THE PRICE OF BEING UNSEEN

The Financial Toll of Undiagnosed ADHD on Individuals and Communities

A resource for juvenile justice professionals, policymakers, and community decision-makers

THE QUESTION EVERY DECISION-MAKER SHOULD BE ASKING

Every time a young person enters the juvenile justice system without an ADHD diagnosis, communities absorb costs that compound for decades. Incarceration, unemployment, healthcare, accidents, substance use, and public assistance do not stay inside individual households. They move through schools, ERs, courts, jails, and tax rolls. They are paid for by everyone.

The research is unambiguous: undiagnosed and untreated ADHD carries an enormous and measurable economic price tag at every level, from the personal bank account of a young person who cannot hold a job to the municipal budget absorbing the cost of repeated juvenile detention stays. This fact sheet documents those costs with precision, using peer-reviewed research and government data, and makes the return-on-investment case for early identification and treatment.

The question is not whether we pay for ADHD. We already do. The question is whether we pay for it early, through evaluation, treatment, and support, or pay for it late, through incarceration, emergency services, lost tax revenue, and generational poverty.

$122.8 billion total annual societal excess cost of ADHD among U.S. adults alone (Schein et al., Journal of Managed Care and Specialty Pharmacy, 2021; PMC 2022).

$19.4 billion total annual societal excess cost of ADHD among U.S. children ages 5 to 11 (Schein et al., 2022).

$13.8 billion total annual societal excess cost of ADHD among U.S. adolescents ages 12 to 17 (Schein et al., 2022).

$143 to $266 billion estimated range of total national annual incremental costs of ADHD across all age groups, combining adults, children, and family spillover costs (Doshi et al., ScienceDirect, 2012, adjusted).

> **A critical framing point:** These figures reflect only diagnosed ADHD. Because ADHD is substantially underdiagnosed, particularly in Black and Hispanic/Latino communities, the actual economic burden is likely significantly higher than any published estimate captures. The research is conservative by design.

UNEMPLOYMENT AND UNDEREMPLOYMENT: THE LARGEST SINGLE COST

Of all the financial consequences of undiagnosed ADHD, none is larger than the impact on employment. The inability to regulate attention, initiate tasks, manage time, and sustain performance in standard workplace environments translates directly into lost income, reduced career advancement, and chronic unemployment.

$66.8 billion excess cost of unemployment attributable to ADHD among U.S. adults annually, representing 54.4% of the total adult societal burden (Schein et al., Journal of Managed Care and Specialty Pharmacy, 2021).

$28.8 billion additional annual productivity loss from ADHD in the adult U.S. workforce, reflecting presenteeism, absenteeism, and reduced output (Schein et al., 2021).

8% approximate unemployment rate for adults with ADHD, more than double the general U.S. unemployment rate of 3.6% (National Library of Medicine; MyDisabilityJobs, 2024).

17% less income earned annually by high school graduates with ADHD compared to peers without ADHD (CHADD, citing National Library of Medicine research).

70% higher risk of long-term unemployment for young adults with ADHD compared to matched peers without ADHD, in a population-based longitudinal cohort study of 1.5 million individuals in Sweden (PMC, 2023).

10x higher risk of disability pension for young adults with ADHD compared to matched peers, in the same Swedish cohort study (PMC, 2023).

- **Employment rate gap:** The employment rate for adults with ADHD is approximately 67%, compared to 87% for adults without ADHD who hold a college degree. That 20-percentage-point gap represents millions of working-age individuals who are not contributing to the tax base and who are more likely to need public support.
- **Underemployment compounds the picture:** Many adults with ADHD who are employed work in positions significantly below their skill level or education. Underemployment reduces lifetime earnings, retirement savings, and community economic contribution even when unemployment is avoided.
- **The youth pipeline matters here:** Youth who enter the juvenile justice system without ADHD diagnosis are less likely to graduate high school, less likely to obtain post-secondary education, and more likely to enter adulthood already behind. The employment gap begins before the first paycheck.

> **For juvenile justice professionals:** The youth on your caseload who cannot hold a part-time job, cannot complete community service hours on time, and cannot organize themselves to meet program requirements is showing you exactly what their economic future looks like without intervention. That future carries a community price tag.

HEALTHCARE COSTS: EMERGENCY ROOMS, INJURIES, AND CHRONIC CONDITIONS

Undiagnosed ADHD drives healthcare utilization across the lifespan. Impulsivity, poor risk assessment, and limited self-regulation produce accidents, injuries, and physical health consequences that generate significant emergency and ongoing care costs.

