TEENAGE HEALTH & WELLBEING FACTSHEET

Understanding Possible ADHD

Recognising possible traits, requesting assessment and supporting everyday needs

The short version

ADHD is a neurodevelopmental condition affecting regulation of attention, activity and impulses. It is not simply poor behaviour, laziness, bad parenting or a lack of intelligence. Traits begin in childhood but may become more obvious when teenage life requires greater organisation and independence. Many other issues can look similar, so no checklist, online quiz or computer test can diagnose ADHD alone. Support should be based on need while a young person waits for a specialist assessment.

Why ADHD may become clearer in adolescence

More independence	The teenager must remember equipment, deadlines, travel, homework, self-care and appointments with less adult structure.
Several environments	Different teachers, classrooms, online systems, friendships, home responsibilities and part-time work increase switching demands.
Consequences increase	Missed work, impulsive choices, arguments, spending, online behaviour and unsafe driving can have greater effects.
Coping becomes exhausting	Perfectionism, last-minute pressure, staying up late and relying on family reminders may stop being sustainable.

Possible ADHD is not a diagnosis

Tiredness, anxiety, depression, trauma, autism, learning differences, substance use, physical illness and environmental stress can produce similar difficulties or coexist with ADHD.

The three areas of ADHD traits

Inattention	Difficulty sustaining attention, listening, following through, organising, remembering, resisting distraction or keeping track of belongings.
Hyperactivity	Restlessness, fidgeting, excessive movement or talking, an internal sense of being driven, or difficulty doing quiet activities.
Impulsivity	Acting or speaking before thinking, interrupting, difficulty waiting, rapid decisions or seeking immediate reward despite consequences.
Presentations vary	A person may predominantly show inattentive traits, hyperactive-impulsive traits, or a combined presentation. The pattern can change with age and context.

Attention is not simply absent

Many teenagers with ADHD can focus intensely on interesting, urgent or rewarding activities but struggle to direct and switch attention when a task is routine, delayed or unclear.

Possible everyday examples

- losing track during instructions
- forgetting items despite reminders
- blurting out or interrupting
- starting many tasks but finishing few
- restlessness during long lessons
- misjudging time and deadlines

Executive functioning and emotional regulation

Task initiation	Knowing what to do but feeling unable to begin until interest, urgency or another person creates momentum.
Working memory	Losing the next step, forgetting verbal information, leaving items behind or entering a room and forgetting why.
Time awareness	Underestimating duration, becoming absorbed, arriving late or treating only “now” and “not now” as meaningful time.
Switching	Difficulty stopping a preferred activity, changing plans or moving between subjects even when the teenager wants to cooperate.
Emotional intensity	Frustration, excitement, rejection or disappointment may rise quickly and take longer to settle, although this is not unique to ADHD.
Motivation	Performance may depend heavily on interest, novelty, challenge, immediate feedback and clear consequences rather than importance alone.

Ability and performance can differ

Inconsistent output does not mean the teenager is choosing when to “try”. Capacity changes with sleep, interest, stress, structure, sensory load and task design.

Less-recognised presentations and masking

Girls and young women	Inattentive traits, internal restlessness, daydreaming, perfectionism and anxiety may be less disruptive and therefore overlooked.
High achievement	Good grades can hide extreme effort, late-night work, repeated checking, missed self-care and heavy reliance on family structure.
Quiet masking	Watching peers, over-preparing, suppressing movement, laughing along or avoiding situations can conceal confusion and exhaustion.
“Too sensitive” labels	Strong emotions, rejection sensitivity or overwhelm may be dismissed as hormonal, dramatic or anxious without examining attention and regulation.
Different settings	A teenager may appear organised at school but fall apart at home, or cope one-to-one but struggle in noisy groups and unstructured time.
Social cost	Interrupting, forgetting messages, missing cues or acting impulsively may affect friendships and self-esteem even when adults see few classroom problems.

