A GUIDE FOR PARENTS AND CARERS, WITH A PART WRITTEN FOR YOUNG PEOPLE

Understanding ADHD in the Teenage Years

A guide for parents, carers and young people aged 12 to 17

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The latest version is always at umid.co.uk/resources

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PART 1

At a glance

IN THIS PART

- Who this guide is for and how to use it
- Where to get help urgently
- The essentials for the first few weeks after diagnosis
- What happens next with UMID, and the support we offer after diagnosis

About this guide

This guide is for parents and carers of young people aged 12 to 17 who have recently been diagnosed with ADHD at UMID. It is also for the young people themselves. Part 3 is written directly for them, and we hope they will read it, although nobody should feel they have to read the whole guide at once.

A diagnosis often brings a mixture of feelings. Some families feel relief that a long-standing pattern finally has an explanation. Others feel worried, sad or unsure what it means for the future, and many feel all of these at different times. There is no right way to feel. The purpose of this guide is to explain what ADHD is, what tends to help during the secondary school years, and where to find support, so that you can make decisions at your own pace.

The guide is the same for every family whose child has been diagnosed with ADHD in this age group. It does not replace the individual assessment report, which describes your child's own profile and our recommendations for them. Where the two differ, the report is the one that applies to your child.

KEEPING THIS GUIDE UP TO DATE

This guide is updated regularly. The most recent version is always available at umid.co.uk/resources. If you received this guide some time ago, please check there for the current edition.

IF YOU NEED HELP URGENTLY

UMID is a planned outpatient service. We are not able to provide crisis or emergency support, and messages to us may not be seen quickly. If you are worried about your child's safety, or your own, please use these services, which are there for exactly this purpose.

- **If a life is at risk now**, or someone has seriously harmed themselves, call 999 or go to the nearest A&E.
- **For urgent mental health advice**, call NHS 111 and choose the mental health option, or use 111 online. It is free and available day and night.
- **Samaritans**: call 116 123, free, at any time, for anyone who is struggling.
- **Shout**: text SHOUT to 85258, free, at any time, for support by text message.
- **Childline**: young people under 19 can call 0800 1111 or chat online at www.childline.org.uk, free, at any time. The call does not appear on the phone bill.
- **The Mix**: for people under 25, text THEMIX to 85258 for free support by text at any time.

You can also ask your GP practice for an urgent appointment.

The first few weeks after diagnosis

There is no need to do everything at once. These are the steps that make the most difference early on.

1. **Talk with your son or daughter about the diagnosis.** Use plain words, let them ask questions, and make clear that ADHD explains some difficulties but does not define who they are. Part 2 has suggestions on how to do this.
2. **Share the diagnosis with school or college, with your child's agreement.** Ask to meet the special educational needs coordinator (SENCo). Take the assessment report or the school letter we provide on request. Part 5 explains what the school can do.
3. **Ask about exam arrangements early**, especially if GCSEs or other exams are within the next two years. Arrangements are based on how your child normally works in class, so they need to be in place well before the exams.
4. **Look at sleep, routines and phones at night.** Small, steady changes here often help more than anything else in the early weeks. Part 4 has practical ideas.
5. **Learn about ADHD together**, using reliable sources. Part 9 lists organisations and books.
6. **Take your time over medication.** Medication is one option among several. If you are interested, read Part 6 first and then Part 7, and talk to your GP about shared care before starting. There is no deadline, although we will usually need to see you again if more than six months pass.
7. **If you are unsure what further help would suit your child**, you can book a free 30-minute appointment with our Clinical Director, described below.
8. **Keep this guide somewhere you can find it**, and remember that the current version is always on our website.

What happens next with UMID

After the assessment you will have received, or will shortly receive, a full written report. You are free to share it with anyone you choose, such as school, college or other professionals. We can also provide a letter for school or college, and a travel letter if your child later takes controlled medication abroad. It helps to ask for any letters you need at the time of the assessment, and the arrangements for letters requested later are on our website.

Assessment and treatment are separate services at UMID. No medication is started as part of an assessment. Families who decide to try medication can join our separate ADHD treatment package, which is described in Part 7. Current fees for all our services are on the UMID website at umid.co.uk/our-fees.

We cannot direct NHS services to provide treatment after a private diagnosis, and we cannot require a GP to prescribe. Part 7 explains how shared care with a GP works and why it is worth asking your GP early.

Support from UMID after the diagnosis

The feedback meeting will have covered the support options that may help your child. Some families and young people find that the diagnosis and the information in this guide are what they need. Others want further help, either now or later on. Both are fine.

UMID offers a range of services after diagnosis: psychiatric care, which can include medication where it is appropriate, occupational therapy and psychological therapies. These are arranged separately from the assessment, and current fees are on our website at umid.co.uk/our-fees.

If you or your son or daughter are unsure what would help, you can book a free 30-minute appointment with our Clinical Director to talk through your child's support needs after the diagnosis and which options would best meet them. To arrange this, or with any question about the assessment, please email umid@umid.co.uk.

PART 2

Understanding ADHD in the teenage years

IN THIS PART

- What ADHD is and what causes it
- How ADHD often shows itself during adolescence
- Other conditions that sometimes come alongside ADHD
- Strengths, and talking about the diagnosis

What ADHD is

ADHD stands for attention deficit hyperactivity disorder. It is a neurodevelopmental condition, which means it relates to how the brain develops and works, and it is present from childhood. It affects roughly 6 in every 100 young people worldwide and is diagnosed more often in boys than in girls.

ADHD is described in terms of three groups of difficulties. Inattention covers difficulty sustaining focus, organising, finishing tasks and remembering things. Hyperactivity covers physical and mental restlessness. Impulsivity means acting or speaking before thinking something through. Young people differ a great deal in which of these affect them most. A diagnosis is made only when these difficulties are persistent, have been present since childhood, and cause real problems in everyday life, at home, at school or with friends.

The name can be misleading. Young people with ADHD can often concentrate very well on things that interest them, sometimes for hours. The difficulty lies in directing attention where it is needed, when it is needed, particularly for tasks that are routine, long or unrewarding in the moment.

What causes ADHD

Research points to many genetic and environmental influences acting together, and ADHD often runs in families. It is not caused by parenting, and it is not the result of laziness, poor character or a lack of effort. How a young person is supported can make a large difference to how they get on, and that is where most of the practical advice in this guide is aimed.

How ADHD often looks in adolescence

ADHD tends to change in its appearance as children grow. In many teenagers the obvious physical restlessness of earlier childhood becomes less visible, sometimes turning into an inner sense of restlessness, fidgeting or talking. At the same time, secondary school asks far more of the skills that ADHD affects, sometimes called executive skills: planning, organisation, managing time, keeping track of homework across many subjects, and working independently. For this reason difficulties sometimes become more noticeable in the teenage years, even when they were manageable before.

