

# ADHD in Kent and Medway

An exploration of how local people's feedback compares to national trends.

**A Healthwatch Kent and Healthwatch Medway Report**

April 2026



In partnership with



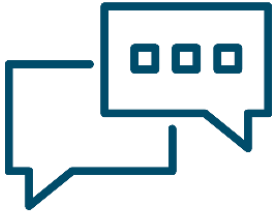
**healthwatch**  
Kent

**healthwatch**  
Medway

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## About us



Healthwatch Kent and Healthwatch Medway are your local independent champions for health and social care. Our aim is to improve services by ensuring local voices are heard – we want to hear about health and social care experiences so to influence positive change for communities across Kent and Medway. We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.



We use your feedback to better understand the challenges facing the NHS and other care providers, to make sure your experiences improve health and care services for everyone. It is really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Your feedback is helping to improve people's lives, so if you need advice or are ready to tell your story, we're here to listen.

Recently, the Government has announced plans to close Healthwatch England and Local Healthwatch as part of a wider effort to streamline patient safety and voice organisations across health and social care. Healthwatch will continue its important work – listening to the public and patients and using those insights to influence the future of NHS and social care – until changes to the Health and Social Care Act come into effect.

We recognise the significant transformation underway across the health and care system, and the challenges that come with it. As we look ahead, we remain committed to working with partners to explore new ways of ensuring people's voices continue to be heard. This commitment is a fitting legacy to our 12 years of independently amplifying the voices of Kent residents.

Healthwatch Kent and Healthwatch Medway are hosted by EK360. To find out more about EK360, visit [www.ek360.co.uk](http://www.ek360.co.uk).

## Summary

In May 2025, Healthwatch England published a report on the lived experience of people with ADHD.

This report had a national focus and made recommendations in-line with the NHS ADHD independent taskforce report Part 1 and Part 2 (April 2025; November 2025) that can be widely applied for improvement. But these do not illustrate the specific challenges of the local Kent and Medway population, or which recommendations are most relevant to local NHS services.

This report gives a platform to the experiences of people in Kent and Medway with ADHD. It uses unsolicited feedback around ADHD, and triangulates the local picture alongside the national picture, highlighting the challenges people face when accessing ADHD care in Kent and Medway.

Our findings suggest that the experience within primary care is a key area for local focus to inform how local health and social care services and the ADHD pathway adopt national care guidance.

The experiences of **133** Kent and Medway residents were explored, and the report identifies three main themes: Information and Support, Assessment waiting times and Medication. Each of these issues often has a compounding effect on other issues.

The need for Information and Support runs through all stages of ADHD care. A reported lack of information is having a negative impact on people's overall experience of ADHD services and their general quality of life.

Currently there are no non-pharmacological treatments specifically for ADHD commonly offered by the NHS but many people find comfort in the validation a diagnosis brings. The validation does not change their symptoms, but awareness of information resources can help teach people coping strategies.

Long wait-times for ADHD assessments are compounded by little information and support while waiting and poor communication from assessment providers. For some, this wait is extended by delayed GP referral or initial refusal of the GP to make an assessment referral.

After diagnosis, people have access to more support for their ADHD symptoms from the NHS, the main one being medication. While not everyone chooses to take ADHD medication, those that do take medication often find it extremely useful for helping them manage their ADHD symptoms and the negative effect they have on their life. However, people who desire to use medication have faced lengthy waits between diagnosis and titration. Once titrated, people also experience delays in receiving medication reviews that help them manage their dose and grant them repeat prescriptions.

# Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by excessive inattention, hyperactivity and impulsivity according to the [Diagnostics and Statistical Manual of Mental Disorders – Fifth Edition \(DSM-5; American Psychiatric Association, 2013\)](#). The development of this condition occurs in early childhood due to a combination of genetic and environmental factors.

The [National Institute for Health and Care Excellence \(NICE\)](#) estimates that the global prevalence of ADHD in children and young people (CYP) is around 5% and the prevalence in UK adults is around 3-4%. Using these percentages and the published data by the Office of National Statistics (ONS; 2025) [Population estimates for England and Wales: mid-2024](#) we have conservatively estimated that 66,432 people living in Kent and Medway have ADHD, 45,225 of which were adults in 2024. The availability of support to those with ADHD or suspected ADHD is inconsistent across health and social care providers, with wait-times for diagnosis and treatment varying greatly across areas of England, as shown by ADHD UK (2023) in their [report into NHS ADHD wait-times](#).

[Healthwatch England](#)'s independent review into the lives of those with ADHD and their experience with pursuing support from the NHS made recommendations that focus on changes at a national level. However, there is a lot that can be done by Integrated Care Boards (ICB) to improve care at a local level.

ADHD causes differences in many cognitive functions which can impair an individual's ability to cope with daily life. Because of this, ADHD can have a significant impact on an individual's quality of life (French et al., 2024). Fortunately, after diagnosis many people find self-understanding, life strategies, and medication helpful in supporting their daily life (Bellato et al., 2025).

Because of the profound effect that ADHD can have on an individual, it is important that anyone pursuing an ADHD diagnosis has timely access to an assessment and is offered support during the wait time (Hamed., 2015). It is also important that after an individual has received a diagnosis, they have continued support including access to pharmacological aids and more holistic tools supplied by their local health and social care service (Weissenberger et al., 2017).

In reaction to the growing demand for ADHD services across England, [Kent and Medway Integrated Care Board](#) (ICB) conducted a review of people's experiences with adult ADHD services and asked people for their views on how these services could be improved. This review has helped inform the continuing development of the [Neurodiversity Hub](#), which provides information and signposts to useful resources for people with different neurodevelopmental conditions like ADHD.

This report explores how national reports and the NHS Kent and Medway findings compare to unsolicited experience data reported to Healthwatch Kent, Healthwatch Medway and Mental Health Voice and how living with ADHD is impacting people in Kent and Medway.

# Methodology

This project was a desktop review of published national and local evidence, which was examined alongside an unsolicited data set, created from experience data held by EK360. The project and resultant report were undertaken and written by a person with lived experience of ADHD.

Permissions used by Healthwatch Kent, Healthwatch Medway, Healthwatch England and Mental Health Voice all enable experience data to be pooled as a bank of experience data within EK360.

This data bank was searched using a number of search terms to identify relevant experience data to create a data set for this desktop review. Included in the data search were experiences with health or social care services either directly related to themselves or their loved ones with ADHD. When people shared their experience about services for their loved one with ADHD, the diagnosis status of the loved one, not the experience sharer, was recorded.

The search terms used were:

- in experience data, ADHD, Attention Deficit and Neurodiversity
- in demographic data; ADHD identified as a disability or ongoing health condition.

