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1. How prevalent is ADHD among children? What about the prevalence of ADHD among adults?

Research figures indicate that ADHD affects approximately **5-8 per cent of children and 2-7 per cent of adults in Singapore**. These statistics align closely with global prevalence rates. While ADHD is most commonly identified during school-age years, there is growing recognition that this neurodevelopmental condition persists well into adulthood for many individuals.

Clinical data from major healthcare institutions reflect this demographic pattern. Recent assessments show that ADHD diagnoses span across age groups, with adult diagnoses becoming increasingly common as awareness grows.

The assessment for adult ADHD is a comprehensive, multi-step process that requires careful clinical evaluation. Unlike childhood ADHD diagnoses where current symptoms are readily observable, adult ADHD assessment crucially depends on establishing a clear history of childhood difficulties and obtaining corroborative information from family members or early school records. This thorough approach is essential because ADHD symptoms must have developmental origins - they cannot suddenly emerge in adulthood without prior signs.

Additionally, the assessment process must carefully rule out other psychiatric conditions that can mimic ADHD symptoms. Anxiety disorders, depression, sleep disorders, and stress-related conditions can all present with inattention, restlessness, or concentration difficulties that may be mistaken for ADHD. The higher rate of positive diagnoses in children and adolescents compared to adults seeking assessment reflects this complexity - while genuine ADHD cases may go unrecognised, thorough evaluation also identifies when inattention stems from other treatable conditions.

These comprehensive assessments are conducted at multiple healthcare centres nationally, ensuring that individuals receive accurate diagnoses through this necessarily painstaking but crucial process. While it takes time, this methodical approach protects both those who need ADHD treatment and those whose symptoms have different underlying causes.

2. What might some of the key barriers or areas of concern be for someone living with ADHD? And what can we (as parents, friends or policy-makers) do to better support them?

For many individuals with ADHD, the most significant challenges extend beyond managing core symptoms to **navigating environments that are not designed with neurodiversity in mind**. In particular, Singapore's fast-paced, highly competitive educational landscape starts from a very early age. This can intensify the difficulties for young children diagnosed with ADHD. The constant demands for sustained attention, meticulous organisation and consistent self-control can create overwhelming pressure for children and adolescents whose brains function differently.

The result is what often appears as carelessness, defiance or laziness, which is frequently a manifestation of **cognitive overload**, where the brain works exceptionally hard to focus, regulate emotions and filter distractions in an environment full of competing demands, but ultimately fails to keep up. When children repeatedly struggle to meet conventional expectations, both they and their support networks can become frustrated, creating a cycle of negative interactions. It is not uncommon to hear of parents and/or teachers using harsh, unkind words out of frustration.

The emotional consequences of these repeated struggles can be profound and lasting. Children who are frequently criticised for behaviours they cannot fully control often experience **erosion of self-confidence and self-worth**. Over time, they may internalise harmful labels, developing fixed beliefs that they are inherently lazy, disruptive or inadequate. This internalised stigma can shape behaviour patterns. For example, some children become class clowns to mask embarrassment, while others withdraw socially or act out in frustration. Without understanding and supportive adults, these patterns can persist into adolescence and adulthood, sometimes manifesting as oppositional behaviour, school avoidance, or even involvement with the justice system.

At the societal level, these individual challenges are compounded by **persistent misconceptions and uneven awareness**. Many people still view ADHD as merely a childhood phase that will be outgrown, or assume it results from inadequate parenting. Conversely, some parents may attribute all behavioural difficulties to ADHD, overlooking the important roles of structure, consistent discipline and emotional attunement. Both extremes can delay accurate diagnosis and appropriate intervention.

Girls and women remain significantly under-recognised in ADHD diagnosis. Their symptoms often present less obviously than the stereotypical hyperactive boy, but rather manifest instead as chronic disorganisation, forgetfulness, emotional sensitivity or internal restlessness. Consequently, many females go undiagnosed until adulthood, when accumulated effects of untreated ADHD begin impacting relationships, career progression and overall mental health.

Supporting individuals with ADHD requires a **comprehensive, community-wide approach** involving families, educational institutions and policy-makers. Parents and

peers can provide crucial support through empathy, consistency and positive reinforcement rather than criticism. Schools can make substantial differences by training teachers in early ADHD identification, implementing structured classroom strategies, and deploying counsellors or special educational needs officers to guide both students and families.

Policy-makers can strengthen this support ecosystem by expanding access to affordable assessments and treatments in the public healthcare sector, integrating ADHD awareness into national mental health campaigns, and encouraging workplace accommodations that allow neurodivergent individuals to thrive professionally.

Early recognition and collaborative support are essential. Parents and educators should seek timely assessment when concerns arise and work closely with schools and healthcare providers to develop comprehensive intervention plans. Communities play vital roles in reducing stigma by normalising conversations around neurodiversity and celebrating different cognitive styles. With understanding, early support, and appropriate interventions, children and adults with ADHD can harness their inherent strengths, including creativity, energy and resilience, to lead fulfilling, productive lives.

3. What do you see as the primary changes in social and scientific attitudes towards ADHD in Singapore over the past few decades?
 - For instance, what kind of awareness do you see growing in Singapore regarding ADHD?
 - Also, are there prevailing misconceptions that still remain?

