

RESEARCH

Practice Standards for the Assessment of ADHD: A Synthesis of Recommendations From Eight International Guidelines

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Popular awareness of Attention-Deficit/Hyperactivity Disorder (ADHD) appears to have grown significantly in recent years, resulting in a growing demand for diagnostic services. Coupled with the shortage of trained diagnosticians both locally and internationally, there has been increasing pressure on services to provide faster, easier and more equitable access to care. In this context, concerns have grown that that quicker routes to diagnosis will result in poorer quality assessments, and therefore poorer outcomes. This paper synthesizes recommendations from eight international consensus guidelines on ADHD diagnosis, aiming to identify the minimum safe practice standards for diagnostic assessments. Using content analysis, key themes were extracted, focusing on the need for diagnosis by qualified specialists, comprehensive and culturally sensitive assessments, and adherence to established diagnostic criteria such as DSM-5 and ICD-11. The study emphasizes the importance of a systematic approach to ruling out differential diagnoses and assessing impairment across multiple settings. Additionally, best practice recommendations include a multidisciplinary approach, the incorporation of a longitudinal assessment, and the involvement of families in the diagnostic process. The findings highlight the alignment of international guidelines on the essential elements of ADHD diagnosis and underscore the need for rigorous, patient-centred, and culturally sensitive approaches.

Introduction

Attention-deficit/hyperactivity disorder (ADHD) presents a significant challenge to healthcare systems globally because of its prevalence and associated economic burden (Schein et al., 2022). The costs of ADHD resulting from educational underachievement, lost productivity, healthcare expenditure and even contact with criminal justice services, are substantial and appear to be rising (Chhibber et al., 2021). This growing economic impact is exacerbated by a shortage of trained diagnosticians, both internationally and specifically in Aotearoa New Zealand, which contributes to delays and inconsistent diagnostic practices (Skirrow et al., 2023). In response to these challenges, there has been increasing demand for quicker, easier access to ADHD treatments as well as corresponding concerns that this may lead to compromises in assessment quality (Mattheiken et al., 2024).

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This study aimed to address these issues by identifying minimum practice standards for ADHD diagnosis grounded in the most recent international consensus statements. By synthesising guidelines from various global perspectives, this study sought to establish a framework for ensuring that diagnostic practices are accessible and also rigorous, thorough and culturally sensitive. The goal was to provide healthcare professionals and the clients they serve with a set of standards that maintain high diagnostic quality while balancing the increasing demand for timely ADHD assessments.

Methods

Ethical Approval

This study involved no human or animal participants and therefore was not subject to formal ethical approval.

Identification of Clinical Practice Guidelines

The recent Australian ADHD Professionals Association (AADPA) (2022) guidelines for ADHD reviewed the 25 professional guidelines published between 2001 and 2018; therefore, we chose to focus specifically on guidelines published between 2018 and 2024. Following the same methodology described in the AADPA (2022) guidelines, an Internet search was conducted to identify evidence-based guidelines using the Google 'Advanced Search' function, because many guidelines are not published in journals and do not feature in common academic search tools such as Medline or PsychInfo. We set the English language filter and the search string was: (Attention Deficit Hyperactivity Disorder OR attention deficit OR ((hyperactivity OR hyperkinetic) AND disorder) OR ADHD) AND (guideline OR evidence OR systematic). The results were hand-searched for relevance, identifying six consensus practice guidelines for ADHD diagnosis. A subsequent hand-search of the references of recently published (2024) guidelines identified a further four consensus statements. One of these additional guidelines focused solely on practice with individuals with substance abuse and comorbid ADHD (Crunelle et al., 2018). Another represented an evidence-based review of the effectiveness of diagnostic procedures (e.g. electroencephalogram) in differentiating ADHD but did not include wider recommendations for assessment (Kemper et al., 2018). After exclusion of these two guidelines, eight consensus practice guidelines for the diagnosis of ADHD were included in this review, all of which were published between 2018 and 2024. Several of these guidelines represented updates of those previously reviewed by AADPA (2022). Details of the guidelines selected for review are included in [Table 1](#).

Analysis

This study employed content analysis as the primary qualitative methodology, following the approach outlined by Hsieh and Shannon (2005). Content analysis is a flexible and systematic technique used to analyse qualitative data,

Table 1.