Parents often describe:

- homework that is left late, forgotten, or started with great difficulty;
- lost belongings, missed deadlines and last-minute rushes;
- strong emotions that rise quickly, frustration, and arguments that escalate;
- difficulty getting to sleep and difficulty getting up;
- a gap between what the young person knows they can do and what they manage to produce;
- impulsive decisions, sometimes involving risk.

Some young people, often girls, have mainly inattentive difficulties. They may be quiet, appear to be daydreaming, and work very hard to keep up, so their difficulties can be easy to overlook. Many young people have also received a great deal of criticism over the years for things they found genuinely hard, and this can affect how they see themselves.

On average, teenagers with ADHD are more likely than their peers to have accidents and injuries, to take risks with alcohol and drugs, to have difficulties with friendships, and to experience low mood, anxiety and self-harm. These are averages, not predictions for any individual young person. Knowing about the risks helps families notice early signs and seek help promptly.

Other conditions that can come alongside ADHD

It is common for ADHD to occur alongside other conditions. These include anxiety, low mood and depression, autism, tic disorders, specific learning difficulties such as dyslexia, and sleep problems. Your child's assessment report will say whether any of these were identified or need further assessment. If new difficulties appear later, such as persistent low mood, worry that stops them doing things, or changes in eating, please let us or your GP know, because these need attention in their own right.

Strengths

Young people with ADHD are individuals, and there is no single set of strengths that comes with the diagnosis. Many families recognise qualities such as energy, curiosity, humour, creativity, warmth, and the ability to become absorbed in something that matters to them. It helps to notice these, name them, and make room for the activities where your child feels capable. Confidence built in one area of life often carries into others.

Talking about the diagnosis

With your son or daughter. Many teenagers have their own questions and worries about what ADHD means. It usually helps to keep explanations short and concrete, linked to things they recognise in themselves: "This helps explain why starting homework feels so hard, even when you want to do it." Avoid presenting ADHD as an excuse or as a label that limits them. Let them lead on how much they want to talk, and come back to it more than once. The ADHD Foundation's free Teenager's Guide to ADHD, listed in Part 9, can be a helpful starting point.

With brothers and sisters. Siblings may have noticed that home life is sometimes harder. A simple explanation, pitched at their age, can reduce resentment and misunderstanding.

With others. Sharing a diagnosis is a personal choice. For teenagers, the choice about who is told increasingly belongs to them. Telling school usually helps because it opens the door to support. Beyond that, some young people want close friends to know and others prefer not to, and both are reasonable. People sometimes hold outdated ideas about ADHD, so it can help to decide in advance how much to say and to point people to reliable information.

Connecting with others. Many families and young people find it helpful to meet others with ADHD, whether through local support groups, national charities or carefully chosen online communities. Part 9 lists organisations that run groups and courses.

PART 3

For young people

IN THIS PART

- What your diagnosis means, and what it does not mean
- Your say in your care
- Making school, sleep and daily life work for you
- Friends, relationships, alcohol, vaping and drugs
- Where to get help if things feel hard

What your diagnosis means

You have been diagnosed with ADHD. That means the difficulties you may have noticed, such as losing focus, forgetting things, finding it hard to get started, feeling restless or reacting quickly, have a real explanation. They are not a sign that you are lazy or not clever enough. Lots of people with ADHD have spent years being told to "just try harder" when they were already trying very hard.

ADHD is one part of you. It does not decide what you can achieve, who your friends are or what kind of person you are. What it does mean is that some things may need a different approach, and that you can ask for support at school, and in exams where you need it.

Your say in your care

You have a right to be involved in decisions about your care, and we want to hear your views. From the age of 16 you can usually make decisions about your own treatment. Under 16, you can also make your own decisions if you understand fully what is involved. Most young people choose to make big decisions, such as whether to try medication, together with their parents, and we encourage that. Doctors keep what you tell them private. The main exception is where someone might be at risk of serious harm, when they may need to share information to keep people safe. Part 8 explains this in more detail.

If you are not sure about something, ask. There are no silly questions about your own health.

Making school work for you

- **You can ask for support.** Your school has a duty to help, and can make changes such as where you sit, having instructions written down, or taking a short break when you need one. Talk to your teachers or your school's SENCo, the person in charge of support.
- **Exams.** Some students get extra arrangements in exams, such as supervised rest breaks. These are based on how you normally work in class, so if something helps you in lessons, make sure your teachers know about it early.
- **Homework and revision.** Break big tasks into small steps. Work in short blocks, perhaps 15 to 25 minutes, with a short break in between. Put your phone in another room while you work. Write everything down in one place, whether a planner or an app, as soon as it is set.
- **Starting is often the hardest part.** Tell yourself you will do just five minutes. Once you have started, carrying on is often easier.

Looking after yourself

- **Sleep.** Most teenagers need 8 to 10 hours of sleep a night. Try to stop using screens about an hour before bed, and leave your phone to charge outside your bedroom. Going to bed and getting up at similar times every day, including weekends, really helps.
- **Energy drinks.** Energy drinks contain a lot of caffeine. They can make it harder to sleep and can make you feel jittery or anxious. It is best to avoid them, and to avoid other caffeine drinks from the afternoon onwards.
- **Moving.** Being active most days, in whatever way you enjoy, is good for mood, sleep and concentration. Aim for about an hour a day on average across the week.
- **Food.** Regular meals help. If you take medication and it reduces your appetite, eat a good breakfast and have something substantial when the medication wears off.

Friends and relationships

ADHD can sometimes make friendships harder, for example if you interrupt without meaning to, forget plans, or react strongly when upset. It can also bring energy, humour and loyalty. If something goes wrong with a friend, it is usually fixable. A short apology and an explanation often go a long way.

Relationships, sex and consent are part of growing up. Taking your time, being sure that everyone involved is comfortable, and knowing where to get confidential advice all help. Brook, listed in Part 9, gives free, confidential sexual health advice to young people.

Online, remember that people are not always who they say they are, and that once something is shared you cannot control where it goes. If anything online worries you, tell an adult you trust or contact Childline.

Alcohol, vaping and drugs

Having ADHD can make it more tempting to take risks, and it can make alcohol and drugs harder to handle. It is illegal for shops to sell you alcohol or vapes if you are under 18, and from 29 October 2026 this also covers vapes without nicotine and nicotine pouches. The law now also means that anyone born on or after 1 January 2009 can never legally be sold tobacco, which includes you if you were born in 2009 or later. If you take ADHD medication, alcohol and drugs can interact with it and make side effects more likely. Never share your ADHD medication with anyone, even if they ask. It is illegal, and it could harm them. If you want honest information about drugs, Talk to FRANK is a good place to start.

Driving

When you are old enough to drive, you need to know that ADHD itself does not stop you driving. There are rules about telling the DVLA if ADHD or your medication affects your ability to drive safely, and Part 8 explains them.

