

**Children and Young  
People's  
Experiences of ADHD  
in Dundee and Angus**

Produced for  
**Dundee and Angus ADHD  
Support Group**

by  
Jetta Aitchison



# Executive Summary

Our main aim of this Research was to give young people with ADHD a voice. The geographic range is within the remit of the Dundee and Angus Support Group, so community-based needs were the focus. Information was gathered from participants affected by ADHD, ranging from children, young people, young adults and their families. Semi-structured and unstructured interviews were held with participants, an online questionnaire was available for young adults who felt more comfortable answering this way. Due to the Coronavirus Pandemic, data collection methods were transferred to virtual mediums for the safety of all involved and to comply with government guidelines. This restricted our access to a significant number of young people within Dundee and Angus community, as we could not utilise our strong connections with Education and local Councils. The research was publicised through various organisations within the community, displaying posters and utilising social media posts.

This report contains Case Studies, depicting the experiences and thoughts the participants explained during the interviews. Each chapter relates to a theme, each of which frequently transpired in the data analysis process, these were then broken up into sub-sections to emphasise the similarity of experiences faced by participants. Areas of success and areas which require attention can be found throughout this report and within the Recommendations which can be found at the end of each chapter.

This Research identified a need for specialised support and information specific to Dundee and Angus, for individuals and families who are on the waiting list to be diagnosed, and for those who are newly diagnosed. A need for specialised support and information for young adults who are newly diagnosed or transitioning from having childhood ADHD to adolescent ADHD was also identified. Therefore, it is recommended that peer support opportunities and accessible information be available for young adults with ADHD, as well as online learning resources about the diagnosis process and what those going through it should expect.

A large proportion of the children involved in this project experience bullying and isolation at school, feelings of being misunderstood by peers and teachers were also reported. It is recommended that Anti—Bullying policies in schools should be implemented and should be enhanced by using proactive ways to resolve these incidents. It is also recommended that an increased level of awareness of ADHD in both teaching staff and students be continued to combat the feelings of being isolated and misunderstood young people with ADHD often experience.

At University, a number of participants experienced difficulties accessing support and regularly felt there is a gap in knowledge of the disorder from staff. In response to this, an online support resource is recommended for those on the waiting list for support and specialised training should be offered to staff within universities.

Several participants highlighted the challenges they face managing their emotions, in particular anger. Young adults with ADHD feel there is a need for more support and information resources for their age group, specific to the challenges they face. The implementation of support services which provide guidance on managing emotions and on managing time effectively is recommended.

Several young people with ADHD and their siblings have challenging relationships, often filled with violence which negatively impacts the whole family. Difficulties in romantic relationships and friendships were also highlighted from our conversations with participants. In order to alleviate on-going challenges, accessible and affordable respite for young people with ADHD should be provided, along with increased training opportunities for parents.

Lockdown presented numerous challenges to the participants, in particular young people experienced low moods and poor mental health. This research found young people and university students with ADHD find it difficult to engage in online-learning. To combat this, the introduction of innovative online resources to encourage and inspire young people to engage in home-learning is recommended.

# Table of Contents

PAGE NUMBER	TOPIC
3	Acknowledgements
4	Introduction
4	Background and Context
4	Objectives and Purpose
5	Report Scope
8	Report Structure
8	Limitations
9	Chapter One: Diagnosis and Medication
9	Introduction
11	Experiences of Medication
15	Experiences within the Diagnosis and Healthcare sector
19	Support and Information
21	Awaiting Diagnosis
23	Conclusions and Recommendations
24	Chapter Two: School
24	Introduction
25	Awareness and Understanding
28	Barriers to Learning
33	Bullying and Isolation
36	Conclusions and Recommendations
37	Chapter Three: Higher Education and Career
37	Introduction
38	Supporting comments from local Universities and Colleges
39	Access to Support at University
41	Barriers to Learning
42	ADHD in the workplace
44	Conclusions and Recommendations
45	Chapter Four: Life with ADHD
45	Introduction
46	Mental Health
50	Daily Life
53	Sleep
55	Conclusions and Recommendations
56	Chapter Five: Relationships and Homelife
56	Introduction
57	Sibling and Parent Relationships
63	Friendships
67	Romantic Relationships
68	Conclusions and Recommendations
69	Chapter Six: Lockdown and ADHD
69	Introduction
70	Experiences during Lockdown
71	Time for Reflection
72	Changes in Routine
73	Conclusions and Recommendations
74	Conclusion and Summary of Recommendations
77	Glossary

# Tables and Figures

PAGE NUMBER	TOPIC
5	Table 1: Number of Participants in Dundee and Angus
5	Table 2: Age Range of Participants
6	Figure 1: A Word Cloud depicting themes identified within the data analysis
7	Figure 2: The Breakdown of Data Collection
8	Figure 3: Icon Key
17	Figure 4: Drawing by Nelson, 8 years old.
29	Figure 5: Model by Joe, 12 years old.
31	Figure 6: Model by William, 12 years old.
58	Figure 7: Drawing by Gabby, 11 years old.

## Acknowledgements

The Research Team would like to use this space to thank those who were involved in the project. Firstly, this could not have been possible without the Children, Young People and Young Adults who gave up their time to be a part of this project. Another big thankyou to the parents, friends and siblings who were also involved and volunteered their time. The Research Team like to acknowledge the organisations and individuals who supported us and acted as catalysts in spreading knowledge and awareness of the study. As you can see below, a range of organisations supported this Research and helped young people get involved.

- The Rank Foundation
- Dundee Carers
- The Attic Youth Group Dundee
- The Circle
- Dundee and Angus ADHD Youth Groups
- Abertay University
- Dundee University
- Angus SEN
- Figure 8 Consulting
- The Community Team at Angus Council
- Dundee Youth Network
- Dundee and Angus College
- Angus Voluntary Action
- Education Department Angus

A special thanks to The Rank Foundation, who funded this Research through the Time to Shine programme.



# Introduction

## Background and Context

The Dundee and Angus ADHD Support Group previously published a Needs Assessment report, evaluating the needs of ADHD within the local community, named “*Research into Attention Deficit Hyperactivity Disorder Support needs in Dundee and Angus*”.<sup>1</sup>

A set of recommendations was published alongside the aforementioned report, one of which detailed the need for further research focusing on Children and Young People with ADHD. It is important to note, a number of the recommendations within the previous project have already been implemented within the community and are making an impact on young peoples lives. These include the introduction of Social Skills courses for young people and their parents, ADHD training for education staff and continued partnerships with CAMHS. This prompted the Dundee and Angus ADHD Support group to initiate this Research project, to focus purely on children and young people with ADHD in Dundee and Angus.

A literature review was carried out, to collate relevant studies and findings. This literature review gave clarity on the experiences faced by children, young people and young adults with ADHD. This created a knowledge base for methodologies and findings within this research area. This information and the appropriate findings can be found within our *Appendices Document*.

## Objectives and Purpose

The aim in this Research Study was to give children and young people affected by ADHD a voice. In particular, to give those young people a platform to share their thoughts, feelings and experiences of ADHD. This Study was kept local and concentrated on gathering data within Dundee and Angus. It was intended that through the analysis of the data collected, a set of recommendations would be developed and act as a tool for improving or maintaining provisions within the local area.

The research was intended to only include children, young people and young adults who had ADHD, within Dundee and Angus. However, due to the Coronavirus Outbreak and the restrictions it imposed on access to Primary Schools and other avenues, it was decided the scope of the research would be widened. In addition to those directly affected by ADHD, The Research Study decided to reach out and speak parents, siblings and friends to gain a wider understanding of the experiences. By doing this, the broader impact ADHD has on an individual and their loved ones was highlighted.

## Overall Answer

This Research has given young people with ADHD a voice. Several areas within the community which require additional support were highlighted, as well as the provisions which currently work well, recommendations were developed to address these observations based on the data collected. Gaps in provisions available for newly diagnosed individuals with ADHD

---

<sup>1</sup> Dundee and Angus ADHD Support Group (2018), “Research into Attention Deficit Hyperactivity Disorder (ADHD) Support needs in Dundee and Angus”. Available at: <https://www.adhddasupport.org/Handlers/Download.ashx?IDMF=88315db0-9b44-4dca-a1bc-addbacca693c>

and their families were identified, as well as a gap in support available for those on the waiting lists to be diagnosed. A need for local support available for young adults with ADHD was found, in particular an increase in support and understanding for ADHD in university settings. It was found a number of young people with ADHD are subjected to bullying and isolation in social situations, and feel their disorder is misunderstood by their peers. Several participants described turbulent relationships with their siblings, which in turn impacts their whole family dynamic negatively. Anxiety in social situations, difficulties maintaining both friendships and romantic relationships also came through the interviews with participants. The challenges young people with ADHD faced during the Coronavirus and Lockdown were apparent within the interviews with participants. Several participants with ADHD experienced difficulties engaging in online learning ranging from Primary School level up to University level. Through the findings, a set of recommendations was developed which address the matters highlighted within this report, which we believe will impact young people with ADHD’s lives in a positive way.

### Reports Scope

<b>Area of residence:</b>	<b>Number of participants:</b>
<b>Dundee</b>	<b>30</b>
<b>Angus</b>	<b>6</b>
<b>Total number of participants:</b>	<b>36</b>

Table 1: Number of Participants in Dundee and Angus

<b>Age range of participants:</b>	<b>Number of participants within each age range:</b>
<b>Age 5- 10:</b>	<b>6</b>
<b>Age 11- 15:</b>	<b>11</b>
<b>Age 16 – 19:</b>	<b>3</b>
<b>Age 20 – 25:</b>	<b>9</b>
<b>Parents:</b>	<b>7</b>
<b>Total number of participants:</b>	<b>36</b>

Table 2: Age Range of Participants

Participants were reached through connections within the Dundee and Angus community, such as Opportunities Dundee and The Attic, more of which can be found in the Acknowledgements page. Social media posts and posters were utilised which were accessible to young adults and parents, an online questionnaire was also accessible through these means. Lastly, a number of children, young people and families involved in this Research were able to get involved due to their links with the Dundee and Angus ADHD Support Group.

The methods in which the information was obtained from participants differed depending on the preference and age range of those involved. Due to the circumstances the Coronavirus imposed, the majority of the interviews were carried out over Zoom and phone-calls. Unstructured interviews were used when working with the children and young people, in order to capture their experiences with full authenticity, however certain prompts such as “*How is your time at school?*” were used if appropriate. Arts and Crafts activities for the young people were provided, a number of these pieces be seen throughout the report.

For young adults and parents, semi-structured and unstructured interviews were used, dependent on the individuals' preferences. Prompts were incorporated within the unstructured interviews to ensure the conversation stayed relevant to the project. Another form of participation offered to young adults, mostly accessed through social media posts, was an online questionnaire. This questionnaire included 10 structured questions, 3 of which are displayed below:

- “Did you understand what ADHD was at the time of your diagnosis? Can you tell me a wee bit more about that?”
- Has ADHD affected your life? If so, can you tell us a bit more on how?
- Are there things that could have helped you throughout your childhood regarding your ADHD?

With the permission of participants and parents/carers, all interviews were recorded on an independent Dictaphone to ensure no information was missed. The audio-file was then transferred immediately onto a password secured laptop and deleted from the Dictaphone. The transcription of the files, including the removal of identifying information, was aimed to be within 24 hours of completing the interview. This was following the GDPR policy which can be seen in our Appendices document.

The information gathered from the interviews was used to develop ‘Case Studies’ based on each individual to allow a condensed insight into their experiences and thoughts, with direct quotes being incorporated into each. It is important to note that identifying information such as the participants names have been changed to protect their identities. Additionally, Organisation and School names which were mentioned by participants have been removed to protect their privacy. It should also be noted, the avatar icons throughout the report bare no resemblance to the participants and were chosen at random.



Figure 1: A Word Cloud depicting themes identified within the data analysis

A visual alternative to the data collection approach can be seen in the following graphic:

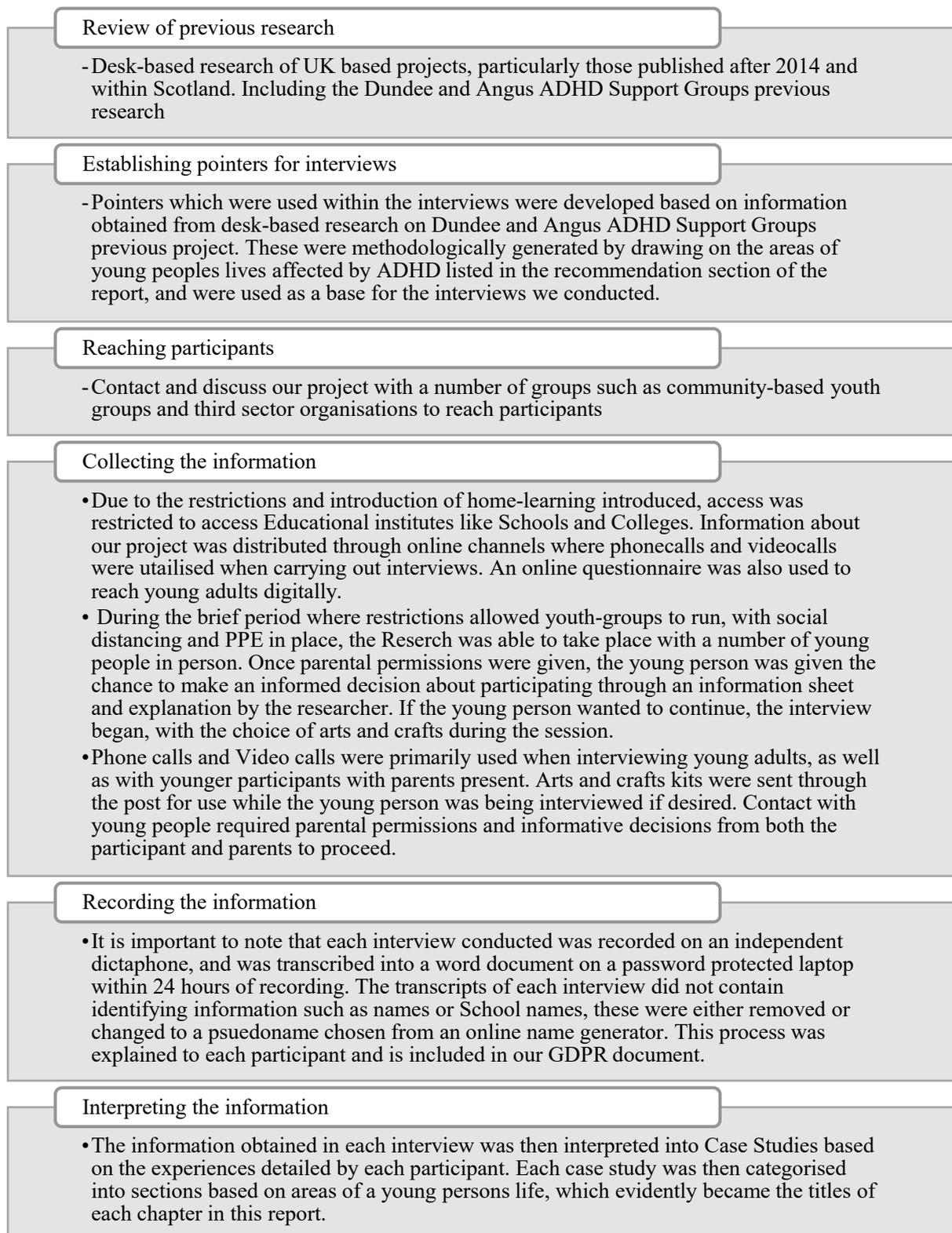


Figure 2: The Breakdown of our Data Collection

## Report Structure

Five recurring themes were identified, which were prominent in each Case Study analysed. Each chapter of the following report is based on these recurring themes. It is important to note that the sections often overlap with one another due to the nature of the content. A set of sub-sections were then developed based on the recurring themes found in the analysis, these can be found in each chapter. By doing this, common experiences shared by participants and the differences between such were highlighted. A set of Recommendations and Conclusions can be found at the end of each chapter of this report, to conclude the findings. The Recommendations have been developed by taking into consideration the experiences shared by the participants in this report.

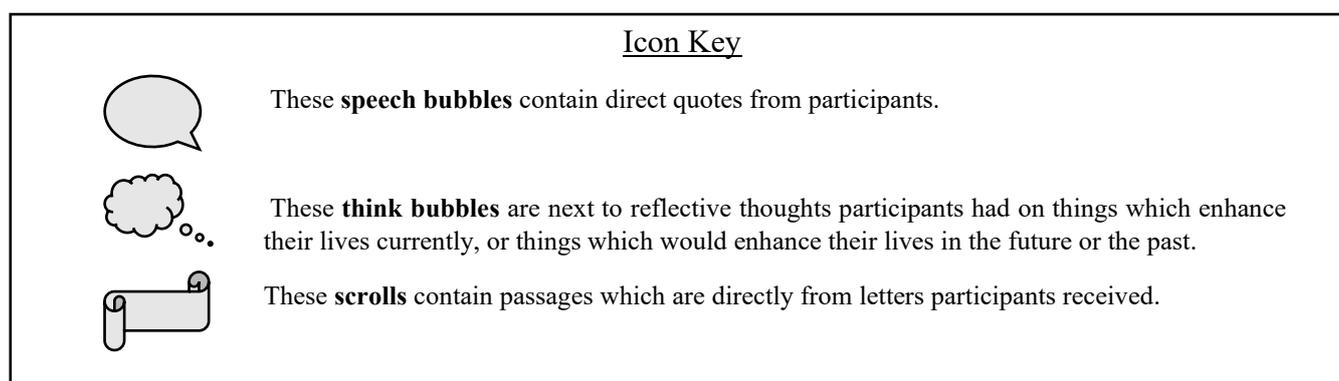


Figure 3: Icon Key

## Limitations to the report

This Research Study was faced with several limitations, particularly in the community due to the Coronavirus outbreak and local lockdowns being introduced. The most significant barrier the Research Study was faced with was the restricted access to young people in Primary Schools and to young adults in Colleges and Universities within Dundee and Angus. The introduction of Lockdown and government restrictions ceased external access to these institutes, which forced a revision of the initial plans of in-person activities and interviews. The modification of the data collection methods impacted timescales quite significantly, which caused ongoing time pressure on the remainder of the project. When travel restrictions were introduced, this acted as a barrier as the Researcher was based outside of Dundee and Angus, so the majority of contact we had with participants and stakeholders was virtually. Due to these restrictions, the Research did not reach as many participants living in isolated areas in Dundee and Angus as planned.

It is also important to note that the socio-economic status of participants was not taken into account within this Research due to time constraints, it is recommended this should be taken into account in future research projects within Dundee and Angus.

# CHAPTER 1

## Diagnosis and Medication

### Overview of chapter

The experiences of children, young people and their families during their diagnosis and with medication are included in this section. Through conversations with participants, several individuals felt similar in regards to support available during and after the diagnosis process. This Research Study highlighted a need for familial support while awaiting a diagnosis appointment and for the distribution of local information on ADHD, designed for newly diagnosed individuals and their families. This would help families be signposted to services available and receive advice on coping mechanisms. Several individuals highlighted how they feel there is a lack of information and support for young adults, and in particular, those who have grown up with ADHD and are transitioning into adulthood and those who are diagnosed in early adulthood. A full set of recommendations can be found at the end of this chapter, which were formulated based on the analysis.

### Introduction

Common topics which arose during conversations with the children, young people and young adults were their experiences of both diagnosis and medication. It was found that both of these experiences intertwined with one another throughout these young people's journeys. Although each young person has had unique journeys, similar experiences occurred despite a number of differences.

Through the analysis of the Case Studies, similarities were highlighted and categorised into 'Subsections' which can be found below, including direct quotes from the participants.

