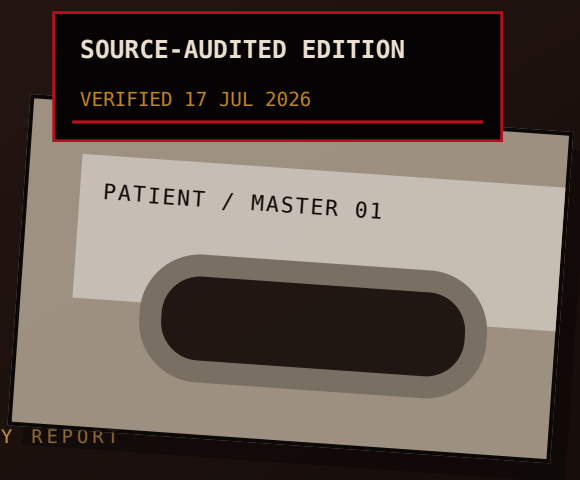
KIERAN SIMKIN

DYING FOR A DIAGNOSIS

The evidence, lived experience and writing process behind a dark UK hip-hop social commentary about waiting for psychiatric and neurodevelopmental care.



A SOURCE-GROUNDED SONGWRITING AND SOCIAL-COMMENTARY REPORT

INTRODUCTION

“Dying for a Diagnosis” is a 6–7 minute UK hip-hop track built from a deliberately narrow research brief: document the people harmed while waiting for ADHD and other mental-health diagnoses, the financial trap created when private assessments are not seamlessly accepted by NHS services, and the mortality and suicide evidence that makes delay more than an inconvenience.

The song does not treat statistics as decorative shock. Each number is placed beside a human consequence: housing insecurity, employment loss, interrupted medication, administrative rejection, suicidal thoughts or bereavement. Repetitive verse loops mimic an endless referral pathway; abrupt silences and broken bars represent the moment bureaucracy stops sounding abstract.

RESEARCH BRIEF

- Focus on UK waiting-list harm and diagnostic delay.
- Trace the private-diagnosis / NHS shared-care gap.
- Use real testimony, clearly labelled by evidence type.
- Add mortality and suicide evidence with careful caveats.
- Translate findings into lyric, rhythm and arrangement.

LYRIC APPLICATION

```
Dying for a diagnosis, hold music under my
skin
Years in a queue while the dark keeps closing
in
```

Content note: this report discusses suicide, suicidal thoughts and failures of care. In the UK and Ireland, Samaritans can be reached free on **116 123**. Further contact options: Samaritans contact page.

METHOD AND DOCUMENT MAP

EVIDENCE HIERARCHY

- **Primary:** NHS England, NHS Digital, ONS and peer-reviewed studies.
- **Secondary:** established media reporting that supplies named cases and local detail.
- **Community research:** Bipolar UK and Rethink analyses, labelled as charity survey or analysis.
- **Lived experience:** interviews and Reddit testimony, used illustratively rather than as prevalence data.

WRITING DISCIPLINE

Statistics were translated into pronounceable rhythmic phrases - “five-four-nine-K,” “sixteen-five-two-two,” “six-point-seven-eight” - so the evidence remains audible rather than being buried in prose.

Where a finding is observational, international or survey-based, the lyric or commentary carries the qualification.

DOCUMENT MAP

1. ADHD WAITING LISTS AND FAILURES IN ACCESS

Estimated ADHD population vs. potential assessment queue

England; NHS England, May 2025. Estimate, not an audited unique-patient count.

The queue estimate is visually compared with the estimated ADHD population, while preserving the source warning that neither number is a direct diagnosis count.

549K

UP TO / MAY BE WAITING

NHS England estimated that 2.498 million people in England have ADHD, including undiagnosed people, and that up to 549,000 may be waiting for assessment in March 2025.

Why "may be waiting" matters: the supporting information says the publication cannot directly identify the exact number waiting specifically for ADHD assessment and does not fully capture private or some Right to Choose routes.

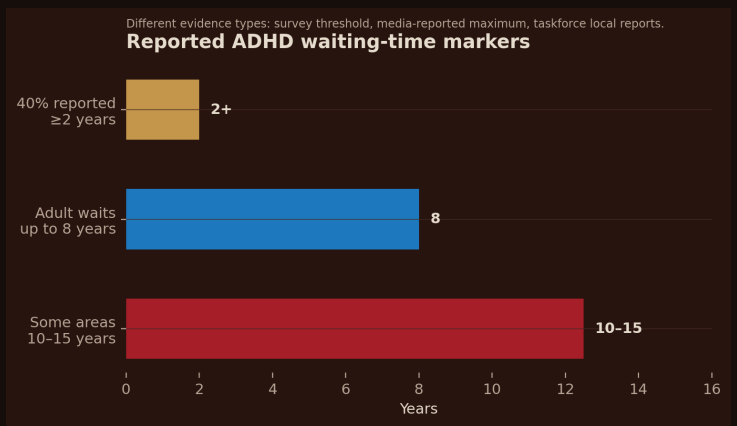
LYRIC APPLICATION

Five-four-nine-K in England's queue
Half a million wars no waiting room can view

S01 ADHD Management Information - May 2025

S02 ADHD MI: Supporting Information

WAITING-TIME MARKERS: YEARS, NOT WEEKS



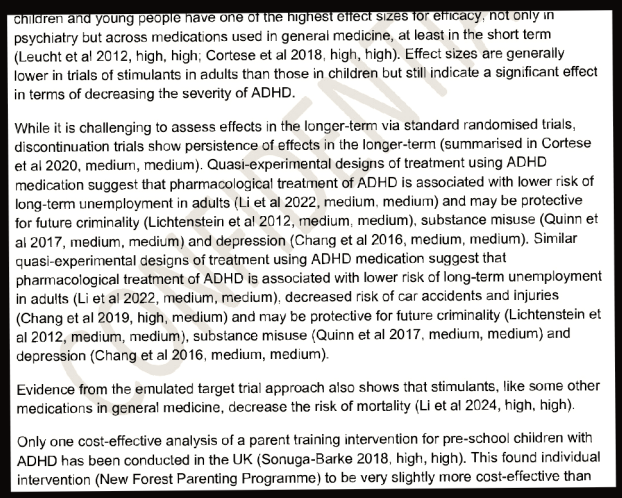
The chart deliberately separates unlike measures rather than presenting them as one national average.

WHAT CAN BE SAID SAFELY

- There is no complete national adult waiting-time measure.
- 40% of surveyed commissioners, clinicians and people with lived experience reported waits of two years or more.
- Adult waits up to eight years have been reported in media coverage.
- NHS England's taskforce records local reports of 10–15 years.
- The taskforce links delay with worsening mental health, suicide, substance misuse and justice-system contact.

LYRIC APPLICATION

Eight years for adults, some places ten to fifteen
A decade between "we hear you" and being seen



children and young people have one of the highest effect sizes for efficacy, not only in psychiatry but across medications used in general medicine, at least in the short term (Leucht et al 2012, high, high; Cortese et al 2018, high, high). Effect sizes are generally lower in trials of stimulants in adults than those in children but still indicate a significant effect in terms of decreasing the severity of ADHD.

