NHS
Hertfordshire Partnership University
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Independent review into mental health conditions

ADHD and Autism

Reflections on full report

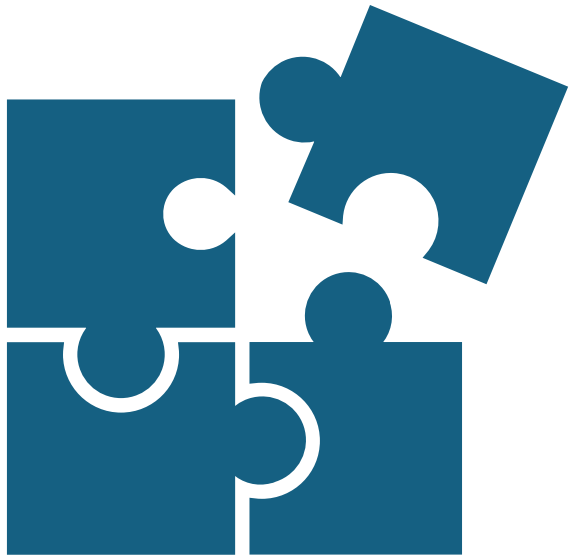
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Objectives

- Understand the rationale and context for the Independent Review into Mental Health Conditions, ADHD and Autism.
- Review the key findings and recommendations of the report.
- Explore the implications for mental health services, patients and carers.
- Critically appraise the strengths, limitations and controversies arising from the review.
- Consider future directions for policy and service development.

Background

- Independent Review into Mental Health Conditions, ADHD and Autism (2026)
- Independent review commissioned by the UK Government.
- Published by the Department of Health and Social Care on 9 October 2026, reviewed on 21 Oct 2026.
- Chaired by Professor Peter Fonagy, with Vice-Chairs Professor Gillian Baird and Professor Sir Simon Wessely.
- The review examined prevalence, diagnosis, service demand, support provision and future reform of services for mental health conditions, ADHD and autism.

Why Was the Review Commissioned?

Key drivers

- Rapid increases in referrals and diagnostic assessments.
- Long NHS waiting lists.
- Concerns regarding over-medicalisation versus unmet need.
- Growing demand for ADHD and autism assessments.
- Rising levels of distress among children and young people.
- Increasing financial burden on the NHS and wider society.

Who Was Involved?

Leadership: Professor Peter Fonagy (Chair), Professor Gillian Baird (Vice-Chair), Professor Sir Simon Wessely (Vice-Chair)

Contributors: More than 120 experts and stakeholders:

- Psychiatrists
- Paediatricians
- Psychologists
- Researchers
- Education professionals
- Commissioners
- Voluntary sector
- People with lived experience.

The report emphasises that disagreements among contributors were retained rather than suppressed.

The review sought a balanced and evidence-based approach rather than advocacy for any single viewpoint.



Why Is This Relevant to Mental Health Services?

- Rising demand for mental health support is placing increasing pressure on services.
- ADHD and autism referrals have contributed substantially to growing waiting lists and assessment backlogs.
- Current service models are struggling to meet demand within existing workforce and resource constraints.
- Mental health, neurodevelopmental, primary care, education and social care services need greater integration.
- The review proposes significant changes to commissioning, assessment pathways and models of support.

Main Findings

Mental Health

- Mental distress and common mental health conditions have increased substantially, particularly among children and young people.
- The annual economic cost of mental ill health in England is estimated at approximately £300 billion.
- The increase appears to be driven by multiple interacting factors, including social media use, poorer sleep, reduced social connectedness, educational pressures and economic insecurity

ADHD & Autism

- Demand for assessment has risen dramatically, with around 560,000 people waiting for an ADHD assessment in England by the end of 2025.
- Over 254,000 people were waiting for an autism assessment in December 2025.
- Recorded autism diagnoses have increased markedly, with rates among 6-11 year olds rising over 20-fold and among 12-17 year olds over 40-fold in NHS datasets.
- Despite increasing diagnoses and referrals, the review concluded that population prevalence is broadly stable and found no evidence that overdiagnosis is occurring at scale.
- Increased awareness, recognition, reduced stigma and greater help-seeking behaviour are important drivers of demand.

Understanding the evidence

Measure	What it describes
Population prevalence	Conditions identified through population studies
Recorded prevalence	Diagnoses documented in services
Referrals	Requests for assessment
Waiting lists	Demand accumulated against available capacity
Unmet need	Difficulties that services have not adequately addressed

Waiting Lists and Independent Providers

- Long waits can delay access to support, treatment and reasonable adjustments, contributing to worsening distress and functional impairment.
- The review concluded that the current system is“not sustainable” for patients, professionals or the NHS.
- Significant growth in independent-sector ADHD and autism assessment services has occurred in response to NHS waiting lists.
- The review identified concerns regarding variation in assessment quality, governance, data collection and clinical oversight across providers.
- Rising demand and system pressures may increase the risk of both overdiagnosis and underdiagnosis, although the review found neither to be occurring at scale.