Characteristics of the Guidelines Selected for Review

Guideline title	Contributing organisations	Expert involvement	Development process	Focus of recommendations
AAP Clinical Practice Guideline for ADHD (2019)	American Academy of Pediatrics (AAP)	Multidisciplinary expert group	Updated previous guidelines; involved systematic reviews and created seven key action statements.	Guidelines cover evaluation, diagnosis, treatment and follow-up for children and adolescents with ADHD.
Australian ADHD Clinical Practice Guideline (2022)	Australian ADHD Professionals Association (AADPA)	Multidisciplinary team of ADHD specialists	Followed NHMRC standards, involved systematic reviews, producing 132 recommendations.	Focus on identification, diagnosis, treatment and management of ADHD in children and adults.
Canadian ADHD Practice Guidelines (4.1 ed., 2021)	Canadian ADHD Resource Alliance (CADDRA)	Interdisciplinary team of experts	Updated from earlier editions; involved systematic reviews, independent reviews.	Seven key action statements on evaluation, diagnosis and management of ADHD for children and adults.
NICE Guidelines for ADHD (2018)	National Institute for Health and Care Excellence (NICE)	Multidisciplinary committee including healthcare professionals	Reviewed existing evidence and gathered stakeholder input, resulting in 65 recommendations.	Recommendations on service organisation, recognition, diagnosis, information support and treatment options.
Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults	Royal College of Psychiatrists in Scotland	Experts from child and adult psychiatry	Built on previous versions; incorporated national and international guidelines for ADHD assessment and treatment.	Recommendations for assessment, diagnosis, treatment and monitoring for ADHD in adults.
Updated European Consensus Statement on Adult ADHD (2019)	European Network Adult ADHD (ENAA) and European Psychiatry Association	63 experts from multiple countries	Updated previous consensus with no formal systematic review; based on evidence from high-quality studies.	208 evidence-based conclusions about ADHD diagnosis, treatment and management.
West Virginia ADHD Guidelines (2024)	West Virginia University School of Pharmacy	Expert panel with diverse clinical backgrounds	Reviewed existing guidelines; aimed to create a resource for ADHD management in a rural context.	Focus on comprehensive evaluations, evidence-based management and addressing disparities in care.
World Federation of ADHD International Consensus Statement (Faraone et al., 2021).	World Federation of ADHD	80 authors from 27 countries	Updated consensus statement based on significant scientific discoveries; produced 208 empirically supported statements.	Addresses misconceptions about ADHD; emphasizes accurate diagnosis and effective treatment options.

and focuses on identifying patterns and themes in textual content. It involves the process of coding text into manageable categories based on the presence of specific words, phrases or concepts.

The analysis in this study adopted a typical three-step process, as per Hsieh and Shannon's (2005) guidelines:

1. Preparation of data: Textual data (such as guidelines, interviews or documents) were carefully read and reviewed to gain a general understanding of the content.

2. Initial coding: Key phrases or sections of text were identified and labelled with codes. These codes represented significant concepts or ideas that emerged from the data.
3. Theme identification: The codes were grouped into broader categories or themes that reflected common ideas or patterns across the data. These themes were then analysed to draw conclusions relevant to the research objectives.

This approach is less formal and more quantitative in nature than more in-depth approaches such as reflexive thematic analysis (e.g. Braun & Clarke, 2006), as it focuses on identifying significant themes rather than engaging in in-depth iterative coding and reflexivity. It allows for a structured yet accessible method of extracting meaningful insights from qualitative data, and is suitable for studies aiming to summarise key patterns and themes efficiently. Sections of text were coded as either representing a 'minimum standard' (stated by the guidelines to be required for a reliable diagnosis) or a 'best practice standard' (stated by the guidelines to be desirable for a good quality assessment, without being necessary for diagnosis). After the data were manually coded, the validity of these themes were checked by undertaking secondary analyses using two independent large-language model AI platforms (Google NotebookLM and ChatGPT 4.0). Both of these secondary analyses confirmed the validity of the initial identified themes.

Results

Core Themes: Minimum Practice Standards

Five core elements were explicitly mentioned across multiple guidelines as being expected standards for diagnostic assessments for ADHD. These themes are detailed below and presented in [Table 2](#), with specific quotations from the guidelines to illustrate each theme.

Diagnosis by a qualified specialist. Six of the eight guidelines made explicit reference to the qualifications of the professional making the diagnosis. Many of these directly specified that the diagnosis should be made by a specialist with appropriate training, such as a psychiatrist, paediatrician, psychologist or other appropriately qualified healthcare professional.

Clinicians conducting diagnostic assessments should be:

- *appropriately registered...*
- *adequately trained in diagnostic assessment using the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or International Classification of Diseases (ICD)*

Table 2.

