

## ADHD should not be treated as a disorder



### Adapting schools and workplaces for it can help far more

NOT LONG ago, attention-deficit hyperactivity disorder (ADHD) was thought to affect only school-aged boys—the naughty ones who could not sit still in class and were always getting into trouble. Today the number of ADHD diagnoses is rising fast in all age groups, with some of the biggest increases in young and middle-aged women.

5 The figures are staggering. Some 2m people in England, 4% of the population, are thought to have ADHD, says the Nuffield Trust, a think-tank. Its symptoms often overlap with those of autism, dyslexia and other conditions that, like ADHD, are thought to be caused by how the brain develops. All told, 10-15% of children have patterns of attention and information-processing that belong to these categories.

At the moment, ADHD is treated as something you either have or you don't. This binary approach to diagnosis 10 has two consequences. The first is that treating everyone as if they are ill fills up health-care systems. Waiting lists for ADHD assessments in England are up to ten years long; the special-needs education system is straining at the seams. The second consequence occurs when ADHD is treated as a dysfunction that needs fixing. This leads to a terrible waste of human potential. Forcing yourself to fit in with the "normal" is draining and can cause anxiety and depression.

15 The binary view of ADHD is no longer supported by science. Researchers have realised that there is no such thing as the "ADHD brain". The characteristics around which the ADHD diagnostic box is drawn—attention problems, impulsivity, difficulty organising daily life—span a wide spectrum of severity, much like ordinary human traits. For those at the severe end, medication and therapy can be crucial for finishing school or holding on to a job, and even life-saving, by suppressing symptoms that lead to accidents.

20 But for most people with ADHD, the symptoms are mild enough to disappear when their environment plays to their strengths. Rather than trying to make people "normal", it is more sensible—and cheaper—to adjust classrooms and workplaces to suit neurodiversity.

In Portsmouth, in the south of England, teachers have been trained to assess a child's neurodiversity profile 25 on characteristics that include speech, energy levels, attention and adaptability. The goal is to find where children need support (being easily distracted) and where they have strengths (being a visual learner), without diagnosing them with anything in particular. Organising lessons to mix sitting, standing and working in groups is one way to make things easier for pupils with ADHD-type traits. Greater freedom to choose when to arrive at school or work can help those who are worn down by sensory overload during the morning rush. Bullet-point summaries of lessons or work memos, noise-cancelling headphones and quiet corners can help, too.

30 Such things should be universally available at school and at work. Greater understanding of neurodiversity would reduce bullying in schools and help managers grasp that neurodivergent people are often specialists, rather than generalists. They may be bad in large meetings or noisy classrooms, but exceptional at things like multitasking and visual or repetitive activities that require attention to detail. Using their talents wisely means delegating what they cannot do well to others. A culture that tolerates differences and takes an enlightened 35 view of the rules will help people achieve more and get more out of life. That, rather than more medical appointments, is the best way to help the growing numbers lining up for ADHD diagnoses.

(569 words)

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