When things feel hard

Everyone has difficult days. If you feel low, very anxious, overwhelmed, or have thoughts of harming yourself, please tell someone: a parent, a teacher, your GP or us. If you need to talk to someone right now:

- **Childline**: 0800 1111 or online chat at www.childline.org.uk, free and open all the time for anyone under 19.
- **Shout**: text SHOUT to 85258, free, at any time.
- **Samaritans**: 116 123, free, at any time.
- **NHS 111**: call and choose the mental health option.
- **If you are in danger now**, call 999 or go to A&E.

PART 4

Supporting your teenager at home

IN THIS PART

- Moving from managing to coaching as your child grows
- Routines, organisation and homework
- Emotions, conflict and self-esteem
- Sleep, screens, food and activity
- Friendships, online safety, risk-taking, alcohol, vaping and drugs
- Looking after yourself

From managing to coaching

The teenage years are a time of growing independence for every young person, and teenagers with ADHD want that independence as much as anyone. At the same time, the skills that allow independence, such as planning, remembering and managing time, may develop later. A useful way to think about your role is a gradual shift from managing things for your child to coaching them to manage things themselves, with a safety net in place while they learn.

In practice this means agreeing goals together rather than imposing them, handing over responsibility one area at a time, and stepping back in when things are not working, without treating that as failure. Regular, calm conversations about what is going well and what needs adjusting tend to work better than reacting to crises. Where there are two parents or carers, it helps if you can agree a shared approach.

Routines, organisation and homework

External structure helps to compensate for difficulties with internal organisation. These strategies are practical rather than proven treatments, and each family will find its own combination.

- **One place for everything.** A single planner or calendar, paper or digital, where every deadline goes as soon as it is set. A fixed “launch pad” by the door for bag, keys, bus pass and PE kit.
- **Predictable anchors in the day.** Regular times for getting up, meals, homework and bed make the rest of the day easier to organise.
- **Visible reminders.** Checklists on the bedroom door, alarms set for the preparation before an event rather than the event itself, and a quick look at the next day’s timetable each evening.
- **Breaking work down.** Large pieces of coursework become manageable when divided into small steps, each with its own mini-deadline. Short blocks of focused work with movement breaks usually work better than long sessions.
- **Reducing distraction.** A consistent place for homework, with the phone elsewhere and unnecessary tabs closed. Some young people work better with background music or headphones; others need quiet. Let your child experiment and notice what helps.
- **Body doubling.** Many young people find it easier to start and keep going when someone else is nearby, even if that person is doing something different.
- **Frequent, immediate encouragement.** Young people with ADHD tend to respond better to prompt, specific praise and small, frequent rewards than to a large reward weeks away. Noticing effort, not only results, matters.

If you use apps, choose simple ones that your child actually likes, and review them together after a few weeks. There is little research on apps for ADHD, so treat them as tools to try rather than treatments.

Emotions, conflict and self-esteem

Many teenagers with ADHD feel emotions quickly and intensely. Frustration can flare over something small, and it can take time to settle. This is part of ADHD for many young people, and it is not a sign of bad behaviour or poor parenting.

Things that often help include staying calm yourself where you can, lowering your voice rather than raising it, and waiting until everyone has calmed down before discussing what happened. Agreeing in advance on a way to take a break during an argument, and returning to the conversation later, can prevent escalation. Choosing which issues really matter, and letting smaller ones go, protects the relationship.

Some young people find that relaxation, slow breathing or mindfulness exercises help them to calm down. Research on mindfulness in ADHD is limited and mixed, so it is best treated as something to try rather than as a treatment.

Self-esteem deserves attention. By the teenage years, many young people with ADHD have heard far more criticism than praise. Deliberately noticing what they do well, spending enjoyable time together that is not about schoolwork, and supporting interests where they feel capable can all help to rebalance this.

Please seek help if you notice persistent low mood, withdrawal from friends or activities, talk of hopelessness, self-harm, or anxiety that is stopping your child doing everyday things. These are not simply part of ADHD and they deserve assessment in their own right. Contact your GP or us, and use the urgent help routes in Part 1 if you are worried about immediate safety.

Sleep

Sleep difficulties are common in teenagers with ADHD, and poor sleep makes concentration, mood and self-control harder the next day. Adolescence also shifts the body clock later, so many teenagers do not feel sleepy until late.

Most teenagers need 8 to 10 hours of sleep. It helps to keep bedtimes and waking times similar across the week, including weekends; to have a wind-down routine; to stop screens about an hour before bed; to keep phones and devices charging outside the bedroom overnight; to keep the bedroom dark, quiet and cool; and to avoid energy drinks and other caffeine from the afternoon. If your child takes ADHD medication and sleep is affected, tell us, because timing or dose can often be adjusted. If sleep problems persist despite these steps, please discuss them with us or your GP.

Screens and phones

Phones, games and social media are a large part of teenage life, for friendships and for learning as well as for entertainment. UK paediatric and psychiatric experts have not set a single safe number of hours. Instead they suggest that families agree limits based on the young person's needs, with particular attention to whether screens are affecting sleep, schoolwork, physical activity, time with the family and mood. Young people with ADHD can find it especially hard to stop once absorbed, so clear, agreed boundaries, such as no phones at meals or overnight, tend to work better than repeated reminders. It helps if adults in the household follow the same rules.

The government has said it will publish guidance for parents on screen use for children aged 5 to 16 in autumn 2026, and the online version of this guide will be updated once it appears. Since September 2026, state-funded schools in England have been expected to be mobile phone-free during the school day, so your child's school will have its own policy on phones.

Food, activity and caffeine

A balanced diet with regular meals, and regular physical activity, are recommended for everyone with ADHD. There is no special diet that treats ADHD. Removing artificial colourings and additives is not recommended as a general treatment. If you notice that a particular food or drink seems to affect your child, keep a food and drink diary for a few weeks and discuss it with us or your GP before cutting out whole food groups.

Being active is good for mood, sleep, fitness and confidence. Research suggests that exercise may modestly help concentration and self-control in young people with ADHD, although most studies have been small. The type of activity matters less than finding something your child enjoys and will keep doing. UK guidance is for children and young people to average at least 60 minutes of moderate or vigorous activity a day across the week.

High-caffeine energy drinks are popular with teenagers and can worsen sleep and anxiety. The government has announced that, subject to Parliament's approval, selling these drinks, meaning those with more than 150 mg of caffeine per litre, to under-16s in England will become illegal from April 2027.

If medication reduces your child's appetite, it can help to give medication with or after breakfast, to offer a substantial meal or snack later in the day when the effect has worn off, and to choose nourishing, energy-rich foods. We will monitor weight during treatment.

Friendships and relationships

Friendships can be a source of great support and, at times, of distress. Impulsive comments, difficulty following group conversations, or forgetting plans can cause misunderstandings. Helping your child reflect afterwards on what happened, without blame, and think about what they might do differently, is more useful than a lecture. Structured activities built around shared interests, such as clubs, sport or drama, often make friendships easier.