#### Experiences of Medication

*Mixed views and experiences of medication were highlighted throughout conversations with the children, young people and families.*

- ❖ *"The medication seems to help me to improve and learn skills that my ADHD has made it harder for me to achieve" Ryan, 20*
- ❖ *"I am so much more level-headed from being on medication, in good and bad ways" Hannah, 25*

#### Experiences within the Diagnosis and Healthcare Sector

*This subsection features case studies, which detail experiences had by participants during their diagnosis journey. Quotes can be found below, which directly relate to the experiences detailed in this subsection.*

- ❖ *"I can't fully believe that a medical professional would speak to somebody in that matter" Daniel, 23*
- ❖ *"We felt supported when we went to CAMHS" Leah, Mother*

### Support and Information

*This subsection focuses on the reflections participants had on the support and information available during and after the ADHD diagnosis. The following quotes can be seen as a snapshot of these feelings and experiences, which are included in this subsection.*

- ❖ *“There is a huge gap in knowledge about ADHD for teens and young adults.”  
Julie, Mother*
- ❖ *“When looking for support it was either for parents of children with ADHD or it was adults who had been diagnosed in their 30’s and 40’s.” Ryan, 20*

### Awaiting Diagnosis

*Several young people and families shared their experiences of awaiting their diagnosis appointment. Although each participants journey is different, the Research Study was able to identify common thoughts and feelings in each.*

- ❖ *“If you get a diagnosis you can start going forward, we are just in limbo”  
Carly, mother*
- ❖ *“Because he wasn’t doing badly in school, they said they wouldn’t give us the diagnosis” Henry, Dad*

## Experiences of medication

*This subsection highlights young people's experience of using ADHD medication, which vary in positive and negative reflections. The Research Study was able to highlight ways ADHD medication works for those with ADHD's lives, as well as the difficulties children and young people experienced using medication.*

Mark, 20 years old



*"I reckon if I was on my medication [...] I wouldn't of been in certain situations that have affected my mental health today from years ago" Mark*

Angus

Mark reflected on his diagnosis experience which he went through at the age of eight. He remembers feeling confused and not having any understanding of what ADHD was when he was going through the diagnosis process. After he was diagnosed, Mark began taking medication for his ADHD, which he felt suppressed his appetite which in turn made him not want to take them. He reflected on how his mum disliked when he was on his medication as she felt it changed his personality and made him 'act like somebody else'. This was far from the energetic child she was used to. Mark decided at the age of 14 years old that he would stop taking his medication, which he now feels was too young an age to make that decision. He stated how he thinks ADHD is underestimated and sympathised with individuals who are being medicated but do not understand the full extent of the disorder.

Ryan, 20 years old



*"Medication was definitely one of the things that I wanted to research"  
Ryan, 20 years old*

Dundee

After, his diagnosis at the age of 20, Ryan made sure to do extensive research on what kind of medication was available and the effects that it could have. He felt a sense of urgency when considering medication like many other things in his life, "I want things done really quickly, I am really impatient", and at the time medication seemed like an "easy fix". After diagnosis, his psychiatrist suggested he began medication straight away, but Ryan highlighted how he didn't receive any local information on support available.

He was diagnosed and began his medication during lockdown and the global pandemic. Thus, he found it difficult to gauge the affects his medication was having on his life in general. At the time of talking to us, he was back at university and reflected on the notable affects of his medication. He explained how he would often fall asleep during lectures and in the middle of the day, however now that he is on medication he has noticed he is more alert and doesn't need to nap during the day anymore. Another aspect of his life that has changed after taking medication is social situations. He is now able to organise his thoughts as before he felt they were jumbled, "the medication helps me think clearly". Ryan described how he is now able to rationalise his thinking which has greatly improved conversations with others.



*Ryan feels he would have benefitted by having access to local information on ADHD, local support services available and a guide to understanding medication. As in his experience, he was only able to find American sources of information, and found very little support based in Scotland or indeed Dundee.*

Louise, 20 years old



Angus

*"I think being medicated younger would have helped my performance at school" Louise*

Louise was diagnosed at the age of 8 years old after always feeling as though she was different. When she was 14 years old her mum discussed what ADHD is with her to help her understand. Knowing that she had ADHD and understanding what it was made coping with the disorder easier for Louise. At the age of 15, she began Cognitive Behavioural Therapy, and a year later began anti-depressants. She didn't begin taking medication for her ADHD until she was 18 years old, as she struggled greatly with anxiety and low moods. Louise has noticed positive differences in her life after being medicated for her ADHD, one in particular is an increase in her engagement in university.



*When reflecting on ADHD medication, she feels if she began taking it at a younger age her performance at school may have improved, however she is proud she got to university without medication and respects her parents decision to wait until she was older.*

Hannah, 25 years old



Dundee

When it was time to decide if Hannah was going to begin taking medication. Initially, she was not sure of the idea as she "doesn't want to be taking pills for the rest of *her* life". Her psychiatrist explained to her about her options and gave her time to go and look it up herself. Hannah believes the time she was given to think about and research the options available by her psychiatrist, changed her opinion significantly towards taking medication. After she began ADHD medication, one of the biggest changes she had noticed was how level-headed she became, in comparison to the "emotional rollercoaster" she was used to. While discussing this, she emphasised how strongly she feels the importance of talking about the link between emotional dysregulation and ADHD.

*"There was a lot of times I would do something impulsive or react quickly and I would walk away thinking 'why did I do that, or why was I so stupid'. The medication totally changed things."*  
Hannah

Aimee, Hannah's colleague, and friend



The idea of her medication being stopped or temporarily paused is a fear which constantly hangs over Hannah, due the possibility of her work performance being negatively affected. Aimee explained how Hannah's doctors are keen to trial a temporary pause in Hannah's medication schedule. She highlighted how anxious this makes Hannah as she is "terrified that not being on medication would affect her performance at work".

*"Something that constantly plays on her mind is that the medication can be taken away from her" Aimee, Hannah's colleague, and friend*

Eric, 16 years old  
Dundee



*“I hate taking medication but my school work and behaviour have improved hugely” Eric*

Eric was diagnosed when he was 14 years old. He discussed how he ‘hates’ taking medication but doing so has allowed both his behaviour and work at school to have significantly improved. He feels that he would have benefited from an earlier diagnosis so he could have understood earlier why he felt different to his peers. Eric mentioned how his ADHD has affected him physically and mentally, and feels medication which has less negative side effects, such as appetite suppression, would improve his life considerably.



*Eric reflected on how an earlier diagnosis would have allowed him to understand ADHD, and its effects on his life during his childhood as well as positively impacting his mental health. He also reflected on how his medication impacts his appetite which he believes affects his physical health. He reflected that medication with gentler side-effects would allow him to develop his physical health.*

Josie, 21 years old  
Dundee



*“University is still difficult but the medication helps you stay on plan” Josie*

Josie began medication around the age of 17 as she was struggling around exam time at school. She remembers how she was ‘re-diagnosed’ before receiving the medication, “because I had already been diagnosed, it didn’t take as long as before, it only took a few months”. While taking the medication, Josie would often forget to take it and said she “wasn’t consistent with it at all”. While at university, she finds herself using the medication regularly but believes it is “only a tool, you still have to apply yourself”. She discussed how medication helps her stay on plan and encourages her to complete tasks.



*At the time of talking to us Josie felt her medication was not as effective as it once was, she said “I need to figure out how to fix myself, the medication isn’t helping at all”. Josie was not offered any other forms of treatment for her ADHD, however it is something she is actively trying to seek out. She is currently on the waiting list for psychiatry, as she discussed how she believes “therapy should be offered in conjunction with medication”.*

Bowen Family  
Dundee



*“For him to make the most out of his education experience the medication really helps him” Leah, mother*

Leah, mother of Fred, 8

After switching Fred’s medication, from a non-stimulant medication to a stimulant medication Leah noticed a significant change in his behaviours. She described this difference as “night and day”. She has noticed a decrease in Fred’s vocalisations, repetitive noises, constant movements and quick to anger. Leah described how she has observed a positive change in Fred’s ability to engage with conversations and schoolwork. Leah reflected on the effects of Fred’s medication on his schoolwork, and believes it allows Fred to excel both in and outside of the classroom.



*On reflection, Leah believes medication was the right decision for Fred, in terms of his engagement with school and in everyday conversations. She recognises the positive differences in his behaviour and attitude when he is on the stimulant medication.*

Liam, 18 years old  
Dundee



*"I was like I can't take these anymore I couldn't socialise. I didn't like how they made me feel" Liam*

When he was first diagnosed as a child, Liam did not understand what ADHD was. Liam was on medication for ADHD from a young age but had very little idea why. He became paranoid due to lack of information on the medication, and felt he was being forced to take tablets which was extremely stressful for him at such a young age. Although he is not on medication now, Liam took medication until the age of 14, but didn't like how they made him feel. He felt as though he was a "zombie" when on his medication and could not hold a conversation or socialise. This was a polar change in personality for Liam as he is a confident individual who can, in his own words, "talk to a brick wall". Liam believed his medication was on too high a dosage and it was affecting his quality of life so much that he pretended to take the tablets by hiding them under his tongue and later threw them in the bin.



*On reflection, Liam highlighted how un-informed he felt after his diagnosis and when he began taking medication. He explained how beneficial it would have been to have somebody to talk to him, on his level, about the disorder and facts on medication. Having this support from a young age would have decreased the anxieties he experienced growing up, which his lack of understanding of the disorder and medication caused.*

Paterson Family

Max, 14 years old with ADHD

Polly, Max's sister, 12 years old



*"When he is off his medication he is quite nice to me" Polly, Max's sister*

Polly confessed her relationship with her brother is better in the mornings he has not taken his ADHD medication. She explained "when he is off his medication in the morning, I try to make the most of it for the whole day" as she knows later in the day she won't have the same opportunity. When talking about when her brother takes his medication, Polly stated "I don't get to spend happy times with him at home, or in the car" and discussed how his moods during these times affect her too.

Julie, Max's mother



*"If you think medication is going to be the magic answer you are in for a shock"  
Julie, Max's mother*

When it came to deciding what to do after Max was diagnosed regarding medication, Julie and her husband did some research of their own then eventually swayed towards medication for their son as they felt "it was the only thing that CAMHS offered". When reflecting the decision of Max beginning ADHD medication, Julie said "you were almost rail-roaded down that path, there wasn't many avenues to go down". Julie discussed how there was "no therapy, no family therapy, no counselling and no behaviour management strategies offered" at CAMHS as an alternative. She felt disappointed when Max was only offered medication, as Julie believes "it's not the magic answer, it only manages ADHD traits". She explained how Max and her family would have benefited from a combination of support and holistic therapies.



*Julie believes a collective approach to supporting Max through provisions such as behaviour management strategies, therapy and counselling in addition to medication could have facilitated improvements in his behaviour and her families wellbeing.*

## Experiences within the Diagnosis and Healthcare sector

This subsection focuses on similar experiences children and young peoples had within the diagnosis and healthcare sector, and highlights areas for improvement.

Mark, 20 years old  
Angus



*“Just sitting there in an uncomfortable setting, dead quiet and everybody is like \*silent\* in the waiting room”*  
Mark

Reflecting on his diagnosis experience and the CAMHS building he was diagnosed in, Mark explained how “the thought of the building and the setting was really scary”. Mark stated how it was a formal and straightforward process during the appointments, and often lacked friendliness which spurred his anxiety to wonder what he had done wrong to not be warmly welcomed by staff.

Mark went on to reflect how he was let down by one of his social workers when one day she did not turn up for their scheduled meeting and did not explain why. He felt the trust they had built up over a long period of time had been broken, which devastated Mark as he was always reluctant to trust anyone. He felt as if he wasn’t good enough to be supported by her, with thoughts such as “even she can’t be bothered with me” which sent him on a downwards spiral. He also pointed out that he never had the chance to talk and get things off his chest to one of his workers, without the fear of his medication being changed.



*Mark explained how slight changes in the CAMHS building such as colourful walls and low volumes of music in the waiting room could have made a significant difference to his experience there. He feels if there had been consistent professionals throughout his childhood and adolescence, his engagement with these services could have prevented negative situations which ultimately arose in his life.*

Bowen Family  
Dundee



*“We felt supported when we went to CAMHS”*  
Leah, Fred’s mother

Leah, Fred’s mother

Leah described how Fred “received fantastic support and a really thorough assessment” at CAMHS. She applauded the psychologist they were involved with at CAMHS as she went “above and beyond, she went the extra mile”. The patience and compassion this psychologist showed towards not only Fred but to Leah as a mother, gave her the support she desperately was needing. Leah described how the psychologist would check in with her and offer support in the form of talking which greatly benefitted her, “it was more talking, she wasn’t able to offer solutions as it was a diagnostic process”. The psychologist tried to keep Fred out of the appointments as much as possible, which Leah appreciated as she felt he would “obsess over it because he was so young”. She was grateful to be able to have met with the same psychologist consistently during their journey at CAMHS, and felt this consistency made their journey significantly easier.



*On reflection, Leah recognised how having the opportunity to discuss her feelings and thoughts with the psychologist allowed her to feel understood and supported throughout the experience, which allowed her to be stable for Fred. If this support was standard throughout the diagnosis journey, Leah could have avoided feeling as though her son’s struggles were ignored by professionals.*

Paterson Family



Dundee

Julie, Max's mother

*"We were given an information booklet which was American, which was no use whatsoever" Julie, mother*

Julie described how her son's diagnosis process was a "very long and drawn out process. Once Max began his journey at the CAMHS. Julie felt "not a lot was explained". She remembers how Max was often taken into different rooms but Julie did not understand why, or what was being done in those rooms. After what felt like a long time waiting, they were informed Max had an upcoming appointment with a Psychiatrist to get a diagnosis. Julie went into this appointment with Max and expected a diagnosis of dyslexia or dyspraxia, so was then startled when she was told her son had ADHD. After this diagnosis she was given an information booklet which was based on American experiences however Julie found this to be of little help to her family.

Julie believes there needs to be a holistic approach to caring for young people from all avenues such as school, home, CAMHS as well as extended family. Julie remembers speaking to 6 different professionals and had to relay the same information each time as it was never passed on between services. Julie reflected on how she was often in "crisis point" during these meetings and sharing that information repeatedly was difficult, therefore better communication between services could have prevented this struggle.



*Julie felt there was a lack of information and overall support given to her family during and after diagnosis. Particularly, she felt accurate information on local services being made accessible would have significantly improved their families experience. Julie discussed how she feels there is a lack of communication between care and support provisions. A collaborative approach to support would have prevented Julie, and many other parents, from having to repeat difficult details in several appointments.*

Ryan, 20 years old



Dundee

*"It felt like all the issues I've had growing up made sense and lifted the weight of being good enough" Ryan*

Ryan's diagnosis process began when sought advice from Student Services at his University regarding his mental health struggles and the issues he was dealing with in his coursework, then went to his GP. Ryan expanded on his time at the GP, "The GP didn't think I had ADHD at all, it was a terrible experience at my GP". After a number of appointments, he was referred by his GP to the consultant. However, he realised there was a 9-month waiting list and decided to look at other options as he felt his difficulties were becoming time sensitive.

This was when Ryan decided to go down the private diagnosis route, after obtaining funding as he could not have financed this himself. He discussed how within one week of getting in touch with the private healthcare company, he had an appointment and was then diagnosed with ADHD. When Ryan was diagnosed with ADHD at the age of 20, he felt a weight had been lifted and the issues he had faced growing up made sense. He had always felt like he was not "good enough when it came to focusing, studying and even in *his* personal life". Before this, he had a minimal understanding of what the disorder was.



*After Ryan's diagnosis, he found it difficult to find information on what ADHD is and advice on medication. Ryan expanded on this, "I was able to find American information on ADHD but they do things completely differently". He highlighted how this became a barrier to accessing support and impacted his mental health. Ryan explained how he believes information on the disorder and local support services should be easily accessible.*

Nelson, 8 years old.



*"We had been fighting since he was about 3 years old, saying he is not a typical child" Debra, mother.*

Debra, mother, Dundee.

*Nelson remembers little about his experience during diagnosis, but the one memory which sticks out to him is his nurse at CAMHS, Sophie. He described how she was a nice person and how this made the process easier for him.*

After "fighting" for 5 years for her sons' difficulties to be addressed, Debra felt overwhelmed by the experience she had at CAMHS. Debra expanded on how big an impact their CAMHS nurse Sophie had on both her and Nelson. She described herself as an "emotional wreck" when Nelson was going through the diagnosis process, and she didn't know "what we were going into or what the outcome would be". However, Sophie provided a reassuring voice to Debra during this time which helped make her feel reassured and validated her worries. Debra reflected on their overall experience at CAMHS, "I couldn't fault them, they were absolutely amazing at CAMHS".



Figure 4: Drawing by Nelson, 8 years old.



*On reflection of what made her and Nelson feel supported during their diagnosis experience, was the compassion and understanding of their allocated CAMHS nurse. Simple conducts such as reassurance and validation made the world of difference to Debra and her family during this process. Debra highlighted how she feels "lucky" for Nelson and her to have had the experience they did, as she knows not everybody feels as supported.*

John, 19 years old



*"I was literally on the brink, I thought I was going to take my own life because nobody was listening" John*

Angus

Reflecting on how he felt being diagnosed with ADHD at the age of 19, "I felt like I had so much freedom". He had always struggled with having to live with being referred to as the "stropky or naughty child/teenager" which he feels is due to a lack of understanding surrounding the disorder. John feels he has been let down by Mental Health Services for almost 12 years, which in turn has impacted his daily life and his school career. He felt he had not been listened to for most of his life by the services and is only now being listened to. By the time he was 12 years old, John began seeing professionals within the CAMHS team. He reflected on one appointment which stands out from the rest for him, "the consultant said there was nothing wrong with me, and that I was a stropky child". The consultant then proceeded to give John's parents a booklet titled, "A guide on how to communicate with teenagers". This exchange let John and his family down, John explained how he felt ashamed and embarrassed.

John began to attend his GP surgery regularly, "my GP surgery was trying to help me but they were just throwing different medications at me to see what would work". John then started experiencing suicidal thoughts and feelings, "I was literally on the brink, I thought I was going to take my own life because nobody was listening". After these experiences, John met with a psychiatrist who he instantly felt supported by. She acknowledged "I think you have been let down by the system" and began John's diagnosis process. This psychiatrist compiled a letter to inform John's employer, and provided over-the phone support to his mum, which John felt was 'going the extra mile'.



*Reflecting on what would have made the 12 years of seeking support and guidance better, John explained how he simply needed somebody to listen. He felt misunderstood and misheard through his experiences, which made long term impacts on his mental health. John explained how earlier detection of his ADHD would have gave him access to further support and information on how to deal with the disorder.*

Gabby, 11 years old  
Dundee



*"I didn't want to be diagnosed so I screamed" Gabby*

Gabby was diagnosed with ADHD at the age of 6. She remembers how she feared being diagnosed with ADHD and how she didn't like the process. When Gabby was told about having ADHD, she 'screamed'. She had very little knowledge of what ADHD was at this point, and this made her feel isolated and alone. When reflecting on this, she still does not feel anymore informed as she did back then. Gabby remembers her parents' reaction when she was diagnosed. They were 'caught off guard' by the way they were told this news. Gabby said the psychiatrist relayed the information of her diagnosis bluntly, and thought he could've been more compassionate and understanding to 'soften the blow'.



*Gabby emphasised how she would not have felt so alone or isolated if she had someone to sit down and talk about ADHD with her. This would have allowed her to learn more about the disorder she had been diagnosed with, and help her become accepting of that fact.*

Hannah, 25 years old  
Dundee



*"My doctor said it seems like a lot of young women who have flown under the radar for most of their lives are coming out now realising they have ADHD" Hannah*

The possibility of having ADHD was first introduced to Hannah after finding out a friend of a friend had been diagnosed. It wasn't until her friend compared both of their personalities and behaviours by jokingly saying "she is just like you" that Hannah realised there could be a possibility she also had the disorder.

This conversation spurred Hannah to do further research and then contact her doctor to discuss how she was feeling. She was surprised to see ADHD in a different light when researching the prevalence of the disorder in females, and admitted that everything started slotting into place when she was reading about it.

*"It was like a lightbulb moment when she was diagnosed with ADHD, everything sort of made sense" Aimee, Hannah's friend and colleague*

After her diagnosis at the age of 24, Hannah began to research the disorder further and grew an interest in the differences between gender as her initial perception of ADHD was that it was primarily boys who were 'bouncing off the walls'. Hannah reflected on a conversation with her doctor about female ADHD. He believes a lot of younger women have flown under the radar most of their life and then realise in early adulthood they have ADHD.



