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ACKNOWLEDGEMENT: We would like to acknowledge and thank the specialist librarian at Massey University who assisted with developing a comprehensive search strategy for this systematic review. We would also like to thank all the women with undiagnosed and late diagnosed ADHD, who inspired this systematic review.

CONFLICT OF INTEREST: The authors have no conflict of interest to declare.

AUTHOR BIOGRAPHIES

Nelida Pennington has completed her Master of Counselling degree with Massey University. With lived experience of the impacts of a late adult diagnosis of ADHD, she is committed to improving outcomes for women with ADHD in Aotearoa New Zealand. As a result of her findings, Nelida has begun to provide group therapy retreats for ADHD professionals which have been well received. She also welcomes opportunities to speak publicly about ADHD with the hopes of reducing harmful stigma and misinformation.

Rachael Pond coordinates student research in the Master of Counselling Studies programme at Massey University. She also teaches child development, with a special interest in children's rights, relational systems, resilience, and ADHD. As a parent of children who have ADHD, she sees the need for responsive diagnosis, accessible treatment options, inclusive schools, and resources and support that enable families and persons with ADHD to thrive.

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Women's Lived Experience of Being Diagnosed with ADHD in Adulthood and the Implications for Counselling: Systematic Review of Qualitative Studies

Abstract

Background. Common representations of attention deficit hyperactivity disorder (ADHD) have been found to influence the diagnostic pathway, meaning girls and women with ADHD are commonly missed or misdiagnosed with other disorders. There is an emerging body of research into the lived experience of women with ADHD, including how a late diagnosis has impacted their lives. **Objective.** This systematic review aimed to understand, in depth, women's experiences of being diagnosed with ADHD as adults, and to highlight implications for counselling. **Methods.** EBSCOhost Discovery Service and Google Scholar databases were comprehensively searched for qualitative studies about women's experiences of being diagnosed with ADHD as adults. Eleven studies met the inclusion criteria and were critically appraised using the CASP qualitative checklist. Their findings were synthesised using thematic analysis. **Findings.** Women recounted many unexplained challenges during childhood and adulthood, which had a negative toll on their emotional wellbeing. A critical turning point commonly led them to realise they may have ADHD and seek an assessment. However, access to an assessment was commonly problematic. Being diagnosed brought both relief and sadness and allowed a new life-narrative and identity to emerge. Medication, self-education, counselling, and networking with others with ADHD were usually found to be beneficial. Some women came to appreciate the strengths of their ADHD. **Discussion.** Girls and women with ADHD who miss being diagnosed experience significant life-long impacts. Consequently, families, teachers, healthcare providers, and counsellors need to be educated about ADHD symptoms in girls and women, so they can facilitate timely referrals to appropriate specialists for diagnosis and support, as required.

Keywords: qualitative; ADHD; diagnosis; women; identity; systematic review

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Implications for practice and policy

- As girls and women with ADHD commonly lack a diagnosis, counsellors require a sound education about ADHD, including specific presentations in girls and women, the potential for co-morbidities like depression and anxiety to mask underlying ADHD, and the importance of a diagnosis to access preferred treatments and supports.
- Targeted ADHD education for teachers, primary health care providers, diagnosing professionals, and the public, are vital to address stigma, gendered stereotypes and misinformation about ADHD.
- Accessible, affordable and timely ADHD assessment is required to reduce the potentially long-term impairments associated with undiagnosed ADHD for girls and women.
- Multi-modal approaches of medication, psychoeducation and (strengths-based) behavioural therapies and counselling are recommended, with priority for ADHD support groups and/or networking.

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Introduction

Attention deficit hyperactivity disorder (ADHD) was formerly considered a childhood condition, with symptoms lessening with age (Lange et al., 2010). More recent thinking acknowledges the ongoing impacts of ADHD into adulthood. According to the consensus statement by the World Federation of ADHD (Faraone et al., 2021), 5.9% of youth and 2.5% of adults have ADHD. Males are more likely to have ADHD than females by two to one (Faraone et al., 2021). While better knowledge of ADHD is leading to increasing numbers of children and adults being diagnosed (Klefsjö et al., 2021; London & Landes, 2021), diagnosis may still be missed in childhood (Ustun et al., 2017). Girls and particular cultural groups are especially susceptible to not being diagnosed or being misdiagnosed (Dong et al., 2020; Martin, 2024).

ADHD is diagnosed as one of three types: predominantly hyperactive/impulsive type, predominantly inattentive type, or combined hyperactive/impulsive and inattentive type (American Psychiatric Association [APA], 2013). The hyperactive/impulsive type has symptoms that are visible and disruptive (e.g., inability to stop moving, taking risky actions), so children exhibiting these external behaviours are more commonly referred for ADHD assessment (Kooij et al., 2019). The largely internal experience of the predominantly inattentive type (e.g., executive functioning (EF) challenges, like poor concentration and distractibility), is often missed or given alternative explanations (Young et al., 2020). As girls more commonly have the predominantly inattentive type of ADHD (Hinshaw et al., 2022), and experience their symptoms internally (Young et al., 2020), their challenges are invisible to others, and they are commonly missed (Kooij et al., 2019), or diagnosed later than boys (Klefsjö et al., 2021).

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Under-diagnosis and misdiagnosis of ADHD is also explained by other factors. People responsible for children being referred for ADHD assessment, such as parents, teachers and general practitioners, can have limited knowledge and hold stereotypical or stigmatising beliefs about ADHD (Faraone et al., 2021; French et al., 2019). These include that ADHD mainly affects boys; it must include hyperactivity; inattention is not significant, it is caused by bad parenting or lack of self-control, or it is not a valid diagnosis. Publicly funded diagnostic pathways can have high thresholds, and private assessments may be costly or have long waiting lists. Ethnic minorities may mistrust medical models of diagnosis and see it as pathologising and discriminatory (Goetz et al., 2023; Rangihuna et al., 2018).

Faraone et al.'s (2021) international consensus statement finds that undiagnosed or untreated ADHD may have a major impact on the course of a person's life, with higher incidence of underachievement in education, unsuitable career options, co-existing physical and mental conditions such as immune disorders and harmful substance use, and failed relationships. While significant for all adults, women who missed diagnosis in childhood have unique experiences. They are more likely to internalise their inattentive and EF challenges and blame themselves for their struggles (da Silva et al., 2020). Due to gendered expectations for girls and women, such as being quiet and organised, deviations from cultural norms can be judged harshly (Young et al., 2020). Relational problems result, with subsequent emotional distress becoming the focus for referrals and diagnosis (Young et al., 2020). These emotional challenges commonly appear when responsibilities increase – during adolescence and when pursuing higher education, starting a career, and becoming a parent (Hinshaw et al., 2022).

Undiagnosed women appear to have higher levels of co-existing psychiatric disorders, self-harm, and suicidal ideation (Faraone et al., 2015; Kooij et al., 2019; Long & Coats, 2022). Fuller-Thomson et al. (2016) identified a considerable vulnerability to have early life

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challenges and physical and mental health problems that were sometimes triple that of their non-ADHD peers. The lack of a diagnosis supports and treatment, such as medication that may improve focus during learning (Young et al., 2020), may lead to significant and longer-term impairment for women (Quinn & Madhoo, 2014). Further research into girls and women with ADHD is clearly needed (Attoe & Climie, 2023; Hinshaw et al., 2022).

Research Rationale, Aim, and Review Questions

Tuhiwai Smith (2012) and Came (2013) advocate for social justice in research. In this vein, it is important to understand the unique challenges and personal experiences of women of receiving an ADHD diagnosis in adulthood, and to contest the dominant beliefs about ADHD. This systematic review strengthens the voice of women by synthesising the findings of multiple studies about women's experiences of an ADHD diagnosis in adulthood and to consider the implications for counselling women who are undiagnosed or diagnosed.

Specific research questions included:

What are women's experiences of receiving a diagnosis of ADHD as an adult?
How do women make sense of themselves and their lives before, during and after a diagnosis of ADHD?
What are the implications for counselling?

Methods

Methodology

This research sought to identify, critique, and synthesise in-depth accounts of the lived experiences of women who had been diagnosed with ADHD as adults using qualitative

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systematic review methodology. Due to former research on ADHD mainly being quantitative, with a gendered and childhood focus, this qualitative research was necessary to provide rich and personal narratives of adult women receiving a diagnosis of ADHD (Horton-Salway & Davies, 2018). Using qualitative systematic review methodology (also known as qualitative meta-syntheses) would hence provide a robust, in-depth, and rich understanding of women's experiences of late diagnosis of ADHD, as represented across selected studies, and have the potential to improve practice, outcomes, research, and policy (Dawson, 2019; Sandelowski et al., 1997; Timulak & Creaner, 2022). Informing the practice of counsellors was a particular focus.

Authors' Personal and Cultural Positions

I (NP, first author) am a New Zealand European, cis-gender woman, diagnosed with ADHD in my fifties. I (RP, second author) am a neurotypical, New Zealand European, cis-gender woman, who has two sons with ADHD. As feminists, we stress the importance of addressing gender biases and inequalities in ADHD research, clinical practice, and societal attitudes. We also challenge deficit-oriented pathologisation of ADHD and instead recognise the strengths that neuro-divergent people have alongside their challenges.

Search Procedure

A specialist librarian assisted with developing a comprehensive search strategy that used Google Scholar and EBSCO-host Discovery Service. The latter searches across all major article databases, including but not limited to PsycINFO, Scopus and Academic Source Premier databases. Search terms are shown in Table 1. Reference lists were hand-searched for potential articles and notifications were received from article databases when new articles were published.

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Table 1

Search Syntax

Search engine	Final Boolean Search
EBSCOhost 27/3/23	(adhd OR "attention deficit") AND (diagnos*) AND (wom?n OR female*) AND (adult*) AND (qualitative OR "mixed method*" OR "case stud*" OR phenomenolog* OR narrative* OR interview* OR “focus group*” OR “thematic analy*”)
Google Scholar 4/4/23	allintitle:adhd OR "attention deficit" women OR female

Inclusion and Exclusion Criteria

All results were exported by the first author to the EndNote reference management tool. The study titles and abstracts, and then qualifying full text articles, were screened by the first author for their eligibility using inclusion and exclusion criteria presented in Table 2, based on the SPIDER tool (Cooke et al., 2012). Studies that included diagnosed men, diagnosed adolescent girls, or undiagnosed women, were eligible only if narratives were distinguishable for women diagnosed with ADHD in adulthood. Articles had to be peer-reviewed and published in the English language between 2003 and 2023. The first author involved the second author in decision-making when eligibility of a study was not straightforward.