Waiting Lists and Independent Providers

- The review does not conclude that independent providers are generally providing poor-quality assessments.
- Rather, it highlights concerns about variability and the need for more consistent standards, regulation and accountability.
- The review acknowledges that independent providers have played an important role in meeting unmet demand but argues that stronger oversight is needed to maintain public confidence and diagnostic quality.
- A key message is that expanding assessment capacity alone will not solve the problem; wider reform of support pathways is required to reduce dependence on diagnosis as the gateway to care.

Core Recommendations

- 10 Recommendations are intended as a connected programme of reform rather than isolated interventions.
- The review emphasises system redesign rather than simply increasing assessment capacity.
- Move from a "Diagnosis-Dependent" System to a "Needs-Led plus Diagnosis" System: A central message of the report.
- Support should be determined primarily by level of need and impairment rather than requiring a formal diagnosis before services become available.
- Diagnosis remains important but should not become the sole gateway to support.

10 Recommendations

Area	Proposed change
Prevention	Invest in early help and healthier communities
Access	Assess and prioritise needs, functioning and risk
Services	Integrate mental health and neurodevelopmental pathways
Specialist care	Strengthen provision for severe and complex needs

10 Recommendations (contd)

Regulation	Improve commissioning and regulate all ADHD/autism assessments
Workforce	Expand training, supervision and multidisciplinary capacity
Digital care	Develop safe digital and AI support while preserving in-person care
Evidence	Improve prevalence surveys, outcome data and NICE guidance
Information	Provide trustworthy public education and practical support
Implementation	Deliver a cross-government strategy with immediate and ten-year actions

Implications for NHS Services

Potential benefits

- Reduced waiting lists.
- Earlier intervention.
- Better prioritisation of resources.
- Improved integration across agencies.

Challenges

- Additional triage without additional treatment capacity.
- Broad pathways that dilute specialist expertise.
- Transfer of work into already stretched primary care.
- Waiting-list reductions that conceal unmet need.
- Significant investment required.
- Workforce shortages.
- Complex implementation.

The review recognises that reform without investment is unlikely to succeed.

Workforce capacity remains a key limiting factor.

Implications for Independent Providers

- Increased scrutiny of diagnostic services.
- Stronger regulatory oversight.
- Potential CQC regulation of all ADHD and autism assessments.
- Restrictions on NHS-funded advertising.

Implications for Patients and Carers

Potential advantages

- Earlier access to support
- Reduced waiting-related distress
- More personalised and holistic care, focusing on functional difficulties, strengths and outcomes

- Improved access to mental health, educational and social support, through integrated assessment and care pathways.
- Potential for earlier intervention and prevention, reducing escalation of difficulties while individuals remain on waiting lists.

Potential concerns

- Fear that diagnosis may become devalued, potentially undermining validation of lived experience, identity and recognition of lifelong conditions.
- Concerns that a needs-led approach could create inconsistency in access to services across different regions.
- Uncertainty regarding the impact on Education, Health and Care Plans (EHCPs), disability benefits, workplace adjustments and educational support, which are often linked to formal diagnoses.
- Anxiety that pressures to reduce waiting lists may inadvertently lead to higher thresholds for assessment or diagnosis.
- Concerns among some advocacy groups that the proposed reforms could be perceived as restricting access to diagnostic pathways

Strengths

- Challenges delays in practical support.
- Retains a role for diagnosis.
- Encourages broader formulation.
- Recognises the importance of specialist services.
- Extends responsibility beyond healthcare.

Evidence limitations

Administrative trends cannot establish underlying prevalence.

England lacks sufficiently recent, comprehensive population studies of ADHD and autism, particularly in adults.

Older surveys use different criteria, methods and age groups, limiting comparisons with current diagnostic rates.

Repeated, representative surveys are needed, including people with intellectual disability and groups poorly represented in existing research.

Implementation risks

- Prevention requires sustained resources.
- Integrated care can create new bottlenecks.
- Digital systems may widen exclusion.
- Regulation can increase costs and reduce capacity.
- “Needs-led” language could justify rationing.

Scope and boundaries

- England-focused policy recommendations.
- Broad coverage across the life course.
- No automatic change to individual diagnoses.
- No substitute for current clinical guidance.
- Proposed reforms require separate implementation processes.

Government response and next steps

- The government announced intentions to:
- Strengthen oversight of ADHD/autism assessments.
- Review advertising practices.
- Consult on national NHS-funded service prices.
- Aim for revised payment arrangements from April 2027.
- Consider implications for NICE guidance.
- Develop a wider mental health strategy.

References

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Thanks so much for your attention and time

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