*Upon reflection, Hannah discussed how she feels her ADHD was not 'picked up' until early adulthood as she has always had a strong support network at home from her parents, which she applauds for keeping her on track throughout school and university. When discussing what would have helped Hannah throughout her time at school and during her childhood, she stated "I don't think there was anything other than an earlier diagnosis that would have helped me".*

## Support and Information

This subsection highlights similar reflections shared by the participants, focusing on the support and information available. Children, young people and their families were able to reflect on provisions which made or would have made positive impacts in their lives.

Paterson Family

Dundee

Julie, Max's mother



Julie and her family were given very little information about the condition, and their knowledge level was “non-existent” after her son Max's ADHD diagnosis. Julie then made it her mission to find out as much information on ADHD and the best ways to support her son. After exhausting Facebook groups and websites she then found the Dundee and Angus ADHD Support Group and got involved with the parent support groups there. She found this almost like therapy as she “was able to talk to likeminded people who had been through the same process and understood the condition” and didn't feel alone anymore.

 *After Max's diagnosis, Julie and her family would have benefitted from in-depth information about the disorder and signposting of local support groups. As a mother, Julie felt having a network of peers to share experiences and thoughts with made a significant difference to her mental health. Julie believes information on accessing this kind of support should be made readily available for other families in this position.*

Ryan, 20 year old

Dundee



*“I don't know anyone with ADHD so I can't talk to anyone about it” Ryan*

Ryan has been trying to seek out local support groups that he can access. As he was recently diagnosed, he feels he needs peer support from others with ADHD or those knowledgeable on the disorder. Ryan explained “I was looking for support, somewhere I could speak with other people”. He was able to find support groups available for “parents of children with ADHD, or adults who had been diagnosed in their 30's or 40's”, but struggled to find any for young adults. He often accesses an American YouTube Channel, and finds some of the points discussed on it to be relevant to his life, this channel is called “How to ADHD”. This explained his thoughts related to this YouTube Channel, “it is quite comforting to know there are things I can work on or that things are fixable”.

 *Ryan highlighted how he believes there is a gap in local support available for young adults, after actively seeking this out with no luck. Having the opportunity to access peer support groups, or support from knowledgeable professionals would fill a huge gap in Ryan's life.*

Stephanie, Mother  
Curtis, 10 years old  
Dundee



*"I think there could be a lot more out there for Curtis to get support with, like residential"* Stephanie

Stephanie discussed how her role as a fulltime carer for her son, with little organisational support, is beginning to have a significant impact on her mental health. Two years ago, she was forced to quit her job due to Curtis's turbulent experience at school "I would have a phone call everyday saying, Curtis has run away from school or he had done something".

At the moment Curtis is supported by Barnardo's for 3 hours a week, which Stephanie does not feel is enough for him. Curtis suffers from separation anxiety when he is apart from Stephanie for too long, and which makes her concerned for his future. Stephanie believes that respite for Curtis would provide the opportunity to improve her own mental health, as well as giving Curtis the opportunity to grow independence.

 Stephanie believes if Curtis had more opportunities to be apart from her, this anxiety would settle, "I think there could be a lot more out there for Curtis to get support with, like residential". Stephanie discussed how residential respite would allow both Curtis and Stephanie to have time for themselves, and allow him "to see it is okay to be away from me".

Daniel, 23 years old  
Dundee



*"I think it is interesting that there is a demographic gap in terms of support, that is why I think university models are a good idea"* Daniel

After his diagnosis, Daniel began to seek out local support groups but found there is a prominent demographic gap in what is available. Daniel highlighted the support that he found which is currently available, "you find a lot of support for children with ADHD, and their families". He believes there is a systemic gap in the visibility and support available for young adults with ADHD.

 Daniel highlighted how he feels there is a need for support groups and movements to raise awareness within Universities and Colleges for young adults with ADHD. He also believes local support should be put in place for young adults, as he found very little available for this age demographic.

## Awaiting Diagnosis

This subsection details the experiences of families who are on the waiting list for an appointment with CAMHS. Through our conversations with young people and their families around this topic, the Research Study was able to highlight support and provisions which they feel would help them in this situation.

Bowen Family

Dundee

Leah, Fred's mother



*"Not having the official diagnosis holds you back slightly"*

*Leah, Fred's mother*

Leah reflected on the beginning of Fred's diagnosis journey, where she met with a psychologist at Armistead who had previously made a distasteful comment regarding Fred's sensory processing difficulties. She repeated what was said to her by this professional, "the psychologist said 'if we get him diagnosed at least that will give you access to benefits'". As a proud working mum, Leah was "really hurt" by this comment, and felt her son's struggles had been degraded. Leah found it was a struggle to access the support and resources available within the community for her son and family until Fred received his official ADHD diagnosis. Leah did highlight how she was referred to a support service before Fred's diagnosis, however she struggled to engage with this as she worked full time and there were only daytime provisions offered.



*Leah believes there should be more information and local support made available for families and young people going through the diagnosis journey, or awaiting to start the journey. Having this available for those families, would allow them to move into diagnosis process being informed and emotionally supported from the onset. Leah explained how she believes services should have provisions which support parents who work full time, as this was a barrier she experienced.*

Jaxon, 7 years old.

Carly, Mother.

Dundee



*"If you get a diagnosis, you can start going forward, just now we are in limbo"* Carly, mother

Jaxon is currently not diagnosed with ADHD. Carly explained how long Jaxon has been waiting to get an appointment from CAMHS, "he has been on the waiting list for 57 weeks, there is an 18-month waiting list". She recently approached Jaxon's doctor because, in Carly's own words, Jaxon "tried to choke himself". His doctor placed another referral in with CAMHS, in the hopes of being placed higher on the waiting list, due to the severity of risks related to Jaxon's welfare.



*Carly explained, "if you get a diagnosis, you can start going forward, just now we are in limbo". She believes there is a lack of support for those going through the diagnosis process or those on waiting lists. Jaxon's mental health and his actions affect the whole family negatively, Carly explained if they had access to support their constant struggle with anxiety and feelings of isolation would be alleviated.*

Ryan George, 9 years old



Henry George, Father

*"Because he wasn't doing badly in school, they said they wouldn't give us the diagnosis" Henry, father*

Ryan excels at school, which Henry, his dad, explained has acted as a barrier during appointments with CAMHS. Henry and his wife were told that because Ryan's performance at school is not impacted by his difficulties outside of school, nothing could be done. Henry described how he felt after being told this, "this was a real sucker punch for us because it took 9 months to get an appointment, then they said they could not diagnose him". In regards to seeking further advice on Ryan's diagnosis, the family are "waiting for him to kick off at school".

*Henry explained, "if you don't have a diagnosis, it feels like you have got to do the investigating yourself". He explained how "there does seem to be quite a big need for support for those who are on waiting lists". He and his wife would have benefitted from "peer parent support", for a chance to talk to parents in similar situations and learn from one another. Additionally, Henry explained how it would have been helpful to be given pointers and "preparation for the waiting lists and journey" by a support service.*

Daniel, 23 years old



Dundee

*"There is still such an out-dated understanding and misconception of ADHD, which I hadn't anticipated or appreciated before I was diagnosed" Daniel*

Daniel was diagnosed with ADHD at the age of 22. He decided to seek a diagnosis privately after having a negative experience at his local GP. He began his journey to diagnosis at his GP surgery, which came as a result of months of looking into the disorder. After his short appointment with a Locum GP, Daniel received a letter which he felt diminished his feelings. He felt "belittled and ignored" and stated "I can't fully believe that a medical professional would speak to somebody in that manner". A short excerpt of this letter can be seen below:

*Thank you for your referral of this patient. He was discussed at the team meeting. There is no evidence from your referral of ADHD and the fact that he insists on a referral, presumably against your better judgement, might say something about his personality but does not suggest ADHD. If he has managed to get to the 3<sup>rd</sup> year of his Degree, then presumably he does not have significant cognitive impairment, and is not, of course the duty of the local Mental Health Services to help him get a 2:1 Degree. The best advice, in this respect, is that he works hard. I do not want to offer him an appointment and a diagnosis, simply as a safety net, just because he might not do as well as he expects in his exams. Presumably, he has no medical training and is not an expert in psychiatry, and therefore, will need to accept your expertise.*

*On reflection, Daniel would have greatly benefitted from a more understanding and compassionate professional who was dealing with his initial appointment at the GP surgery. This would have then had a significant impact on his future journey to accessing medication, support at university and answering several internal questions he had.*

*"There are a lot of people who would have received that letter and would have been pushed into a very dark place"  
Daniel, 23 years old*

## Chapter 1: Diagnosis and Medication

### Conclusions and Recommendations

The Research Study identified a lack of support for those in particular who had grown up with a diagnosis of ADHD and are transitioning into adulthood as well as those newly diagnosed in young adulthood.

*Recommendations:*

- *Support for individuals diagnosed with ADHD transitioning in young adulthood and newly diagnosed young adults.*
- *Research into Adults with ADHD and Female ADHD to identify specific needs within these areas.*

The Research Study evidenced a need for an increase in support and information services available for young adults with ADHD. In particular, a need for local peer support groups to enable young adults with the disorder to gain support, socialise and learn from one another was found.

*Recommendations:*

- *Peer support service for young adults with ADHD.*
- *Accessible information and advice for young adults with ADHD.*

The Research Study identified a need for the distribution of local information on ADHD, designed for newly diagnosed individuals and their families, which can signpost to services available and give advice on coping mechanisms.

*Recommendations:*

- *Local signposting information and information on coping mechanisms for newly diagnosed individuals and their families.*
- *In depth, accessible information about ADHD for newly diagnosed children, young people and young adults, as well as their families.*

The Research Study found a lack of support for individuals and families going through the diagnosis process, in particular those who are on waiting lists for diagnosis appointments. A need for advice and guidance throughout this time for parents and young adults navigating their way through diagnosis was also identified.

*Recommendations:*

- *Online reference resource with coping mechanisms and strategies to manage behaviour for parents.*
- *'Roadmap' of what to expect on what to come, to break down confusion and apprehension of this process.*
- *Signposting information on local support available.*

# CHAPTER 2

## School

### Overview of Chapter

School is a huge part of children and young peoples' lives. Their time at school helps influence them overall, and for young people with ADHD it is not always a positive experience. The Research Study recognised that one of the most common experiences had by young people at school, was being victimised by bullies and becoming isolated from their peers and also identified a gap in support for young people who are being bullied. Many young people felt there is a lack of understanding and awareness of ADHD by peers and teachers, which greatly impacts their time at school. Some reflections included in this chapter are historical. It is important to note, a number of the recommendations in the previous Research Study carried out by Dundee and Angus ADHD Support group are currently being implemented and overlap with the recommendations developed in this Study. Strong partnerships with the Education Department and training staff on ADHD are examples of these.

### Introduction

This section of the report focuses on children, young people and young adults experiences at school and being a student with ADHD. The case studies included in this section are based on interviews with children about their current experience at school, as well as young people and young adults' past experiences when they were at school and their reflections on that time of their lives. Parents' and siblings' experiences are also included in this section to give more depth to those case studies. Although each young person's experience at school is different, there were themes which we identified and have divided into subthemes below.

#### Awareness and Understanding

*The following statements give an idea of the challenges young people face at school.*

- ❖ *“Some of the teachers don't understand what you are doing, or why you are acting like that” Max, 15*
- ❖ *“My teachers knew I had ADHD but never had high expectations of me” Louise, 20*

#### Barriers to Learning

*The children and young people highlighted challenges they face in class and during their time at school, they were able to reflect on what improved these experiences.*

- ❖ *“I hated school, I hated the whole sitting in class for double periods, the way the school system was didn't agree with me” Mark, 20*
- ❖ *“ADHD has had a large impact on my life, having to try harder than my friends in school and thinking I wasn't able to achieve what they could” Louise, 20*

#### Bullying and isolation

*This subsection focuses on some experiences the participants shared of victimisation and isolation within school settings.*

- ❖ *“My least favourite thing about school is getting pushed around by the older ones” Gabby, 11*
- ❖ *“I am an easy target because I get angry easily” Iain, 11*

## Awareness and Understanding

This subsection focuses on similar feelings shared by participants, regarding the awareness and understanding of ADHD within school settings. Many participants shared their thoughts on what would have improved the issues they faced in their time at school.

Liam, 18 years old



Dundee

*"I wanted to help with this research because I don't think people know enough about ADHD" Liam*

During his time at school, Liam struggled with high levels of hyperactivity, which he felt was a catalyst that led to him being excluded a number of times. Liam remembers how he wanted to be treated like everyone else at school as he never wanted to admit that he had ADHD. He did not want to be the only person getting special treatment such as additional support, as he felt he was singled out from his classmates because of this. He emphasised the impact that teachers make on a student with ADHD's experience at school and he felt some of his teachers went the extra mile for him by allowing him to go to the 'cool down room' where he could relax and listen to music until he calmed down.



*Liam admits when he was first diagnosed with ADHD and didn't understand what it was, he branded himself as "a weirdo" and doesn't want any other child to feel like that. He said one thing that would have really helped him during this time was if an older student with ADHD or an adult who knew about ADHD had sat down to have a chat with him. This would have provided him with an understanding of what ADHD is as well as be a source of support.*

Louise, 20 years old



Angus

*"My teachers knew I had ADHD but never had high expectations of me" Louise*

ADHD had a big impact on her time at high school, she felt that she tried harder than her friends in class because she felt she was incapable of achieving what they could. Her difficulties at school caused strain within her family, as they were constantly battling to get support for Louise. She found her relationship with her parents grew stronger throughout her journey at school due to this. Louise felt as though her teachers didn't hold high expectations of her performance at school, and didn't receive extra support regarding her ADHD. Louise went through high school with a tutor for nearly every subject as she felt there was a lack of support in school for her. When Louise was 14 years old, and had just understood what her ADHD was, she wrote an essay on ADHD for her English Portfolio. While her English teacher was reading through this essay, the head of English came in and scanned over the essay and exclaimed "if I saw one of those crazy people I would cross the street to get away from them". This comment stuck with Louise for a long time, she stated that the comment "reflects how my high school education was".

Louise was told not to bother applying for University as her guidance teacher felt it wasn't an option for her, disregarding the fact she already had AAB in her 5<sup>th</sup> year highers. Her educational psychologist told her she didn't feel Louise had the capability to achieve a high level of education at University. This made Louise even more determined to achieve the grades to reach University, which she managed to achieve and is currently attending her local University.



*Louise emphasised how she feels teachers need to be more educated about ADHD as well as the students, this increase in overall awareness would allow those with ADHD to be supported better in school. She believes if there had been more awareness and respect for ADHD while she was at school, her self-confidence in her academic abilities would not have been so low.*

Nicole, 21 years old.



*"If I didn't succeed in something, I blamed my ADHD which made me resent having it" Nicole*

Dundee

Nicole's mental health has been significantly impacted throughout her life due to her ADHD. It began deteriorating at high school when she was struggling with the school work and constantly compared herself to others who were excelling. Nicole explained how she wasn't offered support regarding her ADHD during high school, which she believes impacted her performance at school negatively and in turn her mental health. If Nicole didn't succeed in something as well as she had hoped, she felt like a failure and blamed her ADHD which led her to resent having the disorder. She described her mental health in this stage of her life as 'all over the place', having only learnt the triggers which affect her mental health negatively as she grew older.

She believes ADHD can become frustrating to others around her due to lack of understanding. Nicole reflected on how her mum and dad didn't have a lot of information on ADHD after she was diagnosed, so they were learning about the disorder along with Nicole. When talking about her parents' experience during her diagnosis, Nicole stated "I wish they would have had more support".



*On reflection of her own time at school, and Nicole's family life at home, she emphasised understanding and support of the disorder from her school would have made a positive difference. Nicole often struggled with school work which in turn made her resent having the disorder. Nicole reflected how having access to support would have not only improved her grades, but her mental health throughout school.*

Max, 15 years old



*"Some of the teachers don't understand what you are doing, or why you are acting like that" Max*

Julie, Mother

Dundee

Max was diagnosed with ADHD in primary 5 when he was around 8 or 9 years old. When he was diagnosed, he already knew ADHD was "something to do with hyperactivity" as one of his classmates was diagnosed before him. When reflecting on what he knows about ADHD now in comparison to back then, he says he still knows very little about it. One of Max's main challenges at school is feeling misunderstood. He said "some of the teachers don't understand what you are doing or why you are acting like that" which he describes as difficult. One of his favourite teachers throughout his school career was his primary 7 teacher. He believes it was due to her fresh ideas and understanding of ways which helped Max excel. She introduced fidget toys in class and didn't penalise Max for behaviours that were out of his control. This came as a great relief for Max after his negative experience in Primary 6, where he felt his teacher didn't understand what ADHD was and would often blame him for 'bad behaviour'.

*"He was labelled by teachers as "the naughty kid" Julie, mother*



Julie began to discuss how Max was faced with a comment made by his Biology teacher. She explained how Max had finished his work in class early, so his behaviour became 'twitchy' and restless. This led to his teacher then saying "you are wasting your time in biology" and that Max shouldn't have been there anyway. Julie emphasised how 'off-the-cuff' comments like these have a detrimental impact on young people with ADHD and their attitude towards their own abilities at school.



*When reflecting on what would make his experience better at school, Max stated a higher level of understanding on what ADHD is from teachers would help validate and support those students with the disorder.*

John, 19 years old



Angus

John remembers how when he began high school, he was filled with high levels of anxiety which has since developed during his journey into adulthood, “that has now developed into overthinking or overanalysing”. As John went through high school, “problems started cropping up”. He always seemed to be getting into trouble for his behaviour and found it hard to make friends. John explained how his school began to notice these difficulties and put him on an Anger Management Course, which failed to make any impact on John’s behaviours. He explained “after the course didn’t work, the school kind of assumed I was a stropky child with behavioural problems”. John explained what he needed during this time, “I think I just needed somebody to listen, and nobody did”. He feels that if there had been early interventions put in place for him, he could have achieved more in school and wouldn’t have had to go through traumatic experiences which led to his diagnosis.

*“It was like I was a class clown but wasn’t gaining any attention from other people” John*

Nelson, 8 years old

Debra, mother

Dundee



Nelson was diagnosed with ADHD at the age of 7. His mother, Debra described how Nelson is now “realising he is slightly different from his classmates”. He experiences difficulties in class with schoolwork as well as finishing tasks on time which often gets him into trouble from his teacher. He regularly asks his mum “why am I getting into trouble because I can’t finish my work?”. Debra reflected on how Nelson is perceived due to his behaviours at school and how he was “labelled as a bad child” by teachers. Nelson struggles to sit down at group times, listen to instructions and is very emotional which can often lead to him hitting others which she believes were factors towards him being labelled as such. Debra remembered how “teachers would say, ‘he hit today for no reason’” which disappointed Debra as she knows there is always a reason behind Nelson’s behaviours.

Debra discussed how Nelson’s Primary 1 teacher struggled to support him and believes she “didn’t know what to do with him as he hadn’t been diagnosed yet”. However, his current teacher has put several strategies and support techniques in place to support Nelson which are making a significant difference to his time in class. Nelson’s current teacher listened to Debra’s concerns regarding his reading abilities and reassured her. This teacher has made small changes to Nelson’s time in class, such as providing fidget toys for him and also allows Nelson to go to the story corner to calm down if he becomes overwhelmed or overstimulated.



*Debra emphasised how reassurance and general support from class teachers comforts her and her son. She feels if all teachers had a wide and deep understanding of ADHD and the co-morbidities associated with the disorder they would be able to combat these behaviours rather than blame Nelson for them.*

## Barriers to Learning

This subsection focuses on these barriers to learning which are common in young peoples' lives. Feelings of frustration, embarrassment and sadness also became apparent throughout conversations with the young people surrounding this topic.

Mark, 20 years old



*"My ADHD got me where I am today, I am glad I have it, but it definitely knocked me back a few years" Mark*

Angus

Mark found school uncomfortable, he "hated" sitting for long double periods and felt the high-school system didn't agree with him. He would often argue with teachers as he felt his struggles engaging in class, were misunderstood by them. When he was 16 years old he left school to move on to college, where he felt he was treated like an adult and it was a friendly environment. However, Mark began slipping up in college and became too laid back with his course, which resulted in leaving college. After this, Mark went into a spiral of depression when he got a job in a call centre. He emphasised how he enjoys practical work using his hands and struggles with theory-based work.