While it is challenging to assess effects in the longer-term via standard randomised trials, discontinuation trials show persistence of effects in the longer-term (summarised in Cortese et al 2020, medium, medium). Quasi-experimental designs of treatment using ADHD medication suggest that pharmacological treatment of ADHD is associated with lower risk of long-term unemployment in adults (Li et al 2022, medium, medium) and may be protective for future criminality (Lichtenstein et al 2012, medium, medium), substance misuse (Quinn et al 2017, medium, medium) and depression (Chang et al 2016, medium, medium). Similar quasi-experimental designs of treatment using ADHD medication suggest that pharmacological treatment of ADHD is associated with lower risk of long-term unemployment in adults (Li et al 2022, medium, medium), decreased risk of car accidents and injuries (Chang et al 2019, high, medium) and may be protective for future criminality (Lichtenstein et al 2012, medium, medium), substance misuse (Quinn et al 2017, medium, medium) and depression (Chang et al 2016, medium, medium).

Evidence from the emulated target trial approach also shows that stimulants, like some other medications in general medicine, decrease the risk of mortality (Li et al 2024, high, high).

Only one cost-effective analysis of a parent training intervention for pre-school children with ADHD has been conducted in the UK (Sonuga-Barke 2018, high, high). This found individual intervention (New Forest Parenting Programme) to be very slightly more cost-effective than

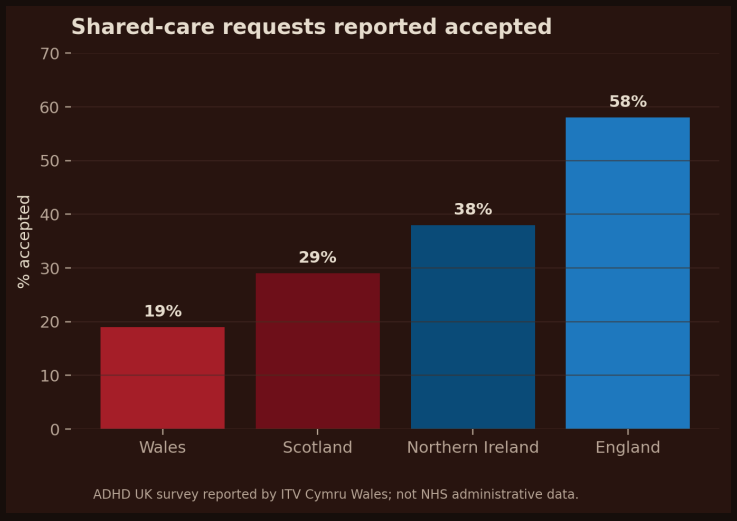
Source facsimile: NHS England ADHD Taskforce Part 2, treatment and mortality discussion.

S03 Report of the Independent ADHD Taskforce: Part 1

S04 Report of the Independent ADHD Taskforce: Part 2

S06 Plain-English summary of the ADHD Taskforce report

2. PRIVATE DIAGNOSIS, SHARED CARE AND PRESCRIPTION COSTS



The four-nation figures came from an ADHD UK survey reported by ITV, not from a complete NHS dataset.

People often pay privately because the public route is too slow. The next barrier appears when they ask an NHS GP to prescribe under a shared-care arrangement.

A private diagnosis may be clinically detailed yet still be judged insufficient, non-compliant or incompatible with local commissioning arrangements. The consequence is not merely paperwork: it can mean reassessment, a return to an NHS queue or indefinite private costs.

Core structural problem: the patient can hold a diagnosis that is valid enough to explain their life, but not valid enough to unlock stable NHS-funded medication.

LYRIC APPLICATION

Paid for the paper, still paying to be believed
Pay for the pills that make breathing achievable

S08 ADHD patients 'forced' to pay for medication as NHS GPs refuse shared care

S10 ADHD patients stripped of NHS prescriptions under crackdown

NAMED TESTIMONY: PAYING TO MAKE THE PAIN LEGIBLE

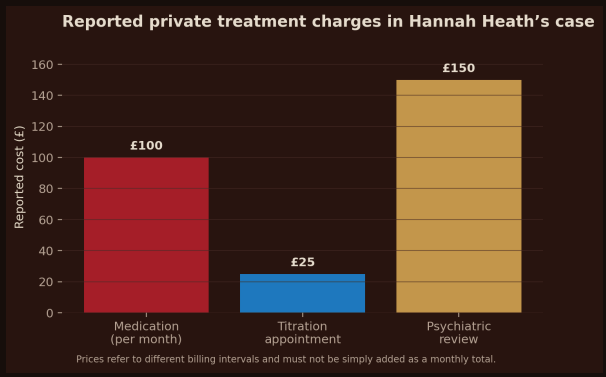
HANNAH HEATH

ITV reported that Hannah used student finance to fund assessment after an NHS route failed her. Her GP considered the private evidence “insufficient.” Reported charges included about £100 monthly for medication, £25 for titration and £150 for psychiatric reviews.

> “Easier to struggle than to fight them.”

LYRIC APPLICATION

Hannah spent student finance
buying an answer
Report said ADHD; the surgery
wouldn’t transfer



These are separate item or interval prices reported in one case, not a universal tariff.

JAY HARRISON

Sky News described Jay taking interest-free credit to fund private diagnosis after more than a year waiting and being warned of a further long delay. The diagnosis brought relief after years of interpreting impairment as laziness or failure.

> “Soul-destroying … there was no timeline.”

S09 Patient forced to fund ADHD diagnosis via credit card

S11 Almost 2.5mn people in England estimated to have ADHD

3. REDDIT TESTIMONY: THE DETAIL BEHIND THE ABSTRACTION

ACCOUNT A: THREE DAYS LEFT

An anonymous Reddit poster said a GP practice stopped adult ADHD shared care without a transition plan. They reported only three days of medication remaining and said suicidal thoughts had been disclosed repeatedly.

> “I had three days medication left.”

ACCOUNT B: SEVEN STABLE YEARS

A different poster reported stable treatment on the same dose for seven years before prescribing was stopped.

Accuracy correction applied to the appendix: an earlier compressed lyric accidentally merged these separate accounts. The definitive lyric now separates them:

CORRECTED LYRIC

One patient stable seven years had medication stopped
Another got no warning, just three days of tablets left

ADDITIONAL ACCOUNTS CONSULTED

S16 Cut off by GP

S17 GP suddenly stopped my ADHD meds after 7 years

S18 My shared-care experience in Scotland

S19 Found out my GP doesn't do shared care with private clinics

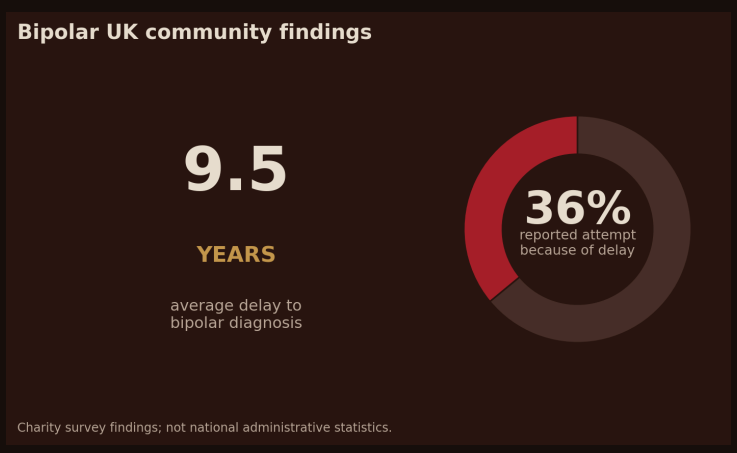
S20 Shared care refused, NHS waiting list is two years

S21 There's a medication waiting list now?

