



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

BMHP6029-Psychopathological Classifications and Provisions

Component 2: Written Assignment (Report)

Student name: Maria Elisa Jose Dos Santos

Student number: 2327313

Lecturer: Farah Wiita

Table of contents

1-Introduction

2-Classification and diagnosis

3-Diagnosis criteria and process

4-Treatment approaches

5- Rehabilitations

6-Recommendations

7-Conclusion

8-References

Introduction

ADHD, or attention deficit hyperactivity disorder, is among the most common and extensively discussed Neurodevelopmental disorders in the field of modern mental health.

characterized by recurring patterns of impulsivity, hyperactivity, and inattention that interfere ADHD is thought to impact 5-7% of children and 2-5% of adults in functioning and development.

adults across the globe (Fayyad et al., 2017). Despite a wealth of research, ADHD is still a condition that is the subject of intense controversy, including discussions regarding its very existence.

as a legitimate clinical entity, the function of medication, and diagnostic equity concerns.

across ethnicity and gender, as well as how it relates to the larger neurodiversity movement

Taylor and Timimi (2004).

The 11th edition of the World Health Organization's (WHO) International Classification of Diseases. ADHD is categorized under Chapter 6: Mental, Behavioral, or

Neurodevelopmental disorders are a significant departure from ICD-10. This document critically assesses the ICD-11 classification.

Classification and diagnosis

ADHD is categorised under code 6A05 in ICD-11's "Neurodevelopmental" category.

disorders, in addition to ailments like developmental disorders, autism spectrum disorder (ASD),

Disorders of Learning and Developmental Coordination (WHO, 2022). This arrangement represents a substantial conceptual change from ICD-10, where ADHD was referred to as "hyperkinetic".

"Disorder" fell under the category of "behavioural and emotional disorders with onset typically happening during childhood and adolescence. Reclassification recognises the

ADHD's Neurodevelopmental basis, acknowledging that it results from variations in the brain development as opposed to only environmental or behavioural factors (Faraone et al., 2021).

ADHD is further classified into three presentations by ICD-11: (1) primarily inattentive (6A05.0), (2) primarily impulsive and hyperactive (6A05.1), and (3) mixed presentation (6A05.2), with an "unspecified" option and a fourth category for "other specified".

Diagnostic criteria and process

According to the ICD-11 diagnostic criteria for ADHD, a consistent pattern of inattention and/or hyperactivity-impulsivity that is more common and severe than what is usually seen in people of similar developmental stage. The symptoms must have existed before the age of twelve.

in various contexts (such as at home, at work, or at school), and produce clinically substantial impairment in academic, professional, or social functioning (WHO, 2022). The requirement for multiple settings is crucial because it separates ADHD from context. particular behavioural issues.

According to NICE (2018) guidelines, a specialist should make the diagnosis in UK practice.

usually a clinical psychologist, paediatrician, or consultant psychiatrist—after a

thorough evaluation that incorporates behavioural rating scales (like

the Adult ADHD Self-Report Scale (ASRS) or the Conners Rating Scales), as well as additional

Information from educators, parents, or carers. No single biological or neuroimaging method exists.

Language of classification

The term "disorder" is used throughout ICD-11's classification of ADHD, a decision that carries both disputed implications and clinical utility. The term "disorder" places ADHD in a medical framework, easing treatment access, educational help, welfare benefits, and legal accommodations in the UK under the Equality Act 2010. Nevertheless, detractors within the

Critical psychiatry and neurodiversity contend that classifying a neurological difference as a "disorder" pathologises human diversity and runs the risk of stigmatizing those who receive a diagnosis.

Armstrong (2017). The difference between "difference" and "disorder" is not just semantic. It influences how people, families, educators, and employers perceive and react to ADHD, which has a significant impact on one's identity, self-perception, and ability to get help.

Treatment and Rehabilitation:

Standard Treatment Approaches in the UK

The most well-researched treatment for ADHD is pharmacological intervention.

Methylphenidate, a central nervous system stimulant, is advised by UK NICE (2018) as the first-line treatment for ADHD in kids, teens, and adults, in addition to

Alternatives include atomoxetine and lisdexamfetamine. These drugs mostly function by improving attention by increasing the prefrontal cortex's availability of dopamine and noradrenaline

control, executive functioning, and impulse control. Meta-analyses regularly

show that stimulant drugs cause appreciable short-term decreases in core

Symptoms of ADHD, with significant effects in comparison to a placebo (Cortese et al., 2018).

