STUDY EXPERIENCES OF PEOPLE DIAGNOSED WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTHOOD

Lilleoja, Lii[1]
Tallinn University (Estonia)

Ostapiv, Kristiina[2]
Tallinn University (Estonia)

Cite: Lilleoja, Lii, & Ostapiv, Kristiina (2025). Study Experiences of People Diagnosed with
Idézés: Attention Deficit Hyperactivity Disorder in Adulthood. *Különleges Bánásmód Interdiszciplináris folyóirat [Special Treatment Interdisciplinary Journal], 11*(3), 129–140.
DOI https://doi. org/10.18458/KB.2025.3.129

EP / EE: Ethics Permission / Etikai engedély: KB/2025/0031

Reviewers: *Public Reviewers / Nyilvános Lektorok:*
Lektorok: 1. Tiiu Tammemäe (PhD), Tallinn University (Estonia)
2. Helin Puksand (PhD), Tallinn University (Estonia)

Anonymous reviewers / Anonim lektorok:
3. Anonymous reviewer (PhD) / Anonim lektor (PhD)
4. Anonymous reviewer (PhD) / Anonim lektor (PhD)

Abstract

In recent years, the number of adults diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) has risen significantly worldwide, including in Estonia. In 2024, a study was conducted focusing on the learning experiences of adults who were diagnosed with ADHD in adulthood. The study involved a total of 10 adults aged between 23 and 49 who had previous experience in higher education. The aim of the study was to explore the learning experiences and perceptions of individuals diagnosed with ADHD in adulthood, particularly in relation to coping with academic activities. A qualitative research method was used, and data were collected through narrative interviews. Participants reported difficulties related to executive functioning, learning challenges, and mental health. Although they occasionally received support from both educational institutions and external sources, they mostly had to rely on self-developed strategies and personal resilience. The results highlighted that emotional and social support, involvement of support networks, and adaptations in the learning environment are crucial in supporting learners with ADHD. The findings provide insights into how to better support students with similar needs within the education system.

Keywords: attention deficit hyperactivity disorder, adults, experiences, studies
Disciplines: pedagogy

[1] Lii Lilleoja. Tallinn University (Estonia). E-mail: lii.lilleoja@tlu.ee ORCID:
[2] Kristiina Ostapiv. Tallinn University (Estonia). E-mail: kristiina.ostapiv@gmail.com ORCID: https://orcid.org/0009-0002-3515-9292

Absztrakt

FIGYELEMHIÁNYOS HIPERAKTIVITÁS ZAVARRAL FELNŐTTKORBAN DIAGNOSZTIZÁLT SZEMÉLYEK TANULÁSI TAPASZTALATAI

Az elmúlt években világszerte, így Észtországban is jelentősen megnőtt a figyelemhiányos és hiperaktivitás-zavar (ADHD) diagnózisainak száma a felnőttek körében. Jelen tanulmányban egy 2024-ben készült kutatás bemutatására kerül sor, amely olyan felnőttek tanulási tapasztalataira összpontosított, akiknél felnőttkorban diagnosztizálták az ADHD-t. A vizsgálatban összesen 10, 23 és 49 év közötti felnőtt vett részt, akiknek korábban volt felsőoktatási tanulási tapasztalatuk. A kutatás célja az volt, hogy feltárja a felnőttkorban diagnosztizált ADHD-s személyek tanulási élményeit és megítélését az oktatási tevékenységekkel való megbirkózásról. Kvalitatív kutatási módszert alkalmaztak, az adatgyűjtés narratív interjúk révén történt. A résztvevők nehézségekről számoltak be a végrehajtó funkciók, tanulási problémák és mentális egészség terén. Bár időnként kaptak támogatást mind az iskolából, mind azon kívül, többnyire saját maguk által kialakított stratégiákra és személyes kitartásukra kellett támaszkodniuk. Az eredmények azt mutatták, hogy az érzelmi és szociális támogatás, a támogató hálózat bevonása, valamint a tanulási környezethez való alkalmazkodás rendkívül fontos az ADHD-s tanulók támogatásában. A kutatás rámutat arra, hogyan lehet hatékonyabban segíteni az oktatási rendszerben a hasonló igényű tanulókat.

Kulcsszavak: figyelemhiányos hiperaktivitás-zavar, felnőttek, tapasztalatok, tanulmányok

Diszciplina: neveléstudomány

Introduction

In education, it is important to ensure appropriate support for learners with developmental or neurological differences, including Attention Deficit Hyperactivity Disorder (ADHD) diagnosed in adulthood. ADHD is a neurodevelopmental disorder characterized by persistent inattention and/or hyperactivity-impulsivity that negatively affects learning, work performance, and social functioning (American Psychiatric Association, 2013; World Health Organization, 2022). Although ADHD has traditionally been considered a childhood disorder, numerous studies show that symptoms often persist into adulthood (Philipp-Wiegmann et al., 2016; Song et al., 2021).

