

CHILDREN AND ADHD · 6.2

How ADHD Presents in Secondary School Age Children

ADHD does not disappear at the end of primary school. It shifts. The demands of secondary school often expose what primary school's structure absorbed.

FOR

Parents of secondary-age young people

AUDIENCE AGE

12-17

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PART OF

The NeuroFX resource library

IN SUMMARY

How ADHD Presents in Secondary School Age Children

How the picture shifts at secondary school

- **Hyperactivity becomes less visible.** Physical restlessness usually reduces with age. The 7-year-old who ran around the classroom becomes the 14-year-old who fidgets, taps their feet, or feels constant internal restlessness without obvious outward signs.
- **Inattention and executive function difficulty become more disabling.** The academic demands of secondary school depend heavily on sustained attention, working memory, planning and organising across days and weeks. Forgetting books, missing homework deadlines and losing equipment dominate the adolescent picture.
- **Emotional regulation difficulty intensifies.** Bigger reactions to disappointment, criticism or perceived unfairness. Often misread as adolescent attitude rather than ADHD-related dysregulation.

Why secondary school often makes it harder

- **Multiple teachers, classrooms and routines.** The structure that absorbed primary-school difficulties disappears. Children whose ADHD was scaffolded by primary-school adult oversight often hit the wall at Year 7.
- **Independence with organisation increases.** Books, homework, timetable, equipment all become the young person's responsibility. ADHD executive function difficulty makes this disproportionately hard.
- **Academic work shifts to multi-step reasoning.** A bright child whose ability hid the underlying difficulty starts to underperform when work moves from facts to abstract or multi-step tasks. The gap widens through Years 9 to 11.
- **Masking, especially in girls, reaches its limits.** Many adolescent girls invest substantial effort in holding it together at school and collapse at home. The exhaustion shows up as evening irritability, low mood, anxiety or chronic fatigue. Anxiety or depression is often the presenting concern, with ADHD underneath.
- **Risk-taking patterns appear.** Adolescent ADHD increases the risk of substance use, risky driving and impulsive behaviour. The risk is real but not deterministic. Treatment and structural support reduce the risk.

What you can do next

- **Speak to the SENCo and form tutor.** Secondary schools handle SEN differently from primary schools. The right contact varies. SEN support, exam access arrangements and structured help with organisation are often possible without a formal EHCP.
- **Speak to your GP about assessment.** Adolescent ADHD assessment is delivered through CAMHS or community paediatric services depending on local arrangements. NeuroFX offers private paediatric ADHD assessment for ages 6 and upwards where the NHS wait is not workable.
- **Involve the young person in the conversation.** Adolescents who feel consulted engage with assessment and support far better than adolescents who feel done-to. The young person has a real voice in the medication decision in particular.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if the ADHD pattern is persistent, affecting school, friendships or mental health, and continuous with childhood difficulty. Speak to the school SENCo as a parallel conversation. NHS routes for adolescent ADHD assessment exist via CAMHS or community paediatrics. Seek urgent help via 111, 999 or A&E for any acute mental health crisis. Papyrus HOPELINE247 (0800 068 4141) is a UK helpline specifically for young people thinking about suicide.

SOURCES

DSM-5-TR; NICE NG87; Faraone et al. 2021 (Neurosci Biobehav Rev); Sibley et al. 2014 (J Abnorm Psychol); Hechtman et al. 2016 (J Am Acad Child Adolesc Psychiatry)

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
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