# Equalities Impact Assessment

# London ADHD Virtual Assessment to Treatment Pathway

## Date: 01.08.26

Completed by Health Innovation Network South London on behalf of NHSE London.

## Methodology

HIN SL conducted a rapid desktop review of UK literature. A variety of search methods were used to inform this EIA:

- Academic databases, including PubMed and PsycINFO, were searched to identify relevant peer-reviewed literature.
- Google Scholar was used to identify additional peer-reviewed and grey literature.
- Grey literature, including publications from NHS England, NICE, the UK Health Security Agency, the Royal College of Psychiatrists, and GOV.UK, was reviewed to identify relevant policy, clinical guidance and national reports.
- Google Scholar was used to capture additional academic and grey literature not indexed in the main databases.
- Reference lists of relevant studies, systematic reviews and national guidance were reviewed to identify additional evidence.

## Strategic context

### London ADHD Virtual Assessment to Treatment Pathway

The ADHD Virtual Assessment to Treatment Pathway proof of concept is a strategic digital investment aligned with national priorities on access, prevention, productivity, and equity, as set out in the NHS Long Term Plan, London Mental Health Strategy, NHS Digital Transformation Roadmap, and the 10-Year Health Plan.

It targets one of the fastest-growing areas of unmet need and operates alongside Mental Health Online (MH Online), which provides a population-scale digital front door for mental health services. Together, these programmes represent a proportionate, evidence-informed approach to digital transformation, underpinned by conservative modelling and phased delivery.

### Attention deficit hyperactivity disorder (ADHD)

Attention deficit hyperactivity disorder (ADHD) is a lifelong neurodevelopmental condition that affects people across the life course. Symptoms typically begin in childhood and frequently persist into adolescence and adulthood, although their presentation may change with age (NICE, 2018; Asherson et al., 2024). Across the

life course, ADHD is associated with an increased risk of co-occurring mental health conditions and poorer long-term outcomes, including lower educational attainment, reduced employment opportunities, relationship difficulties, poorer physical health, contact with the criminal justice system, and reduced quality of life (Sayal et al., 2018; French et al.,2024). Timely recognition, assessment and treatment during childhood and adolescence provide an important opportunity to improve long-term outcomes. However, recognition and diagnosis are not always timely and may vary across the life course because of differences in symptom presentation, co-occurring conditions and access to services.

The NHS England Independent ADHD Taskforce highlights significant variation in access to ADHD assessment and treatment across England, with long waiting times and inconsistent service provision contributing to inequalities in access and increasing the risk of poorer educational, occupational and mental health outcomes (NHS England, 2025).

## Age

**Potential positive or adverse impact on inequalities** (consider inequalities in access and outcomes and who benefits most and least)

Across all age groups, ADHD may remain unrecognised in individuals who mask or compensate for their symptoms or who present without the more overt features commonly associated with ADHD (Young et al., 2021). Misconceptions and limited awareness of ADHD among some healthcare professionals may also contribute to delayed recognition, referral and access to appropriate assessment and treatment (Young et al., 2021).

**Children and young people** (CYP) may experience barriers to timely ADHD assessment and diagnosis because symptoms can overlap with, or be masked by, co-occurring conditions such as autism spectrum disorder, anxiety, mood disorders and learning disabilities, making identification more complex (Young et al., 2021). ADHD symptoms may become more apparent during adolescence as academic and social demands increase, meaning some young people are not recognised until later childhood or adolescence (Asherson & Agnew-Blais, 2019). Referral pathways may also contribute to delayed diagnosis, as teachers and primary care professionals are more likely to recognise overt hyperactive and disruptive behaviours than inattentive presentations, while symptoms may be attributed to behavioural or environmental factors rather than ADHD (Young et al., 2021). Delayed diagnosis may postpone access to appropriate educational support, treatment and wider interventions during key stages of development.

**Transition** - Access to care may also be disrupted during the transition from child to adult services, with evidence showing that many young people do not successfully transfer to adult ADHD services despite ongoing clinical need (Young et al., 2021, Price et al., 2019). For young people requiring ongoing ADHD support, transition may be experienced as disruptive and distressing, particularly where there is inconsistent service provision or failure to successfully transfer to adult services (Price et al., 2019). Inconsistent service provision and unsuccessful transition between child and adult services may interrupt continuity of care and delay ongoing assessment, treatment and support.

**Adults** may experience delayed or missed ADHD diagnosis because symptoms frequently coexist with mental health conditions, including anxiety, depression, autism spectrum disorder and substance use disorders, increasing the risk of diagnostic overshadowing (Young et al., 2021). In addition, some adults may have lived with undiagnosed ADHD for many years, with symptoms being overlooked, misattributed to other mental health conditions or masked by coping strategies (Young et al., 2021).

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

- The London ADHD Virtual Assessment to Treatment Pathway has the potential to reduce some of these age related inequalities by providing a more flexible, standardised and accessible route into assessment and treatment.
- For CYP, earlier access to assessment and support may reduce disruption to education, improve engagement with services and provide families with timely information whilst awaiting treatment.
- A virtual pathway may also benefit working age adults by reducing the need to travel, take time away from work or caring responsibilities, and by offering greater flexibility in how appointments are accessed.

### Risks

There is a risk that the pathway could unintentionally widen inequalities if age-related needs are not considered throughout its design.

- CYP will require developmentally appropriate content, safeguarding arrangements and, where appropriate, parent or carer involvement.
- Older adults may be disproportionately affected by digital exclusion due to lower digital confidence, sensory impairment or reduced access to digital technology. NHS England's Inclusive Digital Healthcare Framework recognises older adults as one of the groups most at risk of digital

exclusion and emphasises that digital transformation should complement, rather than replace, existing routes into care.
- If the pathway relies solely on digital access, some people may experience additional barriers to assessment, diagnosis and treatment.

Overall, the programme is expected to have a positive impact by improving timeliness, flexibility and continuity of access across the life course. However, achieving equitable outcomes will depend on ensuring that the pathway is designed to meet the differing needs of children, young people, working age adults and older adults.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include age.

