



Digital Health & Care
Innovation Centre

ADULT ADHD: SCOTTISH PATHWAY RESEARCH

A review of the current landscape of approaches to Adult ADHD care across health boards in Scotland.



10
YEARS
Pioneering Innovation in
Digital Health and Care

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Executive Summary

This report examines the current landscape of Adult Attention Deficit Hyperactive Disorder (ADHD) services across five NHS health boards in Scotland, highlighting systemic challenges, patient experiences, and emerging opportunities for service improvement and innovation. Demand for ADHD services has surged in recent years, leading to an overwhelming 4-fold increase in waiting times— with some health boards waitlists exceeding ten years—and increased pressures on diagnosis and treatment pathways. Clinicians report significant administrative burdens and limited resources to innovate around these challenges throughout the pathway. Meanwhile, individuals seeking assistance often struggle with unclear pathways, stigma, and lack of support while on waiting lists.

The Digital Mental Health Innovation Cluster (DMHIC) facilitated the service mapping activity which was supported by the Digital Health and Care Innovation Centre (DHI). Through separate workshops with professionals and people with lived experience and a survey, this research identifies current barriers and explores potential digital interventions that could enhance accessibility, efficiency, and patient outcomes. Digital tools, such as asynchronous data collection, pathway visualisation and online patient communication, show promise in streamlining processes, alleviating clinician workload and meeting the needs of people with ADHD. Additionally, a more holistic neurodevelopmental approach and a needs-based service model could improve equity and timeliness of care.

While this study provides a foundational understanding of Scotland's adult ADHD service landscape, there is a need for further engagement with third-sector organisations, other NHS health boards and more in-depth engagement with people with lived experience. The findings emphasise the urgent need for a strategic national approach to adult ADHD pathways, and increased investment in innovative solutions.



1. Background

In 2022, the DHI was commissioned by the Scottish Government to establish and manage the national Digital Mental Health Innovation Cluster (DMHIC). The cluster was formally launched in March 2022 to provide a 'hub' in support of action 15.7 of Mental Health – [Scotland's Transition and Recovery Plan](#) within the context of Digital Innovation.

Action 15.7: to explore the use of an innovation hub model to encourage identification, development and evaluation of technologies focused on the needs of the population. Developing Innovation Hubs will help support individuals, organisations, academics, and commercial companies to work together to identify, design and develop innovative digital solutions while being guided by expertise within the mental health field including people with lived experience.

The cluster fosters collaboration across sectors—bringing together individuals, organisations, academia, and lived experience to inform innovation and align with national mental health and digital health priorities.

It is governed by the Digital Mental Health Programme Board and guided strategically by a dedicated advisory group, which meets bi-monthly to ensure cross-sector alignment and evidence-based direction.

DMHIC's work is structured around two core outcomes:

1. Supporting collaboration to develop and adopt digital mental health interventions.
2. Capturing and sharing learning across the innovation ecosystem.

To date, the cluster has strengthened cross-sector communication and engagement, with a growing emphasis on enabling scalable digital solutions. For a detailed overview of DMHIC's progress, governance, and strategic context, please refer to the [DMHIC Year 2 Report](#)

Demand Signalling

In October 2023 a member of the DMHIC, Dr. Sharon Smith, Consultant Psychiatrist and Clinical Director in NHS Lothian, posed the question: "Can Digital Technology help meet the rising demand for Neurodiversity Support?" She referenced a 4-fold increase in demand for adult ADHD and Autism diagnoses since 2019 as well as a significant increase in assessment waiting list times for both adult and children.

Pathway Mapping Initiative

In response, the DMHIC proposed a project to the Digital Mental Health Programme Board to map the current adult ADHD service pathways. This activity was supported by the DHI, which uses design methods and a person-centred approach, and research to identify gaps and opportunities for innovation.



2. METHODOLOGY

This piece of research has been underpinned by research conducted by DHI: [Evaluating Digital Interventions for ADHD Diagnosis and Management in Adults within the UK](#)¹. It provides an understanding of current digital innovation in the ADHD space in the UK. The DMHIC and DHI have a specific focus on how digital technology can be used to support health and care across Scotland, therefore it is essential to understand the wider systemic issues. This includes ensuring any proposed digital intervention is addressing the right problem and that relevant stakeholders are involved in the design and implementation process.