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Table 2

Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria
Sample (S)	Women diagnosed with ADHD as an adult; any cultural group or location.	• Children, adolescents, men diagnosed with ADHD • ADHD not primary diagnosis
Phenomenon of Interest (Pi)	Experience of receiving an adult diagnosis of ADHD	• Not describing experience of adult diagnosis
Design (D)	• Interviews • Focus Group • Phenomenology • Case study • Narrative	Discourse analysis
Evaluation (E)	Women's accounts of experiences	• Others' accounts of women's experiences • When voices of diagnosed women were not included
Research Type (R)	• Qualitative • Mixed method	Quantitative

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Critical Appraisal

The quality of each study was assessed by the first author using the Critical Appraisal Skills Programme (CASP) tool (Long et al., 2020), which provides ten guiding questions to assess four domains: the aim, methodology, findings, and value of the study. While not ideal for included case studies, it was preferable to the Joanna Briggs Institute (JBI) case study appraisal tool (Lockwood et al., 2015), which focuses on intervention assessment. The response options include *yes* (adequately addressed), *somewhat* (partially addressed), *can't tell* (not stated) or *no* (not adequately addressed).

Data Extraction and Synthesis

Key information from the studies, including the study aim, participant demographics, location, methodology, methods, type of analysis, and relevant findings, was extracted and placed into data extraction tables.

Braun et al.'s (2019) six-phase approach to reflexive thematic analysis was used. Firstly, familiarisation was achieved by several readings of each study and taking notes. Secondly, NVivo data synthesis software was used to generate initial codes, line by line, for the studies' findings. Thirdly, the codes were inductively grouped into themes that stayed close to the meaning conveyed by participants, mindful of the themes identified within the studies, and the chronological experience (from pre-diagnosis to post-diagnosis). Potential themes and subthemes were reviewed several times in the fourth phase, ensuring each was distinctive and coherent, and that they together represented the full dataset from the selected studies. In the fifth stage, the themes and subthemes were defined and named, and illustrative participant quotes were selected. Lastly, the analysis was written following the chronological narrative of the women and the themes identified. The first author, who led the analysis, reflected upon, reviewed and discussed each phase with the second author, to ensure personal bias was managed, and to jointly strengthen the rigour, comprehensiveness, and fidelity of the themes.

Ethical Considerations

Massey University acknowledged receipt of the peer-reviewed low-risk ethics notification (Ethics Notification Number: 4000027524) in May 2023. Included studies were peer-reviewed articles with ethics statements, yet they were evaluated to ensure they did not cause potential harm to vulnerable or marginalised groups, including people with ADHD. The inclusion of qualitative studies and narratives of women with ADHD, meant the findings honoured their experiences and reduced the likelihood of deficit-based objectification.

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Results

Included Studies

As seen in Figure 1, 1,693 records were identified after duplicates were removed. After titles and abstracts of these records were screened against the eligibility criteria, 15 records remained, with full texts assessed for eligibility. Unpublished master's studies (n=2), and case studies that did not include the voices of women with ADHD (n=2), were excluded. Eleven studies were selected.

Quality of the Studies

Four articles were of high quality (Aoki et al., 2020; Holthe & Langvik, 2017; Morgan, 2023; Waite & Tran, 2010), six were moderate to high quality (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013; Henry & Hill Jones, 2011; Stenner et al., 2019; Waite & Ivey, 2009; Waite & Ramsay, 2010) and one was moderate quality (Tal & Goodman, 2023) (see Table 3). The studies provided clear aims and had robust qualitative research designs, except for the two case examples, where this was not applicable. Data collection appears to have been appropriate, although eight studies did not clearly state the researchers' position or their relationship with participants. Ethical issues were adequately stated in seven studies, with the remaining four providing some coverage. All studies provided valuable information and compelling findings based on the perspective of the women participants. The rigour and transparency of the data analysis was significant for the quality ranking.

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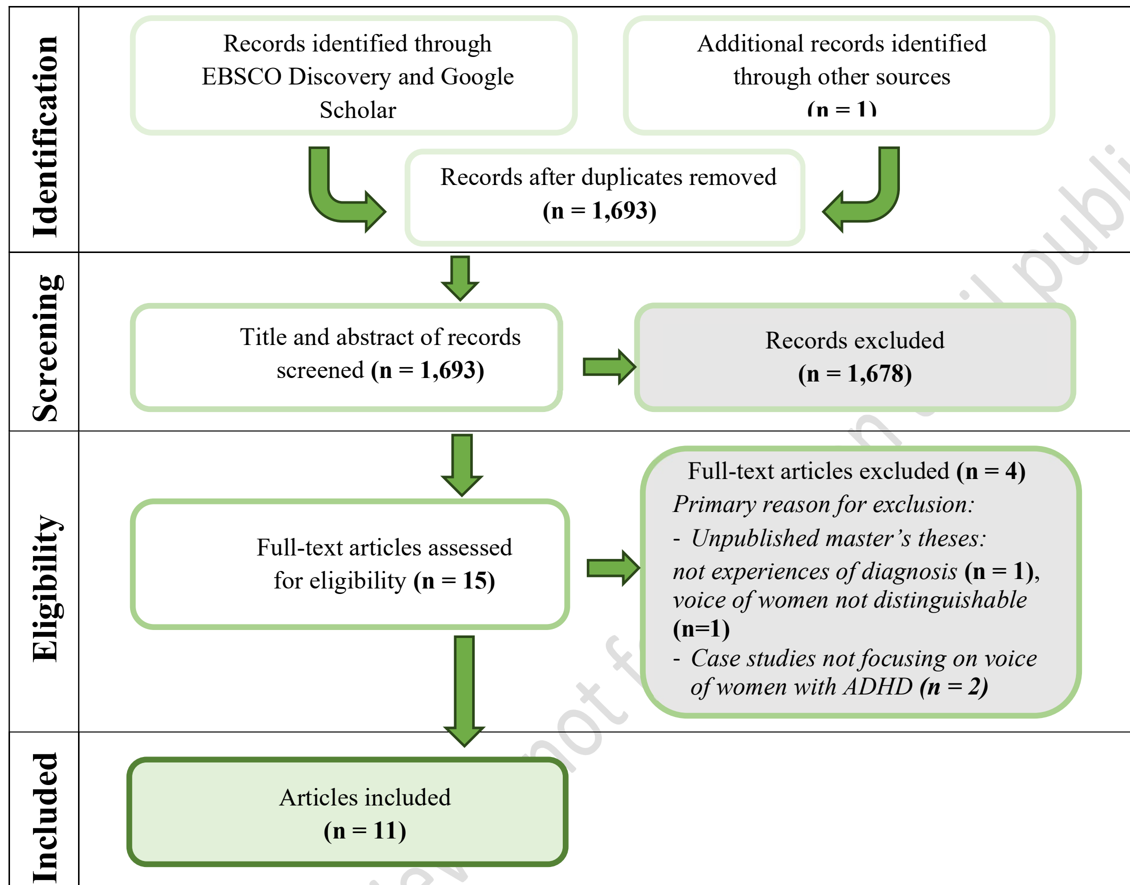
Figure 1

Flow Diagram of Study Selection Process.



Study Characteristics

There were at least 114 women participants across all studies (See Table 4). While ethnicity was not reported in five studies, a minimum of 15 ethnic groups were included in the other six studies, and locations included Israel, Japan, the United Kingdom, the United States, and internet websites. The ages of diagnosis ranged from 18 to 89 years, with the time since diagnosis mentioned in only two studies. Of the eight studies that reported education levels of the participants, seven had mostly university or college attendees. A range of recruitment processes were followed. Data in the studies came from interviews and personal narratives on internet sites. Thematic analysis was used for all studies (excluding the case examples).

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Table 3

Findings of the CASP Quality Assessment for Qualitative Studies (Long et al., 2020).

	Aoki et al. (2020)	Fleischmann & Fleischmann (2012)	Fleischmann & Miller (2013)	Henry & Hill Jones (2011)	Holthe & Langvik (2017)	Morgan (2023)	Stenner et al. (2019)	Tal & Goodman (2023)	Waite & Ivey (2009)	Waite & Ramsay (2010)	Waite & Tran (2010)
Was there a clear statement of the aims of the research?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Is a qualitative methodology appropriate?	✓	✓	✓	✓	✓	✓	✓	✓	**NA**	**NA**	✓
Was the research design appropriate to address the aims of the research?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Are the study's theoretical underpinnings clear, consistent, and conceptually coherent?	✓	✓	✓	✓	✓	✓	✓	**S**	✓	✓	✓
Was the recruitment strategy appropriate to the aims of the research?	✓	✓	**S**	**S**	✓	✓	✓	**S**	**S**	**S**	✓
Was the data collected in a way that addressed the research issue?	✓	✓	✓	✓	✓	✓	✓	**S**	✓	**S**	✓
Has the relationship between researcher and participants been adequately considered?	✓	**S**	✓	**S**	**S**	✓	**CT**	**CT**	**CT**	**CT**	**S**
Have ethical issues been taken into consideration?	✓	✓	✓	**S**	✓	✓	✓	**S**	**S**	**S**	✓
Was the data analysis sufficiently rigorous?	✓	**S**	**S**	**S**	✓	✓	**S**	**S**	**NA**	**NA**	✓
Is there a clear statement of findings?	✓	✓	✓	**S**	✓	✓	✓	**S**	**S**	**S**	✓
How valuable is the research?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Notes: ✓ Yes (item adequately addressed); **S** Somewhat; **CT** can't tell (item not stated); ✗ No (item not adequately addressed).