## Marriage and Civil Partnership

**Potential positive or adverse impact on inequalities** (consider inequalities in access and outcomes and who benefits most and least)

There is currently limited evidence to suggest that marriage or civil partnership status directly influences access to ADHD assessment, diagnosis or treatment. As a result, no specific positive or negative impacts have been identified for this characteristic.

## Pregnancy and Maternity

**Potential positive or adverse impact on inequalities** (consider inequalities in access and outcomes and who benefits most and least)

Pregnancy and maternity present additional considerations for people with ADHD. Pregnancy related hormonal changes may exacerbate ADHD symptoms, while overlap between ADHD symptoms and common pregnancy related symptoms, including fatigue and mood instability, may complicate ADHD identification and diagnosis. Clinical guidance also indicates that ADHD symptoms frequently become more challenging to manage during the perinatal period and may require additional support and attention (Todzia-Kornaś, 2025; Scoten et al., 2024).

The increased complexity of ADHD care during pregnancy and the postnatal period may make timely access to ADHD services particularly important. Delays in accessing care may have implications for the recognition and management of ADHD during this period, particularly where individuals require clinical advice

regarding symptom management or medication use during pregnancy and breastfeeding (Todzia-Kornaś, 2025; Scoten et al., 2024).

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to improve access to ADHD assessment by offering greater flexibility during pregnancy and the postnatal period.

- Earlier access to specialist ADHD care may support more timely recognition of ADHD during pregnancy, particularly where hormonal changes or overlap between ADHD symptoms and common pregnancy related symptoms may complicate identification.
- Access to specialist ADHD care during pregnancy and the postnatal period may also support timely clinical decision making where advice is required regarding ADHD medication or increasing symptom severity.
- A virtual pathway may improve accessibility for people who are pregnant or caring for a new baby by reducing the need to attend face to face appointments and providing greater flexibility in accessing ADHD services.

### Risks

There is a risk that the virtual assessment pathway could unintentionally reinforce existing inequalities if the additional considerations associated with pregnancy and the postnatal period are not recognised throughout its design and implementation

- Pregnancy related hormonal changes and overlap between ADHD symptoms and common pregnancy related symptoms may make ADHD more difficult to recognise during a virtual assessment if these factors are not appropriately explored as part of the assessment process.
- Symptoms such as fatigue, feeling overwhelmed and difficulties with emotional regulation, may become more pronounced during pregnancy and the postnatal period, and may make it more difficult for some individuals to fully engage with a virtual assessment or complete all stages of the assessment process.
- Virtual assessments may not always accommodate the practical challenges experienced during pregnancy or the postnatal period, including caring for a newborn or attending appointments in a suitable private environment, which may affect participation in the assessment process.

Overall, the virtual ADHD assessment pathway has the potential to improve access to specialist ADHD assessment during pregnancy and the postnatal period by offering a flexible route into assessment. To achieve this, the pathway should recognise the additional clinical and practical considerations associated with

pregnancy and the postnatal period to ensure people are able to engage fully with the assessment process.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include pregnancy and maternity.

## Disability (including mental health, neurodiversity and cognitive impairment)

**Potential positive or adverse impact on inequalities (consider inequalities in access and outcomes and who benefits most and least)**

People with disabilities may experience additional barriers to accessing ADHD assessment, diagnosis and treatment. Some disabilities commonly co-occur with ADHD, while others may affect how people access and engage with healthcare services. The following sections summarise key considerations for disability groups that are particularly relevant to this pathway.

**Intellectual disability**: Research shows that ADHD is under-recognised and misdiagnosed in people with intellectual disability (ID) (Korb et al., 2019). People with ID may therefore experience additional barriers to timely ADHD assessment because symptoms are attributed to the underlying ID or interpreted as "challenging behaviour", rather than recognised as a co-occurring condition (Korb et al., 2019). This under-recognition may delay access to appropriate diagnosis and ADHD specific treatment and has been associated with the overuse of non-ADHD psychotropic medication in people with ID and challenging behaviour (Royal College of Psychiatrists, 2021).

**Neurodevelopmental conditions:** Autism spectrum disorder (ASD) commonly co-occurs with ADHD. A meta-analysis reported that approximately 21% of young people with ADHD also met the criteria for ASD (Hollingdale et al., 2020). Similarly, a UK study of 390 male prisoners with ADHD found that 21.9% screened positive for ASD, highlighting the prevalence of co-occurring neurodevelopmental conditions among people who may also experience additional vulnerabilities (Young et al., 2018). Recent research also highlights the substantial overlap between ADHD and autistic traits, demonstrating that the two conditions share behavioural and cognitive characteristics while remaining distinct

neurodevelopmental disorders (Waldren et al., 2024). This overlap, particularly in areas such as executive functioning, attention and social communication, can make differential diagnosis more complex and increase the likelihood that one condition is recognised while the other is overlooked or diagnosed later (Young et al., 2020). Young et al. (2020) also highlight that children and adults with co-occurring ADHD and ASD often have complex needs and may be passed between services before receiving appropriate care, delaying access to assessment, treatment and support, sometimes for many years. Therefore, people with co-occurring ADHD and ASD may experience additional barriers to timely ADHD diagnosis and access to appropriate treatment.

**Mental Health:** Mental health conditions such as anxiety disorders, depression, bipolar disorder and psychotic disorders commonly co-occur with ADHD and may create additional barriers to assessment and treatment. Symptoms of ADHD may overlap with, or be overshadowed by, co-occurring mental health conditions, making differential diagnosis more complex and increasing the likelihood that ADHD is recognised later or remains undiagnosed (Young et al., 2020). People with co-occurring mental health conditions may also require additional support to engage with assessment and treatment, particularly where symptoms fluctuate or affect motivation, concentration or communication. As a result, some people accessing the ADHD pathway may experience additional barriers to timely and equitable assessment and treatment.