The findings in this report come from two online workshops with professionals, an in-person lived experience workshop, and an online survey of people with lived experience. Workshop 1 (professional facing) mapped the current landscape of Adult ADHD services, identifying the role of digital interventions in managing the condition across different NHS health boards. Workshop 2 (professional facing) aimed to delve deeper into the barriers and successes associated with these approaches. Between the two workshops, we re-engaged with clinicians to fill knowledge gaps and clarify details about current approaches to Adult ADHD.

Across this phase of engagement we had involvement from; NHS Ayrshire and Arran; NHS Fife; NHS Greater Glasgow and Clyde; NHS Highland; NHS Lothian; National Autism Implementation Team (NAIT); NearMe; NHS Education for Scotland (NES); The Royal College of Psychiatrists (RCPsych); Scottish Action for Mental Health (SAMH); The Chief Scientists Office; the Scottish Government Neurodiversity policy leads and the National Digital Mental Health Programme Lead and Programme Manager.

A workshop with people with lived experience was held in Edinburgh to understand people's experiences of seeking and receiving help for ADHD in Scotland. Participants shared their experience as well as their hopes for future services.

To further understand people's experiences of adult ADHD services across Scotland, a survey was circulated by DMHIC channels and ADHD peer support networks.

This research was intended to scope opportunities for digital interventions to support Adult ADHD care in Scotland. It was not intended as a comprehensive review, and key perspectives are missing due to resource constraints. Further research should seek to include all Scottish health boards and third-sector organisations which play a critical role in ADHD support. While our engagement with people with experience of ADHD services offers insight and ideas to support service innovation, there is a need to engage more widely across Scotland and ensure that people with lived experience of ADHD shape any future innovation projects.

Therefore, this is an evolving piece of research.

¹ Lorem ipsum dolor sit amet, consectetur adipiscing elit

3. PROFESSIONAL ENGAGEMENT FINDINGS

Through speaking to a total of 31 clinicians and health professionals across multiple NHS health boards (Lothian, Greater Glasgow & Clyde, Ayrshire & Arran, Highland and Fife), we have created a simplified visual representation of the typical journey through NHS ADHD services.

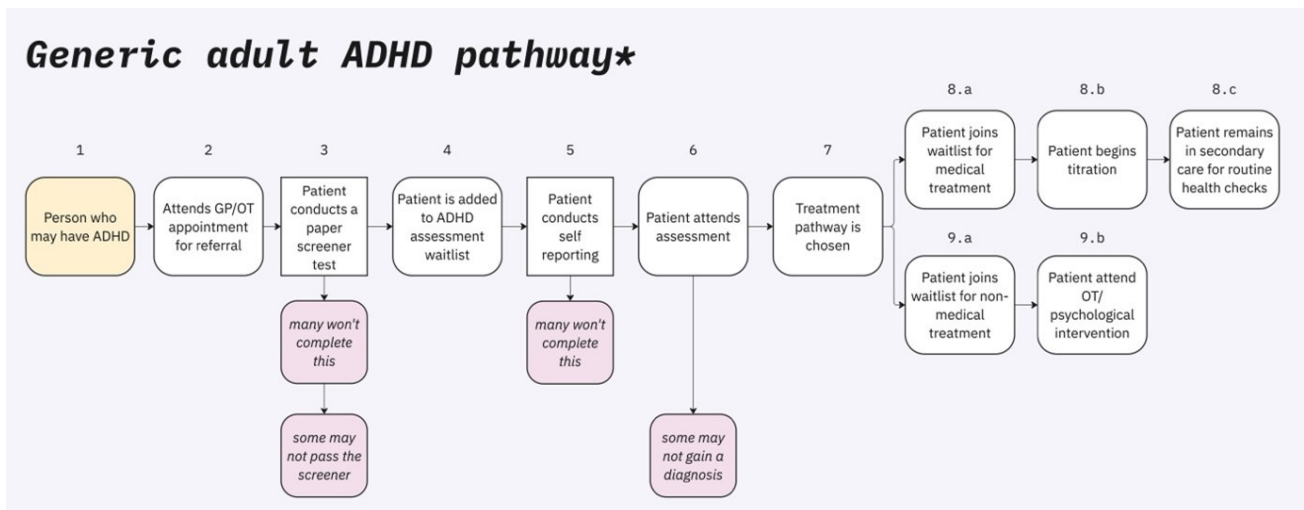


Figure 1. The DHI Innovation Process Model

Throughout this journey we've found:

- Individuals with a wide spectrum of needs ranging from those who are exploring the possibility of having ADHD to those considered high-risk or with profound feelings of disenfranchisement, are currently navigating the same standardized pathway.
- Waiting lists can be up to ten years long. Some health boards have closed their waiting lists due to such high demand.
- In some health boards (in particular, areas with high student populations), a huge pain point for professionals is reviewing privately conducted assessments to determine how reliable and accurate the assessments are.
- Some people try to re-enter the pathway at point 8.a. For example, if they can't get medication privately or private medication is too expensive, or if they have received a diagnosis of ADHD before moving to Scotland
- There is a tension relating to ADHD patients being referred to secondary care, where currently they are kept post medical titration.

Clinicians reported feeling immense pressure due to the lack of available support services, including medication, Occupational Therapy, and psychological interventions. This burden is exacerbated by the extensive documentation required, which in some cases is further complicated by lingering scepticism toward ADHD diagnoses. Furthermore, the high rate of co-existing neurodevelopmental conditions means that many individuals must undergo multiple separate diagnostic processes. While ADHD is unique among neurodiverse conditions in that medication is available as a treatment option, this makes the diagnostic process particularly crucial, as it must be conducted by appropriately trained professionals. Despite the growing role of digital interventions in healthcare, current digital solutions for ADHD across the health boards we have spoken to remain rudimentary, often serving only as basic information repositories, or are still in the early stages of development and struggling to gain traction.



Self-Management, Education & Awareness

Digital interventions are currently being used predominantly for signposting online educational resources. Generally, these are online repositories of information with links to education and support for both people with ADHD and professionals working with ADHD. One outlier of this trend is [nest.scot | Empowering Ayrshire's Neurodiverse Communities | Home](#), an online self-management platform developed in NHS Ayrshire and Arran.

NEST can be used by people with and without a diagnosis who can self-refer for access to support (such as [Procrastination Station](#)) as well as educational resources. Self-management resources tend to be drop-in sessions or support groups. Most programmes participants described are currently held in-person. The NEST service straddles both children and adult services, providing longitudinal support out with secondary care.

Waiting list management

Currently the legacy waiting list management system is being used across many of the health boards engaged. This is an issue because while waiting lists are up to ten years long people are not receiving any support in the interim or communication about their position on the waiting list. Many health boards are at various stages of exploring ways to cut down waiting lists.

The main digital innovations being developed are:

- NHS Lothian in collaboration with DaySix have created a prototype of a digital platform to support people on the waiting list by providing an initial screening process, as well as access to resources to support for people with ADHD and other conditions related to ADHD, such as anxiety.
- NHS Greater Glasgow and Clyde are building an innovative digital platform to support data transfer through stratification, information gathering, referral management and assessments. This aims to solve problems across waiting list management, diagnosis as well as support and intervention. This will reduce the admin and paperwork burden within the waiting list process.

- NHS Ayrshire and Arran are checking-in with people on waiting list with phone calls to provide updates on their position and check if there have been any changes in circumstances.

To mitigate immediate waiting list burden, various health boards have either introduced coping strategies or have begun to innovate around the challenges. NHS Greater Glasgow and Clyde have set-up the waiting list initiative which expands resources to allow staff to work overtime to reduce the backlog for all neurodivergent services. NHS Highlands and NHS Lothian are raising their threshold for ADHD referrals. For this a questionnaire has been developed determine whether individuals meet a 'severe' threshold (this has been defined to align with Level 4 of NAIT's Graded Approach to Support Participation²). NHS Highland is also exploring how to create a neurodivergent pathway that merges all their neurodivergent services into a singular pathway. This aligns with NAIT's 2023 Adult Neurodevelopmental Pathways Pathfinder report³ recommendations. NHS Ayrshire and Arran have set up an Adult ADHD Extreme Team to explore different business models to reduce the pressure on the service.

Diagnosis

There are variations in how different health boards conduct diagnosis. NHS Ayrshire and Arran and NHS Highland conduct diagnosis through the Community Mental Health Team (CMHT). NHS Ayrshire and Arran noted that for them this means that only people with co-existing mental health conditions or a severe presentation of ADHD symptoms will get seen. NHS Highland have piloted introducing the role of an Advanced Nurse Practitioner to conduct screenings and assessments. A practitioner in NHS Fife has created a comprehensive history taking tool that spans all neurodivergent conditions. Currently this tool is designed for children and young people and is in the process of being translated to be used for adults. It was also flagged by some practitioners that the current assessments for ADHD have not been evaluated to determine what assessment is the most effective for adults with ADHD.