ADHD Guidelines Expected Minimum Diagnostic Standards

Category theme	Guidelines endorsing this theme	Supporting quote
Diagnosis by a qualified specialist	Australian ADHD Clinical Practice Guideline (2022)	'Clinicians conducting diagnostic assessments should be: appropriately registered...and adequately trained in diagnostic assessment...' (p.13)
	Canadian ADHD Practice Guidelines (4.1 ed., 2021)	'The clinician has to be fully licensed and adequately trained in order to ensure Diagnostic and Statistical Manual, Fifth Edition (DSM-5) diagnostic criteria for ADHD are fully met'. (p.2)
	NICE Guidelines for ADHD (2018)	'A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD'. (p.61)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'Clinicians carrying out assessments need to have relevant training in the presentation of mental health conditions (including neurodevelopmental disorders) and this training needs to be continuously maintained'. (p.7)
	West Virginia ADHD Guidelines (2024)	'If the primary care clinician is not trained or experienced, it is recommended that the patient be referred to an appropriate subspecialist for treatment'. (p.22)
	World Federation of ADHD International Consensus Statement (2021)	'ADHD can only be diagnosed by a licensed clinician...' (p.793)
Comprehensive assessment	NICE Guidelines for ADHD (2018)	'...a full clinical and psychosocial assessment of the person...' (p.11)
	Australian ADHD Clinical Practice Guideline (2022)	'Clinicians should conduct a comprehensive assessment (including history and examination) to identify any possible differential medical causes for ADHD'. (p.86)
	West Virginia ADHD Guidelines (2024)	'An ADHD diagnosis requires an extensive evaluation, and a considerable amount of time is put into gathering the patient's medical and social history'. (p.26)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'A careful and thorough assessment reduces the risk of a false diagnosis of ADHD'. (p.5)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'...sufficient supporting evidence of a comprehensive diagnostic assessment...'. (p.22)
Explicit reference to DSM or ICD criteria	AAP Clinical Practice Guideline for ADHD (2019)	'To make a diagnosis of ADHD, the PCC should determine that DSM-5 criteria have been met'. (p.5)
	NICE Guidelines for ADHD (2018)	'For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should meet the diagnostic criteria in DSM-5 or ICD-11'. (p.12)
	Australian ADHD Clinical Practice Guideline (2022)	'In an assessment for a diagnosis of ADHD, a clinician should assess symptoms and signs of hyperactivity/impulsivity and/or inattention and ensure all the following apply ... symptoms meet the diagnostic criteria in DSM-5, ICD-10 (hyperkinetic disorder) or ICD-11'. (p.14)
	Canadian ADHD Practice Guidelines (4.1 ed., 2021)	'Clinicians are advised to...assess for ADHD based on DSM criteria'. (p.30)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'...specific reference to DSM-5 criteria or ICD-11 for ADHD'. (p.28)
	West Virginia ADHD Guidelines (2024)	'...a full evaluation, according to the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition, Text Revision (DSM-5-TR) criteria, should be performed'. (p.270)
World Federation of		'ADHD can only be diagnosed by a licensed clinician who interviews the parent'

Category theme	Guidelines endorsing this theme	Supporting quote
	ADHD International Consensus Statement (2021)	'...or caregiver and/or patient to document criteria for the disorder'. (p.794)
Evidence of impairment in multiple settings	AAP Clinical Practice Guideline for ADHD (2019)	'...observing symptoms across multiple settings as required by the DSM-5'. (p.8)
	Australian ADHD Clinical Practice Guideline (2022)	'Observations from more than one setting and reporter (e.g., a teacher, in the case of children) should be used to confirm if symptoms, function and participation difficulties occur in more than one setting'. (p.14)
	NICE Guidelines for ADHD (2018)	'Both systems [ICD-10 and DSM-5] require that symptoms are present in several settings such as school/work, home life, and leisure activities'. (p.57)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'There needs to be evidence of a specific cluster of symptoms present in two or more settings and evidence of these symptoms interfering with, or reducing the quality of, an individual's functioning'. (p.17)
	West Virginia ADHD Guidelines (2024)	'...developmentally inappropriate levels of inattention, hyperactivity, and/or impulsivity, which impair an individual's ability to function in different settings'. (p.27)
	World Federation of ADHD International Consensus Statement (2021)	'...symptoms occurring in different settings (e.g., home and school)'. (p.793)
Consideration of differential diagnoses	AAP Clinical Practice Guideline for ADHD (2019)	'The PCC should also rule out any alternative cause'. (p.5)
	Australian ADHD Clinical Practice Guideline (2022)	'Several medical disorders can be present and have symptoms and signs similar to those of ADHD. For example, sleep disorders, hearing or vision impairment, thyroid disease, and anaemia'. (p.86)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'A careful assessment of other possible diagnoses should be undertaken at the time of evaluation'. (p.15)
	NICE Guidelines for ADHD (2018)	'Symptoms of ADHD can overlap with those of other related disorders. Therefore, care in differential diagnosis is needed'. (p.57)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'The clinical assessment for ADHD should take into account the presence of medical and psychiatric conditions which can simulate ADHD or the presence of comorbid disorders'. (p.28)
	West Virginia ADHD Guidelines (2024)	'Symptoms of ADHD are often confused and misdiagnosed for other disorders'. (p.54)