Awareness and understanding of ADHD in Singapore have undergone **remarkable transformation over the past few decades**. This evolution has been driven by increased research attention, public education initiatives, and expanded access to psychological and psychiatric services. Compared to the 1990s, when ADHD was largely unknown to the masses, or ADHD symptoms were predominantly viewed as a behavioural problem requiring discipline, today it is increasingly recognised as a legitimate neurodevelopmental condition affecting attention, executive functioning and emotional regulation.

This paradigm shift has enabled teachers, parents and clinicians to **identify symptoms earlier and provide more targeted, evidence-based interventions**. The medical and educational communities have moved away from punitive approaches towards understanding-based support strategies.

Social media and digital platforms have significantly accelerated awareness, particularly over the past five years. Since the COVID-19 pandemic, we observed a notable

year-on-year increase in ADHD diagnoses at NUH. This surge likely reflects multiple converging factors: increased screen time highlighting attention difficulties, heightened visibility of mental health discussions online, remote learning challenges exposing executive function difficulties, and more young people and caregivers recognising ADHD traits in themselves or family members.

Interestingly, while diagnoses in young children continue rising, we've also seen **steady growth in adolescent and adult ADHD diagnoses**. This suggests that public awareness is gradually aligning with scientific understanding that ADHD persists across the lifespan, rather than being something children simply "outgrow."

However, increased awareness brings both benefits and challenges. **Greater visibility can sometimes lead to over-attribution** — where normal variations in attention, energy levels or developmental differences are mistakenly identified as ADHD. For instance, some parents seek assessments for very young children displaying age-appropriate restlessness, while some adolescents or adults may pursue diagnosis to explain academic or motivational struggles that actually stem from stress, sleep deprivation, anxiety or mood disorders.

Significant misconceptions persist on both ends of the spectrum. Some individuals still dismiss ADHD as merely a phase, the result of inadequate parenting, or modern life's demands. Others assume that occasional inattention or restlessness automatically qualifies as ADHD. It's crucial to understand that ADHD symptoms must be persistent, present across multiple settings, cause significant impairment, and have roots in early childhood to meet diagnostic criteria. The condition cannot suddenly emerge during adolescence or adulthood without prior developmental signs.

As public and professional awareness continues maturing, the challenge lies in **promoting balanced understanding**, recognising ADHD where it genuinely exists while avoiding over-pathologising normal individual differences in behaviour, attention, and energy levels.

4. Many of our interviewees were diagnosed with ADHD only later in life (in their 30s, 40s, 50s - and many of them only after their children were diagnosed). Could you share with us why these diagnoses might only come later in life? And how might later diagnosis impact someone's quality of life?

Many adults in Singapore are receiving ADHD diagnoses only in their 30s, 40s, 50s, or even much later in life! This delayed recognition occurs because **their symptoms were overlooked, misunderstood, or misattributed during childhood**. Two decades ago,

ADHD awareness in Singapore was extremely limited, many families and educators simply weren't familiar with the condition or its varied presentations.

ADHD manifests in diverse ways that can easily escape detection. Children who were inattentive but quiet, particularly girls, were often dismissed as "daydreamers" or "shy." Others developed sophisticated coping mechanisms, such as relying on high intelligence, rigid personal structure, or external support systems to mask their underlying difficulties. These strategies often worked reasonably well through school and early career stages, but became increasingly unsustainable as adult responsibilities intensified.

It is increasingly common for adults to seek assessment only after their children receive ADHD diagnoses. Observing their child's struggles with focus, organisation or emotional regulation often triggers profound self-reflection. Parents begin recognising similar patterns in their own childhood and adult experiences, including chronic lateness, difficulty completing projects, emotional sensitivity, or feeling constantly overwhelmed by daily tasks. This recognition can be both illuminating and emotionally complex.

Late ADHD diagnosis profoundly impacts quality of life, creating both relief and grief. Many adults describe an overwhelming sense of validation and self-understanding — finally having a scientific explanation for lifelong struggles that they'd attributed to personal failings. For example, a working parent who had always felt chronically disorganised and perpetually behind schedule expressed immense relief learning that her challenges stemmed from neurodevelopmental differences rather than character flaws.

This recognition typically **reduces decades of accumulated self-blame and shame**, opening doors to targeted interventions including coaching, medication and workplace accommodations. Many patients report that treatment helps them manage deadlines more effectively, improve communication with partners, enhance parenting strategies and rediscover confidence in professional settings.

However, late diagnosis can also evoke **profound grief for lost opportunities and unrealised potential**. Many adults mourn careers that stalled due to disorganisation, relationships that suffered from emotional dysregulation, academic achievements that fell short of capability, or decades spent believing they were fundamentally lazy or incapable. A healthcare professional recalled years of burnout from constant disorganisation and emotional exhaustion before learning that untreated ADHD was the underlying cause. Similarly, an entrepreneur realised that impulsive financial decisions and chronically unfinished projects reflected ADHD patterns rather than personal shortcomings.

While late diagnosis cannot undo past experiences, it often marks a **crucial turning point toward healing, self-compassion and meaningful life changes**. Many adults report that understanding their ADHD helps them develop more effective strategies, set realistic expectations and build supportive relationships. For many, diagnosis represents not an ending, but the beginning of a more empowered, authentic and sustainable way of living.

The increasing recognition of adult ADHD also highlights the importance of **lifespan approaches to mental health**, ensuring that individuals can access appropriate support regardless of when their condition is identified.