Support & Intervention

Medicalised interventions for ADHD are also facing pressures as patient numbers rise. It should be noted that once a patient has been diagnosed with ADHD and need medication, they are then a patient for life within the NHS. To manage the increasing numbers of ADHD patients in secondary care, varied approaches are being taken. Community Mental Health Teams, Pharmacists, and Nurse Prescribers are being trained up in various locations to support with titration and routine physical and/or mental health checks. In NHS Lothian, they are looking at ways to reduce the number of ADHD patients that remain in secondary care for medication. Creating a multi-disciplinary team comprising of General Practitioners, Occupational Therapists, Advanced Nurse Practitioners, and the Community Mental Health Team to monitor patients is a route they are exploring introducing.

There are also non-medical interventions available for people with ADHD. The predominant non-medical form of support for ADHD is based around the SPARKS model – a course created with the values of Occupational Therapy generally running for between six and eight sessions. It can be delivered in person or online, depending on how it has been adapted by the delivery team. Work is currently underway to look at developing a digital version of the SPARKS programme to enable access across Scotland. Many health boards are using local groups and peer support communities to provide non-medical support (e.g. like [Procrastination Station](#) and Sparks).

NHS Fife are proposing to adopt a needs-based approach to ADHD services, which would split people into medicalised and non-medicalised pathways before stratification.

Please refer to Appendix A for the full list of mapped services.

Overarching Barriers

Currently clinicians have no time or funding to explore or implement innovation to improve the ADHD system. Collaboration and knowledge exchange between health boards is very limited due to restricted resources. However, there is a clear appetite from both clinicians and people with lived experience for services to change. The current ADHD pathway does not cater for the needs of people living with ADHD. For example, requiring people to complete lengthy questionnaires, provide lots of evidence of behaviours, inflexible appointments and long wait times building expectations can be particularly challenging for people living with ADHD.



4. LIVED EXPERIENCE

The integration of lived experience perspectives has been central to enhancing the impact of this project. To ensure these voices were meaningfully represented, an in-person workshop was conducted in Edinburgh with participants from a local ADHD peer support group. Complementing this, a survey was designed and distributed across Scotland to capture high-level insights from individuals with lived experience of ADHD. Many of the lived experience findings echoed the challenges raised by clinicians.

LIVED EXPERIENCE WORKSHOP

On the 16th of January 2025, the DMHIC hosted an in-person workshop in Edinburgh with six participants from a local adult ADHD peer support group. The workshop centred around two main topics:

1. Experience of the NHS ADHD Services
2. Hopes for the future of ADHD services

Following guidance from National Autism Initiative Team (NAIT) on how to best accommodate ADHD needs, the venue was in a familiar location to participants, the workshop was limited to 90 minutes, and the topics and questions were sent in advance.⁴

LIVED EXPERIENCE SURVEY

The survey was developed and disseminated to gather insights from individuals with lived experience of ADHD. The survey comprised six questions (appendix Band C) and was available over a 19-day period, yielding a total of 21 responses aiming to capture the insights from across the regional health boards in Scotland. The survey was distributed via DMHIC member channels and regional ADHD lived experience peer support groups (e.g., Lothian, Dumfries and Galloway). Participants were all over the age of 18 and included individuals with both diagnosed and undiagnosed ADHD. A formal diagnosis was not required for inclusion, in alignment with the project's objective to understand the adult ADHD diagnostic journey from a lived experience perspective.

This inclusive approach ensured that the presence or absence of a diagnosis did not compromise the validity or reliability of the data collected.