S22 Is the cost of medication without shared care worth it?

S23 GP won't allow a shared-care agreement

4. BIPOLAR DIAGNOSIS DELAY AND SUICIDE RISK



The figures are Bipolar UK community survey findings and are labelled that way throughout the report.

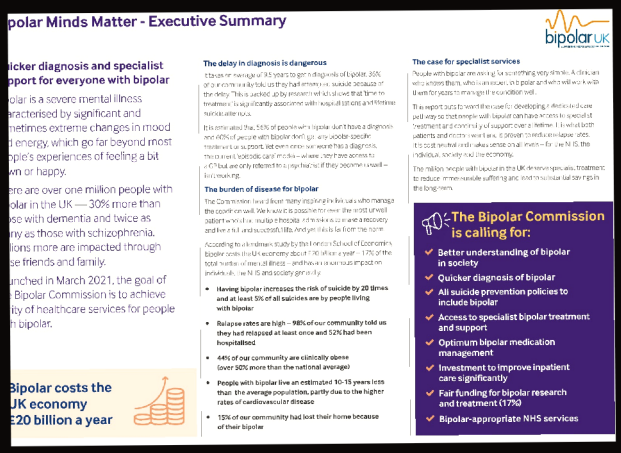
Bipolar UK reports an average 9.5-year journey to diagnosis. Its 2022 community research found 36% of respondents said they had attempted suicide because of the delay.

An earlier survey reported 75% experiencing more suicidal thoughts and 40% saying they had attempted suicide because of delay. The song uses the later 36% figure to avoid blending survey rounds.

A charity community survey is powerful evidence of experience, but it is not a national administrative prevalence measure.

LYRIC APPLICATION

```
Bipolar: nine and a half years from alarm to name
Thirty-six in a hundred surveyed
Said delay was why they'd tried to get away
```



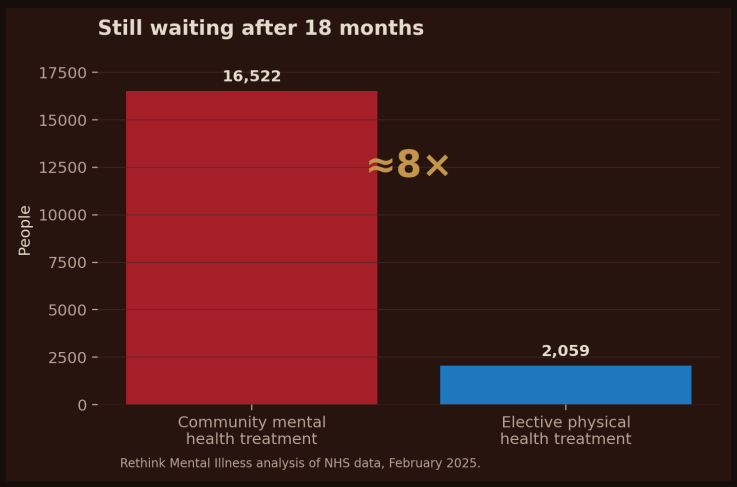
Source facsimile: Bipolar Minds Matter executive summary.

S24 Bipolar Minds Matter - Full report

S25 Bipolar Minds Matter - Executive Summary

S26 Bipolar Diagnosis Matters

5. WIDER MENTAL-HEALTH WAITING TIMES



The comparison gives the “eight times” line its factual architecture.

Rethink Mental Illness found 16,522 people still waiting after 18 months for community mental-health treatment, compared with 2,059 waiting that long for elective physical treatment.

The maximum waits in the analysed data were nearly 658 days for mental-health care and 299 days for elective physical care. Rethink also reported deterioration while waiting, including crisis presentations, suicide attempts and loss of employment.

Song function: the line “parity of esteem looks lovely in a paragraph” contrasts the formal promise of equal importance with the measured imbalance in access.

LYRIC APPLICATION

Sixteen-five-two-two waited eighteen months for mental care
Two-zero-five-nine physical: eight times the queue
Parity of esteem looks lovely in a paragraph

S27 New analysis of NHS data on mental-health waiting times

S28 People on mental-health waiting lists eight times more likely to wait 18 months

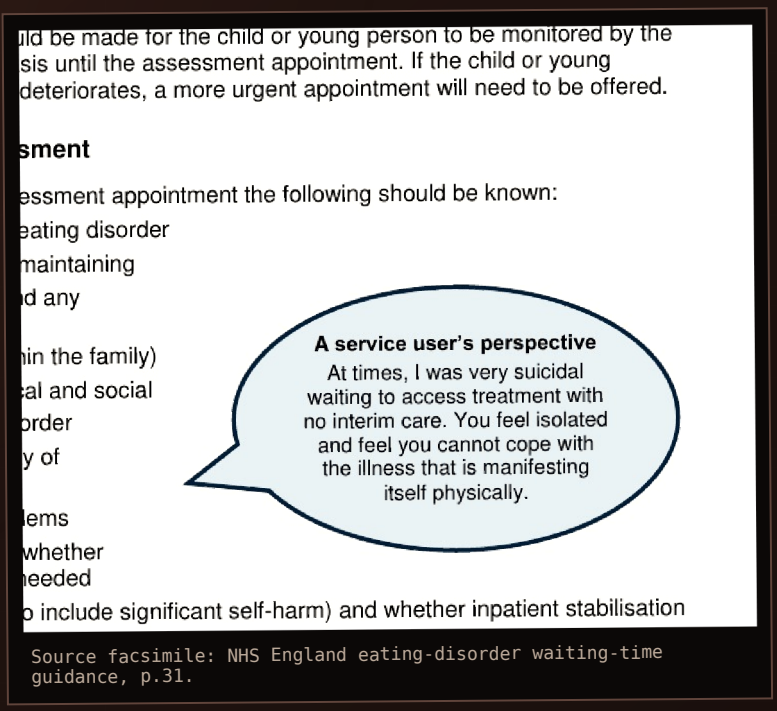
S29 How long are NHS mental-health waiting lists?

6. EATING-DISORDER TESTIMONY: THE ILLNESS GAINS LEVERAGE

In NHS guidance on children and young people's eating-disorder access standards, an anonymous service user describes feeling suicidal, isolated and unable to cope while waiting without interim care.

> "At times, I was very suicidal waiting to access treatment with no interim care."

The song compresses this testimony to preserve its force without reproducing a long quotation.



uld be made for the child or young person to be monitored by the sis until the assessment appointment. If the child or young deteriorates, a more urgent appointment will need to be offered.

sment

essment appointment the following should be known:

eating disorder

maintaining

d any

hin the family)

al and social

order

y of

lems

whether

eeded

o include significant self-harm) and whether inpatient stabilisation

A service user's perspective

At times, I was very suicidal waiting to access treatment with no interim care. You feel isolated and feel you cannot cope with the illness that is manifesting itself physically.

Source facsimile: NHS England eating-disorder waiting-time guidance, p.31.