*Mark reflected on spending a lot of time alone in his younger years, and believes he ended up in negative situations due to lack of structure and support. Mark explained how this affected him, "I think that's the period of time you need to be shown how to control certain things, I think that is why I ended up where I was". He feels 'the quiet ones' are let down by support services and are easily forgotten about which can cause a number of detrimental emotions and often lead to some serious outcomes. Mark felt if he had been given stability in the form of support and guidance in his younger years at school, it would have positively impacted the paths he taken in his adulthood.*

Paterson Family

Max, 15 years old



*"When I don't have my medication, it's hard to concentrate" Max*

Polly, sibling, 12 years old

When describing what he thinks ADHD is, Max said "your brain doesn't work as well as other peoples" and "you're more hyper and active than a normal person". Max described how it's often difficult to concentrate in school when he is not on his medication, as he notices himself that he is 'fidgety' and loud. When he is on his medication, Max explains he is 'a bit more zombie like' and doesn't talk as much as he would normally.

Polly highlighted how her brother struggles with his work at school and completing homework. He struggles with loud noises, which are prominent at school and within the classroom. She discussed how Max didn't complete homework throughout primary school, however recently at high school has been encouraged to complete his homework by his parents and teachers as he is embarking on important academic years.



*On reflection of his struggles, Max highlighted how having regular breaks helps him in class, if he is feeling restless. Another thing which helps Max engage in lessons is if he is interested in the subject, he finds his grades improve in subjects which he enjoys.*

Joe, 12 years old  
Dundee



*“Sometimes I even forget I have ADHD, I am just happy all the time, sometimes I don’t get angry” Joe*

Joe is curious and eager to learn new things, one of his favourite things about school is getting to know new people. He has always enjoyed school, but struggles with reading and writing tasks. Joe discussed how he doesn’t have “any patience to write a big story” and felt in Primary 7 this became a significant barrier for him, as his teacher’s expectations of his work were higher and he felt he could not meet them. Joe began to notice how much longer he took to carry out reading and writing tasks in comparison to his peers, which consequently affected his self-confidence. At school, he feels he works best when he is able to keep his hands occupied, which is usually drawing or doing artwork as he doesn’t get as restless and distracted.

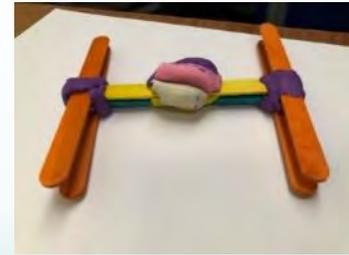


Figure 5: Model by Joe, 12 years old.

When reflecting on his teachers’ knowledge of ADHD, he believes they are “learning as they go”. Joe discussed how his previous teacher would often try and individually tailor certain tasks to him which he really appreciated. However, the next school year his new class teacher did not adapt such work to Joe. He feels this teacher is not as friendly to Joe or his classmates, but believes it is because she is trying to encourage the students to do their best and learn.

*Joe finds activities or tasks which are tailored to his needs allow him to excel and feel less self-conscious within the classroom. He struggles with literacy work, and feels more support and patience from teachers would improve his time at school. .*

Michael, 12  
Dundee



*“I don’t have neat handwriting, maybe they can’t understand it” Michael*

Michael struggles with remembering information and labels himself as “forgetful”. He believes this could be due to his ADHD. Michael believes this is a barrier for him in subjects such as Foreign Languages. He recognises how helpful learning a language would be though he now dislikes the class due to his struggles. Another barrier Michael faces at school is writing and struggles with his spelling and is concerned the neatness of his handwriting may affect his grades if teachers do not understand what has been written.

At school, Michael’s teachers have strict measures in place every morning to ensure each student has finished their homework, which he believes encourages him to complete each task on time. Michael thrives on being active and his favourite subject at school is PE as he loves the variance in activities and the ability to go outside.

*Michael believes further support at school would allow him to improve his handwriting, as it is a source of anxiety for him. Provisions such as in-class support and tailored tasks to ensure Michael is engaging in each lesson would improve his grades and overall experience at school. He recognises the strict rules his teacher has about homework, and believes this encourages him to keep up with each task.*

Ryan, 20 years old  
Dundee



*“When I think back to it I was quite an emotional angry kid” Ryan*

After being diagnosed at the age of 20, Ryan began to reflect on his struggles during school. He feels lucky to have had a supportive and dedicated mother throughout his childhood who made education a priority.

He remembered how he had always been an emotional child who became angry easily, situations which seemed unfair to him would provoke these emotions. Ryan had always enjoyed Maths and Science, so found that he became hyper-focused during these classes. He found the opposite happened in classes such as English, where he would become bored and avoid the activities. As Ryan progressed through school, he found himself falling asleep in class and struggled to focus. He then discovered that he learned best at home, “I would never learn in school, I would take it home and learn there”. #



*Ryan went through his childhood and adolescent years without any answers as to why he was struggling to engage in school despite knowing he could complete the work. In-order to have combatted this, he believes an earlier diagnosis would have given him access to support and further provisions in and outside of school to address the barriers to his learning.*

Josie, 21 years old  
Dundee



*“I remember the teacher would comment and say ‘come on you can do more than this’ That really frustrated me” .Josie*

Josie remembers taking shortcuts at school, as the activities at school didn’t provoke any interest which would often get her into trouble. She discussed this, “even when I was colouring-in, I would just colour the whole page the same colour”. As Josie progressed into high school, she remembered comments which were made by her teachers such as “oh come on, you can do more than this”. These comments frustrated Josie, as she felt misunderstood by her teachers.

She had always struggled with attentiveness at school, which then began to affect the completion of her homework. Josie discussed how homework was a “massive struggle”, and how she began “sitting with the homework in front of me and really stressing out”. Josie described this feeling as if something was blocking her brain, which prevented her from completing the work even though she knew she was capable. Josie would experience stress and frustration when attempting homework tasks due to the length of time it would take her, “it just took me hours to do something that shouldn’t have taken long at all”.



*Josie feels a wider understanding of ADHD by teaching staff could have encouraged support provisions to be put in place to help engage Josie in her schoolwork. Josie and her struggles with inattentiveness and homework were disregarded by teaching staff, which significantly impacted her self-esteem and overall opinion of education negatively.*

Iona, 12 years old



*“My brain works differently, that is all I know” Iona*

Angus

Iona was diagnosed with ADHD last year. When discussing what she knows about the disorder Iona said “I don’t exactly understand it, except that my brain works differently, that is all I know”. She believes not much would have changed if she knew more about the disorder, as she has accepted herself for who she is. She explained how she has Dyslexia, and finds this is a barrier in class when her teacher or classmates are reading out loud at a fast pace, “it makes me a bit confused”.

Iona enjoys her time at school, her favourite part of her day there is working with her Support Teacher. This teacher works with Iona and a few of her classmates on their literacy and, as a bonus to Iona, teaches them Japanese. She loves learning this language because one of her main interests outside of school is watching Anime, which commonly features the Japanese language. Having a strong passion for this activity allows Iona to be engaged in every aspect of school. However, she often faces friction between her and other classmates, who make comments about her interests.



*On reflection of her difficulties in reading-along activities at class, she explained how she would benefit from her classmates and teachers reading at a slower pace. She also highlighted how this would make a difference during lessons, “because I am dyslexic I would like if the teachers went a little bit slower when they are teaching”.*

William, 12 years old



*“My favourite thing about school is going home, I hate everything that comes before going home” William*

Dundee

William’s time in education has been turbulent. He has been to a number of schools in the past few years, and currently is enrolled in an offsite education service as he was “put out of proper school”. He would like to go back to mainstream school in the future but believes this will not happen as he thinks his behaviour was too volatile.

When reflecting on time spent at his previous mainstream school, he explained how it was quite normal for him to get “about 5 punishment exercises and 2 detentions a day”. He believes he was given these punishments for his behaviour towards others, which was often violent. He did like his previous school as he had a good relationship with one teacher in particular. This teacher would allow William to play a computer game during class, and every 5 minutes would ask him a question related to what was being taught to make sure he was still engaged. William reflected on how this method worked for him as the teacher knew “I wanted to play the game but wanted me to learn too” and kept him from becoming restless in class.



*Figure 6: Model by William, 12 years old.*



*When reflecting on his current school placement, he said “my favourite thing about school is going home”. William believes his teachers do know what ADHD is, but also “wouldn’t be surprised” if they required more knowledge on how to support someone with the disorder. William would like more freedom in school and believes if his teachers used innovative ideas in lessons, he would be more likely to engage.*

Cody, 11 years old

Dundee



*"I haven't had the best 3 years because my teachers" Cody*

*"School is hard, everything is hard" Cody*

Cody began to describe his experience in class, "I think school is pretty bad, I don't get along with my teacher". They often disagree as he feels she restricts his freedom to go to the toilet or move around in class to relieve some of his built-up energy. Cody believes his teacher knows what ADHD is, but doesn't feel as though she cares enough to support him effectively. He described how he has not had the best experience at school for the last 3 years, and believes this may be due to the lack of support from his teachers. When he is in class, he often becomes restless and enjoys 'snapping things' to keep his hands busy, but his teacher has restricted him from doing this. Cody described his opinion on this as, "I am listening, I am looking at her and I am paying attention, I don't know why she has a problem with it". Cody thinks his behaviour in class creates a barrier between him and his classmates, he reflected "I jump around at school then people look at me and make faces".



*Cody believes his wellbeing and work at school would benefit greatly if he was given the opportunity to use 'fidget toys' and release some of his built-up energy at intervals throughout the day. He believes he gets into trouble because of his restlessness, and a good understanding of ADHD and compassion from his teacher could prevent the frequency of this. Cody often feels alienated from his classmates due to his behaviours, and believes if they were educated on what ADHD was they would be less judgemental towards him.*

Stephanie, mother

Curtis, 10 years old



*"He doesn't like his mainstream school sometimes, because there is too much noise" Stephanie*

Curtis attends two different schools part time, a mainstream school and support group. Several years ago, Curtis attended mainstream school fulltime but the school then recognised there was not sufficient amount of staff available to accommodate his needs. Stephanie explained how a full day at school for Curtis is 9am until 12pm, which she believes significantly impacts his education.

While Curtis is in school, he struggles with noise levels and constant distractions which deeply affect his concentration. He often leaves class unexpectedly, as he becomes anxious and uncomfortable because of the noise levels. His school does not have a specific room tailored to those with additional support needs, but have made the Library "a quiet space". Curtis often goes here when he becomes overwhelmed in class but finds others use the Library as a group-working space. He explained how this affects him, "That is what annoys me, it is a place I am meant to go for quietness but they just ruin it. That is the only place I can go".

*"The reason why I go out the class a lot is because it gets too loud" Curtis*



*Curtis explained how a space within his mainstream school dedicated to cool-down and sensory play would significantly improve his wellbeing and engagement in lessons during the school day.*

## Bullying and isolation

This subsection focuses on several participants experiences being subjected to bullying and isolation from peers within education settings. Several of whom shared their thoughts on provisions which could have improved the challenges they faced.

Nicole, 21 years old  
Dundee



*"I always felt a little ashamed to have ADHD" Nicole*

At the age of 7, Nicole was diagnosed with ADHD. She remembers how she did not understand what the disorder was but was ashamed to have been diagnosed with it. Throughout primary school, Nicole was the only person in her class with ADHD. She felt because her classmates did not understand the disorder she was always looked at differently, and thought of as 'weird'.

Nicole always lacked confidence throughout school and when in big groups. She feared that she would embarrass herself or others because of unpredictable behaviour. She remembered how difficult it was and how it took her years to get over this social anxiety.

She described an 'episode of rage' which occurred because she was sent out of class for failing to understand the work she had been given. Nicole began to lash out in this moment as she felt extremely misunderstood and disappointed in her teachers' lack of support. During this outburst of sadness and anger, Nicole realised her classmates had watched her unravel into a despair which caused her to feel embarrassed and even more upset.



*Nicole applauds how supportive her family was during her time at school. However, she expressed how she felt her classmates and teachers did not understand the disorder, nor did they try and support her when she was visibly struggling. Nicole expressed feelings of embarrassment from having the disorder and became isolated from her peers. Greater visibility and knowledge of the disorder from her peers and teachers would have addressed her feelings and potentially would have avoided Nicole's isolation from her peers.*

Gabby, 11 years old  
Dundee



*"My least favourite thing about school is getting pushed around by the older ones" Gabby*

Gabby has a "good group of friends". However, Gabby reflected on her least favourite thing about school. She is bullied by the older students. They are a group made up of 'mostly boys', who terrorise and intimidate Gabby and her friends. Her friends "push past it and mutter under their breath" however she stated "I don't react to it". Currently, the bullying by other students at school is causing a barrier to her learning and deeply affects her experience at school.



*Gabby explained how she would like to have more support from staff regarding the daily bullying she and her friends are subjected to. This would make a significant difference to her whole experience in school, as she would engage more within lessons and with other classmates outside of her friendship group.*

Cody, 11 years old



*"When I get angry I want to fight" Cody*

Dundee

At school, Cody finds himself getting into a number of fights with his classmates throughout the week. Cody would describe himself as confrontational. He recently had an experience where classmates had videoed a fight he was in which had started after some nasty comments were said by the other boy to Cody. He reflected on how he felt after this, "I felt pretty horrible". When he is feeling provoked by others, Cody's initial reaction is to fight which then leads to implications affecting his wellbeing. He feels this alienation and taunting is because of his ADHD, and believes it makes him a target to the other students.



*Cody believes more should be done to inform his classmates about ADHD and to improve the awareness of the disorder in school. He believes he is targeted by his peers because of his ADHD, but things could change if others were informed and accepting of the disorder.*

Iain, 13 years old



*"I am an easy target because I get angry easily" Iain*

*My friends at school join in with the bullies because they don't want to get bullied themselves" Iain*

Dundee

At school, Iain experiences bullying from his peers. He described his time there as getting "punched, rubbers thrown at the back of your head, slapped in the head and stabbed with pencils". He has moved schools 4 times within the last year, and the bullying "has happened at every school" which he blames himself for. Iain's biggest barrier at school is the friction between him and his peers, he dislikes school due to the "people that are in it". Outside of school, Iain has a good group of friends who he enjoys going to the skate park with and riding their bikes together. However, Iain's group of friends at school often join in with the bullies there as "they see how bad it is and don't want it to happen to them". When reflecting his current circumstances at school, he said "the world is the world, it is a hard place".

*"I have been to 4 schools in the last year, and this has happened at every school" Iain*

When reflecting on what makes Iain angry, feeling misunderstood and not being treated like his peers are two of his main triggers. He feels he is blamed for situations where he is provoked by others and said "just because you retaliate, you are the one that is told off and gets in trouble". He believes it is easier for his teachers to blame him for hostile situations he is involved in, "rather than investigating what has happened and why". Iain feels there is an imbalance in the severity of punishment between him and his peers, as they "just get a lunchtime detention" and he often gets excluded for similar mistakes.



*Iain feels a wider understanding of ADHD throughout the teaching staff in his school could reduce his feelings of being misunderstood and could encourage patience from others.*

Bowen Family

Dundee

Lilia, 10 years old, sister



*“He doesn’t have good social contact with people, he struggles talking to people” Lilia*

*“He struggles to make friendships at school” Lilia*

Lilia recognises how her brother Fred struggles with his work at school which mainly include maths and literacy. Another struggle Fred has at school is making friendships and recognises “sometimes he is quite isolated”, so she tries to comfort him whenever she can. Lilia notices this struggle as he “annoys” people who then retaliate. He isn’t confident socially when talking to those who are not in his family.



*At the siblings school, a safe space is available for those with ADHD or other disorders to go and have a ‘time out’. Fred enjoys going to this space at times during the school day as they have fidget toys, computers and Lego where he can relax. This allows Fred to relax at school, however does not provide any support in regards to the isolation he often experiences.*

Eddy, 11 years old

Dundee



*“I get bullied a lot at school” Eddy*

Eddy loves making new friends and the chance to do activities outdoors at school. However, he is victimised by bullies. The bullies are at a different school to him, but find a way to personally terrorise him outside of school time. He finds this the most difficult part of going to school. Eddy stated “I don’t like the bullying at school”, as it significantly affects his time and wellbeing there. Eddy also reflected on how he gets into trouble for not paying attention in class. He said “I just don’t like getting shouted at” as they frequently single him out for his behaviours.



*Eddy believes his teachers are aware what ADHD is, as they have put some things in place in order to support him. One of these support mechanisms they have put in place is whenever he needs time to cool-down or quietness during class time, he is allowed outdoors to play alone for a short period of time. Although these provisions are in place for him at school, patience and understanding from teachers when he is disengaged or distracted from work would help him rather than being blamed, as he often feels alienated from classmates when this happens.*

## Chapter 2: School

### Conclusions and Recommendations

The Research Study identified a common struggle that young people face in school, is being subjected to bullying and becoming isolated from their classmates. This affects not only their schoolwork, but their mental and often physical health too.

#### *Recommendations:*

- *Stronger implementation of Anti-Bullying Policies within schools, and defined intervention strategies.*
- *Resolve incidents of bullying proactively, using a respectful, proportionate and holistic approach which takes account of the impact of the incident as well as any underlying prejudice or other negative attitudes.*<sup>2</sup>

Through conversations with the children and young people, feelings of being misunderstood by teachers and peers in school were identified. The Research Study found children and young people believe their peers and teachers do not know enough about ADHD.

#### *Recommendations:*

- *Increased awareness and understanding of ADHD in classrooms through presentations and other learning mediums, in an accessible format for students of all ages to understand.*
- *Accessible information for teachers and teaching staff about ADHD, with hints and tips on supporting students with the disorder.*

Barriers to learning which children and young people with ADHD often are faced with in school were recognised. Struggles with inattentiveness and restlessness in class, as well as struggles with school-work act as barriers to young people fully engaging in their education.

#### *Recommendations:*

- *Introducing strategies and mechanisms to decrease restlessness within class, such as 'brain breaks' and 'fidget toys'.*
- *Adapt schoolwork and support around the struggles faced with school-work and homework.*
- *Innovative teaching methods, incorporating technology or creative activities, to engage young people within lessons who find it difficult to learn using traditional methods.*

---

<sup>2</sup> Scottish Government (2017), "Respect for All: national approach to anti-bullying". Available at: <https://www.gov.scot/publications/respect-national-approach-anti-bullying-scotlands-children-young-people/pages/1/>

# CHAPTER 3

## Higher Education and Career

### Overview of Chapter

A large portion of conversations with the young adults involved in this study centred around their experiences in further education and the workplace. Throughout this chapter, insights into each of those journeys and experiences are detailed. It was found that young people at university have issues accessing the support that they need and face several barriers to learning associated with ADHD. Through the analysis of the case studies, it was highlighted how young people feel more comfortable if their employer is aware of ADHD and their diagnosis. Participants felt employers are accepting of the disorder and open to introducing strategies to combat the barriers young people with ADHD face at work. It was acknowledged that young people feel better about their job role, if their employers are aware of ADHD and understand its impact on their work

### Introduction

This section focuses on the experiences of young people within further education and in workplaces, it was important to merge these two topics as it became apparent when talking to the young people that they coincide quite significantly in their lives.