The search terms identified **133** pieces of experience data

- **32** pieces of this data set came from data gathered and used by Healthwatch England (HWE) for their report: 'Recognising ADHD: How to improve support for people who need it'. The raw anonymised data they shared with us was gathered in their 'own survey' which asked a series of questions focused on life with ADHD. This survey was available to complete online through January 2025. All participants in the Healthwatch England survey disclosed their diagnosis status.
- **131** pieces of data within this data set came from previously gathered experience data held within EK360's data bank. The diagnosis status of participants from all other sources was collated from explicit statements of diagnosis or inferred from the feedback shared when possible.

As the data set was drawn from multiple sources over a two-year timeframe, the demographic data is not uniformly recorded. For example, people were asked about their age group by all sources, but the age groupings differed between sources.

A thematic analysis was conducted on the final data set of 133 experiences. This analysis identified themes and sub-themes. A pre-set taxonomy was not used for analysis or thematic development.

# Findings

## Understanding the data set

The experiences of **133** people who had previously shared an experience they had as a person with ADHD or as a loved one of a person with ADHD, created the data set.

- **64%** (85) of people within our sample identified as female. **23%** (30) identify as male **13%** (18) did not say
- **56%** (74) of people within our sample are white British, **5%** (6) are mixed ethnicity and **2%** (3) identified as Black.
- **57%** (76) of people within our sample, or their loved ones with ADHD, are officially diagnosed, of these 56 were adults and 20 were children or young people.
- **23%** (30) of people within our sample had been referred and awaiting an ADHD assessment, of these 23 were adults, and 7 were children or young people.
- **17%** (23) of people within our sample suspected that they were living with ADHD, of these 19 were adults and 4 were children or young people.
- **23%** (31) of experiences within the data set are from Children and Young People and their loved ones, so their experiences are less frequently mentioned in the findings of the report than adults.
- Our sample included people from all areas of Kent and Medway.

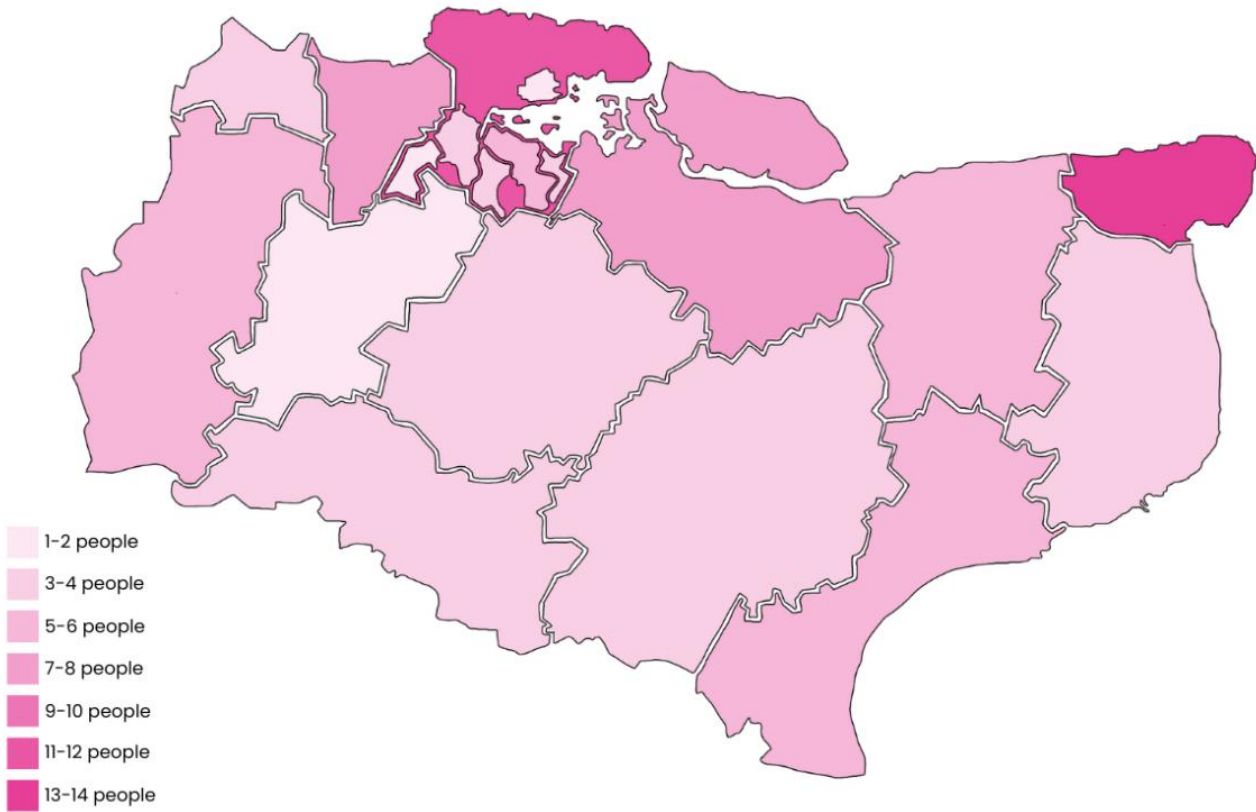
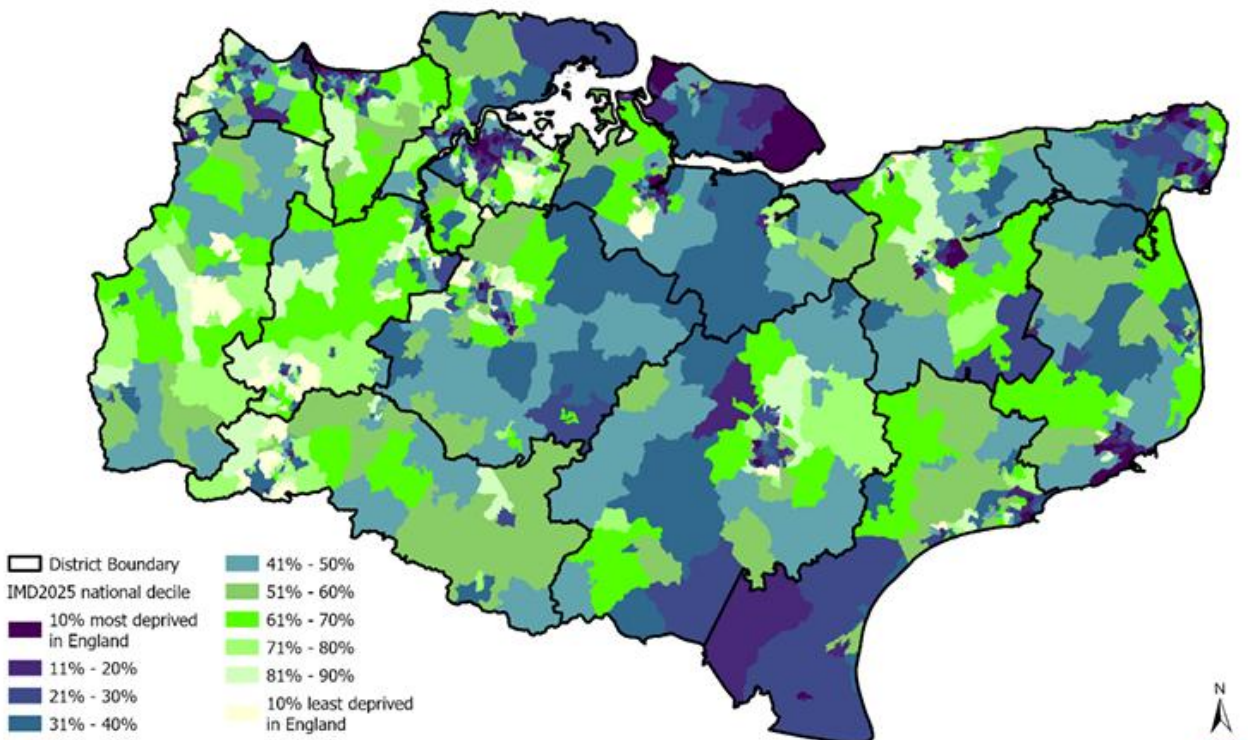