- *experienced with conducting clinical interviews, administering and interpreting standardised rating scales, and assessment of functional impairment*
- *experienced in ADHD diagnostic assessment or undergoing ADHD-specific supervision with an experienced clinician. (AADPA Guideline, 2022, S2.1.1)*

A diagnosis of ADHD should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD. (NICE Guideline NG87, 2018, S1.3)

The most commonly listed healthcare professions considered able to diagnose were psychiatrists (listed in six of eight guidelines), followed by psychologists and paediatricians (four guidelines), general practitioners (three guidelines), neurologists (two guidelines), nurses (one guideline) and social workers (one guideline). The highest consensus was that psychiatrists, psychologists and paediatricians would most usually be central to diagnostic services; however, the emphasis was generally on the quality of the diagnostic process rather than the clinician themselves.

Comprehensive assessment. Five of the eight guidelines explicitly stated that the assessment must be extremely thorough, and encompass a clinical and psychosocial evaluation, developmental history, mental health history, observer reports, mental state assessment and medical assessment to exclude other potential causes of symptoms.

An ADHD diagnosis requires an extensive evaluation, and a considerable amount of time is put into gathering the patient's medical and social history. (WVACC, 2024, p.26)

It is important that the clinician does not rely solely on diagnostic tools and questionnaires but takes the time to obtain a full mental health and developmental history, obtains corroboration and utilises their clinical skills to make an objective assessment of the patient... (RCPS, 2023, S9.7.8)

Both the AADPA (2022, S2.1.4) and NICE (2018, S1.3.2) guidelines contained the following identical statement relating to the role of rating scales and observational data.

A diagnosis of ADHD should not be made solely on the basis of rating scale or observational data.

Explicit reference to DSM or ICD criteria. Seven of the eight guidelines explicitly stated that assessors should ensure that they adhered closely to the diagnostic criteria defined in either the DSM-5 or ICD-11 in making their diagnosis.

To make a diagnosis of ADHD, the PCC [primary care clinician] should determine that DSM-5 criteria have been met... (AAP, 2019, p.5)

For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should: meet the diagnostic criteria in DSM-5 or ICD-11. (NICE, 2018, 1.3.3)

Evidence of impairment in multiple settings. Six of the eight guidelines explicitly stated that diagnosticians need to have good evidence that symptom-related impairment is evident in more than one setting, corroborated by others (e.g. parents, teachers), reflecting diagnostic criteria such as DSM 5.

Observations from more than one setting and reporter (e.g. a teacher, in the case of children) should be used to confirm if symptoms, function and participation difficulties occur in more than one setting. (AADPA, 2022, S2.1.5)

Both systems [ICD-10 and DSM-5] require that symptoms are present in several settings such as school/work, home life and leisure activities. (NICE, 2018, p.57)

Clear consideration of differential diagnoses. Further to the concept of comprehensive assessment, six of the eight guidelines explicitly stated that alternative diagnoses should first be ruled out or otherwise accounted for. Examples mentioned included hearing or vision problems, thyroid disorders, anaemia, medication side effects and other neurodevelopmental or mental health conditions (including alcohol and drug use).

Several medical disorders can be present and have symptoms and signs similar to those of ADHD. For example, sleep disorders (Baddam et al., 2021), hearing or vision impairment, thyroid disease (American Psychiatric Association, 2013) and anaemia (Konofal, Lecendreux, Arnulf, & Mouren, 2004) (S2.2)...Those working in public and mental health settings should be aware of the high co-occurrence of substance use disorders in those with ADHD. Clinicians treating ADHD in these settings should routinely screen for problematic substance use or substance use disorders using best-practice screening questionnaires for substance use disorders. (AADPA, 2022, S6.3.1)

In the evaluation of a child or adolescent for ADHD, the PCC should include a process to at least screen for comorbid conditions, including emotional or behavioral conditions (eg, anxiety, depression, oppositional defiant disorder, conduct disorders, substance use), developmental conditions (eg, learning and language disorders, autism spectrum disorders), and physical conditions (eg, tics, sleep apnoea). (AAP, 2019, p.9)

Elements of a 'Best Practice' Approach

In addition to the 'minimum standards' recommended across the eight guideline documents, a number of additional, enhanced approaches were included in several guidelines and could be considered a 'best practice' approach to ADHD diagnosis. These themes are summarised in [Table 3](#).

Table 3.

