Impact of Socioeconomic Status on Treatment and Diagnosis of ADHD in the US: A Literature Review

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Research Question

How does socioeconomic status impact diagnosis and treatment of ADHD in the US?

Introduction

Attention-Deficit/Hyperactivity Disorder also known as ADHD is a developmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with daily functioning (National Institute of Mental Health, 2025). Symptoms of inattention include difficulty sustaining attention, frequent forgetfulness, and trouble organizing tasks. Hyperactivity manifests as excessive movement, restlessness, or difficulty remaining still, while impulsivity involves actions without consideration of consequences, interrupting others, or difficulty waiting for turns. These behaviors are not occasional, they are consistent across multiple settings, such as school, home, and work, significantly impacting social and academic performance (National Institute of Mental Health, 2025). ADHD symptoms typically begin in childhood and for most individuals, persist into adulthood, requiring lifelong management (Centers for Disease Control, 2024a).

ADHD is one of the most common neurodevelopmental disorders of childhood (Centers for Disease Control, 2024a). The prevalence of children ever diagnosed with ADHD increased by 42% between 2003 and 2011 (National Institute of Mental Health, 2025). Males consistently had a higher prevalence of ADHD than females during this period (National Institute of Mental Health, 2025). The median age of onset for children with ADHD is six years old, and approximately one-third of those diagnosed retain the condition into adulthood (National Institute of Mental Health, 2025). While the exact causes of ADHD remain unknown, research has identified several risk factors, including genetic predisposition, environmental exposures during pregnancy or early childhood, maternal alcohol and tobacco use during pregnancy, child

health conditions such as head injuries, and parental mental health and family environment (Centers for Disease Control, 2024a). These factors contribute to the complexity of ADHD, influencing both its development and the effectiveness of treatment strategies.

ADHD diagnosis is based on clinical criteria outlined in the "Diagnostic and Statistical Manual of Mental Disorders" (DSM-5) and requires evidence of persistent symptoms of inattention and/or hyperactivity-impulsivity that interfere with daily functioning (Centers for Disease Control, 2024c). Diagnosis typically involves comprehensive evaluations, including parent and teacher reports, behavioral rating scales, and clinical interviews (National Institute of Mental Health, 2025). This process can be complex, as ADHD symptoms overlap with other behavioral or learning disorders, making accurate identification crucial. Early diagnosis is essential, because untreated ADHD can contribute to academic difficulties, social challenges, and increased risk of mental health conditions such as anxiety and depression (Centers for Disease Control, 2024a). Treatment approaches vary but can include behavioral therapy, psychoeducation, and medication, specifically stimulant medications like methylphenidate and amphetamines, which have been shown to improve attention and impulse control (National Institute of Mental Health, 2025).

ADHD affects an estimated 9.8% of children in the United States as of recent national data, reflecting a steady increase in prevalence over the past two decades (Centers for Disease Control, 2024a). This upward trend is likely influenced by a combination of increased awareness, improved diagnostic practices, and changing societal attitudes and stigma around mental health. However, prevalence is not evenly distributed across socioeconomic groups. Studies have shown that children from lower socioeconomic backgrounds are more likely to be diagnosed with ADHD. For example, one study found that children in families below the federal poverty level

were more than twice as likely to have ever been diagnosed with ADHD compared to those from -income households, while a different study reported that low income children had a 62% higher likelihood of receiving an ADHD diagnosis than their higher-income peers (Danielson et al., 2018; Russell et al., 2016). This disparity may be due in part to different exposures to stressors and systemic factors, though these are explored in more detail later in the literature review. Importantly, while higher-SES families may have greater access to behavioral evaluations and interventions, the increased prevalence in lower-SES populations suggests a critical area of concern for public health and educational equity (Danielson et al., 2018; Visser et al., 2016).

Despite extensive research on ADHD, significant gaps remain in the literature. Many studies focus on clinical and genetic factors, while fewer examine the broader socioeconomic determinants that shape access to care and long-term outcomes (Sayal et al., 2018). There is also limited research on the intersectionality of SES with other demographic factors such as race, ethnicity, and geographic location, which may further contribute to disparities in ADHD diagnosis and treatment (Morgan et al., 2013). While stimulant medications are widely used, there is a need for further research on the long-term effects of ADHD treatments, particularly in underserved populations with limited healthcare access. Addressing these gaps can help inform more inclusive healthcare policies and interventions helping all populations address ADHD.

