for girls

- Significant issues in getting a diagnosis in schools.
- No national system of identification and support means large variation.
- Teacher's responsible for identification and referral. Full range from extra-ordinary to actively awful.
- SENCO teachers don't need a SENCO qualification until 3<sup>rd</sup> year of the job.
- Clear failures evidenced by:
  - Vast disparity in ADHD medication by gender in children
  - Large number of adults missed at school coming forward for a diagnosis. Those adults commonly speak of awful school experiences. Their school reports are usually used as evidence of ADHD in their childhood.
- Average wait for a child for an ADHD Assessment is 4 years. That means if over the age of 14 you will age out before being seen.



WHAT WE'VE BEEN SEEING AND ARE DOING

# Patients facing huge waits have opted for NHS Choices : Right to Choose (RTC)

- RTC is the ability to be seen anywhere in NHS England.
  - “The National Health Service not the Regional Health Service”
  - Introduced by Parliament to mitigate the post code lottery of care.
  - For ADHD has commonly been to NHS Services run by private companies.
- With waits in the thousands of years and commonly nearly a decade RTC is the only realistic patient choice.
- The patient’s Integrated Care Board (ICB) is invoiced for the service, which has created a budget issue.
- We’d expect to see a clear correlation between ICBs with low ADHD spend having a high proportion of RTC use as a defacto result of low patient service.

# ADHD & RTC Budget Issue

- Significantly higher spending than planned.
- As a result in the NHS we're having reported to us significant changes.
- We'd argue strongly that the primary issue is a failure to budget adequately to need.
- **We want to see ADHD in the NHS to be treated like other conditions. Not asking for special treatment. Just asking for parity. To be included in the government's wait list targets, and in the initiatives to reduce those wait lists.**

## The Guardian

**NHS ADHD spending over budget by £164m as unregulated clinics boom**

Exclusive: Total spending in England expected to double existing budgets, with funding for private providers rising threefold

**CHPI** | Centre for Health and the Public Interest

## Market Failure

How the under-regulated market in NHS funded ADHD services impacts patients and the finances of the NHS

- We received data under the Freedom of Information Act from 19 ICBs which shows that spending on private companies increased **£16 million in 2022/23 to £58 million in 2024/25 – an increase of 255%**.
- If these findings are extrapolated across all 42 ICBs we estimate that the amount spent by the NHS in England for ADHD assessments and treatment from private companies could have increased from **£36 million in 2022/23 to £128 million in 2024/25**.

# The ADHD budget problem

- The ADHD budget is stuck in the middle.
- ADHD is specifically struck out of the mental healthcare budget of the NHS.
  - So doesn't benefit from mental health care budget growth
- ADHD is excluded from the government's waiting list targets.
  - Wait list target reduction areas benefit from overall increased expenditure.
  - ADHD doesn't and is left open to being cut
- ADHD does not benefit from an 18 week target
  - Conditions with an 18 week target benefit from an obligation for the ICB to offer you alternatives if available and fund those alternatives.
- Senior NHS Managers now face pay restrictions if their budget isn't balanced.
- RTC is a patient-led alternative but we're now seeing ICBs put in mechanisms to curtail it.



## Mental Health Investment Standard (MHIS): Categories of mental health expenditure

- Spend on attention deficit hyperactivity disorder (ADHD) should not be included in any of the MHIS or learning disability or autism categories detailed below. For reporting purposes, please report ADHD spend against the ADHD category in the ledger.



## Referral to treatment

In England, under the [NHS Constitution](#), patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.



## 'No pay rise' for senior managers who don't balance budgets

By Alison Moore | 10 December 2024

Senior NHS managers who "persistently fail to provide decent care or fail to manage their finances" will not receive annual pay uplifts, the Department of Health and Social Care has said in its evidence to pay review bodies.