ADHD Guidelines Additional 'Best Practice' Diagnostic Standards

Category theme	Guidelines endorsing this theme	Supporting quote
Multidisciplinary Approach	Australian ADHD Clinical Practice Guideline (2022)	'ADHD treatment and support requires a multimodal, multidisciplinary and multi-agency approach'. (p.95)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'ADHD requires a comprehensive, collaborative and multimodal treatment approach'. (p.1)
	NICE Guidelines for ADHD (2018)	'Mental health services for children, young people and adults, and child health services, should form multidisciplinary specialist ADHD teams and/or clinics'. (p.61)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'As with other mental health conditions, diagnoses assessment and management of ADHD in the NHS context needs to involve the whole multidisciplinary team. There is a specific role for occupational therapy given the importance of environmental modifications in treatment'. (p.11)
Longitudinal approaches to assessment	West Virginia ADHD Guidelines (2024)	'A multidisciplinary approach including, but not limited to, primary care, mental health specialists, and the educational system and supporting staff is encouraged to ensure appropriate diagnosis and management of ADHD and any other potential coexisting conditions. Unfortunately, some patients and families may struggle to access multidisciplinary care in many areas'. (p.11)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'Therefore, the longitudinal course of symptoms is of crucial importance before making a diagnosis of ADHD [in obese patients with sleep apnea]'. (p.26)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'Diagnostic reliability depends on a longitudinal assessment of the patient'. (p.20)
Cultural sensitivity/ cultural considerations	Australian ADHD Clinical Practice Guideline (2022)	'Assessment should consider cultural identity, cultural explanations of ADHD symptoms, cultural factors associated with psychosocial and environmental functioning, cultural elements and power differentials in the relationship between the person and the practitioner, and an overall cultural assessment'. (p.158)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'Be culturally and gender sensitive'. (p.44)
	West Virginia ADHD Guidelines (2024)	'Be respectful of the patient's/family's/caregiver's perspectives, values, and cultural beliefs'. (p.132)
	World Federation of ADHD International Consensus Statement (2021)	'...we know little about how culture affects the expression of ADHD symptoms or the response to treatment. Because most research about ADHD is based on Caucasian and East Asian samples, we must be cautious in generalizing our assertions to other groups'. (p.806)
Person-centred or Family-centred approach	Updated European Consensus Statement on Adult ADHD (2019)	'strive to provide culturally appropriate care to all children and adolescents'. (p.18)
	Australian ADHD Clinical Practice Guideline (2022)	'Best-practice principles include individualized plans developed in accordance with principles of co-production, where people with ADHD, families and carers are at the centre of decision-making about all aspects of their healthcare'. (p.61)
	Canadian ADHD	'Establishing collaborative treatment goals with the patient (and their family when

Category theme	Guidelines endorsing this theme	Supporting quote
	Practice Guidelines (4.1 Edition, 2021): p. 8	'appropriate) ensures that outcomes are patient-centered'. (p.2)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023): p. 5	'Quality must be a primary concern and all developments should seek to ensure that there is optimal patient safety, clinical effectiveness and a person-centred approach to care taken'. (p.57)
	West Virginia ADHD Guidelines (2024)	'Having the conversation as part of a shared decision-making process will ensure that the clinician and the patient/family/caregiver are allies in the ADHD treatment plan. This also aids in understanding what the patient's/family's/caregiver's goals are for ADHD treatment'. (p.132)
Systematic assessment of functional impairment	AAP Clinical Practice Guideline for ADHD (2019)	'...development of reliable instruments suitable for use in primary care to assess the nature or degree of functional impairment'. (p.18)
	Australian ADHD Clinical Practice Guideline (2022)	'The ICF is a useful framework explicitly identifying ways in which ADHD impacts everyday functioning and disability, and the ways in which professionals, society and the government might improve their response/s to these functional challenges'. (p.38)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'Symptoms and functional impairment need to be assessed. Using valid, reliable and sensitive instruments helps to evaluate frequency, severity, and outcome'. (p.2)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023): p. 5	'Desired: WHO Disability Assessment Schedule 2.0 (WHODAS) (WHO, 2018) or Weiss Functional Impairment Rating Scale (W-FIRS) (Weiss et al., 2007)'. (p.17)
Systematic approach to assessing for comorbidities	AAP Clinical Practice Guideline for ADHD (2019)	'The PCC should include a process to at least screen for comorbid conditions, including emotional or behavioral conditions (eg, anxiety, depression, oppositional defiant disorder, conduct disorders, substance use), developmental conditions (eg, learning and language disorders, autism spectrum disorders), and physical conditions (eg, tics, sleep apnoea)'. (p.9)
	Australian ADHD Clinical Practice Guideline (2022)	'For the detection of problematic drug and alcohol use in people with ADHD, two generally accepted screening instruments include the DAST (Drug Abuse Screening Test) and AUDIT (Alcohol Use Disorders Identification Test)'. (p.162)
	Canadian ADHD Practice Guidelines (4.1 Edition, 2021)	'An evaluation for ADHD requires screening for possible comorbid disorders and consideration of biological, social, and psychological factors. Consideration of a second opinion or referral to an ADHD specialist should be made if the patient has a clinical history that is complex or if you are contemplating pharmacological treatment beyond those recommended...'. (p.14)
	West Virginia ADHD Guidelines (2024)	'...a thorough evaluation and attentive consideration of comorbid disorders is vital to an accurate diagnosis of ADHD'. (p.29)
	Updated European Consensus Statement on Adult ADHD (2019)	'It is important to take a full medical history of psychiatric and somatic conditions, as well as a family history of psychiatric and neurological problems'. (p.21)
	Royal College of Psychiatrists in Scotland Good Practice Guidelines for ADHD in Adults (2023)	'...assessment of ADHD needs to be part of a generic mental health assessment and with reference to other neurodevelopmental disorders to prevent misdiagnosis'. (p.7)