Methods

To investigate the research question, a systematic literature review was conducted using multiple database searches through the University of Georgia library system. Another search was performed using the academic database, APA PsycINFO. These databases were used to identify relevant peer-reviewed journal articles published within the past ten years on this topic. The UGA Library database provides access to an extensive collection of academic literature,

providing millions of articles from various disciplines, including medical and psychological research. APA PsycINFO is a specialized database focused on psychology and behavioral sciences. Both are reliable sources with large amounts of scientific research and journal articles.

Three initial searches were conducted through the UGA library database. The first search utilized the terms ("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND "diagnos*" AND "treat*" AND ("Adolesc*" OR "Teen*"). This search yielded 892 results, which were refined by applying filters to include only peer-reviewed articles (758 results), publications from the past ten years (313 results), articles sourced from academic journals (308 results), and online-only studies (291 results). After reviewing titles and abstracts for relevance on the topic, four articles were selected. The second search used ("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND ("Adolesc*" OR "Teen*") AND "US". This search returned 110 results, which were filtered using the same inclusion criteria. After reviewing titles and abstracts, six articles were selected. The third search applied ("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND "diagnos*" AND "treat*" AND "US*", yielding 1,227 results. The application of filters to include only peer-reviewed studies (1,000 results), online availability (915 results), publication within the past ten years (359 results), academic journal sources (351 results), and English-language studies (339 results) led to the selection of seven articles following title and abstract screening.

A fourth search was performed using the APA PsycINFO database, with the terms ("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND ("Adolesc*" OR "Teen*") AND "US". This search yielded 388 results, which were refined to include only peer-reviewed studies (347 results) from the past ten years (111

results) that were sourced from academic journals and focused on children/adolescents, ADHD, and socioeconomic factors. After reviewing titles and abstracts, three articles were selected.

For all searches, inclusion criteria required studies to be peer-reviewed, published in the past ten years, sourced from academic journals, available online, and conducted within the U.S. The studies also needed to focus on ADHD and socioeconomic factors. Exclusion criteria included review articles, non-English publications, not located in the US, and studies that did not meet the focus on ADHD diagnosis or treatment.

After applying these inclusion and exclusion criteria, search results were further screened by reviewing article titles for relevance. If an article's title aligned with the research criteria, its abstract was further reviewed. Articles that met all inclusion criteria after this stage proceeded to a full-text review to confirm their relevance. Ultimately, this process led to the selection of 20 articles for inclusion in this literature review. These selected studies were assessed for relevance and quality, ensuring they addressed the relationship between socioeconomic status and ADHD diagnosis and treatment in the U.S. The final set of articles provides a foundation for understanding disparities in ADHD diagnosis and treatment across different socioeconomic groups.

Table 1. UGA Library Search Terms and Yielded Results

Search Rounds	Search Terms	Exclusion Criteria	Yielded Results	Articles Selected
Round 1	("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND "diagnos*" AND "treat*" AND ("Adolesc*" OR "Teen*")	Peer-reviewed, published in past 10 years, academic journals, online-only studies	291	4
Round 2	("socioeconomic" OR "SES") AND ("ADHD" OR	Peer-reviewed, published in past 10	110	6

	"attention-deficit" OR "hyperactivity disorder") AND ("Adolesc*" OR "Teen*") AND "US"	years, academic journals, online-only studies		
Round 3	("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND "diagnos*" AND "treat*" AND "US*"	Peer-reviewed, available online, published in past 10 years, academic journals, and English only	339	7

Table 2. UGA Library Search Terms and Yielded Results

Search Rounds	Search Terms	Exclusion Criteria	Yielded Results	Articles Selected
Round 1	("socioeconomic" OR "SES") AND ("ADHD" OR "attention-deficit" OR "hyperactivity disorder") AND ("Adolesc*" OR "Teen*") AND "US	Peer-reviewed, published in past 10 years, academic journals	111	3