NICE highlights under-recognition

Girls and women are less likely to be referred, more likely to have undiagnosed ADHD and may receive a different mental-health or neurodevelopmental diagnosis first.

Strengths and a balanced understanding

Energy and spontaneity	Enthusiasm, humour and willingness to act can bring momentum and connection when supported safely.
Creative association	Fast connections between ideas and flexible thinking may support creativity, problem-solving and innovation.
Deep engagement	Strong interest can support sustained learning and expertise, though transitions and balance may still need help.
Resilience	Many young people develop persistence, improvisation and empathy through navigating environments not designed for their needs.
No guaranteed “superpower”	Not every teenager identifies ADHD-related strengths. Positive language should never minimise impairment or pressure them to feel grateful.
Support protects strengths	Reducing unnecessary barriers frees energy for relationships, learning, health and the activities in which the teenager can thrive.

Avoid moral language

Replace “lazy”, “careless” and “not trying” with a specific description: initiation, memory, distraction, impulse control, overwhelm or unclear expectations.

Other conditions and explanations

Autism	Autism and ADHD often coexist. Social communication, sensory, predictability and focused-interest needs should be considered separately.
Anxiety and depression	Worry, low mood, rumination, reduced motivation and poor sleep can impair attention and may occur alongside ADHD.
Learning differences	Dyslexia, dyscalculia, developmental language disorder and processing difficulties can make attention appear worse in particular tasks.
Sleep and health	Insomnia, delayed sleep, sleep apnoea, pain, seizures, thyroid problems, anaemia, medication effects and other conditions require appropriate assessment.
Trauma and adversity	Hypervigilance, dissociation, stress and unsafe environments can affect concentration and behaviour. A history of adversity does not automatically rule ADHD in or out.
Substances	Caffeine, energy drinks, nicotine, cannabis, alcohol and other drugs may worsen sleep, anxiety, attention, heart symptoms and risk-taking.

Assess the whole person

A specialist should consider alternative and coexisting explanations rather than assuming every difficulty comes from one condition.

When an assessment may be helpful

Persistent pattern	Traits have been present since childhood, even if they were masked, compensated for or only recognised later.
More than one setting	Difficulties appear across important parts of life, such as school, home, relationships, activities or work, although support may make them look different.
Meaningful impact	Learning, attendance, friendships, family life, self-esteem, sleep, safety, independence or emotional wellbeing are affected.
Support is insufficient	Reasonable adjustments help but significant difficulties remain, or the teenager needs a clearer explanation and treatment options.
Increasing risk	Impulsive driving, substances, unsafe online contact, self-harm, aggression, exploitation or repeated exclusion require prompt support regardless of diagnosis.

Do not use a checklist as the answer

Rating scales and QbTest may contribute information, but NICE requires a full specialist clinical and psychosocial assessment, developmental and psychiatric history, observer reports and assessment of mental state.

Starting the NHS assessment pathway

Speak to school	A teacher or SENCO can document needs, trial adjustments and provide information about learning and behaviour across school settings.
Speak to the GP	Explain the lifelong pattern, current impact, health and mental-health concerns and support already tried. Ask about the local child ADHD pathway.
Referral	Persistent moderate impairment should be referred to specialist secondary care; severe impairment warrants direct referral according to NICE.
Involve the teenager	Discuss why assessment is being considered, their priorities, confidentiality, what information will be shared and how they prefer to participate.
Keep records	Collect school reports, early developmental information, examples from different settings, previous support, health history and a timeline.
While waiting	Continue needs-based help at home and school. Ask about local family hubs, parent support and mental-health care where relevant.

Right to Choose in England

Your GP may be able to refer an eligible teenager to another NHS-contracted ADHD provider. Check age eligibility, waiting time, assessment format, treatment, prescribing and follow-up before choosing.

