

ThinkDivergent Clinician Insight Report:

Co-Designing Digital ADHD Assessment Platform with Frontline Expertise

Executive Summary

This report distills frontline insights from psychiatrists, GPs, and nurse prescribers actively involved in adult ADHD care. Through in-depth interviews and real-world clinical reflections, we surfaced recurring pain points, systemic inefficiencies, and actionable opportunities across the ADHD care pathway.

Five key themes emerged as barriers to effective care:

1. **Variable clinical confidence and training gaps**, limiting diagnostic consistency
2. **Shared care friction**, obstructing continuity
3. **Stigma and cultural bias**, especially for women and ethnic minority patients
4. **Clinician burnout and medicolegal anxiety**, compounded by administrative strain
5. **Underleveraged digital infrastructure**, despite readiness for scalable innovation

These insights directly informed the design of the ThinkDivergent Adult ADHD Assessment Platform, which targets systemic gaps while balancing clinician needs and patient accessibility. By integrating evidence-based tools, automation, and collaborative care features, the platform aims to streamline diagnosis, reduce delays, and improve outcomes across the ADHD pathway.

1. Introduction

ADHD in adults remains consistently under-recognised, under-treated, and under-supported in the UK. Despite an exponential rise in assessment demand, current pathways remain fragmented, politically charged, and operationally fragile. ThinkDivergent sought to learn from clinicians in order to build and co-create with them. Through deep listening, narrative interviews, and collaborative design sessions, we surfaced recurring patterns - pain points, workarounds, moments of insight - that now shape every layer of our platform.

2. Methodology

2.1 Research Design

This was a multi-modal qualitative inquiry combining in-depth one-to-one interviews, informal reflective accounts, and collaborative co-design sessions. The design was intentionally exploratory, aiming to elicit both systemic insight and lived clinical nuance.

2.2 Participants

A total of 32 clinicians provided frontline expertise, representing a range of professional roles directly involved in adult ADHD care:

- Consultant Psychiatrists (NHS and private)
- General Practitioners, including those with extended roles (GPwERs)
- Specialist Nurses actively engaged in adult ADHD care

Participants represented diverse settings across England and Wales, with 40% identifying as neurodivergent.



2.3 Data Collection

Data was gathered through a multi-method qualitative approach, combining:

- In-depth semi-structured interviews (ranging from 30–90 minutes)
 - Explored diagnostic workflows, pain points, and ideal solutions
 - Audio-recorded and transcribed for analysis
- Observational fieldnotes from co-design sessions with iterative feedback cycles
 - Collaborative sessions to prototype digital solutions
 - Field notes captured real-time clinician reactions
- Reflective submissions, including audio memos and written narrative

This triangulation ensured robust insights while capturing both structured perspectives and organic, practice-based reflections.

2.4 Data Analysis

Data was coded and interpreted using reflexive thematic analysis. Emergent themes were iteratively mapped against platform feature priorities, clinical workflow integration, and relevant regulatory guidance.

3. Findings: Five Core Themes Informing Platform Design

3.1 Variable clinical confidence and training gaps

“I’ve never had formal ADHD training. Whatever I know is self-taught.” (Clinician 2)

“I think I’ve missed some patients because ADHD didn’t come up in training.” (Clinician 25)

“Some of the private assessments are brilliant. But others are awful.” (Clinician 28)

“I need something that helps me assess properly without dumbing it down.” (Clinician 30)

A recurring theme across clinician interviews was a lack of structured training in adult ADHD particularly in general practice, where many clinicians relied on tools like the ASRS or summaries from NBMedical. Even among psychiatrists, formal training in ADHD diagnosis was inconsistent, leaving professionals to fill the gap through self-directed learning.

This variability contributed to uneven diagnostic confidence and clinical thresholds with some expressing concern over under-identification due to insufficient training.

There was also widespread concern about the inconsistency in assessment quality across both NHS and private providers. While some private assessments were described as “brilliant,” others were viewed as cursory or poorly substantiated. Over-reliance on subjective self-reports, in the absence of robust collateral or objective measures, further undermined trust in the process.