Systematic approach to screening for comorbidities/coexisting conditions. Six of the eight guidelines explicitly recommended a systematic approach to screening for common co-occurring conditions, such as anxiety, depression, learning disorders and autism spectrum disorders, in developing a comprehensive treatment plan.

There are high rates of comorbidity with other mental health conditions and ADHD, in addition to comorbidity with other neurodevelopmental disorders. There is also symptom overlap within neurodevelopmental disorders. Therefore, assessment of ADHD needs to be part of a generic mental health assessment and with reference to other neurodevelopmental disorders to prevent misdiagnosis. (RCPS, 2023, p.7)

As previously mentioned, the prevalence of comorbidities (e.g., anxiety, mood disorders, learning challenges) in patients with ADHD is high, with more than 50% of patients having a comorbid disorder and one in seven patients having three or more (Mattingly et al., 2021). There can be a significant amount of symptoms that overlap between ADHD and other disorders, and the guidelines recommend that clinicians should consistently screen for comorbid conditions when evaluating a patient for ADHD per the recommendations of the expert panel and all reputable ADHD guidelines. (WVACC, 2024, p.61)

Several guidelines suggested cognitive/neuropsychological assessment was likely to be extremely beneficial as part of a wider assessment of ADHD and its associated conditions, particularly in planning further treatment; however, none concluded that it was a necessary pre-requisite for diagnosis.

Cultural sensitivity. Five of the eight guidelines mentioned the importance of culture in the assessment of ADHD, particularly when working with Indigenous peoples or other minority groups. The recommendations included understanding the cultural context of symptoms, employing a strengths-based approach and using cultural and language interpreters where appropriate.

Ethnic, gender and cultural issues may shape the perception and beliefs about ADHD and its treatment. For example, some cultures may have lower acceptance and higher stigma associated with ADHD. (CADRA, 2020, p.44)

Issues of culture were discussed most extensively in the AADPA guidelines, which were also the only guidelines to specifically mention Indigenous cultures.

Some cultures view mental health as a holistic concept beyond the notion of symptoms and functional impairment. This is the case for Aboriginal and Torres Strait Islander peoples, for whom mental health interconnects with numerous domains including spiritual, environment, country, community, cultural, political, social emotional and physical health. (AADPA, 2022, S6.2)

Patient-centred and/or family-centred approaches. Following from a culturally sensitive approach, four guidelines made explicit reference to a person-centred approach that actively involved individual and their family in the assessment process, tailoring the approach (and information) to their needs and preferences.

Best-practice principles include individualized plans developed in accordance with principles of co-production, where people with ADHD, families and carers are at the centre of decision-making about all aspects of their healthcare. (AADPA, 2022, p.61)

It is important to incorporate a patient-/family-centered approach to ADHD treatment by considering individual/family treatment preferences. (CADDRA, 2020, p.41)

A multidisciplinary approach. As noted above, the majority of the guidelines stressed the importance of gathering information about behaviour across settings. For a comprehensive assessment, many recommended including seeking (multiple) third party reports, school records and previous health assessments, as well as working across disciplines, with five explicitly mentioning multi-disciplinary approaches to assessment.

Care integration and coordination ADHD treatment and support requires a multimodal, multidisciplinary and multi-agency approach, particularly when there are co-occurring conditions that significantly impact on a person's functioning and quality of life. (AADPA 2022, p.95)

Mental health services for children, young people and adults, and child health services, should form multidisciplinary specialist ADHD teams and/or clinics for children and young people, and separate teams and/or clinics for adults. (NICE, 2018, S1.1.2)

Interagency and multidisciplinary approaches are essential whichever service model is selected. (RCPS, 2023, p.57)

Systematic assessment of functional impairment. Four guidelines made explicit reference to a more systematic assessment of functional impairment, which forms part of the DSM and ICD diagnostic criteria (see above). Three

guidelines stressed the benefits of using standardised tools, such as the Weiss Functional Impairment Rating Scale (W-FIRS), to help determine ADHD severity and guide treatment.