Pharmacological treatment has significant drawbacks despite the strong body of evidence. An

A significant percentage of people, especially adults, encounter adverse effects like

anxiety, elevated heart rate, appetite suppression, and sleep disturbance. Prolonged

Research on cardiovascular safety, especially at higher doses, is still ongoing.

clinical observation (Cortese and others, 2018).

Rehabilitation and Practice

For children under five and for those who decline or cannot tolerate medication, NICE (2018)

recommends parent-training and education programs as the first-line intervention. These

structured programs — such as the Incredible Years program and Triple P — equips

parents and carers with strategies to manage ADHD-related behaviours, improve parent-child

relationships, and support the child's emotional regulation. Evidence supports them

effectiveness in reducing ADHD-related behavioural difficulties and improving parental

Wellbeing (Daley et al., 2018).

For older children, adolescents, and adults, Cognitive Behavioural Therapy (CBT) adapted for

ADHD is increasingly used as an adjunct to medication or as a standalone intervention for

Those who decline pharmacological treatment are important. ADHD-specific CBT targets

executive

functioning deficits, including time management, organisation, planning, and emotional

regulation. Randomised controlled trials support its effectiveness in adults, with improvements

(Solanto et al., 2019).

Mindfulness-based interventions have also shown promising results in adult ADHD, though

the evidence base is less established than for CBT

Effectiveness and Limitations

NICE (2018) states that children under five and those who refuse or are unable to take medication

suggests parent education and training initiatives as initial interventions. These

Structured initiatives like Triple P and the Incredible Years program provide

Techniques for parents and carers to control behaviours associated with ADHD and enhance parent-child relationships

Research shows how well these treatments work to improve parental wellbeing and lessen behavioural issues associated with ADHD (Daley et al., 2018). Evidence backs up their efficacy in lowering behavioural issues associated with ADHD and enhancing parental Health (Daley et al., 2018).

Cognitive behavioural therapy (CBT) has been changed for older children, adolescents, and adults.

The use of ADHD as a stand-alone intervention or as a supplement to medication is growing.

Those who refuse to take medication. CBT tailored to ADHD focuses on executive

deficiencies in time management, planning, organization, and emotional

control. Its efficacy in adults is supported by randomised controlled trials, with improvements.

(Solanto et al., 2019).

Current Debates and Emerging Issues

The Neurodivergence vs. Medical Model

While the body of research supporting pharmacological and psychological treatments for ADHD

It is necessary to acknowledge significant and substantial limitations. The majority of ADHD RCTs

Treatments have brief follow-up times, which leaves the interventions' long-term efficacy ill-understood. Additionally, there is a well-established gap between research and practice: a lot of kids

and adults in the UK who have been diagnosed with ADHD encounter considerable obstacles when trying to

treatment, with NHS wait times for ADHD evaluation in certain areas surpassing two to 3 years (ADHD UK, 2023). The disproportionate impact of this access issue by people from lower socioeconomic backgrounds who are unable to obtain private evaluation, as well as those in with specialised services with inadequate resources. Additionally, most of the treatment research has concentrated on

on white, male, school-age children, restricting the findings' applicability to women, adults,

Furthermore, minority ethnic groups experience considerable delays in receiving treatment (Young et al., 2020).

The validity of ADHD as a clinical diagnosis has been the focus of an ongoing and divisive debate.

diagnosis and the suitability of the course of treatment. Critics like Timimi and Taylor (2004), ADHD is a socially constructed term that pathologises typical

behaviour in childhood, especially in boys, and that increasing diagnosis rates are indicative of the

medicalization of social and academic issues as opposed to actual increases in neurological condition. However, supporters like Faraone et al. (2021) offer

strong genetic, neuroimaging, and epidemiological proof that ADHD is a legitimate, neurodevelopmental disorder that is heritable and has recognisable neurobiological correlates.

There are specific policy ramifications to the discussion of diagnosis rates. The diagnosis of ADHD in the UK

Over the past 20 years, rates have significantly increased, partly due to increased awareness, enhanced diagnostic standards, and identification of adult ADHD (NICE, 2018).