LIVED EXPERIENCE RESULTS DISCUSSION

The lived experience data collected through both the survey and workshop highlight the widespread systemic challenges faced by adults navigating ADHD diagnosis and support pathways in Scotland. The recurring themes identified were:

- Diagnostic Delays and Missed Recognition
- System Navigation and Access Confusion
- Primary Care as a Gatekeeper
- Inequity in Service Access
- The Void of Interim and Post-Diagnostic Support
- Stigma and Emotional Harm
- The Role of Peer and Institutional Support
- Towards a Better Model: Calls for Reform

1. Diagnostic Delays and Missed Recognition

A prominent theme across both data sources is the pervasive delay in achieving an accurate ADHD diagnosis—particularly among women and those whose symptoms deviate from the stereotypical “hyperactive young boy” archetype. These diagnostic gaps were attributed to entrenched gender biases, misattribution of symptoms to other mental health disorders, and a general lack of clinician training in recognising adult ADHD. The workshop findings reinforce this, with participants describing the diagnostic process as a “lottery”, heavily dependent on the awareness and empathy of their clinician. Many participants were forced to self-advocate, conducting their own research or bringing evidence to counteract outdated assumptions about ADHD.

2. System Navigation and Access Confusion

frequently described being “left in the dark” following initial contact with services. There was limited understanding of referral procedures, unclear next steps post-consultation, and a lack of transparent guidance—particularly distressing during periods of acute crisis. Workshop participants especially emphasised the emotional toll of navigating such uncertainty, with many unaware of basic entitlements such as financial support or reasonable adjustments.



These findings underscore the need for a coherent, well-communicated care pathway that offers clarity and predictability.

3. Primary Care as a Barrier

Rather than serving as a point of access, General Practitioners (GPs) were often perceived as barriers. Survey respondents noted widespread GP reluctance to refer, use of outdated screening tools, and dismissive attitudes toward ADHD concerns. This is mirrored in the workshop findings, which included accounts of abrupt dismissals even after prolonged waiting times. Such experiences not only delay diagnosis and treatment but also contribute to emotional harm, fostering mistrust and exacerbating feelings of frustration, abandonment, and stigma.

4. Inequity in Service Access

The two-tiered nature of ADHD services—divided between overburdened public systems and prohibitively expensive private alternatives—emerged as a stark concern. Survey participants pointed to long NHS waiting lists and reluctance to accept private diagnoses for shared care arrangements. The workshop echoed this, with individuals uncertain whether private diagnoses would be recognised or whether their financial outlay would lead to actual care. Geographic variation and inconsistent health board practices only compounded this confusion, placing an undue burden on individuals to decipher fragmented systems.

5. The Void of Interim and Post-Diagnostic Support

A consistent area of concern was the absence of structured support while awaiting diagnosis and following assessment. Survey participants described years-long waiting periods without clinical monitoring, symptom management, or communication—experiences echoed in workshop stories of emotional strain and occupational or relationship deterioration. Post-diagnosis, many felt abruptly abandoned, receiving little to no follow-up care, medication guidance, or therapeutic support. These gaps severely undermine the diagnostic process, leaving individuals with the label but without the tools or scaffolding needed to manage their condition.

6. Stigma and Emotional Harm

Across both formats, stigma—both societal and within healthcare settings—emerged as a significant barrier. Participants described being judged as “too articulate”, “too successful”, or “too old” to have ADHD, or having prior mental health diagnoses used to invalidate their concerns. Cultural stigma, particularly for participants from minority backgrounds, further delayed help-seeking and compounded feelings of shame. These stigmas were often reinforced by dismissive clinician interactions, creating lasting emotional damage and reducing further engagement with healthcare systems.

7. The Role of Peer and Institutional Support

Encouragingly, informal and peer-led support systems emerged as critical enablers of resilience. Workshop participants cited online communities, university disability services, and peer groups as vital spaces for validation, information, and solidarity. This grassroots support often filled the void left by formal services and were particularly important in early self-recognition and ongoing management of ADHD symptoms. The significance of these networks underlines the value of embedding lived experience perspectives into formal service design and delivery.

7. Towards a Better Model: Calls for Reform

There is overwhelming consensus among participants on the need for structural reform. Both survey and workshop contributors called for standardised national pathways, clinician education on adult ADHD, and services co-designed with people who have lived experience. Importantly, participants envisioned services that are empathetic, -informed, and inclusive of both diagnosed and undiagnosed individuals. Key demands included improved transparency, reduction in waiting times, post-diagnostic support, and equitable access to multidisciplinary care.



LIVED EXPERIENCE RESULTS CONCLUSION

The combined data from the survey and workshop highlights systemic failures, emotional hardship, and unmet needs within the current adult ADHD care framework. Despite some examples of compassionate and effective practice, the prevailing experience is one of exclusion, confusion, and re-traumatisation. Yet within these accounts lie clear recommendations for action: a vision for a service model that is transparent, inclusive, and grounded in lived experience.