Image 1: Heat map representing where our experience data has come from across Kent and Medway

Indices of Deprivation 2025 (IoD2025):  
Overall IMD 2025 national rank of LSOAs in Kent & Medway



Source: Indices of Deprivation 2025 MHCLG  
Presented by Kent Analytics, Kent County Council. Crown Copyright & Database right 2025 Ordnance Survey: 100019238



Image 2: Overall IMD2025 national deciles: LSOAs in Kent & Medway

District	Number of people
Kent (unspecified district)	31
Ashford	4
Canterbury	5
Dartford	3
Dover	4
Folkestone and Hythe	5
Gravesham	7
Maidstone	4
Sevenoaks	5
Swale	7
Thanet	13
Tonbridge and Malling	1
Tunbridge Wells	4
Medway (unspecified area)	12
Chatham	3
Gillingham	6
Hoo	1
Rainham	3
Rochester	4
Strood	1
Total Kent	93
Total Medway	30
Prefer not to say	10

Table 1: Location breakdown of participants across the districts of Kent and areas of Medway.

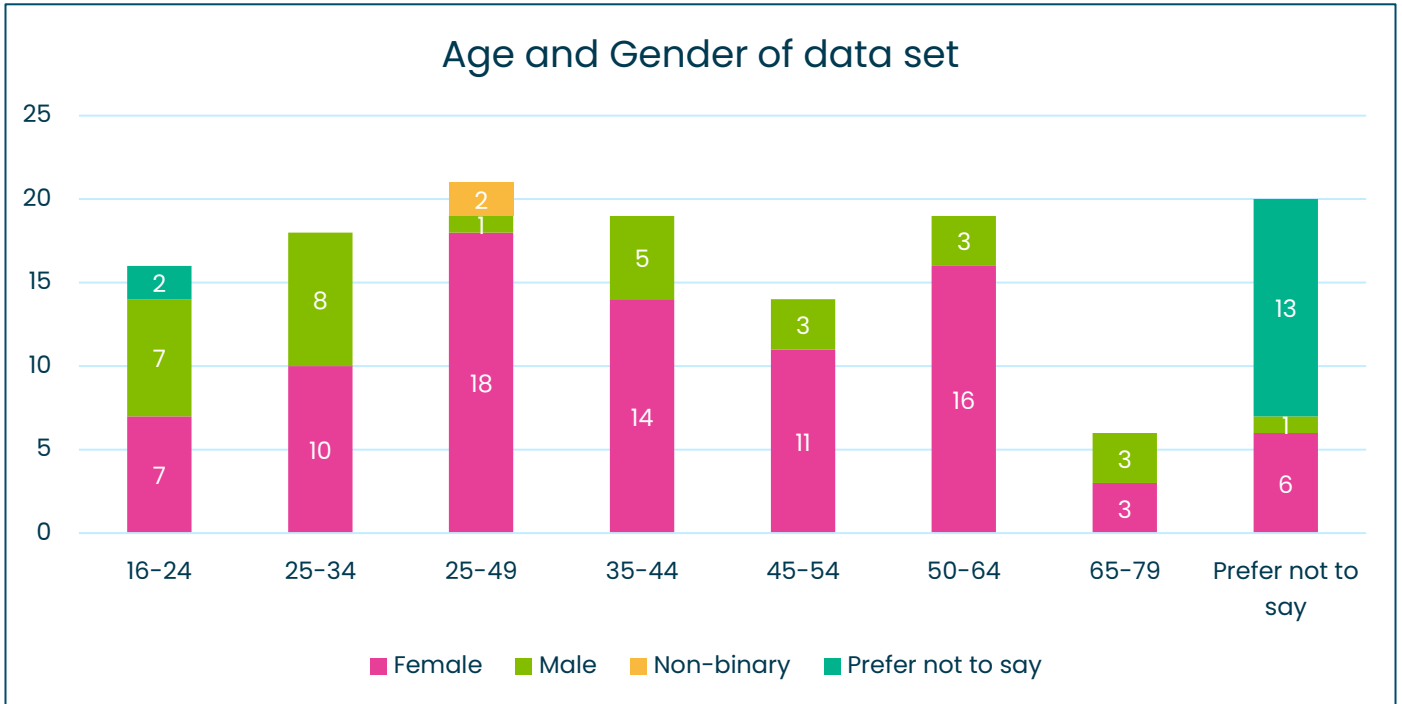


Table 2: Breakdown of age and gender of the people whose experience was within the data set



Table 3: Self-identified ethnicity of people whose experience was within the data set.

