

ADHD in Children: Exploring Diagnosis, Challenges, and Support

INTRODUCTION:

Attention-Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder that affects children, according to Musullulu (2025) it is characterised by patterns of short attention span, hyperactive and impulsivity, that can have an impact on daily life and development. ADHD UK (2020) research showed that in the UK 3.62% of boys and 0.85% of girls had ADHD. According to National Institute for Health and Care Excellence (NICE) (2024) studies have demonstrated that for every 5 boys diagnosed with ADHD, only one girl will receive a diagnosis. This is due to boys presenting with more disruptive behaviour, whereas girls are more commonly the inattentive subtypes and have lower comorbidity with Oppositional Defiant Disorder (ODD).

Inclusive Practice:

According to study by Russell, *et al* (2023) many children with ADHD are exposed to prejudice and exclusion, within education. Inclusive practice is about removing barriers to learning and encouraging children to participate and accept children who are neurodivergent (Schuelka 2018). The Department for Education (2025) states that only one in ten mainstream schools have a SEN unit and resources that are equipped to support children with ALN, they have pledged more support for children have additional learning needs, by investing in mainstream schools to be able to meet the needs of children with ALN, to enable them thrive and achieve.

Identifying and Diagnosing:

According to Action for Children (n.d), ADHD is a lifelong condition with three main types, each with different symptoms. Hyperactive-impulsive ADHD is the most recognizable and includes fidgeting, excessive talking, and difficulty staying seated. Inattentive ADHD involves issues with focus, organization, and forgetfulness. Combined ADHD features symptoms from both types. However, the NHS (2025b) notes that young children, especially under five, may show similar behaviours due to tiredness or stress, making diagnosis difficult at that age. Typically, ADHD is diagnosed around age six, when symptoms are more consistently observed. It's important that signs are seen both at home and in school (Great Ormond Street Hospital, 2016).

Medical Barriers:

According to ADHD UK (2023), around 62% of children diagnosed with ADHD in the UK were medicated in 2020, compared to 53.6% in the US, where 44.4% also receive behavioural treatment (Danielson *et al.*, 2024). French, Sayal, and Daley (2018) note that GPs often refer children for diagnosis and are involved in ongoing ADHD management, including medication. However, many GPs lack the confidence and knowledge to manage ADHD effectively, a concern also raised by Sayal *et al.* (2015). Hasan (2018) explains that ADHD medication targets dopamine and norepinephrine to improve focus and reduce hyperactivity. Sharif, Ghasenzadeh, and Ghasenzadeh (2024a) found that the most commonly used medications are stimulants like Methylphenidate (Ritalin) and non-stimulants such as Atomoxetine and Focalin. While medication can help, Begun (2024) notes common side effects like sleep issues, nausea, appetite loss, irritability, and weight loss—though these often subside as the body adjusts. Another challenge is the need to take medication consistently for it to be effective.

Social Barriers:

ADHD centre (2025) acknowledges there are many traits that can become a social barrier for young children, one trait being impulsivity. Arkani (2025) suggests impulsivity can lead to social interactions being difficult for children with ADHD as they find taking turns a challenge, they struggle with waiting for a conversation to finish, or they act without considering the consequences. However, this can be misinterpreted by other children and adults as being classed as 'naughty' leading to misunderstandings and being excluded from taking part (Arkani 2025). However, Kara *et al* (2025) states the impact on education, social and emotional well-being found that children with ADHD had lower participation in activities, faced difficulty socialising with their peers, along with the environment enhancing sensory sensitivity. Although with structured support and acceptance can help improve friendships and improve school participation.

The Importance of routine (strategy):

Abbey Neuropsychology Clinic (2024) states that children with ADHD often struggle to stay focused and manage their emotions. Similarly, the ADHD Centre (2023) highlights that difficulties with attention can lead to challenges such as poor time management, incomplete tasks, and disorganisation. However, a structured routine can help children maintain focus throughout the day (ADHD Centre, 2023). Low (2022) adds that structured routines also benefit families by creating a more organised and predictable environment, reducing disruptive behaviour. Thomas and Karuppali (2022) explain that children with ADHD face additional challenges in classroom settings, where maintaining focus can lead to disruptive behaviours. For many children, understanding and following a daily routine is difficult; using visual boards for younger children or tick charts for older ones can support behaviour, organisation, and independence (Young Minds, 2021). The NHS (2025d) recommends breaking tasks into smaller steps, giving clear instructions, and praising children when routines are followed. However, Logan (2022) notes that children with ADHD often lack recognition for following routines, which can harm their self-regulation, well-being, and self-esteem.



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Conclusion:

ADHD is a neurodevelopment condition that can have an effect on a child's education, social, emotional and over all well-being. Many children face delays in early identification and diagnosis, receiving an early diagnosis is important to implementing interventions such as structured routine, psychoeducation and if needed medication. Children with ADHD faces many barriers within the health care and education. This can be down to lack of GP knowledge and confidence, therefore, can lead to further delays to being referred. Within the education system at times a lack of inclusive practice and resources can have an impact on the child's self-esteem and learning progress. It is found that a structured routine has played an important role in helping children manage their symptoms, improving their focus and encouraging independence. Socially, ADHD can create barriers to making friendships, leading to misunderstandings and exclusions, however, with the right support children with ADHD can thrive. Ultimately, having an awareness, understanding, knowledge, support and inclusion is important for children with ADHD to achieve their full potential.