## 'Culture of overspending' is over, NHS told

By Henry Anderson | 30 January 2025

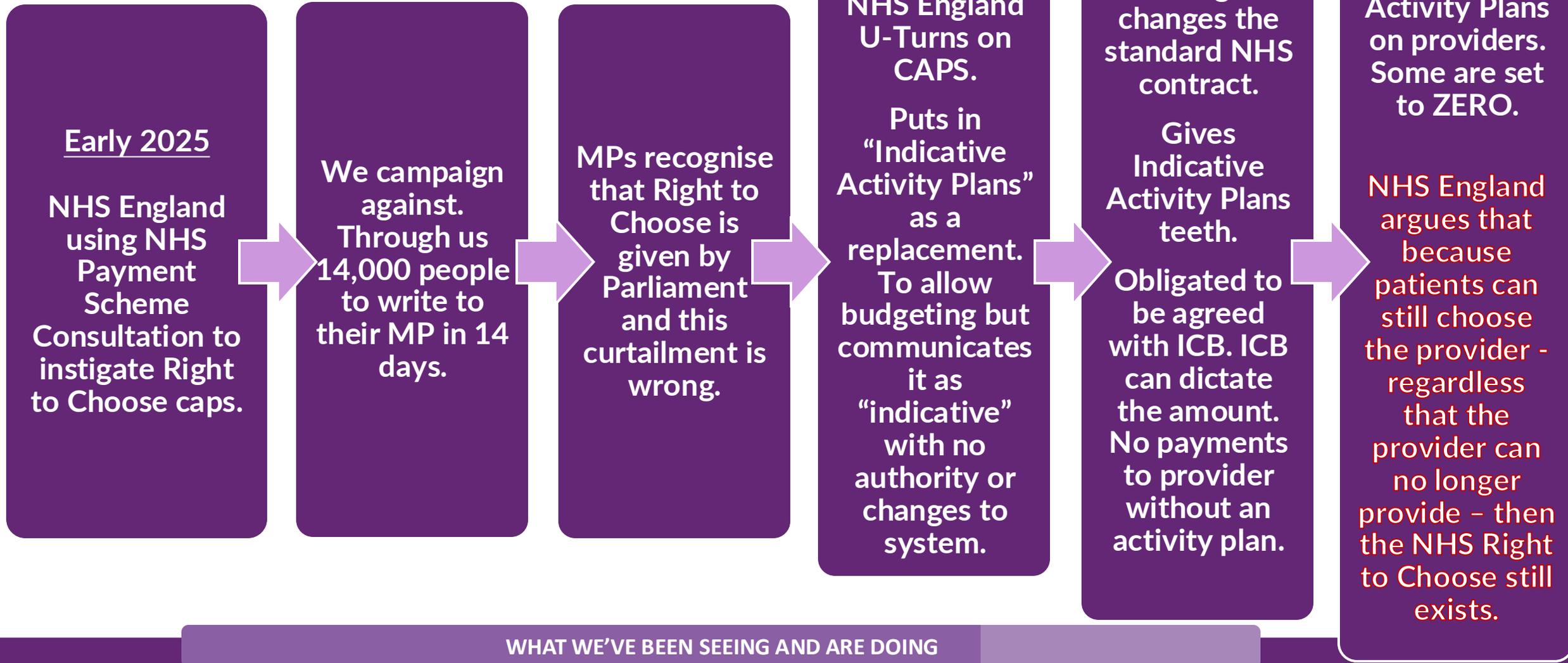
Ministers have said they will back NHS leaders to make "tough decisions", including cutting services, as part of ending a "culture of routine overspending without consequences".

# Instead of budgeting to meet demand Many ICBs have opted to limit access instead

- A mix of:
  - **Stopping any new referrals “temporarily”**. This blocks RTC. Local list already long means blocking it makes. “Temporary” to avoid invoking failure to provide service controls.
  - **Triage**. Raising the threshold for an ADHD Assessment. Triage is supposed to mean the most in need seen first, but all are seen. This triage means just some seen and most not seen at all.
  - Putting in **activity limits** on RTC providers. (More on next slide)
- 75%-80% ICBs don’t collect data on ADHD Waitlists
  - Avoiding public scrutiny & oversight
  - Creating invisible waits
- 90% of ICBs haven’t carried out an impact assessment on restrictions. 71% have no plans to.



# RTC – Indicative Activity Plans



# NHS England's Current Change Plan

Dec 2025

NHS England using NHS Payment Scheme Consultation again.