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Table 4

Description of Studies Included in Systematic Review

Study	Purpose	Location	Participants and recruitment	Methodology	Data collection methods used	Analysis
1.Aoki et al., (2020). *The experiences of receiving a diagnosis of attention deficit hyperactivity disorder during adulthood in Japan: A qualitative study*	To explore in depth the diagnosis-related experiences and needs of adults.	Japan	n = 12; women n = 6, men n = 6; ethnicity: Japanese; 20-59y Diagnosed: ADHD in adulthood (also depression n = 5, panic disorder n = 3, sleeping disorder n = 2, eating disorder n = 1) Education: diverse (and employment) Recruitment: Psychiatric outpatients	General qualitative approach	Semi-structured in-depth interviews	Thematic analysis
2.Fleischmann & Fleischmann (2012). *Advantages of an ADHD diagnosis in adulthood: Evidence from online narratives*	To explore the impact an adult diagnosis of ADHD has on the person's ability to cope.	Internet.	n = 71; adults Not reported: gender; ethnicity; age; education Diagnosed: ADHD in adulthood Written in first person (monologues) Recruitment: Google and hand search for websites, data retrieved from public domain websites	Grounded theory.	Online personal written narratives	Grounded theory to guide thematic analysis
3. Fleischmann & Miller (2013). *Online narratives by adults with ADHD who were diagnosed in adulthood.*	To examine the processes experienced by adults before and after the diagnosis of ADHD.	Internet	n = 40, adults Not reported: gender; ethnicity; age; education Diagnosed: ADHD in adulthood – primary diagnosis Written in first person Recruitment: Google and hand search for websites, data retrieved from public domain websites	Systematic analysis	Online personal written narratives	Labov's textual-analysis method (adapted to internet setting) guided thematic analysis
4. Henry & Hill Jones (2011). *Experiences of older adult women diagnosed with attention deficit hyperactivity disorder.*	To explore the experiences of older women diagnosed with ADHD.	United States	n = 9; women; ethnicity: Caucasian n = 7, Hispanic n = 2; 62-91y Diagnosed: ADHD after 60y, within last 2 years (also Bipolar n = 2; Anxiety n = 7) Education: diverse (and employment) Recruitment: Convenience sampling - referred by psychiatrist Mental health organisation weekly group therapy participants	General qualitative approach with an ecological systems model lens	Semi-structured in-depth interviews	Thematic analysis
5. Holthe & Langvik (2017). *The strives, struggles, and successes of women diagnosed with ADHD as adults.*	To understand the experiences of women living with ADHD, especially in relation to stigma and gender-specific issues	United States	n = 5; women; 32-50y Not reported: ethnicity Diagnosed: ADHD in adulthood Education: university degree Recruitment: Invited via large ADHD network contact person; homogenous purposive sampling of predetermined requirements	General qualitative approach	Semi-structured in-depth interviews.	Thematic analysis
6. Morgan (2023). *Exploring women's experiences of diagnosis of ADHD in adulthood: A qualitative study*	To understand women's lived experience of ADHD diagnosis in adulthood	United Kingdom	n = 52; women; ethnicity: mixed (white n = 30); UK residents; 19-56y Diagnosed: ADHD in adulthood, within last 2 years (predominantly inattentive n = 25, combination n = 27) Education: in university n = 35, completed university and working n = 8, no university and working n = 7, no university and not working n = 2 Recruitment: University student mailing list with invitation to share more widely	General qualitative approach	Narrative interviews	Thematic analysis

Study	Purpose	Location	Participants and recruitment	Methodology	Data collection methods used	Analysis
7. Stenner et al., (2019). *Adult women and ADHD: On the temporal dimensions of ADHD identities.*	To understand how ADHD is involved in the construction of women's identities and life stories after formal/self-diagnosis	United Kingdom	n = 4 (subset from n = 16); women Not reported: ethnicity; age; education Diagnosed: ADHD in adulthood (formal n = 3, self n = 1) Recruitment: online support group, local community support groups x 2, experienced an emergent event (a key moment of realisation)	General qualitative approach	In-depth interviews – in person or via telephone	Thematic analysis
8. Tal & Goodman (2023). *"For me, 'normality' is not normal": Rethinking medical and cultural ideals of midlife ADHD diagnosis.*	To compare midlife-ADHDers' experiences and narratives against the early-diagnosis psychiatric ideal of ADHD and its broader social and cultural implications.	Israel	n= 36; women n = 20, men = 16; 24-70y Not reported: ethnicity Diagnosed: ADHD in adulthood Education: diverse – majority university graduates Recruitment: snowball recruitment approach	Ethnographic inquiry	Open-ended conversational interviews (in Hebrew) Emic interviewer	Thematic analysis
9. Waite & Ivey (2009). *Unveiling the mystery about adult ADHD: One woman's journey.*	To understand and redress how gender and other contextual factors contribute to women and persons from diverse cultural groups with ADHD being ignored or misdiagnosed and the long-term impacts.	United States	n = 1; woman; ethnicity: African American; 38y Diagnosed: ADHD in adulthood Education: university degree Recruitment: participation in another study - original study not clearly cited.	Case example	Semi-structured interviews	Author's interpretation of what participant shared during interviews
10. Waite & Ramsay (2010). *Cultural proficiency: A Hispanic woman with ADHD – a case example.*	To examine how one woman with ADHD managed social, academic, interpersonal, and familial roles and to discuss the need for culturally proficient practice and treatment frameworks that are gender-sensitive to diagnosis and treatment	United States	n = 1; woman; ethnicity: Hispanic, second-generation U.S.-born, 29y Diagnosed: ADHD in adulthood Education: attending postsecondary institution Recruitment: participation in another study - original study not clearly cited.	Case example	Not stated	Not stated
11. Waite & Tran (2010). *ADHD among a cohort of ethnic minority women.*	To hear the voice of ethnic minority women with ADHD in relation to 1) their perspective about ADHD, 2) how their experience of ADHD affected their life course, 3) identify their self-reported comorbidities	United States	n = 16; women; ethnicity: self-identified ethnic minority (English-speaking); >18y Diagnosed: ADHD at 10 – 43y (n = 9 >18, 56%), (44% depression, 25% anxiety) Education: college Recruitment: flyers to community colleges x 2, universities x 2, other school disability services	Exploratory qualitative descriptive design	Semi-structured in-depth interviews x 2	Thematic analysis

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Table 5

Description of Study Findings

Study	Findings
1. Aoki et al., (2020). *The experiences of receiving a diagnosis of attention deficit hyperactivity disorder during adulthood in Japan: A qualitative study*	1. Difficulties in accepting the diagnosis 2. Interest in ADHD 3. Feelings of relief 4. Identity concerns 5. Dealing with symptoms 6. Acceptance of ADHD
2. Fleischmann & Fleischmann (2012). *Advantages of an ADHD diagnosis in adulthood: Evidence from online narratives*	Three stages identified related to a diagnosis of ADHD 1. Pre-diagnosis: lack of self-confidence and functional difficulties 2. Post-diagnosis: Began to believe in ability to lead meaningful and manageable lives 3. Starting to see the benefits of ADHD
3. Fleischmann & Miller (2013). *Online narratives by adults with ADHD who were diagnosed in adulthood.*	1. Confusion before ADHD diagnosis: repeated failures, internalized negative views, self-blame hampering functioning. 2. Clarification after ADHD diagnosis: move beyond guilt, construct more positive view of life and future, manage difficulties, recognise ADHD benefits
4. Henry & Hill Jones (2011). *Experiences of older adult women diagnosed with attention deficit hyperactivity disorder.*	1. Peer rejection 77% 2. Feeling different 77% 3. Advocate for the underdog 33% 4. Marital challenges 77% 5. School challenges 56% 6. Creativity in career 33% 7. Diagnosis and treatment assist with self-acceptance 66%
5. Holthe & Langvik (2017). *The strives, struggles, and successes of women diagnosed with ADHD as adults.*	1. From unidentified childhood ADHD to adult diagnosis: symptoms, events that led to ADHD diagnosis, receiving diagnosis, mixed emotions 2. Daily symptoms and challenges with ADHD: Executive function difficulties, need for external structures, overwhelming emotions, anxiety, wounded self-esteem 3. Motherhood and gender-specific issues: ADHD symptoms conflicting with gender norms and expectations; challenges and guilt as mothers 4. Stigma of ADHD: causes additional problems and self-doubt, selective disclosure of ADHD 5. Managing ADHD symptoms and identifying strengths, medication, and behavioural strategies
6. Morgan (2023). *Exploring women's experiences of diagnosis of ADHD in adulthood: a qualitative study*	1. ADHD as a possibility when previously missed, having an epiphany 2. Seeking an ADHD referral. Difficulties in receiving medical care 3. Impact of an ADHD diagnosis: life makes sense now, self-compassion, struggles to accept diagnosis by self and others, medication available 4. Trauma associated with late ADHD diagnosis: being misunderstood and excluded leading to shame 5. Medical, mental health and psychological support after diagnosis: medication, gaps with other supports, much support from online forums 6. Why it was missed: social expectations of girls, invisible or masking behaviours, focus on emotional conditions, cultural complexities
7. Stenner et al. (2019). *Adult women and ADHD: On the temporal dimensions of ADHD identities.*	1. A 'lightbulb moment' or emergent event – a pivotal shift with how they perceive themselves – considering they may have ADHD 2. Transformation of the meaning of the 'object' called ADHD – now personal and deeper 3. Transformation of the subject: ADHD as pivotal to a new identity – one that defined them 4. The deeply troubled nature of the old identity: the passion of self-consciousness – believing they were 'bad' 5. Giving oneself some slack by letting oneself off the hook – relief. 6. With the benefit of hindsight: Lay psychological theories of self-formation – reconstructing their pasts from their new perspective
8. Tal & Goodman (2023). *"For me, 'normality' is not normal": Rethinking medical and cultural ideals of midlife ADHD diagnosis.*	1. Different 'time' stages are influential (before and after diagnosis) 2. Midlife-ADHD in Israel: theorising problematic ideas of 'late' and the 'right' time, issues with adult diagnosis in Israel 3. Being out-of-time: different times in their lives, analysing growing up without an ADHD diagnosis, and after being diagnosed 4. Rethinking stigma and normativity: struggles with social stigma, de-stigmatizing themselves and negotiating what is normal.

