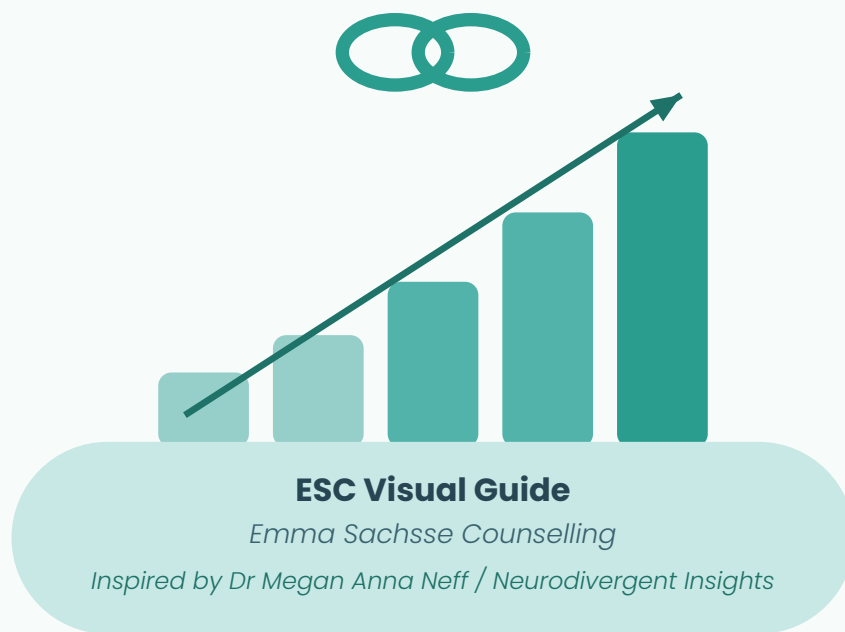


The Rise in ADHD Diagnoses



What's in a Name?

The term "ADHD" is only a few decades old – but the neurotype it describes is not.

The name breaks down as:

Attention – challenges regulating and sustaining focus

Deficit – a "lack of" framing, increasingly questioned

Hyperactivity – present in some, but not all, presentations

Disorder – a medical label; many prefer "Difference"

Many in the neurodivergent community prefer "Attention Difference," reflecting that ADHD brains are not broken – they are differently wired.

***"ADHD is not a problem of knowing what to do.
It is a problem of doing what you know."***

– Dr Russell Barkley



The infinity symbol – a neurodiversity icon

A Brief History of ADHD

02

1902

George Still described children with "defects in moral control" — now recognised as ADHD. Considered extremely rare; fewer than 5 in 10,000.

68

1968

"Hyperkinetic Reaction of Childhood" entered the DSM-II. Viewed through a behavioural lens; identified almost exclusively in young boys.

80

1980

DSM-III introduced "ADD" (with or without hyperactivity). Marked the beginning of modern research. Barkley begins publishing foundational work.

94

1994

DSM-IV: three subtypes introduced. The inattentive type gives language to the "quiet" ADHD — most commonly missed in women, girls, and adults.

0s

2000s

Barkley's self-regulation model reframes ADHD as a disorder of executive function. His work transforms clinical and public understanding worldwide.

13

2013

DSM-5 raises age-of-onset to 12 — opening adult diagnosis. Crucially: autism and ADHD can now both be diagnosed simultaneously.

***Currently: ~1 in 9–10 children identified as having ADHD (CDC / AIHW data)**

Dr Russell Barkley

Clinical Psychologist · ADHD Researcher · Author

Dr Russell Barkley is widely regarded as the world's foremost authority on ADHD. His decades of research have fundamentally reframed how clinicians, educators, and individuals understand the condition — from an 'attention problem' to a disorder of self-regulation and executive function.

His Core Framework: ADHD as Self-Regulation

Barkley repositions ADHD as a disorder of behavioural inhibition — the capacity to pause, reflect, and choose a response. When inhibition is impaired, four executive functions are affected:

- **Working Memory:** Holding information in mind to guide current behaviour
- **Emotional Self-Regulation:** Managing frustration, motivation, and affect in real time
- **Internalised Speech:** Using inner dialogue to plan, problem-solve, and self-direct
- **Reconstitution:** Breaking down and recombining behaviours to form new actions

Temporal Myopia ("Time Blindness")

Barkley identifies time perception as a key ADHD impairment. The future feels less real and therefore less motivating — a difficulty he calls temporal myopia. Planning, deadlines, and long-term goals all require bridging a gap that the ADHD brain struggles to sense.