The neurodiversity movement, which conceptualises conditions such as ADHD, ASD, and Dyslexia as a natural variation in human cognition rather than an illness that requires treatment, developed a significant amount of influence over the past few years. Advocates assert that ADHD is unique

This cognitive style is characterised by risk-taking, creativity, hyper-focus, and Risk-taking and creativity are examples of traits that seek novelty and may have offered evolutionary advantages (Armstrong, 2017). These traits can be advantageous in a variety of situations.

Respect is difficult for legislators, educators, and medical professionals.

neurodivergent identity and strengths while providing those in need with support

It is not stigmatised (Cooper, 2008).

Diagnostic disparities in ADHD are a well-known and persistent problem. Women who have The significantly more prevalent inattentive subtype of ADHD is characterised by Daydreaming, chaos, and emotional dysregulation—as opposed to the hyperactive-Impulsive presentation is most frequently associated with ADHD in public and professional settings.

As a result, women are often diagnosed later, less frequently, and with higher psychological comorbidity, in contrast to men, often following years of incorrectly classified as anxious or depressed (Young et al., 2020). ICD-11 standards, while not

obviously gendered, originate from research that was primarily conducted on male samples, raising questions about their sensitivity to female presentations.

There is evidence of racial and ethnic disparities in ADHD diagnoses in the UK. Children and Youth from other ethnic minorities, including Black Caribbean youth, are less likely to receive an ADHD diagnosis and are less likely to be prescribed stimulants, even when The severity of symptoms is similar to that of peers who are white, according to Strand and Lindsay (2009). These variations are the consequence of several factors: Cultural variations in symptom expression and support

These discrepancies result from a number of factors, such as clinician bias, seeking behaviour, and structural differences in the accessibility of specialised services.

Therefore, addressing diagnostic disparity is essential from a clinical and social standpoint. efficient, requiring equitable service provision and culturally sensitive evaluation methods.

The NHS Long Term Plan's dedication to enhancing children's and adolescents' mental health services offers means of addressing ADHD assessment and treatment. Mention backlogs, but ongoing funding and staff training are necessary to translate policy aspirations into clinical practice.

Recommendations:

According to ADHD UK (2023), certain areas are clinically unacceptable and cause disproportionate harm to those unable to obtain a private evaluation.

Creation of diagnostic instruments that are culturally and gender sensitive: NICE and ADHD assessments should be developed and validated by professional organisations.

Clinicians should be required to complete modules on gender and ethnicity.

disparities in the diagnosis of ADHD (Young et al., 2020).

Clinical practice incorporating neurodiversity-affirming methods: NHS and

Strengths-based frameworks should be used in addition to deficit-focused ones in social care services.

clinical strategies, guaranteeing that ADHD assistance includes more than just symptoms management as well as the recognition and enhancement of personal strengths, regular

With the ICF-aligned rehabilitation model of ICD-11 (Armstrong, 2017).

Non-pharmacological support expansion: NICE guidelines should be revised to formally advocate for CBT in conjunction with peer support and ADHD coaching as evidence-based

non-pharmacological adult interventions. Access to NHS commissioning should be funded by

According to Kubik (2010), these assist people who refuse or are unable to take medication.

Investment in diverse and long-term research: NIHR and other research funders

should give priority to studies that examine ADHD outcomes over the course of a person's lifetime and

particularly look at ADHD in women, people of colour, and people with

coexisting illnesses. The existing body of evidence is not sufficiently varied to support equitable,

evidence-based methodology (Faraone et al., 2021). In addition to improving our knowledge of ADHD, this investment would guarantee that treatments are customised to the particular requirements of diverse communities. By promoting inclusive research initiatives, we can lessen differences in diagnosis and treatment, which will ultimately improve outcomes for all ADHD sufferers.

Conclusion

According-11, ADHD falls under the category of neurodevelopmental disorders.

a serious illness with clinical validity that significantly impairs the

longevity for numerous individuals impacted. The reclassification from "Hyperkinetic Disorder" in ICD-10

The three-presentation model of ADHD in the ICD-11 represents real progress in comprehending the neurodevelopmental basis and heterogeneity of the condition.

Pharmacological evidence-based

and psychological therapies are accessible, and when used effectively, they can

significantly enhance the quality of life and functioning. Nevertheless, systemic shortcomings in prompt

access to diagnosis and treatment, ongoing disparities in diagnosis between genders, and ethnicity, as well as continuous discussions regarding the medicalisation of neurodiversity Undermine the potential of existing methods.

