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## When the Edges Blur: A Future Psychiatrist's Perspectives on ADHD

Edwin J. Klein

- *"I initially dismissed the diagnosis, like many doctors do. The label felt ironic, almost antithetical – I was 'too smart' to have ADHD – until I realized I had not needed to focus for much of my life."*
- *"In college, I needed unhealthy amounts of caffeine to avoid falling asleep at my desk and spent hours preparing to study without studying"*
- *"... these drugs being labelled as 'performance enhancing' with a connotation similar to that of anabolic steroids or doping [...]. This stigma led me to worry that stimulants were dangerous despite their effectiveness in treating ADHD symptoms."*
- *"Since no clear policy protects students or professionals from discrimination or liability after disclosure, many choose to keep their mental health struggle silent."*

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Occupational Medicine, 2025, XX, 1–5  
<https://doi.org/10.1093/occmed/kqae139>  
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OXFORD

## Doctors with mental health difficulties and ADHD

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**Background:** There is growing interest in understanding neurodevelopmental disorders such as Attention-deficit/hyperactivity disorder (ADHD) among doctors. However, the current understanding of ADHD and its association with mental well-being in doctors is limited.

**Aims:** This study investigated the significance of ADHD among doctors with mental health difficulties accessing a national mental health service for doctors in England.

**Methods:** Electronic records from 2877 doctors seeking mental health care through the National Health Service Practitioner Health service were analysed. Demographic data, psychopathology scales (PHQ-9 for depression, GAD-7 for anxiety, Core-10 for psychological well-being) and ADHD screening using ADHD Self-Report Scale (ASRS) were examined. Analyses were conducted to explore associations between ADHD screening, demographic variables and co-existing mental health disorders.

**Results:** The study revealed that over one-third (35%) of doctors in this study sample screened positive for ADHD using the ASRS questionnaire. The male-to-female ratio for screened positive was 1.1:1. The number of doctors screening positive for ADHD reduced with age. A substantial portion of doctors who screened positive for ADHD also exhibited symptoms of co-existing mental health disorders such as anxiety and depression.

**Conclusions:** This study highlights that assessments for ADHD among doctors presenting with mental health difficulties can be important and relevant. Validated screening tools can be used in this process. The high rate of psychopathology among those who screened positive for ADHD in this study sample indicates the need for detailed assessments to understand the complex dynamic of ADHD symptoms and psychiatric disorders. Recognizing ADHD is important as treatments are different to other psychiatric disorders.

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## Terminology (ADHD taskforce, Nov 2025)

"Attention deficit hyperactivity disorder (ADHD) and neurodevelopmental disorder are clinical diagnostic terms used by current international diagnostic classification systems, which is why they are included." (see *Good Psychiatric Practice*)

**Neurodiversity:** "This term describes the population as a whole and recognises the diversity of different brains. Neurotypical describes most of the population, the majority group, who express themselves in ways that are seen as 'neurotypical' or what is considered to be the societal 'norm'."

**Neurodivergence:** "ADHD, like other neurodevelopmental diagnoses, can be viewed as differences rather than as purely a deficit, and the term neurodivergence is preferred by many with lived experience. However, some feel that this term is 'othering' and encourages people with ADHD to be treated and marked as different in stigmatising ways; they prefer the term neurodiverse. We use the term neurodivergence in this report to align with the ongoing focus of the Department for Education Neurodivergence Task and Finish Group and when referring to ADHD outside clinical settings." (p. 31)

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NEWS

Check for updates

The BMJ

Cite this as: *BMJ* 2025;390:r1837  
<https://doi.org/10.1136/bmj.r1837>  
Published: 29 August 2025

## Third of disabled and neurodivergent doctors feel bullied by colleagues, survey finds

Gareth Iacobucci

Doctors with disabilities or neurodivergent conditions are being bullied by colleagues at work and struggle to get support from the NHS, a BMA report warns.

The BMA surveyed 801 doctors and medical students who had a disability or a neurodivergent condition such as autism or attention deficit/hyperactivity disorder (ADHD). Interim results showed that a third (34%) reported having experienced bullying or harassment related to their disability or long term health condition in their current or most recent place of work or study.<sup>1</sup>

More than three quarters (78%) said that they feared being viewed or treated unfavourably for disclosing their condition, and more than half (53%) said that they had left a job or considered leaving the profession owing to a lack of support from their employer. Strikingly, 56% of respondents thought that discrimination against people with disabilities was a larger problem within the medical profession than in wider society.