5. OPPORTUNITIES

Throughout this research, systemic and journey-specific opportunities were identified:

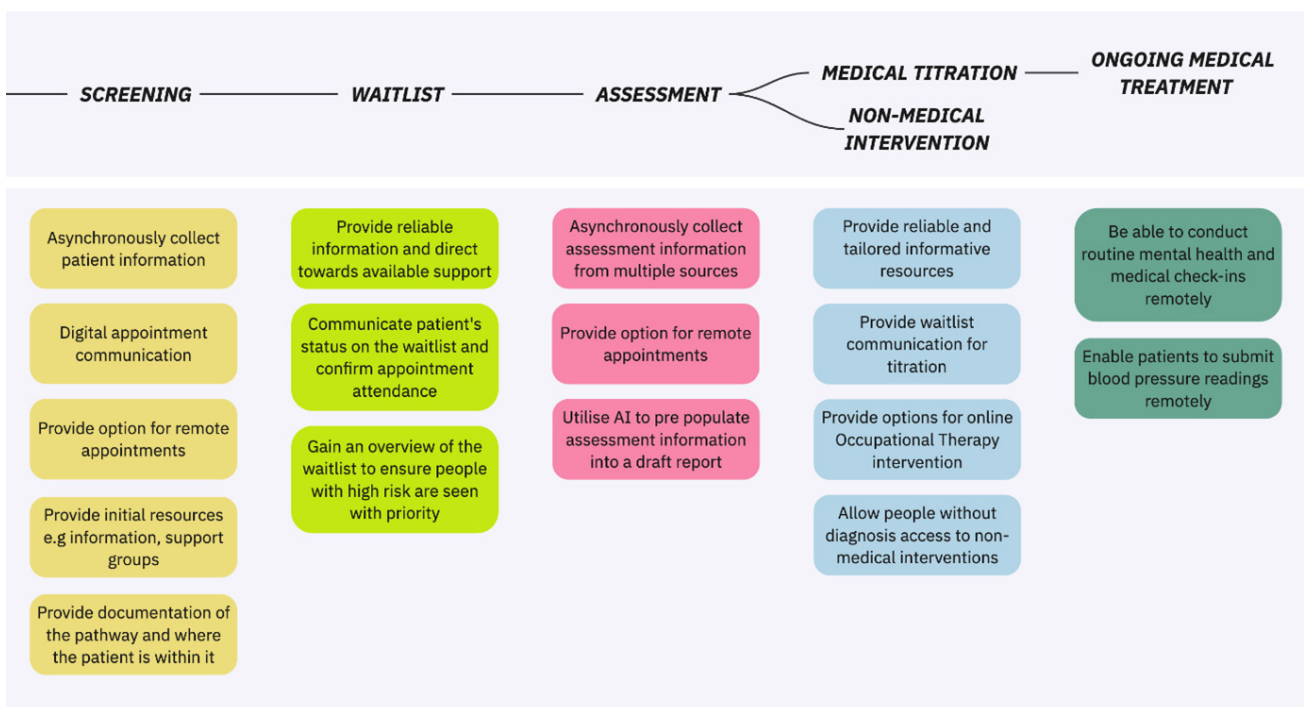
Systemic Opportunities:

A National Approach – Creating a national approach will help to standardise some of the core parts of the pathway and allow a digital intervention to collect a standardised set of data to assist with the assessment process, provide education and information, and communicate with waiting list participants.

A Holistic Neurodevelopmental Pathway – neurodivergent diagnoses have high levels of comorbidity and therefore by creating a neurodivergent pathway would reduce the burden on services needing to see people separately for ADHD and other neurodivergent assessments. At the same time as reducing the burden on clinicians it will also reduce stress on people going through very similar and lengthy assessment processes.

A Needs Based Approach - Taking a needs-based approach would allow people to access vital non-medical interventions without a diagnosis and then be added to the titration waiting list when it is evident that medical treatment is needed. This would reduce some pressure on assessment as people will be able to access a certain level of support when it is most vital to them.

Journey-Specific Opportunities:



The ADHD care pathway consists of several key stages: Screening, Waiting list, Assessment, Medical Titration, Non-Medical Intervention, and Ongoing Medical Treatment. Across these stages, various digital interventions could streamline processes, improve patient experience, and reduce clinical burden.