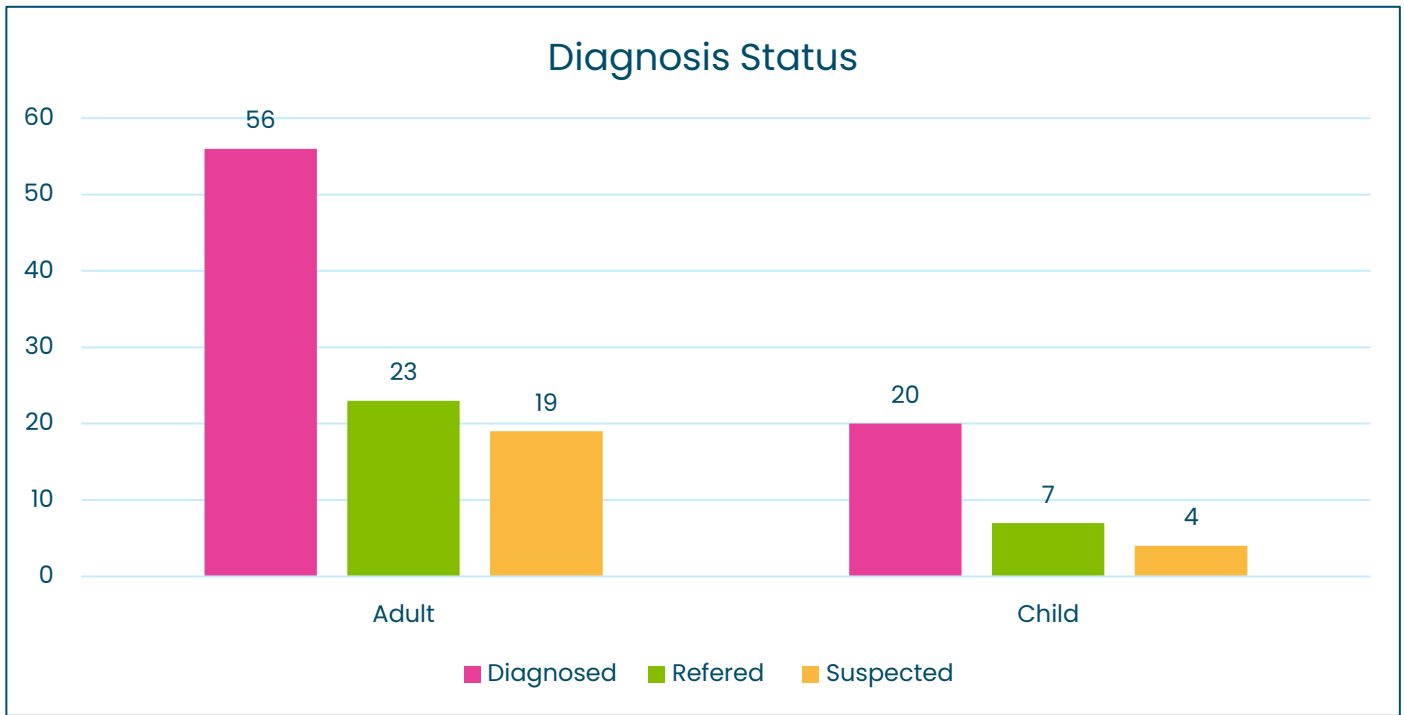


Table 4: ADHD diagnosis status of the people whose experience was within the data set.

## What have people been telling us?

Three clusters of themes emerged from the data set:

- Support and information (53 mentions)
- Assessment Waiting times (42 mentions)
- Medication (38 mentions)

Each of these clusters is discussed in light of national findings. All quotes shared in this report are from Kent or Medway residents.

### Cluster of themes 1: Support and information (53 mentions)

Many people with ADHD require some kind of support, whether that be to manage their ADHD traits, receive accommodations at work/school, or support their mental health. The right support can reduce ADHD traits and the negative impact they can have on someone's mental health and life ([Lambeze et al., 2020](#); [Dentz et al., 2024](#), [Yang et al., 2025](#)).

## Sub theme: Support and information before diagnosis

17% (9) people talked about their experience of support while waiting for an assessment. People spoke of receiving no support while waiting, nor receiving any contact from their assessment provider about what support they could access. The few that did receive support wished for more support, including more information on their position on the waiting list.

75% people said that advice and guidance mattered to them as a form of support.

NHS Kent and Medway, Adult ADHD services review.

52% people said that using adult ADHD services would be improved if more accessible support was offered pre and post diagnosis.

NHS Kent and Medway, Adult ADHD services review.

63% people said that they were not accessing any support while waiting for an assessment.

NHS Kent and Medway, Adult ADHD services review.

“Cogs ai app which is rubbish. Don't know what it's for or how to use it. Weekly coaching sessions which were useful to learn more about the science of ADHD and acceptance. Information about where I am in the waiting list. I'm not sure support is what is needed. It's more about validation and self-identity. All the time I don't have a definitive answer, it makes me question what's wrong with me.”

“Got support form Practical wisdom workshops. I would like Mental health support, Coaching, Peer support networks, Update on where you are on waiting list, so I know I haven't been forgotten. [What was the impact of not getting support you needed?] Mental health bad, hurt myself, really low, missed work, poor health.”

## Sub theme: Support and Information after diagnosis

Although many people expressed that simply having an explanation for their symptoms and struggles is helpful, research has shown that people with untreated ADHD have poorer long-term outcomes compared to treated ADHD or people without ADHD (Shaw et al., 2012).

5% (6) people specifically brought up that they believed there was a lack of support available after diagnosis.

“It [the ADHD diagnosis] helped, but only personally, not in terms of any kind of support, as it's non-existent for adults in UK.”

### Sub theme: Information and support among children and young people

34% (18) people mentioned their experience with the support they or their loved ones received as a young person with ADHD. 28% of these experiences were positive. All these positive experiences expressed how accommodating and understanding the healthcare professionals were towards them or their loved one with ADHD during a short-term stressful situation.

"This is some positive feedback about my experience at the [hospital] and the way they dealt with my daughter [aged under ten] and myself. My daughter couldn't breathe properly so I called an ambulance. The paramedics were brilliant. I have mental health and mobility problems, and my daughter has ADHD and ASD. My daughter was taken to hospital and had to stay in for five days/nights. The staff were fantastic. I was allowed to stay with her and slept next to her, the staff made sure I was comfortable, and we were both treated so well; they were really understanding about both our needs. I cannot praise them and the paramedics enough."

### Sub theme: Mental Health and ADHD within children and young people in the data set

Many young people with ADHD struggle with their mental health due to commonly co-occurring mental health conditions like depression and anxiety (Gnanavel, et al 2019). Children and young people with ADHD are more likely to use mental health services compared to those without ADHD (Mathews, et al 2024).

17% (9) people shared their experience of seeking or receiving mental health support for themselves or their loved one with ADHD.

"Mental health support for my [grandchild aged under 16] has been severely lacking. He has diagnosed ADHD and autism and also displays traits of pathological demand avoidance (PDA), which can lead to behaviours that put himself and others at risk. Despite this, CAMHS have discharged him without providing the necessary support."

"CYPMHS were incredibly beneficial for my [loved one]. His doctor and nurse were both supportive and understanding, providing him with the care he needed. Now that he is [an adult], he is under the care of [a private mental health service] for his ADHD as an adult. Unfortunately, my experience with this team has not been as positive. With CYPMHS, he had regular appointments every four to six months to check on his wellbeing and medication effectiveness. I wouldn't change anything about the care he received from CYPMHS they were brilliant with him."

## Sub theme: Mental Health and ADHD from Adults within the data set

People with ADHD often have co-occurring mental health issues and are more likely to experience mental health issues throughout their lifetime than those without ADHD ([Mohammadi et al., 2019](#); [Choi & Woo et al., 2022](#); [Cherkasova et al., 2022](#)).

25% (13) people talked about their experience of seeking mental health support.

Neurodivergent people are less likely to have their referral progress directly to an appointment or waiting list. This is compounded as mental health referrals are less likely to lead directly to an appointment or wait-list than other conditions

Healthwatch England [GP Referrals, Part 2 – The hidden waiting list](#)

"I was referred by my GP at [the GP surgery] to [the CMHT] for feeling suicidal and for my ADHD. They declined to take me on and told me to get counselling, which I did and that was no good because the counsellor said I was too ill for them as I was self-harming. I have managed to keep myself well in the end with the help of friends and family."