What a good ADHD assessment includes

Qualified specialist	Diagnosis is made by a specialist psychiatrist, paediatrician or another appropriately qualified professional trained in ADHD diagnosis.
Teenager's account	Their experience, strengths, difficulties, goals and concerns should be heard rather than relying only on adults or school behaviour.
Developmental history	Early attention, activity, impulse control, learning, relationships, milestones, health and family history are explored.
Different settings	Reports from parents, school and sometimes others help establish the pattern and impact while accounting for masking and environmental support.
Whole-health review	Mental health, autism, learning, sleep, physical health, substances, safeguarding and social circumstances are considered.
Clear outcome	The report should explain the conclusion, strengths, needs, recommendations and options whether or not ADHD is diagnosed.

A computer test is not the diagnosis

NICE allows QbTest as one option to support assessment for ages 6 to 17, but it must be interpreted within the full clinical assessment.

Support at home while waiting

Make tasks visible	Use short written lists, calendars, alarms, labelled places, visual steps and one instruction at a time.
Reduce activation effort	Agree the first tiny step, work alongside briefly, prepare materials in advance and use a timer or shared start.
Externalise time	Give realistic warnings, show elapsed time, work backwards from leaving time and include buffers rather than repeating “hurry up”.
Plan movement and breaks	Use purposeful movement, short work intervals and breaks before attention collapses, matched to the teenager’s needs.
Protect foundations	Support regular sleep, meals, hydration, enjoyable activity and prescribed medicines; investigate persistent sleep or health problems.
Repair without shame	Set boundaries for harm while discussing what happened later, identifying the missing skill or support and practising a safer alternative.

Parent support need not wait

NICE says ADHD-focused support for parents or carers can be offered before a formal diagnosis when attention or behaviour difficulties affect development or family life.

School and college adjustments

Instructions	Give short, specific steps verbally and in writing; ask the student to explain the task rather than asking only “do you understand?”.
Work design	Chunk tasks, show examples, reduce unnecessary copying, use interim deadlines and provide feedback before the final due date.
Environment	Consider seating, distraction, movement, quiet work space, sensory load, lesson transitions and access to equipment.
Organisation	Use one reliable homework system, duplicate materials where reasonable, check planners and provide predictable prompts.
Behaviour	Use clear expectations, immediate proportionate feedback and restorative repair. Repeated punishment does not teach missing regulation skills.
Exams and transitions	Discuss evidence-based access arrangements and the teenager’s normal way of working early; plan college, travel and work experience explicitly.

Diagnosis is not the entry ticket

Schools should respond to identified educational need. Ask the SENCO for a written assess-plan-do-review cycle and reasonable adjustments while assessment is pending.

Treatment, medication and monitoring

Shared decision-making	Treatment should consider the teenager’s goals, preferences, impairment, environment, coexisting conditions and views about medication.
Environmental changes	Home and school adjustments, ADHD-focused information and family support remain important whether or not medication is used.
Starting medication	ADHD medication for children and teenagers must be initiated by a professional with expertise in ADHD diagnosis and management.
Baseline checks	Before medication, the specialist reviews diagnosis, mental and physical health, current medicines, height, weight, pulse, blood pressure and cardiovascular risk.
Monitoring	Effect, appetite, growth, sleep, pulse, blood pressure, mood and adverse effects require planned review and dose adjustment.
Shared care	After specialist titration and stabilisation, a GP may prescribe under an agreed shared-care protocol, but acceptance and local arrangements vary.

Never share medication

Do not use another person’s medicine, change the dose independently or buy stimulant medication online. Store it safely and contact the prescriber about concerns.

NHS Right to Choose and private care

Local NHS	Usually free at the point of use and linked with local services, but waits may be long. Ask who provides assessment, treatment and post-diagnostic support.
Right to Choose	For eligible patients in England, an NHS-contracted independent provider may assess and sometimes treat. A GP referral is normally required.
Private assessment	May be quicker but families pay. Confirm professional registration, adherence to NICE, child ADHD expertise, report quality and how other conditions are assessed.
Medication costs	Private diagnosis does not guarantee NHS prescriptions. Titration, reviews and private prescriptions may create continuing costs if shared care is not accepted.
Follow-up	Before choosing a provider, establish who manages medication, annual reviews, emergencies, side effects, school letters and transition to adult services.
Complementary support	Coaching, relaxation, adapted movement and wellbeing education may support routines but do not diagnose ADHD or replace evidence-based clinical care.