In recent years, the number of ADHD diagnoses has increased significantly both globally and in Estonia. According to the Estonian Health Insurance Fund, the number of adults diagnosed with ADHD (ICD-10 code F90.0) rose from 252 in 2018 to 3,103 in 2023, representing a 1,130% increase, with an average annual growth rate of 67.3% (Vare, personal communication, March 1, 2024). Similar growth trends have been observed in other countries, such as the United States, where the number of adult ADHD diagnoses has also risen (Chung et al., 2019). Globally, the prevalence of persistent childhood-onset ADHD among adults was estimated at 2.58% in 2020 (Song et al., 2021), and the incidence among children has also been steadily increasing (Ayano et al., 2023). This rise is attributed to greater awareness and changes in diagnostic criteria (Abdelnour et al., 2022).

ADHD affects several areas of life, particularly academic performance. Individuals whose ADHD is undiagnosed or untreated in childhood often achieve lower academic outcomes (Arnold et al., 2020). Harpin et al. (2016) found that students who received medication or therapy had better results compared to those who did not receive such support. Studies have shown that both young people and adults with ADHD often recall their

educational experiences negatively and report various learning-related difficulties (Kwon et al., 2018; Russell et al., 2023).

The Nature of Attention Deficit Hyperactivity Disorder

ADHD is currently classified into three subtypes: inattentive, hyperactive/impulsive, and combined type (American Psychiatric Association, 2013). The disorder significantly affects executive functionning—skills essential for planning, attention, problem-solving, and self-regulation (ADDA, 2023). Although previously viewed as a childhood disorder, research indicates that in approximately half of all cases, symptoms persist into adulthood (Zavadenko, 2014).

Adults with ADHD often emphasize the negative impact of inattention, poor concentration, and impulsivity on their daily lives (Watters et al., 2018). At the same time, ADHD can also manifest as hyperfocus—the ability to concentrate deeply and persistently on activities that are of personal interest (Kooij et al., 2019). ADHD symptoms can also include sensory hypersensitivity, where an individual reacts more intensely than usual to light, sound, or touch (Panagiotidi et al., 2020).

The manifestation of symptoms is often gender-specific. Men are more frequently diagnosed with the combined type, while in women, inattentiveness tends to be more prevalent (Mowlem et al., 2019). As a result, ADHD in girls and women often goes unnoticed or is misdiagnosed (Oroian et al., 2023). According to a study by Morgan (2023), many women receive a diagnosis only after independently seeking information, often through social media.

In Estonia, ADHD diagnosis currently follows the International Classification of Diseases, ICD-10, where the disorder is categorized as a hyperkinetic condition (code F90). However, ICD-10 lacks specific criteria for diagnosing ADHD in adults. Although ICD-11 has been published, it has not yet been implemented in Estonia. According to both ICD-10 and DSM-5, a diagnosis requires that symptoms be present in at least two different settings and that they significantly impair daily functioning. DSM-5 states that symptoms must begin before the age of 12, while ICD-10 sets the threshold at age 6.

Learning Experiences of Individuals with Attention Deficit Hyperactivity Disorder

Research shows that individuals with ADHD face various challenges in their educational journey—primarily difficulties with concentration, disorganization, and reduced motivation to learn (Lynch & Davison, 2022; Russell et al., 2023). Students often recall a lack of understanding from teachers and limited support, which has led to frustration, lower self-esteem, and negative emotional experiences (Honkasilta et al., 2016). Lawrence et al. (2021) found that children with ADHD tend to have lower skills in arithmetic, reading, and writing compared to peers without mental health disorders. Both students and teachers report that difficulties with concentration are the most significant barriers to learning, manifesting in problems with mathematics, reading, and spelling (McDougal et al., 2023).

In higher education, students with ADHD often struggle with self-management—such as time planning, task prioritization, and organizing academic work (Henning et al., 2022). In addition to academic challenges, they frequently experience social and emotional difficulties. Girls and women, in particular, may struggle with forming and maintaining relationships, often experiencing social exclusion and vulnerability to bullying (Kok et al., 2016; McDougal et al., 2023).

However, several studies have also highlighted the strengths of individuals with ADHD, such as creativity, originality, and a vivid imagination, which can be seen as potential assets in education (Boot et al., 2020). Pharmacological treatment and

early intervention have proven effective in improving academic outcomes and preventing mental health issues, helping to reduce the risk of anxiety and depression, for example (Biederman et al., 2009; Jangmo et al., 2019).