Results

Socioeconomic status plays a significant role in ADHD diagnosis and treatment. Children from lower-income households often face more obstacles when it comes to receiving a diagnosis and accessing appropriate care. These challenges may include limited access to healthcare services, insufficient insurance coverage, and a shortage of specialized mental health providers. Factors such as parental education and awareness of ADHD symptoms can also impact whether families seek out evaluations and follow through with recommended treatment. Additionally, treatment options can vary depending on financial resources, with medication often being the primary choice for lower-income families due to restricted access to behavioral therapies. These

disparities highlight the need for policies aimed at improving equitable access to ADHD diagnosis and treatment across different socioeconomic groups.

Access to Healthcare for Diagnosis

Research indicates that disparities in ADHD diagnosis are often linked to socioeconomic status (SES), race, and access to healthcare resources. A major SES-related issue is access to both healthcare and its quality. Many children, up to 25%, with ADHD go undiagnosed (Rowland et al., 2018), and evidence suggests that ADHD remains under-identified among minority children (Lawson et al., 2017). The financial impact of ADHD on families is considerable and disproportionately affects those with lower socioeconomic status. Among U.S. children with ADHD, 44.3% of families report experiencing financial burdens, including 22.4% facing direct financial struggles, 21.3% of caregivers reducing work hours, and 14.4% stopping work entirely due to the child's condition (Nasol et al., 2019). These burdens can further strain already limited financial resources in low-SES households, worsening barriers to consistent care and access to treatment. These financial barriers make it that much more difficult for individuals to seek help and be properly diagnosed.

Further disparities emerge when considering SES, as lower family income and caregiver education levels correlate with ADHD-related outcomes (Baker et al., 2023). ADHD diagnosis is often less stigmatized in high-SES communities, where parents tend to have greater access to educational and healthcare resources, which facilitates early intervention and support. In a qualitative study, interviews with parents and educators in wealthy neighborhoods revealed that ADHD was more commonly viewed as a manageable condition rather than a behavioral problem, reducing social stigma and encouraging families to seek diagnosis and treatment (Owens, 2020). The study also highlighted how higher levels of parental education and

familiarity with the healthcare system enabled more proactive engagement with support services, contributing to better academic and behavioral outcomes for children in these communities (Owens, 2020). Conversely, fear of stigmatization and discrimination remains a barrier to diagnosis and treatment in lower-SES populations (Spencer et al., 2021). Although ADHD symptoms are reported more frequently among children from low-income backgrounds, these children are less likely to receive a formal diagnosis due to specific barriers in healthcare access. Families in low-income and rural areas often face logistical challenges such as limited availability of pediatric mental health providers, lack of transportation to clinics, and fewer routine interactions with healthcare professionals who could identify symptoms early (Rowland et al., 2018). Structural barriers contribute to delayed or missed diagnoses, conveying how disparities in healthcare access can prevent early intervention. In addition, lower levels of health literacy among parents may disrupt early recognition of ADHD symptoms, reducing the likelihood of seeking professional evaluation. Supporting this, another study found that ADHD diagnosis was less frequent among children from low-SES households and more frequent among those from average and high-average SES backgrounds, further emphasizing how socioeconomic status shapes diagnosis patterns (Davidovitch et al., 2017). The authors also noted that social stigma could discourage lower-SES families from seeking help, whereas higher-SES families may be more proactive due to greater awareness of academic implications and increased access to supportive resources (Davidovitch et al., 2017).

Interestingly, regional and educational factors also appear to influence ADHD diagnosis trends in ways that intersect with healthcare access. It is discussed that youth were more likely to be diagnosed with ADHD in states with a higher percentage of households where adults had not completed high school, suggesting that regional education patterns may shape diagnosis or

reflect differing thresholds for diagnosis (Zhao et al., 2023). At the same time, this study showed that higher levels of state-level Relative Search Volume (RSV), a measure of how often ADHD-related terms are searched online, were associated with increased rates of diagnosis (Zhao et al., 2023). This suggests that greater public awareness and information seeking behaviors may help reduce some barriers to accessing care, even in areas with lower educational attainment.

