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Letter to the Editor

Connecting Practice, Research, and Lived Experience: The Sligo ADHD Conference

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Dear Editor,

Connecting Practice, Research, and Lived Experience: The Sligo ADHD Conference

The recent inaugural Adult ADHD Conference held in Sligo on 16 April, 2026, marked a significant and hopeful milestone in the evolution of ADHD services in Ireland. Conceived under the leadership of Professor Dimitris Adamis, a consultant psychiatrist with long-standing expertise in attention-deficit/hyperactivity disorder (ADHD), the meeting reflected decades of clinical foresight. Notably, Professor Adamis was instrumental in establishing one of the first clinical ADHD services within Adult Mental Health Services (AMHS) at a time when the persistence of ADHD into adulthood had yet to gain widespread recognition. As of April 2026, eight planned specialised adult ADHD teams are established, but some of them not yet fully operational, reflecting regional recruitment discrepancies and variations from the original model of care.

The Conference was formally opened by John Fitzmaurice, Integrated Health Area Manager for the West–Northwest region of the Health Service Executive, who set a tone of collaboration and service delivery in his opening remarks. This landmark event brought together 192 attendees from across the country, an impressive turnout that underscores the growing clinical and academic interest in ADHD across the lifespan. The Conference was offered free of charge, reflecting a commendable commitment to accessibility and knowledge dissemination.

The programme demonstrated both breadth and depth, capturing the ADHD lifespan perspective alongside co-occurring neurodevelopmental conditions. Contributions came from a richly multidisciplinary faculty, including child and adolescent psychiatrists, adult psychiatrists, general practitioners, psychologists, occupational therapists, researchers, trainees, senior academic clinicians, a Patient and Public Involvement (PPI) representative, and a clinician with lived experience.

This diversity was reflected not only in the range of topics but also in the perspectives shared, fostering a genuinely integrative dialogue. Alongside clinical and research and neuroscience presentations, there was a clear focus on innovation, including the development of digital technologies to support evidence-based ADHD care and service delivery. The programme also provided a dedicated space for poster presentations, enabling early-career clinicians and researchers to share emerging work and engage directly with a multidisciplinary audience, further strengthening the culture of collaboration and academic development.

A particularly important theme throughout the day was the recognition of ADHD through a gender-informed lens. Presentations highlighted differences in clinical presentation among females, including later diagnosis, and explored implications for tailored interventions. This focus extended beyond symptom recognition to encompass psychosexual functioning, menopause-related considerations, and broader psychosocial impacts, signalling a welcome shift toward more refined and inclusive care models, delivered within MH specialty service and general practice.

Equally valuable was the emphasis on lived experience, which grounded the academic discussions in real-world context. Service users' perspectives complemented clinical insights, reinforcing the importance of patient-centred approaches in both assessment and treatment planning.

The conference also provided an overview of current and emerging interventions. Alongside pharmacological management, there was strong representation of non-medical approaches, particularly occupational therapy-led interventions and adaptive strategies aimed at improving functional outcomes. This aligns with contemporary best practice, recognising ADHD as a condition requiring multimodal, lifespan-oriented care.

Encouragingly, updates were shared by Dr Margo Wrigley, Clinical Lead, regarding the amendments supporting integrated approaches of the national ADHD clinical programme in Ireland under the Health Service Executive. This programme is actively formalising a model of care, offering a structured and equitable framework for service delivery nationwide. The optimism conveyed in these presentations reflected a broader sense that ADHD services in Ireland are entering a phase of meaningful consolidation and growth. PPI was a central component of the Conference, with ADHD Ireland representing the PPI voice, as they have alongside the development of the National Clinical Programme, helping ensure that emerging ADHD services are grounded in and responsive to the needs of those with lived experience.

The setting of the symposium added a symbolic dimension to the day. Hosted in a sensitively restored former psychiatric institution – now transformed into Clayton Sligo, a welcoming hotel – the venue embodied the evolution of mental health care in Ireland. It provided an environment conducive not only to learning but also to reflection, networking, and collaboration. Informal

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discussions throughout the day suggested strong enthusiasm for future partnerships and shared initiatives, with representation from ADHD advocacy and support organisations further enriching these exchanges.

For many clinicians, the opportunity to step away from demanding clinical schedules to engage in a focused, high-quality academic meeting was both refreshing and professionally invigorating. There was a clear consensus among attendees that this Conference should become an annual event, ideally rotating geographically to maximise national engagement. Such a model would help sustain momentum, promote regional inclusivity, and continue building a cohesive community of practice around ADHD.

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