Providing Support for Individuals with Attention Deficit Hyperactivity Disorder

Supporting students diagnosed with ADHD is crucial in educational settings, as the characteristics associated with the disorder—such as difficulties with concentration, impulsivity, and disorganization—can significantly hinder academic progress. Early and systematic support helps to prevent problems and fosters the development of learning skills and psychosocial functioning. Research has shown that individuals with ADHD benefit from multi-level support—at the level of family, school, and professionals.

Family support has proven especially valuable, particularly in helping with homework and daily tasks (Johansson, 2021; Wiener & Daniels, 2016). A supportive and flexible approach from schools also plays a significant role—for example, providing extra time for tests, smaller learning groups, and access to support specialists has been found helpful (Johansson, 2021).

From the perspective of young people, a patient and supportive attitude from teachers and individual accommodations—such as reducing homework volume, a quiet classroom environment, and the possibility to temporarily leave the classroom—are especially beneficial (Brook & Boaz, 2005; Wiener & Daniels, 2016).

Different countries apply a variety of support strategies. In Australia, students with ADHD have access to individualized learning plans and social counseling services (Zendarski et al., 2020). In the United Kingdom, practical strategies used by teachers are emphasized, such as visual timetables, calling the student's name to regain attention, or allowing movement in the classroom (McDougal et al., 2023). There's also an emphasis on teaching organizational skills to students with ADHD, providing breakout spaces in classrooms, and diversifying instructional methods—for instance, group work, performances, and presentations (Adaškina, 2016).

Studies confirm that the most effective forms of support include developing self-regulation skills (such as time management) and offering individualized assistance, such as one-on-one counseling or therapy (Moore et al., 2018). Since the implementation of inclusive education principles in Estonia in 2010, there has been increasing attention to the support of students with special educational needs (SEN), including children with ADHD (Põhikooli- ja gümnaasiumiseadus, 2010). Support measures in Estonia include remedial instruction, small group teaching, individualized curricula, reducing the workload of assignments, and providing clearer instructions (Kärber, 2023; Madi, 2021). Successful support also requires cooperation with parents, who need assistance and whose involvement helps create a more suitable learning environment for the student (Knut, 2018; Saidla, 2021).

Methodology

The aim of this research was to explore the learning experiences and perceptions of individuals diagnosed with ADHD in adulthood, particularly regarding their ability to cope with educational activities. To achieve this aim, the following research questions were formulated:

1. What difficulties regarding their studies did people diagnosed with ADHD in adulthood have?
2. What kind of study-related support was provided for people diagnosed with ADHD in adulthood?

3. What adaptations do people diagnosed with ADHD in adulthood consider important when teaching pupils with an ADHD diagnosis?

The study focused on these three key aspects related to adult learners with ADHD. To collect data, narrative interviews were conducted with the study participants. This qualitative method allowed for an in-depth understanding of their personal experiences and perspectives regarding learning difficulties, the support they received, and the necessary adaptations they consider important.

The Sample

The study involved ten adults (n = 10; 5 women, 5 men) aged between 23 and 49, all of whom had been diagnosed with ADHD after the age of 18 and had previous experience in higher education. Four participants had obtained a bachelor's degree, two held a master's degree, one had completed a doctoral degree, and three had discontinued their university studies.

The selection criteria were a diagnosis of ADHD received after the age of 18 and prior experience in higher education. The gender balance allowed for an analysis of learning experiences from both male and female perspectives. To ensure the confidentiality of personal data, all participant names were replaced with codes (e.g., W1, M1), where the letter indicates gender and the number reflects the interview sequence.

Data Collection Method and Research Procedure

The study employed a qualitative research method aimed at gaining an in-depth understanding of the learning experiences of individuals diagnosed with ADHD in adulthood. A narrative inquiry approach was used to collect data, enabling the analysis of participants' subjective stories and personal meanings (Bloor & Wood, 2006). Narrative interviews encourage participants to freely share significant events from their lives at their own pace, with minimal intervention from the researcher.

Each interview began with the prompt: "Tell me about your memories related to studying, starting from the first grade." Participants were asked to recall their learning experiences in chronological order up to their university studies. After the narrative ended, the researcher asked spontaneous follow-up questions for clarification. Two pilot interviews were conducted during the study preparation phase; however, their data were not included in the final analysis.

To recruit participants, an invitation was posted in the Estonian ADHD Association's Facebook group. Adults who had received an ADHD diagnosis in adulthood were eligible to participate. Due to time constraints, not all 29 interested individuals could be interviewed. Therefore, additional selection criteria were applied: participants had to have an ADHD diagnosis without comorbid disorders and previous experience in university studies. As the majority of interested participants were women, two male participants were included using a convenience sampling approach to ensure some gender balance.