#### Access to Support at University

*Several young adults who were involved in this study attend university, and were able to share their experiences of accessing additional support there with us.*

- ❖ *“A lot of the advisors don’t know anything about ADHD, or have anyone that specialises in it. There’s a mental health one, Autism one, Dyslexia one but they don’t have any ADHD ones.” Louise, 20*

#### Barriers to learning

*A number of barriers to learning were identified for young adults during their time at university and college. The participants reflected on what aids their difficulties and helps them overcome these obstacles.*

- ❖ *“I looked around and was like ‘how am I not able to do these things that everybody else can do fine?’” Hannah, 25*
- ❖ *“In my masters, there was a lot of exams that I didn’t finish because I was reading everything so slow” Jessica, 24*
- ❖ *“I feel that I could benefit from more support at university” Louise, 20*

- Support and Information

*This subsection focuses on the reflections participants had on the support and information available during and after the ADHD diagnosis. The following quotes can be seen as a snapshot of these feelings and experiences, which are included in this subsection.*

- ❖ *“There is a huge gap in knowledge about ADHD for teens and young adults.”  
Julie, Mother*
- ❖ *“When looking for support it was either for parents of children with ADHD or it was adults who had been diagnosed in their 30’s and 40’s.” Ryan, 20*

- Awaiting Diagnosis

*Several young people and families shared their experiences of awaiting their diagnosis appointment. Although each participants journey is different, the Research Study was able to identify common thoughts and feelings in each.*

- ❖ *“If you get a diagnosis you can start going forward, we are just in limbo”  
Carly, mother*
- ❖ *“Because he wasn’t doing badly in school, they said they wouldn’t give us the diagnosis” Henry, Dad*

- ADHD in the Workplace

*Several participants shared experiences they have had within their work place. This included the barriers they face and the strategies they use to overcome them.*

- ❖ *“if employers ask I say I have ADHD. Because I don’t want to not get the job, I would never muck about but I just can’t sit seriously” Liam, 18*
- ❖ *“If someone knows I have ADHD, it might make me feel more secure that they know my little quirks” Jessica, 24*
- ❖ *“I think my ADHD affects me at work, I really struggle taking on verbal instructions” John, 19*

### Supporting comments from local Universities and College

The Research Study was able to reach out to the local Universities and Colleges within Dundee and Angus, who commented on the support which they currently offer to students with ADHD. These are shown below.

*“Disability Services at Dundee University provides a range of confidential support services for disabled students including those with ADHD. Our services include needs assessments to identify any individual adjustments to teaching and assessment in the context of the student’s course and any specific support requirements e.g. the provision of a specialist mentor or study assistant to help with organisational difficulties. We also support students to apply for the Disabled Students’ Allowance (DSA) which can provide access to assistive technology to support their studies. Appointments with our Disability Advisers can be arranged online, by phone or in person if needed.”*

Dundee University

*“Where evidence is provided of a diagnosis, we are able to discuss with students individually what support might be helpful during their studies. With consent, we can share information with relevant teaching staff about a student’s condition, the impact this may have on their studies and what teaching and learning support may be helpful. UK funded students are eligible to apply for the Disabled Student’s Allowance (DSA). This is not a financial gain, but can provide funding towards; equipment or software, print costs or personal support (e.g. study support/mentoring) to assist with any impact on their studies. A range of support services, including Careers, Counselling and Learner Development is available to support students with their personal development. On-going support and advice is also available as students navigate their studies.”*

Abertay University

*“Student Services offers tailored support to ensure that you get the best from your studies. For some students that is on a one to one basis for others it is in class or small groups. We offer practical, emotional and academic support and can also look at assessment arrangements for you.”*

Dundee and Angus College

## Access to support at University

This subsection focuses on the support participants who attend university currently receive. Also included, are reflections on their time at university or college and what they feel they need in a support capacity.

Ryan, 20 years old



Dundee

At university, Ryan receives support through the Disability Service there. Ryan and his disability supervisor discussed the best adjustments that would best support Ryan and his time at University. He receives extra time in exams as he becomes distracted and drifts off, which in the past has significantly affected his results. One issue Ryan experienced at university was missing deadlines or homework, as lecturers would often say them throughout lectures and he “usually was not in the zone”. His disability supervisor suggested that Ryan should receive PowerPoints before lectures, as well as receive written notes of tasks from his lecturers to aid.



*Although he knows there are other students with ADHD at his university, he has never met anybody else with the disorder. Ryan expressed a strong desire for the opportunity for peer support at university. This would allow him to find out more information from classmates, and build friendships.*

Louise, 20 years old



Angus

*“I feel that I could benefit from more*

*“Overall, I would say university and ADHD are not a good mix” Louise*

Louise believes universities do not offer adequate levels of support for their students with ADHD. Two years into her time at university, Louise was given a support advisor after trying to access one since she began her course. Louise’s support advisor ‘monitors’ her by making sure she is attending class, handling her work load and also helps proof read her essays which she finds really helpful. Each student is allocated 10 hours of support, which Louise often finds is not enough time. She highlighted how she did not turn up to any classes for a whole semester, and didn’t receive any ‘check-up’ emails or calls. She noted how this could be dangerous for those who are not only struggling with their ADHD, but a whole range of troubles such as poor mental health. Louise highlighted how there are a range of disability advisors within her university who specialise in certain areas such as Autism, Mental Health or Dyslexia however there is not an advisor who specialises in ADHD.



*On reflection, Louise believes disability advisors who are going to be providing support to students with ADHD should be given specialised training in the disorder to ensure a thorough delivery is given. She thinks if support and teaching staff within the University had a wider understanding of ADHD and its co-morbidities, this may discourage degrading comments regarding students coursework, which Louise was subjected to.*

Daniel, 23  
Dundee



*"I don't know how I got by, I managed to get by on sheer adrenaline, overwhelm and panic" Daniel*

When reflecting on his time at University before his diagnosis, Daniel stated he doesn't know how he managed to cope during 1<sup>st</sup> and 2<sup>nd</sup> year of his course. He reflects on how he would hand in assignments last minute which were fuelled by "adrenaline, overwhelm and panic". Daniel feels that the culture of University can "mask" ADHD, due to the vast freedom in its learning and autonomy of the education.

Although he feels more on track after his diagnosis, Daniel admitted "there has been some bad weeks" and explained how there are times he is unable to engage with his coursework or lectures. Since being diagnosed, he has been able to access the Disability Services and practical support such as course work extensions. He has been appointed a Study Support advisor, who supports him to organise and plan out his learning schedule and encourage accountability. In his experience, his lecturers and other professionals within the university have been "generally helpful" but he is doubtful on their explicit knowledge and understanding of ADHD or the best way to support students with the disorder.



*Daniel emphasised that he believes ADHD is not greatly acknowledged by his fellow students, and more can be done to "improve the awareness of ADHD on campus" at university. Daniel found there was practical support available at university for those who had been diagnosed in their childhood and had already come to terms with their diagnosis. However, he felt there is a lack of support for those newly diagnosed, "there isn't much consideration or appreciation on how that support needs to be different if it is someone who has just been diagnosed".*

Josie, 21  
Dundee



*"I am struggling to organise my time and the inside of my head" Josie*

At University, Josie has an 'organisational assistant' who meets with her every week to set out her schedule and deadlines. This keeps Josie accountable and helps encourage her to stay on track with her assignments. Another form of support supplied from her university is an 'Audio Note Taker Device', which assists Josie in taking notes during lectures and organising them.

Josie feels ADHD affects her studies significantly due to the lack of attentiveness and focus she experiences. Josie finds having extra time during tests and exams at university gives her the opportunity to finish them. She discussed, "I think I am going at the same speed of everyone else because I have been concentrating and working really hard, but it actually takes me longer". Having continual tests throughout each semester at University helps keep Josie involved in each course as she has to keep studying, however this examination style is dependent on lecturer and course.



*Josie reflected on the support she receives at university, she believes the current provision available meets her academic needs.*

## Barriers to learning

The Case Studies within this subsection focus on the difficulties and barriers young people with ADHD encounter throughout their time at College or University.

Jessica, 24  
Dundee



*“In my masters, there was a lot of exams that I didn’t finish because I was reading everything so slow” Jessica*

Jessica is proud of herself for completing both her Master’s and Bachelor’s degrees, but admits not knowing she had ADHD acted as a barrier to completing the courses as well as she could have. When carrying out tasks such as studying and during exams she feels medication may help her concentration as she notices a lack of attentiveness during these times.

Jessica was diagnosed at the age of 24 years old, after going through school finding it difficult to focus and struggling through her Bachelor’s degree. She always felt as though her brain wasn’t working to full capacity. Jessica was advised by her therapist to look into ADHD. She explained her surprise after researching the disorder further “I mostly knew of ADHD as young boys being really rambunctious and misbehaving. She decided to pursue further advice and eventually a diagnosis before she began her PhD. When asked how she felt after her diagnosis, Jessica simply said “Relieved”, knowing that she was now able to seek support from University to begin her PhD journey.



*When reflecting on what could have improved her life during childhood, Jessica emphasised how an earlier diagnosis would have greatly improved her experience at school. She discussed how extra time on tests at University and School would have been helpful, as she reads slowly and tends to hyper focus on details such as the font. Throughout her Master’s degree she failed to finish a number of exams due to the speed of which she reads the contents.*

Ryan, 20 years old  
Dundee



*“I had to spend up to 12 hours a day studying to get those results, while several of my friends seemed to be able to get higher results, while not spending close to the amount of time I did” Ryan*

Ryan believes his determination and perseverance led to him being accepted to his dream course at University. Ryan emphasised how much more commitment he must put towards studying in comparison to his friends. He often spends up to 12 hours a day studying, significantly longer than his peers, and feels as though he does not achieve as high results as they do. During his first year of university, he felt he could not keep up with the workload and found he was doing university work for up to 14 hours a day. Through the exploration of different learning methods, Ryan has found a ‘visual learning technique’ works well for him as he believes it enables information to be kept in his mind. Before finding this technique, Ryan would take notes and be “so engrossed in getting through the material” that he would not learn any of it, his mind would be elsewhere.



*Ryan felt his ADHD acted as a barrier to sustaining the same pace of learning as his classmates, he recognised how much hours he would dedicate to university work in comparison to them. Ryan is now receiving support from university for his struggles with keeping up with coursework. He did highlight the feelings of overwhelm and stress he experienced during his first year at university and how this could have been avoided if he had earlier access to this support.*

## ADHD in the workplace

Several participants were able to give an insight into their experience in employment and their reflections on how ADHD affects them there. Included, are the ways in which these young people navigate their daily roles in the workplace and mechanisms they have in place for working with ADHD.

Jessica, 24  
Dundee



*“Sometimes at work it’s the same thing over and over again and I can’t muster up the tiniest piece of concentration so I end up making a lot of mistakes” Jessica*

At the time of talking with Jessica she was working between two jobs; one job is based in an office, and the other is an active role and involves a variety of tasks. She admits in the office based role, she struggles sitting at a desk and becomes restless which then affects her mood and concentration. She finds it difficult completing tasks which are repetitive on a day to day basis, and finds the energy she builds up throughout the day ‘almost hurts’. These factors in turn affect her job performance and wellbeing. However, Jessica feels her other job is well suited to her as she feels the variety of tasks keeps her attention. In this role, she has the opportunity to exert some energy while completing the tasks due to the active nature of the job, and emphasises that this little bit of exercise throughout the day really helps her.



*Jessica reflected how keeping active and breaking up the day by varying tasks and activities allows her to excel at work. She recognises how much she struggles with repetitive tasks but is able to combat these difficulties by strategies to keep her mind and body active.*

Aimee,  
Friend and colleague of Hannah 25 year old with ADHD  
Dundee



*“As an employee in the same office, I started to ask if there was anything I could do to help her” Aimee*

Aimee has been friends with Hannah since before she embarked on her ADHD diagnosis. They met on their first day of University, which was 6 years ago. Since then they have become close friends and were flatmates during their time at university. They are now Colleagues at the same organisation. Within their workplace, Aimee began to notice Hannah’s struggles and became aware of her ADHD. Aimee began to research and ask Hannah if there was anything she could put in place which would support her during her time in the office. Aimee believes Hannah becomes motivated if a task is going to give her instant gratification, “if it doesn’t give her positive affirmations straight away, she will put it off”.



*Hannah often struggles with losing her train of thought if she is distracted by something. In order to combat this in the office Aimee and Hannah came up with a solution. Aimee explained, “if she is in the middle of doing something I gently place my hand on her so she doesn’t lose her train of thought but knows I need her attention”.*

John, 19 years old



*"With workplaces, when you say I need to take a mental health day – it is the exact same as breaking a leg – just because you can't see it, doesn't mean it isn't there" John*

Angus

John explained the effects his ADHD has on him in the workplace, "I do struggle at work". He finds it difficult taking on verbal instructions, and requires a more visual approach "if somebody shows me how to do it, I can do it well". John believes taking sick-days off of work due to struggles with mental health should be normalised. He explained how he feels poor mental health is as debilitating as a broken leg, and this should be acknowledged by employers.

John's previous psychiatrist wrote his employer a letter explaining that he was in the process of being diagnosed with ADHD. This letter explained the identifying features of ADHD and how best to support John at work. An excerpt from the letter can be seen below:

*"The letter explained what ADHD consists of and how she can support me in the workplace – it was amazing, I think that should be done for everybody" John*

*This diagnosis causes people problems with focus and concentration, organising tasks, and taking on board verbal instructions. People with this diagnosis are often better at practical tasks, or retaining practical or physical information. ADHD is also associated with frustration due to erratic thought patterns which can contribute to emotional meltdowns as a recognised problem of the condition. It is also associated with poor sleep and lack of appetite. I would be grateful if you could take these difficulties into account of John's recent work performance. I understand he is very devoted to his job, he is making all efforts to improve his daily functioning via regular contact with his community mental health teams.*

*John explained how this letter was an incredible tool for his employer and made the conversation regarding his diagnosis easier. John believes this custom should be normalised for everybody who has went through a diagnosis or is in the process of, "I think that should be done for everybody".*

Liam, 18 years old



*"I need a stable job and stable income" Liam*

Dundee

Liam admits he still experiences high levels of fidgetiness, which he cannot physically stop. He does not let this get in his way when attending job interviews, he simply explains that he has ADHD to the interviewers and has never been met with negative feedback regarding this. He emphasises that his fidgetiness does not cause any problems with the way he works, however does determine the line of work he wants to work in.

*Liam feels the one thing that would improve his life as a young adult with ADHD is the stability from a job which would provide money and consistency for him. He explained how he is drawn to manual labour and is currently seeking a job on site so he can burn his energy and keep busy during the day as well as make money.*

## Chapter 3: Higher Education and Career

### Conclusions and Recommendations

The Research Study identified a struggle accessing support at university, for young people with ADHD. The process of accessing support was lengthy for several of the young people we spoke to, which impacted their mental health and education.

*Recommendations:*

- *Support resources for students at University when on waiting lists to access a Support Advisor.*

The Research Study found areas for improvement in the provisions offered to University Students. In particular the understanding of ADHD in University Staff, support for coursework and support in classes or exams.

*Recommendations:*

- *Specialised ADHD training for Support Advisors delivering support to students.*
- *Lecturing staff should work with students with ADHD to develop mechanisms which suit the students' needs best, such as sending lecture notes in advance or giving written versions of verbal instructions.*

The Research Study found young people with ADHD feel more comfortable within their workplace, when their employer is aware of their disorder and the barriers they may face in their role.

*Recommendations:*

- *Open discussions surrounding ADHD with employers to discuss possible barriers young people could face in their role and strategies to overcome them. These could include, written versions of verbal instructions and short breaks for physical activity to avoid restlessness.*
- *Encouraging formal letters to be written by the diagnostic professional to employers, explaining a young persons' diagnosis and characteristics of ADHD.*
- *Research into ADHD in the workplace to identify the specific needs within this area.*

# CHAPTER 4

## Life with ADHD

### Overview of Chapter

During conversations with the young people and their families, common factors were identified which affect their overall lives. A number of young people believe their ADHD negatively impacts their mental health, and struggle to handle the emotional impacts the disorder presents. The Research Study identified a common difficulty shared by young people with ADHD is organising their time to fit in with homework and other responsibilities. This is also a growing concern for several parents as their young people grow into adulthood. A number of young adults diagnosed later in life felt there is a need for more support and information specialising in adulthood and ADHD, and the challenges it presents.

### Introduction

The broader impact that ADHD has on an individual's life can be seen through the Case Studies within this section. The children, young people and young adults involved shared a diverse array of experiences and thoughts regarding their everyday life. A number of parents' and siblings' insights are also included within this section, which allows a clearer understanding of what these young people and their families go through every day. Listed below, are a set of subsections which were a consistent feature throughout conversations with the participants.

#### Mental Health

Several participants emphasised how they feel ADHD has had a negative impact on their mental health. Common experiences were identified between participants and were used towards formulating recommendations for change.

- ❖ *“If I was on my medication I wouldn't have been so hyper, I wouldn't have been in certain situations that have affected my mental health today from years ago.” Mark, 20*
- ❖ *“The emotional side was a big thing for me, I had the idea that ADHD was a sitting still disorder but it affects a lot more than that” Hannah, 25*

#### Daily Life

A number of young people detailed the activities in their everyday lives, which they believe are impacted by ADHD. In particular, a number of participants highlighted their difficulties completing household chores efficiently.

- ❖ *“I will start to do a chore then get distracted and not finish it” Jessica, 24*
- ❖ *“I am terrible at organising my own life to a certain extent. I am either in the work zone or a play zone” Ryan, 20*

#### Sleep

A few participants shared their thoughts on how ADHD affects their night-time routine, and their sleeping schedules.

- ❖ *“Normal people get tired at about 11 o'clock at night but I need to go to the gym or do something” Liam, 18*
- ❖ *“It's staying asleep that I have an issue with. I have always been really fidgety.” Jessica, 24*

## Mental Health

When discussing their journey with ADHD, several participants shared their struggles with mental health. Each individual experience differs, however themes such as social anxiety and depression were commonly discussed.

Nicole, 21 years old  
Dundee



*“I have lived with such little help for so long I have learnt to deal with it in my own way” Nicole*

Nicole reflected on things which would improve her life regarding her ADHD. She admitted that she has lived with such little help and support that she has learnt to deal with the disorder alone. She did suggest somewhere to go and talk to a trained individual about how she is feeling would help when things aren't going so well.

Nicole discussed how during her time at school her performance and grades would have significantly improved if her teachers were thoroughly informed about ADHD and how to support the learning of students who have the disorder. The lack of information and support Nicole's parents were given during and after her diagnosis affected the whole household. She felt guilty as she blamed herself for the struggles her parents were experiencing; and powerless as she did not have the resources to help them because she was struggling as well.



*Nicole discussed how if her parents were provided with the support and information they needed, it would have relieved the whole family of a number of stresses that spurred from the disorder.*

Hannah, 25 years old  
Dundee



*“The emotional side was a big thing for me, I had the idea that ADHD was a sitting still disorder but it affects a lot more than that” Hannah*

Hannah discussed how she feels ADHD benefits her life in some ways, but at the same time recognises that she faces a number of challenges because of the disorder. She describes herself as a jack of all artistic trades and attributes this to her endless curiosity and willingness to try new things. She does believe she is good at several different skills because she becomes invested in them for a short period of time, spurred by her ADHD. She finds she is able to pick up new skills such as playing musical instruments with ease if they are practical and physical. Mood swings are another challenge Hannah deals with regularly. She finds these are 'an oxymoron' in her life, she explained how she is prone to mood swings due to her ADHD. Each mood does not last long as she almost forgets about it and moves on.



*Hannah struggles greatly with emotional dysregulation, which is a co-morbidity of ADHD, and believes it is not talked about enough. Hannah explained how strongly she feels about this, “I know it isn't in the DSM” but she believes it should be included as for her this is a huge part of her ADHD journey.*

Curtis, 10 years old



*“When I am angry I like hitting things” Curtis*

Dundee

Curtis believes that ADHD is a disorder which makes those who have it struggle with “anger issues” and controlling their emotions. Curtis reflected on when he was 8 years old, “that whole year was extreme, I had a lot of anger”. Curtis goes through spells of anger, and finds a way to release this is through violence and hitting objects. Curtis explained the consequences of his actions when he becomes violent, “when I get angry, I usually get my X-box taken off me”. Curtis understands why his x-box is removed but does not feel the threat of negative consequences deter him from his violent outbursts.

Before Curtis received medication for his ADHD

Stephanie, Curtis’s mother, found his behaviour extremely challenging. She discussed how he was “physically abusive” and reflected on how he would often pull her hair, push her down the stairs and eventually smashed their TV. After Curtis attempted to jump out of a window in their house, Stephanie was forced to phone Social work as she felt it was too much for her as a mother.