LYRIC APPLICATION

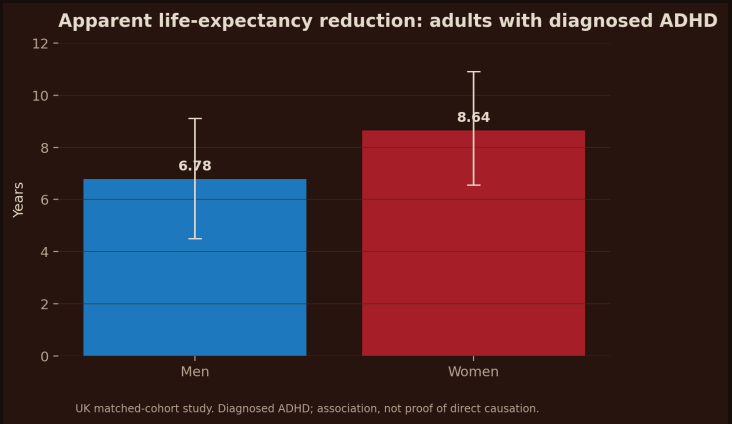
"I was very suicidal waiting for treatment"
No interim support, just illness gaining leverage

S30 Access and Waiting Time Standard for Children and Young People with an Eating Disorder

S31 Adults in England with eating disorders wait up to 700 days

S32 National Audit of Eating Disorders Service Mapping Report 2025

7. ADHD LIFE EXPECTANCY



Confidence intervals are retained on the chart to avoid presenting the point estimates as exact certainties.

A UK matched-cohort study found an apparent life-expectancy reduction of 6.78 years for men and 8.64 years for women with a recorded ADHD diagnosis.

The study did not isolate untreated ADHD, did not prove ADHD directly causes the reduction and may not generalise to the undiagnosed majority. Its authors point toward modifiable risks and unmet physical- and mental-health support needs.

Lyric safeguard: “Not fate or every person’s span” was inserted specifically to block a deterministic reading.

LYRIC APPLICATION

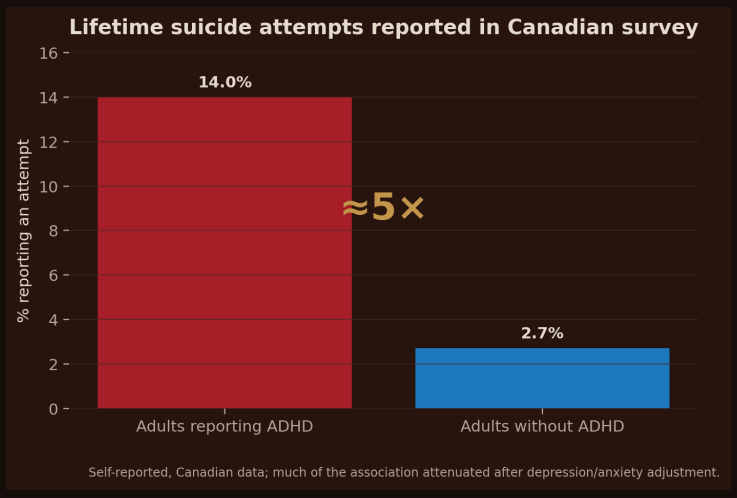
Diagnosed men: six-point-seven-eight years
Women: eight-point-six-four disappearing
Not fate or every person’s span
A warning written in the data

S33 Life expectancy and years of life lost for adults with diagnosed ADHD in the UK

S34 Life expectancy study - PubMed record

S35 Adults diagnosed with ADHD have shorter life expectancy

8. ADHD AND SUICIDE ATTEMPTS



The visual foregrounds the fivefold unadjusted difference while the caption preserves the study's limitations.

A nationally representative Canadian survey found 14.0% of adults reporting ADHD also reported a lifetime suicide attempt, compared with 2.7% of adults without ADHD.

The result is not UK-specific, uses self-report and was substantially attenuated when depression and anxiety history were considered. It is included as contextual risk evidence, not as a direct estimate of UK waiting-list outcomes.

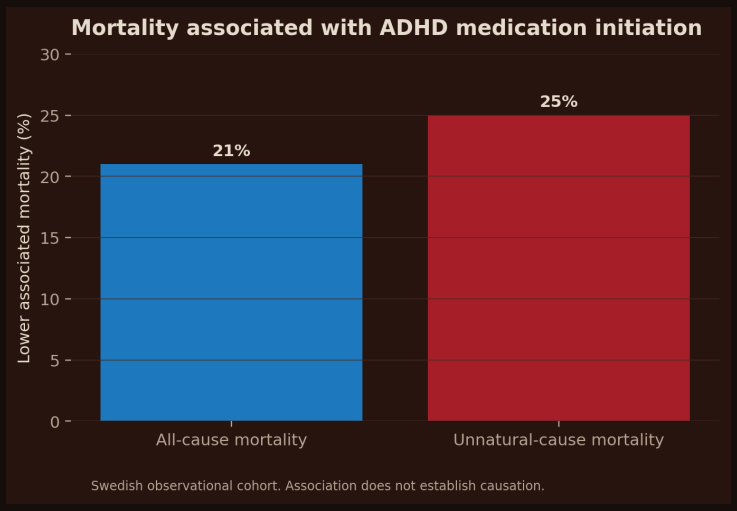
LYRIC APPLICATION

Fourteen per cent attempted, against two-point-seven
Five times the reported lifetime rate of trying not to see tomorrow

S36 The Dark Side of ADHD: Factors Associated With Suicide Attempts

S37 The Dark Side of ADHD - full paper

9. MEDICATION AND MORTALITY



Relative associations from a Swedish cohort: 21% lower all-cause and 25% lower unnatural-cause mortality after medication initiation.

In a Swedish observational cohort, beginning ADHD medication was associated with lower all-cause and unnatural-cause mortality during follow-up.

The study does not prove the medication caused the difference. Confounding, treatment selection and healthcare contact may contribute. The finding nevertheless challenges the idea that treatment access is trivial or purely elective.

Exact lyric caveat: “Not proof” immediately interrupts the claim before the song moves to its ethical argument.

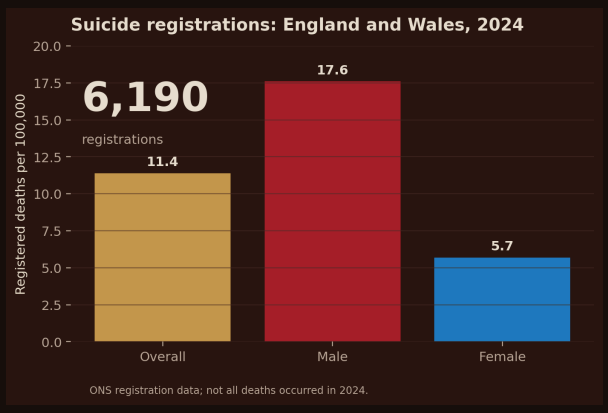
LYRIC APPLICATION

```
Medication linked with lower unnatural-cause mortality
Not proof, but withholding isn’t neutral policy
```

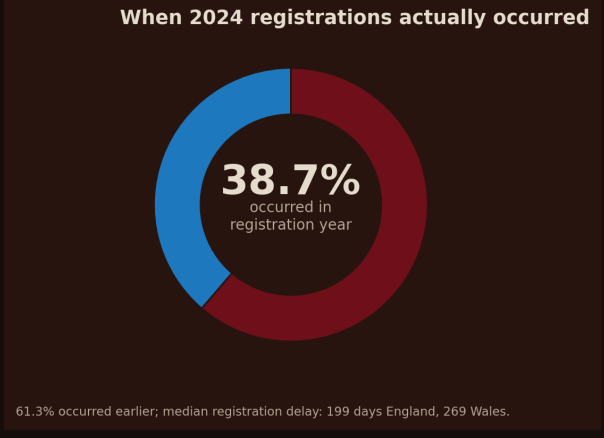
S38 ADHD Pharmacotherapy and Mortality in Individuals With ADHD

S39 ADHD Pharmacotherapy and Mortality - JAMA

10. SUICIDE REGISTRATIONS AND THE ADMINISTRATIVE CALENDAR



The central number and rates are official registration statistics for England and Wales.



