



## Help, my ADHD Teenager is becoming an ADHD Adult!

**Recent Research studies find a shortage of Transitional Services for Young Adults (18+) who have ADHD: This Needs to Be Rectified.**

Our children for whom we advocated for 10 years ago (Green Paper, 2006) are now young adults, and the services that we pleaded for throughout the intervening years have on the whole improved for this age group. However, ADHD-Europe members now find that there are a lot of difficulties for young adults (18+) when the services that were available for them as children and adolescents are no longer available to them once they reach 17- 18 years of age, a critical time in their further development when they are still in education and training.

Research shows that there is a continuity of symptoms and that new comorbidities can appear in adulthood; it is widely recognized today that ADHD continues into adulthood for up to 75% <sup>1</sup> of those diagnosed as children/adolescents, the severity of which is directly related to the presence and seriousness of comorbidities; this is especially the case if ADHD has not been diagnosed and treated as children/adolescents.

*“In general, ADHD is a persisting disorder. Of the young people with a sustained diagnosis, most will go on to have significant difficulties in adulthood, which may include continuing ADHD, personality disorders, emotional and social difficulties, substance misuse, unemployment and involvement in crime.” <sup>2</sup>*

Most adolescents with ADHD symptomatology are transferred to adult services, where they are not given proper interventions to help them at this time. As a result, many are not motivated to continue their studies, seek solace with companions who are also struggling and often end up abandoning their studies which puts them at extremely high risk for developing substance abuse problems and engaging in risky or offending behaviours.

In most cases, the reason is that the psychiatrists and psychologists whom they encounter in the adult clinics or services often do not have adequate training about ADHD in adulthood and do not understand the needs of young people (18+), which are distinct from diagnosis and treatment in childhood and adolescence. As ADHD is often accompanied by one or more psychiatric disorders, such as anxiety disorders, depression, personality disorders etc, young adults who have not been diagnosed or treated as adolescent are more likely to be treated for a psychiatric condition rather than ADHD; this means that many of them are misdiagnosed, often with disastrous repercussions.

At the same time, the ADHD medication that they may need is not available anymore or - if available - is not reimbursable. This puts a big economic burden on their parents, who very often have two or more children affected by ADHD and cannot afford to pay for this medication. This is a recipe for disaster at an important time in the lives of these young people. Similarly, psychosocial interventions (e.g., ADHD coaches, CBT, etc.) are not available publicly, and very difficult and expensive to source privately.

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<sup>1</sup> This figure comes from a range of research papers quoting figures between 50% and 82% depending on severity of symptoms and co existing conditions

<sup>2</sup> NICE Guidelines February 2016



## Written Declaration on behalf of ADHD Europe

Adult Clinics should be able to offer ADHD transition services to young people where they can continue to obtain the care and multimodal interventions that were available to them as children and adolescents or to establish proper interventions to those newly diagnosed.

- The services that are available for other psychiatric disorders should be also available specifically for young adults (18+) who have ADHD.
- General psychiatrists should familiarize themselves with the symptoms of ADHD in young adults and the specific needs of young adults with ADHD, as well as the new comorbidities they may develop at this age.
- ADHD medication should be available and reimbursable throughout Europe for young people who have ADHD.
- Psychosocial interventions that specifically address the needs of young adults with ADHD should be available publicly throughout Europe.
- Educational accommodations and interventions that support young adults with ADHD in Further Education and Higher Education should be mandatory for educational institutions across Europe.
- The transition from child and adolescent services to adult services should be seamless without a break in treatment
- Lack of adult services should not lead to withdrawal of treatment

### **Press enquiries:**

**Andrea Bilbow OBE** President of ADHD Europe [president@adhd-europe.eu](mailto:president@adhd-europe.eu) +442089521515

**Joanne Norris** ADHD Europe (Brussels) [adhd.edu@gmail.com](mailto:adhd.edu@gmail.com) +32494177403

[www.adhdeurope.eu](http://www.adhdeurope.eu)