*“For a wee while it was like all of the services were coming together, we felt supported” Stephanie, Curtis’s mother*

*Stephanie explained how she received support from a number of different agencies such as social work and Barnardo’s who she felt were working together. This system was greatly benefitting Curtis’s wellbeing as well as their family dynamic. Eventually it came to a point in their support where they were signed off, “they thought we were a family who didn’t need social work anymore”. Stephanie explained how ongoing all-round support like this would make a huge difference to her sons life.*

Iain, 13 years old



*“Not much cools me down when I am angry” Iain*

Dundee

Iain was diagnosed with ADHD at the age of 7 at CAMHS. He remembers being told by a professional there about what the disorder was, but feels he understands the disorder better now. Iain highlighted how he often ends up doing two things at once as he is so easily distracted when completing tasks. He describes how he struggles to manage his anger levels, “I get really angry easily, it takes me a while to cool down from what has happened”. Iain feels “not much” de-escalates the situation when he is angry and it takes him a while to relax due to the level of anger he experiences. He went on to say how “a normal kid takes 15 minutes” to cool down from a situation, “but it takes me hours to calm down”.

*Iain would benefit from guidance and support on managing his anger, and de-escalating the situations which provoke him. He has not yet found techniques which help him while he is feeling angry or overwhelmed.*

John, 19 years old



*“Living with ADHD has made me a stronger person and I have a better sense of self” John*

Angus

John attributes the struggles he has had with mental health to his ADHD and the lack of support he had until he was diagnosed. He discussed “ADHD is something you have to deal with every single day, and sometimes that is really hard”. He described his struggles with impulsive behaviours and thoughts as “a vicious cycle”. John explained how he never learns from his actions because they are all impulsive. He is aware there are consequences of negative behaviours but feels he does not have the power to stop himself, which often leads him to difficult situations and heightens his anxiety.



*John feels if correct support had been in place during his childhood, his mental health struggles would not have been left for him to deal with alone for so long. John reflected on this, “I would want somebody to meet up with someone who is not a friend or family member, but someone that you can speak to and is willing to listen”.*

Jaxon, 7 years old.

Carly, Mother.

Dundee



*“One minute he can be fine, then the next minute he is a completely different kid” Carly*

Carly described how she and Jaxon’s father had never explained what ADHD as they were just learning themselves so had difficulties describing the disorder to him. Jaxon struggles with anxiety, in particular separation anxiety from his mother. She recently received an information pack from a support service, concentrating on ‘how to explain anxiety to a 7-year-old’. She is hoping this allows Jaxon to open up and speak about how he feels, as Carly stated “he struggles with saying his feelings”. Carly explained how quickly Jaxon’s mood can change and how these changes to his temperament can make him seem “a completely different kid”. She expanded on how she feels others do not understand this, “Jaxon will kick off at the slightest thing, and some people will think he’s just being dramatic”.

Jaxon described himself as “a screaming banshee”, while his mum, Carly, explained the recent events of a difficult evening. Carly explained Jaxon’s behaviour that night, “he was trying to smash my bedroom window in, and tried to rip bits off of the heater”. Carly emphasised that this event was not an irregular occurrence for herself and Jaxon, as he has difficulties at bedtime quite often.



*Carly highlighted how Jaxon is in urgent need of support for not only his ADHD, but his mental health. She explained how she would benefit from receiving guidance on how to work with Jaxon’s behaviours and how best to support him while he is dealing with these difficulties.*

Henry, father of Ryan, 9 years old



Dundee

*"We can see this isn't just a behavioural issue, he seems like he is just not coping" Henry, Ryan's father*

When reflecting on Ryan's behaviour growing up, Henry explained "we initially thought it was just his behaviour, but then quickly realised there was something more troubling for him going on". Ryan's behaviour was more than misbehaving to Henry and his wife, as they saw he was not able to control his emotions and cope with certain feelings. Ryan finds it difficult to control his emotions, "he generally has quite a lot of rages" and "goes from 0 to 10 really quickly, he gets really emotional and cries". Ryan finds it difficult "to be reasonable or to talk about things" after situations which upset him.

*"He goes from 0 to 10 really quickly" Henry, Ryan's father*

Ryan finds colouring in and drawing soothing when he is feeling anxious or on edge, and has learnt to take himself away from situations which provoke these feelings. Henry described how Ryan seeks safe places, "when he is in a bad mood he will often just go into his room and dive into his bed with the covers over his head". Henry and his wife "often let him calm himself down on his own and give him space", when he is in this state of mind.

Ryan struggles with sensory processing, which has often impacted the whole family's schedule by making them late. Henry reflected on one morning this occurred, "he didn't like the feeling of the seams on his socks on his feet, we took forever to try and fix it". Ryan finds loud situations uncomfortable, which has acted as a barrier to attending indoor youth clubs and often affects him while at school.

*As a reflection, Henry explained how he and his wife would have benefitted from more information on sensory processing, as this would have given them the tools to recognise and aid Ryan's difficulties. As a family, they would benefit from support addressing Ryan's struggles in expressing his emotions and feelings after engaging in hostile situations involving his brothers.*

Joe, 12 years old



Dundee

*"My emotions are different than other peoples" Joe*

Joe remembers being diagnosed with ADHD when he was 10 years old, but "didn't really know much about it back then". He had always known he was quick to get angry and a lot more hyperactive than his classmates, but didn't think anything of it until his teachers began to take notice of this.

*Joe believes due to his ADHD his emotions are 'different' and "can't handle them like other people can". He recognises how he can often become over excited and struggles to regulate his reactions to different situations. He feels he would benefit from advice or support for handling his emotions and de-escalate his anger.*

## Daily Life

This subsection includes case studies which focus on young people's daily lives with ADHD, and how the disorder often affects aspects of their days. Highlighted within this subsection, are participants' reflections on mechanisms which improve their lives currently, or provisions which would have helped challenges in the past.

Mark 20 years old  
Angus



"My meditation and writing songs has had more of a positive influence in my life than any medication I have been on" Mark

"If I was on my medication, I wouldn't have been so hyper, I wouldn't have been in certain situations that have affected my mental health today from years ago." Mark

Mark emphasised how he lacks organisational skills as he struggles to pay attention and focus on conversations or tasks. He feels he is not organised enough to attend appointments, and said "I forget to go to appointments, I forget I have written the time of the appointment in my phone", highlighting the consequences of his forgetfulness.

The inattentive aspect of Mark's ADHD has led to struggles with social anxiety. He feels he cannot participate in some conversations due to a lack of attention and forgetting what he wants to say. A way Mark copes with this anxiety is referring to a set of 'prayer beads' when feeling anxious in these situations and he finds comfort that they are always there to hold.

A coping mechanism Mark has found works well for him is music. He feels he isn't able to discuss how he is feeling with a mental health worker so instead expresses himself by writing songs and rapping. Mark has recommended these coping mechanisms to a number of his peers who also struggle expressing how they feel about their mental health in general as well as ADHD. This is a way of not only expressing feelings but a chance to find a hobby or unveil a new talent.



*Mark finds going into a different room to meditate helps when he is in moments of anger or struggling to shut off his mind. He was surprised how much meditation works for him. He believes positive influences, mediation and writing music improve his life in small ways.*

Ryan, 20 years old  
Dundee



Ryan explained one of the biggest realisations he has had since being diagnosed, is how he is "terrible at organising *his* life". He finds himself either in 'work mode' or 'play mode' so experiences a burn-out period after studying "for a good week or two". Ryan explained how he has "always been terrible at chores". He often leaves his chores, such as cleaning his room, until they become inexcusable. He said, "I don't pick up a jumper that is on the floor, I will just pick it up once the floor is covered". Ryan will often become distracted when studying due to the condition of his bedroom and will "procrastinate" against his work until it is tidied.



*Since becoming aware of his struggle with organising his life, he makes a conscious effort to schedule in exercise during the week to give himself breaks, "I set out times where I have to go to the gym". Ryan explained how he often procrastinates by completing household chores, by organising time specially for these chores he could potentially avoid this difficulty.*

Louise, 20 years old



*"I have a good imagination which has helped me become more independent and confident" Louise*

Angus

When reflecting on how ADHD allows her to excel, Louise says she has a good imagination which has allowed her to become more independent and confident. Louise also recognised how meticulous she is when managing money. Being a student this isn't always an easy thing to do, however she praises herself for being sensible with money.

When Louise started taking her medication, she found it both difficult to get to sleep and stay asleep. Her difficulties in getting to sleep would often lead to her sleeping late the next day and being exhausted, which became a daily cycle which eventually calmed down when her medication settled.



*When she has a lot of university work or lots of shifts at work, she feels this takes a toll on her social and person life. One disruption in her week often "puts a spanner in the works" and snowballs into more disruptions. Louise applauds herself for her ability to plan things in the future, however she struggles to manage her time when it is time to carry out those plans.*

Hannah, 25 years old



*"I looked around and was like how I am not able to do these things that everybody else can do fine" Hannah*

Dundee

When Hannah transitioned from school to university and living independently, she began to notice she was not keeping up with everyday tasks such as laundry, cleaning dishes and having regular meals. Hannah reflected on how she often wondered why everybody around her was able to do normal things well but felt although she was failing to. She discussed how close she was to having a number of 'meltdowns' near the end of her time at university, due to a build-up of emotions and negative experiences. Hannah said "I felt like everything was much more difficult for me" when reflecting on this time in her life.

When Hannah moved further from home to begin her Masters, she had already been placed on the waiting list to see the psychiatrist. Her Masters course did not include as much practical work as her Bachelors course, which she struggled with. During this time Hannah was still struggling to keep up with tasks in her personal life like chores, maintaining friendships and managing her finances. Ultimately, she was diagnosed by her psychiatrist with ADHD after she finished her Masters.



*When reflecting on the age she was diagnosed, part of her would have liked to have been diagnosed earlier in her life as she sometimes wonders "what if".*

Josie, 21



Dundee

*"My ADHD has made a big impact on my mental health" Josie*

*"It affects me every day" Josie*

Josie believes every aspect of her life is affected by her ADHD daily. When reflecting on how her life is affected, she stated, "I am easily frustrated, disorganised, no concept of time, struggle focusing and staying on task as well as procrastinating too much". Josie discussed how she struggles to mentally cope with stress and not being able to do what she is "supposed to do". When she is presented with an important task, she finds herself thinking "it'll be fine until the last minute", which leads to overwhelming stress levels, and leaves her in low moods regularly. Josie struggles with time management and believes this could be due to her inattentiveness.



*When reflecting on what would help improve her life now, she discussed how she would like to try some holistic forms of therapy as it is something she has never been offered before. Josie is currently on a waiting list for support from psychiatry, as she feels this should be done in conjunction with medication.*

Julie, Mother



Dundee

*"Their biggest barrier is lack of knowledge" Julie*

Julie began to discuss her concerns for Max as he grows into young adulthood. She feels he would greatly benefit if there was a service available that would give him an "all-inclusive support" and teach him the life skills needed to be independent. Julie emphasised how she believes a wider understanding of ADHD is needed in every environment children and young people encounter. Julie feels there is a severe lack of information available surrounding ADHD throughout the adolescent years, as this stage of their lives is significantly different to childhood. Julie expanded on this by explaining how she is beginning to notice how hormones are starting to affect her son. She can see there is an imbalance between his physical and mental maturity and is concerned this will cause issues as he embarks further into adolescence.



*On reflection, Julie feels her son needs an "all-inclusive" approach to support as he grows into adulthood. She has noticed a difference in his ADHD from when he was a child, to his current age of 15, she believes he needs guidance on living an independent life in the future.*

## Sleep

This subsection focuses on the unhealthy relationship a few participants have with sleep which has an overall impact on their daily lives.

Curtis, 10 years old  
Dundee



*“Curtis doesn’t sleep till about 3am anyway, some nights he can have no sleep” Stephanie, Curtis’s mother*

Curtis explained how he struggles to sleep at night. He remembers how he would often stay awake until 5 o’clock in the morning when he was younger, but now at 10 years old, he is awake until around 2 o’clock. Curtis stays awake until this time as he doesn’t feel tired enough to sleep. Curtis’s unsteady sleep schedule impacts his experience at school the following day by making him feel exhausted and prone to becoming distracted.

When discussing their bedtime routine Stephanie, Curtis’s mother, said “Curtis doesn’t sleep till about 3am, some nights he can have no sleep”. Curtis will often wake Stephanie up if she falls asleep as he becomes anxious that he is the only person awake in the house. Every night Stephanie hides the house keys as there has been instances where Curtis attempts to leave during the night.



*Stephanie is desperate for support around this ongoing issue, as the lack of sleep for both her and Curtis experience each night affects his attitude the following day and has long-term impacts on Stephanie’s wellbeing.*

Liam, 18 years old  
Dundee



*“Normal people get tired at about 11 o’clock at night but I need to go to the gym” Liam, 18*

Liam has always faced a challenge balancing his energy levels, particularly at night. He explained how with age, he has learnt how to manage his energy through different mechanisms. Liam explained how he recognises other people begin to wind down for the night at 11 o’clock, but he has so much energy he “needs” to go to the gym. If he doesn’t go to the gym and exert his energy in the evening, he struggles to sleep which then impacts his alertness the following day.



*Liam acknowledged he has come a long way in learning how to manage his ADHD and in particular managing his energy levels. He explained this knowledge came with growing up but tried different methods to find what worked best for him.*

Jessica, 24 years old  
Dundee



*"I don't necessarily fit the stereotypes  
that people think of" Jessica*

Jessica explained to us how she doesn't have trouble falling asleep but struggles to stay asleep. She explained how she often wakes up through the night as she is restless and becomes uncomfortable, which then impacts her attention at work the next day. Jessica reflected on a time when she was younger and took part in a sleep study, where they said she was on the border line of narcolepsy. Her psychiatrist pointed out that this could be a comorbidity of her ADHD.

Jessica has a number of coping mechanisms which she uses daily in order to help her focus in general, most of which she used before she knew she had ADHD. She finds drinking ice-cold water a quick fix to help with tiredness and alertness. Jessica goes to the gym daily, which she finds helps her find her focus and let go of the energy she builds up throughout the day. She often feels as though her brain and body are out of sync. She described her energy imbalance as if her body is ready to run for miles, but her brain is ready to sleep.



*Jessica has found mechanisms which help her manage her restlessness and energy throughout the day, but struggles to do this in the evening resulting in regularly having restless nights sleep. Informed advice and tips on how to improve sleep quality could help to improve Jessica's restlessness while trying to sleep and positively impact her daily life.*

## Chapter 4: Life with ADHD

### Conclusions and Recommendations

The Research Study identified a need for support and guidance for young people struggling with the emotional impacts of ADHD and in particular, struggles with anger and how to manage it.

#### *Recommendations*

- *Accessible support service and information for young people to learn how to manage emotions, de-escalating anger and learn coping mechanisms to control their emotions.*

The Research Study highlighted a struggle a number of young people face when approaching adulthood, which is organising aspects of their own lives.

#### *Recommendations*

- *All-inclusive form of support for young adults to help organise their own lives and help them build independence.*
- *Research into Adults with ADHD to identify specific needs within this area.*

The Research Study also identified a gap in support available for families, of those diagnosed with ADHD later in life, as well as immediately after diagnosis.

#### *Recommendations*

- *Accessible information on co-morbidities of ADHD and signposting of local support opportunities.*

The Research Study highlighted the struggles some participants face with sleep and staying asleep.

#### *Recommendations*

- *Engaging information and practical advice on getting a good nights sleep for all ages.*

# CHAPTER 5

## Relationships and Homelife

### Overview of Chapter

Through analysis of conversations with the children, young people and families the Study identified the impacts ADHD has on their relationships with one another. A common difficulty experienced by young people with ADHD was having turbulent relationships with their siblings which ultimately impacted their whole family. Several young people explained difficulties they have in romantic relationships and keeping friendships, the majority of which attribute these struggles to their ADHD. Areas of need were identified which would improve the young people and their families' relationships with one another. The conclusions of which can be found at the end of this chapter.

### Introduction

Relationships and Homelife are included together in this section, as these areas in young people's lives significantly intertwined during the conversations with them. This section contains Case Studies focusing on young people's experiences at home and with others, curated by statements given from not only themselves but their parents or siblings. A set of subsections have been identified due to their prevalence within the case studies analyse. These can be seen below.

#### Sibling and Parent Relationships

*During our conversations with young people and their families about their dynamics, common themes were identified. Several families highlighted constant tension in their households, due to friction between siblings.*

- ❖ *“There was times my ADHD affected my relationship with my mum” Liam, 18*
- ❖ *“The atmosphere in the house when Ryan is having a bad day is like you are walking on egg-shells” Henry, Dad*
- ❖ *“ADHD affects every aspect of family life” Julie, Mother*

#### Friendships

*Several young people detailed their struggles maintaining and making friendships when explaining their experiences in social interactions.*

- ❖ *“I guess that is the way it has affected relationships, if someone doesn't believe me when I say I have ADHD, it frustrates me” Jessica, 24*
- ❖ *“There was a lot of times I would do something impulsive and react quickly and I would walk away thinking “why did I do that” Hannah, 25*
- ❖ *“I struggle to maintain friendships” Josie, 21*

#### Romantic Relationships

*Through conversations with young people with ADHD, it was noticed a number of them believe the disorder negatively impacts their romantic relationships.*

- ❖ *“I found it very difficult to stay in relationships, I enjoyed the first 3 – 6 months” Ryan, 20*
- ❖ *“Absolutely ADHD affects my friendships and relationships” Daniel, 23*

## Sibling and Parent relationships

A number of participants who were spoken to have had difficulties in their relationship with their siblings. *Physical fighting* or *antagonistic behaviours* are commonly experienced by young people with ADHD and their siblings, details of which are included in this subsection. Reflections of young people's relationships with their parents and carers are also included in this section.

Liam, 18 years old



*"There was times my ADHD affected my relationship with my mum" Liam*

Dundee

Liam admits that when he was in school he would "kick off at small jokes", which he now considers as 'banter', he took them to heart which often caused friction with classmates and friends. This made him feel alienated from his peers, and his reactions would often cause issues within the classroom at school. There was a period where ADHD affected Liam and his mum's relationship negatively. Liam believes this "rough patch" is the reason why they are so close now, and reflected on this by saying "I realise now what she actually sacrificed for me, and how much she helped me". Liam explained how when he gains full-time employment, he is looking forward to "paying back" his mum for these difficult years by taking her on days out shopping.



*With age Liam has learnt how to control his ADHD throughout his life, but admits there are still days he struggles. Liam explained how he would have benefitted from having a professional to speak to at school, when he was struggling to come to terms with how ADHD was affecting him and his friendships.*

Louise, 20 years old



*"My relationship with my parents grew stronger throughout my high school journey" Louise*

Angus

Louise had the same group of friends from playgroup and throughout high school, she reflected on how this made the social aspect of school easier, which is often a crucial part of one's experience. Louise did not tell her friends about her diagnosis of ADHD which occurred when she was 8, that she attended therapy or that she was on medication for the disorder until she was 19 years old. The reason she waited to tell them was not because she was embarrassed or ashamed but because she didn't feel as though she had to explain herself to them and didn't want them to think she was using it as "an excuse".



*She does not feel ADHD had a direct impact on her homelife, however she does feel her difficulties in school put a strain on her parents, as they in her own words had to "fight for support". Louise believes the barriers she and her parents faced throughout her time at high school strengthened their relationship as they united together for the same purpose.*

Polly, 12 years old  
Sibling of Max with ADHD



*"I don't like when he gets annoyed at me, people with ADHD sometimes hit their siblings when they get really annoyed at them" Polly*

Polly reflected on her family often end up quarrelling with one-another, which she feels is accelerated by her brother's ADHD. Polly finds her relationship with Max differs depending on if he has taken his medication or not. She often reacts to his aggressive behaviour towards her by shouting 'really nasty things' because she becomes irritated which she later regrets as she understands the reasons for his behaviour. She reiterated that his mood greatly affects hers. Polly described how her brother's attitude is often grumpy and moody when he is on his medication. She highlighted how this affects her particularly when they are out socialising together with friends at the park as well as at home. She explained, "I like when he is hyper, I don't like when he is grumpy".