Screening Stage

Potential digital interventions at this stage include:

- Collect patient information asynchronously.
- Communicate appointment information.
- Introduce remote appointment options.
- Initial resources and guidance towards support groups to provide guidance before formal assessment.
- Clear documentation of the care pathway so people understand where they are in the process.

NHS Lothian have been developing a SMS waitlist communication service where they will be able to text participants on the waitlist to share information on their waitlist status and determine if they are still intending to use their appointment.

Waiting list Stage

Given the lengthy waiting lists, digital tools could help by:

- Providing reliable information and directing patients toward available support while they wait.
- Communicating a patient's waiting list status and confirming appointment attendance.
- Allowing clinicians to track and prioritise high-risk individuals, ensuring those in severe distress receive timely care.

Digital services supporting the 'waiting list' stage have already been trialled in some health boards in Scotland, e.g. NHS Lothian who have worked with DaySix to develop a digital prototype to support people whilst on the waiting list.

It would provide an initial screening for assessments, resources to support with ADHD as well as related conditions such as anxiety and provide communication about waitlist status. Similarly, NHS Greater Glasgow & Clyde have been working with Red Star AI Ltd. to pilot a digital platform to help support data transfer throughout stratification, information gathering, referral management and assessments

Assessment Stage

To improve efficiency and reduce administrative burden, digital innovations could include:

- Asynchronous collection of assessment information from multiple sources.
- Remote assessment options to increase accessibility.
- AI-driven tools to pre-populate assessment reports (where appropriate), reducing manual paperwork for clinicians.

According to the European ADHD Guidelines Group (EAGG), the use of digital remote assessments, such as triage tools and symptom questionnaires, for individuals with access to these technologies may help optimise clinical resources. This approach can free up clinician time and prioritise in-person appointments for individuals at higher risk or those unable to engage with remote services due to digital exclusion. NHS Grampian have trialled the use of the digital tool, QB Test into their diagnostic process to help alleviate clinician workload and reduce waiting times.

Medical Titration & Non-Medical Intervention

To ensure timely and appropriate support, the following interventions could be introduced:

- Reliable and tailored educational resources to help patients navigate their condition.
- Waiting list communication for titration to keep patients informed of next steps.
- Online Occupational Therapy (OT) interventions to provide accessible non-medical support.
- Access to non-medical interventions without a formal diagnosis, ensuring individuals receive support before they complete the diagnostic process.

Mobile and web applications are increasingly used as digital interventions to support adults with ADHD. NHS Ayrshire and Arran has launched an app designed to promote self-management and direct users to relevant services and information, including resources from ADHD-focused charities. These tools offer benefits such as convenience, reduced stigma, shorter referral times, improved accessibility, and decreased demand on clinical services.



They also encourage self-management by enhancing users' knowledge and involvement in their care.

Ongoing Medical Treatment

For long-term ADHD management, digital solutions could facilitate:

- Routine mental health and medical check-ins conducted remotely, reducing strain on in-person services.
- Remote submission of blood pressure readings, improving monitoring for patients on ADHD medication.

Digital apps supporting medication adherence, through reminders and habit-building features, have demonstrated effectiveness in improving ADHD management.

6. CONCLUSION

This report underscores the urgent pressures facing Adult ADHD services in Scotland, with long waiting times, inconsistent pathways, and inadequate support placing strain on both patients and clinicians. While digital interventions and service redesigns offer promising solutions, systemic changes such as a national ADHD framework, a more integrated neurodevelopmental approach, and improved communication with those on waiting lists are necessary for meaningful reform. Moving forward, further research should broaden engagement with additional NHS boards and third-sector organisations, while pilot programs should evaluate the effectiveness of proposed interventions. Without action, the challenges within ADHD services will continue to escalate, limiting access to timely and appropriate care for those who need it most.

7. PROPOSED NEXT STEPS

1. Map the adult ADHD landscape in Scotland beyond the remit of health services, including third sector contributions, colleges, universities, and employment support organisations, using a design-led, user-centred approach.
2. Evaluate existing elements of ADHD care pathways (e.g. diagnostic tools) in alignment with the [‘ADHD England Taskforce’ report](#) and develop a shared repository of clinical resources to support best practice.
3. Develop a digital roadmap outlining potential service models and opportunities for innovation in ADHD support.
4. Identify and pursue research and innovation (R&I) funding to support scalable digital solutions for ADHD, engaging with funders such as Chief Scientist Office (CSO), United Kingdom Research & Innovation (UKRI) and the Wellcome Trust.