This time to instigate a standard ADHD Assessment Contract. High specification low price. Some providers do not believe they can provide a safe service at that price point.

Removes power from ICB to contract for their local needs and instead passes to national team.

Allows the abject destruction of RTC in future years by simply manipulating the specification, price, or just no change on price and inflation makes fulfilment impossible.

Dec 16<sup>th</sup> Consultation Closed

Through us over 5,000 people filled in the consultation form and rejected their proposals. Likely the biggest response they've ever had.

No Set Response Time

We await NHS England's response. The payment scheme has to be published April 2026. We expect a response sometime between now and March.

# Medication loss due to unavailability of ADHD Assessments.

Significant local variation - happening to different levels in different areas.

## Move NHS Area

NICE guidelines require medication to be initiated and monitored by a specialist.

As specialists are anchored to your ICB means: New assessment is required. Back of the queue.

This means restrictions on moving for employment, for education, for love, or simply to have choice.

## Leave Prison

For many that means moving area.

The NHS is withdrawing from prison service and passing to private companies.

New Assessment Required. Back of the queue.

We snatch defeat from the jaws of victory.

## Child

Stops ADHD medication, gets discharged.

Should they want to restart medication:

New Assessment Required. Back of the queue.

Education time once lost is lost. Educational outcomes & life opportunities often permanently changed.

## Child

At 18 ages out of child services.

Many areas have a handover that means going to the back of the adult queue and medication being stopped in the meantime.

We again snatch defeat from the jaws of victory.

## Re-Assessment or Assessment of your Assessment.

Requires you to go to the back of the queue. Average wait 8 years for adults. 4 years for children.

# Private Assessments

- An important safety valve for those who can afford it. A healthcare inequality for those who can't.
- Especially where time is important.
  - Especially outside England. Where there's no RTC, no alternative to local NHS.
  - Increasingly important as NHS options grow more restricted.
- Barrier of affordability has gone up with more NHS GPs stopping shared care.
- We are hearing of many ADHD patients being dropped by their GP, finding ADHD medication privately out-of-reach, and then being without medication.
- Comes under regular reputational attacks:
  - Regularly attacked in the media as pay-for-diagnosis despite medical licenses and expertise.
  - Regularly attacked with the idea that "everyone" is going private. Despite prescription analysis showing at 12% of ADHD prescriptions.
  - This undermines patients with a private diagnosis looking for support at work or school.
- Important safety issue that communications between a private provider and the NHS GP are sometimes inadequate. This led to a vulnerable person continuing to receive ADHD medication privately despite advice to the GP not to. The coroner issued a Prevention of Future Deaths notice to highlight the issue.



WHAT WE'VE BEEN SEEING AND ARE DOING

# GP Actions

- GPs are in dispute with the government over their contract.
- GPs have been a lifeline for many – bridging the gap between local NHS services and RTC or Private.
- BMA and Practice Manager GPs (not all GPs) have voted for action.
- Action appears to have coalesced on protesting via ADHD patient support.
- We are seeing variations of:
  - **Stopping any new shared care agreements but keeping those they already have.**
    - We've multiple reports of patients struggling because they've gone down a path with GP assurances of shared care and then found that withdrawn.
  - **Dropping all Adult and Child ADHD patients and returning them to secondary care.**
    - This clogs up secondary care's ability for new referrals.
  - **Dropping all RTC patients and/or all private patients.**
    - This has issues with funding. In particular for private patients.
    - Initially, some RTC providers couldn't provide long-term medication.

WHAT WE'VE BEEN SEEING AND ARE DOING



## GP contract changes England 2025/26

Our guidance on the changes to the GP contract for 2025/26.



### Current campaigning activity

Read about our [current campaigning activity](#).

## Campaigning on the future of General Practice

It saddens us to confirm that the profession entered dispute with the Government on 1 October 2025 over its broken promises relating to GP contract renewal and investment and the 2025/26 GP contract changes.

# ADHD Taskforce

When announced we were thrilled. *“We have a hope we didn’t and that is wonderful”*.

People worked hard on it and there is strong evidence and strong statements in it.

But the impacted he been muted. NHS England controlled publication and used that control to minimise impact.