"I [have] ADHD and [am] schizophrenic, I keep getting discharged and keep having to try to get back in the system. I am going round in circles all the time. I just need to stay with the same people and I need to be listened to. I have been in prison and that made me worse and now I am trying get into the GP because I need some help again."

In the UK, healthcare professionals can look [to NICE ADHD guideline](#) (NICE, 2018) for evidence based best practice guidance. NICE has guidelines on how best to support a person with an ADHD diagnosis. Recommendation 1.5.2 states that any treatment plan developed should address psychological, behavioral, and occupational needs in a comprehensive and holistic way. Support following these guidelines would look at the whole person and the issues they experience as an interconnected web.

7% (4) people shared a positive experience about support received and gave examples of holistic care.

"I've recently completed CBT with Kent and Medway Talking Therapies. I was fortunate to reach the top of the Adult ADHD and Autism Service list just in time to begin medication. The medication helped me to focus, listen, and follow the therapist's guidance much more effectively. The timing couldn't have been better, I'm convinced my experience wouldn't have been as positive if these two things hadn't happened together."

"Due to shortages of ADHD medication I had to reduce mine and luckily hadn't noticed any negative side effects but was told to create a mood chart by my GP. Since I've

been with [the peer support groups], I've found myself being able to go out by myself a lot more than I had, I've hardly self-harmed at all and not had to go into hospital because of it and want to stop it completely. With the support I'm getting I'm heavily focused on getting better/managing my mental health and I think I can do it."

### Sub theme: Support at work

For many adults with ADHD, work is where they notice the biggest impact of their ADHD

Support, like reasonable adjustments at work, can enable people to see improvement at work. When people do receive support, it does make an impact even if the process isn't perfect

**22%** (23) people talked about their experience of support at work for their ADHD. 26% of them shared a positive experience of receiving support in the form of reasonable accommodations at work.

**63%** of people diagnosed with ADHD and **72%** of undiagnosed people rate the impact of ADHD on their concentration at work or study as negative.

**53%** of people diagnosed with ADHD and **50%** of those undiagnosed rated the impact of ADHD on their ability to work as negative

**76%** of people offered reasonable adjustments said they made a moderate to significant difference

Healthwatch England, Recognising ADHD.

"Employer has been fantastic, I also have undiagnosed autism. Makes sure she is transparent with me, no surprise calls or meetings, any meetings are explained in advance so I don't feel anxious, hybrid working, office space for when it's too loud in the main office."

"Because of my diagnosis, my work are much more understanding and have helped me plan my workload and excel in my role. [...] I cut down a day at work. I am lucky that I have a supportive manager who did not bat an eyelid when I suggested it. She actually said she thought it would be good for me. I have been treated no differently, and I have a much better work life balance which makes life less hectic and stressful for me."

30% (7) people reported not feeling comfortable requesting accommodations at work because they do not have an official diagnosis and fear a negative outcome.

19% of employed people informed their employer that they had ADHD.

30% said not having a formal diagnosis was a barrier to employment.

70% of diagnosed employees had informed their employer they had ADHD.

Healthwatch England, Recognising ADHD.

“No diagnosis so can’t ask for anything. I don’t want to mention probably having ADHD for fear of being accused of ‘jumping on the ADHD bandwagon’.”

“I feel I was never taken seriously regarding career progression because of what I now know are the symptoms of ADHD. I could never ask for accommodations at school, university or work because it was my fault – rather than a disability.”

22% (5) people shared a mixed experience of receiving support at work; their employers were open to giving them reasonable accommodation at work but getting that support in place was difficult. This could indicate that more needs to be done to educate employers on ADHD. Three were diagnosed and two undiagnosed.

“Everyone seemed to want to help but didn’t actually go through with providing reasonable adjustments I was expected to implement adjustments myself so the load became too much on me.”

## Cluster of Themes 2: Assessment Wait-times (42 mentions)

94% of the 42 mentions of assessment waiting time were negative. People spoke about how the wait leaves them feeling stuck in a phase of life without the tools to move on as the support they need is only accessible with a diagnosis. People told us about the impact this was having.

“I feel stuck in a limbo, and like I am making my symptoms up until they are confirmed, so it has had a negative effect on mental health. I dropped out of uni due to ADHD symptoms so desperately need support.”

“Frustration levels are high. I can’t ask for adjustments that may help me at work until diagnosed. Being aware I may have ADHD is making me see my childhood differently which is upsetting.”

20% (26) people mention how long they have been on the waitlist or how long they have been told the waitlist is.

These mentions range from 2-7 years to wait for an assessment, and all expressed dissatisfaction with this lengthy wait.

ADHD UK (2023) estimated wait times ranging from 12 weeks to 550 weeks across the UK. According to information presented to the [Kent County Council Health Overview and Scrutiny Committee](#) in 2024, people can be waiting up to 7 years for an ADHD assessment in Kent and Medway.

**28%** people believed that adult ADHD services would improve if wait-times were reduced

NHS Kent and Medway, Adult ADHD review

"I have been told by the [GP surgery] that I will have to wait five years to get assessed for ADHD even though I've been told [that] I'm autistic. ... I still have to wait five years for an assessment for ADHD, I do not have enough money to go private. [The] GP told me that I just have to find ways to deal with it myself."

"ADHD assessment and support services in Kent and Medway have a current waiting time of 7 years. This is simply unacceptable. But then living in Kent is pretty rubbish anyway."