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Study	Findings
	5. Alternative meanings and implications of being different: explanatory models and insights into being different, an ADHD body. 6. Creating personal healing and coping strategies: achieving focus with flexible medication use and diverse coping strategies
9. Waite & Ivey (2009). *Unveiling the mystery about adult ADHD: One woman's journey.*	*Early years:* 1. Hyperactivity, racing mind, 'acting out', executive function challenges, disciplinary actions taken at school, perceived as normal by family (cultural complexities of diagnosis) 2. Education: achieved well *Later years:* 1. Education: Secondary school disruptions: executive function challenges, poor grades, despair, expulsion, unplanned pregnancies, graduated Higher Education: college, completed nursing qualification with high grades. University: Achieved bachelor's degree one year later than cohort 2. Parenting: overwhelmed by solo parenting responsibilities 3. Marriage: impulsively at 19y, marriage failed 4. Mental health: suicidal ideation, diagnosed with depression, medicated. 5. Career: frequent changes in nursing roles 6. ADHD information: 'This is me', sought diagnosis *Life after diagnosis:* 1. Relief and understanding 2. Concerns: an additional psychiatric disorder; stigma or denial of ADHD from self, family, and friends; hesitation to disclose 3. Treatment: medication and ADHD coping strategies *The future:* 1. Responsibility to self-educate and inform and support teenage children who have signs of ADHD
10. Waite & Ramsay (2010). *Cultural proficiency: A Hispanic woman with ADHD – a case example.*	*Reflection on childhood years:* 1. Executive function challenges, hyperactivity: concerns raised by teacher, parents minimised as immaturity/ poor work habits (cultural complexities of diagnosis) 2. Education: Graduated but frustrated by underachievement *Context of initial diagnosis:* 1. Increasing executive function challenges; stress at college, work, and home (family beliefs - covert lesbian relationship) 2. Mental health: misuse of alcohol, risky behaviours, misdiagnosed with anxiety and depression, medicated for both. Neither medication effective 3. Reassessed and diagnosed with ADHD *Life after ADHD diagnosis:* 1. Initial relief and reason for internal chaos 2. Concerns: dismay about ADHD; family invalidated diagnosis – an "excuse", unwilling to pursue medication (cultural beliefs of being 'crazy' if using psychiatric medication) 3. Self-education: no-one explained ADHD and what it meant 4. Education: struggled with return to academic studies 5. Treatment: transcended family beliefs and stigma, sought help, medication – great benefit, consistent psychotherapy not accessible due to costs, cultural incompetencies: sexual orientation, race, ethnicity, social class *Recovery:* 1. Understanding and acceptance of neurobiological syndrome, engaged in recovery 2. Managing ADHD created a sense of empowerment, medication flexibility, strategies, consistent employment 3. Found a culturally competent mental health worker: followed participant's lead on what was important
11. Waite & Tran (2010). *ADHD among a cohort of ethnic minority women.*	1. Internalized chaos (pre-diagnosis): thoughts, environment, relationships and life direction; frustration, inner turmoil and mental health concerns 2. Cultivation of self-understanding (post-diagnosis): relief/elation, difficulties explained, confusion and anger at delayed diagnosis, ability to move forward 3. Commitment to building capacity: coping strategies, requested increased ADHD knowledge and resources for self and others; non-pathologising health professionals, support groups and networking with other women with ADHD, non-medication options for treatment

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Synthesis of the Findings

The findings of the individual studies are described in Table 5. There were four distinct stages that women narrated in relation to their ADHD diagnosis, each with specific themes and subthemes (see Table 6).

Table 6

Presence of Themes Across Articles

Theme Subtheme	Aoki et al. (2020)	Fleischmann & Fleischmann (2012)	Fleischmann & Miller (2013)	Henry & Hill Jones (2011)	Holthe & Langvik (2017)	Morgan (2023)	Stenner et al. (2019)	Tal & Goodman (2023)	Waite & Ivey (2009)	Waite & Ramsay (2010)	Waite & Tran (2010)
Stage 1: ADHD not recognised											
Theme 1. “There’s something essentially wrong with me”[1] The psychological toll of not being understood.											
Frustration, failure, self-blame and shame	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dealing with mental health or emotional concerns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cultural complexities	✓					✓		✓	✓	✓	✓
Subtheme “If only I could just get it together”[2] Performance gaps in major domains of life.											
Academic achievement impaired		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Employment disruptions	✓	✓	✓	✓	✓	✓			✓	✓	✓
Difficulties being a mother		✓		✓	✓		✓	✓	✓		✓
Coping strategies	✓	✓		✓	✓	✓		✓	✓	✓	✓
Subtheme “Why am I so different?’’[3] Difficulty in many relationships.											
Strained relationships with parents and siblings		✓	✓			✓	✓		✓	✓	✓
Romantic relationship challenges		✓	✓	✓	✓		✓		✓		✓
Friendship failures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stage 2: Pre-diagnosis of ADHD											
Theme 2. “Oh my goodness, that's me!”[4] The process towards a diagnosis for ADHD.											
Emergent event – might I have ADHD?		✓	✓		✓	✓	✓	✓	✓		
Further barriers to diagnosis					✓	✓	✓	✓			
Stage 3: The experience of an ADHD diagnosis											
Theme 3. “I understand my life now”[5] The life-changing impact of a diagnosis.											
Immense relief and self-forgiveness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New motivation and hope for the future	✓	✓	✓		✓	✓	✓			✓	✓
Recognising the impacts of a delayed diagnosis		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
The challenges of a diagnosis	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Stigma from self and others	✓				✓	✓	✓	✓	✓	✓	✓
Stage 4: Post-diagnosis											
Theme 4. What will help? Experiences of treatment.											
Medication experiences	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other treatment experiences	✓	✓	✓	✓	✓					✓	✓
Self-education is often needed	✓	✓	✓			✓	✓	✓	✓	✓	✓
Finding my people		✓	✓	✓	✓	✓			✓		✓
Theme 5. “It’s having a colored TV, while everyone else sees life in black-and-white”[6] Embracing the strengths and accepting ADHD											
		✓	✓	✓	✓		✓	✓			✓

[1] Tal & Goodman, 2023, p. 9
[2] Waite & Ivey, 2009, p. 550
[3] Waite & Tran, 2010, p. 77
[4] Stenner et al., 2019, p. 186
[5] Morgan, 2023, p. 6
[6] Tal & Goodman, 2023, p. 12

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Note. ✓ Themes and subthemes evidenced in the study

Stage 1: ADHD Not Recognised

This stage contained the major theme of the review. Women described the difficulty of this confusing era for themselves and others, with no understanding for their ongoing mental, emotional, and behavioural struggles.

Theme 1. "There's something essentially wrong with me". The Psychological Toll of Not Being Understood

Frustration, Failure, Self-blame, and Shame. All studies identified the women experiencing significant struggles throughout their lives. They spoke of masking their distressing internal experiences of inattention and EF challenges, such as concentration, working memory, planning, organisation, distractibility, chaotic thinking and feeling overwhelmed. Due to their invisibility, the presence and gravity of these internal struggles were not easily recognised as symptoms of ADHD. For some, hyperactivity, impulsivity, and emotional outbursts were also common. The women had no known reason for their inner turmoil or behaviours, resulting in a daily sense of failure. This increasingly damaged their sense of competency and worth, resulting in self-blame and shame. Morgan (2023) noted that many women described this period as "deeply traumatic, impacting on self-esteem and mental health" (p. 11). One woman said, "As a younger child, I remember feeling dumb. I often thought, what's wrong with me … Feeling like a failure at times took a toll on me and views about my ability" (Waite & Tran, 2010, pp. 77-78).

Dealing with Mental Health or Emotional Concerns. Studies where ADHD was not the primary diagnosis were excluded from this review. However, all studies identified additional mental health concerns and risky behaviours for girls and women with undiagnosed ADHD. These included anxiety, depression, bi-polar, panic disorders, eating

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disorders, problematic substance use, criminal activities, early sexual activity, unplanned pregnancies, self-harm and suicidal ideation. Most studies identified that mental distress or difficult historical events for girls and women, often became the focus for diagnosing clinicians. This meant ADHD was commonly misdiagnosed or missed in girls and women. One woman stated "Girls are always thought to be emotional so immediately it was put down to that … So yes, I was anxious, but it was because of my ADHD and because they focussed only on the anxiety, they missed the ADHD" (Morgan, 2023, p. 10).

Cultural Complexities in Recognising ADHD. In six studies (see Table 4), lack of ADHD awareness, stereotyping and less priority given to cultural groups by educational and health professionals, and generalised diagnostic tools contributed to lower rates of diagnosis. Others found their struggles were assumed to be cultural challenges, such as having "English as my second language" or "being born abroad" (Morgan, 2023, pp. 9-10).

The communities of some participants were found to have limited understandings of ADHD (Aoki et al., 2020; Tal & Goodman, 2023), differing thresholds of perceived normal behaviour, mistrust of historically discriminatory educational or medical systems, and sensitivities to a member being perceived as faulty (Waite & Ramsay, 2010). Morgan (2023) quoted one woman saying, "they just thought I was defiant; like the stereotype of the typical angry black woman" (p. 10), and another of needing to be "strong and successful because of the discrimination black people face. I had to hide things because in my community being seen as less able is not good" (p. 10).

Sub theme: "If only I could just get it together". Performance Gaps in Major Domains of Life

Academic Achievement Impaired. Difficulties with academic progress was the most prevalent performance gap cited in all studies. Over their educational years, the women

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described the impacts of EF challenges, such as difficulties with staying focussed, planning, organisation, distraction, procrastination, time management and forgetfulness, causing problems with task completion and learning. Waite and Ramsay (2010) found these challenges were trivialised or mis-judged, being described as daydreaming, low intelligence, laziness, or signs of "immaturity" (p. 426); impulsive and hyperactive behaviours, such as excessive talking, struggling to stay still or emotional outbursts, were misunderstood. One woman said, "In school I definitely felt that I wasn't smart enough and that lowered my self-esteem … the comments I got were not positive at all, so I lost self-confidence" (Holthe & Langvik, 2017, p. 7).

Some women described achieving well in earlier schooling, but of tasks taking longer than it took their peers, and because they were neither failing nor disruptive at school, they "fell through the cracks" (Morgan, 2023, p. 9). Women recalled that many of these performance challenges escalated as they progressed to higher education.

> The things I used to do, like study last minute and panic cram, was no longer working in higher education, my grades started to drop, and I couldn't balance the deadlines anymore. I was always late, in a panic, and it became too overwhelming (Morgan, 2023, p. 5).

As a result, they commonly took longer to complete qualifications or dropped out. This was also when they often pursued mental health support.

Employment Disruptions. The women described difficulties at work, such as issues with time management, inattention, boredom, inconsistent performance, open-space offices with overwhelming stimuli, expectations of independent working, and exhaustion due to juggling their outside life responsibilities. One woman spoke of repeatedly underestimating the time required to complete tasks and of the resulting guilt when unable to finish them

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(Holthe & Langvik, 2017). Another stated, “In the 12 years since finishing college I’ve probably had 15 different jobs. Fired from some, left others before I was fired” (Fleischmann & Miller 2013, p. 54).

Difficulties being a mother. Entering parenthood with numerous daily responsibilities, was commonly described as overwhelming and exhausting. Gendered expectations of women being organised and capable mothers, were found to further compound the sense of failure.

> I think that things became much harder for me when I became a mom. Because of the constant interruptions from my children, and I remember being exhausted by the end of the day; absolutely exhausted. There are so many things that you have to do when you’re a mom (Holthe & Langvik, 2017, p. 7).