*When reflecting on what would improve Polly's life at home, she explained how she would greatly appreciate having sound proofing in her bedroom. She struggles trying to sleep when her brother is playing his PC games at night, which often leads to him becoming angry and loud.*

Julie,  
Mother of Max with ADHD



*"ADHD affects every aspect of family life" Julie*

When asked how life at home is, Julie said "stressful, really stressful". She reflected on how ADHD impacts everything they do as a family, and how it affects every aspect of their lives. Julie described her house as a volatile atmosphere after Max was diagnosed with ADHD. As a family they "didn't know how to handle it". They understood why Max was behaving differently but did not have the tools on how to manage it best for the whole family including Max. Financial pressure and mental health troubles were adding to the family's distress during this time. For a short while Polly, Max's younger sister, began copying his behaviour which evidently added to the hostile atmosphere in the house during this time. Julie feels her son's ADHD affects every aspect of family life, from short walks to family holidays. Max feels more comfortable knowing a plan of each day so he knows what to expect. Julie recalled how forgetting to show Max a new place they are going online or a change of route in their journey has a negative impact on Max and subsequently the rest of the day.



*"We did the 1-2-3 Magic Programme at the Dundee and Angus ADHD Support Group and that was genuinely lifechanging". This programme taught Julie and her husband "a different way of parenting", which she finds herself using in everyday scenarios years after. She felt this method taught her to "deal with the bumps in the road, process it and move on". However, her family would have benefitted from being informed of extra coping strategies after Max's diagnosis.*

Gabby, 11 years old  
Dundee



*"I think ADHD sometimes affects my time at home" Gabby*

At home, Gabby and her parents often argue which is regularly provoked by Gabby's lack of interest and attention to her parents when they attempt to talk to her, she believes this is because of her ADHD. Gabby discussed how she often fidgets and looks away when her mum tries to speak to her about her behaviour at school and home. Gabby's relationship with her younger brother is regularly turbulent. They settle their differences by physical fights, and "don't talk to each other about it after".



Figure 7: Drawing by Gabby, 11 years

Lilia, 10 years old

Sister of Fred with ADHD  
Dundee



*“He comes into my room and wrecks everything” Lilia, Fred’s sister*

When talking about her brother, she describes him to be “so lovable” and a positive person as he doesn’t complain about things. However, Lilia pointed out how her brother’s behaviour can turn into being quite physical at times, as he often goes into her room and “wrecks everything” while loudly shouting.

Lilia believes her brother’s ADHD frequently affects their family life at home. She discussed how Fred requires constant minding and care which subsequently impacts her time at home too. She described how their mother usually works during the day so their dad usually looks after Fred and Lilia after school. When her dad needs a break, Lilia takes over and “keeps an eye on” Fred as she doesn’t want to leave him alone. Their favourite thing to do during this time is build objects with Lego and watch funny films together.

Lilia feels her brother doesn’t read social cues, especially when her friends are visiting the house. He wants to join in with their activities and games, which Lilia understands but ultimately leaves her feeling frustrated.



*Lilia explained how she is often forced to say “I want to spend time with my friends, mum or dad can get one of your friends to come over” but this doesn’t make an impact. This leaves Lilia feeling conflicted as she still wants to spend time with her brother but feels it is important to have her own space to socialise.*

Leah,  
Mother of Fred with ADHD  
Dundee



*“There is not one aspect of our homelife that is not affected by Fred ADHD, our life revolves around it” Leah, mother of Fred*

Leah describes the atmosphere in their house as “tense and stressful”. As a family, everything they do needs to be structured and premeditated to “prevent meltdowns”. Leah reflected on this “it is always thinking about what we can do to make it easier, it’s always thinking ahead”, which takes its toll on Leah and her husband. When talking about her son’s ADHD, she did point out how “there is a lot of joy with it as well, when you are exhausted it is hard to see sometimes”. Leah and her husband have adapted their parenting techniques, by taking the “divide and conquer” approach. This involves Leah taking one child and her husband taking the other on days out focussed on each of their interests. Leah described that if they did not take this approach Lilia would not get to do things she likes as Fred “tends to dominate everything”.

One of the biggest impacts at home Leah has noticed is on Fred’s older sister Lilia and her social life. Lilia often asks her parents to invite friends over, which Leah struggles to agree to as “when people are in the house, Fred dominates”. She described how having visitors in the house makes Fred anxious and want to be involved in what is happening. When Lilia has friends round, Fred gets involved in their activities and “jumps around with no inhibition which can impact their relationship”.



*When reflecting on support that would benefit Leah and her family, she stated “this is a never likely to happen wish but respite”. As she described how her and her husband’s lives revolve around being the best parents they can be to Fred and Lilia, “I’m not scared to admit that our function is to be a team to support Fred”. Having the opportunity to have respite for Fred with “someone who understands” would give Leah and her husband some time to focus on their quality of life as individuals and Fred to be comfortable with being independent.*

John, 19 years old



*“As much as I have struggled, it has been my family who have suffered as well” John*

Angus

John recognises how he had “an amazing childhood” thanks to his parents and their unconditional love. However, he remembers experiencing an intense hatred for his father which eventually led to the breakdown of their relationship, which John felt as though he could not control. When reflecting on this event, John said “it broke my heart knowing how much our relationship had deteriorated but I felt like I couldn’t control it”.

John also described how he feels his behaviour towards his siblings when he was younger has negatively impacted their relationship to this day. John explained how he was “very mean” to his siblings, and remembers how he would often bite and hit them throughout his childhood due to his frustrations. He explained how when he was 12 years old, his siblings would taunt him and make comments like “you have mental health issues” while laughing. He started to feel embarrassed and became reluctant to attend appointments as he “didn’t understand the seriousness of them yet”. He reflected how a better understanding of his mental health struggles from his younger siblings could have prevented negative events which transpired and affected their relationship.



*John reflected on how his experiences have impacted his loved ones, “as much as I have struggled, it has been my family who have suffered as well”. He explained how much his mother wanted to help throughout his struggles but didn’t have the tools to do so. He stated “the people that wanted to help me, didn’t know how to”. John feels if there was adequate support in place for his mum, to inform her about the disorder and tips on how to support him, this would have made a huge difference.*

Celine, 8 years old.



*“He bullies me a lot. He calls me mean names, I feel sad when he does that, and angry.” Celine*

Dundee

Celine was diagnosed with ADHD a few years ago, she already had an idea of what the disorder was as her older brother had been diagnosed in the past. At home, Celine and her teenage brother have a challenging relationship. Celine reflected on their relationship “we don’t really get on, he bullies me a lot”. She considered that her brother’s behaviour towards her could be spurred by his ADHD. When Celine falls victim to her brother’s behaviour, she suffers from low moods, sadness and often becomes angry.

Her brother’s relationship with their parents is not as calm as Celine’s. She described this relationship, “when he gets upset, he gets mad at them and they fight”. When this happens, it affects the atmosphere in the house and in turn makes Celine feel upset and angry.



*Celine reflected on what pulls her out of her low moods, “when I feel like that, what helps me is having cuddles with my family”. Celine explained attending the ADHD youth group in Dundee helps lift low moods. She explained why she enjoys attending so much, “I love the ADHD club because you can see your friends, do art, go on the computers and play”. Celine feels comfortable enough to socialise in this environment because each child who attends understands ADHD.*

Stephanie, Mother



Curtis 10 years old

*"Maggie is always asking me, 'why am I always getting sent away'" Stephanie*

Curtis and his younger sister, Maggie's relationship is strained due to a lack of tolerance for one another. Stephanie, their mother, believes this stems from built-up resentment towards Curtis from Maggie. She explained "Curtis has had a lot of my attention. When he was trashing the house, she was the one that had to go away and be put to safety". Stephanie has noticed an adverse change in her daughter's behaviour and believes this is her way of rebelling against her. Stephanie explained "we never get one on one time, she is always asking me 'why am I always getting sent away?'".



*Stephanie explained how the opportunity of Respite would significantly improve her families quality of life. It would provide Curtis the opportunity to work through his separation anxiety issues and socialise with others his age. This opportunity would also benefit Stephanie, as it would give her time to bond with her daughter and reconnect with friends, both of which would positively impact her mental health.*

Jaxon, 7 years old.



Carly, Mother.

Dundee

*"He can be really overpowering and kick off at the slightest thing" Carly*

Jaxon has two older brothers who are in their late teens but does not have the best relationship with them. Jaxon and his brothers physically fight and argue with one another regularly. Carly believes that Jaxon has learnt this kind of behaviour from his brothers. She explained the atmosphere in her house because of this, "I am more like a referee in my house than anything". To Carly, it often seems like "they cannot be bothered with Jaxon" due to the age gap, which results in Jaxon getting emotional as he believes "they hate him".

Due to Jaxon's separation anxiety, Carly finds it very difficult to have time to herself or with her partner. She explained how her, and her partner had booked a log cabin for three days, while Jaxon and his brothers were staying at their gran's house. Carly explained how it had taken weeks for Jaxon to agree to go to his gran's while his parents were away, along with a number of toys, "I took like 3 toys out of the Christmas pile just to get a night away". However, Jaxon's anxiety was so heightened during the time his parents were away and resulted in Carly taking a 6 hour round trip to collect Jaxon and take him to the lodge. She expanded on why she picked him up, "he was screaming and kicking off, he puts holes in doors so you don't want him doing that in someone else's house". When talking about this experience, Jaxon explained "sometimes I cry because I miss my mum".



*Carly explained how she believes an opportunity for Respite would provide the opportunity for Jaxon to have space from his brothers as this is often one of his biggest triggers. Respite in a safe and fun environment would allow Jaxon to work through the separation anxieties he struggles with while apart from his mum.*

Cody, 11



*"I think ADHD is bad, I feel so different" Cody*

Dundee

At home, Cody feels like he is not part of his mum and dad's "team". He feels he is often ignored by his parents due to his behaviours, when this happens he throws near-by objects in the hopes of getting their attention. He recognises that this behaviour makes the distance between himself and his parents further, as they do not want to encourage him to be violent.

Cody feels isolated from his peers daily due to his ADHD, he explained "I feel too different from the rest of my class". He said how he finds it difficult making friends in both school and the ADHD youth group he attends. Cody discussed how his two closest friends also have ADHD, which he feels made it easier to become and maintain being friends. He finds it difficult to make friends as others judge his hyperactivity and inattentiveness, he has experienced his peers "make faces" in response to this.

*"My only friends also have ADHD" Cody*

*Cody recognises if he and his parents improved their communication between each other, he would not feel so frustrated and upset. He also expressed feelings of being misunderstood in school by his peers, which he believes could be addressed by raising awareness of ADHD. He often feels singled out and judged by others because of his behaviours in school, so this increase in awareness in school could allow others to be more understanding.*

Henry, father of Ryan 9 years old



*"The atmosphere in the house when Ryan is having a bad day is like you are walking on eggshells" Henry, Ryan's father*

Dundee

Ryan lives at home with his mum, dad and three older brothers. His relationship with his siblings is often turbulent as Ryan becomes upset due to comments and jokes made by them. Henry explained how Ryan's brothers will say "one silly thing" to him which can negatively impact the whole day and result in violent behaviours. Henry and his wife are often harsh on Ryan's older siblings for provoking their brother, "they probably think we are being harsh but it will end up in Ryan losing it". However, when the brothers do all get along with each other, it can often encourage a negative situation to occur. Their father Henry commented "Ryan will join in on them play fighting, but we have to calm that all down as soon as possible because we know Ryan will end up losing it".

When speaking to us, Ryan discussed how he often tries to kick his brothers when he is upset, "they say haha you missed me and kick me back, they always kick me". He recognised how angry he becomes after fights with his brothers and stated "colouring in helps me best when I am angry".

Henry discussed how his son's difficulties impact his wife's mental health, "she feels like she has failed as a mum, she is really hard on herself". Ryan often says harsh comments when he is 'lashing out', which emotionally impacts Henry and his wife.

*Henry explained how the whole family would benefit from accessing Respite opportunities for Ryan. This would give Ryan a chance to have a "break" from his parents and brothers, as well as a chance for his parents to bond with his siblings. Another benefit Respite would provide is for Henry and his wife to have "space, like a night off to see our friends", as they currently do not have the opportunity to do so.*

## Friendships

The magnitude of the impact of ADHD on young people's friendships became evident during conversations with them and are included within this subsection.

Jessica, 24  
Dundee



*"I guess that is the way it has affected relationships, if someone doesn't believe me when I say have ADHD, it frustrates me" Jessica*

In social situations, Jessica struggles to stay involved in conversations due to her lack of focus on what is being said. She feels this is because her thoughts are scattered and her focus jumps between them rather than the present moment. Jessica explained how she often tries to answer a question someone has asked her but forgets what the question was immediately and begins to ramble on. Jessica worries that her difficulties in formulating sentences often make her appear less intelligent and fears how her colleagues or friends may judge her. She feels more secure when those close to her are aware of her ADHD to overcome this unease.

Since Jessica was diagnosed with ADHD, she thinks some of her friends have the opinion that either ADHD is over diagnosed, doubting she has it or they don't believe it is a real disorder. However, she does have one friend who also has ADHD, who was not surprised Jessica was diagnosed as well as there are many similarities between the pair. When reflecting, she points out that when people doubt that she has ADHD it really frustrates her and in turn can affect the relationship.

 *Jessica feels part of the reason her friends may not believe she has the disorder is because she does not fit the stereotypes people have of ADHD, "I don't run around or act out", for Jessica her ADHD presents itself in subtle quirks. She feels if there was more awareness on the presentation of ADHD in girls and women, stereotypical thoughts would be less common in our community.*

Stephanie, mother  
Curtis, 10 years old



*"I think he wants to fit in more and wants to be able to do things 'normal' kids do" Stephanie, Curtis's Mother*

"Curtis is quite self-isolating" as he becomes anxious when leaving the house which in turn makes Stephanie anxious. Stephanie's anxiety surrounding her son and his wellbeing became so debilitating to her everyday life that she is now on medication for it. Curtis struggles to socialise with his peers. Stephanie worries that without the right social skills he will not be able to go out without her in the future. He finds it difficult attending youth groups or clubs without his mum being present, due to his separation anxiety when they are apart. He attends the Dundee and Angus ADHD Youth Group, which is "his only chance to socialise with other young people".

 *Stephanie emphasised how she believes support to address Curtis's separation anxiety, and struggles in socialising with his peers. She also explained how the opportunity to access Respite services would allow Curtis to grow independence, and potentially give him a chance to socialise with peers.*

Tina, 14 years old



*“ADHD has affected my relationship with everyone around me in a bad way” Tina*

Angus

Tina was not surprised when she was diagnosed with ADHD at the age of 13, she had always known there was “something different”. She began medication after she was diagnosed to try and manage her ADHD, however she still feels she is struggling in one major part of her life. She discussed how her ADHD has affected her relationship with everybody around her in a negative way.

Throughout her life, Tina has been subject to bullying. She believes her ADHD has allowed her to become an easy target for bullies, because of her impulsive and unpredictable behaviour. Tina feels that her ADHD has affected her mental health in detrimental ways. She suffers from depression and experiences isolation as she finds it hard to make friends, which she attributes to her ADHD. She seeks to find genuine friends who understand her ADHD and accept her for who she is which in turn would help improve her mental health.

*Tina believes that if she had been diagnosed with ADHD at an earlier age, she would have had more time to understand the disorder and learn how to manage it. Tina reflected on how a stronger support network of friends and family would significantly improve her life overall, but more specifically her mental health which is detrimental to her quality of life.*

Ryan, 20 years old



*“I would speak as soon as a thought came into my head without thinking which put me into some really awkward situations” Ryan*

Dundee

Ryan recognised how friendships and romantic relationships are more affected by his ADHD than his homelife. When reflecting on maintaining his friendships, Ryan found it hard to “keep committed to deep friendships outside of school” due to the convenience and ease of seeing them every day there. He found he almost repelled the chance to sustain friendships due to his hyperactivity, as he felt himself “speaking constantly about things others were not interested in”. Ryan struggles with his impulsive thoughts and finds himself “so excited” to get involved with conversations he habitually interrupts them. He finds it difficult to ‘filter’ what he says also due to his impulsivity, which has led to uncomfortable social situations.

*Ryan explained how he believes support in his younger years would have allowed him to understand ADHD, and how it affects his social skills. He highlighted how his impulsive thoughts often create so much anxiety for him, and how he wishes this was addressed earlier in his life. However, Ryan is currently on ADHD medication and has noticed a positive change in his social interactions as he is less impulsive in conversations.*

Carly, Mother of  
Jaxon, 7 years old



*“He finds it quite hard to build a solid relationship” Carly, Jaxon’s Mother*

Jaxon struggles to build solid relationships and maintain them. Jaxon’s closest friend has a strong understanding of what ADHD is, as his mother explained it to him, which improves their friendship. Carly described the concerns she has for Jaxon when it comes to his friendships, “he can be really overpowering, and because he is bad in school they might not want to hang about with him”. She is often worried incase others judge Jaxon for his impulsive behaviours, which in turn could affect his friendships.



*Carly believes this could be due to a lack of understanding of ADHD from his peers. She explained how she feels more awareness at school could lead to a higher level of understanding and acceptance of ADHD from Jaxon’s peers.*

Hannah, 25 years old  
Dundee



*“There was a lot of times I would do something impulsive and react quickly and I would walk away thinking “why did I do that” Hannah*

Hannah’s ADHD began interfering with her social life as she began developing anxieties over her involvement in conversations or reactions to others. She reflected on how she would walk away from social situations thinking “why did I do that, or why was I so stupid?”. Hannah discussed how she felt starting medication for her ADHD “totally changed things” regarding social situations and the anxieties she once faced.

When Hannah was initially diagnosed with ADHD, she had the idea that it was a “sitting still disorder”. She began to recognise how a number of areas in her life were greatly affected by the disorder. One of the struggles she regularly faced was dealing with her emotions rationally, especially her quick temper.

Hannah has always had a supportive group of friends. When she told her friends about her diagnosis, she described brief details of what ADHD was and how it affects her. A number of her friends left that day and thoughtfully began researching more information about the disorder themselves in order to understand it for Hannah’s sake. Hannah found herself using ‘practical examples’ to explain to her friends about ADHD when certain situations happen due to the disorder.

*“When Hannah was first diagnosed, I made a point of researching how I could help as a friend” Aimee, Hannah’s friend*



*Hannah finds it difficult asking for extra help for things, or describing why she needs that help as she tries to avoid having a ‘victim mentality’, she recognises that she needs support on how to address directly seeking help without feeling this way.*

Daniel, 23



*“My diagnosis was so liberating, because there were so many answers to questions I had” Daniel*

Dundee

After Daniel’s diagnosis, he felt liberated as he finally found the answers to so many questions he had. Many of these questions were surrounding his difficulties in social situations and within relationships. He reflected on regularly feeling misunderstood by others and could not understand why others didn’t see his point of view. In his later adolescent years, Daniel explained how he would often “coast by” in social situations which were based on partying and going to nightclubs. Daniel found it difficult to relax and unwind in social situations and felt “more tolerable to others” if there were distractions such as alcohol involved. Daniel took solace in discovering Rejection Sensitivity Dysphoria, as he was able to put a label on the feelings he had been experiencing and normalised them.



*When reflecting on his difficulties in social situations, in both in his childhood and adolescence. He explained how his diagnosis of ADHD gave him the answers to the questions his difficulties often brought up. Learning and increasing his knowledge of ADHD empowered him to become aware of his struggles and address them.*

Josie, 21



*“I believe it affects my relationships” Josie*

*“I struggle to maintain friendships” Josie*

Dundee

Josie is thankful for how understanding and supportive her parents are now and were throughout her childhood. She believes their “strict morning and evening routines” helped manage her life better without medication. These routines would include the same tasks and chores at the same time every morning, which Josie said “was the only way I would get ready on time”. Josie discussed how every morning, her mum would encourage her take fish oil, which is said to encourage healthy brain functioning.

Josie began to discuss how she struggles to maintain friendships and believes this could be due to her ADHD. Josie is often left with feelings of anxiety after impulsive behaviours, she can be quick to jump to conclusions and become defensive when in social situations. She described this in more detail, “I quickly jump to conclusions, one thing can annoy me so easily, so I feel like that damages friendships in a way”. Josie discussed how due to her emotional dysregulation, she struggles to gauge the sincerity behind her friends text messages or when she is in their presence by questioning “Is she annoyed at me? Why is she being passive aggressive?”. She believes this struggle could be a barrier in becoming close with her friends.