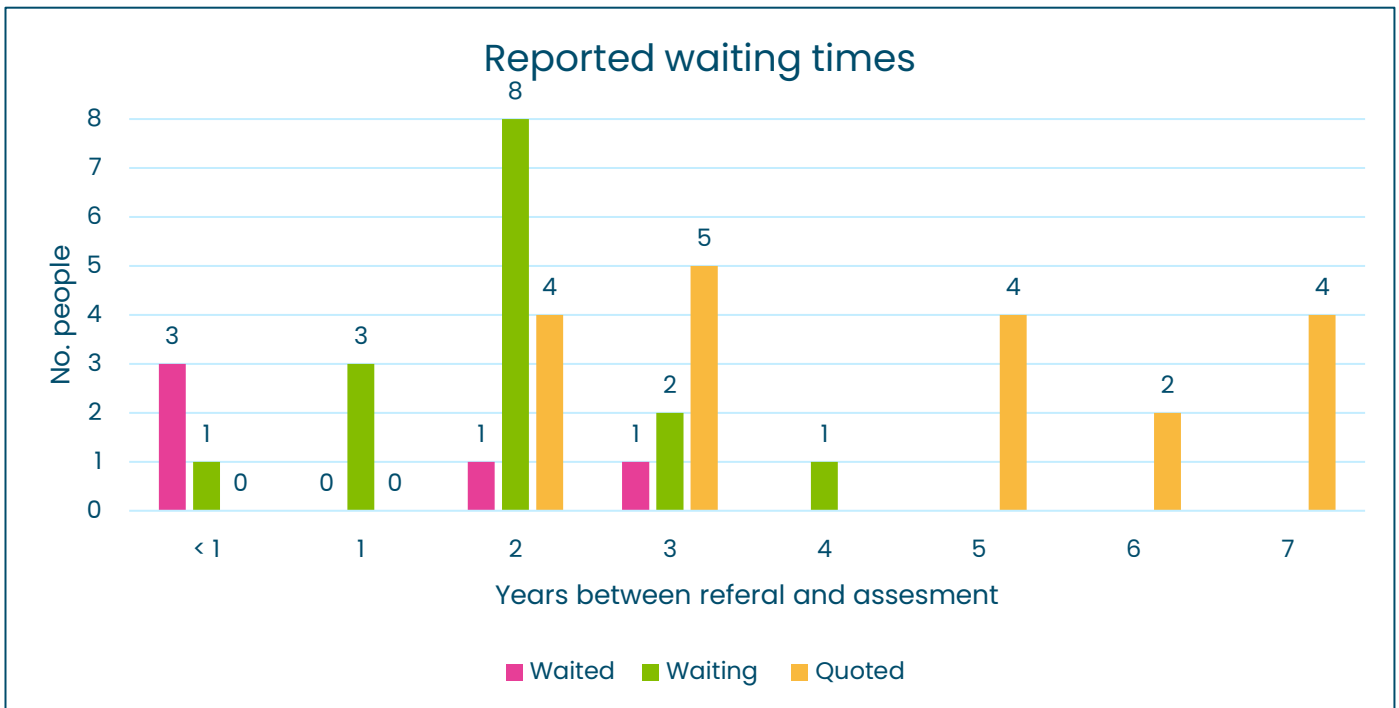


Table 5: Reported length of time people waited before assessment, are currently waiting for assessment, or the wait-time they were quoted by a healthcare profession.

## Sub theme: Communication with Assessment providers

11% (14) people shared their experience of communication with adult ADHD assessment providers. They experienced inconsistent, unclear, and insufficient communication. This left some unsure if their GP referral had been received or how long they had left on the waitlist, and some unsure of what support they could access while they wait.

21% rated the information they received from assessment providers as poor.

Healthwatch England, Recognizing ADHD.

"I have been on the waiting list for 2 years for an ADHD assessment. I have received messages to inform me of support whilst I wait (I have taken this as an acknowledgement that they haven't forgotten about me). However, I recently received another text saying 'to progress your adult ADHD assessment referral, we now need more information from you'. Does this mean i have been on a waiting list to be added to the waiting list. Why are they not clearer in their communication?"

"Absolutely rubbish. A lot of the time i question if I'm even on the waiting list as there is no clear comms. They gave a generic answer signposting me to the website for wait times rather than someone being able to actually look my name up and tell me."

6% (8) people have said that they have received low or no contact from ADHD services after referrals for assessment had been made by GPs.

"My GP surgery said that they have completed the referral for an ADHD assessment, yet I haven't heard anything since. There needs to be some communication to inform people that the referral has been made and that the referral has been received so that people do not have to consistently chase services and clog up phone lines."

## Sub theme: The Hidden Waiting list

The wait-time for an assessment is compounded, for some, by the 'hidden waiting list', which is the time it takes for a person to receive a referral from their GP.

14% (18) people mentioned delayed referrals from GPs, caused primarily by admin issues. These unnecessary delays caused stress for the individual and resulted in them experiencing a longer wait time.

Neurodivergent people are less likely to experience a smooth GP referral process with only **58%** of referrals progressing directly to an appointment or wait-list.

[GP Referrals, Part 2 – The hidden waiting list report'](#)

Healthwatch England

5% of people had two or more appointments before being referred for an assessment by their GP

Recognising ADHD report, Healthwatch England

43% of people received no information of how to manage their ADHD traits while waiting for assessment

Recognizing ADHD. Healthwatch England

"I asked to be referred in January or February 2024. I recently emailed the clinic for an update, to be told I've been taken off the list as my GP has changed. It would have been nice to know, or to be reminded, or updated with the process."

"I have suffered severely with [mental health issues] , because nothing worked I thought maybe it's because I'm actually autistic or adhd not depressed. So I went to my surgery and did the first initial assessment, they sent it to the wrong place. The next one I did, the questionnaire changed before they could send it so I had to do it a third time which finally got sent in [2 years later], meaning I was put to the back of the wait list and now the waitlist has gone up to 5 years, it was three when I did the first assessment, meaning I won't get any form of results until 2027. When I should of been getting them around now if they had done their job properly."

### Sub theme: Refusal for assessment referral

5% (6) of adults mentioned being initially refused a referral by their GP making an extra delay in their road to eventual diagnosis.

4% of people were refused an ADHD assessment referral by their GP.

Healthwatch England. Recognising ADHD

"My Doctor laughed at me when I first asked for a diagnosis. He said they would have known when I was a child. [...] I paid for a psychiatrist that assessed me for ADHD as some of the traits with Asd cross over and the waiting list on the NHS is 6 years. The report stated that I presented with ASD and PTSD too..."

"In my early 20s, I sought help from a GP for symptoms of ADHD but I was dismissed because in their reasoning I had a degree and was working in law at the time. That job lasted just six months before I had a career change. 10 years later a therapist (also neurodivergent) and trained senco teacher spotted the signs of adhd and suggested I

look into it. When I got the diagnosis it felt like I finally had answers for things like my emotional reactions to things, my impulsive nature..."

5% (6) of parents and carers of children with suspected ADHD also spoke about their child being refused a referral by the GP, on the grounds that they were too young to be assessed or because other people consulted about the child behavior did not support the referral.

"I've been told that my [child under 16] will not be able to 'survive' in a mainstream school setting. However, I'm unable to place him in a specialist provision because he does not yet have a formal diagnosis of ADHD or autism. I've also been informed that a diagnosis will not be considered until [two years' time due to his age]. As a result, he has been allocated a school ... that does not require a diagnosis. However, this placement involves him traveling alone by taxi, which he is unable and unwilling to do. Therefore, my son currently has no school placement that he can realistically attend."

"Trying to get a doctor to listen to your concerns that there might be 'something wrong' can be very hard. We were turned down initially for ASD/ADHD assessments saying it had to come from school. The local NHS Trust turned us down despite school and myself saying a high level of issues after [my son's other parent] said there were no issues. Split families need to be looked at carefully."

### **Sub theme: Private providers and Right-to-Choose assessment options**

Some people are turning to private assessments looking for shorter wait times, which can be months instead of potentially waiting years.

This is creating a 'two-tier health service' for those seeking an ADHD assessment.

