DIVERSE MINDS
LEARNING & LEISURE CIC

PARENTS & CARERS

ADHD in girls

Noticing difficulties that can be easy to miss

A girl can be doing well in some areas and still need considerable help in others. This guide looks at what adults might miss and how to begin a useful conversation.

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04 A page to complete together

UNDERSTANDING

What you might notice

ADHD is a neurodevelopmental condition affecting attention and/or activity levels and impulse control. It does not look the same in every child. [1]

Attention and organisation

A girl may lose track of instructions, forget belongings or struggle to begin and finish work. These difficulties can be easy to miss when she is quiet or receives a lot of help. [1,2]

Activity and impulses

Girls can also fidget, talk a lot, interrupt or act quickly. Some experience restlessness that is less obvious to others. There is no separate set of ADHD symptoms that all girls share. [1,2]

The effort behind the appearance

Some girls hide difficulties or work hard to compensate. They may copy what others do or pretend to follow a lesson. Ask about the effort involved, rather than judging only what others see. [2,3]

Why recognition has lagged behind

ADHD research historically included more boys. Expectations about girls' behaviour and less visible difficulties can also affect recognition. This is a developing area of research, rather than a reason to assume a quiet girl has ADHD. [2,3]

PRACTICAL SUPPORT

Start with her experience

1 Listen without deciding the answer

Ask which parts of the day feel difficult and what would make them easier. Enjoying a favourite activity or achieving good marks does not, by itself, rule ADHD in or out. [2,4]

2 Keep a few specific examples

Note what happened, where it happened and the impact. Include help already being used. Difficulties can vary across settings; information from home and education helps an assessor understand the wider picture. [4]

3 Try an adjustment together

A written first step, a quieter workspace or short movement breaks may help. Choose according to her needs, check her response and change the plan if it is not useful. [4]

4 Ask about assessment and school support

Discuss concerns with school and a GP. Referral routes vary across Scotland. School support should respond to need; a diagnosis is not required for additional support for learning. [1,5]

Keep the wider picture in view

Sleep, anxiety, pain, learning differences and other conditions may also need attention. These examples are not a diagnostic checklist. [1,4]

COMPLETE TOGETHER

What would help?

Write, draw or ask someone to record your words. Leave any question blank. Choose what you want to share and with whom.

Name or initials: _____ Date: _____

01 What feels difficult?

Think about a lesson, getting ready, an activity or time with other people.

02 What do adults not always see?

For example, the help you need or the effort something takes.

03 What helps already?

Include people, interests, reminders, spaces or ways of doing things.

04 What shall we try next?

Choose one change. Agree who will help and when you will check how it went.

You do not have to share a diagnosis or private information on this sheet. It is a conversation aid, not an assessment.

FURTHER INFORMATION

Sources and support

Read more using the links below. Numbers in the guide refer to these sources. Links and content checked 29 October 2026.

1. NHS: ADHD in children and young people

Overview of signs and seeking assessment. Referral and school systems differ across the UK.

NHS ADHD information

2. Young and colleagues, 2020

Expert consensus on recognition and support for girls and women with ADHD.

Read the consensus paper

3. Williams and colleagues, 2025

Interviews with 12 young adults reflecting on childhood. Their accounts offer insight, not estimates of how often masking occurs.

Read the lived-experience study

4. NICE guideline NG87

Recommendations on assessment and individual support. Local Scottish referral pathways may differ.

Read the recommendations

5. Enquire: Scottish education advice

Explains additional support for learning, including support without a diagnosis.

enquire.org.uk/what-is-asl

More support in Scotland

Scottish ADHD Coalition offers information and a directory of local groups. Check current provision directly.

FACT SHEET | GIRLS

ADHD in girls: the figures

These figures describe particular studies. They are not estimates for every girl in Scotland. Sources and explanations are on page 8.

4.8 to 1

Boys outnumbered girls

Before age 12, almost five boys were diagnosed for every girl in a Welsh study. This compares diagnoses, not underlying ADHD rates.

Welsh records, 2000–2019. [6]

1.7 years

Later diagnosis, on average

In the Welsh study, females were first diagnosed at an average age of 12.6 years, compared with 10.9 years for males.

Study published in 2024. [6]

37.7%

Also had an anxiety disorder

In a research review, 37.7% of girls with ADHD met criteria for an anxiety disorder, compared with 13.9% without ADHD.

Research review, 2016. [7]

10.3%

Also had depression

In the same review, 10.3% of girls with ADHD had depression, compared with 2.9% of girls without ADHD.

Research review, 2016. [7]

What these figures mean for families

Difficulties deserve attention even when a child appears to manage. These findings show associations across groups; they do not predict an individual child's future.

FACT SHEET | WOMEN

ADHD into adulthood

A diagnosis in adulthood can explain longstanding difficulties. It does not mean ADHD began at the time of diagnosis. [1,4]

17.1%

First diagnosed as adults

In the Welsh ADHD cohort, 17.1% of females were first diagnosed after age 18, compared with 8.4% of males: around twice the proportion.

Welsh cohort aged 3-30. [6]

14.9%

Screened positive

In an England survey, 14.9% of women screened positive for possible ADHD, compared with 12.4% of men. This is not a diagnosis.

Adult survey, 2023/24. [8]

1.7%

Reported a diagnosis

In the same survey, 1.7% of women reported a professional ADHD diagnosis. The figure for men was also 1.7%.

Adult survey, England. [8]

5.5%

Thought they had ADHD

In the same survey, 5.5% of women thought they had ever had ADHD. This is self-report, not a confirmed diagnosis.

Adult survey, England. [8]

There is no reliable single percentage of women missed

A positive screen can have other explanations. Screening rates cannot be subtracted from diagnosis rates to calculate how many women have undiagnosed ADHD. [8]

FACT SHEET | EVIDENCE

Where the numbers come from

The study dates, groups and methods matter. These sources measure different things and should not be combined into one estimate.

6. Martin and colleagues, 2024

Welsh healthcare records, 2000-2019: 16,458 people with recorded ADHD, aged 3-30. These are diagnosis figures, not estimates of everyone with ADHD or current Scottish rates.

Read the Welsh study

7. Tung and colleagues, 2016

Review of 18 studies, with 1,997 participants. Anxiety figures came from 11 studies; depression figures from 12. These studies cannot establish that ADHD caused either condition.

Read the research review

8. NHS England: Adult Psychiatric Morbidity Survey

England survey, 2023/24; published 2025. Covered people aged 16+ in private households. Used a six-item ADHD screen; diagnoses were self-reported. These are not Scottish prevalence estimates.

Read the official survey chapter

Understanding comparisons

Odds and likelihood are different measures. This sheet uses observed percentages, rather than presenting odds ratios as times more likely.

Information checked 29 October 2026

Studies often record male/female sex rather than gender identity. This sheet follows each source's categories; it cannot describe every gender-diverse person's experience.