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## BMA 2025 survey

**Inadequate Adjustments:** 73% of those requiring reasonable adjustments reported they had **not received all the support they are legally entitled to**.

**Career Progression Barriers:** 63% believe that a lack of support has been a significant **barrier to their study and career progression**.

**Widespread Ableism:** 56% of respondents believe ableism – **systems and attitudes prioritizing the needs of non-disabled people** – is a greater issue in medicine than in wider society.

**Personal Financial Burden:** 43% of respondents were forced to **use their own money to pay for necessary workplace adjustments**.

**Bullying and Harassment:** 34% reported experiencing bullying or harassment specifically linked to their disability or neurodivergence.



## Disability and neurodivergence in the medical profession

2025 survey findings



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## BMA 2025 survey

Among the report's findings were that, while 67% of 801 respondents said they had notified their employer or medical school about their disability or neurodivergent status, **just 33% said that this had led to improved support**.

*'Obtaining reasonable adjustments is such a struggle that it almost cancels out their benefit,'* one doctor told the survey.

*'Even though I have reasonable adjustments on paper, they don't translate well to real life due to poor hospital infrastructure, underfunding of the NHS and low staffing levels.'*



## Disability and neurodivergence in the medical profession

2025 survey findings



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## BMA 2025 survey

Findings from the report include:

- 47% of respondents were **not satisfied with the process** for accessing reasonable adjustments at their place of work/study
- 53% were **not satisfied with the information available** on how to access reasonable adjustments at their place of work/study
- 54% were **not satisfied with the time it took** to get their reasonable adjustments put in place.



## Disability and neurodivergence in the medical profession

2025 survey findings



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## Why reasonable adjustments matter

- **ADHD and autism are common, invisible, and compatible with excellent clinical practice** when the environment fits the clinician
- High cognitive load, time pressure, interruptions, and documentation demands disproportionately affect neurodivergent psychiatrists
- Adjustments are **legal rights**, not favours (*Equality Act 2010 in England, Scotland & Wales – similar laws in Northern Ireland, Jersey, Isle of Man & Guernsey*)
- Evidence and lived experience show adjustments improve:
  - *Patient safety*
  - *Clinician wellbeing and retention*
  - *Training outcomes and exam performance*

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## Reasonable adjustments for psychiatrists with ADHD

### Executive function & attention support

- Protected admin time (*clearly timetabled, not fragmented*)
- Use of checklists, templates, and structured clinical letters
- Written agenda and follow-up summaries with action points for meetings
- Assistive technology (*speech-to-text, AI scribes, task managers, reminders*)
- Realistic caseloads to avoid overwhelm and overbooked clinics
- Timely & regular meetings with line manager (*supervisor, Clinical director*)
- Medical scribe / personal assistant (*admin, Assistant psychologist, Physician Associate, psychiatrists in training*)
- Scheduled lunch breaks

### Environment

- Quiet workspace or noise-cancelling headphones
- Minimise interruptions during admin time
- Working from home when possible (*remote clinics, meetings, admin time*)

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## Redefining symptoms of ADHD as positive aspects

- Distractible or **Super-observant**?
- Internal distractions or **Rich imagination**?
- Hyper-focusing or High **capacity to concentrate**?
- Impulsive or Capable of **quick responses**?
- Hyperactivity or **High energy level**?
- Inattention to detail or **Can see the big picture**?
- Easily bored or High **capacity for innovation**?

Adapted from: Nadeau KG (1997) *ADD in the Workplace: Choices, Changes and Challenges*

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## Reasonable adjustments for autistic psychiatrists

### Predictability & clarity

- Advance notice of rota changes and meetings
- Clear expectations for roles, exams, and competencies
- Written rather than verbal instructions where possible

### Sensory adjustments

- Control over lighting, noise, and workspace

### Social adjustments

- Option for remote attendance at some meetings/teaching
- Explicit communication norms (*no reliance on implicit rules*)
- Encourage and enable social hobbies (*sport, music, reading club*)

### Supervision

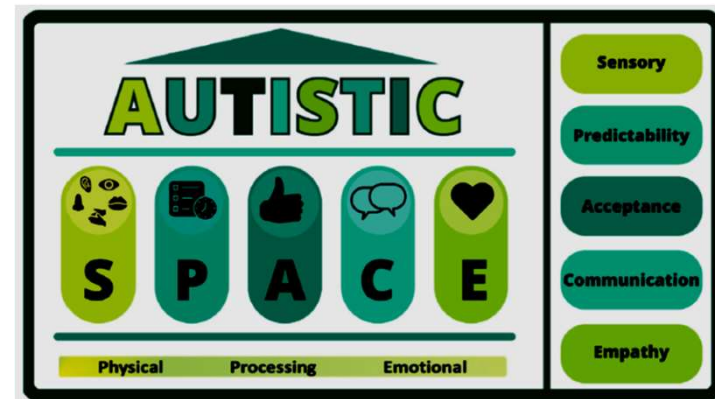
- Structured supervision with agendas and action points