**Physical Disability:** People with physical disabilities may experience barriers to accessing ADHD assessment and treatment because of difficulties travelling to appointments, inaccessible healthcare environments and failures to provide appropriate reasonable adjustments. These barriers may make it more difficult to attend appointments or use healthcare services, potentially delaying access to treatment (Read et al., 2018; Healthwatch England, 2024). This is particularly relevant because adults with childhood ADHD traits have been found to be more likely to experience physical multimorbidity and physical health-related disability in midlife (Stott et al., 2026). Consequently, some people accessing ADHD assessment and treatment may also experience physical access barriers that could affect timely and equitable access to care.

**Sensory disability:** People with hearing or visual impairments may experience additional barriers when accessing ADHD assessment and treatment, particularly where services rely on digital platforms or standard communication methods that are not fully accessible. Cooper et al. (2023) reported that people with sensory impairments experience health inequalities and face challenges accessing healthcare information, services and facilities. The review also identified

communication challenges during healthcare consultations, inaccessible medication information and barriers to medicine management among people with hearing and visual impairments. A systematic review of consumer-identified needs found that people with ADHD report significant unmet needs relating to access to clinical services, support and information, with improved access to clinical care, better ADHD-related education and training, and greater support for carers consistently identified as priorities (Bisset et al., 2023). These unmet needs are reflected in barriers to accessing ADHD support through primary care, including challenges with referrals, prescribing, medication monitoring and reviews, alongside inconsistent service provision, long waiting times and limited availability of adult ADHD services (Gudka et al., 2024). For people with both ADHD and a hearing or visual impairment, these existing barriers may be further compounded by additional communication and information barriers, potentially affecting equitable access to ADHD assessment, treatment and ongoing care.

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to reduce barriers to accessing ADHD assessment for people with disabilities through a more accessible and flexible approach to care.

- People with physical disabilities or mobility needs may benefit from a virtual assessment pathway that reduces reliance on travelling to appointments and potentially inaccessible physical healthcare environments.
- The flexibility of a virtual pathway may also support some people with co-occurring neurodevelopmental or mental health conditions by providing greater choice in how appointments are accessed and delivered.

### Risks

There is a risk that the pathway could unintentionally widen inequalities if the needs of people with disabilities are not considered throughout its design.

- People with learning disabilities, cognitive impairment or co-occurring neurodevelopmental conditions may experience barriers if information, assessment processes and digital platforms are not accessible or appropriately adapted to meet their needs.
- People with severe mental illness may experience additional barriers to accessing the pathway, particularly during periods of crisis or where symptoms affect their ability to engage with assessment and treatment.

- There is a risk of cognitive overload if digital systems are complex, require multiple steps to complete or are not designed using accessible and inclusive principles.
- If the pathway relies solely on digital access, some people with disabilities may experience additional barriers to assessment, diagnosis and treatment, particularly where reasonable adjustments, assistive technology or alternative routes into care are not available.

Overall, the programme is expected to have a positive impact by improving the accessibility, flexibility and timeliness of ADHD assessment and treatment for people with disabilities. However, achieving equitable outcomes will depend on the pathway complementing, rather than replacing, existing face to face and non-digital routes, with reasonable adjustments, accessible information and alternative methods of communication embedded throughout.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include disability.

## Race and ethnicity

**Potential positive or adverse impact on inequalities** (consider inequalities in access and outcomes and who benefits most and least)

Evidence indicates that people from some global majority communities may experience inequalities in the recognition, diagnosis and treatment of ADHD. A population based study of 125,330 children from the Born in Bradford cohort found that White British children were more likely to receive an ADHD diagnosis than children from South Asian and other ethnic backgrounds, highlighting ethnic disparities in ADHD identification and diagnosis (Warburton et al., 2025). The authors concluded that these findings demonstrate the need to better understand the structural and systemic factors contributing to inequalities in access to ADHD assessment and diagnosis.

Further evidence suggests that these inequalities may occur across multiple stages of the ADHD help-seeking pathway for Global Majority children and young people, from the initial recognition of symptoms through to accessing services, diagnosis and treatment. A systematic review found that Global Majority children were often reported to have higher levels of ADHD symptoms but were less likely to receive an ADHD diagnosis or medical treatment. The review identified a range

of sociocultural factors that may contribute to these disparities, including cultural beliefs and stigma around ADHD, language barriers, differences in how symptoms are understood and interpreted, and potential racial and cultural biases within assessment and diagnostic processes (Slobodin et al., 2020).

Qualitative research exploring the experiences of Black women diagnosed with ADHD in adulthood found that participants described cultural stigma surrounding ADHD and mental health, mistrust of healthcare services, and experiences of racialised and gendered stereotyping, alongside a sense of invisibility within healthcare. Participants reported that these factors created significant barriers to accessing and navigating ADHD services, contributing to delays in recognition, diagnosis and access to appropriate support (Gibbs et al., 2026).

Collectively, these findings demonstrate that the barriers experienced by some people from Global Majority communities may extend across the ADHD pathway. Cultural stigma surrounding ADHD and mental health, experiences of discrimination and stereotyping, mistrust of healthcare services, and structural inequalities may reduce engagement with services, contributing to delays in assessment and diagnosis, some individuals remaining undiagnosed, and unequal access to appropriate treatment and ongoing support.

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to help reduce inequalities in access to ADHD assessment experienced by people from the Global Majority communities.

- A standardised assessment pathway may help reduce unwarranted variation in ADHD assessment and diagnosis, supporting more consistent decision-making regardless of an individual's ethnic or cultural background
- Earlier and more consistent access to ADHD assessment may help reduce delays in diagnosis and improve opportunities for timely treatment and support for people who may previously have experienced barriers to accessing services
- If designed with culturally appropriate information, accessible communication and engagement with diverse communities, the pathway may help improve awareness of ADHD and increase confidence in accessing assessment and treatment.

### Risks

There is a risk that the pathway could unintentionally widen existing inequalities if the needs of people from Global Majority communities are not considered throughout its design.