There is also concern about overdiagnosis in high-SES populations. A recent study observed that among children with above-average academic and executive functioning, ADHD diagnoses were disproportionately found in high-SES groups, raising concerns about inflation of diagnoses in these communities (Morgan et al., 2022). This pattern may be attributed, in part, to increased access to healthcare providers and greater parental advocacy, which can lead to more frequent evaluations, even when symptoms are mild. In these contexts, easier access to private specialists and school accommodations may unintentionally incentivize diagnostic labeling, highlighting how disparities in healthcare access can influence not only underdiagnosis in low-SES groups but also potential overdiagnosis in higher-SES populations.

Barriers to Treatment

Even after diagnosis, children with ADHD face substantial barriers to receiving appropriate and adequate treatment. Findings suggest that among children with ADHD, there are large and significant disparities in access to treatment but relatively small, nonsignificant or nonexistent disparities in utilization of treatment (Yang et al., 2022). While ADHD prevalence among U.S. children is estimated at 8.7%, only 62.1% of diagnosed children receive medication (Kesten et al., 2021). Unmet treatment needs are common with 11.6% of children with ADHD experiencing gaps in care, among those with unmet needs, 53.2% reported lacking access to medication, 50.8% to school-based behavioral therapy, 38.2% to other forms of treatment, and 36.1% to

therapy outside of school (Nasol et al., 2019). Without access to treatment, this leaves low SES individuals at a disadvantage. This idea is reinforced that higher SES is associated with a higher likelihood of receiving medication for ADHD (Simoni & and Drentea, 2016). In addition, children and adolescents taking medication had a higher mean household income than those who were not taking medication, supporting the concept that treatment is unevenly distributed across income levels (Simoni & and Drentea, 2016).

Racial and ethnic disparities further exacerbate barriers to ADHD treatment. Compared to white children, minority children, specifically black and Hispanic, fill fewer ADHD medication prescriptions, have fewer ADHD-specific healthcare visits, and incur lower mental health treatment expenditures (Morgan et al., 2013). While these disparities are often attributed to systemic racism and cultural stigma, they are also closely intertwined with socioeconomic status, as minority populations are disproportionately represented in low-income communities. This overrepresentation compounds barriers such as limited access to consistent healthcare, under-resourced schools, and lower rates of insurance coverage. Additional factors, including gender, language proficiency, and insurance status, further restrict access to treatment, with girls, emergent bilinguals, and uninsured children being less likely to receive prescription medication for ADHD (Morgan et al., 2013). These overlapping forms of disadvantage highlight the complex, intersecting barriers that limit equitable access to effective ADHD care. Importantly, inclusive special education programs show a greater positive impact on remission rates among low-SES children than high-SES children, suggesting that targeted interventions could help mitigate disparities (Kim et al., 2019).

The broader impact of ADHD on families and society also reflects socioeconomic imbalances, particularly when considering the financial burden associated with the condition.

The total annual societal excess costs associated with ADHD were $19.4 billion among children (averaging $6,799 per child) and $13.8 billion among adolescents (averaging $8,349 per adolescent) (Schein et al., 2022). These costs are largely driven by education, such as special education services, tutoring, and behavioral interventions, which accounted for nearly half of the total excess costs in both populations, along with healthcare and caregiving costs also adding significant strain (Schein et al., 2022). For families from higher socioeconomic backgrounds, these services may be more accessible through private funding, comprehensive insurance, or school advocacy. In contrast, low-SES families are less able to absorb these costs, making consistent treatment and academic support financially out of reach. This financial strain contributes to long-term disparities in outcomes, as children from low-income households may go without the interventions necessary to manage symptoms effectively, reinforcing cycles of disadvantage.

Socioeconomic Factors related to ADHD Outcomes

The interplay between SES and ADHD outcomes is evident in multiple ways. Environmental factors play a significant role in ADHD outcomes, and these factors often vary by socioeconomic status. For example, access to neighborhood amenities like parks, libraries, and recreation centers, which are more commonly found in higher-SES communities, correlates with lower ADHD diagnoses (Kesten et al., 2021). In contrast, neighborhood disrepair, including rundown housing and vandalism, is more prevalent in low-SES areas and is associated with higher ADHD prevalence (Kesten et al., 2021).