Impulsivity can also affect decisions about relationships and sex. Open conversations, clear information about consent and contraception, and knowing where young people can get confidential sexual health advice, such as Brook, all help.

Online safety

Young people with ADHD may be more likely to act on impulse online, to find it hard to disengage from games or feeds, or to be drawn into risky contacts. Useful steps include keeping devices out of bedrooms at night, using the safety settings on phones, games and apps, talking regularly and without judgement about what your child does online, and making sure they know they can come to you if something goes wrong without automatically losing their phone.

The law is changing. Since July 2025, online services have had to check ages to protect children from the most harmful content. The government has also announced that, from spring 2027, under-16s will not be allowed to use the major social media platforms (messaging services are not included), and that for 16 and 17 year olds livestreaming and contact from strangers will be switched off by default, with an overnight curfew from midnight to 6am. These plans may change as they are finalised, so check the current position. The NSPCC and Internet Matters have practical guides for parents. If you are worried that a child is being groomed or sexually exploited online, you can report it to CEOP, the child protection command of the National Crime Agency.

Risk-taking, alcohol, vaping and drugs

Teenagers with ADHD are, on average, more likely to take risks, including with alcohol, vaping and drugs, and to experience problems as a result. Early, honest conversations help more than warnings delivered in a crisis.

- **Alcohol.** The Chief Medical Officer's advice is that an alcohol-free childhood is the healthiest option. If young people do drink, it should not be before 15, and between 15 and 17 only with a parent's guidance or in a supervised setting.
- **Vaping and tobacco.** It is illegal to sell vapes to anyone under 18. From 29 October 2026 this also covers vapes without nicotine and nicotine products such as nicotine pouches, and it becomes an offence for an adult to buy them for someone under 18. The law also means that anyone born on or after 1 January 2009 can never legally be sold tobacco, so most of today's teenagers will never be able to buy it.
- **Drugs.** Cannabis and other drugs can worsen concentration, motivation and mental health, and can interact with ADHD medication. Talk to FRANK offers honest information for young people and parents.

If your child takes ADHD medication, keep it somewhere safe and keep track of how much is left. Young people are sometimes asked by friends to share or sell stimulant medication, for example to help with revision or to lose weight. Make sure your child knows that this is illegal and can be dangerous, and that they can say "my parents count it" if they need a reason to refuse.

Looking after yourself

Parenting a teenager with ADHD can be tiring, and many parents also find they recognise ADHD traits in themselves or other family members. Looking after your own health, sleep and support is not a luxury. NICE, which sets national guidance for the NHS, recommends that parents and carers are offered information and ADHD-focused support, which can be as few as one or two sessions. The ADHD Foundation runs courses for parents and carers. The YoungMinds Parents Helpline and Contact's helpline, listed in Part 9, offer advice and a listening ear. If you think you may have ADHD yourself, you can discuss this with your GP.

PART 5

School, exams and college

IN THIS PART

- Support at secondary school, with or without an EHC plan
- Exam access arrangements under JCQ rules
- Taking medication at school
- Sixth form, college, apprenticeships and university
- What to do if support is not working

This part describes the system in England. Education law is different in Wales, Scotland and Northern Ireland.

Support at secondary school

A school does not need a diagnosis, or an Education, Health and Care plan, before it can help. Where a young person needs support that is additional to, or different from, what is normally provided for others of the same age, the school must use its best endeavours to provide it. This is called SEN support (special educational needs support). It follows a repeating cycle of assess, plan, do and review, known as the graduated approach and coordinated by the SENCo, and parents should be told about the support, involved in agreeing it, and told when it will be reviewed. Separately, under the Equality Act 2010, schools must make reasonable adjustments for disabled pupils, and are expected to think ahead about what might be needed.

Helpful adjustments for young people with ADHD often include:

- seating chosen to reduce distraction, and a quieter space for focused work;
- instructions and homework given in writing as well as spoken;
- larger tasks broken into stages, with check-ins along the way;
- agreed movement breaks, or a discreet way to ask for a break;
- a named member of staff the young person can go to;
- help with organisation, such as a homework check or a planner routine;
- regular, specific feedback that notices effort as well as results.

What to do. Ask for a meeting with the SENCo. Bring the assessment report or our school letter, and, if possible, your child, whose views matter a great deal at this age. Agree what will be tried, who will do it, how all teachers will be told, and when it will be reviewed. Keep notes of what is agreed.

Education, Health and Care plans

Most young people with ADHD are supported through SEN support. Where needs are complex or support has not been enough, a parent, or a young person aged 16 or over, can ask the local authority for an Education, Health and Care (EHC) needs assessment. An EHC plan is a legal document setting out a young person's needs and the support they must receive, and it can continue up to the age of 25 if they stay in education or training.

The government published proposals to reform the SEND system in February 2026. These would need new legislation and are not expected to take effect until September 2029 at the earliest, with no changes to support provided through existing EHC plans before at least September 2030. Until then the current

system and current rights remain in place. Your local SENDIASS or IPSEA, listed below and in Part 9, can explain your rights at any stage.

Exams: access arrangements

Access arrangements are changes to how a student sits exams, such as supervised rest breaks, 25% extra time, a separate room, a word processor, a prompter or a reader. For GCSEs, A levels and most other qualifications they are decided under rules set by the Joint Council for Qualifications (JCQ), the body that represents the main exam boards.

The most important principle is that an arrangement must reflect the young person's **normal way of working** in school. An arrangement they have never actually used in lessons or tests is unlikely to be approved. Decisions are made by the school's SENCo, based on evidence of need. A diagnosis can form part of that evidence, but it does not on its own entitle a student to any particular arrangement.

- **Supervised rest breaks** can be arranged by the SENCo without an application to the exam boards, where they reflect how the student normally works. JCQ guidance says that for students with an impairment other than a learning difficulty, which includes many students with ADHD, the SENCo should consider rest breaks before applying for extra time.
- **25% extra time** needs evidence gathered by the school, including from teachers, and an online application. It must not be granted suddenly at exam time.
- **Moving on to A levels or other Level 3 courses.** Arrangements are looked at again at this point. Some evidence gathered for GCSEs can carry forward, but only if the student still meets the current criteria, so ask the school or college to check early.

What to do. Raise exams with the SENCo early, ideally at least a year before important exams. Ask what your child already uses in class that helps, and whether it can be built into mock exams so that it becomes their normal way of working.

Taking medication at school

Long-acting forms taken once in the morning are widely used, and NICE suggests them partly because they usually avoid the need for doses at school. Where a dose is needed during the school day:

- the school should have a policy on medicines and, where needed, an individual healthcare plan agreed with you;
- no pupil under 16 should be given medicine at school without a parent's written consent, except in exceptional circumstances;
- a young person who is competent to do so may carry their own controlled medication, but passing it to another pupil is an offence;
- otherwise, the school should keep controlled medication securely, with access limited to named staff, and keep a record of doses given.