Prior to each interview, participants were informed about the purpose of the study and asked for their consent regarding audio recording, the use of web-based speech recognition, and the involvement of a co-coder. Interviews were conducted either via Zoom or through other preferred methods chosen by the participants. A total of ten interviews were carried out between January and March 2024, half of which were conducted via Zoom. The total interview time was 10 hours, with an average duration of 1 hour and 5 minutes per interview.

To enhance reliability, the transcribed interviews were sent to participants for confirmation and

optional additions. While they were encouraged to clarify or correct the text, significant content changes were discouraged.

Data Analysis Method

The data were analyzed using qualitative inductive content analysis, aimed at understanding the meanings of words and phrases in participants' narratives (Gibson & Brown, 2009). Audio recordings of the interviews were transcribed—nine verbatim, and one selectively, with off-topic segments omitted. The web-based speech recognition tool developed by the Cybernetics Institute of Tallinn University of Technology (Olev & Alumäe, 2022) was used to assist in transcription; one interview was transcribed manually.

All transcripts were manually reviewed, compared with the audio files, and adjusted to match the spoken text. The revised transcripts were then sent to participants for confirmation. In one case, a participant requested the removal of personal information, which reduced the length of that transcript.

The analysis followed Schreier's (2014) content analysis steps: first, familiarization with the data through repeated reading of transcripts; next, segmentation and coding of the text; and finally, grouping similar codes into categories. The findings were presented as main and subcategories.

To enhance reliability, a co-coder was involved in coding three of the interviews. After coding, the results were compared, code labels were refined, and the thematic structure was clarified.

Results

The results are divided into three subcategories: (1) difficulties in learning, (2) support received, and (3) adaptations for supporting students. The data are based on the school experiences of individuals diagnosed with ADHD in adulthood.

Difficulties in Learning

Adults diagnosed with ADHD in adulthood recalled their school experiences as multifaceted. In primary school, learning was often associated with positive emotions—new environments and interesting content motivated them. Difficulties became more pronounced starting from middle school, when academic tasks became more complex and required greater independence. The main obstacles to learning were impairments in executive functions, particularly difficulties with concentration, time management, and organization.

All participants reported concentration problems, especially during tasks that required sustained effort. Attention deficits affected both academic outcomes and overall attitudes toward learning: *"I can focus for about 15–20 minutes, and after that, it becomes brutal exhaustion... eventually it just feels like learning is an unpleasant experience."* (M10)

In some cases, sensory sensitivities—such as bright lights or noise—made the learning environment intolerable and further impaired concentration.

Time management problems were common, often manifesting as last-minute task completion. Despite good comprehension, participants struggled to complete assignments on time, which created stress and hindered academic progress: *"I totally blanked out during the performance… and that meant I couldn't continue halfway through high school."* (W1)

Homework was particularly burdensome for many. The accumulation of tasks, delays, and failures led to stress and worsened well-being: *"By the end of 12th grade, I had forty different incomplete or overdue assignments."* (W1)

Motivation was closely tied to interest in the subject—if the topic was engaging, some even experienced hyperfocus; otherwise, engagement dropped sharply: *"The hardest subjects were those I didn't connect with… philosophy and other side subjects."* (M5)

STEM subjects—especially mathematics—posed persistent challenges for most, requiring intense effort and causing emotional stress. However, a supportive environment (e.g., family members, classmates) helped mitigate these difficulties. Many preferred the humanities, although challenges remained—such as reading required literature.

In addition to academic issues, some participants experienced difficulties in writing, especially due to handwriting, and to a lesser extent, in practical subjects like music.

Several participants described mental health difficulties during school—stress, anxiety, and panic attacks—caused by academic pressure, unexpected situations, and public performances. Often, such mental strain went unnoticed or was misinterpreted: *"I had to read aloud in class and everything just went black... that was my first panic attack."* (M10)

Participants also reported physical symptoms—like headaches and digestive issues—related to mental overload, for which no medical explanation was offered. Emotional overwhelm, fear of failure, and repeated negative experiences had a strong impact on their learning experiences.

Support Received

The findings revealed that all participants felt a lack of adequate school support, particularly in terms of individual attention and understanding. Especially from middle school onwards, teacher support became more fragmented, and many had to manage learning independently. Nevertheless, a few teachers were remembered positively for their empathy and flexibility in adjusting teaching to meet student needs.