Coping Strategies. Nine studies (see Table 7) found that the women used coping strategies and creative problem-solving to manage or hide their challenges to make it through life. These included being a class clown, internalising or masking symptoms, being quiet or good, attempting invisibility, studying for longer to complete homework and working to keep their bodies still. In workplaces, women described strategies such as taking frequent small breaks, chatting with others, and using their imaginations to manage boredom with mundane tasks.

> Girls are always expected to be perfect and not a problem, and boys making mistakes is fine … I spent so much time hiding my true self to not disappoint people or be judged or not get into trouble. It took all my effort to do this (Morgan, 2023, p. 9).

Sub theme: “Why am I so different?’’ Difficulty in Many Relationships

The challenging effects of ADHD on relationships were noted in all studies. Women reported family, romantic, and social relationship damage due to their inattention, forgetfulness,

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impulsivity, emotional outbursts, argumentativeness and difficulty reading social cues. This led to significant distress and isolation for the women throughout their lives as they recalled being ridiculed, excluded, a “loner” (Henry & Hill Jones, 2011, p. 253), and feeling “different” (Waite & Tran, 2010, p. 77).

Strained relationships with parents and siblings. Women in seven studies (see Table 5) described difficulties with their families of origin. Their challenging behaviours were misunderstood and criticised, resulting in them feeling distanced from their parents and siblings. One said, “My mum blamed me … for misbehaving, being lazy, being stupid. I just didn’t understand why she didn’t like me because I was trying so hard to behave” (Morgan, 2023, p. 7), and another, “My [mum] … perceived that there was like … a malevolence within me … What I felt was that I was actually a bad person” (Stenner et al., 2019, p. 191).

Romantic relationship challenges. The women described issues in romantic relationships such as changing relationships regularly, early sexual encounters and unplanned pregnancies, impulsively choosing unsuitable partners and divorce. One stated, “Relationships have ‘never lasted for very long’ and they've always gone wrong” (Stenner et al., 2019, p. 191).

Friendship failures. Many women described experiences of being socially isolated throughout much of their lives. Despite attempts to fit in, their behavioural differences meant “they [other children] wouldn’t have anything to do with me” (Henry & Hill Jones, 2011, p. 253). One woman mentioned, “If someone said something to me, I defended myself and wouldn’t back away” (Henry & Hill Jones, 2011, p. 254); another said, “feeling different to everyone else and not being able to verbalise … I felt so alone and so deeply unhappy with myself” (Morgan, 2023, p. 10).

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Stage 2. Pre-diagnosis of ADHD

Theme 2. "Oh my goodness, that's me!" The Process Towards a Diagnosis of ADHD.

Seven studies (see Table 7) identified the experience of a dawning realisation that ADHD may be a possibility for the women participants. This commonly followed the diagnosis of their child, written and/or online information, or comments from another. One woman mentioned speaking with her father about her daughter's assessment, saying, "I showed him the symptoms and he looked at them and he just went, "that's you", and we both went, "oh my goodness, that's me!" (Stenner et al., 2019, p. 186).

Further Barriers to Diagnosis – "Seeking medical care as a person with ADHD is not ADHD friendly". Five studies (see Table 7) found that women who self-referred for an ADHD assessment sometimes experienced additional barriers, such as their general practitioners minimising their concerns, warning of long waiting lists and not holding current knowledge of assessment referral processes (Morgan, 2023). One woman described a "two-year fight to get it recognised … because it took an awful lot of evidence to get it" (Stenner et al., 2019, p. 187). Another stated, "seeking medical care as a person with ADHD is not ADHD friendly" (Morgan, 2023, p. 6). Families and friends were also found to invalidate their wonderings about having ADHD, with one parent saying, "I just think you don't focus on what you are doing" (Waite & Ivey, 2009, p. 551).

Stage 3. The Experience of an ADHD Diagnosis

Theme 3. "My life makes sense now". The Life-changing Impact of a Diagnosis.

Immense Relief and Self-forgiveness. All studies found the experience of finally receiving a diagnosis of ADHD to be of significant relief. Understanding replaced their life-long confusion, as these women now had a reason for their perceived failures and flaws. Self-forgiveness, self-compassion and self-acceptance were now possible, causing a substantial

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shift from their former problematic identities, to one of a woman with ADHD. For example, “all my negative behaviors … finally made sense to me … I intend to forgive myself for the past and hope to make the most of my “new” future” (Fleischmann & Fleischmann 2012 p. 1491).

New Motivation and Hope for the Future. The transformed identity of being a woman with ADHD and now understanding the reason for their challenges, was found to motivate and empower many women to start afresh with a new sense of purpose and hope. Improvements in academic performance and relationships were also noted.

> Getting the diagnosis was a big thing for me. I understand my life now, I feel that I have got the power back; I have an opportunity to rebuild, unlearn a lot of things that I’ve thought about myself, try to get back some confidence (Morgan, 2023, p. 6).

Recognising the Impacts of a Delayed Diagnosis. The women from most studies spoke of the impacts of a delayed diagnosis of ADHD, expressing sadness and anger at the unnecessary trauma they carried for their whole lives.

> I look back on what I went through as a child and I am so angry and bitter about it … My whole childhood was one of shame … I hated myself for not being like other people. This has impacted my whole life … I feel so sorry for myself and so sad (Morgan, 2023, p. 7).

However, several studies found that some women were grateful they were not diagnosed in childhood, having worked hard and grown skills that they may not have gained otherwise. One woman said, “You start addressing things differently than people that had it easy… this is why we are so much more creative than everyone else” (Tal & Goodman, 2023, p. 11).

The Challenges of a Diagnosis. Despite almost universal relief for the women on receiving their diagnosis of ADHD, most studies found some who struggled with it. Their

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responses included denial, hopelessness that ADHD can't be cured, fear of another psychiatric diagnosis and not wanting to use medication. For example, "Sometimes, I feel very depressed, because no matter what I do, this is like a bad disease that I can never cure" (Holthe & Langvik, 2017, p. 5). Another said, "I don't want to take medication for the rest of my life, especially a stimulant" (Waite & Ramsay, 2010, p. 428).

Stigma from Self and Others. Eight studies (see Table 7) found women had significant negative impacts from ADHD stigma, some hesitating to share their new ADHD identity. Ongoing misinformation, unhelpful media representations and family, friends and themselves not accepting the diagnosis, was found to continue their journeys of being misunderstood. One said, "My dad doesn't believe my ADHD diagnosis, I feel I can't talk about it because people won't believe me, or they'll think I'm making it up to make excuses" (Morgan, 2023, p. 7). Another stated, "[People with developmental disorders] seem to be odd. I was shocked and felt disgusted that I was also one of those oddballs" (Aoki et al., 2020, p. 4).

Stage 4. Post-diagnosis

Theme 4. What will help? Experiences of Treatment.

Medication Experiences. All studies mentioned medication as a treatment for ADHD, with many women experiencing considerable benefits and improvements in functioning with its use. One woman stated "When I take medication, I'm so much more articulate and vocal. It's amazing! The last year I've felt more like "Yes, I can!" and that's so important for self-esteem and self-confidence" (Holthe & Langvik, 2017, p. 9). Some women found medication had little noticeable effect, had challenges with side effects and dosages, and hesitated to take psychiatric medications, especially when considering implications for

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pregnancy. Forgetting to take the medication and wanting to adjust their doses according to their preferences, was also found.

Two studies (Morgan, 2023; Tal & Goodman, 2023) found that medication was the only treatment offered, with minimal medical oversight or follow up. "I was just offered medication and that was it, no support" (Morgan, 2023, p. 8).

Other Treatment Experiences. Multi-modal therapy was found to be the most helpful treatment for women with ADHD, with input from psychologists, psychotherapists, and/or ADHD coaches and group therapy suggested. Women expressed the benefits of the camaraderie of group therapy (Holthe & Langvik, 2017). However, issues related to costs, the health professional's agenda, current ADHD knowledge and attitudes, and lack of cultural or sexual identity awareness, could be problematic. Women stated, "I see my primary care provider sometimes, but it's difficult to afford" (Waite & Tran, 2010, p. 81), and "I just didn't click with some of the people [i.e., therapists] I was referred to. They didn't get to know me and my specific concerns. Instead, they focussed on time management and organization skills" (Waite & Ramsay, 2010, p. 428).

Self-education is Often Needed. Nine studies (see Table 7) found the women often researched ADHD for themselves. This was due to both the frequent lack of follow-up care after diagnosis, and to cater to their personal areas of interest and need. One woman stated, "It was never really said to me, "This is what ADHD is and this is what this means." I did a lot of research on my own in terms of what does it mean?" (Waite & Ramsay, 2010, p. 428).

Finding My People. Seven studies (see Table 7) found that women valued the support they received from networking with others with an ADHD diagnosis. Websites, social media and online forums were found to provide information, treatment strategies, safety, support, hope and empowerment. One woman said, "I stumbled onto Usenet's

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alt.support.attn-deficit in early 1994 and for the first time in my life I felt like I'd found people who understood me" (Fleischmann & Fleischmann, 2013, p. 54). Personal stories were shared by people with ADHD hoping to help others, with one saying, "if I can help one person, it will have been worth it" (Fleischmann & Fleischmann, 2012 p. 1492).

Theme 5. "It's having a colored TV, while everyone else sees life in black-and-white". Embracing the Strengths and Accepting ADHD.

While it took time for some women, seven studies (see Table 7) found that women came to recognise the benefits of having ADHD and "affirm the value of their difference" (Stenner et al., 2019, p. 194). One woman said, "Yeah, I like it. I'm proud of it and I'm actually now really, really bloody proud of myself" (Stenner et al., 2019, p. 189). Another stated,

> I really, really love what ADHD brings for me, if that makes sense … I think it makes me a really interesting person to be around … Whereas before I used to see who I was as a flaw … Now I almost feel like I'm lucky to have what I have and to be who I am (Stenner et al., 2019, p. 189).

Some women also noticed a good match between their employment and their ADHD traits, including some nurses who described their jobs as "fun and exciting" (Henry & Hill Jones, 2017, p. 256). Others now understood the need to accommodate their ADHD in employment, expressing a new awareness of their identity. Some expressed the realities of living with ADHD and the need for acceptance and a balanced perspective. One said,

> Being true to who you are is important. I know my limits and my responsibilities. I often say, ADHD is an explanation not an excuse for things I don't get done. I have gained more self-understanding; however, my own personal development is still a work in progress. I take steps forward and others backwards and that's OK with me (Waite & Tran, 2010, p. 79).

