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ADHD Is Not Driving the Disability Bill — And I Know, Because I'm an Adult ADHD Psychiatrist

By Alan Cross, Consultant Psychiatrist in Adult ADHD

When Health Secretary Wes Streeting announced a review into soaring mental-health, autism and ADHD diagnoses, the framing seemed clinical and cautious. The review would determine whether conditions are being "over-diagnosed" and whether too many people are being placed on disability benefits unnecessarily.

But as an adult ADHD psychiatrist, working daily with patients across the full range of neurodevelopmental and psychiatric presentations, I see a reality that diverges sharply from the political narrative.

ADHD is not driving disability claims. Not now, and not historically.
In fact, in my clinical career, **I struggle to remember ever supporting a disability claim where ADHD alone was the main disabling condition**.

Yet ADHD is repeatedly mentioned in the same breath as rising disability figures. This association is not supported by clinical practice, epidemiological data or the government's own statistics.

A misleading comparison: why 2007 tells us very little

Much of the government's argument relies on comparing today's diagnostic rates with those of **2007**. But 2007 was:

- before adult ADHD services were established,
- before autism in adults was widely recognised,
- before NICE guidance for adult ADHD (2008; updated 2018),
- before austerity hollowed out early intervention services,
- before smartphones and algorithmically driven social media,
- and before Covid-19 and long Covid reshaped population health.

The government's comparison rests on a false assumption: that 2007 represented a stable baseline of mental-health need.
It did not.
It represented a period of massive **under-diagnosis**, particularly for ADHD and autism.

What I see in practice: ADHD impairs, but rarely disables to DWP thresholds

My patients experience genuine and often profound impairments:

- executive dysfunction
- emotional dysregulation
- chronic overwhelm
- burnout
- impaired organisation
- relationship instability
- disrupted educational or employment trajectories

But **ADHD alone almost never causes the level of severe, sustained functional incapacity required for disability benefits** such as ESA, LCWRA or PIP.

When adults with ADHD do become unable to work, the cause is almost always:

- major depressive disorder
- generalised anxiety or panic disorder
- complex PTSD
- autistic burnout
- long Covid
- personality disorder
- chronic physical illness
- adverse childhood experiences leading to entrenched functional impairment

ADHD may contribute to these difficulties, but it is seldom the core disabling factor.

The numbers are unequivocal: ADHD barely appears in disability benefit statistics

This is not simply clinical observation — it is reflected in the government's own data.

1. Personal Independence Payment (PIP)

DWP's official PIP tables (main disabling condition) show:

- **Hyperkinetic disorders** (the category used for ADHD) represent **0.5% of all PIP claims**
  Source: DWP Stat-Xplore – PIP Caseload by Main Disabling Condition
  https://stat-xplore.dwp.gov.uk

However:

- almost all of these are **children and adolescents**, not adults
- adult ADHD claims are so rare that the figure for adults effectively rounds to **≈0.1%**

2. Employment and Support Allowance (ESA) / Universal Credit LCWRA

ESA/LCWRA categories list **hyperkinetic disorders** as:

- **~0.1% of working-age claimants**
  Source: DWP Benefit Combinations and Caseload Tables
  https://www.gov.uk/government/collections/dwp-statistics

In many quarterly releases, the percentage is recorded as **0.0%** due to rounding.

3. Autism, by contrast, is strongly represented

Autism is a major driver of disability claims:

- **54,000+ adults** receive PIP for autism spectrum conditions
  Source: DWP PIP Statistics, 2024

https://www.gov.uk/government/statistics/personal-independence-payment-official-statistics

Autism → legitimate, documented functional impairment.
ADHD → almost invisible in the same datasets.

4. Mental-health conditions are the *true* driver of disability benefits

According to DWP Work Capability Assessment statistics:

- **36–42%** of ESA/LCWRA claims are due to mental-health conditions (depression, anxiety, bipolar spectrum, PTSD).
  Source: DWP WCA Statistics, 2024
  https://www.gov.uk/government/collections/work-capability-assessment-statistics

ADHD is not mentioned because the numbers are too small.

Long-term sickness is rising — but not because of ADHD

The rise in long-term sickness is real, but its causes are well understood:

1. Long Covid

ONS reports:

- **1.9 million** people with long Covid symptoms
- **381,000** experiencing severe functional impairment
  Source: ONS Long Covid Report, 2024
  https://www.ons.gov.uk

2. Record long-term sickness

- **2.8 million** working-age adults now economically inactive due to long-term illness
  Source: ONS Labour Market Overview, Oct 2024
  https://www.ons.gov.uk

3. Chronic illness, pain and musculoskeletal disorders

These conditions dominate DWP disability categories.

4. Worsening mental health

This has been documented consistently in NHS and ONS surveys.

5. Autism burnout and late diagnosis

Autistic adults frequently present only after prolonged deterioration.

ADHD is not a significant contributor in comparative terms — clinically or statistically.

So why is ADHD being linked to the disability bill at all?

Because it is politically convenient.

ADHD diagnoses are rising rapidly.
Disability claims are rising rapidly.

Placing them side-by-side encourages the public to draw a line between them — even though **no evidence supports this connection**.

That subtle implication serves several political functions:

- it shifts attention away from long Covid, austerity, and collapsing NHS capacity
- it reframes structural health deterioration as a diagnostic fad
- it casts doubt on patient credibility
- it positions “over-diagnosis” as a fiscal threat
- it prepares the ground for diagnostic gatekeeping and stricter referral thresholds

The danger is profound: if clinicians feel political pressure to “diagnose less”, patients will suffer more.

The clinical risk: suspicion seeps into the system

If the government continues to conflate ADHD diagnosis rates with welfare costs:

- **patients will feel delegitimised and delay seeking help**
- **clinicians will feel pressured to gatekeep referrals**
- **waiting lists will grow, not shrink**
- **autistic and ADHD adults will be blamed for economic trends they did not cause**
- **public misunderstanding will harden into stigma**

And the irony is: under-diagnosis, not over-diagnosis, remains the far bigger issue in adult ADHD.

NICE guidance (NG87) makes this explicit: untreated ADHD is associated with:

- increased risk of unemployment
- higher rates of relationship instability
- higher rates of accidents
- increased risk of comorbid depression and anxiety
- impaired functioning across life domains

Source: NICE NG87 – Attention Deficit Hyperactivity Disorder (2018)
https://www.nice.org.uk/guidance/ng87

Reducing access to diagnosis will not reduce disability figures.
It will increase human suffering.

ADHD is not the problem — declining population health is

As an adult ADHD psychiatrist, I welcome thoughtful diagnostic scrutiny.
But I cannot support a narrative that misrepresents my field or misleads the public.

The rise in ADHD diagnosis represents long-overdue recognition of unmet need.
The rise in disability claims reflects worsening national health due to:

- long Covid,
- chronic illness,
- severe mental-health deterioration,
- autism burnout,
- social inequality,
- and NHS under-capacity.

These are the real issues.
ADHD is not.

Government must stop implying that it is.

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