Sixth form, college and apprenticeships

The move to sixth form, college or an apprenticeship brings more independence and less day-to-day structure, which can be hard for young people with ADHD. With your child's agreement, tell the new setting about the diagnosis before they start, share the relevant parts of the report, and ask who will coordinate support. Colleges have duties similar to those of schools, and EHC plans can continue in further education. NICE recommends that, with consent, schools, colleges and universities are told about the diagnosis at points of transition such as these.

Thinking about university

For young people planning higher education, universities have disability services and must make reasonable adjustments under the Equality Act. Disabled Students' Allowance (DSA) can help with study-related costs arising from a disability, such as specialist mentoring, study-skills support or assistive technology. It does not have to be paid back, and it involves a needs assessment arranged after applying through student finance. It is worth contacting the university's disability service early, ideally once a place is accepted. We can provide confirmation of the diagnosis for these applications.

If support is not working

If you feel your child's needs are not being met, start by asking for a review meeting with the SENCo, bringing specific examples of what is and is not happening. If that does not resolve things:

- **SENDIASS** (Special Educational Needs and Disabilities Information, Advice and Support Service) gives free, confidential and impartial advice to families and young people aged 0 to 25. Every local authority must provide one. Search for your council's name and "SENDIASS", or look on your council's Local Offer page.
- **IPSEA** gives free, independent legal advice on SEND, including template letters.
- **Contact** runs a free helpline for families with disabled children, which includes advice on education.

If your child is at risk of suspension or exclusion, ask the school how their ADHD has been taken into account and what support has been tried, and seek advice from SENDIASS or IPSEA early.

PART 6

Treatment options

IN THIS PART

- What national guidance recommends
- Psychological and practical approaches
- What medication can and cannot do
- Approaches with little or no good evidence

What national guidance recommends

In England, the main guidance on ADHD comes from NICE (the National Institute for Health and Care Excellence). For young people it recommends, in summary:

- **information and support** for the young person and their family, including ADHD-focused support for parents and carers;
- **changes at home and school** that reduce the impact of ADHD, sometimes called environmental modifications, reviewed to see whether they are working;
- **medication**, offered only if ADHD is still causing significant difficulties in at least one important area of life after those changes have been made and reviewed, after the family has discussed information about ADHD, and after a baseline health check;
- **cognitive behavioural therapy (CBT)**, a structured talking therapy, to be considered for young people who have benefited from medication but still have significant difficulties.

Treatment is a choice, not an obligation. Many families start with information, support and changes at home and school, and some decide later whether to consider medication.

Psychological and practical approaches

A large 2025 review of treatments for adolescents with ADHD found that psychological approaches based on cognitive and behavioural methods consistently help young people with day-to-day functioning, organisation and coping skills, and have moderate benefits for anxiety and low mood. They tend to have less effect on the core symptoms themselves. Medication showed the reverse pattern, with strong effects on symptoms and less consistent effects on everyday functioning. The authors concluded that the two work in complementary ways.

Approaches that may be offered, in the NHS or privately, include:

- **CBT adapted for ADHD**, focusing on problem-solving, managing frustration, organisation, procrastination and self-talk;
- **organisation and study-skills training**, often delivered in schools or by specialist tutors;
- **support and training for parents**, including structured parent-training programmes, which NICE recommends particularly where ADHD comes with oppositional or defiant behaviour;
- **coaching and mentoring**, which some older teenagers find useful, although research on coaching is limited.

Availability varies a great deal from area to area. Your child's report will include any specific recommendations we have made.

Medication: what every family should know

Medication for ADHD can be effective in reducing inattention, restlessness and impulsivity. Many young people who try medication notice a clear benefit, although not everyone does, and it can take more than one attempt to find the right medicine and dose.

It is important to keep expectations realistic. Medication does not teach skills, change personality or solve every difficulty. It does not treat other conditions that may occur alongside ADHD, such as anxiety or depression. Side effects are possible, and in some young people stimulant medicines can increase anxiety, irritability or low mood. Medication can raise heart rate and blood pressure, which is why these are checked regularly. Medication tends to work best as part of a wider plan that includes support at school, practical strategies and attention to sleep and wellbeing.

Only an ADHD specialist can start ADHD medication. A GP cannot start it on the basis of an assessment report. If you would like to consider medication, Part 7 explains how it works, how it is started and monitored, and how UMID's treatment package runs.

Approaches with little or no good evidence

Many products and programmes are marketed to families after an ADHD diagnosis, and it is natural to want to try anything that might help. It is worth knowing where the evidence currently stands.

- **Special diets and supplements.** NICE does not recommend removing artificial colourings and additives as a general treatment, and no link has been found between sugar intake and ADHD. NICE advises against offering fatty acid supplements, such as omega-3 fish oils, as a treatment for ADHD in children and young people, and there is no good evidence that other supplements help.
- **Brain training games, neurofeedback and similar technologies.** Reviews have not shown clear benefits for young people's ADHD symptoms or everyday functioning.
- **Social skills training on its own.** The evidence is weak, although social skills can usefully form part of CBT.
- **Apps.** Some are based on CBT principles, but research is at an early stage and mostly in adults.

If you are considering something that costs a significant amount, it is reasonable to ask what independent evidence supports it and to discuss it with us.

PART 7

Medication: for families considering it

IN THIS PART

- Things to think about before deciding
- The medicines used, and in what order
- Safety checks, finding the right dose and home monitoring
- Side effects and when to seek help
- Taking medication day to day, controlled drug rules and supply
- Reviews, shared care with your GP and next steps

WHO THIS PART IS FOR

This part is for young people and families who are considering medication or have decided to try it. It is not a recommendation to take medication. Many families choose other forms of support, either instead of medication or before thinking about it. Part 6 covers what every family should know about medication.

Before deciding

Medication for ADHD is a medium-term treatment. It needs careful starting, regular monitoring and adjustment, not a single prescription. At UMID, treatment is a separate service from assessment. If more than six months have passed since the assessment when you decide to explore medication, we will usually need to review your child again to make sure it remains a safe and suitable option.

Things that families usually weigh up together include:

- how much ADHD is affecting your child's education, relationships, wellbeing and safety;
- what changes at home and school have been tried, and how much they have helped;
- your child's own views and wishes, which carry increasing weight as they get older;
- the possible benefits and side effects for your child in particular, including any other health conditions;
- the practical commitment of regular monitoring and appointments.

We usually start medication when life is reasonably settled, with a predictable daily routine, so that its effects can be judged fairly. Where there are serious current difficulties, such as severe anxiety or depression, thoughts of suicide, or use of alcohol or drugs, these usually need attention first or alongside, and we will discuss the right order with you.