- If the pathway acts as a predominantly digital route into ADHD services, existing inequalities may be exacerbated where cultural, language or digital barriers reduce awareness of, or engagement with, assessment and treatment.
- People whose first language is not English may experience barriers if information, communication and assessment processes are not available in appropriate languages or are not culturally appropriate.
- If the pathway is not designed with cultural competence and informed by engagement with diverse communities, some individuals may be less likely to access, engage with or complete the assessment pathway, increasing the risk of delayed diagnosis or remaining undiagnosed.

Overall, the programme is expected to have a positive impact by improving the consistency, accessibility and timeliness of ADHD assessment and treatment for people from Global Majority communities. However, achieving equitable outcomes will depend on ensuring that the pathway does not inadvertently reinforce existing inequalities in access, diagnosis and treatment experienced by some communities.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include race and ethnicity

## Religion or belief

There is currently limited evidence to suggest that religion or belief alone directly influences access to ADHD assessment, diagnosis or treatment. As a result, no specific positive or negative impacts have been identified for this characteristic.

## Sex/Gender

**Potential positive or adverse impact on inequalities (consider inequalities in access and outcomes and who benefits most and least)**

Research consistently demonstrates that ADHD presents differently in males and females, contributing to inequalities in recognition, diagnosis and access to treatment. Girls are less likely to meet diagnostic criteria for ADHD than boys during childhood and are more likely to present with inattentive symptoms, internalising difficulties and less overt symptom presentations, which may contribute to under-recognition and delayed diagnosis (Hinshaw et al., 2022). Girls and women may also adopt compensatory strategies that mask ADHD symptoms, making them less likely to be recognised and referred for assessment. Consistent with this, NICE (2018) recognises that ADHD is under-recognised in girls and women, who are less likely to be referred for an ADHD assessment, more likely to have undiagnosed ADHD, and more likely to receive an incorrect diagnosis of another mental health or neurodevelopmental condition.

Research exploring the experiences of adult women diagnosed later in life found that participants described barriers throughout the ADHD pathway, including delays from referral to assessment, limited understanding of ADHD in women among healthcare professionals, and difficulties accessing ongoing support following diagnosis. Participants also reported dissatisfaction with the diagnostic process and limited access to post-diagnostic treatment and support, suggesting that inequalities may persist beyond diagnosis and affect the wider care pathway (Wills et al., 2026).

The evidence indicates that women and girls may experience inequalities throughout the ADHD pathway. Differences in symptom presentation, lower rates of referral, under-recognition of ADHD and limited awareness of ADHD in females may contribute to delayed recognition, later diagnosis, some individuals remaining undiagnosed, and reduced access to appropriate assessment, treatment and ongoing support.

ADHD related stigma may also influence how men engage with assessment and support. While women and girls are more likely to experience delayed recognition and diagnosis because of differences in symptom presentation, some men may be less likely to disclose their ADHD or seek help because of stigma and gendered expectations surrounding help seeking behaviours (Visser et al., 2024). These differences may contribute to inequalities in access to ADHD assessment and support across sexes.

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to support more equitable recognition and assessment of ADHD across sexes.

- A standardised assessment pathway may support more consistent recognition of ADHD presentations across sexes, helping to reduce the under-recognition and delayed diagnosis experienced by some women and girls.
- Earlier and more consistent access to ADHD assessment may help reduce delays in diagnosis and improve timely access to appropriate treatment and ongoing support, particularly for women and girls whose ADHD may previously have been overlooked or misdiagnosed.
- A flexible virtual pathway may also encourage engagement from people who are less likely to access traditional ADHD services, including some men who may experience stigma or be less likely to seek help, by providing a more convenient and, where appropriate, private route into assessment.

### Risks

There is a risk that the pathway could unintentionally reinforce existing inequalities if differences in ADHD presentation and help seeking behaviours across sexes are not considered throughout its design.

- Women and girls may continue to experience under-recognition or delayed diagnosis if assessment processes do not adequately recognise the different ways ADHD may present in females.
- Women and girls may remain less likely to access timely assessment and treatment if referral pathways and assessment processes do not account for the greater likelihood of inattentive presentations, compensatory strategies and misdiagnosis.
- Some men may continue to delay seeking assessment because of stigma surrounding mental health and ADHD, particularly if the pathway does not address barriers to help seeking and engagement.

Overall, the programme is expected to have a positive impact by improving the consistency, accessibility and timeliness of ADHD care for people of all sexes. However, achieving equitable outcomes will depend on ensuring that the pathway recognises differences in ADHD presentation and help seeking behaviours and does not inadvertently reinforce existing inequalities in access, recognition, diagnosis and treatment experienced by women and girls or barriers to engagement experienced by some men.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include sex /gender.

## Gender reassignment/Gender Identity

There is currently limited published evidence examining inequalities in access to ADHD assessment, diagnosis and treatment for transgender, gender diverse and non-binary (TGDNB) people, particularly within the UK. This section therefore draws on available evidence relating to healthcare access and ADHD specific research to consider potential impacts on equitable access to ADHD services.

Access to ADHD assessment, diagnosis and treatment relies on individuals engaging with healthcare and mental health services and being referred into specialist ADHD pathways. Existing barriers to accessing these services may therefore contribute to delays in ADHD assessment, diagnosis and treatment for transgender, gender diverse and non-binary (TGDNB) people. Watkinson et al. (2024) found that TGDNB people experience significant inequalities in healthcare access and are more likely to report unmet healthcare needs than cisgender people. Wright et al. (2021) identified additional barriers to accessing healthcare, including concerns about discrimination, previous negative healthcare experiences, fears of being misunderstood, limited clinician knowledge and understanding of transgender health, and restrictive care pathways. These barriers may discourage help seeking, reduce confidence that services will meet individual needs, delay referral and contribute to inequalities in accessing timely ADHD assessment, diagnosis and treatment.

An international review found that TGDNB people experience substantially higher rates of ADHD than the general population and highlighted that ADHD may be under-recognised and undertreated within this group. It also noted that existing ADHD assessment tools have not been adequately validated for TGDNB people and recommended that their specific needs are considered throughout ADHD assessment and treatment pathways (Kristensen et al., 2023).

