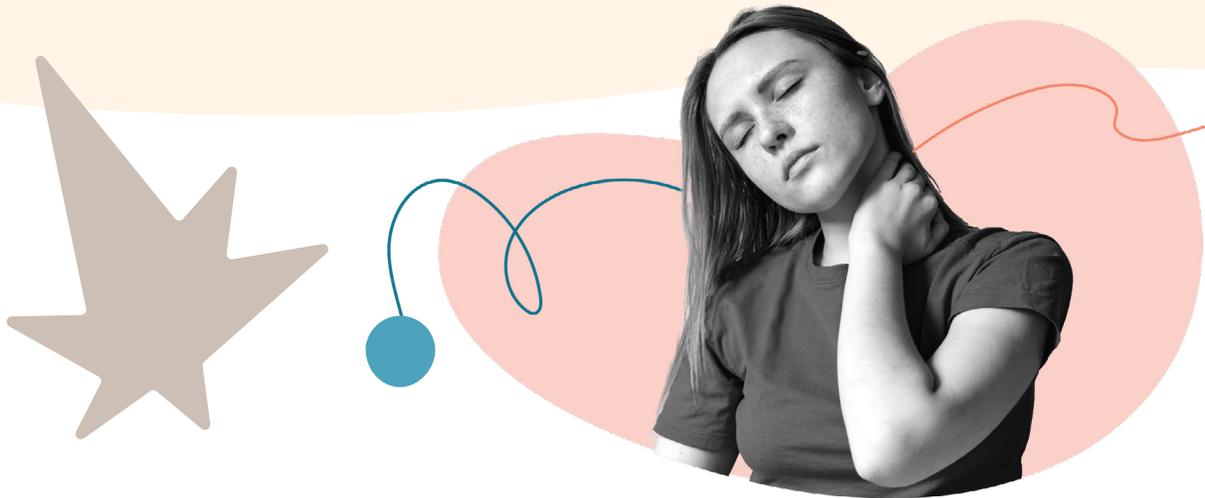


Missed, misread, and misdiagnosed

Current state of women with ADHD



For decades, ADHD was considered a “boy’s disorder.” That led girls with ADHD to be overlooked and women with ADHD to be [misdiagnosed with anxiety or depression](#) – or simply told they were lazy.

Then, between 2020 and 2022, the [number of new ADHD diagnoses among women ages 23–49 doubled](#). Many experts attribute this to the [loss of work and social structures](#) people had been relying on. With those external structures removed, many women noticed for the first time that they struggled to be organized and focused.

In spite of this increase in diagnosis and treatment, day-to-day life is still challenging for women with ADHD. Only 19.9% of women with ADHD report very good or excellent mental health, compared to 51.1% of women without ADHD.¹

To improve the quality of life for women with ADHD, researchers are working to better understand the experiences of these women. This includes [research conducted by Understood.org in 2024](#) that uncovered the “quiet fight” women with ADHD experience, and [how lack of research](#) into women with ADHD perpetuates this silence. The research gap is even more pronounced for BIPOC* women. Fewer than 10 studies have focused on this population as of August 2024.²

How we did this research



To better understand women with ADHD, Understood.org conducted a multi-method study to identify their top needs.

First, we leveraged pro-bono research donations from two partners:

- [Human Dot Plus](#) analyzed 1 million online conversations from women with ADHD to show how experiences differed for BIPOC women and for women with kids.³
- [F'inn](#) surveyed 846 women (151 with ADHD, 695 without) to understand what drives their mental health and what strategies they use to cope.¹

We also supplemented our novel studies with three additional data sources:

- 30 large-scale academic studies to ensure that our findings capture the experience of the average woman with ADHD
- Posts in [Reddit](#) communities for women with ADHD that give firsthand experiences and stories of living with ADHD
- A mixed-methods [Understood.org evaluation study](#) to learn how our podcasts help women with ADHD make sustainable positive change

The research aimed to identify top needs, quantify what matters most to this population, and point to opportunities for [Understood.org](#) and our partners to better support women with ADHD.

Key insights

Women with ADHD have nine major needs across four broad categories.

- Understanding ADHD (scientific knowledge of cause; knowledge of symptoms)
- Mental health (guidance through diagnosis; comorbidity care)
- Identity development (refine self-narrative; strengthen self-concept; navigate social perception)
- Physical health (weight and body image; sleep care)

For BIPOC women, each need is intensified. They face additional challenges and stigma at every stage. Their symptoms may be different from the traditional white, male presentation. They also come up against systemic barriers to information.³



Moms with ADHD still have similar needs, but the stakes have changed.

- In her experience with ADHD, the “what” is universal in terms of the questions, symptoms, and journey.
- But motherhood changes the “so what.” Her focus shifts from self-reflection to urgency in supporting her child. Her self-frustration becomes parenting guilt. And her personal “wins” become parenting wins.
- BIPOC moms experience the highest levels of shame and stigma, suggesting a high level of both internal and external judgement. The added weight of stigma and parenting can create an intensified feeling of falling short of expectations.³

Misunderstanding of ADHD contributes to a lifetime of blame and shame.

- Many women don’t understand that ADHD is neurobiological. That leads them to attribute their struggles to character flaws rather than to ADHD. Nearly all (89%) report damaged self-confidence.
- Identity disruption is a hallmark of women’s ADHD experience. The mental health consequences are severe: 23.5% of women with ADHD reported a lifetime history of suicide attempts, compared to 8.5% among men with ADHD.
- Black women have 73% higher odds of receiving a conduct disorder diagnosis than white women, reflecting how racial bias shapes diagnostic outcomes.

The ADHD mind-body connection is often ignored.

This research showcases the impact ADHD can also have on a woman's physical health. Yet ADHD treatment often doesn't address these challenges.