$14.3 billion direct annual healthcare services cost attributable to ADHD in U.S. adults, including emergency care, hospitalizations, and outpatient services (Schein et al., 2021).

$3,791 average direct medical cost per adult with ADHD annually, not including indirect costs; this accumulates to $14.3 billion nationwide (ADD Resource Center, citing Schein et al., 2021).

Accidents and Physical Injuries

The executive function deficits of ADHD, particularly impulsivity, poor risk assessment, and inattention, directly elevate accident rates across all age groups.

- **Children with ADHD:** are 28% more likely than matched controls to have at least one accident claim (PMC, A Review of the Economic Burden of ADHD).
- **Adolescents with ADHD:** are 32% more likely than matched controls to have at least one accident claim. Accident-specific direct medical costs for adults with ADHD were $642 versus $194 for controls (PMC, A Review of the Economic Burden of ADHD).
- **National injury cost trend:** The national cost of injuries among children with ADHD nearly doubled between 2011 and 2020, based on a study of 7,102 children using the Medical Expenditure Panel Survey (Shen et al., Journal of Pediatric Psychology, 2023).
- **CDC estimate:** The CDC estimates $31.6 billion per year is spent treating and managing ADHD-related conditions in the U.S., a figure that includes injury-related costs (CDC, 2022, cited in Shen et al., 2023).

Motor Vehicle Accidents

ADHD is a well-documented risk factor for motor vehicle accidents, carrying significant personal and economic consequences.

- **Crash risk:** ADHD is prospectively associated with future crashes, near-crashes, and at-fault crashes, even when controlling for confounding variables including other psychiatric conditions (Aduen et al., Journal of Psychiatric Research, 2018).
- **Financial impact of ADHD driving risk:** A 2024 economic evaluation published in the Journal of Health Economics and Outcomes Research estimated that in the ADHD population, 81.2% of motor vehicle accidents cause injury, compared to lower rates in the general population. Each injury crash carries an average of 1.37 injuries per event (Cooper et al., JHEOR, 2024).

- **Medication reduces crash risk:** Evidence indicates that ADHD medication meaningfully reduces driving accident risk, providing a concrete and measurable ROI for treatment investment (Barkley and Cox, Journal of Safety Research, 2007; systematic review evidence).

Substance Use and Healthcare Costs

- **Substance use disorders:** are significantly more prevalent in individuals with undiagnosed or untreated ADHD. Co-occurring substance use disorders dramatically inflate healthcare costs for individuals with ADHD, including substance use treatment, emergency care for overdose or injury, and long-term addiction management.
- **Comorbidity cost inflation:** Adults with ADHD and co-occurring conditions such as anxiety, depression, and substance use disorders see substantially higher healthcare costs than those with ADHD alone. Comorbid conditions significantly inflate direct medical expenses beyond the base ADHD cost figures (ADD Resource Center, 2025, citing Schein et al., 2021).

JUVENILE JUSTICE AND INCARCERATION: THE MOST VISIBLE PRICE TAG

The juvenile justice system is one of the most expensive ways communities respond to the consequences of undiagnosed ADHD. Youth with unmanaged ADHD are significantly overrepresented at every stage of the system, and the per-person cost of that system involvement is staggering.

$100,000+ minimum annual cost to incarcerate one youth in 40 U.S. states and Washington D.C., based on Justice Policy Institute 2020 analysis.

$500,000+ annual cost per incarcerated youth in some states, including the highest-cost jurisdictions (Justice Policy Institute, Sticker Shock 2020).

$8 to $21 billion estimated annual cost to state and local governments from the long-term consequences of youth incarceration, including lost future earnings and tax revenue (Justice Policy Institute analysis).

22 to 26% increase in the probability of adult arrest for a youth who has been incarcerated as a juvenile, meaning justice system involvement begets more justice system involvement (Aizer and Doyle, cited by Justice Policy Institute, 2020).

5.6x higher juvenile incarceration rate for Black youth compared to white youth in 2023 (293 per 100,000 vs. 52 per 100,000), per The Sentencing Project, 2025.

Given that 17.3% to 30% of incarcerated youth have ADHD, and given that Black youth are 5.6 times more likely to be incarcerated than white youth while being significantly less likely to have received an ADHD diagnosis, the racial disparity in juvenile incarceration costs is in measurable part a racial disparity in ADHD diagnosis and treatment access.