The Weiss Functional Impairment Rating Scale (WFIRS) and the WHO Disability Assessment Schedule (WHODAS) are additional tools that supports this assessment. (RCPS, 2023, p.27)

A longitudinal approach to assessment. As noted above, the majority of the reviewed guidelines explicitly stated that assessment must be comprehensive in its focus, the consideration of developmental timelines. Many of the assessments and rating scales can only be considered a ‘snapshot’ of current difficulties. Two guidelines noted the additional value of taking a longitudinal approach to assessment, following the client over several months and years, particularly with more complex individuals.

Diagnostic reliability depends on a longitudinal assessment of the patient, together with third-party information. Assessment should be carried out on a multidisciplinary basis and may take more than one appointment. (RCPS, 2023, p.20)

Discussion

The eight guidelines included in this review were developed using different methodologies, in different service and cultural contexts and across several continents. Although they differed in their focus, they were strongly aligned in terms of the key elements of the recommended practice in the diagnosis of ADHD, regardless of whether the guidelines focused predominantly on practice with children, with adults or across the lifespan. There was strong international consensus that diagnostic assessments of ADHD should always include the following.

- Diagnosis by a registered specialist with a high level of training and experience.
- Comprehensive assessment, including a developmental and health history, assessments of physical and mental health and observer reports from school and/or family.
- Explicit reference to DSM or ICD criteria in the process and reporting of diagnoses.
- Clear consideration of differential diagnoses and alternative explanations of presenting symptoms.
- Clear evidence of assessment of impairment across multiple settings (e.g. observations, reports of others).

In addition, there was also consensus that ‘best practice’ approaches to diagnosis would include the following.

- A systematic approach to screening for comorbidity/coexisting conditions to inform diagnosis and future treatment.
- A culturally sensitive approach to diagnosis, including understanding the cultural context of symptoms, employing a strengths-based approach and using cultural and language interpreters where appropriate.
- A multidisciplinary and/or multi-agency approach, to inform both diagnosis and future treatment.
- Patient-centred and/or family-centred approaches, actively involving the individual and their family in the assessment process, tailoring the approach (and information) to their needs and preferences.
- A systematic/validated assessment of functional impairment associated with ADHD to inform support needs.
- A longitudinal approach to assessment, where the diagnosis is considered developmentally, rather than as a ‘snapshot’ taken at a single time point.

The reviewed guidelines focussed on the diagnosis of a condition that is conceptualised as biomedical in origin, with the majority taking a directly reductionist, biomedical approach to summarising research evidence. It is therefore unsurprising that the focus was strongly on medical/clinical considerations and related to symptoms and differential diagnosis. Although five of the eight guidelines included statements relating to cultural sensitivity and four included statements related to person/family-centred approaches, these were still largely considered secondary to a medical/clinical process.

In Aotearoa New Zealand, there are significant discrepancies in clinical outcomes for Māori and other groups across a wide range of mental and physical conditions (e.g. Sheridan et al., 2024). Although the reasons for this are likely to be multifactorial, the lack of consideration of culture in clinical assessment has been strongly argued to contribute to poorer outcomes for Māori (e.g. Kopua & Skirrow, 2023; Sheridan et al., 2024). In this context, several authors have recently attempted to understand the symptoms of ADHD in a Te Ao Māori (Māori world) framework, including promoting the use of the Māori language term ‘arorareretini’ (meaning ‘mind goes to many things’), the use of pūrakau (Māori creation stories) and the metaphor of the pīwakawaka (NZ fantail; see Kopua & Skirrow, 2023; Rangiwai, 2024).

Furthermore, there is good evidence that Māori are not the only group who experience inequalities in health outcomes, with significant variation in rates of ADHD diagnosis and treatment by gender, sexuality, ethnicity, culture and socioeconomic status internationally (e.g. Shi et al., 2021). Rather than being a secondary consideration, we argue that person-centred or family-centred approach, including culturally-focused care, is a pre-requisite for ensuring good quality care and achieving positive outcomes.

The findings of this study have some important implications for clinical psychologists. First, psychologists are explicitly mentioned in the guidelines as essential to the diagnostic process, either diagnosing alone or as part of a multi-disciplinary care team. However, it remains unclear whether specific training in the diagnosis of ADHD currently forms a significant part of (clinical) psychology training programmes in Aotearoa New Zealand. At the time of writing (2024), the requirement in Aotearoa New Zealand is for stimulant medication only to be prescribed on ‘special authority’ through a paediatrician or psychiatrist (Skirrow et al., 2023), which limits the utility of clinical psychologists diagnosing ADHD when working in isolation. In this context, the above synthesis provides clear standards for psychologists and others to follow in terms of providing quality diagnostic care for people with ADHD. Based on the above standards, Appendix A presents an audit tool for consumers and families to evaluate the quality of the assessments that they receive.