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Discussion

This systematic review of eleven studies (nine qualitative and two case examples) gave voice to women who have experienced a late diagnosis of ADHD. Five main themes were identified: the psychological toll of not being understood, the process towards a diagnosis of ADHD, the life-changing impact of a diagnosis, varied experiences of treatment, and accepting and embracing the strengths of ADHD.

The findings suggest women suffered significant and lifelong distress, affecting every aspect of their lives, due to undiagnosed ADHD. Women commonly experienced a turning point, where they began to consider ADHD as a possibility. After diagnosis most women felt significant relief as they now understood their life-long challenges. However, there was also dismay at its permanence, anger at the delayed diagnosis, ongoing challenges associated with ADHD stigma and limited or unsuitable treatment options. Many women found medication, self-education, ADHD support groups, and networking with others diagnosed with ADHD to be helpful. Eventually, some women appreciated the benefits of having ADHD and embraced their ADHD identity.

The systematic review found that in the first stage, when ADHD was not recognised or diagnosed, significant self-blame, isolation, and severely damaged self-esteem were experienced by women. This finding is highly prevalent in wider literature (Attoe & Climie, 2023; Brzezinska et al., 2021; da Silva et al., 2020; Horton-Salway & Davies, 2018). The wider literature has also found co-existing mental health challenges to be common (Murray, 2021; Rowe et al., 2021; Vildalen et al., 2019), with increased risks of self-injury and suicidal behaviours for girls and women with undiagnosed ADHD (Hinshaw et al., 2022). These challenges often mistakenly become the focus for assessments for girls and women (Quinn & Madhoo, 2014).

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ADHD diagnosis is more often missed or delayed for girls compared to boys (Brzezińska et al., 2021), with inattention more common in girls and women (Hinshaw et al., 2022). Parents, teachers and medical practitioners often do not recognise the significance of less visible symptoms (Kilic & Young, 2022; Long & Coats, 2022; Solden, 1996). With challenges commonly becoming obvious from adolescence onwards, and the DSM-5 (APA, 2013) criteria requiring symptoms to be evident before 12 years, ADHD is often not considered (Murray, 2021).

Culturally diverse participants were represented in the 11 reviewed studies. However, there is limited literature about the experience or understanding of ADHD from non-Western perspectives, including indigenous viewpoints, e.g., by Māori in New Zealand (Rangiwai, 2023). Chung et al. (2019) and Faraone et al. (2021) note the need to understand culturally diverse presentations of ADHD and to develop appropriate diagnostic tools. However, Belaid et al. (2022) and Rangihuna et al. (2018) have articulated that alternative worldviews may not align with medical and pathologised views of diagnosis, and diversities, such as ADHD.

The systematic review found that women commonly struggled with schooling, dropped out, or took longer to complete their qualifications. They often found workplace expectations a challenge and the responsibilities of parenting to be overwhelming. Some created ways to manage or conceal their challenges. This was mirrored in broader literature, which suggests symptoms become problematic during life transitions such as adolescence (Murray et al., 2019) and higher education, employment, and parenting. Inattention is repeatedly found to have considerable detrimental impacts upon academic achievement (Best, 2022; Faraone et al., 2015). The wider literature also reports that increasing demands on EF for girls and women contribute to stress, academic dropouts, unskilled and unstable employment, and chaotic homes (Best, 2022; Young et al., 2020). Hinshaw et al. (2022) describes the added

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burdens of stereotypical gendered expectations of femininity, mothering and running an organised household, which diminishes confidence for women unable to conform. Many are noted to internalise and mask their struggles and attempt coping strategies to manage life (Canela et al., 2017; Quinn & Madhoo, 2014).

The current systematic review indicated that relationships with family, friends and partners were troubled by their EF challenges, emotional outbursts, or impulsivity. These findings align with the wider literature (Attoe & Climie, 2023; Young et al., 2020), with relational challenges often leading to social isolation, and girls being rejected by their peers more commonly than boys with ADHD (Uneri et al., 2015). Attempting to fit in socially, some engage in risky behaviours and early sexual activities, resulting in higher teen pregnancy rates (Faraone et al., 2021; Young et al., 2020). Abusive relationship and divorce rates for women with undiagnosed ADHD, are found to be greater than their peers (Attoe & Climie, 2023; da Silva et al., 2020; Young et al., 2020).

The systematic review suggested that women commonly experience a dawning realisation that they may have ADHD, frequently with the diagnosis of a child in their family. This is also evident in broader literature (Horton-Salway & Davies, 2018). Both the systematic review and other literature describe women commonly facing hurdles when seeking a formal ADHD assessment. Gendered or cultural biases of ADHD traits (Faraone et al., 2015; Kilic & Young, 2022), invalidation by health professionals, long waiting lists, and the costs of a private assessment, were found to impede diagnosis (Best, 2022; French et al., 2020; Murray, 2021). In New Zealand, where the authors live, there are currently no publicly funded pathways for adults with ADHD unless accompanied by significant comorbid diagnoses (Ministry of Health, 2023), and rates of diagnosis and treatment are well below the international prevalence indicators (Beaglehole et al., 2024). French et al.'s (2019) systematic

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review of barriers to ADHD care in Europe, also indicates that primary care professionals lack training, awareness, and confidence about ADHD. Locally, the Royal Australian and New Zealand College of Psychiatrists (ADHD Network Committee, 2023) recommends ADHD education for all psychiatrists, and joins the Ministry of Health (2023) in identifying the need for systemic change to improve ADHD service provision.

This systematic review overwhelmingly found the experience of a diagnosis of ADHD to be a relief and transformative for the women. They now had an explanation for their challenges, giving hope and motivation to approach their lives differently. Attoe and Climie (2023) also found significant benefits following a diagnosis for the women, including relief, believing they could take control of their lives, and self-acceptance. Other literature has cited the experience as a "revelation" (Murray, 2021, p. 79), "a gift of self-understanding" (Best 2022, p. 23), and like "heaven" (Sandell et al., 2013, p.140).

However, this systematic review also found that some struggled with receiving another diagnosis, the permanence of ADHD, and the stigma they themselves, or others, held about ADHD, meaning they hesitated to make it known. Anger and grief were also found, due to the delayed diagnosis and unnecessary pain endured over their lives. Other literature also describes the continued stigmatising of ADHD and invalidation by family and friends, which causes some women to selectively disclose their diagnosis (Best, 2022). Attoe and Climie (2023) and Best (2022) also found that diagnosis brought anger, grief, regret, and disappointment, as women reflected on their life-long challenges and shame.

The systematic review found that women with ADHD considered multi-modal treatment to be the most beneficial. Medication was the most common treatment offered to women and was usually effective. However, there was also hesitation and disappointment, especially if this was the only treatment offered. Self-education was often mentioned, and many women

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expressed the importance of support groups and networking with others with ADHD. Accessibility of therapy was found to be problematic in relation to cost and therapists not being neuro-affirming.

Wider literature presents multi-modal treatment as the preferred approach for women with ADHD, with medication as the most effective (Faraone et al., 2021; Young et al., 2020). Treatments need regular reviews to reflect different life stages, and may be required for life (Young et al., 2020). Medication issues for women include fear of addiction (Österman, 2018), risks during pregnancy and breast-feeding (Schreuer & Dorot, 2017), financial inaccessibility, forgetting to obtain prescriptions, and, for example, having to reapply for special authority approval, biannually in New Zealand (Ministry of Health, 2023). Some cultural groups (for example, Māori in New Zealand), may utilise medication for ADHD less due to accessibility barriers or preferences for alternative supports (D'Souza et al., 2019). Helpful non-pharmacological approaches include psychoeducation, for both the women and others around them (Hinshaw et al., 2022), cognitive aids (Becker et al., 2023), ADHD support groups (Young et al., 2020), and culturally appropriate interventions (Dong et al., 2020; Klefsjö et al., 2021).Therapy that is strengths-focussed (Davies & Horton-Salway, 2016; Young et al., 2020), welcoming of diversity (Kattari, et al., 2018), and that encourage the woman to "become more of who you are" (Solden, 1996, p. 40), is reported as beneficial.

The systematic review found that after diagnosis, some women eventually articulated the benefits of their ADHD, alongside the challenges. Attoe and Climie (2023), Hinshaw et al. (2022) and Schreuer and Dorot (2017) have also found this.

The findings of this systematic review seem to align with the wider literature in most aspects. They also correspond with and significantly extend the findings of Attoe and Climie's (2023) recent systematic review of adult ADHD diagnosis for women.

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Implications for Practice

Research suggests undiagnosed ADHD frequently has significant and lifelong impacts for women. ADHD is commonly not recognised by those around them, including diagnosing health professionals. Without a diagnosis, women remain vulnerable to considerable risks, including mothering (Young et al., 2020), and do not have access to ADHD-specific treatments, which include pharmaceuticals (Faraone et al., 2021). As part of case formulation and assessment, counsellors need to be familiar with the diagnostic criteria (Harkness, 2024) in the DSM-5 (APA, 2013) for ADHD, how it presents in women (Young et al., 2020), why it is commonly missed (Hinshaw, 2022), and the adult life stages it frequently becomes problematic, such as in motherhood (Young et al., 2020). This allows for appropriate supports and goal setting (Bowers & Widdowson, 2023).

If there is a trusting relationship with their client, it may be useful for the counsellor to ask for consent to suggest a wondering they have about a possible reason for the woman's challenges (Kress et al., 2013). Clarity that the counsellor is not a diagnosing clinician is paramount, alongside caution to ensure this suggestion is collaborative, timely, ethical, and will not cause harm (Kress et al., 2013; New Zealand Association of Counsellors [NZAC], 2020). Follow up options could be explored with her, if she is interested.

If the woman chooses to pursue an assessment, it is important for the counsellor to be informed of assessment pathway challenges **(**French et al., 2020**)**, the need for an ADHD specialist assessor (Australian ADHD Professionals Association [AADPA], 2022), and implications of diagnosis (Kress et al., 2013). As a commitment to social justice (NZAC, 2020), counsellors could advocate for affordable, timely and accurate ADHD assessments.

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Fullen et al.'s (2020) systematic review of psychological treatments for ADHD found that Cognitive Behavioural Therapy, Mindfulness, Dialectical Behaviour Therapy and Neurofeedback interventions were effective, but further research is required, especially related to their acceptability and longer-term outcomes. Counsellors should be aware of these relevant counselling modalities.