The delay chart directly informs the “calendar” image in Verse 4.

ONS recorded 6,190 suicide registrations in England and Wales in 2024, a rate of 11.4 per 100,000. Only 38.7% of those registered deaths occurred during 2024; coroner and inquest processes mean registration can lag by months or years. Median registration time was 199 days in England and 269 days in Wales.

LYRIC APPLICATION

Six-one-nine-zero suicides registered in one year
Not stories that suddenly appeared
Deaths wait months to enter the calendar
Even counting loss gets trapped in administration

S40 Suicides in England and Wales: 1981 to 2024

Terminology rule: the lyric says “registered,” not “died in 2024,” and the report never describes 6,190 as a whole-UK total.

11. RYAN WHITE: THE HUMAN COST OF FRAGMENTED RESPONSIBILITY

The Guardian's account of Ryan White connects the report's systems-level evidence to a specific fatal outcome. Ryan followed an advised Right to Choose route, received an ADHD diagnosis and then encountered fragmented responsibility around further review and treatment.

His housing and mental health destabilised. A post-death review acknowledged significant shortcomings. His sister Leigh described a system that demanded stability from a person already in crisis.

> "He was left to fall through every crack."

LYRIC APPLICATION

Ryan took the route that he'd been advised
Bounced between providers while treatment destabilised
After he was gone, his sister gave the verdict back:
"He was left to fall through every crack"

WHY THIS CASE CLOSES THE EVIDENCE VERSE

The song moves from population estimates to bills, from bills to interrupted medication, and from interruption to a named death. The purpose is not to imply every wait ends this way; it is to show that fragmented pathways can carry consequences no department can safely treat as somebody else's problem.

S41 'He tried so hard to get help': the tragic results of NHS right-to-choose

S42 'People are desperate': ADHD clinicians in England on a system in chaos

12. RESEARCH-TO-LYRIC MAP: VERSE 1

01

REFERRAL-LOOP IMAGERY

"Wrong form, wrong borough," inbox confirmations and automated messages turn administration into the antagonist without inventing a single villain.

02

STATISTICS MADE AUDIBLE

549,000 becomes "five-four-nine-K"; the line keeps the scale but lands within the 85 BPM pocket.

03

JARRING ABSENCE

The drums stop after suicidal ideation. "No rhythm / No rhyme" breaks the technical pleasure of rap at the point where musical competence would feel morally wrong.

04

VERSE HARMONY

Cmaj7#11 → Am9 → Dsus6 → Dm, four beats each. The luminous first chord suggests possible clarity; the move to D minor denies a stable resolution.

LYRIC APPLICATION

```
No rhythm, no rhyme
Just the room, the dark, the thought, the time
```

RESEARCH-TO-LYRIC MAP: VERSE 2

01

PRIVATE ACCESS AS DEBT

Hannah and Jay provide two paths into the same trap: borrow for the answer, then discover the answer does not automatically unlock affordable continuity of care.

02

FOUR NATIONS AS RHYTHM

“Wales nineteen, Scotland twenty-nine / Northern Ireland thirty-eight, England fifty-eight” turns policy variation into a percussive roll-call.

03

MACHINE LANGUAGE

“Diagnosis: valid / Patient: unfunded / Risk: returned to sender” converts a person into incompatible database fields.

04

SOURCE CORRECTION

The appendix separates the seven-year stable-treatment account from the three-days-left account. Documentary accuracy takes priority over a neater composite image.

LYRIC APPLICATION

```
Private when desperate, NHS when broke
Same medicine, different stamp upon the note
```

RESEARCH-TO-LYRIC MAP: VERSE 3

01

BEYOND ADHD

Bipolar and eating-disorder evidence expands the song from one diagnosis into a broader argument about psychiatric delay.

02

PARITY OF ESTEEM

The 16,522-to-2,059 comparison becomes the factual hinge for a sarcastic institutional line.

03

BEAT INSTABILITY

The rhythm starts slipping when the verse names the false explanations - trend, TikTok, weak discipline - imposed on people whose clinical need is worsening.

04

CRISIS THRESHOLD DIALOGUE

“Are you in immediate danger? / No / Then continue waiting” compresses a recurrent lived fear: help appears available only after deterioration becomes acute.

LYRIC APPLICATION

A clinical need decaying in an administrative system

RESEARCH-TO-LYRIC MAP: VERSE 4 AND CHORUS

01

QUALIFIED MORTALITY EVIDENCE

Life-expectancy and medication findings are followed by explicit caveats inside the rhyme, not hidden in footnotes.

02

THE REGISTRATION CALENDAR

ONS delay mechanics become a metaphor for institutional lag: even the dead enter the record late.

03

NAMED ENDING

Ryan's story prevents the final verse becoming an abstract data dump.

CHORUS PROGRESSION

```
Cmaj7#11 / 4 beats
Fmaj7 / 4 beats
Dsus4 / 2 beats → Dm / 2 beats
F / 4 beats
G / 2 beats → G7 / 2 beats
```

The chorus widens but does not console. G7 creates pressure to resolve back to C, allowing every return to feel like the queue restarting.

LYRIC APPLICATION

Give this pain a name before another name is carved in stone
Survival is not treatment
Don't leave us on hold

COMPLETE SOURCE LEDGER 1/7

S01 PRIMARY / NHS

ADHD Management Information - May 2025

Primary basis for the 2.498 million estimated ADHD population and the statement that up to 549,000 people may be waiting.

https://digital.nhs.uk/data-and-information/publications/statistical/mi-adhd/may-2025

S02 PRIMARY / NHS

ADHD MI: Supporting Information

Defines what the dataset can and cannot establish; essential caveat for the 549,000 estimate.

https://digital.nhs.uk/data-and-information/publications/statistical/mi-adhd/supporting-information

S03 PRIMARY / NHS

Report of the Independent ADHD Taskforce: Part 1

Evidence review covering absent national adult wait reporting, long waits, unmet need and consequences of non-treatment.

https://www.england.nhs.uk/long-read/report-of-the-independent-adhd-taskforce-part-1/

S04 PRIMARY / NHS

Report of the Independent ADHD Taskforce: Part 2

Implementation report documenting 2+ year waits, 10-15 year local reports, shared-care breakdowns and treatment evidence.

https://www.england.nhs.uk/long-read/report-of-the-independent-adhd-taskforce-part-2/