Lack of support was often reflected in teachers' negative attitudes—ADHD symptoms were interpreted as carelessness or lack of discipline. This affected students' self-esteem and sense of safety in the school environment. However, some participants recalled more structured support at the high school or university level, such as submitting assignments in parts or receiving meaningful guidance on thesis writing: *"In my master's program, I had a supervisor who supported me… and that helped tremendously."* (M3)

Peer support also played an important role. Supportive classmates provided practical help—explaining material or summarizing content before tests. This kind of social support helped maintain motivation and fostered a sense of belonging.

Many participants were forced to find their own coping strategies, including creating cheat sheets or alternative learning techniques. For some, preparing cheat sheets became a valuable learning tool as it required compact processing of information: *"Making cheat sheets taught me more than doing homework or cramming."* (W2)

Family support was also crucial. Most interviewees recalled receiving help from parents with homework, especially in STEM subjects. In some cases, private tutors or family acquaintances offered help. However, some participants noted that home support was limited due to parents' busy schedules*: "Thanks to my dad, I got through school—especially in STEM subjects."* (W2)

In summary, successful learning for students with ADHD depended heavily on the school environment, teacher attitudes, and individualized approaches. The lack of formal support was partly compensated by peer and family involvement and personal coping strategies. Structured support and understanding relationships increased learning motivation and reduced anxiety.

Adaptations in Teaching Students

Participants diagnosed with ADHD in adulthood emphasized that teachers' social-emotional support and learning adaptations are central to supporting students with ADHD. The most important factors were seen as understanding and professional

attitudes, individualized adjustments, and empathy, which help prevent stigmatization and misconceptions.

Participants noted that teachers should view each student as an individual, rather than interpreting behavior solely through the lens of discipline or laziness. It is important not to use ADHD as an excuse or exemption but to understand individual characteristics and adjust expectations accordingly. They also stressed that students with ADHD should not be singled out in class, as this may lead to social exclusion: *"I don't think it's fair to assume kids are just lazy… I often heard people say I was careless."* (M9)

Many emphasized the importance of communication—teachers should regularly check if the student understands the material and offer support before problems escalate. They also suggested that students should be taught learning strategies, self-management, and personalized coping techniques early on, tailored to their learning style (e.g., visual, auditory).

Regarding adapted learning environments, key suggestions included breaking assignments into smaller parts, allowing extra time, and incurporating movement breaks. Since maintaining focus for 45 minutes is often difficult for students with ADHD, short movement breaks, individual agreements, or quieter settings can improve attention. Smaller class sizes were also noted as beneficial—allowing for a more individualized pace and fewer distractions.

Participants also emphasized the influence of the physical environment—light, noise, and room layout significantly affect concentration and well-being. Therefore, early consideration of environmental adjustments was deemed important.

They also stressed that teacher support alone is often not enough—specialist involvement (e.g., special education teacher, psychologist, social pedagogue) and collaboration with parents are essential. A supportive network allows for more consistent and comprehensive assistance: *"A teacher doesn't have to raise the child or save their life… but they can do a lot through collaboration with parents."* (W6)

In some cases, participants felt that medication would have helped—they believed that appropriate medication prescribed at the right time could have improved their focus and learning ability. Thus, pharmacological support was suggested as a possible component of a broader support system.

In conclusion, participants emphasized that the success of students with ADHD depends on multiple factors: a supportive and structured learning environment, social-emotional support, teaching of learning strategies, and systematic collaboration between school and home. An approach that considers these elements helps foster student confidence, motivation, and better learning outcomes.

Discussion

The aim of this study was to understand the school experiences of individuals diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in adulthood and their assessments of coping with academic activities. The results addressed the research questions and highlighted both consistencies with existing literature and new observations relevant for educational practice and policy development.

Based on participants' experiences, it emerged that although learning difficulties were not always apparent in the early school years, problems often intensified starting in lower secondary school. The most common issue was difficulty with concentration, which affected executive functioning—particularly task initiation, sustaining attention, planning, and task completion. These findings are consistent with previous studies (Nyström et al., 2020; Watters et al., 2018; ADDA, 2023). Environmental factors such as sensitivity to sensory stimuli (e.g., light, noise) were also mentioned as making it difficult to concentrate

and causing discomfort. Panagiotidi et al. (2020) have similarly found that ADHD and sensory hypersensitivity often co-occur, indicating a need to adapt the physical learning environment to meet learners' needs.

In addition to concentration issues, several participants experienced difficulties with impulsivity and emotion regulation, which in turn affected peer relationships. McDougal et al. (2023) reached similar conclusions, emphasizing that young people with ADHD may face significant social challenges. Problems with time management were also widespread—for example, the tendency to procrastinate or prepare for tasks at the last moment—which caused anxiety and impacted academic performance. Kwon et al. (2018) and Moore et al. (2018) have also highlighted the importance of self-regulation skills in supporting learners with ADHD.