Counsellors need to know and ensure that clients guide their own counselling goals and development (Seery et al., 2021) and use a strengths-based approach that acknowledges the unique neuro-difference and needs of each individual (Bowers & Widdowson, 2023). ADHD-informed therapy is recommended, as this does not pathologise behaviours that arise from inattention or EF challenges, nor aim to fix ADHD. Rather, encouraging women to notice and enhance their strengths, and to develop ADHD-friendly tools to aid them in daily life, with their relationships, and as mothers, may help guide them to positively identify as women with ADHD (Young et al., 2020). Finally, group therapy and networking with others with ADHD may provide social connections and a reduction of shame and isolation, and online or digital options may help with accessibility barriers (Seery, 2021).

Limitations

Systematic reviews are limited by the quality and availability of current research (Boland et al., 2017). The included studies were moderate to high quality, which increases confidence in the findings. The ages of diagnosis ranged from 18 – 89 years and covered several life stages. However, findings may need further investigation to determine their applicability across these stages for different ages. The differing time frames since diagnosis for the participants, and the evolving nature of narratives and understanding over time (Horton-Salway & Davies, 2018) may result in more variance of women's experiences than is evident in the findings. Where the education levels of participants were identified in studies,

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large numbers were university educated. This may indicate caution in applying the findings to women who are less educated and/or disadvantaged.

Recommendations for Future Research

There remains a need for accurate and extensive data about presentations of ADHD in girls and women to guide diagnosing criteria. Criteria need to be considerate of different cultures and gender identities, and lower socio-economic populations and guided by non-pathologising principles that value diversity. The specific risks related to life transitions and co-existing mental health challenges need further cross-sectional and longitudinal investigation to ensure early detection and support occurs for girls and women with ADHD. This may include hormonal implications and specific needs related to, for example, mothering. Research identifying the strengths of diversity that ADHD brings, may encourage a move away from biomedical models of pathology, include and be guided by alternative cultural views of diversity, and reduce the current levels of stigma. Research into the prevalence of people attending counselling and health services unaware that they have ADHD, would be timely to promote ADHD awareness, ADHD-competence for health professionals, and the importance of referrals for ADHD.

Conclusion

The experience of an adult diagnosis of ADHD was found to be profound for all women. It generally helped women to make sense of the challenges they had experienced throughout their lives and enabled them to move from shame and a lack of self-worth to a sense of acceptance and a new identity as a woman with ADHD. Without an accurate and early ADHD diagnosis, access to medication and other suitable supports was absent, with long term implications and continued suffering. Post-diagnosis, misinformation about ADHD held

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by the women themselves and others, led to stigmatising beliefs, causing them ongoing harm. Implications for counselling include counsellors becoming ADHD-aware, specifically in how it presents in girls and women, providing ADHD-informed support pre- and/or post-diagnosis, advocating for timely and accurate diagnosis, offering psychoeducation to women, couples and families to reduce ADHD stigma, and to use neuro-affirming and practical approaches to help the women accept their ADHD, work to their strengths, and embrace their identity as women with ADHD. ADHD group-based supports and therapy were especially noted as helpful by women with ADHD.

Manuscript under review – not for citation until published

References

ADHD Network Committee. (2023). *ADHD across the lifespan*. The Royal Australian & New Zealand College of Psychiatrists. https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/adhd-across-the-lifespan

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Publishing.

Aoki, Y., Tsuboi, T., Furuno, T., Watanabe, K., & Kayama, M. (2020). The experiences of receiving a diagnosis of attention deficit hyperactivity disorder during adulthood in Japan: A qualitative study. *BMC Psychiatry*, *20*(1), 1-8. https://doi.org/10.1186/s12888-020-02774-y

Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A systematic review of ADHD in adult women. *Journal of Attention Disorders, 27*(7), 645–657. https://doi.org/10.1177/10870547231161533

Australian ADHD Professionals Association [AADPA]. (2022). *Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder.* AADPA. https://adhdguideline.aadpa.com.au

Beaglehole, B., Jarman, S., & Frampton, C. (2024). Dispensing of attention-deficit hyperactivity disorder medications for adults in Aotearoa New Zealand. *New Zealand Medical Journal, 137*(1594), 23-30. https://doi.org/10.26635/6965.6392

Becker, P., Rask, M., Safipour, J., & Gunnarsson, A. B. (2023). Selfcare strategies shown to be useful in daily life for adults diagnosed with attention deficit hyperactivity disorder - A systematic review. *Issues in Mental Health Nursing*, *44*(9), 825-833. https://doi.org/10.1080/01612840.2023.2234477

Manuscript under review - not for citation until published

Belaid, L., Budgell, R., Sauvé, C., & Andersson, N. (2022). Shifting paradigm from biomedical to decolonised methods in Inuit public health research in Canada: A scoping review. *BMJ Global Health*, *7*(11), 1-25. https://doi.org/10.1136/bmjgh-2021-008311

Best, A. (2022). *The experiences of women with attention deficit hyperactivity disorder in Aotearoa: A research report presented in partial fulfilment of the requirements for the degree of Bachelor of Science with Honours in Psychology* [Unpublished honours thesis]. *Department of Psychology, Massey University*.

Boland, A., Cherry, M. G., & Dickson, R. (Eds.). (2017). *Doing a systematic review: A student's guide* (2nd ed.). Sage.

Bowers, C., & Widdowson, M. (2023). Transactional analysis psychotherapy with clients who are neurodivergent: Experiences and practice recommendations. *International Journal of Transactional Analysis Research & Practice*, 32-54. https://doi.org/10.29044/v14i1p32

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic Analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 843-860). Springer. https://doi.org/10.1007/978-981-10-5251-4_103

Brzezińska, A., Borowiecka, M., Zając, M., Warchoł, K., & Michniak, W. (2021). ADHD in women: A review. *Journal of Education, Health and Sport*, *11*(9), 491-496. https://doi.org/10.12775/JEHS.2021.11.09.063

Came, H. (2013). Doing research in Aotearoa: A Pākehā exemplar of applying Te Ara Tika ethical framework. *Kōtuitui 8*(1-2), 64-73. http://dx.doi.org/10.1080/1177083X.2013.841265

Canela, C., Buadze, A., Dube, A., Eich, D., & Liebrenz, M. (2017). Skills and compensation strategies in adult ADHD: A qualitative study. *PLoS ONE*, *12*(9), e0184964. https://doi.org/10.1371/journal.pone.0184964

Manuscript under review – not for citation until published

Chung, W., Jiang, S.-F., Paksarian, D., Nikolaidis, A., Castellanos, F. X., Merikangas, K. R., & Milham, M. P. (2019). Trends in the prevalence and incidence of attention-deficit/hyperactivity disorder among adults and children of different racial and ethnic groups. *JAMA Network Open*, *2*(11), e1914344. https://doi.org/10.1001/jamanetworkopen.2019.14344

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER tool for qualitative evidence synthesis. *Quality Health Research, 22*(10), 1435-1443. https://doi.org/10.1177/1049732312452938

da Silva, A. G., Malloy-Diniz, L. F., Garcia, M. S., & Rocha, R. (2020). Attention-deficit/hyperactivity disorder and women. In J. Rennó Jr, G. Valadares, A. Cantilino, J. Mendes-Ribeiro, R. Rocha, & A. G. da Silva (Eds.), *Women's mental health: A clinical and evidence-based guide* (pp. 215-219). Springer International Publishing. https://doi.org/10.1007/978-3-030-29081-8_15

Davies, A., & Horton-Salway, M. (2016). The construction of adult ADHD: Anna's story. In J. N. Lester & M. O'Reilly (Eds.), *The Palgrave handbook of adult mental health: Discourse and conversation studies.* (pp. 117-133). Palgrave Macmillan.

Dawson, A. J. (2019). Meta-synthesis of qualitative research. In P. Liamputtong (Ed.). *Handbook of research methods in health social sciences* (pp. 785-804). Springer.

Dong, Q., Garcia, B., Pham, A. V., & Cumming, M. (2020). Culturally responsive approaches for addressing ADHD within multi-tiered systems of support. *Current Psychiatry Reports*, *22*(6), 1-10. https://doi.org/10.1007/s11920-020-01154-3

D'Souza, S., Bowden, N., Gibb, S., Shackleton, N., Audas, R., Hetrick, S., Taylor, B., & Milne, B. (2020). Medication dispensing for attention-deficit/hyperactivity disorder to New Zealand youth. *The New Zealand Medical Journal*, *133*(1522), 84-95.

Manuscript under review – not for citation until published

Faraone, S. V., Asherson, P., Banaschewski, T., Biederman, J., Buitelaar, J. K., Ramos-Quiroga, J. A., Rohde, L. A., Sonuga-Barke, E. J. S., Tannock, R., & Franke, B. (2015). Attention-deficit/hyperactivity disorder. *Nature Reviews Disease Primers*, *1*(1), 15020. https://doi.org/10.1038/nrdp.2015.20

Faraone, S. V., Rubia, K., Newcorn, J. H., Soutullo, C., Banaschewski, T., Coghill, D., Zheng, Y., Yang, L., Liu, J., Wang, Y., Biederman, J., Bellgrove, M. A., Gignac, M., Al Saud, N. M., Manor, I., Rohde, L. A., Cortese, S., Hollis, C., Almagor, D., … & Gerlach, M. (2021). The World Federation of ADHD International Consensus Statement: 208 Evidence-based conclusions about the disorder. *Neuroscience and Biobehavioral Reviews*, *128*, 789-818. https://doi.org/10.1016/j.neubiorev.2021.01.022

Fleischmann, A., & Fleischmann, R. H. (2012). Advantages of an ADHD diagnosis in adulthood: Evidence from online narratives. *Qualitative Health Research*, *22*(11), 1486–1496. https://doi.org/10.1177/1049732312457468. Sage.