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## Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings

Doherty et al., Br J Hosp Med 2023; 84(4): 1-9



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### What your organisation (NHS Trust) can do

#### ■ Implementation of **RCPsych Guidance for MH Employers** on Providing reasonable adjustments (Aug 2025)

[www.rcpsych.ac.uk/docs/default-source/improving-care/providing-reasonable-adjustments/disabilityguidance\\_rollout\\_v9\\_\(dv11\)\\_access.pdf](http://www.rcpsych.ac.uk/docs/default-source/improving-care/providing-reasonable-adjustments/disabilityguidance_rollout_v9_(dv11)_access.pdf)

- Co-produced **disability workforce strategy and implementation plan** with board monitoring (1-3)
- Disability / neurodiversity training of leaders and managers (5)
- Disability / **Neurodiversity Network** for staff (6)
- Clear, up-to-date [inclusive] policies and procedures (8 + 12)
- Reasonable adjustments for application and interview processes if requested (10)
- Adequate Occupational health provision (13) + Reasonable adjustment passports (14)
- Responsible manager to provide **reasonable adjustments within a defined timeframe** (11)
- Readily accessible information about equality & disability legislation, disability rights, rights to reasonable adjustments

#### ■ Implementation of **BMA guidance on Reasonable adjustments** for medical students and doctors with disabilities and long-term health conditions (Jun 2024)

[www.bma.org.uk/advice-and-support/your-wellbeing/reasonable-adjustments/making-reasonable-adjustments](http://www.bma.org.uk/advice-and-support/your-wellbeing/reasonable-adjustments/making-reasonable-adjustments)

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### Financial support: Access to Work (DWP England)

Government funding via DWP to support disabled people in work

#### What it can fund

- ADHD/autism-informed workplace coaching
- Assistive software and hardware
- Noise-cancelling headphones, planners, digital tools
- Support workers (e.g. admin or organisational support)
- Some travel support if relevant

#### Key points

- Applies to trainees and consultants
- Requires Occupation health report and recommendation
- Does *not* require employer to pay first (*in most cases*)
- Can coexist with workplace reasonable adjustments

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### Other financial support available for disabled psychiatrists

#### Disabled students allowance (DSA)

- Available for postgraduate medical trainees and doctors involved in university studies (Master, PhD)
- Can fund specialist study skills support and assistive technology

#### Personal Independence Payment (PIP)

- Government funding via DWP, not means-tested
- Applicants must demonstrate that their ADHD or autism affects their ability to perform daily tasks or move around for more than 3 months

#### Travel support

- Disabled Person's Railcard (National Rail) / Freedom pass (TfL)
- Sunflower Lanyard



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### Specialised support services for healthcare professionals

- **NHS Practitioner Health** (England, Scotland, Jersey)
- National Wellbeing Hub (Scotland)
- Health for Health Professionals Wales
  
- British Medical Association (BMA) wellbeing services
- DocHealth
- Doctors in Distress
- Doctors' Support Network
  
- British Doctors and Dentists Group
- Sick Doctors Trust

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## Discrimination and Employment law

- **Explosion in Neurodiversity claims** since 2020 (8.5-fold for ADHD, doubled for autism)
- **Legal standards for "disability"**: The Employment Appeal Tribunal (EAT) clarified in 2025 that it is incorrect to "weigh up" what a claimant *can* do against what they *cannot*. If an impairment has a substantial adverse effect on even **one** day-to-day activity, the individual is legally protected.
- **Employer Obligations**: Tribunals are increasingly holding employers accountable for failing to proactively inquire about a worker's needs if performance issues might be related to an undisclosed disability.

### Recent judgments involving doctors vs NHS

- **Dr. E. Kariki vs. Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust** (September 2025): The tribunal concluded that the burden of proof shifted to the NHS Trust to show that withdrawal of a job offer was not due to the claimant's disability.
- **Dr. Rebecca Marsh vs. NHS England** (August 2025): The tribunal found that NHS England failed to make reasonable adjustments and discriminated against Dr. Marsh for reasons arising from her disability.