The medicines used

All of the medicines below are licensed in the UK for young people with ADHD, although each licence has its own conditions. Occasionally NICE recommends using a medicine slightly outside those conditions, as with dexamfetamine below, and we will always explain if this applies to your child. NICE recommends a particular order.

1. **Methylphenidate** is the first choice for most young people. It is a stimulant medicine and comes in short-acting tablets and longer-acting forms taken once in the morning. There are several long-acting brands, which release the medicine at different rates through the day.

2. **Lisdexamfetamine** is considered if methylphenidate has been tried at an adequate dose for about six weeks and has not helped enough. It is also a stimulant, taken once a day, and is converted in the body into dexamfetamine.
3. **Dexamfetamine** may occasionally be used for young people who respond to lisdexamfetamine but find its long effect difficult.
4. **Atomoxetine** or **guanfacine** are non-stimulant medicines. They are offered if stimulants are not tolerated, or have not worked after separate trials of both methylphenidate and lisdexamfetamine.

The same choices apply to young people who also have anxiety, tics or autism, although we may increase doses more slowly and monitor more closely. The choice for your child will take account of their preferences, their physical and mental health, and which medicines are available.

Reliable information about each medicine is available through Choice and Medication, which UMID subscribes to for our patients and families, at www.choiceandmedication.org/umid/. The Medicines for Children website also has clear leaflets written for parents.

Safety checks before starting

Before starting medication, NICE recommends a review of your child's mental health, social circumstances and physical health. This includes other conditions and medicines, any history that might make a particular medicine unsuitable, height and weight, and a heart assessment. We will ask about any heart problems in your child or close family, such as fainting on exercise, palpitations, or sudden unexplained deaths at a young age. Blood pressure and pulse need to be within a satisfactory range before starting.

An ECG (heart tracing) and routine blood tests are not needed unless there is a particular reason, such as a history of heart problems.

Finding the right dose

There is no single right dose of ADHD medication, and it cannot be predicted from age or how severe the ADHD is. Medication starts at a low dose and is increased step by step, while the benefits and side effects are watched closely, until the best balance is found. This process is called titration. During titration, we will ask for ratings of symptoms and side effects from home and, where possible, from school.

At UMID, the treatment package consists of six short remote appointments over about three months, with email support between appointments. Sometimes titration takes longer, for example if a medicine needs to be changed. Appointments for young people are attended by the young person together with a parent or carer. Current arrangements are described at umid.co.uk/adhd and current fees are at umid.co.uk/our-fees.

Monitoring at home

Because ADHD medication can raise pulse and blood pressure, these readings, together with weight, are needed before the first titration appointment and before every dose change. Please have them ready at the start of each appointment, because we cannot safely adjust medication without them.

You will need:

- **a home blood pressure monitor** that measures at the upper arm and has been validated for accuracy by the British and Irish Hypertension Society, with a cuff that fits your child's arm (measure around the upper arm, midway between shoulder and elbow, and check the cuff size range);
- **bathroom scales**.

To take an accurate reading, your child should sit quietly for a few minutes with their back supported and feet flat, with the arm resting on a table at heart level. Avoid caffeine and exercise for half an hour

beforehand, use the same arm each time, and take two readings a couple of minutes apart. Write down the numbers exactly as shown.

Side effects and what to do

Most side effects are mild and settle, or improve with a change of dose, timing or medicine. The more common ones with stimulant medicines are:

- reduced appetite and some weight loss;
- difficulty getting to sleep;
- headaches or stomach aches;
- a faster pulse or higher blood pressure;
- feeling more irritable, anxious, tearful or flat, sometimes as the medicine wears off;
- tics (small repeated movements or sounds), which can sometimes appear or become more noticeable, although tics also come and go naturally.

Growth. Long-term use of stimulant medication is associated with small reductions in height and weight, on average. The effect is usually small, but it is one reason we measure height and weight every six months. If growth is affected, a planned break from medication, for example over the school holidays, can allow catch-up growth.

The heart. Small rises in pulse and blood pressure are common and are the reason for regular checks. We will explain which readings would need action. Serious heart problems are rare, and medicines are used with great caution, or not at all, in young people with known heart conditions.

Non-stimulant medicines have their own side effects. With atomoxetine, families should look out for signs of liver problems, such as yellowing of the skin or eyes, dark urine or tummy pain, and for any new thoughts of suicide or self-harm. Atomoxetine can occasionally affect sexual function in young men, which is worth mentioning to us if it happens. Guanfacine can cause low blood pressure and fainting, and it should not be stopped suddenly.

> **WHEN TO SEEK HELP**
> Contact us promptly if side effects are troubling your child, or if you have any concerns. Seek urgent medical help, through NHS 111, 999 or A&E, if your child has chest pain, fainting, a racing or irregular heartbeat, a seizure, hallucinations, a sudden marked change in mood or behaviour, or thoughts of suicide or self-harm.

Taking medication day to day

- **Timing.** Long-acting medicines are usually taken at a consistent time each morning. Some products are best taken before breakfast and others with or after it, so follow the instructions for your child's medicine. Taking a dose late in the day can affect sleep.
- **Missed doses.** Follow the advice in the leaflet with the medicine. Never take a double dose to make up for a missed one. If in doubt, ask the pharmacist.
- **Oversight.** NICE recommends that parents and carers oversee ADHD medication for young people. Many families gradually hand more responsibility to their teenager while still checking.
- **Breaks from medication.** Some families ask about weekends or holidays off medication. This can sometimes be appropriate, and NICE recommends that the need for medication is reviewed from time to time, but please discuss it with us first. Some medicines, particularly guanfacine, must be reduced gradually.

- **Alcohol and drugs.** Alcohol, cannabis and other drugs can interact with ADHD medication and make side effects more likely. Combining stimulant medication with other stimulant drugs can be dangerous.
- **Pregnancy.** Young women taking ADHD medication who could become pregnant, or who think they may be pregnant, should tell us, so that treatment can be reviewed.

Controlled drug rules and keeping medication safe

The stimulant medicines used for ADHD are controlled drugs under UK law. This affects how they are prescribed and handled.

- A prescription is usually for no more than 30 days' supply and must be taken to the pharmacy within 28 days of being written.
- Keep medication in a safe place at home, ideally locked away if there are younger children or visitors, and keep track of how much is left.
- **Medication must never be shared, given away or sold.** Supplying a controlled drug to another person is a criminal offence, and the medicine could seriously harm someone for whom it was not prescribed. NICE asks prescribers and parents to watch for this, which is sometimes called diversion, because the risk can change as young people get older.
- **Travelling abroad.** Up to three months' supply of prescribed controlled medication can usually be carried in and out of the UK. Carry it with you, in its original packaging, with a letter from the prescriber, and check the rules of the country you are visiting with its embassy well before you travel, because some countries restrict these medicines. We can provide a travel letter on request.

