OXFORD PSYCHIATRY GROUP
Think Well. Feel Well. Live Well.

AFTER A DIAGNOSIS

ADHD: the next steps

A practical guide from Oxford Psychiatry Group for adults, young people, families and carers.

Use the diagnosis to build a plan

Attention deficit hyperactivity disorder (ADHD) can explain long-standing difficulties, but the diagnosis does not decide which support will help. Start with strengths, current impairment and one or two goals. ADHD traits, autistic traits or any other psychiatric diagnosis should not be assumed from a checklist or from one another; each concern needs an appropriate clinical assessment.

1. Understand the report

Keep the report and ask for unclear points to be explained. It should describe evidence for the diagnosis, strengths, how ADHD affects different settings, relevant physical or mental-health needs and recommendations. Ask what needs separate assessment rather than attributing every difficulty to ADHD. The National Institute for Health and Care Excellence (NICE) sets evidence-based care guidance in England. **NICE NG87** | **NHS adult ADHD**

2. Agree a shared plan

NICE recommends a holistic plan covering psychological, behavioural, educational and occupational needs, with medication where appropriate. Record the goals, first steps, who is responsible and the review date. For young people, plan transition to adult services in advance. **NICE NG87**

3. Test practical changes

Environmental modifications can reduce day-to-day impairment: one visible calendar, written instructions, short task steps, fewer distractions, movement breaks, a quieter workspace and a fixed place for important items. Test one change consistently and review whether it works. **NICE NG87**

My next step: choose one change to try for two weeks.

4. Review sleep, mood and health

Sleep problems, anxiety, depression, substance use, autism, learning difficulties and physical-health problems may need their own assessment or treatment. Regular sleep, meals and activity support health but do not replace ADHD treatment when impairment remains significant. **NHS adult ADHD** | **NHS children and teenagers**

TREATMENT AND SUPPORT

Make treatment useful in daily life

Medication and psychological support can be used separately or together, according to need and preference.

ADHD-focused cognitive behavioural therapy

Cognitive behavioural therapy (CBT) can support planning, time awareness, task initiation, problem-solving, distraction management and unhelpful beliefs. NICE advises a structured supportive psychological intervention focused on ADHD, with regular follow-up, for adults who do not want medication, cannot tolerate it or still have significant impairment. NICE does not specify one fixed number of sessions; agree goals and review points. **NICE NG87**

Medication: possible benefits

Medication is an evidence-based option, not a requirement. When effective, it can reduce core symptoms and make it easier to use routines and skills. For people aged 5 or over, NICE recommends considering medication when symptoms still cause significant impairment after environmental changes have been tried and reviewed. An appropriately trained specialist must start and monitor it. **NICE NG87**

Medication: limits and trade-offs

Medication does not teach organisational or relationship skills, and not everyone benefits or tolerates it. Appetite, weight, sleep, pulse, blood pressure and possible adverse effects need monitoring. Ask what benefit would count as success, who prescribes during dose adjustment and whether the GP has agreed to shared care. Do not change or stop medication without prescriber advice. **NICE NG87**

Children, education and family support

Ask the special educational needs coordinator (SENCO) about support under the special educational needs and disabilities (SEND) system. Helpful changes may include clear instructions, manageable task lengths, organisation support and movement breaks. Parent or carer support is intended to increase understanding and confidence; it does not imply poor parenting. **GOV.UK SEND** | **NICE NG87**

Work, college and university

Ask for changes that address the barrier, such as written priorities, fewer interruptions, planning time or assistive software. Reasonable-adjustment duties apply where the legal disability test is met. Access to Work may provide additional support. Eligible students can ask about Disabled Students' Allowance (DSA). **Reasonable adjustments** | **Access to Work** | **DSA**

Keep support safe and joined up

Review treatment against everyday goals, not only symptom scores.

Accessing psychological help

Ask the diagnosing service or GP about local ADHD-focused support. NHS Talking Therapies can treat coexisting anxiety or depression but is not usually a specialist ADHD service. For private CBT, check the BABCP register; practitioner psychologists are regulated by the HCPC. Coaching can be practical, but it is not the same as NICE-recommended psychological treatment. **NHS Talking Therapies** | **BABCP** | **HCPC**

Charities and peer support

ADHD UK provides information, online peer groups and events. YoungMinds provides mental-health information for young people and advice for parents. Peer support can reduce isolation, but it does not diagnose, prescribe or replace clinical review. Check age range, safeguarding, cost and confidentiality before joining. **ADHD UK** | **YoungMinds**

Through Oxford Psychiatry Group

Oxford Psychiatry Group provides specialist ADHD assessment, medication review and psychological care. We can help translate the report into a treatment plan, consider other mental-health needs and discuss suitable psychological or practical support. Use the contact details in your clinical letter or make a new enquiry through our website. **Oxford Psychiatry Group**

Terms used

National Health Service (NHS); National Institute for Health and Care Excellence (NICE); general practitioner (GP); cognitive behavioural therapy (CBT); special educational needs coordinator (SENCO); special educational needs and disabilities (SEND); Disabled Students' Allowance (DSA); British Association for Behavioural and Cognitive Psychotherapies (BABCP); Health and Care Professions Council (HCPC).

Urgent help

If someone may be in immediate danger, call 999 or go to accident and emergency (A&E). For urgent mental-health help that is not an immediate emergency, call NHS 111 and select the mental health option. A peer group is not a crisis service. **NHS urgent help**

Trusted sources used in this leaflet

Clinical guidance: **NICE NG87**

NHS information: **Adults** | **Children and teenagers**

Rights: **Adjustments** | **Access to Work**

This leaflet gives general information and does not replace an individual clinical, legal, educational or occupational assessment. Guidance and links were checked on 4 September 2026. External services and availability can change. Do not start, stop or change medication without advice from the prescriber. Service routes described are for England.