Gender identity may also influence the presentation, assessment and management of ADHD. Gender identity can affect the way ADHD symptoms are experienced and expressed, and the needs of people with different gender identities are not consistently considered during diagnostic assessment and treatment. A recent review concluded that personalised needs related to gender identity are often inadequately addressed in clinical practice, which may affect

treatment outcomes, while also recognising that further research is needed to better understand these relationships (Song et al., 2025).

The available evidence suggests that existing healthcare inequalities, alongside ADHD specific considerations related to gender identity, may contribute to inequalities in accessing ADHD assessment, diagnosis and treatment for TGDNB people.

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to improve access to ADHD assessment for transgender and gender diverse people by reducing barriers to engaging with services.

- A standardised assessment pathway may support more equitable recognition of ADHD in TGDNB people by encouraging consistent assessment processes and reducing the likelihood that ADHD symptoms are overlooked, under-recognised or masked.
- Earlier and more consistent access to ADHD assessment may help reduce delays in diagnosis and improve timely access to appropriate treatment and ongoing support for TGDNB people.
- An inclusive and accessible virtual pathway may also encourage engagement from TGDNB people who have previously experienced barriers to accessing healthcare and mental health services by providing a more flexible route into ADHD assessment.

### Risks

There is a risk that the pathway could unintentionally reinforce existing inequalities if the needs of TGDNB people are not considered throughout its design and implementation.

- TGDNB people may continue to experience barriers to accessing ADHD assessment and treatment if pathway information, communication, language, imagery and signposting are not inclusive and affirming.
- ADHD may continue to be under-recognised or masked in TGDNB people if assessment processes do not adequately consider the influence of gender identity on ADHD presentation and the potential limitations of existing assessment approaches.

Overall, the pathway has the potential to reduce some of the inequalities experienced by TGDNB people by providing a more consistent route into ADHD assessment and treatment. However, without appropriate consideration of the

barriers experienced by TGDNB people and ADHD specific considerations relating to gender identity, existing inequalities in access, diagnosis and treatment may persist.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include gender reassignment/gender Identity.

## Sexual Orientation

This section examines sexual orientation specifically, with a focus on the experiences of lesbian, gay, bisexual, asexual and queer (LGB+) people. Evidence relating specifically to ADHD assessment, diagnosis and treatment for LGB+ people is currently limited. This assessment therefore considers the best available evidence, including studies examining healthcare and mental health service access alongside ADHD specific evidence, to understand potential impacts on equitable access to ADHD assessment, diagnosis and treatment.

Access to ADHD assessment, diagnosis and treatment relies on individuals engaging with healthcare and mental health services and being referred into specialist ADHD pathways. Existing barriers to accessing these services may therefore contribute to delays in accessing specialist ADHD care for LGB+ people. Multiple systematic reviews have identified discrimination, stigma, heteronormative assumptions and limited understanding of LGBTQ+ health needs as barriers to accessing healthcare and mental health services. These barriers may discourage engagement with services, reduce confidence in seeking support and contribute to inequalities in access to specialist ADHD care (Frankis, 2025).

Qualitative research has also highlighted how these barriers are experienced by LGBTQ+ young people, identifying previous negative healthcare experiences, fears of being misunderstood and a lack of LGBTQ+ affirming services as factors that discouraged help seeking and reduced confidence in engaging with mental health services (Higgins et al., 2021).

A systematic review also found that individuals with ADHD were more likely to identify as non-heterosexual than neurotypical individuals, indicating that ADHD and sexual minority status commonly co-occur (Young et al. 2021). Considered alongside evidence describing barriers to healthcare and mental health service access for LGB+ people, this highlights the importance of recognising sexual orientation when considering equitable access to ADHD assessment, diagnosis and treatment.

## Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to reduce barriers to accessing ADHD assessment experienced by LGB+ individuals.

- A standardised assessment pathway may help reduce unwarranted variation in referral and assessment processes, providing a more consistent route into specialist ADHD services for LGB+ people.
- Providing a consistent route into specialist ADHD services may help reduce delays in diagnosis and improve timely access to appropriate treatment and ongoing support for LGB+ people.
- An accessible virtual pathway may encourage engagement from LGB+ people who have previously experienced barriers to accessing healthcare and mental health services by offering a flexible and inclusive route into ADHD assessment.

## Risks

There is a risk that the virtual assessment pathway could unintentionally reinforce existing inequalities if the barriers experienced by LGB+ people when accessing healthcare and mental health services are not considered throughout its design and implementation.

- LGB+ people may be less likely to engage with a virtual ADHD assessment if previous negative healthcare experiences, concerns about discrimination or fears of being misunderstood reduce confidence in accessing services.
- If virtual assessments are not delivered in an inclusive and affirming way, LGB+ people may feel less comfortable disclosing information relevant to their experiences, which could affect engagement with the assessment process.
- If pathway information, communication and digital resources are not inclusive and representative of LGB+ people, existing barriers to accessing ADHD services may persist.

Overall, the virtual ADHD assessment pathway has the potential to reduce some of the inequalities experienced by LGB+ individuals by providing a more flexible and consistent route into specialist ADHD assessment. However, barriers to engaging with healthcare and mental health services may continue to affect equitable access to the pathway if these are not appropriately recognised.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include sexual orientation.

## Socioeconomically Marginalised Groups (People living in deprived/rural/urban areas, people on low income/unemployed, adult &young carers, location, isolated, Asylum Seekers and Refugees, Looked after Children)

For the purposes of this Assessment, the term socioeconomically marginalised groups is used throughout to collectively refer to people experiencing either unemployment and/or financial hardship, looked after children and care experienced young people, refugees, asylum seekers and vulnerable migrants, and people in contact with the criminal justice system. The term is used for consistency though it is recognised there is a wide range of experiences and circumstances within these populations

**Socioeconomic deprivation:** People living in areas of socioeconomic deprivation, on low incomes or who are unemployed may experience additional barriers to accessing ADHD assessment because of the wider social determinants of health, including poverty, housing insecurity and unemployment. Prasad et al. (2019) found that children and young people living in the most deprived areas of England had more than twice the recorded prevalence of ADHD compared with those living in the least deprived areas, indicating substantially greater need for ADHD services within more disadvantaged communities. NHS England's (2025) Independent ADHD Taskforce recognised that the impacts of ADHD are compounded by wider socioeconomic inequalities and highlighted that people with ADHD from lower income, care experienced, minority and marginalised groups experience reduced or more delayed access to ADHD support. The Taskforce also noted that prolonged ADHD waiting times across England disproportionately affect these groups, further widening existing inequalities in access to timely assessment and support.