- **Recidivism amplifies the cost:** Youth with undiagnosed ADHD have higher recidivism rates than peers. Each additional system contact carries the full cost of the justice system engagement: law enforcement, court processing, public defense, prosecution, and detention or placement. Repeat contacts multiply costs that could have been interrupted with early intervention.
- **Education loss compounds the cost:** Youth who are incarcerated are up to 26% less likely to graduate high school than peers who were not incarcerated (Justice Policy Institute, citing 2008 analysis). A young person who does not graduate high school earns substantially less over a lifetime, pays less in taxes, and is more likely to need public support.
- **The racial disparity has a dollar amount:** When Black youth with undiagnosed ADHD are incarcerated at rates far exceeding white youth with the same neurological condition, communities of color absorb both the social and economic consequences of that disparity. Lost wages, lost tax revenue, family disruption, and continued justice system costs are not distributed equally.

> **The arithmetic is straightforward:** One year of youth incarceration costs at minimum $100,000. One year of ADHD evaluation and treatment costs a fraction of that, even without insurance. If early identification prevents a single year of incarceration, it pays for itself many times over, before accounting for lifetime earnings gains, reduced recidivism, educational completion, and healthcare savings.

THE HIDDEN COSTS IN DAILY FINANCIAL LIFE

Beyond the large-category costs of unemployment and incarceration, undiagnosed ADHD produces chronic, compounding financial damage in the daily economic lives of individuals and families. These costs are rarely studied as ADHD costs, but they are direct consequences of the executive function impairments ADHD produces.

- **Overdraft fees and financial mismanagement:** Impulsivity, poor working memory, and difficulty with planning and organization produce chronic patterns of overspending, missed bill payments, overdraft charges, and late fees. Adults with undiagnosed ADHD are more likely to carry high-interest debt, miss automatic payment deadlines, and make impulsive financial decisions that compound over time into significant personal financial instability.
- **Job loss and turnover costs:** Adults with ADHD change jobs more frequently than neurotypical peers, often involuntarily. Each job loss and subsequent gap in employment represents lost income, potential loss of benefits including health insurance, and in many cases a step down in earning level. Frequent turnover also carries costs for employers, estimated at 50% to 200% of annual salary per position, costs that are ultimately passed through to consumers and communities.
- **Public assistance utilization:** Adults with ADHD are more likely to utilize public assistance programs including disability benefits, food assistance, and housing support. A Swedish longitudinal cohort study found young adults with ADHD had a 10-fold higher risk of disability pension compared to matched peers without ADHD (PMC, 2023). These are publicly funded costs that scale with the population of undiagnosed adults.
- **Caregiver economic burden:** Parents and family members of individuals with undiagnosed ADHD absorb substantial unpaid costs in time, reduced work hours, and caregiving labor. For children and adolescents, indirect caregiver costs represent the largest component of the indirect economic burden, estimated at $2.7 billion annually for children ages 5 to 11 (Schein et al., 2022, via ADD Resource Center).
- **Relationship and family instability:** Research documents higher rates of conflict, separation, and divorce in ADHD-affected relationships. Family dissolution carries direct economic costs including legal fees, duplicate housing costs, and the well-documented income reduction experienced by single-parent households. These costs ripple into children's educational and economic outcomes.
- **Legal costs beyond incarceration:** Traffic citations, civil penalties, small claims disputes, and minor legal entanglements are more frequent in adults with undiagnosed ADHD. These are individually modest but collectively significant costs that do not appear in incarceration statistics but represent real out-of-pocket and administrative costs.

THE RETURN ON INVESTMENT: EARLY IDENTIFICATION VS. LIFETIME COST

The economic case for early ADHD identification and treatment is not complicated. The costs of treatment are known, manageable, and finite. The costs of non-treatment accumulate across decades and across multiple systems simultaneously. Every dollar invested in early diagnosis and treatment generates measurable returns in reduced justice system costs, increased tax revenue, reduced public assistance utilization, and reduced healthcare spending.

The Cost of Early Evaluation and Treatment

ADHD clinical evaluation: $500 to $2,000 for a comprehensive psychological evaluation; neuropsychological testing ranges from $2,000 to $5,000 for complex cases. University training clinics often provide evaluations at reduced cost.

Medication (annual): Generic stimulant medications cost approximately $50 to $100 per month without insurance, or $600 to $1,200 annually. With insurance coverage, out-of-pocket costs are substantially lower.

Behavioral therapy (CBT): Ranges from $100 to $250 per session; evidence-based CBT for ADHD typically involves 12 to 20 sessions, totaling $1,200 to $5,000. Many community mental health centers offer sliding-scale fees.

School accommodations (IEP/504): Provided by law at no cost to families in public school settings under IDEA and Section 504. The cost is borne by the school system and is a fraction of the cost of disciplinary and special education placements driven by unidentified ADHD.