***"ADHD is not a problem of knowing what to do.
It is a problem of doing what you know."***

— Dr Russell Barkley

Key Works

Taking Charge of ADHD (1995, rev. 2020)

The definitive guide to ADHD management for parents and professionals.

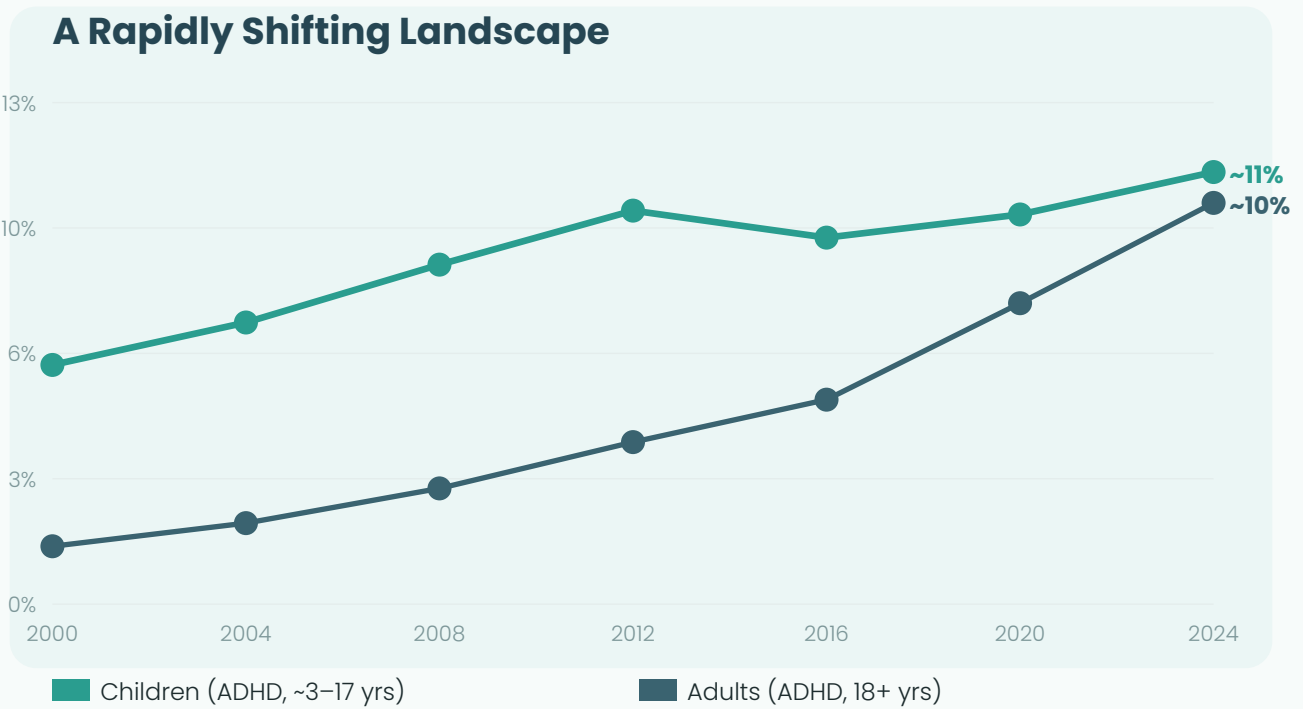
ADHD and the Nature of Self-Control (1997)

The scholarly framework for executive function as the core ADHD deficit.

A Little Context

FACT:

ADHD diagnoses have risen significantly over the past two decades, particularly in adults and in women — populations historically overlooked by research.



Sources: CDC National Survey of Children's Health; AIHW Australia's Health; Kessler et al. (2006) adult ADHD prevalence data. Figures are approximate.

Why the Numbers Have Risen

Some people look at these numbers and think we're living through an "ADHD epidemic." But it's not quite that simple.

Here are 5 key reasons why more people are being identified:

1

**Broadening
Diagnostic Criteria**

2

**More Screening
= More Identification**

3

**Recognising
Underrepresented Groups**

4

**The Internet
Changed Everything**

5

**Adult ADHD
Finally Seen**

Broader criteria, better awareness, and long-overdue recognition of who ADHD actually looks like – these shifts explain the rise far better than any "epidemic" framing.

1 Broadening Diagnostic Criteria

ADHD wasn't recognised as its own diagnostic category until DSM-III in 1980 – and the definition has kept evolving since.