The greatest difficulties emerged in STEM subjects, especially mathematics. Participants often preferred humanities and creative subjects, which allowed more personal expression and required less technical effort. Difficulties with handwriting were also mentioned, leading to negative feedback and affecting self-esteem. Academic challenges were closely linked with mental health issues—stress, anxiety, and, in some cases, panic disorders were experienced during school. These findings align with conclusions from Solberg et al. (2018) and Vildalen et al. (2019), who emphasize the connection between mental health and learning difficulties.

The study results show that participants often felt a lack of individualized support and understanding from teachers during their educational journey. Positive exceptions included instances where teachers accommodated students' specific needs by offering flexibility and support. These observations support the findings of Honkasilta et al. (2016), which suggest that learners with ADHD frequently encounter a lack of understanding from educators. Due to limited or inconsistent formal support, many learners had to develop personal coping strategies such as creating cheat sheets, restructuring material, or using self-motivation techniques. This kind of self-initiated coping is in line with the research of Johansson (2021) and Wiener & Daniels (2016), who found that learners with ADHD often rely on individual or family-based support mechanisms.

Family and peer support were also noted as important resources. Parental assistance, especially with more complex subjects, and the involvement of private tutors helped some participants make faster academic progress. The study emphasizes that a strong support structure—both emotional and academic—can be crucial for learners with ADHD.

To support students with ADHD, a multi-level approach was deemed necessary. Participants considered teachers' attitudes particularly important—understanding, empathy, and flexibility were seen as essential. This is also confirmed by Brook & Boaz (2005), whose study stresses the role of teacher attitudes in supporting youth with ADHD. Necessary accommodations included breaking tasks into smaller parts, offering more flexible assessment practices, allowing movement breaks during class, and adapting the sensory environment. Similar conclusions were drawn by Adaškina (2016), who emphasized the benefits of diversifying and adapting learning materials. Smaller class sizes and regular involvement of specialists—such as special educators and psychologists—were also viewed as important. Some participants considered pharmacological support important, noting that appropriate medication, when used in cooperation with professionals, could aid both learning and mental well-being. Jangmo et al. (2019) have reported similar findings on the positive effects of pharmacological interventions.

The study had several limitations. First, the sample size was small (10 participants), so the

findings cannot be generalized to the entire adult ADHD population. Second, the data were based on participants' memories, which may be distorted or selective over time. Third, the experiences were strongly context-dependent—shaped by school environments, teacher approaches, and family support—meaning that the findings cannot always be directly transferred to other cases.

In the future, it would be advisable to use quantitative methods to map the more common learning experiences and support needs of adults with ADHD in the broader Estonian context. Further research is also needed to assess how well existing support systems meet the needs of newly diagnosed learners in inclusive education settings.

In conclusion, the results show that supporting learners with ADHD requires awareness, systematic collaboration, and a willingness to make accommodations. The participants' personal experiences provide valuable input for educators and policymakers to design learning environments that allow every student to reach their full potential.

References

Abdelnour, E., Jansen, M. O., & Gold, J. A. (2022). ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis? *Missouri medicine,* 119(5), 467–473.

Adaškina, A. A. (2016). Strategii adaptatsii detei s SDVG k utsebnomu protsessu [Adaptation strategies of children with ADHD to the learning process]. *Sovremennaya zarubezhnaya psihologiya, 5*(3), 35–40.

ADDA. (2023, January 24). *Executive function disorder & ADHD: Their differences & how they tie together.* https://add.org/executive-function-disorder/

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Arnold, L. E., Hodgkins, P., Kahle, J., Madhoo, M., & Kewley, G. (2020). Long-Term Outcomes of ADHD: Academic Achievement and Performance. *Journal of Attention Disorders*, *24*(1), 73–85. DOI https://doi.org/10.1177/1087054714566076

Ayano, G., Demelash, S., Gizachew, Y., Tsegay, L., & Alati, R. (2023). The global prevalence of attention deficit hyperactivity disorder in children and adolescents: 36 An umbrella review of meta-analyses. *Journal of Affective Disorders, 339*, 860–866. DOI https://doi.org/10.1016/j.jad.2023.07.071

Biederman, J., Monuteaux, M. C., Spencer, T., Wilens, T. E., & Faraone, S. V. (2009). Do Stimulants Protect Against Psychiatric Disorders in Youth With ADHD? A 10-Year Follow-up Study. *Pediatrics, 124*(1), 71–78. DOI https://doi.org/10.1542/peds.2008-3347

Boot, N., Nevicka, B., & Baas, M. (2020). Creativity in ADHD: Goal-Directed Motivation and Domain Specificity. *Journal of Attention Disorders, 24*(13), 1857–1866. DOI https://doi.org/10.1177/1087054717727352