7% (9) people mentioned that they have used or have contemplated using private services because of the long waitlist, but the high cost has prevented people from exploring this option.

65% of people considered private assessment to overcome long waiting times.

61% of people reported not being able to afford a private assessment.

Recognising ADHD Healthwatch England

"When I spoke to my GP and went through hoops, right at the very end of all of this he told me I could be waiting anything from 2 to 5 years to see a consultant. I wasn't happy. So my wife and I decided to find the money to go private. They saw me within a

week, carried out the diagnosis then after a few medical checks, prescribed medicines and I've never felt better in my entire life. That process happened quicker than the 5 weeks I had to wait to have the initial appointment with my GP."

"I am aware there are long waiting lists, but five years is too long. I have complained about this to the surgery, but there is nothing I can do except to go private which I cannot afford as I am on benefits"

To improve wait times, a change was made in April 2025 to the Adult Neurodevelopmental Service; all new adult ADHD assessment referrals will fall under Right-to-choose.

[Right-to-Choose](#) (RTC) allows people to pick which GP surgery they register with or request to see a specific healthcare professional. Under RTC adults in England can select any NHS contracted provider to conduct their ADHD to Autism Spectrum Condition (ASC) assessment. This is an extension of the [NHS Choice Framework](#) that allows people to pick which GP surgery they register with or request to see a specific healthcare professional. Under RTC adults in England can select any NHS contracted provider to conduct their ADHD to Autism Spectrum Condition (ASC) assessment.

However, there are currently no standard wait time estimates for Kent and Medway as waitlists vary greatly between contracted providers.

**8%** (10) people spoke about how Right-To-Choose has impacted them. People shared both positive and negative experiences when navigating the Right-To-Choose pathway. **4%** (5) of these people noted that when they contacted their GP about an ADHD referral they were not told about RTC, and one person was told that RTC no longer existed for ADHD assessments.

"I've had a good result which I have instigated myself, so this is positive feedback. I was told last year [by my GP surgery] that I would expect a wait of up to 6 years for an ADHD assessment and was put on a waiting list. I began carrying out some research and discovered "Right to Choose". This is something that all GPs are meant to offer so that someone can get an assessment carried out by a private company which is paid for by the NHS. I applied for this via my GP, and I am pleased to report that I have only waited 6 months as opposed to 6 years to have an assessment... I have now received confirmation that I officially have ADHD. This has made a huge difference, and I now have proof for DWP in respect of my benefits"

"I found out by chance and did research about Right To Choose myself and find a private provider with an NHS contract and shorter adult assessment time. I argued with my GP to get them to agree with that referral and then make it. My GP never told me about Right To Choose. I had to find out myself, check the private provider had an NHS contract, find out their waiting time, whether they would accept my GP referral and print out all the forms for my referral to take to my GP referral appointment for my GP to

complete, which I had to talk them through. That was last September. I will soon have an assessment with the private NHS contracted provider...It was really hard work to get my GP to agree and give me the referral as I have a right to. I had to do all the work myself. My GP never told me about Right To Choose and did nothing to help me in any way. I had to do it all myself."

### Cluster of themes 3: Medication (38 mentions)

The most common treatment for the traits and symptoms of ADHD is medication. Both stimulant and non-stimulant medication has been found to be an effective treatment for ADHD symptoms (Cortese et al 2018; Ostinelli et al 2025). Research has shown that it can improve quality of life and reduce risks of criminality, unemployment, substance misuse, and suicide (Shaw et al., 2012; Chang et al., 2020).

29% (38) people shared their experience with ADHD medication. These experiences fall into themes of the impact of medication, starting medication (known as titration), and having medication reviews.

18% (7) of these people shared the positive impact ADHD medication has on them.

66% said medication was most important element of support.

Adult ADHD Review, NHS Kent and Medway

44% felt the medication they have been prescribed makes managing their ADHD traits easier.

Recognising ADHD, Healthwatch England

"Through the diagnosis I have been able to access titration for medication. This has had a significant impact on my ability to concentrate and focus better on tasks that would take me a long time to complete."

"Medication has potentially saved me from getting to the point where I couldn't cope. I'm getting control back, feeling more confident, content and able to not just cope but start to get ahead, think about the future not just getting through another day and recognising that I am doing my best, I am good at what I do and I am a competent adult!"

### Sub theme: Starting medication

According to the official statistics published by [NHS Business Services Authority](#), 10,507 people were issued ADHD stimulant medication under NHS Kent and Medway ICB services between April and June 2024. This is 16% of the estimated ADHD prevalence in the footprint as of 2024.

Titration of ADHD medication is a lengthy process of working with an ADHD specialist to find the right type of medication at the right dose.

Many people experience issues with long wait times for titration, as there are a limited number of ADHD specialist contracted to titrate NHS patients, so once people get their diagnosis, there is an additional wait for medication.

Much like assessment wait-times, there are no official statistics on the wait to start titration. Currently, if people in Kent and Medway want to find out how long they might wait to start medication, they must go onto the websites of right-to-choose providers.

**26%** (10) people shared their experience of starting ADHD medication. People shared the delay they faced when trying to start medication due to long wait-times and admin issues.

[The hidden wait to be prescribed ADHD medication](#)

Healthwatch England blog

"I already have an ADHD diagnosis. I have now been waiting 2 years for ADHD medication. People who already have a diagnosis should not have to wait long periods of time for medication. There should be a specialist working in the GP surgery who can prescribe and monitor this."

"I've been waiting an extremely long time for titration for my ADHD medication. I've been on the waiting list for over a year. It's so frustrating as I was on titration before that, but missed an important email (not in my own inbox, it was in their multi-factor authenticated platform). They kicked me off without any warning, and my GP had to re-refer me. I had one tablet left from the 1st time around, and when I took it, it made such a difference to my tiredness and ability to focus. It's made me consider getting black market Ritalin, because I'm desperate. If I did, I'd still send in blood pressure readings and be open with my GP. I'm not sure I can afford to go private, or if my GP will accept a private prescription"

### **Sub theme: Medication Review**

Once people are on ADHD medication, they should receive regular medication reviews, which should take place at least once a year with a healthcare professional with expertise in managing ADHD under NICE recommendation 1.10.1 (NICE, 2018).

**24%** (9) people shared their experience of struggling to receive a medication review within the recommended timeframe and how this negatively impacted them.

"I was told I would have an appointment at [the CMHT] this week to review and talk about my medication as I wanted to try and reduce some of my ADHD meds

specifically. I waited and waited for the appointment date to be confirmed by them and eventually received a phone call. I was told that my appointment would now be in [two months]. That's a long way off and I feel like they've left me hanging. There's a lot going on at the moment with my supported living place and I just don't feel like I have the support I really need. I just get pushed back every time."

"My sons adhd medication comes to an end 20th February because he needs a paediatrician or adhd nurse to review the medication. i can't get an appointment because there is a long waiting list and therefore my son will go without the medication he needs."