To overcome these obstacles, a dedication to fair, culturally aware, and

person-centred care, which respects the variety of ADHD manifestations and

neurodivergent identity, and guarantee that every person, irrespective of gender, ethnicity, or socioeconomic background, obtains the necessary evaluation, care, and assistance.

The suggestions made in this report serve as a basis for the ongoing

enhancement of ADHD services in the UK using the most up-to-date research

and a dedication to social justice.

References

ADHD UK (2023) *ADHD Diagnosis Waiting Times*. Available at: <https://adhduk.co.uk/waiting-times> (Accessed: 16th April 2026).

Cooper, P. (2008) '*Like alligators bobbing for poodles? A critical discussion of education, ADHD, and the biopsychosocial perspective*,' *Journal of Philosophy of Education*, 42(3–4), pp. 457–474. Available at: <https://www.doi.org/10.1111/j.1467-9752.2008.00639x> (Accessed: 16th April 2026).

Fayyad, J., Sampson, N.A. and Hwang, I. (2017) '*The descriptive epidemiology of DSM-IV adult ADHD in the World Health Organization World Mental Health Surveys*', *Attention Deficit and Hyperactivity Disorders*, 9(1), pp. 47–65. Available at: <https://www.doi.org/10.1007/s.12402-016-0208-> (Accessed: 16th April 2026).

Cortese, S., Adamo, N., Del Giovane, C. et.al (2018) '*Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis*', *The Lancet Psychiatry*, 5(9), pp. 727–738.

Available at: [https://www.doi.org/10.1016/S2215-0366\(18\)30269-4](https://www.doi.org/10.1016/S2215-0366(18)30269-4) (Accessed: 16th April 2026).

Kubik, J.A. (2010) '*Efficacy of ADHD coaching for adults with ADHD*', *Journal of Attention Disorders*, 13(5), pp. 442–453. Available at: <https://www.doi.org/10.1177/1087054709347374> (Accessed: 17th April 2026).

NHS England (2025) *Report of the independent ADHD Taskforce: Part 1* Available at: <https://www.England.nhs.uk/long-tead/report-of-the-independent-adhd-taskforce-part-1> (Accessed: 17th April 2026).

NHS England Digital (2025)
Chapter 9 attention deficit hyperactivity disorder- Survey of Mental Health and Wellbeing England 2013-24 Available at: [https://www.digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric morbidity-survey-of-mental – health and-wellbeing -England-2013-24- attention deficit-hyperactivity-disorder](https://www.digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey-of-mental-health-and-wellbeing-England-2013-24-attention-deficit-hyperactivity-disorder) (Accessed: 17th April 2026).

National Institute for Health and Care Excellence (NICE) (2018) *Attention Deficit Hyperactivity Disorder: Diagnosis and Management* [NG87]. London: NICE. Available at: <https://www.nice.org.uk/guidance/ng87> (Accessed: 17th April 2026).

Strand, S., and Lindsay, G. (2009) '*Evidence of ethnic disproportionality in special education in an English population*', Available at: <https://www.or.ox.ac.uk>. *Journal of Special Education*, 43(3), pp. 174–190. (Accessed: 17th April 2026).

Solanto, M.V., Marks, D.J. et.al. (2019) '*Efficacy of meta-cognitive therapy for adult ADHD*', Available at: <https://www.ncbi.nlm.nih.gov>
American Journal of Psychiatry, 167(8), pp.958–968. (Accessed: 17th April 2026).

Young, S., Adamo, N. Branney, P. et.al. (2020) '*Females with ADHD: an expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in females of all ages*', *BMC Psychiatry*, 20(1), p.404. Available at: [http:// www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) (Accessed: 19th April 2026).

Timimi, S.Taylor, E. (2004) '*ADHD is best understood as a cultural construct*', Available at: <https://www.ncbi.nlm.nih.gov>
British Journal of Psychiatry, 184(1), pp. 8–9. (Accessed: 18th April 2026).

World Health Organisation (WHO) (2022) *ICD-11: International Classification of Diseases 11th Revision*. Geneva: WHO. Available at: <https://icd.who.int/en> (Accessed: 18th April 2026).