**Looked after children:** Looked after children and care experienced young people have significantly higher rates of ADHD than children who are not in care and often present with complex emotional, behavioural and psychosocial needs (Willis et al., 2017). Factors such as placement instability, disrupted education, multiple carers

and involvement with a range of services may make it more difficult to recognise persistent ADHD symptoms and maintain continuity throughout the assessment process. These factors may contribute to delays or additional challenges in recognising ADHD and accessing appropriate assessment and support.

**Criminal justice:** People with ADHD are disproportionately represented within the criminal justice system. An estimated 25% of people in prison have ADHD (UK Parliament, 2021). Young et al. (2021) found that people with ADHD in criminal justice settings frequently have complex co-occurring mental health conditions and are more likely to enter the criminal justice system at a younger age, reoffend and experience poorer health outcomes than those without ADHD. The review also highlighted that ADHD symptoms are often unrecognised, misunderstood or misdiagnosed, meaning individuals may not receive timely assessment or appropriate treatment. The NHS England Independent ADHD Taskforce (2025) similarly identified inequalities in access to specialist ADHD care within the criminal justice system, alongside limited awareness and training among criminal justice and healthcare professionals.

**Asylum seekers:** Refugees, asylum seekers and vulnerable migrants may experience barriers to accessing timely ADHD care. The UK Health Security Agency's *Migrant Health Guide* notes that there is some evidence that migrants may receive a late diagnosis of neurodevelopmental disorders and therefore miss beneficial early interventions. The guidance also recommends that healthcare professionals identify any undiagnosed neurodevelopmental disorders and make appropriate referrals (UK Health Security Agency, 2021). An umbrella review by Bilican et al. (2025) found that refugees, asylum seekers and migrants face multiple barriers to accessing mental healthcare, including language barriers, limited mental health and health system literacy, difficulties navigating healthcare services, and barriers to help seeking associated with cultural beliefs, trust in services and concerns about confidentiality. These barriers may contribute to delayed recognition of ADHD and reduced access to appropriate assessment and support.

### Potential benefits - London ADHD Virtual Assessment to Treatment Pathway

The London ADHD Virtual Assessment to Treatment Pathway has the potential to:

- Support earlier identification and improve continuity of ADHD assessment for people in, or transitioning from, the criminal justice system by providing a more consistent and accessible referral and assessment pathway across custodial and community settings.

- Reduce barriers to accessing ADHD assessment for refugees, asylum seekers and vulnerable migrants by providing more flexible referral routes and helping to address challenges associated with navigating healthcare services, language and communication needs.
- Provide greater continuity and consistency of ADHD assessment for looked after children and care experienced young people, particularly where placement changes, geographical moves or transitions between services might otherwise disrupt assessment and care.
- Increase opportunities to access ADHD assessment for people experiencing unemployment, financial hardship or socioeconomic disadvantage by reducing the need to travel for appointments and providing greater flexibility, whilst maintaining non-digital access where required.

### Risks

The London ADHD Virtual Assessment to Treatment Pathway may:

- Be less accessible for people in, or transitioning from, the criminal justice system where restricted access to digital technology, disrupted transitions between custodial and community settings, or limited support to navigate services affects engagement with the pathway.
- Not fully address the needs of refugees, asylum seekers and vulnerable migrants where language barriers, digital literacy, cultural differences, mistrust of statutory services or concerns about confidentiality affect engagement with virtual assessment.
- Create challenges for looked after children and care experienced young people if assessment pathways are not sufficiently flexible to accommodate changes in placement, differing care arrangements or communication and developmental needs.
- Risk widening existing inequalities for people experiencing unemployment, financial hardship or socioeconomic disadvantage where limited access to digital devices, internet connectivity, digital skills or suitable private spaces prevents equitable access to virtual assessment.

Overall, the virtual ADHD assessment pathway has the potential to reduce some of the inequalities experienced by socioeconomically marginalised groups by providing a more flexible and consistent route into specialist ADHD assessment. However, barriers to accessing healthcare and ADHD services may continue to affect equitable access to the pathway if these are not appropriately recognised and addressed.

### How will the impact on health inequalities be monitored? What data is required?

The digital provider will be required to monitor access and respond to accessibility issues by protected equalities characteristics to include people living in

deprived/rural/urban areas, people on low income/unemployed, adult &young carers, location, isolated, Asylum Seekers and Refugees, Looked after Children.

## About us

The Health Innovation Network South London is one of 15 health innovation networks established to accelerate the spread and adoption of innovation.

We uniquely connect the NHS with academia, local authorities, the third sector, industry and investors, creating the conditions for system-wide change and ensuring Londoners benefit from the latest evidence based innovations.