Medication supply

The UK had national shortages of several ADHD medicines from 2023. In December 2025 the government reported that most of these had been resolved, but individual pharmacies can still run short of particular brands or strengths from time to time. It helps to order repeat prescriptions 7 to 14 days before they are needed, to ask the pharmacy to check stock before a prescription is sent, and to let us know early if you cannot obtain a medicine, so that we can advise on alternatives. We cannot guarantee that any particular medicine will always be available.

After titration: reviews and shared care

Once a stable dose has been found, we will review with you and your child whether the medication is improving everyday life and whether to continue. From then on, UMID reviews every young person taking ADHD medication every six months, whether or not a shared care agreement is in place. Each review covers physical health measures, meaning height, weight, blood pressure and pulse, and how your child's ADHD and treatment are going. How weight is checked between reviews is agreed individually with each family.

NICE sets a minimum of one specialist review of ADHD medication a year, looking at benefits, side effects and whether the medication is still needed. It also recommends that children and young people taking ADHD medication have their height and weight measured, and their blood pressure and pulse checked, every six months. This is why we review every six months rather than once a year.

GP practices carry out their own six-monthly checks only where they have agreed shared care, which is the case for a minority of the young people we treat, so please do not rely on your GP practice to monitor your child's treatment. Where shared care is in place, the GP's checks and our reviews both continue.

If you decide to continue, there are two main options:

1. **Continuing with private prescriptions from UMID**, with a specialist review every six months, as described above.

2. **Shared care with your GP.** Under a shared care arrangement, the GP practice takes over prescribing and carries out its own routine checks, such as blood pressure, pulse, weight and height, every six months, while we continue to provide specialist reviews every six months.

Shared care is always at the GP's discretion. GP practices are not obliged to accept it, and many decline shared care requests from private providers, including some that have a policy of never doing so. If you hope for shared care, please ask your GP practice before starting medication whether they would be willing in principle to take over prescribing once titration is complete. A template letter you can use to ask your GP practice about shared care can be downloaded from the Resources page of our website at umid.co.uk/resources. If shared care is part of your plan, we need that confirmation in writing before treatment starts, because practices will not usually accept a request made only after titration. Without it, prescriptions can continue privately.

The costs of the treatment package, private prescriptions and reviews are listed at umid.co.uk/our-fees. Medication on a private prescription is paid for separately at the pharmacy. If a GP prescribes under shared care, NHS prescriptions in England are free for under-16s and for 16 to 18 year olds in full-time education. We do not include UMID prices in this guide because they change.

Next steps if you would like to try medication

When you and your child have had time to consider this information, and have spoken to your GP about shared care if you are hoping for it, please email us at umid@umid.co.uk and we will arrange the next steps. More information about our ADHD services is at umid.co.uk/adhd.

PART 8

Growing up: 16, 17 and moving towards adulthood

IN THIS PART

- Consent and confidentiality from 16
- Driving from 17, and the DVLA
- Moving to adult care at 18

Consent and confidentiality

The law in England treats young people's decisions about their health care in stages.

- **Under 16.** A young person can consent to their own treatment if they have enough understanding and maturity to appreciate fully what is involved. This is known as being Gillick competent. Otherwise, a person with parental responsibility gives consent, and one such person is enough in law.
- **16 and 17.** Young people are presumed to have the capacity to make decisions about their own treatment, in the same way as adults, unless there is significant evidence otherwise. This follows the Mental Capacity Act 2005, which applies from 16.

In practice, at UMID we want every young person's agreement to their care, whatever their age, and we value parents' involvement. Most families make important decisions together, and we encourage that.

Doctors have the same duty of confidentiality to young people as to adults. We will usually ask a young person's permission before sharing what they tell us, and at 16 and over this becomes particularly important. The exception is where there is a risk of serious harm to the young person or to others, when information may need to be shared to keep people safe. If you are a parent and feel shut out as your child gets older, please talk to us. There is usually a way of sharing enough for you to support them while respecting their privacy.

Driving from 17

Most people can start learning to drive at 17. Having ADHD does not in itself stop someone from driving, and the rules are clear.

- You must tell the DVLA if your ADHD, or your ADHD medication, affects your ability to drive safely. If it does not affect your driving, you do not need to tell them. Ask us or your GP if you are unsure.
- You can be fined up to £1,000 for failing to tell the DVLA about ADHD that affects your ability to drive safely, and you may be prosecuted if you are involved in an accident as a result.
- Learner drivers do not usually need to tell the DVLA, because the driving test assesses safe driving. The exception is if a doctor has told you that your ADHD or medication affects your ability to drive safely.

ADHD symptoms such as inattention and impulsivity can affect driving, and medication may improve it. A large study found fewer car crashes during months when people with ADHD were taking medication, although studies of this kind cannot prove cause and effect. If you take medication, think about its timing on days when you drive, and avoid driving when you are tired.

Amphetamine medicines, including dexamfetamine, are on the government's drug-driving list. Lisdexamfetamine is converted in the body into dexamfetamine, so it is safest to assume the same rules

apply to it. It is legal to drive after taking these medicines if they have been prescribed, you take them as advised, and they are not affecting your ability to drive. Keeping evidence of the prescription with you can help if you are ever asked about it.

Moving to adult care at 18

NICE recommends that young people receiving treatment for ADHD are reassessed around school-leaving age to decide whether treatment should continue into adulthood, and that any move to adult services is planned in good time, usually completed by 18.

UMID provides care for adults as well as young people, so there is no need to change service at 18. As your child approaches adulthood we will talk with them about how care will work, including taking over more responsibility for their own appointments and prescriptions. If the GP is prescribing under shared care, the practice may need to confirm that the arrangement continues under adult protocols. Most long-acting methylphenidate tablets are licensed to continue into adulthood when treatment started before 18, and lisdexamfetamine and atomoxetine are licensed for adults. Guanfacine is not licensed for adults, although treatment that has been working well can often reasonably continue, and we will discuss this with you.

Moving into adulthood is a good time to review what has been learned, what helps, and what support will be needed at college, university, work or when living independently.

PART 9

Where to find help

IN THIS PART

- Urgent help
- ADHD organisations
- Education and SEND advice
- Support for young people and parents
- Online safety, drugs and sexual health
- Medicines information
- Books for parents and for teenagers

All details were checked in September 2026. Services change, so the current version of this guide on our website is the most up to date.