The key challenge for health professionals will be to minimise barriers for people with ADHD to access diagnostic and treatment services, while maintaining clear standards of care. The present study focused solely upon aspects of the ADHD guidelines that pertained to assessment and diagnosis; however, similar challenges certainly exist in access to both pharmacological and non-pharmacological treatments (Skirrow et al., 2023). Further analyses synthesising guidelines for the treatment of ADHD may be helpful in identifying areas where support services are lacking in Aotearoa New Zealand.

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Appendix A: How Good was my ADHD Assessment?

A review of eight international guidelines on the assessment of ADHD (Skirrow, 2025) showed that there are six things that should **always** be part of an assessment of ADHD, and four further things that would be considered good practice. The following checklist will help you evaluate how well you were assessed and/or help you know what to look out for when seeking an assessment.

ALL ADHD ASSESSMENTS SHOULD INCLUDE THESE	Yes	No	Notes
1. The assessor should be appropriately qualified Was the diagnosis made by a registered specialist with significant training and experience in diagnosis of ADHD and other developmental, mental and physical health conditions?			<i>Because of their core training in diagnosing ADHD alongside and other associated conditions, the professions most usually considered qualified to diagnose are psychiatrists, psychologists and paediatricians. In many countries, professionals such as general practitioners (GPs) and nurse practitioners (NPs), can also undergo additional training in order to diagnose ADHD.</i>
2. The assessment should be extremely thorough Did your assessor ask about/ obtain details of your developmental, physical and mental health history, as well as your family history?			<i>It is typical for ADHD assessment to take several hours and/or be conducted over several sessions, and it is common to involve family and/or school teachers/work colleagues.</i>
3. The assessor should use internationally agreed criteria Did the assessor comment on whether you meet international criteria (e.g. DSM-5 or ICD-11) for a diagnosis?			<i>There are clear criteria for the diagnosis of ADHD, your assessor should have a good knowledge of them and should refer to them in their reports.</i>
4. The assessor should consider other likely explanations for your symptoms Did the assessor discuss other conditions that can result in similar symptoms to ADHD? Did they investigate other possible causes, including screening for physical and mental health issues?			<i>There are many other difficulties that can result in poor attention, which should be considered. Physical health issues such as thyroid dysfunction and nutritional deficiencies; neurodevelopmental conditions such as autism, dyslexia, sensory processing disorder and childhood epilepsy; and mental health issues such as anxiety, depression, bipolar disorder, trauma and substance abuse should all be considered.</i>
5. The assessor should be careful to check that your difficulties are consistent across different environments/situations Did the assessor get evidence of your difficulties across multiple settings (e.g. did they visit or speak to teachers at school or work colleagues, did they get feedback from family)?			<i>For a diagnosis of ADHD to be justified, your symptoms should be evident in more than one situation/setting. The assessor should check this thoroughly.</i>
6. The assessor should consider you, your background, your culture and your circumstances in forming a diagnosis. Did the assessor consider things that you feel are important to you, such as culture, ethnicity, sexuality or family circumstances? Did they involve you and your family/whanau in the process of diagnosis?			<i>In New Zealand, healthcare consumers have a number of rights to be respected, informed and involved in their care, known as the Code of Health and Disability Services Consumer's Rights.</i>

A HIGH-QUALITY ASSESSMENT WOULD ALSO INCLUDE THESE	Yes	No	Notes
1. The person should assess you for other difficulties, that commonly occur in people with ADHD. Where they are present, they should provide you with a plan on how to address them. Did the assessor discuss issues that are not part of ADHD, but do occur commonly alongside it, such as anxiety? Did they recommend any further treatments or strategies?			<i>As well as sometimes being mistaken for ADHD, many other neurodevelopmental and mental health issues are common among people with ADHD. It is important that your assessor considers these and makes a treatment plan when they are present.</i>
2. The best quality assessments are undertaken by a team of professionals. Did the assessor complete the assessment on their own or were they part of a wider team?			<i>No single profession, or one individual, will be trained in every aspect of ADHD and the difficulties associated with it. The best assessments involve input from multiple professionals, including medical professionals (e.g. paediatricians, psychiatrists, GPs), psychologists and other professions such as occupational therapy and speech therapy.</i>
3. The assessor should consider a formal assessment of how your ADHD affects your ability to function in daily life. Did the assessor ask you to complete standardised questionnaires about how significantly it impacts upon your life?			<i>An important element of a diagnosis of ADHD is the impact that inattention and/or hyperactivity have on your daily life. Many guidelines recommend formal assessment of daily functioning, typically using standardised questionnaires.</i>
4. The assessor should consider whether they need to assess you over a longer period. Did the assessor take care to evaluate your symptoms over a long period (rather than just recently)? Did they follow you up over several months or years?			<i>A high-quality assessment always includes a consideration of how you have been for your whole life (not just recently). Where the person's issues are complex, or in very young children, it can be useful to follow them up over several years to ensure the diagnosis is correct.</i>