Brook, U., & Boaz, M. (2005). Attention deficit and hyperactivity disorder (ADHD) and learning disabilities (LD): Adolescents perspective. *Patient Education and Counseling,* 58(2), 187–191. DOI https://doi.org/10.1016/j.pec.2004.08.011

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. DOI https://doi.org/10.1001/jamanetworkopen.2019.14344

Gibson, W., & Brown, A. (2009). *Working with qualitative data.* SAGE Publications, Ltd. DOI https://doi.org/10.4135/9780857029041

Harpin, V., Mazzone, L., Raynaud, J. P., Kahle, J., & Hodgkins, P. (2016). Long-Term Outcomes of ADHD: A Systematic Review of Self-Esteem and Social Function. *Journal of Attention Disorders*. DOI https://doi.org/10.1177/1087054713486516

Henning, C., Summerfeldt, L. J., & Parker, J. D. A. (2022). ADHD and Academic Success in University Students: The Important Role of Impaired Attention. *Journal of Attention Disorders,* 26(6), 893–901. DOI https://doi.org/10.1177/10870547211036758

Honkasilta, J., Vehkakoski, T., & Vehmas, S. (2016). 'The teacher almost made me cry' Narrative analysis of teachers' reactive classroom management strategies as reported by students diagnosed with ADHD. *Teaching and Teacher Education,* 55, 100–109. DOI https://doi.org/10.1016/j.tate.2015.12.009

Jangmo, A., Stålhandske, A., Chang, Z., Chen, Q., Almqvist, C., Feldman, I., Bulik, C. M., Lichtenstein, P., D'Onofrio, B., Kuja-Halkola, R., & Larsson, H. (2019). Attention-Deficit/ Hyperactivity Disorder, School Performance, and

Effect of Medication. *Journal of the American Academy of Child & Adolescent Psychiatry,* 58(4), 423–432. DOI https://doi.org/10.1016/j.jaac.2018.11.014

Johansson, S. (2021). Looking back on compulsory school: narratives of young adults with ADHD in Sweden. *Emotional and Behavioural Difficulties, 26*(2), 163–175. DOI https://doi.org/10.1080/13632752.2021.1930904

Johnson, J., Morris, S., & George, S. (2021). Misdiagnosis and missed diagnosis of adult attention-deficit hyperactivity disorder. *BJPsych Advances, 27*(1), 60–61. DOI https://doi.org/10.1192/bja.2020.34

Knut, M.-L. (2018). *ATH lapsevanemate tugisüsteemi tõhusus vajaduste ja võimaluste näitel* [Magistritöö, Tallinna Ülikool]. ETERA, Tallinn.

Kok, F. M., Groen, Y., Fuermaier, A. B. M., & Tucha, O. (2016). Problematic Peer Functioning in Girls with ADHD: A Systematic Literature Review. *PLOS ONE, 11*(11), e0165119. DOI https://doi.org/10.1371/journal.pone.0165119

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. DOI https://doi.org/10.1016/j.eurpsy.2018.11.001

Kwon, S. J., Kim, Y., & Kwak, Y. (2018). Difficulties faced by university students with self-reported symptoms of attention-deficit hyperactivity disorder: A qualitative study. *Child and Adolescent Psychiatry and Mental Health, 12*(1), 12. DOI https://doi.org/10.1186/s13034-018-0218-3

Kärber, S. (2023). *Eripedagoogide edulood aktiivsus- ja tähelepanuhäirega õpilaste õpetamisel* [Magistritöö, Tallinna Ülikool]. ETERA, Tallinn.

Lawrence, D., Houghton, S., Dawson, V., Sawyer, M., & Carroll, A. (2021). Trajectories of aca-demic achievement for students with attention-deficit/hyperactivity disorder. *British Journal of Educational Psychology, 91*(2), 755–774. DOI https://doi.org/10.1111/bjep.12392

Lynch, A., & Davison, K. (2022). Gendered expectations on the recognition of ADHD in young women and educational implications. *Irish Educational Studies*, *43*(1), 61–81. DOI https://doi.org/10.1080/03323315.2022.2032264

Madi, G. (2021). *Õpiabi tundide kasu ja vajalikkus aktiivsus- ja tähelepanuhäirega õpilastele ning selle efektiivsuse suurendamise võimalused* [Magistritöö, Tallinna Ülikool]. ETERA, Tallinn.