S05 PRIMARY / NHS PDF

ADHD Taskforce Part 2 - PDF

Archival PDF used for source facsimile and treatment/mortality wording.

https://www.england.nhs.uk/wp-content/uploads/2025/06/PRN02228-report-of-the-independent-task-adhd-taskforce-part-2.pdf

S06 PRIMARY / NHS

Plain-English summary of the ADHD Taskforce report

States that some waits exceed two years, some areas report 10-15 years, and delay risks include worsening mental health and suicide.

https://www.england.nhs.uk/long-read/plain-english-summary-of-the-adhd-taskforce-report/

COMPLETE SOURCE LEDGER 2/7

S07 MEDIA / THE TIMES

Offer ADHD help before diagnosis, NHS task force says

Media source for adult waits reported up to eight years and individual cases involving repeated assessment and NHS recognition.

https://www.thetimes.co.uk/article/nhs-everyone-who-suspects-adhd-diagnosed-07glrwnzh

S08 MEDIA + TESTIMONY / ITV

ADHD patients 'forced' to pay for medication as NHS GPs refuse shared care

Hannah Heath's case, reported private charges and the four-nation shared-care survey percentages.

https://www.itv.com/news/wales/2024-04-02/adhd-patients-let-down-by-nhs-gps-refusing-shared-care-with-private-doctors

S09 MEDIA + TESTIMONY / SKY

Patient forced to fund ADHD diagnosis via credit card

Jay Harrison's account of shame, relief, credit-funded diagnosis and a wait described as soul-destroying.

https://news.sky.com/story/patient-forced-to-fund-adhd-diagnosis-via-credit-card-as-almost-a-million-left-in-limbo-12855968

S10 MEDIA / FINANCIAL TIMES

ADHD patients stripped of NHS prescriptions under crackdown

Reports withdrawal of shared-care arrangements and private prescription costs reaching hundreds of pounds.

https://www.ft.com/content/5f56169d-5815-4b1a-9c6b-511533b8eb1f

S11 MEDIA / FINANCIAL TIMES

Almost 2.5mn people in England estimated to have ADHD

Contemporary coverage of the first NHS England estimates.

https://www.ft.com/content/a620597a-d36f-4fd2-9941-41784f807eb4

S12 MEDIA / THE GUARDIAN

The ADHD grey zone: why patients are stuck between private diagnosis and NHS care

Documents rejection of private assessments, reassessment loops and treatment gaps.

https://www.theguardian.com/society/2026/jan/24/adhd-nhs-private-providers-right-to-choose

COMPLETE SOURCE LEDGER 3/7

S13 MEDIA / THE GUARDIAN

ADHD waiting lists 'clogged by patients returning from private care to NHS'

Reports continuity-of-care failures and private medication costs above £200 per month in some cases.

https://www.theguardian.com/society/2026/jan/23/adhd-waiting-lists-clogged-patients-returning-private-care-nhs

S14 MEDIA / THE GUARDIAN

NHS limiting ADHD assessments to save money despite soaring demand

Reports assessment limits and local waits averaging up to eight years.

https://www.theguardian.com/society/2026/jan/15/nhs-limiting-number-of-adhd-assessments-despite-soaring-demand

S15 MEDIA / THE GUARDIAN

NHS accused of 'abject failure' on ADHD as 550,000 await assessment

Coverage of the NHS estimate and the scale of two-year waits.

https://www.theguardian.com/society/2025/may/29/up-to-25-million-people-in-england-could-have-adhd-says-nhs

S16 LIVED EXPERIENCE / REDDIT

Cut off by GP

Anonymous report of abrupt medication loss, only three days remaining, suicidal thoughts and no transition plan.

https://www.reddit.com/r/ADHDUK/comments/1kg130m/cut_off_by_gp/

S17 LIVED EXPERIENCE / REDDIT

GP suddenly stopped my ADHD meds after 7 years

Separate account of stable prescribing for seven years before treatment was stopped.

https://www.reddit.com/r/ADHDUK/comments/1nv483f/gp_suddenly_stopped_my_adhd_meds_after_7_years/

S18 LIVED EXPERIENCE / REDDIT

My shared-care experience in Scotland

Reported rejected shared care and medication/prescription costs around £130 monthly.

https://www.reddit.com/r/ADHDUK/comments/1bq0gwy/my_shared_care_experience_scotland/

COMPLETE SOURCE LEDGER 4/7

S19 LIVED EXPERIENCE / REDDIT

Found out my GP doesn't do shared care with private clinics

Includes reports of a seven-year diagnostic wait, £225 appointments and £100-£200 medication costs.

https://www.reddit.com/r/ADHDUK/comments/1krv4gc/found_out_my_gp_doesnt_do_shared_care_with/

S20 LIVED EXPERIENCE / REDDIT

Shared care refused, NHS waiting list is two years

Reported assessment, review and medication costs after shared care was refused.

https://www.reddit.com/r/ADHDUK/comments/1n2bz1x/shared_care_refused_nhs_waiting_list_is_2_years/

S21 LIVED EXPERIENCE / REDDIT

There's a medication waiting list now?

Accounts of multi-year waits and eventually paying privately.

https://www.reddit.com/r/ADHDUK/comments/1fhzhcf/theres_medication_waiting_list_now/

S22 LIVED EXPERIENCE / REDDIT

Is the cost of medication without shared care worth it?

Describes diagnosis abroad, inability to access UK treatment and growing desperation while living on a low income.

https://www.reddit.com/r/ADHDUK/comments/1ncj9lr/is_cost_of_medication_without_shared_care_worth_it/

S23 LIVED EXPERIENCE / REDDIT

GP won't allow a shared-care agreement

Scottish account of inaccessible local adult assessment and refusal to recognise private shared care.

https://www.reddit.com/r/ADHDUK/comments/17j0waw/gp_wont_allow_shared_care_agreement/

S24 CHARITY RESEARCH / BIPOLAR UK

Bipolar Minds Matter - Full report

Primary charity report for the 9.5-year diagnostic delay and 36% attempt-due-to-delay survey result.

https://www.bipolaruk.org/media/filer_public/d8/ef/d8efb654-ab0e-428a-b396-19aad7452d6a/bipolar-commission-bipolar-minds-matter-november-2022.pdf

COMPLETE SOURCE LEDGER 5/7

S25 CHARITY RESEARCH / BIPOLAR UK

Bipolar Minds Matter - Executive Summary

Condensed source used for the visual facsimile and headline figures.

https://www.bipolaruk.org/media/filer_public/ae/31/ae310338-d509-4e8e-8173-222c974ceab9/bipolar_minds_matter_nov_22_summary.pdf

S26 CHARITY RESEARCH / BIPOLAR UK

Bipolar Diagnosis Matters

Earlier survey reporting 75% more suicidal thoughts and 40% attempted suicide because of diagnostic delay.

https://www.bipolaruk.org/media/filer_public/bd/24/bd2400da-cf0a-43a5-91de-ea01567b42e2/bipolar_diganosis_matter_oct_21_full_report.pdf

S27 CHARITY ANALYSIS / RETHINK

New analysis of NHS data on mental-health waiting times

Source for 16,522 mental-health patients versus 2,059 elective physical-health patients waiting over 18 months.

https://www.rethink.org/news-and-stories/media-centre/2025/02/new-analysis-of-nhs-data-on-mental-health-waiting-times

S28 MEDIA / ITV

People on mental-health waiting lists eight times more likely to wait 18 months

Media coverage of the Rethink analysis and deterioration while waiting.

https://www.itv.com/news/2025-02-24/people-8-times-more-likely-to-wait-a-year-and-a-half-for-mental-health-care

S29 CHARITY EXPLAINER / RETHINK

How long are NHS mental-health waiting lists?