Of these nine people, seven had issues scheduling their review within a reasonable timeframe due to poor communication from their ADHD specialists.

For adults, these specialists are usually from the same RTC provider that carried out their ADHD assessment and medication titration and are responsible for the medication review under a shared care agreement.

This allows the patient to receive repeat prescriptions from their GP, maintaining access to ADHD specialists. However, people reported finding it difficult to communicate with these providers to schedule their medication review.

"The Psychiatry UK portal states it takes 21 days to respond to Referrals. Reached out early-mid 2023 for a Medication Review due to stagnation with the medication leading to issues arising in my day to day life. Managing Stroke related Cognitive and Physical disabilities, this issue was urgent and a high health risk. No reply and only a smattering of notes responded to. A 2nd referral was sent in June 2024 but Psychiatry UK claimed to not have received this. It was resent later in 2024. Psychiatry UK again informed us this was not received when questioned in November 2024. The GP confirmed and showed proof they had sent it at both dates. Sporadic and Poor communication. Process is vague and confusing. Disorganised and exhaustive to patients with mental health issues seeking help and clarification of their life-consuming symptoms."

"I moved house... When registering at [my new GP surgery] I made a point of asking if there would be any issues with getting my regular medication because it is a controlled drug. I was told 'no there won't be any issues'. When I put in a request for my first prescription a week ago, I received a call saying I couldn't have the controlled drug because it was to do with my ADHD diagnosis. I was an NHS patient under Psychiatry UK about 4 years ago, when I was diagnosed with ADHD. My care was then transferred to the GP and this week I have learnt it was under a 'Shared Care' agreement – I had not heard this term before. My current surgery has refused to prescribe the medication until they have paperwork in place with regard to the 'Shared Care' agreement even though the previous GP surgery has sent all this information to them. It is a medication I

have been taking for the past 4 years so the risk is minimal, plus I have offered to sign a disclaimer absolving the surgery of any risk. I no longer have any medication and am suffering with withdrawal symptoms... It feels like there is a level of professional callousness and no-one is taking into account the effects that this is having on the patient, everyone is more concerned about the paperwork and administration. [The new GP surgery] has sent me paperwork to complete regarding a 'Shared Care' agreement and they will be contacting Psychiatry UK for more details. I am concerned that this will be a fruitless task as I haven't been a patient of Psychiatry UK for about 3 or 4 years..."

## Reflections

A lot of support offered by the NHS can only be accessed with a diagnosis. Support such as ADHD medication or tailored CBT are not available to those without a formal diagnosis. Many people choose not to take ADHD medication and find other forms of support helpful.

People have shared their experience of other support services, like practical wisdom workshops and Cogs AI app, which are available to people waiting for an assessment for a limited length of time. The support available to anyone, regardless of diagnosis, is often supplied by charities, like ADHD UK, or run by individuals.

Local evidence supports the claim that clear, practical 'waiting well' guidance, as suggested by Healthwatch England, will help reduce the strain of long waits and help achieve the independent ADHD taskforce aim to 'improve support to those on the waiting list'.

Evidence from our data supports the fact that delays to a person's access to mental health support can result in worsening symptoms. We found that a small number of people report longer wait times than national statistics suggest.

Local evidence supports the concept of a 'hidden waiting list' in Kent and Medway. We found that Kent and Medway was nearly **three times** the national situation in relation to people experiencing a GP related delay to a referral for an ADHD assessment.

We also found that in Kent and Medway, people report being **twice as likely** as the national statistics to be initially refused by their GP for a referral to an ADHD assessment.

A small number of people reported that their GP had not made them aware of the Right to Choose initiative in relation to an ADHD assessment.

Although the Right-To-Choose initiative has improved wait times for many, it is not the perfect solution to the booming demand for ADHD assessments which outstrips current resources. Our evidence suggests that at a local level this should be a priority area for action, supporting both the independent ADHD taskforce and Healthwatch England recommendations to address the issue of long wait-times.

Finally, our data suggests that just like those waiting for ADHD assessments, some people consider going private to get the medication they need, but many people can't

afford the cost of paying a specialist to manage the titration process and ongoing private prescriptions. While it is possible to get privately diagnosed and titrated, then receive repeat prescriptions of ADHD medication from an NHS GP, this depends on having a GP that will accept a shared care agreement with a private provider. In this data set, we have not heard much about shared care, which could indicate that there are low volumes of people with a shared care plan. Without a shared care agreement, people may struggle to access medication.

Our findings suggest that the experience within primary care is a key area for local improvement. This builds on the recommendations of the ADHD taskforce, and the Healthwatch England 'Recognizing ADHD' report which recommended moving care closer to home by developing neighborhood-led pathways for patients to support the improvement of wait times. It states that if primary and community care teams are trained to assess and manage ADHD this will free up secondary care teams to handle more complex cases. This will shorten assessment wait times and speed up access to pharmacological treatment and more holistic support.

Transparent information around titration wait-times and delayed medication reviews should be published by all RTC providers who also offer an ADHD medication pathway. This information should be easy to find and clearly communicated by RTC assessors when they receive a referral.

Our local evidence also highlights the importance of support at work for adults with ADHD. Under the Equality Act 2010 people with ADHD are entitled to reasonable adjustments to work that accommodate their ADHD. Helpful information on requesting reasonable adjustments at work is available on the [ADHD UK](#) website which sets out information in a clear and accessible way for people with ADHD. For the residents of Kent and Medway, the neurodiversity hub signposts to websites with information of reasonable adjustments although this is not specifically written for people with ADHD.

Making greater use of these resources for people with ADHD and their employers could improve people's experience of requesting and receiving reasonable accommodations at work.



**"I feel like my life is on hold, where there is help available for the debilitating impairments I suffer from, but I can't access it."**



## Recommendations

Primary Care elements of ADHD pathway – The ICB to undertake a deeper exploration of timeframes for processing GP referrals for assessment, rates of refusal for assessment and volumes of shared care agreements across PCNs.

Transparency and choice – Easily accessible information around all areas of ADHD care, including Right-to-Choose assessment and titration wait times in Kent, as well as wait-times from RTC providers should be published and updated on the NHS Kent and Medway neurodiversity Hub.

Communication – Clear and more frequent communication from all services. Assessment providers can regularly check in with people waiting to be assessed to reassure patients that they have not been forgotten. All services should prioritise clarity when communicating with people with ADHD.

Support – All assessment providers should be sharing information on support available when they check-in with people in the wait list. Clear information on post-diagnosis support should be shared when people receive their diagnosis. When a GP receives a request for an ADHD assessment referral, they should make the patient aware of the support available to them when they wait for an assessment.

Education – Provide training on ADHD, available to all patient-facing staff employed by Kent and Medway ICS contractors. This will improve the awareness of ADHD and allow healthcare professionals to better support patients with ADHD. All GPs should receive education on RTC so they can support their patients seeking a diagnosis.

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