## References

Asherson, P. (2024). ADHD across the lifespan. Medicine, 52(8), 512–517. https://doi.org/10.1016/j.mpmed.2024.05.015

Asherson, P., & Agnew-Blais, J. (2019). Annual research review: Does late-onset attention-deficit/hyperactivity disorder exist? Journal of Child Psychology and Psychiatry, 60(4), 333–352. https://doi.org/10.1111/jcpp.13020

Bilican, S., Irfan, M., Cox, A., Salaets, H., Sabbe, M., & Schoenmakers, B. (2025). Access to mental healthcare for refugees, asylum seekers and migrants: An umbrella review of barriers. BMJ Open, 15(6), e096267. https://pmc.ncbi.nlm.nih.gov/articles/PMC12161349/

Bisset, M., Brown, L. E., Bhide, S., Patel, P., Zendarski, N., Coghill, D., Payne, L., Bellgrove, M. A., Middeldorp, C. M., & Sciberras, E. (2023). Practitioner review: It's time to bridge the gap – understanding the unmet needs of consumers with attention-deficit/hyperactivity disorder – a systematic review and recommendations. Journal of Child Psychology and Psychiatry, 64(6), 848–858. https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.13752

Cooper, L., Fuzesi, P., Jacob, S. A., Kamalakannan, S., Lennon, M., Macaden, L., Smith, A., Welsh, T., Broadfoot, K., & Watson, M. C. (2023). Assistive technologies and strategies to support the medication management of individuals with hearing and/or visual impairment: A scoping review. Disability and Health Journal, 16(4), 101500. https://www.sciencedirect.com/science/article/pii/S1936657423000729?via%3Dihub

Frankis, J. S. (2025). Understanding the mental health of LGBTQIA+ communities in Western countries: What can nurses do to help? Evidence-Based Nursing, 28(1), 1–4. https://ebn.bmj.com/content/ebnurs/28/1/1.full.pdf

French, B., Nalbant, G., Wright, H., Sayal, K., Daley, D., Groom, M. J., Cassidy, S., & Hall, C. L. (2024). The impacts associated with having ADHD: An umbrella review. Frontiers in Psychiatry, 15, 1343314. https://doi.org/10.3389/fpsyt.2024.1343314

Gibbs, A., Isebor, V., Thomas, L., & Morgan, J. (2026). 'We're just not even on the map': Black women's experiences of adult ADHD diagnosis and care in the United Kingdom. Advances in Mental Health, 1–22. https://doi.org/10.1080/18387357.2026.2664479

Gudka, R., Becker, K., Ward, J., Smith, J. R., Mughal, F., Melendez-Torres, G. J., Newlove-Delgado, T., & Price, A. (2024). Primary care provision for young people with ADHD: A multi-perspective qualitative study. British Journal of General Practice, 74(743), e408–e416. https://bjgp.org/content/74/743/e408

Healthwatch England. (2024, November 14). NHS travel troubles: Five barriers patients face getting to appointments. https://www.healthwatch.co.uk/blog/2024-11-14/nhs-travel-troubles-five-barriers-patients-face-getting-appointments

Higgins, A., Downes, C., Murphy, R., Sharek, D., Begley, T., McCann, E., Sheerin, F., Smyth, S., De Vries, J., & Doyle, L. (2021). LGBT+ young people's perceptions of barriers to accessing mental health services in Ireland. Journal of Nursing Management, 29(1). https://openaccess.city.ac.uk/id/eprint/27875/8/LGBT%2B%20Barrier%20Paper%20To%20SHARE.pdf

Hinshaw, S. P., Nguyen, P. T., O'Grady, S. M., & Rosenthal, E. A. (2022). Annual research review: Attention-deficit/hyperactivity disorder in girls and women: Underrepresentation, longitudinal processes, and key directions. Journal of Child Psychology and Psychiatry, 63(4), 484–496. https://doi.org/10.1017/S0033291719002873

Hollingdale, J., Woodhouse, E., Young, S., Fridman, A., & Mandy, W. (2020). Autistic spectrum disorder symptoms in children and adolescents with attention-deficit/hyperactivity disorder: A meta-analytical review – Corrigendum. Psychological Medicine, 50(13), 2254. https://doi.org/10.1017/S0033291719002873

Korb, L., Perera, B., & Courtenay, K. (2019). Challenging behaviour or untreated ADHD? Advances in Mental Health and Intellectual Disabilities, 13(3), 152–157. doi:https://doi.org/10.1108/AMHID-12-2018-0053

Kristensen, Z., Drinkwater, C., Johnson, R., & Menkes, D. B. (2023). Considerations in the assessment and management of ADHD within the TGDNB population. New Zealand Medical Journal, 136(1587). https://nzmj.org.nz/media/pages/journal/vol-136-no-1587/0478cc1093-1705526900/vol-136-no-1587.pdf#page=46

National Institute for Health and Care Excellence. (2018). Attention deficit hyperactivity disorder: Diagnosis and management (NICE Guideline NG87). Attention deficit hyperactivity disorder: diagnosis and management

NHS England. (2025). Report of the Independent ADHD Taskforce: Part 1. NHS England » Report of the independent ADHD Taskforce: Part 1

NHS England. (2025). Report of the Independent ADHD Taskforce: Part 2. https://www.england.nhs.uk/long-read/report-of-the-independent-adhd-taskforce-part-2

Office for Health Improvement and Disparities. (2021). Assessing new patients from overseas: Migrant health guide. GOV.UK. https://www.gov.uk/guidance/assessing-new-patients-from-overseas-migrant-health-guide?migrants-with-disabilities

Prasad, V., West, J., Kendrick, D., et al. (2019). Attention-deficit/hyperactivity disorder: Variation by socioeconomic deprivation. Archives of Disease in Childhood, 104(8), 802–805. https://adc.bmj.com/content/104/8/802

Price, A., Newlove-Delgado, T., Eke, H., Paul, M., Young, S., Ford, T., & Janssens, A. (2019). In transition with ADHD: The role of information in facilitating or impeding young people's transition into adult services. BMC Psychiatry, 19, 404. https://doi.org/10.1186/s12888-019-2284-3

Read, S., Heslop, P., Turner, S., Mason-Angelow, V., Tilbury, N., Miles, C., & Hatton, C. (2018). Disabled people's experiences of accessing reasonable adjustments in hospitals: A qualitative study. BMC Health Services Research, 18(1), 931. https://pmc.ncbi.nlm.nih.gov/articles/PMC6278140/

Royal College of Psychiatrists. (2021). Attention deficit hyperactivity disorder (ADHD) in adults with intellectual disability (College Report CR230). Royal College of Psychiatrists. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr230---attention-deficit-hyperactivity-disorder-%28adhd%29-in-adults-with-intellectual-disability.pdf?