McDougal, E., Tai, C., Stewart, T. M., Booth, J. N., & Rhodes, S. M. (2023). Understanding and Supporting Attention Deficit Hyperactivity Disorder (ADHD) in the Primary School Classroom: Perspectives of Children with ADHD and their Teachers. *Journal of Autism and Developmental Disorders, 53*(9), 3406–3421. DOI https://doi.org/10.1007/s10803-022-05639-3

Moore, D. A., Russell, A. E., Matthews, J., Ford, T. J., Rogers, M., Ukoumunne, O. C., Kneale, D., Thompson-Coon, J., Sutcliffe, K., Nunns, M., Shaw, L., & Gwernan-Jones, R. (2018). School-based interventions for attention-deficit/hyperactivity disorder: A systematic review with multiple synthesis methods. *Review of Education*, *6(*3), 209–263. DOI https://doi.org/10.1002/rev3.3149

Morgan, J. (2023). Exploring women's experiences of diagnosis of ADHD in adulthood: A qualitative study. *Advances in Mental Health,* 22(3), 575–589. DOI https://doi.org/10.1080/18387357.2023.2268756

Mowlem, F. D., Rosenqvist, M. A., Martin, J., Lichtenstein, P., Asherson, P., & Larsson, H. (2019). Sex differences in predicting ADHD clinical diagnosis and pharmacological treatment. *European Child & Adolescent Psychiatry*, *28*(4), 481–489.DOIhttps://doi.org/10.1007/s00787-018-1211-3

Olev, A., & Alumäe, T. (2022). *Estonian Speech Recognition and Transcription Editing Service.* Tallinn: Tallinna Tehnikaülikool.

Oroian, B. A., Nechita, P., Marusic, R.-I., Pătraşcu, C., & Szalontay, A. (2023). Gender dynamics in ADHD: understanding ADHD in females from childhood to adulthood. *Bulletin of Integrative Psychiatry*, 4, 77–88.

Panagiotidi, M., Overton, P. G., & Stafford, T. (2020). The relationship between sensory processing sensitivity and attention deficit hyperactivity disorder traits: A spectrum approach. *Psychiatry Research, 293*, 113477. DOI https://doi.org/10.1016/j.psychres.2020.113477

Philipp-Wiegmann, F., Retz-Junginger, P., Retz, W., & Rösler, M. (2016). The intraindividual impact of ADHD on the transition of adulthood to old age. *European Archives of Psychiatry and Clinical Neuroscience*, *266*(4), 367–371. DOI https://doi.org/10.1007/s00406-015-0644-7

Riigikogu. (2010). *Põhikooli- ja gümnaasiumiseadus*. RT I, 11.03.2023, 76.

Russell, A. E., Benham-Clarke, S., Ford, T., Eke, H., Price, A., Mitchell, S., Newlove-Delgado, T., Moore, D., & Janssens, A. (2023). Educational experiences of young people with ADHD in the UK: Secondary analysis of qualitative data from the CATCh-US mixed-methods study. *British Journal of Educational Psychology,* 93(4), 941–959. DOI https://doi.org/10.1111/bjep.12613

Saidla, E. (2021). *Aktiivsus- ja tähelepanuhäirega laste vanemate hinnangud toimetulekut mõjutavate tegurite ja tugirühmadest saadava toetuse kohta* [Magistritöö, Tallinna Ülikool]. ETERA, Tallinn.

Schreier, M. (2014). Qualitative content analysis. *In The SAGE Handbook of Qualitative Data Analysis* (pp. 170–183). SAGE Publications Ltd.
DOI https://doi.org/10.4135/9781446282243

Song, P., Zha, M., Yang, Q., Zhang, Y., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health, 11, 04009*.
DOI https://doi.org/10.7189/jogh.11.04009

Zavadenko, N. N. (2014). Sindrom defitsita vnimaniya i giperaktivnosti: novoe v diagnostike i lechenii. *Zhurnal mediko-biologicheskikh issledovanii*, *1*, 31–39.

Zendarski, N., Sciberras, E., Mensah, F., & Hiscock, H. (2020). Factors Associated With Educational Support in Young Adolescents With ADHD. *Journal of Attention Disorders, 24*(5), 750–757.
DOI https://doi.org/10.1177/1087054718804351

Watters, C., Adamis, D., McNicholas, F., & Gavin, B. (2018). The impact of attention deficit hyperactivity disorder (ADHD) in adulthood: A qualitative study. *Irish Journal of Psychological Medicine*, *35*(3), 173–179.
DOI https://doi.org/10.1017/ipm.2017.21

Wiener, J., & Daniels, L. (2016). School Experiences of Adolescents With Attention-Deficit/Hyperactivity Disorder. *Journal of Learning Disabilities, 49*(6), 567–581. DOI https://doi.org/10.1177/0022219415576973

World Health Organization. (2022). International Classification of Diseases-11. ADHD https://icd.who.int/browse/2025-01/mms/en