Fleischmann, A., & Miller, E. C. (2013). Online narratives by adults with ADHD who were diagnosed in adulthood. *Learning Disability Quarterly*, *36*(1), 47-60. https://doi.org/10.1177/0731948712461448

French, B., Sayal, K., & Daley, D. (2019). Barriers and facilitators to understanding of ADHD in primary care: A mixed-method systematic review. *European Child & Adolescent Psychiatry*, *28*(8), 1037-1064. https://doi.org/10.1007/s00787-018-1256-3

French, B., Vallejos, E. P., Sayal, K., & Daley, D. (2020). Awareness of ADHD in primary care: Stakeholder perspectives. *BMC Family Practice*, *21*(1), 1-13. https://doi.org/10.1186/s12875-020-01112-1

Fuller-Thomson, E., Lewis, D. A., & Agbeyaka, S. K. (2016). Attention-deficit/hyperactivity disorder casts a long shadow: Findings from a population-based study of adult women

Manuscript under review – not for citation until published

with self-reported ADHD. *Child: Care, Health & Development*, *42*(6), 918-927. https://doi.org/10.1111/cch.12380

Goetz, C. J., Mushquash, C. J., & Maranzan, K. A. (2023). An integrative review of barriers and facilitators associated with mental health help seeking among indigenous populations. *Psychiatric Services*, *74*(3), 272-281. https://doi.org/10.1176/appi.ps.202100503

Henry, E., & Hill Jones, S. (2011). Experiences of older adult women diagnosed with attention deficit hyperactivity disorder. *Journal of Women & Aging*, *23*(3), 246-262. https://doi.org/10.1080/08952841.2011.589285

Hinshaw, S. P., Nguyen, P. T., O'Grady, S. M., & Rosenthal, E. A. (2022). Annual research review: Attention-deficit/hyperactivity disorder in girls and women: Underrepresentation, longitudinal processes, and key directions. *Journal of Child Psychology and Psychiatry*, *63*(4), 484-496. https://doi.org/10.1111/jcpp.13480

Holthe, M. E. G., & Langvik, E. (2017). The strives, struggles, and successes of women diagnosed with ADHD as adults. *SAGE Open*, *7*(1), 1-12. https://doi.org/10.1177/2158244017701799

Horton-Salway, M., & Davies, A. (2018). *The discourse of ADHD: Perspectives on attention deficit hyperactivity disorder.* Springer International Publishing.

Kattari, S. K., Olzman, M., & Hanna, M. D. (2018). “You look fine!”: Ableist experiences by people with invisible disabilities. *Affilia - Journal of Women and Social Work*, *33*(4), 477-492. https://doi.org/10.1177/0886109918778073

Kilic, O., & Young, S. (2022). The silent minority: Females with ADHD. *European Psychiatry*, *63*, S592.

Klefsjö, U., Kantzer, A. K., Gillberg, C., & Billstedt, E. (2021). The road to diagnosis and treatment in girls and boys with ADHD: Gender differences in the diagnostic process.

Manuscript under review – not for citation until published

Nordic Journal of Psychiatry, *75*(4), 301-305. https://doi.org/10.1080/08039488.2020.1850859

Kooij, J. J. S., Bijlenga, D., Salerno, L., Jaeschke, R., Bitter, I., Balázs, J., Thome, J., Dom, G., Kasper, S., Nunes Filipe, C., Stes, S., Mohr, P., Leppämäki, S., Casas, M., Bobes, J., McCarthy, J. M., Richarte, V., Kjems Philipsen, A., Pehlivanidis, A., … & Asherson, P. (2019). Updated European consensus statement on diagnosis and treatment of adult ADHD. *European Psychiatry*, *56*(1), 14-34. https://doi.org/10.1016/j.eurpsy.2018.11.001

Kress, V. E., Hoffman, R. M., Adamson, N., & Eriksen, K. (2013). Informed consent, confidentiality, and diagnosing: Ethical guidelines for counselor practice. *Journal of Mental Health Counseling 35*(1), 15–28. https://doi.org/https://doi.org/10.17744/mehc.35.1.5q82020u18r46007

Lange, K. W., Reichl, S., Lange, K. M., Tucha, L., & Tucha, O. (2010). The history of attention deficit hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders*, *2*(4), 241-255. https://doi.org/10.1007/s12402-010-0045-8

Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis: Methodological guidance for systematic reviewers utilizing meta-aggregation. *International Journal of Evidence-Based Healthcare*, *13*(3), 179-187.

London, A. S., & Landes, S. D. (2021). Cohort change in the prevalence of ADHD among U.S. adults: Evidence of a gender-specific historical period effect. *Journal of Attention Disorders*, *25*(6), 771-782. https://doi.org/10.1177/1087054719855689

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, *1*(1), 31-42. https://doi.org/10.1177/2632084320947559

Manuscript under review – not for citation until published

Long, N., & Coats, H. (2022). The need for earlier recognition of attention deficit hyperactivity disorder in primary care: A qualitative meta-synthesis of the experience of receiving a diagnosis of ADHD in adulthood. *Family Practice*, *39*(6), 1144-1155. https://doi.org/10.1093/fampra/cmac038

Martin, J. (2024). Why are females less likely to be diagnosed with ADHD in childhood than males? *The Lancet Psychiatry, 11*(4), 303-310.

Ministry of Health NZ – Manatū Hauora. (2023, June 28). *Attention deficit hyperactivity disorder (ADHD)*. https://www.health.govt.nz

Morgan, J. (2023). Exploring women's experiences of diagnosis of ADHD in adulthood: A qualitative study. *Advances in Mental Health*, 1-15. https://doi.org/10.1080/18387357.2023.2268756

Murray, A. J. (2021). *Unheard voices: Adults with ADHD in Aotearoa New Zealand* [Unpublished Masters thesis]. Research Commons, University of Waikato.

Murray, A. L., Booth, T., Eisner, M., Auyeung, B., Murray, G., & Ribeaud, D. (2019). Sex differences in ADHD trajectories across childhood and adolescence. *Developmental Science, 22*(1), e12721. https://doi.org/10.1111/desc.12721

Österman, L. A. M. (2018). Critical reflections on attention deficit hyperactivity disorder (ADHD) in the criminal justice system: Swedish female ex-offenders' narratives of diagnosis. *Howard Journal of Crime and Justice*, *57*(4), 453-471. https://doi.org/10.1111/hojo.12267

Quinn, P., & Madhoo, M. (2014). A review of attention deficit/hyperactivity disorder in women and girls: Uncovering this hidden diagnosis. *The Primary Care Companion for CNS Disorders*, *16*(3), 1-24. https://doi.org/10.4088/PCC.13r01596

Rangihuna, D., Kopua, M., & Tipene-Leach, D. (2018). Te Mahi a Atua. *Journal of Primary Health Care, 10*(1), 16–17. https://pubmed.ncbi.nlm.nih.gov/29518802/

Manuscript under review – not for citation until published

Rangiwai, B. (2023). Reflections on being an academic with ADHD. *Te Kaharoa*, *16*. https://doi.org/10.24135/tekaharoa.v16i1.419

Ring, N., Ritchie, K., Mandava, L., & Jepson, R. (2011). *A guide to synthesising qualitative research for researchers undertaking health technology assessments and systematic reviews*. NHS Quality Improvement Scotland. https://www.healthcareimprovementscotland.org/

Rowe, K. J., Bailey, S., Teague, B., Mattless, K., & Notley, C. (2021). A phenomenological inquiry into the lived experience of adults diagnosed with attention deficit hyperactivity disorder (ADHD) employed by the NHS. *Mental Health and Social Inclusion*, *25*(2), 159-170. https://doi.org/10.1108/MHSI-11-2020-0075

Sandell, C., Kjellberg, A., & Taylor, R. R. (2013). Participating in diagnostic experience: Adults with neuropsychiatric disorders. *Scandinavian Journal of Occupational Therapy*, *20*(2), 136-142. https://doi.org/10.3109/11038128.2012.741621

Sandelowski, M., & Docherty, S., & Emden, C. (1997). Qualitative metasynthesis: Issues and techniques. *Research in Nursing and Health, 20*, 365-371.

Schreuer, N., & Dorot, R. (2017). Experiences of employed women with attention deficit hyperactive disorder: A phenomenological study. *Work*, *56*(3), 429-441. https://doi.org/10.3233/WOR-172509

Solden, S. (1996). Beyond early identification: Developing healthy self-concepts in girls with ADD. *Emotional and Behavioural Difficulties*, *1*(3), 36-40. http://dx.doi.org/10.1080/1363275960010307

Stenner, P., O'Dell, L., & Davies, A. (2019). Adult women and ADHD: On the temporal dimensions of ADHD identities. *Journal for the Theory of Social Behaviour*, *49*(2), 179-197.

Manuscript under review – not for citation until published

Tal, L., & Goodman, Y. C. (2023). "For me, 'normality' is not normal": Rethinking medical and cultural ideals of midlife ADHD diagnosis. *Culture, Medicine and Psychiatry*. https://doi.org/10.1007/s11013-023-09825-5

Timulak, L., & Creaner, M. (2022). Qualitative meta-analysis: A descriptive-interpretive approach. In U. Flick (Ed.), *SAGE handbook of qualitative data analysis* (pp. 555-570). Sage.

Tuhiwai Smith, L. (2012). *Decolonizing methodologies: Research and indigenous peoples*. Zed Books.

Uneri, O. S., Senses-Dinc, G., & Goker, Z. (2015). The quality of life (QoL) in attention deficit hyperactivity disorder (ADHD). In J. M. Norvilitis (Ed.), *ADHD: New directions in diagnosis and treatment.* IntechOpen. https://doi.org/10.5772/60955

Ustun, B., Adler, L. A., Rudin, C., Faraone, S. V., Spencer, T. J., Berglund, P., Gruber, M. J., & Kessler, R. C. (2017). The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5. *JAMA Psychiatry*, *74*(5), 520-526. https://doi.org/10.1001/jamapsychiatry.2017.0298

Vildalen, V. U., Brevik, E. J., Haavik, J., & Lundervold, A. J. (2019). Females with ADHD report more severe symptoms than males on the adult ADHD self-report scale. *Journal of Attention Disorders, 23*(9), 959-967. https://doi.org/101177./1087054716659362

Waite, R., & Ivey, N. (2009). Unveiling the mystery about adult ADHD: One woman's journey. *Issues in Mental Health Nursing*, *30*(9), 547-553. https://doi.org/10.1080/01612840902741989

Waite, R., & Ramsay, J. R. (2010). Cultural proficiency: A Hispanic woman with ADHD: A case example. *Journal of Attention Disorders*, *13*(4), 424-432. http://dx.doi.org/10.1177/1087054709332393

Manuscript under review—not for citation until published

Waite, R., & Tran, M. (2010). ADHD among a cohort of ethnic minority women. *Women & Health*, *50*(1), 71-87. https://doi.org/10.1080/03630241003601095

Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., Cubbin, S., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Hollingdale, J., Kilic, O., Lloyd, T., Mason, P., Paliokosta, E., Perecherla, S., Sedgwick, J., Skirrow, C., … & Woodhouse, E. (2020). Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women. *BMC Psychiatry*, *20*(1), 1-27. https://doi.org/10.1186/s12888-020-02707-9

Manuscript under review – not for citation until published