**Part 1 (Interim Report)** – waited months then buried by publishing on the day of the debate on assisted dying.

**Part 2 (Final Report)** – waited months then forced out due to new review announcement being imminent and the publication of BBC report into ICBs closing for new referrals.

Embargoed to come out after BBC news interviews on the ICB changes. I was on BBC Breakfast at 9am and neither the taskforce Chairperson or I were allowed to speak about the taskforce report as they timed its release for 10am.

New review essentially displaced it and its impact.

**ADHD UK**

## ON THE ANNOUNCEMENT OF NHS ENGLAND’S ADHD TASKFORCE

*This is a big deal and we’re celebrating this announcement. We have a hope we didn’t have and it is wonderful. Until very recently NHS England didn’t even have a single individual with responsibility for ADHD so to have them announce a task force to ‘develop a national ADHD data improvement plan’ is a glorious tectonic change. There are 2.6million people with ADHD in the UK and we have huge regional disparities in care - waitlists for adults range from 12 weeks to 10.5 years, and waitlists for children ranging from 5 weeks to 5 years. Entire life trajectories are altered by the waitlists for ADHD care. Lives are being ruined and lost in the current status quo. This taskforce represents the potential for the revolutionary change that is crucially needed.*

*We fight so hard every single day to positively change what it means to have ADHD in the UK. It can be easy to get lost in the challenge, to get despondent from the prejudice and stigma we suffer, it is important to celebrate these moments of significance. Tonight we pause to take a moment of happiness.*

*But it is important to note this is NHS England. Every single metric for ADHD care is worse in Scotland, worse in Wales and worse in Northern Ireland. So the question to NHS Scotland, NHS Wales and to Health and Social Care Northern Ireland is where are you? What are you doing for your ADHD patients? There is real need and we’d like to celebrate much-needed progress with you too.*

WHAT WE’VE BEEN SEEING AND ARE DOING

# Independent review into mental health conditions, ADHD and autism

The initial noises have been very worrying....

... we've been invited to meet and are simply worried about what might happen.



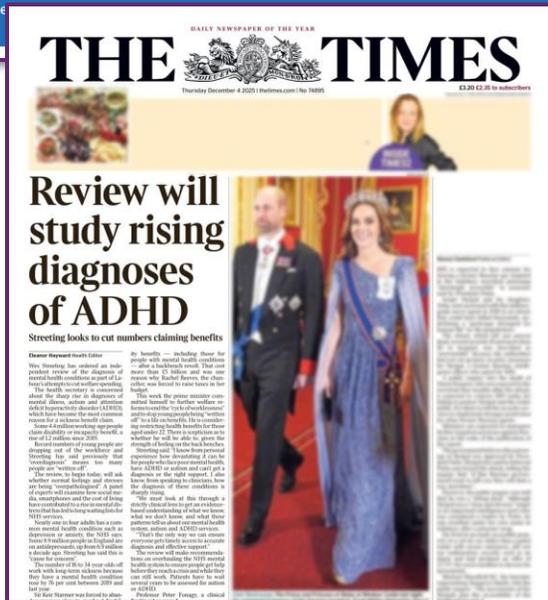
WHAT WE'VE BEEN SEEING AND ARE DOING

Department of Health & Social Care

Guidance

## Independent review into mental health conditions, ADHD and autism: terms of reference

Published 4 December 2020



The Times newspaper front page from Thursday, December 4, 2020. The main headline is 'Review will study rising diagnoses of ADHD'. A sub-headline reads 'Streeting looks to cut numbers claiming benefits'. The page features a photograph of a man in a tuxedo and a woman in a blue dress on a red carpet. The newspaper's masthead 'THE TIMES' is at the top, with the date and price (£1.50) also visible.



# Lastly, access to other healthcare

Challenges for people with ADHD accessing other healthcare.

For example, Addiction Treatment Services and being rejected and put back to the end of the queue if they miss any appointment.

# THANK YOU!

Any comments or questions  
or to get involved please email me:

[henry@adhduk.co.uk](mailto:henry@adhduk.co.uk)

**ADHD**  **UK**

**ADHD UK**