Urgent help

- **999 or A&E**, if a life is at risk or someone has seriously harmed themselves.
- **NHS 111**, call 111 and choose the mental health option, or use 111 online, free and open day and night. www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/
- **Samaritans**, call 116 123, free, day or night. www.samaritans.org
- **Shout**, text SHOUT to 85258, free, 24 hours a day. giveusashout.org
- **Childline**, for anyone under 19, call 0800 1111 or chat online, free, 24 hours a day. www.childline.org.uk

ADHD organisations

- **ADHD UK**, a charity run by and for people with ADHD, offers clear information, online support groups including groups for parents, and campaigns for better services. adhduk.co.uk
- **ADHD Foundation**, a neurodiversity charity, runs courses for parents and carers and publishes free resources, including A Teenager's Guide to ADHD. www.adhdfoundation.org.uk
- **ADDISS**, a long-standing ADHD information service with a bookshop of resources for parents, teenagers and professionals. Telephone 020 8952 2800. www.addiss.co.uk

Education and SEND advice

- **SENDIASS**, free, confidential and impartial advice on special educational needs for families and young people aged 0 to 25. Every local authority has one. Search for your council's name and "SENDIASS", or look on your council's Local Offer page.
- **IPSEA**, free, independent legal advice on SEND law, with guides and template letters. www.ipsea.org.uk
- **Contact**, the charity for families with disabled children, runs a free helpline on 0808 808 3555, on weekdays, covering education, benefits and family support. contact.org.uk
- **JCQ**, the rules on exam access arrangements, mainly useful for checking what schools are working from. www.jcq.org.uk
- **Disabled Students' Allowance**, for students going on to higher education. www.gov.uk/disabled-students-allowance-dsa

Support for young people and parents

- **YoungMinds Parents Helpline**, free advice for parents worried about a young person's mental health, on 0808 802 5544 on weekdays, with webchat and email. The website also has information written for young people. www.youngminds.org.uk
- **The Mix**, free, confidential support for young people under 25, including peer chat, discussion boards and counselling. For urgent support, text THEMIX to 85258. www.themix.org.uk
- **Childline**, for young people under 19, for anything that is worrying them, not only emergencies. www.childline.org.uk

Online safety, drugs and sexual health

- **NSPCC**, practical advice for parents on keeping children safe online. www.nspcc.org.uk/keeping-children-safe/online-safety/
- **Internet Matters**, step-by-step guides to safety settings on phones, games and apps. www.internetmatters.org
- **CEOP Safety Centre**, part of the National Crime Agency, where you can report concerns about online sexual abuse or grooming. www.ceop.police.uk/Safety-Centre/
- **Talk to FRANK**, honest, confidential information about drugs for young people and parents. www.talktofrank.com
- **Brook**, free, confidential sexual health and wellbeing advice for young people. www.brook.org.uk

Medicines information

- **Choice and Medication (UMID portal)**, independent information about ADHD medicines and other treatments, provided for UMID patients and families. www.choiceandmedication.org/umid/
- **Medicines for Children**, clear leaflets for parents about medicines used in children and young people, including ADHD medicines. www.medicinesforchildren.org.uk
- **British and Irish Hypertension Society**, the list of validated home blood pressure monitors. bihsoc.org

Books for parents and carers

Several of these books are written by American authors, so details about schools and health services differ from the UK. We list them as examples that many families have found helpful, not as endorsements.

- **Smart but Scattered Teens** by Richard Guare, Peg Dawson and Colin Guare (2012). Suits parents who want a structured, practical programme for building organisation and planning skills.
- **Taking Charge of ADHD**, fourth edition, by Russell A. Barkley (2020). Suits parents who want a thorough, evidence-based guide to ADHD and parenting strategies.
- **Understanding Girls with ADHD** by Kathleen G. Nadeau and colleagues (updated edition, 2015). Suits parents of girls, whose difficulties can look different and be easier to miss.
- **ADHD Girls to Women** by Lotta Borg Skoglund (2023). Suits parents of teenage girls who want to understand how ADHD can change through adolescence into adulthood.

Books for teenagers

- **The ADHD Workbook for Teens** by Lara Honos-Webb (2010). Suits teenagers who like short, practical activities they can dip into.
- **ADHD and Me** by Blake E. S. Taylor (2008). Suits teenagers who would like to read about ADHD from the point of view of a young person who has lived with it.
- **How to ADHD** by Jessica McCabe (2024). Suits older teenagers who want a friendly, practical guide from the creator of a popular video series on ADHD.

- **Blame My Brain** by Nicola Morgan (updated edition, 2013). Suits any teenager curious about how the teenage brain develops, written by a UK author.

AT THE BACK

Words used in this guide

IN THIS PART

- Plain explanations of the terms used in this guide, in alphabetical order

Access arrangements. Changes to how a student sits exams, such as rest breaks or extra time, decided by the school under JCQ rules.

ADHD. Attention deficit hyperactivity disorder, a neurodevelopmental condition affecting attention, activity levels and impulse control.

Controlled drug. A medicine whose prescribing, storage and supply are regulated by law because it could be misused. Stimulant ADHD medicines are controlled drugs.

Diversion. When a prescribed medicine is given, sold or taken by someone it was not prescribed for.

DSA (Disabled Students' Allowance). Government support towards study-related costs for students in higher education with a disability or long-term condition.

DVLA. The Driver and Vehicle Licensing Agency, which holds driving licences and decides on medical fitness to drive.

EHC plan (Education, Health and Care plan). A legal document from the local authority setting out a young person's special educational needs and the support they must receive.

Environmental modifications. Changes to surroundings and routines that reduce the impact of ADHD, such as seating, reduced distraction and written instructions.

Executive skills. The mental skills used to plan, organise, start and finish tasks, manage time and control impulses.

Gillick competence. The legal test for whether a young person under 16 has enough understanding to consent to their own treatment.

Graduated approach. The cycle of assess, plan, do and review that schools use to provide SEN support.

Mental Capacity Act 2005. The law that sets out how decisions are made about capacity to consent. It applies from age 16.

NICE. The National Institute for Health and Care Excellence, which produces national guidance for health care in England.

Non-stimulant. An ADHD medicine that works differently from stimulants, such as atomoxetine or guanfacine.

Reasonable adjustments. Changes that schools, colleges, universities and employers must make under the Equality Act 2010 so that disabled people are not put at a disadvantage.

SENCo. The special educational needs coordinator, the member of school staff who organises support for pupils with special educational needs.

SENDIASS. The local Special Educational Needs and Disabilities Information, Advice and Support Service, which gives free, impartial advice.

SEN support. Support provided by a school for a pupil with special educational needs, without an EHC plan.

Shared care. An arrangement in which a GP takes over prescribing and routine monitoring of a medicine started by a specialist, while the specialist continues to review.

Stimulant. A type of ADHD medicine, such as methylphenidate or lisdexamfetamine, thought to work by strengthening signalling in the brain systems involved in attention and self-control.

Titration. The process of starting a medicine at a low dose and adjusting it gradually to find the best balance of benefit and side effects.

AT THE BACK

Where this information comes from

IN THIS PART

- The main guidance and research this guide relies on
- Ownership and use of this guide

This guide was written by the clinical team at UMID and reflects UK guidance and research available in September 2026. Where the evidence is limited or mixed, we have tried to say so. Where a point describes how UMID works, rather than national guidance, we have made that clear.

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