Questions before paying privately

- Who makes and signs the diagnosis?
- Are parent and school reports required?
- Who titrates and reviews medication?
- Is NICE NG87 followed?
- What does the total cost include?
- What happens if the GP declines shared care?

When safety and health need attention

Call 999	Immediate danger to life, severe injury, collapse, seizure, serious breathing difficulty, chest pain with collapse or a suspected serious overdose.
Mental-health crisis	Suicidal intent, serious self-harm or inability to stay safe requires urgent help. In England call NHS 111 and select the mental-health option; use 999 for immediate danger.
Medication concern	Seek prompt advice for severe agitation, hallucinations, very fast or irregular heartbeat, fainting, chest pain, allergic reaction or possible overdose.
Risk and exploitation	Unsafe driving, substance use, sexual risk, online grooming, coercion, criminal exploitation or repeated missing episodes require safeguarding action.
Functional decline	Major school refusal, loss of self-care, severe sleep disruption, weight change, eating difficulties or rapidly worsening mood need timely assessment.

Do not wait for diagnosis to address danger

Possible ADHD may help explain vulnerability or impulsivity, but immediate medical, mental-health and safeguarding needs must be handled through the appropriate service.

How Health Matters UK can support

Health Matters UK provides personalised health education and practical wellbeing support for teenagers and families. We can help identify patterns, organise evidence, prepare questions, establish realistic routines and navigate NHS, Right to Choose or private routes. We do not diagnose ADHD, conduct diagnostic assessments, prescribe or change medication, provide crisis care or replace regulated clinical and education services.

Map the pattern	Record attention, activity, impulse control, sleep, emotions, strengths, triggers and differences between settings.
Prepare referrals	Create a clear developmental timeline and current-impact summary with examples and questions.
Build routines	Develop practical systems for tasks, time, sleep, meals, movement, revision and recovery based on the teenager’s needs.
Support parents	Reduce blame, improve communication, agree consistent boundaries and identify the skill or support behind repeated conflict.
Navigate care	Help families compare routes, check provider questions and prepare for reviews while clinical decisions remain with specialists.

A useful first step

For two weeks, record the task or situation, expectation, sleep, environment, what helped, what became difficult and the effect on daily life. Include successful situations so the assessment shows which supports already work.

Teenage health matters to us

Teenagers with possible ADHD deserve more than repeated criticism for forgetting, interrupting, running late or struggling to begin. They need a careful assessment of the whole person, practical support during long waits and a voice in decisions. Health Matters UK can help families understand patterns and navigate appropriate NHS or private care without crossing into diagnosis or prescribing.

Important

This factsheet provides general education, not diagnosis or individual medical advice. Seek urgent help for severe symptoms, suspected overdose, immediate danger, suicidal intent or rapid deterioration. Call 999 in a life-threatening emergency.

Key sources

- NICE NG87: Attention deficit hyperactivity disorder - diagnosis and management (accessed 16 November 2026).
- NHS: ADHD in children and young people - symptoms, assessment, support and medication (accessed 16 November 2026).
- NHS England: Patient choice guidance, including remotely delivered ADHD assessment services.
- Royal College of Psychiatrists: ADHD in children and young people - information for parents and carers (accessed 16 November 2026).
- Department for Education and GOV.UK: SEND support and reasonable adjustments in education.
- YoungMinds: ADHD and mental health guidance for young people and parents (accessed 16 November 2026).
- Health Matters UK Evidence and Editorial Standards page for our evidence, review and scope.

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