*Josie often believes her ADHD impacts social situations negatively and leaves her feeling anxious at times. She reflected how she thinks her struggles with Emotion Dysregulation adds to her difficulties in social situations. She currently does not receive support for these struggles, but is actively seeking this out as she believes her medication is not making a difference in her life.*

## Romantic Relationships

A recurring topic which occurred during our conversations with young adults who have the disorder, is experiencing difficulties sustaining romantic relationships.

Mark, 20 years old



*"Not being able to sit down and chill out caused a good few problems" Mark*

Angus

A number of Mark's friends, who also have ADHD, encouraged him to understand the disorder by sharing their experiences and passing their knowledge on. However, when it comes to romantic relationships, Mark's hyperactivity causes a number of problems as he cannot switch off and feels tension in relationships are like a 'bomb ready to go off'. On the topic of understanding ADHD, Mark emphasised it is not just the person with ADHD that needs to understand what the disorder is, but it is the people around them that need to understand, as well as their triggers and coping mechanisms.



*Mark believes his struggles in romantic relationships are due to his hyperactivity, and a lack of understanding from his partners. This could be combatted by communication regarding the disorder and Mark's experiences of it with his future partners.*

Ryan, 20 years old



Dundee

Ryan suffers from anxiety, which he believes may be in connection to his ADHD as he now feels less anxious after taking medication for his ADHD. He feels that in addition to taking medication, practicing meditation is helping improve his overall focus and calmness. Ryan believes medication is enabling him to develop and improve on skills which he prior to taking the treatment, he found difficult. One of these skills, is building romantic relationships, which he finds is a source of anxiety. Ryan explained how he would often jump into relationships which he would become "bored" of after 3 to 6 months. He had always feared rejection, so found if he ended relationships he could avoid the worry. Now that he is on medication he is able to rationalise relationships and is not "getting into as many of these short-term relationships".



*He reflected on how if he was diagnosed with ADHD earlier, he "could've already built up a lot of these skills". Ryan also discussed how support for his anxiety and his studies at school would have been "very useful" throughout his younger years.*

Daniel, 23



*"Absolutely ADHD affects my friendships and relationships" Daniel*

Dundee

Daniel feels he struggles with his attention span during romantic relationships, and often finds himself disengaged or unable to enjoy himself. He explained, "I would definitely say my romantic relationships are affected". After his diagnosis, Daniel was able to understand why he experiences those difficulties and have better self-awareness within relationships.



*On reflection, an earlier detection of his ADHD and his diagnosis would have given Daniel answers as to why he struggled in social situations for so long.*

## Chapter 5: Relationships and Homelife

### Conclusion and Recommendations

A significant number of families expressed feelings of overwhelm at home and felt their young person does not have independence from the family and in particular, their siblings.

#### *Recommendations*

- *We recommend easily accessible and affordable Respite opportunities for young people with ADHD.*

More information is needed for parents and carers of young people with ADHD on the disorder and its co-morbidities. Through our conversations with young people and their families, The Study discovered ADHD often puts a strain on relationships with parents and their children with the disorder.

#### *Recommendations*

- *Increased information and provisions of support for parents, coaching on parenting techniques suited to ADHD and it's co-morbidities like anxiety and dyslexia.*

The Research Study identified a gap in support for young people to gain support regarding the impacts their ADHD has on relationships and social interactions.

#### *Recommendations*

- *Accessible support for young people with ADHD, tailored to their difficulties in social situations. This should include the opportunity for young people to be listened to and receive emotional and/or practical support on this issue.*
- *Research into Young Adults and Adults with ADHD to identify needs within this area.*

The Research Study found a number of young people felt their peers' lack of knowledge on what ADHD, is acts as a barrier to the development of friendships. In particular, several girls felt misunderstood because the stereotypical view of ADHD does not apply to them.

#### *Recommendations*

- *Increased awareness and discussion about ADHD and it's varying presentations. This should include the common differences in ADHD displayed in females compared to males. Specifically, this could be implemented in training sessions, and distributed over social media.*
- *Research into Female ADHD, to identify and address the needs within this area.*

# CHAPTER 6

## Lockdown and ADHD

### Overview of Chapter

The Research Study did not anticipate the grave impact the Coronavirus Pandemic would have on the entire world. This considerably affected the study and participants, as many conversations happened over videocalls due to government guidance and restrictions. The Research Study was able to identify and conclude common feelings experienced during lockdown by young people and families affected by ADHD, based on the statements made by participants. Several young people struggled to maintain their mental health throughout the lockdown as they felt their disorder subjected them to feeling under-stimulated in their environment. The daily activities in young people's lives were disrupted, which impacted the likelihood of taking their medication on time and completing homework. The Research Study highlighted how several of participants and parents experience difficulties engaging in online learning and have concerns about the long-term impacts this could have.

### Introduction

Although the Research Study did not foresee the vast impact Coronavirus and the world-wide Lockdown would have on us in 2020, it was decided this piece of history would be incorporated within this study. Children, young people and young adults involved each experienced lockdown differently, these experiences are collated in the following subsections:

#### Experiences during Lockdown

*A number of young people and families had varied experiences during lockdown. Several young people detailed their experiences throughout this time, and how they believe their disorder impacted this.*

- ❖ *“I felt so under stimulated that I couldn't even have the capacity to watch a film, or go for a walk” Hannah, 25*
- ❖ *“I think during lockdown, it felt like they were in jail because we separated them” Henry, Dad*

#### Time for Reflection

*Lockdown gave some young people a chance to reflect on their lives as a whole, and establish ambitions for the future.*

- ❖ *“I was more in control of everything I was doing, there was no outer influences” Jessica, 24*

#### Changes in Routine

*Some young people and families highlighted their struggle with a change of their regular, daily routine when the Lockdown was announced. This disruption impacted a number of areas in those young people and their families lives, which can be found in this subsection.*

- ❖ *“The lockdown had a knock-on affect to my mental health because I didn't have a routine” Hannah, 25*

## Experiences during Lockdown

Each participant had a unique experience during this time due to a number of factors such as family life, change of daily schedule, negative news as well as personal differences. These experiences are shown in the following section.

Iona, 12 years old



Angus

Lockdown for Iona “wasn’t one of the greatest things”. She discussed how her homework pile from school increased significantly from each subject, which she found deflated her mood from time to time. The global pandemic itself affected Iona’s moods, as she stated “I was also depressed because people were dying”. However, Iona discussed how the decline in Climate Change and decrease in pollution were the most positive outcomes of the lockdown for her.

 *Iona expressed how large amounts of homework would leave her feeling overwhelmed, as this was on-top of the normal teacher curriculum taught via ‘online learning’. Iona felt there was little consideration from her teachers to ensure time for outdoor play and active learning was incorporated in her days, which left Iona feeling low.*

Julie, Mother of Max, 15



Dundee

Although Max did not choose to engage with school during the 2020 lockdown, Julie stated that he received a learning pack through the door which contained all his lessons and other materials.

 *Julie has concerns that the current focus on ‘online learning’ and ‘blended learning’ could have long term impacts on Max as he prefers the traditional school system. She would benefit from tips and strategies to help engage her son in ‘online learning’, while taking into account his ADHD.*

Josie, 21



Dundee

*“Online learning at university isn’t well suited to me” Josie*

Due to the Coronavirus Pandemic, Josie’s university has incorporated online learning for its students. When reflecting on this, Josie said “online learning at university isn’t well suited to me”. She finds herself getting distracted easily by household chores or her phone when learning from home. Josie prefers to attend lectures in person at University as she finds that environment keeps her focussed and reminds her “she is there for a reason”.

 *Josie emphasised how she is not engaging well in the learning online available for her University course. She would benefit from advice and strategies on how to organise her time and workload, as well as tips on how to engage via an online platform.*

## Time for Reflection

It was highlighted that Lockdown and the Pandemic provided time to reflect and a chance to establish ambitions for the future.

Louise, 20 years old

Angus



*"I was more in control of everything I was doing, there was no outer influences" Louise*

Louise discussed how the nationwide Lockdown affected her and her wellbeing positively "I am probably the only person who liked it". She loved being in control of everything she was doing, with no outside influences which got in the way. She was able to plan her day as it was so predictable and repetitive. She felt she was in a solid routine. Louise had university exams during lockdown, which meant she had to revise for and sit the exams from home. Although she was stressed and had the usual exam jitters, she stated "it was probably the most organised I have ever been" when explaining her preparation levels for the exam.



*When contemplating on the difficulties of lockdown, she discussed how her mindset was very much in the moment which avoided her dwelling on the 'unknown' of what was going to happen in the future. Louise also discussed how she felt anxious about the end of the lockdown as she didn't want to disrupt the schedule she had developed during the pandemic. She wanted to maintain her new routine which she felt gave her a chance to achieve goals and manage her time to do so.*

## Changes in Routine

One of the most common coping techniques which arose during conversations with the young people, is having a strict routine to keep their lives organised. Many classes and school work were transferred to online learning, workplaces were closed and a number of other changes led to an overturn of those strict routines many young people with ADHD rely on.

Hannah, 25 years old  
Dundee



*"The lockdown had a knock-on affect to my mental health because I didn't have a routine" Hannah*

Hannah found her experience through lockdown significantly difficult due to changes within her daily schedule, more specifically she struggled with the lack of routine. Hannah began to work from home, which put a pause on her active lifestyle, and greatly affected her mental health. Hannah had always walked to and from work before lockdown, which allowed her to have an hour to relax her mind as well exercise everyday. Once she began working from home she realised that the journey to and from work was an essential part of her day which enhanced her focus at work.

During lockdown Hannah found herself forgetting to take her medication because of the change in her morning routine, which consequently affected her performance when working from home on those days. She began to feel guilty for enjoying her free time after work and on weekends as she felt she wasn't getting enough work done in her working days due to forgetting her medication. She began to feel so under stimulated by her environment that she struggled to watch a film or go for a walk, but instead just "whittled away the night" on her phone.



*Hannah summarised her experience during lockdown as though she was "floating in space", she felt like she was suspended in space with nothing to grab onto, in terms of a routine. She described how she felt everything was out of reach, like her friends and her 'normal' life.*

Henry, Father of Ryan 9, years old  
Dundee



*"I think during lockdown, it felt like they were in jail because we separated them" Henry*

Lockdown became increasingly difficult for the George family due to daily frictions between Ryan and his older brothers. He was spending more time with his siblings during lockdown due to home-schooling, which led to them "all living on top of each other". Ryan and his brothers would often physically fight due to the built-up tension, Henry and his wife dealt with this by separating them into their rooms to avoid further violence.

Ryan found it difficult to cope with the lack of routine in his days during lockdown, in comparison to his regular schedule. He struggled with the lack of exercise and dynamic activities, and this led to more time spent on digital screens which Henry finds is one of Ryan's biggest triggers. Henry described how the tension in the house became too much for the family, so he would take Ryan out once a week for an outdoor activity like a Picnic or a long walk. Henry explained the impact these days out had on their relationship, "I was able to build on our relationship rather than just nagging him and walking on eggshells".



*During lockdown, Ryan continued doing school work on his part-time timetable. He discussed doing schoolwork at home, "it was easier to do it at home, because I got help a lot from mum and dad". He explained how the support he received at home was significantly more than he receives at school.*

## Chapter 6: Lockdown with ADHD

### Conclusions and Recommendations

The Research Study evidenced young people experiencing low-moods and under-stimulation during lockdown, which in turn impacted their mental health. A gap in resources available during local 'Lockdowns' for parents of children with ADHD was identified in this study.

#### *Recommendations*

- *Online reference resource for parenting strategies, advice on engaging young people in online learning and tips, focusing on helping to maintain their young person's mental health. Particularly for use during lockdowns and the difficulties they present.*

The Research Study found a common experience in young people's time learning from home during lockdown. Parents expressed difficulties engaging their in online learning from school, and several young adults attending university expressed their difficulties in engaging in online platforms.

#### *Recommendations*

- *Provide online reference resource for parents to access tips on home-schooling and engaging young people in learning. This should also involve non-academic forms of learning such as outdoor activities and ideas for practical learning.*
- *Online tips and hints on engaging in online university work, targeted to students with ADHD. This should include templates to organise work load and plan each working day.*

# Conclusion and Recommendations

The Research Study arose following previous research the Dundee and Angus ADHD Support Group had commissioned and the recommendations which are included in it. This Study was intended to concentrate on the experiences of children and young people with ADHD. Due to the Coronavirus Pandemic, the scope of research was expanded, to focus on the experiences of not only children, young people and young adults but also parents, siblings and friends. This Study was commissioned to highlight the experiences had by children, young people and young adults who are affected by ADHD. Complex and detailed information was gathered from 36 participants, who shared their experiences and reflections of ADHD. Digital forms of communication were used for the most part due to the Lockdown and local restrictions, but when these were not in place direct contact was made with youth groups. The Research team recognise the limitations of this Study and understand the verity of how ADHD affects not only children, young people and young adults. This presents the opportunity for further projects to be carried out focusing on Female ADHD, Adults with ADHD and ADHD in the Workplace.

The Research Study was able to formulate conclusions and recommendations based on findings from the participants. One common conclusion throughout this report, highlights a need for more awareness and knowledge of ADHD in various capacities and provisions, for families and young people affected by the disorder and for those who support them. Although the conclusions and recommendations for each section can be found at the end of each chapter, a condensed version of recommendations can be found in the following bullet points:

## Chapter 1: Diagnosis and Medication

- *Support for individuals diagnosed with ADHD transitioning in young adulthood and newly diagnosed young adults.*
- *Research into Adults with ADHD and Female ADHD to identify specific needs within these areas.*
- *Peer support service for young adults with ADHD.*
- *Accessible information and advice for young adults with ADHD.*
- *Local signposting information and information on coping mechanisms for newly diagnosed individuals and their families.*
- *Online reference resource with coping mechanisms and strategies to manage behaviour for parents.*
- *'Roadmap' of what to expect on what to come, to break down confusion and apprehension of this process.*
- *Signposting information on local support available.*

## Chapter 2: School

- *Stronger implementation of Anti-Bullying Policies within schools, and defined intervention strategies.*
- *Resolve incidents of bullying proactively, using a respectful, proportionate, and holistic approach which takes account of the impact of the incident as well as any underlying prejudice or other negative attitudes. (Respect for All: national approach to anti-bullying, 2017)*
- *Increased awareness and understanding of ADHD in classrooms. Through presentations and other learning mediums, in an accessible format for students of all ages to understand.*
- *Accessible information for teachers and teaching staff about ADHD, with hints and tips on supporting students with the disorder.*
- *Introducing strategies and mechanisms to decrease restlessness within class, such as ‘brain breaks’ and ‘fidget toys’.*
- *Adapt school work and support around struggles faced with school-work.*
- *Innovative teaching methods, incorporating technology or creative activities, to engage young people within lessons who find it difficult to engage in traditional methods.*

## Chapter 3: Higher Education and Career

- *Support resources for students at University when on waiting lists to access a Support Advisor.*
- *Specialised ADHD training for Support Advisors delivering support to students.*
- *Lecturing staff should work with students with ADHD to develop mechanisms which suit the students’ needs best, such as sending lecture notes in advance or giving written versions of verbal instructions.*
- *Open discussions surrounding ADHD with employers to discuss possible barriers young people could face in their role and strategies to overcome them. These could include, written versions of verbal instructions and short breaks for physical activity to avoid restlessness.*
- *Encouraging formal letters to be written by the diagnostic professional to employers, explaining a young persons’ diagnosis and characteristics of ADHD.*
- *Research into ADHD in the workplace to identify the specific needs within this area.*

## Chapter 4: Life with ADHD

- *Accessible support service and information for young people to learn how to manage emotions, de-escalating anger and learn coping mechanisms to control their emotions.*
- *All-inclusive form of support for young adults to help organise their own lives and help them build independence.*
- *Research into Adults with ADHD to identify specific needs within this areas.*
- *Accessible information on co-morbidities of ADHD and signposting of local support opportunities.*
- *Engaging information and practical advice on getting a good nights sleep for all ages.*

## Chapter 5: Relationships and Homelife

- *Easily accessible and affordable Respite opportunities for young people with ADHD.*
- *Increased information and provisions of support for parents, coaching on parenting techniques suited to ADHD and it's co-morbidities like anxiety and dyslexia.*
- *Accessible support for young people with ADHD, tailored to their difficulties in social situations. This should include the opportunity for young people to be listened to and receive emotional and/or practical support on this issue.*
- *Research into Young Adults and Adults with ADHD to identify needs within this area.*
- *Increased awareness and discussion about ADHD and it's varying presentations. This should include the common differences in ADHD displayed in females compared to males. Specifically, this could be implemented in training sessions, and distributed over social media for ease of accessibility.*
- *Research into Female ADHD, to identify and address the needs within this area.*

## Chapter 6: Lockdown with ADHD

- *Online reference resource for parenting strategies, advice on engaging young people in online learning and tips, focusing on helping to maintain their young person's mental health. Particularly for use during lockdowns and the difficulties they present.*
- *Provide online reference resource for parents to access tips on home-schooling and engaging young people in learning. This should also involve non-academic forms of learning such as outdoor activities and ideas for practical learning.*
- *Online tips and hints on engaging in online university work, targeted to students with ADHD. This should include templates to organise work load and plan each working day.*

# Glossary

This glossary includes certain abbreviated or unusual words and should be referenced, should the meaning of these words be unknown to the reader.

	Definition
<b>ADHD</b>	<b>Attention Deficit Hyperactivity Disorder:</b> a condition, usually in children, characterized by inattention, hyperactivity, and impulsiveness.
<b>Armistead</b>	<b>Armistead Child Development Centre</b> <i>Definition from NHS inform Website</i>
<b>CAMHS</b>	<b>Child and Adolescent Mental Health Services:</b> CAMHS are the NHS services that assesses and treat young people with emotional, behavioural or mental health difficulties.
<b>Cognitive Behavioural Therapy</b>	Psychotherapy that combines cognitive therapy with behaviour therapy by identifying faulty or maladaptive patterns of thinking, emotional response, or behaviour and substituting them with desirable patterns of thinking, emotional response, or behaviour—abbreviation <b>CBT</b>
<b>DSM</b>	<b>Diagnostic and Statistical Manual of Mental Disorders</b>
<b>Emotional Dysregulation</b>	A poor ability to manage emotional responses or to keep them within an acceptable range of typical emotional reactions. <i>Definition from verywellmind.com</i>
<b>Fidget</b>	<b>To Fidget:</b> to move about restlessly, nervously, or impatiently, to play with something in a restless or nervous way.  A <b>Fidget Toy</b> is a tactile toy, which are usually small enough to be carried around in pockets or hands and can be moved, stretched or squeezed. They come in a variety of textures and colours to stimulate and inspire children and adults. <i>Definition from Multi-Sensory World website</i>
<b>GP</b>	<b>General Practitioner:</b> a physician whose practice is not limited to a speciality broadly.
<b>Meltdown</b>	A breakdown of self-control (as from fatigue or overstimulation)
<b>NHS</b>	<b>National Health Service</b>
<b>Obsessive Compulsive Disorder (OCD)</b>	<b>Obsessive-Compulsive Disorder:</b> an anxiety disorder characterized by recurrent obsessions or compulsions or both that cause significant distress, are time-consuming or interfere with normal daily functioning, and are recognized by the individual affected as excessive or unreasonable.
<b>Rejection Sensitivity Dysphoria</b>	<b>Rejection Sensitive Dysphoria (RSD)</b> is not a medical diagnosis, but a way of describing certain symptoms associated with ADHD. People who have RSD don't handle rejection well and often become very upset if they think someone has criticised them, even if that's not the case. <i>Definition from WebMD website</i>
<b>Sofa Surfing</b>	To stay overnight with a series of hosts who typically provide basic accommodations (such as a couch to sleep on) at no cost

Definitions directly lifted from an Online Medical Dictionary <https://www.merriam-webster.com/> and an Online Dictionary [www.dictionary.com](http://www.dictionary.com) unless stated otherwise.

# A BIG Thank You

Thank you for reading this report, and another big thank you to those involved.

You play a key part in our mission to improve the lives of children and young people with ADHD.



This page is filled with artwork by young people who attend the Dundee and Angus ADHD Support Group