Family structure also influences ADHD outcomes, with divorce, separation, and single parenthood increasing the likelihood of diagnosis, further reinforcing SES-related disparities (Kesten et al., 2021). In addition, children of immigrants may exhibit lower rates of ADHD

diagnosis despite often facing socioeconomic disadvantages. This paradox may be explained by cultural differences in the perception of ADHD symptoms and varying attitudes toward seeking mental health treatment (Chang et al., 2024). Immigrant parents, who are disproportionately represented in lower-SES groups, may be less likely to pursue professional ADHD evaluation or treatment due to language barriers, lack of access to culturally competent care, restrictive healthcare policies, or differing beliefs about mental health and child behavior (Chang et al., 2024).

Biological factors also intersect with SES in ADHD outcomes. Socioeconomic disadvantage encompasses multiple risk factors that contribute to ADHD prevalence (Miller et al., 2018). Children from low-income families without a parental history of ADHD diagnosis had 6.2 times higher odds of developing ADHD compared to high-income children, even after controlling for other variables (Rowland et al., 2018). Furthermore, low SES is linked to neurobiological differences, including reduced frontal lobe surface area and smaller subcortical volumes in the amygdala, cerebellum, hippocampus, and basal ganglia (Machlin et al., 2020), which may contribute to ADHD symptomatology and treatment disparities.

Finally, racial disparities intersect with socioeconomic status in shaping ADHD diagnosis patterns, which in turn affect treatment access and outcomes. Black children (11.0%) have higher reported rates of ADHD diagnoses than White children (8.5%) and children from other racial groups (6.4%) (Bergey et al., 2022). While this may suggest increased identification, it raises questions about consistency and potential overidentification in some groups versus under identification in others. Diagnosis rates were highest among low-income children (9.7%) compared to those from moderate-income (9.0%) and high-income (7.7%) families (Bergey et al., 2022). These findings suggest that while low-income and racially minoritized children may

be diagnosed at higher rates, they often still experience limited access to consistent, high-quality care and follow-up treatment, indicating that diagnosis alone does not guarantee equitable outcomes. This data portrays the complex interplay between SES, race, and the broader inequities in ADHD management.

Discussion

These findings explain the complicated nature of ADHD disparities, emphasizing how socioeconomic status intersects with factors such as race, parental awareness, health literacy, and geographic access to shape both diagnosis and treatment. Research shows that children from low-SES families face multiple obstacles including, limited healthcare access, scarcity of mental health specialists, reduced parental knowledge of symptoms, and social stigma surrounding ADHD. These barriers often result in underdiagnosis or delayed treatment, even though symptoms may be more prevalent in these communities. Importantly, even when diagnosis occurs, low-SES children often have reduced access to behavioral therapy, a crucial part of ADHD management. This often results in medication being the only accessible treatment option. The greater implication is that socioeconomic disadvantage not only delays diagnosis but also restricts the quality and variety of care available, leading to worse outcomes over time. Socioeconomic disadvantage is associated with biological stress responses and neurodevelopmental changes, such as reduced frontal lobe development, which can further cause ADHD symptoms. SES impacts not just access to care but also the severity of the disorder itself.

This literature review emphasizes the need for targeted interventions to address SES-related barriers to diagnosis and treatment. By understanding how socioeconomic status affects diagnosis and treatment of ADHD, steps can be taken to minimize this correlation. Addressing

these problems will better the lives of those struggling with ADHD and set them up for a more successful future.

Implications/Solutions of Research

This research should be used to increase awareness of ADHD regardless of SES status, race, ethnicity, or gender. Healthcare disparities should be explored to provide more access for all to testing and treatment. Policy makers should focus on expanding publicly funded mental health programs, which would increase access to ADHD diagnosis and treatment in low-income communities. There is a National Resource Center on ADHD, which is a program of Children and Adults with ADHD (CHADD). Their mission is to empower people affected by ADHD. They do this by providing evidence-based information, support, and advocacy. CHADD is currently trying to ensure all drug coverage plans include full access to ADHD medication (Children and Adults with Attention-Deficit/Hyperactivity Disorder, 2025).