Platform Requirement	Platform Solution
<ul style="list-style-type: none"> • Bridge the training gap while preserving clinical judgment • Act as both safety net and springboard, raising baseline quality without compromising the art of diagnosis • Standardise and raise diagnostic quality while preserving clinical autonomy 	<ul style="list-style-type: none"> ✓ Structured Yet Flexible Assessments <ul style="list-style-type: none"> • Guided, semi-structured assessment templates that balance rigour with flexibility • Embedded DSM-5 criteria and NICE guidance with smart adaptations ✓ Real-Time Skill-Building <ul style="list-style-type: none"> • Contextual clinical tooltips linking to evidence bases for microlearning

3.2 Shared care friction

“Stimulants are red drugs in my area so even after diagnosis, patients are stuck.” (Clinician 5)

“Shared care agreements are always pushed back. Private clinics don’t follow local guidance, and GPs say ‘this isn’t my problem.’” (Clinician 7)

“Sometimes the GP accepts prescribing. Sometimes they revoke it later.” (Clinician 20)

“This isn’t about forcing GPs to prescribe, it’s about giving them the confidence to say ‘yes’ when appropriate.” (Clinician 29)

Clinicians repeatedly described a fragmented and volatile landscape around shared care and prescribing. Shared care agreements were frequently labelled a “minefield,” with unclear expectations, and escalating tensions between NHS and private providers due to lack of standardisation, documentation gaps and distrust. GPs reported feeling exposed, overburdened, or unconvinced by the quality of some private assessments leading to delayed or denied prescribing. The result is a system that is inconsistent, adversarial, and prone to failure, leaving patients caught between services.

Platform Requirement	Platform Solution
<ul style="list-style-type: none"> • Build trust and pre-empt conflict • Provide robust evidence-backed documentation 	<ul style="list-style-type: none"> ✓ Standardised, clinically robust documentation <ul style="list-style-type: none"> • Include detailed formulation and treatment rationale

3.3 Stigma and cultural bias

“I’m a psychiatrist and my dad still doesn’t know I have ADHD.” (Clinician 4)

“In the South Asian community, ADHD doesn’t exist, it’s a white label.” (Clinician 17)

“People don’t get diagnosed because they don’t fit the ready-made box clinicians expect.” (Clinician 21)

“I need a tool that helps to remind me that ADHD doesn’t always look like the textbook case.” (Clinician 32)

Clinicians shared candid reflections of personal and professional experiences of delayed or dismissed diagnoses often shaped by stigma, cultural invalidation, or internalised doubt. Many reported that within certain communities, particularly South Asian and other minoritised groups, ADHD is misunderstood, minimised, or not recognised as a legitimate condition. There was strong concern that diagnostic frameworks remain rigid, privileging stereotypical (often male, Eurocentric) presentations while overlooking atypical or culturally nuanced expressions of ADHD. This results in persistent underdiagnosis among women, ethnic minority individuals, and those with trauma histories who may mask symptoms or be mislabelled with mood or personality disorders. Clinicians called for more nuanced tools that recognise diversity in presentation not just demographically, but experientially.

Platform Requirement	Platform Solution
<ul style="list-style-type: none"> ● Embed inclusive design principles ● Help address bias by empowering clinicians to see what might otherwise be missed ● Support clinicians towards more equitable, context-aware care 	<ul style="list-style-type: none"> ✓ Culturally adaptive framing ✓ Flexible interface for nuanced data capture ✓ Gender-informed language cues and symptom prompts ✓ Sensitive question sets, aligned with trauma-informed practice

3.4 Clinician burnout and medicolegal anxiety

“You need to tick the box... but also write the narrative in case you’re taken to court.” (Clinician 9)

“I hate writing reports. They make me want to quit my job.” (Clinician 15)

“It takes me 3-4 hours after the appointment just to write up the report.” (Clinician 19)

“We’re psychiatrists, we see patients. But admin is what breaks us.” (Clinician 23)

“I want to focus on my patient instead of the paperwork. I need the system to work with me, not against me.” (Clinician 27)

Clinicians described ADHD assessment and reporting as cognitively, emotionally, and administratively taxing with growing medicolegal risk concern. Even highly motivated clinicians reported that long interviews, extensive note-taking, and post-assessment write-ups often consumed more time than the clinical encounter itself. Few had protected time for pre-appointment prep, reports routinely took 2–4 hours to complete with time squeezed into evenings or weekends, fuelling burnout and contributing to staff attrition.

Several clinicians expressed concern about the perceived shift in power dynamics when relying too heavily on tick-box assessments. Others worried about over-reliance on self-report data without sufficient collateral or clinical narrative, particularly given the potential for future legal scrutiny. Fear of misdiagnosis, reputational risk, and diagnostic inertia were common, especially among those working without team support or clear operational frameworks.