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## Pros & cons of disclosure

- Better understanding and greater awareness of ADHD
- **Younger doctors and medical students find it easier to disclose**
- More experienced clinicians are concerned about stigma and are reluctant to disclose (*as long as there are no performance or misconduct issues*)
- **Some (but not all) reasonable adjustments can be implemented without a formal diagnosis and disclosure**
- Disclosure (or non-disclosure) is a personal decision
- **Annual appraisal often requires statement on good health (which may result in probity issues in case of non-disclosure)**
- Optimal and strengths-based (*eg individualised admin*) support can only be implemented with full disclosure

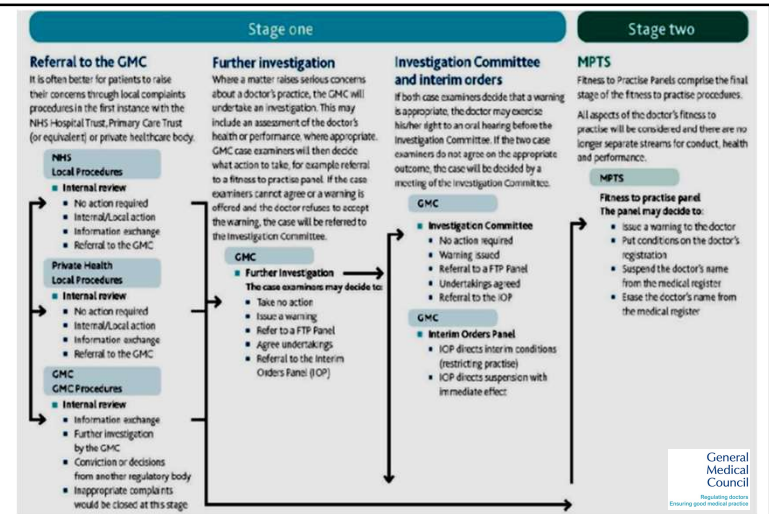
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## When things have gone wrong ...


- Role of colleagues, mentor, ADHD coach  
*"You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times."* (Good Medical Practice, GMC 2013, point 43)
- Role of line manager & employer
- Occupational health
- NHS Resolution (practitioner performance advice)
- MDU / MPS (legal support)
- **BMA** (doctor's trade union)
- **GMC** (complaints, fitness to practice, revalidation)

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## GMC Dealings with concerns about a doctors



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www.adult-adhd.net  
European Network  
Adult ADHD

## European Network Adult ADHD

Kooij et al. 2010 / 2019

- **Expert consensus statement** with recommendations for diagnosis and treatment of adult ADHD
- First published in 2010 (based on 3 meetings), update published 2019 in *European Psychiatry*, 65 authors (top experts in Europe + rest of world)

### Combating stigma:


- **“Psycho-education about ADHD** should be included in **anti-stigma programs**” and “programs ... need to target all clinical disciplines at all stages of professional development” (from students to GPs).
- **“Stigma prevents patients to ask for help** and increases their suffering and impairment. Hence the successful management of ADHD by prescribers will include an awareness of the potential stigma that may be perceived by the patient and its consequences on treatment initiation and maintenance.”

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### Editorial

## A full CIRCLE: inclusion of autistic doctors in the Royal College Of Psychiatrists' values and Equality Action Plan

Sue McCowan, Sebastian C. K. Shaw, Mary Doherty, Bernadette Grosjean, Paula Blank and Malcolm Kinnear



**Summary**  
Autistic psychiatrists bring strengths and values to the workforce and ask to be acknowledged and supported as part of the Royal College of Psychiatrists' CIRCLE values and Equality Action Plan. Courage and collaboration are required to jointly learn and innovate, promoting well-being, resilience and excellence for autistic doctors.

**Keywords**  
Education and training; stigma and discrimination; autistic spectrum disorders; human rights; developmental disorders.


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- “The Royal College of Psychiatrists continues to champion **equality, diversity** and **inclusion** and is well placed to lead the way with neurodiversity.
- A CIRCLE of values needs to encompass its whole workforce and we ask for **autistic doctors** to be acknowledged, valued and supported.

**... and doctors with ADHD** sion and collaboration, and trust that psychiatrists and re than up to the task in this great speciality in which we are ctise.”

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on [rcpsych.ac.uk/thrive](https://rcpsych.ac.uk/thrive)

## Thank you for your attention !

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Chapter

# 13


## Drugs to Treat Attention Deficit Hyperactivity Disorder (ADHD)

Ulrich Müller-Sedgwick and Jane A. Sedgwick-Müller

### College Seminars Series

## Seminars in Clinical Psychopharmacology

Edited by Peter M. Haddad and David J. Nutt



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