All schools should implement targeted interventions, such as individualized education plans and classroom accommodations. Inclusive education is very important for supporting students with ADHD, especially those from lower socioeconomic backgrounds who often face limited access to diagnosis and treatment. Teachers are often the first to observe symptoms in classroom settings, making their role in early identification and support essential. With proper training, educators can recognize ADHD-related behaviors and implement classroom strategies that improve focus, behavior, and academic outcomes (DuPaul et al., 2011). Professional development and ongoing training can also empower educators to better understand ADHD and adopt inclusive teaching practices (Child Mind Institute, 2024). Individualized Education Plans (IEPs) are crucial to meeting the differing needs of students with ADHD. They provide tailored academic accommodations, behavioral supports, and structured interventions (Centers for

Disease Control, 2024b). Universal Design for Learning frameworks, which promote flexibility in teaching methods and assessment, have also been shown to enhance educational outcomes for students with ADHD by reducing cognitive overload and increasing engagement (Frolli et al., 2023). Despite the proven effectiveness of these approaches, access to IEPs and inclusive supports remains inconsistent, especially in under-resourced schools. Therefore, expanding teacher training, adopting universal design principles, and ensuring equitable implementation of IEPs are key steps toward reducing disparities and supporting all students with ADHD.

Stigma around ADHD needs to be recognized and reduced among different groups. Parental stigma and limited health literacy play a large role in shaping ADHD diagnosis and treatment outcomes, especially among lower-SES families. Misconceptions about ADHD, fear of labeling, and cultural attitudes can prevent parents from seeking professional help, delaying diagnosis and intervention (Mueller et al., 2012). This stigma is often more pronounced in communities with lower health literacy, where behavioral symptoms may be seen as poor parenting or personality flaws, rather than a neurodevelopmental disorder. Parents with limited health literacy may struggle to navigate healthcare systems, interpret symptoms, or adhere to treatment recommendations, leading to inconsistent or inadequate care for their children (Porter et al., 2012). These barriers are further worsened by SES, as low-income families may have fewer resources and less access to educational support or medical professionals who can provide accurate information. However, targeted education and outreach programs have shown promise in improving parental understanding and reducing stigma. For example, providing culturally sensitive, accessible information about ADHD through schools, pediatric offices, or community programs can improve parents' knowledge and increase treatment acceptance (Dixon et al.,

2023). Addressing this stigma and promoting health literacy are essential steps toward closing socioeconomic gaps in ADHD and ensuring that all children receive effective support.

Limitations

Although there were accurate results found, there are various limitations to this research. Some studies only researched specific locations, which may not be comparable to each other. Most studies included data that was self-reported information from parents. This could be partly inaccurate or have bias. Different studies used had different focuses which makes data difficult to compare. Most data were collected at one point in time, meaning ADHD could have bettered or worsened. SES situations and levels also change frequently so it is hard to rely on and compare differing situations and their effects. All sources used in the results were from the past 10 years, but lots of discoveries and social awareness about ADHD has been changing through this time, meaning data may not be accurate from 10 years ago compared to 2 years ago.

Conclusion

This paper reviews the impact that socioeconomic status has on the diagnosis, treatment, and overall outcomes of children with ADHD using 20 peer-reviewed sources. Children from low-SES backgrounds face many barriers, including limited access to healthcare and treatment, inadequate insurance coverage, and lower levels of parental health literacy. These challenges can be further exasperated by social stigma and cultural misconceptions about ADHD, which can delay diagnosis and limit access to treatment. Disparities also impact the educational system, where access to inclusive learning environments, teacher support, and individualized interventions such as IEPs are often unevenly distributed. While higher-SES families tend to benefit from greater awareness, resources, and advocacy, lower-SES families are more likely to experience the opposite. Addressing these disparities requires change, including increased public

education, improved access to diagnostic services, policy reforms, and support within schools and communities. By acknowledging and addressing the complex relationship between SES and ADHD, our country can move toward more equitable care and improved outcomes for all affected by this condition.

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