Medico-legal anxiety compounded the burden with clinicians feeling compelled to produce highly defensible documentation, especially when diagnosing and prescribing controlled medication. One psychiatrist put it bluntly:

“Some of my colleagues are scared to touch ADHD, they don’t want to be seen as amphetamine pushers.” (Clinician 13)

The burden was especially acute for neurodivergent clinicians who, while uniquely positioned to deliver empathetic, trauma-informed care, often lacked the structural or technological support needed to work sustainably. Clinicians expressed a need for flexible tools that preserved depth while alleviating administrative overload.

Platform Requirement	Platform Solution
<ul style="list-style-type: none"> Support clinicians in retaining control, reduce cognitive load, and restore focus to where it matters most: patient care Support medicolegal confidence 	<ul style="list-style-type: none"> ✓ AI-assisted report drafting <ul style="list-style-type: none"> With editable outputs ensuring medicolegal robustness Exportable reports and PDFs ✓ Structured workflows <ul style="list-style-type: none"> Augmented by clinician-controlled annotations to retain clinical nuance ✓ Modular templates for multidisciplinary teams <ul style="list-style-type: none"> Ensuring traceability across roles while maintaining governance standards

3.5 Underleveraged digital infrastructure

“We need asynchronous care. People could do the history at home.” (Clinician 3)

“A dashboard to monitor patient tasks, why don’t we have that?” (Clinician 11)

“We’re stuck with 1990s tech while patients live in a smartphone world.” (Clinician 16)

“This isn’t about technology for technology’s sake, it’s about delivering 21st century care through 21st century tools.” (Clinician 26)

Clinicians voiced strong interest in digital tools, but only if they address real structural bottlenecks rather than adding friction. Chief frustrations included outdated processes, especially the inability to collect patient information asynchronously before appointments and the lack of platforms that aligned with clinical workflow.

Despite growing demand, the digital potential within ADHD care remains significantly underused. Paper-based questionnaires, manual data entry, and the absence of real-time monitoring between appointments continue to slow processes, increase workload, and delay timely intervention. Clinicians are ready for innovation, what’s missing is technology that fits seamlessly into clinical reality.

Platform Requirement	Platform Solution
<ul style="list-style-type: none"> Extend its reach, respect clinicians' time, and respond to the reality of overwhelmed systems Support timely and efficient ADHD care 	<ul style="list-style-type: none"> ✓ Secure pre-assessment digital forms <ul style="list-style-type: none"> For developmental history, symptom impact, and comorbidities With timeline view and save-and-return capability Available to review ahead of consultations

4. Discussion

Clinicians are not just gatekeepers, they're collaborators, advocates, and diagnostic stewards. And they're under strain, operating under immense pressure. Their lived insights dismantle the myth that technology alone can fix ADHD care. Without confronting system-level confusion, rebuilding clinician confidence, and offering medico-legal scaffolding, there are inherent risks of any changes that are introduced stalling before it starts.

The ThinkDivergent platform was built with one unwavering goal: to ease clinical burden while enhancing patient experience, safety, alignment with DSM-5 criteria and NICE guidance, as well as integrity across the diagnostic pathway. Our design sees clinicians not as end-users, but as co-designers. Technology here isn't a substitute for expertise, it's an ally to it. We standardise the process, so clinicians can focus on what matters most: the relational, the complex, the human.

5. Conclusion

The ThinkDivergent platform is more than a tool, it is a direct response to the needs of exhausted clinicians, particularly those who are neurodivergent. It began by listening. We built this platform with them and for them – it was shaped not only by clinical standards but by lived frustrations, system fragilities, and visionary solutions offered by frontline experts. The platform leverages technology not to replace clinical judgement, but to honour it, so that more time and energy can be devoted to what matters most: human connection and clinical care.

6. Acknowledgements

We extend our heartfelt thanks to the clinicians who generously shared their time, expertise, and lived experiences to inform the development of the ThinkDivergent platform. Your honesty, insight, and spirit of collaboration were instrumental in shaping a solution grounded in the realities of ADHD care. Your voices brought clarity, urgency, and purpose to this work.

We also thank the patients whose stories inspired and anchored this project.

Your collective voices continue to guide us. Thank you for building this with us.