Sayal, K., Prasad, V., Daley, D., Ford, T., & Coghill, D. (2018). ADHD in children and young people: Prevalence, care pathways, and service provision. The Lancet Psychiatry, 5(2), 175–186. https://doi.org/10.1016/S2215-0366(17)30167-0

Scoten, O., Tabi, K., Paquette, V., Carrion, P., Ryan, D., Radonjic, N. V., Whitham, E. A., & Hippman, C. (2024). Attention-deficit/hyperactivity disorder in pregnancy and the postpartum period. American Journal of Obstetrics and Gynecology, 231(1), 19–35. https://pubmed.ncbi.nlm.nih.gov/38432409/

Slobodin, O., & Masalha, R. (2020). Challenges in ADHD care for ethnic minority children: A review of the current literature. *Transcultural Psychiatry, 57*(3), 468–483. https://doi.org/10.1177/1363461520902885

Song, H. L., Kong, J. D., Wang, Q. L., & Zhou, C. X. (2025). Gender identity and its impact on attention deficit hyperactivity disorder manifestations: Challenges in diagnosis and assessment. World Journal of Psychiatry, 15(4), 101952. https://pmc.ncbi.nlm.nih.gov/articles/PMC12038685/

Stott, J., O'Nions, E., Corrigan, L., et al. (2026). Attention-deficit/hyperactivity disorder traits in childhood and physical health in midlife. JAMA Network Open, 9(1), e2554802. doi:10.1001/jamanetworkopen.2025.54802

Takeda UK Ltd. (2021). Written evidence from Takeda UK Ltd. UK Parliament. https://committees.parliament.uk/writtenevidence/36362/pdf

Todzia-Kornaś, A. (2025). Diagnostics and treatment of female ADHD in the perinatal period. European Psychiatry, 68(Suppl. 1), S79. https://pmc.ncbi.nlm.nih.gov/articles/PMC12437705/

Visser, M. J., Peters, R. M. H., & Luman, M. (2024). Understanding ADHD-related stigma: A gender analysis of young adult and key stakeholder perspectives. Neurodiversity, 2, 1–14. https://journals.sagepub.com/doi/full/10.1177/27546330241274664

Waldren, L. H., Leung, F. Y. N., Hargitai, L. D., Burgoyne, A. P., Liceralde, V. R. T., Livingston, L. A., & Shah, P. (2024). Unpacking the overlap between autism and ADHD in adults: A multi-method approach. Cortex, 173, 120–137. https://doi.org/10.1016/j.cortex.2023.12.016

Warburton, M., French, B., Shore, E., Wood, M. L., & Mon-Williams, M. (2026). School readiness as a signal of attention-deficit hyperactivity disorder: A population-based cohort study highlighting structural inequalities. Archives of Disease in Childhood, 111(2), 167–172. https://adc.bmj.com/content/111/2/167

Watkinson, R. E., Linfield, A., Tielemans, J., Francetic, I., & Munford, L. (2024). Gender-related self-reported mental health inequalities in primary care in England: A cross-sectional analysis using the GP Patient Survey. The Lancet Public Health, 9(2), e100–e108. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00301-8/fulltext

Willis, R., Dhakras, S., & Cortese, S. (2017). Attention-deficit/hyperactivity disorder in looked-after children: A systematic review of literature. Current Developmental Disorders Reports, 4(3), 78–84. https://pmc.ncbi.nlm.nih.gov/articles/PMC5574951/

Wills, V., & Chakraborty, R. (2026). A qualitative study on the experiences of adult females with late diagnosis of ASD and ADHD in the UK. Healthcare, 14(2), 209. https://doi.org/10.3390/healthcare14020209

Wright, T., Nicholls, E. J., Rodger, A. J., Bracchi, M., & Weatherburn, P. (2021). Accessing and utilising gender-affirming healthcare in England and Wales: Trans and non-binary people's accounts of navigating gender identity clinics. BMC Health Services Research, 21, 609. https://link.springer.com/article/10.1186/s12913-021-06661-4

Young, S., Asherson, P., Lloyd, T., Absoud, M., Arif, M., Colley, W. A., Cortese, S., Cubbin, S., Doyle, N., Morua, S. D., Ferreira-Lay, P., Gudjonsson, G., Ivens, V., Jarvis, C., Lewis, A., Mason,P., Newlove-Delgado, T., Pitts, M., Read, H., van Rensburg, K., Zoritch, B., & Skirrow, C. (2021). Failure of healthcare provision for attention-deficit/hyperactivity disorder in the United Kingdom: A consensus statement. Frontiers in Psychiatry, 12. https://doi.org/10.3389/fpsyt.2021.649399

Young, S., & Cocallis, K. (2021). ADHD and offending. Journal of Neural Transmission, 128(7), 1009–1019. ADHD and offending - PubMed

Young, S., & Cocallis, K. (2023). A systematic review of the relationship between neurodiversity and psychosexual functioning in individuals with autism spectrum disorder (ASD) or attention-deficit/hyperactivity disorder (ADHD). Neuropsychiatric Disease and Treatment, 19, 1379–1395. https://pmc.ncbi.nlm.nih.gov/articles/PMC10243356/

Young, S., González, R. A., Mullens, H., Mutch, L., Malet-Lambert, I., & Gudjonsson, G. H. (2018). Neurodevelopmental disorders in prison inmates: Comorbidity and combined associations with psychiatric symptoms and behavioural disturbance. Psychiatry Research, 261, 109–115. https://doi.org/10.1016/j.psychres.2017.12.036

Young, S., Hollingdale, J., Absoud, M., Bolton, P., Branney, P., Colley, W., Craze, E., Dave, M., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Liang, H. L., Murphy, C., Mackintosh, P., Murin, M., O'Regan, F., Ougrin, D., Rios, P., Stover, N., ... Woodhouse, E. (2020). Guidance for identification and treatment of individuals with attention deficit/hyperactivity disorder and autism spectrum disorder based upon expert consensus. BMC Medicine, 18(1), 146. https://doi.org/10.1186/s12916-020-01585-y