8. REFERENCES

1. Evaluating Digital Interventions for ADHD Diagnosis and Management in Adults within the UK 2024 (<https://www.dhi-scotland.com/resources/evaluating-digital-interventions-for-adhd-diagnosis-and-management-in-adults-within-the-uk>)
2. NAIT's Graded Approach to Support Participation 2021 (<https://www.thirdspace.scot/wp-content/uploads/2021/09/NAIT-Adult-Diagnosis-Referral-Thresholds-Stepped-Care-Pathway-2021.pdf>)
3. NAIT Adult Neurodevelopmental Pathways Pathfinder Report 2023 (<https://www.thirdspace.scot/wp-content/uploads/2023/03/Adult-Neurodevelopmental-Pathways-Pathfinder-Report-2023.pdf>)
4. NAIT: Guide to co-production with Neurodivergent Communities (<https://www.thirdspace.scot/wp-content/uploads/2024/03/NAIT-Guide-to-Co-production-with-Neurodivergent-Communities.pdf>)



9. APPENDICES

Appendix A: Link to Adult ADHD Service Mapping Infographic <https://acrobat.adobe.com/id/urn:aaid:sc:eu:1d15395f-8804-4e7a-91b6-f20164db4830>

Appendix B:
Survey Questions 1-3

Lived Experience survey: Adult ADHD services in Scotland

You are being invited to participate in a research study titled Lived Experience Survey: Adult ADHD Services in Scotland. This study is being done by Aneka Whyte from the Digital Health and Care Innovation Centre (DHIC) at the University of Strathclyde and Charlotte Stoney from DHIC at the Glasgow School of Art.

The study aims to understand the experiences of adults with ADHD accessing diagnosis and support services in Scotland. We hope to identify what works well, what could be improved, and how digital tools might be able to enhance services. Your insights will be used to advocate for future change and innovation in adult ADHD services. This survey focuses on understanding your experiences:

- Your experience of ADHD support from the NHS
- What could improve your experience interacting with ADHD services.

The Survey Contains 6 Questions and should take no longer than 15 minutes to complete. If you are interested in taking part, please download a copy of the participant information sheet here below and retain this for your records before starting the survey. Please ensure you are in a safe and comfortable environment to complete the survey.

If you have any questions, please email us at ana.whyte@strath.ac.uk or charlotte.stoney@gsa.ac.uk

Participant Information Sheet: <https://www.adobe.com/uk/acrobat/consent-sources/15187437-930a-4176-9006-9b6a6a69791c>

Your participation is entirely voluntary, and you can withdraw at any time before the survey is submitted. By clicking the "Submit" button at the end of the survey you are consenting to participate in this study, as it is described in this participant information sheet. Please omit any question you do not wish to answer.

* Required

Lived Experience survey about adult ADHD services across the NHS in Scotland

1. What's your age? *

18-24

25-34

35-44

45-54

55-64

65+

2. What has been your experience of support from the NHS in Scotland? (You can select more than one)

Finding information about ADHD shared by the NHS

Visiting the GP for advice/support

Being on a waitlist for an assessment

Doing assessment paperwork

Attending an assessment appointment

Being on a waitlist for support

Getting prescription medication for ADHD

Getting non-medical support

Other

Not sure

3. How would you rate your experience of the ADHD services you received? (1 being negative and 10 being positive)

1 2 3 4 5 6 7 8 9 10

Appendix C:
Survey questions 4-6

4. Within what health board(s) have you accessed these services?

NHS Ayrshire and Arran

NHS Borders

NHS Dumfries and Galloway

NHS Western Isles (Bòrd SSN nan Eilean Siar)

NHS Fife

NHS Forth Valley

NHS Grampian

NHS Greater Glasgow and Clyde

NHS Highland

NHS Lanarkshire

NHS Lothian

NHS Orkney

NHS Shetland

NHS Tayside

None of the above

Not sure

5. Reflecting on your experience, is there a part of it you would like to share that you feel would be valuable for this study?

Please share any experience as briefly as possible. Please **do not share** any personal information about yourself or any professionals.

Enter your answer

6. Reflecting on your experience, where would you most like to see change?

Describe the most important thing to you.

Enter your answer