Later explainer retaining the key comparison and broader waiting-list context.

https://www.rethink.org/news-and-stories/commonly-asked-mental-health-questions/how/how-long-are-nhs-mental-health-waiting-lists/

S30 PRIMARY / NHS PDF

Access and Waiting Time Standard for Children and Young People with an Eating Disorder

Contains the service-user testimony about feeling suicidal and isolated while waiting with no interim care.

https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

COMPLETE SOURCE LEDGER 6/7

S31 MEDIA / THE GUARDIAN

Adults in England with eating disorders wait up to 700 days

Later coverage of long adult eating-disorder treatment waits.

https://www.theguardian.com/society/2025/dec/17/adults-england-eating-disorders-wait-for-treatment-report

S32 PRIMARY AUDIT / HQIP

National Audit of Eating Disorders Service Mapping Report 2025

Underlying audit associated with later adult waiting-time reporting.

https://www.hqip.org.uk/report/naed-584/

S33 PEER-REVIEWED / BJPSYCH

Life expectancy and years of life lost for adults with diagnosed ADHD in the UK

Primary matched-cohort study for the 6.78-year male and 8.64-year female apparent reductions.

https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/life-expectancy-and-years-of-life-lost-for-adults-with-diagnosed-adhd-in-the-uk-matched-cohort-study/30B8B109DF2BB33CC51F72FD1C953739

S34 PEER-REVIEWED INDEX / PUBMED

Life expectancy study - PubMed record

Indexed abstract and confidence intervals for the UK cohort study.

https://pubmed.ncbi.nlm.nih.gov/39844532/

S35 MEDIA / THE GUARDIAN

Adults diagnosed with ADHD have shorter life expectancy

Explains underdiagnosis, unmet healthcare needs and modifiable risks around the study.

https://www.theguardian.com/society/2025/jan/23/adults-diagnosed-adhd-shorter-life-expectancy-attention-deficit-hyperactivity-disorder

S36 PEER-REVIEWED INDEX / PUBMED

The Dark Side of ADHD: Factors Associated With Suicide Attempts

Source for 14.0% versus 2.7% self-reported lifetime attempts in a Canadian survey.

https://pubmed.ncbi.nlm.nih.gov/33345733/

COMPLETE SOURCE LEDGER 7/7

S37 PEER-REVIEWED / ARCHIVES OF SUICIDE RESEARCH

The Dark Side of ADHD - full paper

Full article underlying the attempt comparison and adjustment caveats.

https://doi.org/10.1080/13811118.2020.1856258

S38 PEER-REVIEWED INDEX / PUBMED

ADHD Pharmacotherapy and Mortality in Individuals With ADHD

Indexed study for lower associated all-cause and unnatural-cause mortality after medication initiation.

https://pubmed.ncbi.nlm.nih.gov/38470385/

S39 PEER-REVIEWED / JAMA

ADHD Pharmacotherapy and Mortality - JAMA

Full observational cohort study; the lyric explicitly labels the finding an association.

https://jamanetwork.com/journals/jama/fullarticle/2816084

S40 PRIMARY / ONS

Suicides in England and Wales: 1981 to 2024

Source for 6,190 registrations, sex-specific rates and registration-delay caveats.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2024registrations

S41 MEDIA + FAMILY TESTIMONY / THE GUARDIAN

'He tried so hard to get help': the tragic results of NHS right-to-choose

Ryan White's case and Leigh White's statement that he was left to fall through every crack.

https://www.theguardian.com/society/2026/jan/13/brother-tried-hard-get-help-tragic-results-nhs-right-to-choose-for-adhd-patients

S42 MEDIA + CLINICIAN TESTIMONY / THE GUARDIAN

'People are desperate': ADHD clinicians in England on a system in chaos

Clinicians describe delays and refusals during transitions from private treatment to NHS shared care.

https://www.theguardian.com/society/2026/jan/12/adhd-clinicians-private-nhs-system-in-chaos

FINAL SOURCE-ACCURACY NOTES

549,000

An NHS estimate assembled from multiple datasets, not an audited count of unique patients waiting specifically for ADHD assessment.

EIGHT YEARS

A reported maximum or local average in media coverage, not an official national adult mean.

10–15 YEARS

Reported for some areas, not the whole UK.

SHARED-CARE PERCENTAGES

ADHD UK survey results reported by ITV, not comprehensive NHS administrative statistics.

LIFE EXPECTANCY

Adults with recorded diagnoses; not untreated ADHD specifically and not proof of direct causation.

14.0% VS 2.7%

Canadian, cross-sectional and self-reported lifetime prevalence; not a UK waiting-list figure or a prospective risk estimate.

MEDICATION AND MORTALITY

Swedish observational association, not a randomised causal estimate.

BIPOLAR 36%

Bipolar UK community survey finding.

6,190

Registrations in England and Wales, not a whole-UK occurrence count for 2024.

REDDIT ACCOUNTS

Illustrative, anonymous and unverified; two separate posts are kept separate in the final lyric.

APPENDIX / FINAL LYRICS

The lyric sheet below preserves the compressed Suno structure and performance directions, with one accuracy correction: the seven-year stable-prescribing account and the three-days-left account are now explicitly separate.

Tempo: 85 BPM
Verse loop: Cmaj7#11 - Am9 - Dsus6 - Dm, four beats each
Chorus: Cmaj7#11(4) - Fmaj7(4) - Dsus4(2) - Dm(2) - F(4) - G(2) - G7(2)
Form: Intro - V1 - C - V2 - Break - C - V3 - Break - C - V4 - Final C - Outro

FINAL LYRICS

INTRO

[Filtered phone voice]
Referral received
Estimated wait unavailable
Remain on the—
[Silence]

VERSE 1

GP says stress, make a list, get sleep
Lists like ladders but the rungs won’t keep
Loses keys, jobs, hours, faith, grip
“Try harder” is plaster on a structural split
Year one becomes year two in an admin blur
Sent back: wrong form, wrong borough
“Soul-destroying, there was no timeline”
“Low motivation” like the mood is the crime
Five-four-nine-K in England’s queue
Half a million wars no waiting room can view
Eight years for adults, some places ten to fifteen
A decade between “we hear you” and being seen
Inbox says received, landlord says arrears
Manager says warning, mirror: disappear
Not crisis-level, too ill to stay afloat
He rehearses final sentences inside his phone
[Drums stop]
No rhythm, no rhyme
Just the room, the dark, the thought, the time
[Hold tone]
Your call matters
Fine

FINAL LYRICS

CHORUS

Dying for a diagnosis, hold music under my skin
Years in a queue while the dark keeps closing in
Paid for the paper, still paying to be believed
Pay for the pills that make breathing achievable
Stay on the line
Dying for a diagnosis, not dying for attention
This isn’t a trend, it’s a life held in suspension
Give this pain a name before a name gets carved in stone
Survival is not treatment
Don’t leave us on hold

