

Appendix A – ADHD Talking Therapies

ADHD affects around **2.5–3.4% of over 16 years**

This means over **40,000 people in Leicester, Leicestershire and Rutland** are likely to be living with ADHD or traits of it.

Many are unaware, undiagnosed, or waiting for assessment (a long Wait List for Assessment (approx. 8000, and increasing pressure via Right to Choose).

Some have a diagnosis but no ongoing support.

The majority will experience **common mental health problems**—especially anxiety, low mood, or emotional dysregulation - over **80% of adults with ADHD** have at least one co-occurring condition.

Many of these difficulties fall within the scope of Talking Therapies

However, current models aren't yet designed for how neurodivergent people engage, think, or function.

Talking Therapies is often the right place to offer support for this cohort...

...but **the way we deliver them needs to change**. Traditional CBT can be hard to access for people with executive dysfunction, sensory overload, or fluctuating motivation.

Objective

To establish a neurodiversity-adapted, multi-modal Talking Therapies pathway that delivers early and effective psychological support for adults with ADHD traits and their families—improving access, engagement, and outcomes within the existing Talking Therapies framework.

ADH-ME adapts the model to fit the person. It offers:

Digital CBT approach to managing ADHD via SilverCloud—self-paced or guided

Skills-focused webinars and peer mentoring

Neurodiversity-aware clinicians

ADH-ME supports people with both Higher and Lower levels of psychosocial impact.

Whether they're waiting for diagnosis, living with ADHD traits, or simply finding daily life harder than it should be.

It also extends support to parents, carers and family members, who are often impacted too.

It's early help, built with compassion and lived experience.

Purpose

To recognise that anxiety, low mood, emotional dysregulation, and burnout are common in adults with ADHD, and fall within the scope of Talking Therapies

To ensure those awaiting diagnosis—or living with ADHD traits—can access timely, appropriate support, regardless of diagnostic status

To adapt delivery of the service via a multi-modal approach

To prevent deterioration, reduce reliance on crisis services, preserve employment, and improve wellbeing—through care that is early, accessible, flexible, and affirming

Immersive Virtual Reality CBT—building confidence and reducing avoidance

Ongoing co-design with people who've lived it

ADH-ME is about seeing the person, not just the diagnosis.

It removes the 'D' for Disorder and replaces it with 'ME'—because this is about what people need to function and recover, not what they're missing.

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