Key shifts:

1987

"ADHD" named in DSM-III-R. Hyperactivity came to the foreground; the inattentive presentation remained largely invisible – especially in women.

1994

DSM-IV: three subtypes introduced. Predominantly Inattentive type finally gave language to the "quiet" ADHD many adults had been carrying, unnamed, for decades.

2013

DSM-5 raised age-of-onset from 7 to 12. This single change opened adult diagnosis for many previously turned away. Autism and ADHD could now co-exist in one diagnosis.

Broader criteria ≠ over-diagnosis.

It means better recognition of a neurotype that was always there.

2

More Screening = More Identification

As awareness grew, so did the infrastructure for identifying ADHD. More clinicians trained to assess it. More families sought evaluation.

Routine screening in schools

Many schools now flag children who may benefit from assessment, particularly for learning support planning and reasonable adjustments.

NDIS and education funding

In Australia, formal diagnoses are often required to access NDIS support, school plans, and accommodations – driving more families to pursue assessment.

Telehealth and accessibility

Online assessment services have significantly reduced barriers to diagnosis for adults and those in regional and rural areas.

Increased awareness among GPs

GPs are increasingly confident initiating ADHD pathways – referring to psychologists, psychiatrists, and paediatricians for formal evaluation.

*As awareness grew, so did identification.
It's not over-diagnosis.
It's improved detection.*

3

Getting Better at Recognising Underrepresented Groups

Early ADHD research focused almost exclusively on young, white, cisgender boys. Entire populations were invisible within this framework.

Today's practice is getting better at recognising ADHD in:

Girls & Women

Girls frequently receive anxiety or depression diagnoses first. ADHD in women often presents as internalised shame and perfectionism rather than visible hyperactivity.

Adults

ADHD was considered a childhood condition you "grew out of." We now know it persists into adulthood for most – many undiagnosed until midlife.

BIPOC individuals

BIPOC children are less likely to be referred, more likely to receive behavioural labels, and require more medical contacts before identification.

Genderqueer and trans individuals

A growing evidence base shows higher rates of ADHD and autism in gender-diverse people – reflecting neurological overlap rather than coincidence.

Those with co-occurring conditions

Anxiety, depression, eating disorders, OCD, and trauma frequently co-occur with ADHD and can obscure the diagnosis. Better clinical training helps disentangle these.

4

The Internet Changed Everything

For years, ADHD was defined by clinical checklists written by researchers studying a narrow slice of the population.

Then online communities emerged. People with undiagnosed ADHD began describing their inner worlds in their own words. They saw themselves in each other. For many, that recognition was the first time their lives made sense.



***This wasn't just an increase in numbers.
It was the rise of a community.***

What the internet made possible:

- Lived-experience accounts that expanded and humanised clinical descriptions
- Peer recognition preceding – and often prompting – formal assessment
- Autistic and ADHD communities overlapping, revealing the AuDHD co-occurrence
- Normalising conversations that reduced stigma and barriers to help-seeking

*So when people ask, "Why are more people
identifying as having ADHD now?" –
Because we found each other. Because we saw ourselves.*

5

Adult ADHD Finally Seen

For decades, ADHD was considered a childhood condition.

Barkley's research was pivotal in establishing it doesn't simply disappear.

~70% of children diagnosed with ADHD continue to meet criteria as adults.

What changed for adult recognition:

Age-of-onset change (DSM-5, 2013)

Raising the threshold from age 7 to 12 acknowledged that symptoms were always present – just not formally captured until adulthood.

Barkley's advocacy

Barkley's public lectures, books, and videos brought adult ADHD to millions – reducing stigma and helping people recognise themselves.

Women seeking diagnosis in midlife

Many women, diagnosed with anxiety or depression for decades, began pursuing ADHD assessment after recognising their children's diagnoses in themselves.

Post-pandemic visibility

The removal of routine structure during the pandemic made executive function deficits highly visible for many previously coping adults.

Resources & References

CONCEPT INSPIRATION & RECOMMENDED RESOURCE

Dr Megan Anna Neff — Neurodivergent Insights

This guide series was directly inspired by Dr Neff's NDI Visual Guide format. Dr Neff is a neurodivergent (AuDHD) psychologist, author, and educator whose work blends clinical expertise with lived experience.

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Emma Sachsse Counselling acknowledges the Kurna people of the Adelaide Plains as the Traditional Owners of the land on which this practice operates. We pay our respects to Elders past and present.