VERSE 2

Hannah spent student finance buying an answer
Report said ADHD; the surgery wouldn’t transfer
Assessed, signed, sealed, complete
Diagnosis in hand, no prescription to keep
A hundred monthly, twenty-five to titrate
One-fifty for review while the rent bill waits
“Easier to struggle than to fight them”
Not choice: rationed by exhaustion
Shared care: Wales nineteen, Scotland twenty-nine
Northern Ireland thirty-eight, England fifty-eight
One condition, four prices
Private when desperate, NHS when broke
Same medicine, different stamp upon the note
One patient stable seven years had medication stopped
Another got no warning, just three days of tablets left
[Music cuts]
Diagnosis: valid
Patient: unfunded
Risk: returned to sender
Press one if still functioning
[Break: automated]
Assessment completed
Shared care declined
Prescription awaiting payment
Balance insufficient
[Repeat Chorus]

FINAL LYRICS

VERSE 3

Bipolar: nine and a half years from alarm to name
Time to lose your work, your home, your frame
Thirty-six in a hundred surveyed
Said delay was why they’d tried to get away
Not an edgy hook or statistic for effect
A decade treated for the wrong suspected threat
Antidepressants through highs, crisis teams through lows
Illness changes clothes and nobody knows
Sixteen-five-two-two waited eighteen months for mental care
Two-zero-five-nine physical: eight times the queue
Parity of esteem looks lovely in a paragraph
Eating disorders feeding on delay
Body getting weaker while referrals make their way
“I was very suicidal waiting for treatment”
No interim support, just illness gaining leverage
[Beat slips]
Not a trend
Not a TikTok
Not weak discipline
A clinical need decaying in an administrative system
[Break]
Are you in immediate danger?
No
Then continue waiting
[One bar silent]
[Repeat Chorus]

FINAL LYRICS

VERSE 4

Diagnosed men: six-point-seven-eight years less
Women: eight-point-six-four years less
Not fate or every person's span
A warning written in the data
Fourteen per cent attempted, against two-point-seven
Five times the reported lifetime rate of trying not to see tomorrow
Medication linked with lower unnatural-cause mortality
Not proof, but withholding isn’t neutral policy
Six-one-nine-zero suicides registered in one year
Not stories that suddenly appeared
Deaths wait months to enter the calendar
Even counting loss gets trapped in administration
Ryan took the route that he’d been advised
Bounced between providers while treatment destabilised
After he was gone, his sister gave the verdict back:
“He was left to fall through every crack”
Don’t make crisis the shortcut to a service sealed
Don’t make patients prove they’re dying to prove they’re ill
Diagnosis means adjustments, care and language
Medication isn’t magic; abandonment does damage
Survival isn’t a care plan
A queue is not a cure
A report that no one honours
Is another bolted door

FINAL LYRICS

FINAL CHORUS

[Heavy drums, female backing, then strip away]
Dying for a diagnosis, hold music under my skin
Years in a queue while the dark keeps closing in
Paid for the paper, still pleading to be believed
Counting out capsules that make living achievable
We cannot stay on the line
Dying for a diagnosis, not dying for attention
Life reduced to forms and rejection
Give this pain a name before another name is carved in stone
Survival is not treatment
Don’t
Leave
Us
On hold

OUTRO

[Remove instruments one by one]
Referral received
Condition deteriorated
Appointment approaching
[Abrupt stop]
Patient unavailable

THE QUEUE IS NOT A CURE.

This dossier treats intelligent UK hip-hop as a form capable of carrying evidence, qualification, testimony and anger without flattening any of them. The song's repeated demand is simple: a person should not need to become an emergency before the system recognises that waiting is harming them.

RESEARCH, LYRICS AND CONCEPT: KIERAN SIMKIN / DOCUMENT PREPARED 2026

SOURCE ACCURACY AUDIT

VERIFIED AGAINST ORIGINAL SOURCES

Every chart value, named testimony and lyric-facing statistic was reconciled with the source page cited in the ledger. Primary datasets and peer-reviewed papers were preferred; media was retained where it supplied interviews, local waiting-time reports or family testimony.

ADHD SCALE AND QUEUE

VERIFIED

NHS England: 2,498,000 estimated to have ADHD in England; up to 549,000 may have been waiting in March 2025. The dossier keeps the estimate and data-quality caveats.

WAITING-TIME RANGE

QUALIFIED

No complete national adult mean exists. The 8-year wording is media/local reporting; 10-15 years is reported for some areas in the NHS Taskforce evidence, not the whole UK.

SHARED-CARE SURVEY

VERIFIED

ITV accurately reports ADHD UK survey acceptance figures: Wales 19%, Scotland 29%, Northern Ireland 38%, England 58%. These are survey findings, not NHS administrative totals.

BIPOLAR DELAY

VERIFIED

Bipolar UK reports an average 9.5 years from first telling a clinician about symptoms to diagnosis; 36% of respondents reported an attempt linked to diagnostic delay.

MENTAL-HEALTH WAITS

QUALIFIED

Rethink's February 2025 analysis used December 2024 NHS data: 16,522 versus 2,059 waiting beyond 18 months - roughly eightfold. Later snapshots may differ.

EATING-DISORDER TESTIMONY

VERIFIED

The NHS guidance contains the quoted account of feeling suicidal while waiting with no interim care. The later adult audit reports medians of 28 and 42 days, with waits up to 700 days.

SOURCE ACCURACY AUDIT

CORRECTIONS APPLIED

SUICIDE-ATTEMPT WORDING

CORRECTED

The 14.0% versus 2.7% result is Canadian, cross-sectional, self-reported lifetime prevalence. “Five times more likely” was replaced with “five times the reported lifetime rate” in analysis and lyrics.

LIFE-EXPECTANCY LYRIC

CORRECTED

Verse 4 now says 6.78 years less for men and 8.64 years less for women, avoiding the ambiguity that these numbers were total life expectancy. The underlying matched-cohort estimates remain unchanged.

S37 ARTICLE LINK

CORRECTED

The fragile direct Taylor & Francis PDF path was replaced throughout with the stable DOI landing page: doi.org/10.1080/13811118.2020.1856258.

MEDICATION AND MORTALITY

VERIFIED

The Swedish study reports adjusted hazard ratios equivalent to 21% lower all-cause mortality and 25% lower unnatural-cause mortality after initiation. The dossier correctly labels these relative observational associations, not causal or absolute reductions.

ONS SUICIDE REGISTRATIONS

VERIFIED

6,190 suicides were registered in England and Wales in 2024, rate 11.4 per 100,000. The document correctly distinguishes registration year from occurrence year and retains the delay caveat.

REDDIT TESTIMONY

VERIFIED

The “three days left” and “stable seven years” details belong to separate anonymous posts. They remain separate in the dossier and final lyric; neither is presented as representative data.

RYAN WHITE CASE

VERIFIED

The Guardian report supports the chronology used and Leigh White's statement that Ryan was “left to fall through every crack.” The dossier treats it as one documented case, not a population statistic.

AUDIT RESULT

CORE EVIDENCE HOLDS. No fabricated source or materially incorrect headline statistic was found. Three precision changes were made: prevalence wording, life-expectancy wording and the stable DOI link.