- **Weight stress is pervasive** and is the second-strongest predictor of poor mental health.¹ **Eating disorders** are 3.6 times more common in girls with ADHD than in other girls.
- Studies on sleep in women with ADHD are lacking. But the large studies focused on sleep patterns and adults with ADHD show that **sleep problems are the norm** (60% screen positive for any sleep disorder). Yet many women with ADHD receive no guidance on how to manage sleep.

Comorbidity is the norm, not the exception.

- The majority of women with ADHD live with at least one other mental health condition, with 72% having more than three comorbidities and 31% having more than six.¹ The most common are anxiety and depression.
- Critically, 44% are **diagnosed with a comorbidity first**. This leads to long delays before ADHD is also diagnosed.
- For BIPOC women, discrimination may contribute to more **severe mental health problems**. These women are more likely to be misdiagnosed or marginalized within health care systems.

Three top predictors drive poor mental health.

The research revealed three top predictors of poor mental health:

- Feeling she hasn't lived up to her potential (the number one toxic belief)
- Struggle with weight-related challenges
- Stress about social status and how she measures up to others¹

Traditional wellness advice may not translate for women with ADHD.

- A regression analysis comparing women with and without ADHD found that standard healthy lifestyle behaviors show no significant mental health benefit for women with ADHD.¹

- Instead, three supports showed differential benefit for women with ADHD:
 - Mental health therapy
 - Team sports
 - Creative/expressive activities like journaling, music, cooking, and gardening

Implications for research and support

This research quantifies what women with ADHD need most and reveals critical gaps in existing support systems. The data makes clear that generic women’s mental health content doesn’t work. ADHD-specific interventions are essential.

- **Resources built for women can also support moms.** Consider a universal foundation with potential “off ramps” for parenting-specific support.
- **It’s important to build ADHD-affirming narratives.** “Not living up to potential” is the number one driver of poor mental health. This points to an urgent need for identity-reframing content that helps women understand their struggles as neurobiological symptoms, not as character flaws. Women need ADHD-affirming narratives that counter decades of internalized shame. This is particularly true for BIPOC women who face the dual burden of ableist and racist narratives.
- **Mental health cannot be overlooked.** ADHD most often comes with another mental health condition. This is an opportunity for organizations specializing in anxiety and depression to promote resources that address the complex interplay of these conditions with ADHD. Women need prep guides to help them get ready for health care visits so they can advocate for proper diagnosis.
- **Pay attention to the mind-body connection.** Women need better guidance on the physical toll ADHD can have on their bodies, particularly regarding weight and sleep.
- **Promote specific behaviors rather than offering generic tips.** Data about what really improves mental health outcomes for women with ADHD (therapy, team sports, creative activities) makes it possible to create concrete ADHD-specific strategies, rather than offering generic wellness advice.
- **More research is critical.** While these findings are robust, there’s still a need for more research and intervention development specific to women with ADHD, and particularly BIPOC women with ADHD. Attention should be paid to replicating our findings about healthy lifestyle behaviors to create interventions designed specifically for women with ADHD. This population cannot continue to be misunderstood.

Connect with us

We're always looking to collaborate and partner with others on our research! Reach out to our team at knowledge@understood.org to learn more.

Methodology

The findings from this research represent extensive analysis and extrapolation of new data and insight from numerous research studies, outlined below. This builds on [Understood.org's 2024 research](#).

Human Dot Plus: The research conducted by HDP uses artificial intelligence, natural language processing, machine learning, and big data tools. This process enables publicly available, online discussions to be scraped, harvested, mined, and structured. The conversations came from U.S. adult women who participated in online conversations about ADHD for 12 months (March 5, 2024–March 5, 2025), sourced from a range of channels, including message boards, topical sites, blogs, comments, and social networks. The conversations were categorized using self-identifiers into broad racial identity groups (BIPOC vs. non-BIPOC) and motherhood status (mom vs. non-mom). Sixty percent of conversations occurred on topical sites and message boards. The analysis was conducted to map conversations to patient journeys, emotions, mindsets, sentiments, and their underlying drivers. The final dataset of 1.2M + conversations included:

- 597.5K non-BIPOC, non-mom conversations
- 213.2K BIPOC non-mom conversations
- 314.3K non-BIPOC mom conversations
- 103.4K BIPOC mom conversations

* In this study, BIPOC was defined as Black or African American; Hispanic, Latine, or Latina; Native American or Indigenous; and Asian American.

F'inn: This research is based on a nationally representative quantitative survey conducted by F'inn in 2023 among 3,000 Americans ages 13 and older. The sample was balanced to reflect the U.S. population across key demographics including age, gender, income, region, and race/ethnicity. The survey was approximately 20 minutes in length and evaluated 11 areas of life and 152 potential stressors related to mental health and well-being. The margin of error for the total sample is ± 1.7 percentage points at the 95% confidence level.

Mental health status and related measures are based on self-reported data, including assessments of conditions such as anxiety, depression, and other mental health challenges. Subgroup analyses (e.g., by gender, income, generation) reflect differences within the sample and may have higher margins of error depending on subgroup size. This research is exploratory in nature and does not imply causation.

References

1. F'inn. (2023). Stressed out: A call to action. Why and how to prioritize mental health in America. *F'inn*. [Analysis specific to women with ADHD was conducted by the Understood team and is not included in the F'inn report.]
2. Wynne, K. J., Sipser, R., & Bassman, J. (2024). Reaching BIPOC women with ADHD. [Understood.org internal research.]
3. Human Dot Plus. (2025). The voices of women with ADHD: A deep dive into the emotional, cultural, and behavioral journeys of women who learn and think differently. *Human Dot Plus*.