Total annual treatment cost estimate: $2,000 to $8,000 for a comprehensively supported child or adult with ADHD, including evaluation, medication, and therapy. This is a one-time-to-annual cost, not a compounding lifetime burden.

The Cost of NOT Treating: What Communities Pay Instead

One year of juvenile incarceration: $100,000 to $500,000+ per youth per year (Justice Policy Institute, 2020). One year of incarceration costs more than a decade of comprehensive ADHD treatment.

Lifetime earnings loss: Adults with ADHD earn approximately 17% less than peers over their working lives (CHADD, National Library of Medicine). For a 40-year career at median U.S. income, that represents over $200,000 in lost earnings per individual, with corresponding reductions in tax contributions.

Annual societal cost per adult with ADHD: $14,092 per adult per year in excess societal costs including unemployment, productivity loss, and healthcare (Schein et al., Journal of Managed Care and Specialty Pharmacy, 2021). Over a 40-year adult lifespan, that is more than $563,000 per person.

Substance use treatment costs: Residential substance use treatment averages $20,000 to $30,000 per episode. Multiple episodes across a lifetime are common for individuals with unmanaged ADHD and co-occurring substance use disorders.

Public assistance over a lifetime: Disability pension, food assistance, housing support, and Medicaid utilization for individuals with untreated ADHD represent ongoing public expenditure that compounds year over year.

Treatment Reduces Crime: The Research Evidence

The most compelling ROI data point is the direct relationship between ADHD treatment and reduced criminal behavior.

- **32% reduction in male criminality:** In a landmark study of 25,656 individuals with ADHD using Swedish national registers, patients receiving ADHD medication showed a 32% reduction in criminality rates for men and a 41% reduction for women during periods when they were taking medication, compared to their own rates when not on medication (Lichtenstein et al., New England Journal of Medicine, 2012). This is a within-person comparison, controlling for all individual characteristics.
- **Consistent registry findings:** The Lichtenstein NEJM finding has been replicated in direction by subsequent registry-based studies. A 2024 Swedish national registry study found ADHD was associated with elevated criminal conviction rates, and that pharmacological treatment was associated with lower criminality (Angstrom et al., JCPP Advances, 2024, cited by ADHD Evidence Project).
- **Treatment reduces ADHD symptoms that drive recidivism:** A 2024 systematic review confirmed that while more rigorous RCT-based evidence is needed, pharmacological ADHD treatment reduces the ADHD symptoms, impulsivity, emotional dysregulation, and poor decision-making, that are directly linked to criminal behavior and recidivism (Carlander et al., Brain and Behavior, 2024).
- **Medication associated with lower long-term unemployment:** Proper ADHD medication is associated with a 10% lower risk of long-term unemployment, according to ADHDAdvisor.org citing National Library of Medicine data. At scale, this represents a meaningful improvement in the tax base and a meaningful reduction in public support utilization.

> **The investment case in plain language:** For the cost of two to three months of juvenile incarceration, a community could provide a full evaluation, one year of medication, and a full course of CBT for a young person with ADHD. If that intervention prevents even one year of incarceration, prevents even one year of adult disability pension, and increases lifetime earnings by even a fraction of the documented gap, the return on investment is many times the cost of care. This is not a compassion argument. It is an arithmetic one.

RACIAL EQUITY IS AN ECONOMIC ISSUE

The racial disparities in ADHD diagnosis and treatment documented in the companion fact sheet to this document are not only a justice issue. They are an economic issue with measurable community consequences.

- **Concentrated cost burden:** When Black and Hispanic/Latino youth are systematically underdiagnosed with ADHD, undertreated for ADHD, and overrepresented in the juvenile justice system, the economic consequences of that disparity concentrate in the same communities that already face the greatest barriers to economic mobility. The cost of undiagnosed ADHD is not distributed equally. It falls most heavily on communities that can least afford it.
- **Lost community economic contribution:** A young Black man with undiagnosed ADHD who follows the documented pathway from school discipline to juvenile incarceration to adult unemployment does not only experience personal economic loss. His community loses his potential tax contributions, his spending in local businesses, and the economic participation that stable employment produces. That loss multiplies across every young person in that community who follows the same unaddressed pathway.
- **Public systems bear the cost:** The juvenile justice system, public defenders, emergency healthcare, public housing, food assistance, and disability benefits are primarily funded by public dollars, often at the local and state level. Communities with lower tax bases due to concentrated poverty and unemployment are funding these systems from a smaller pool. The economic loop is self-reinforcing.
- **Equitable diagnosis is an economic intervention:** Closing the racial gap in ADHD diagnosis and treatment is not only a moral imperative. It is a community economic development strategy. Identifying and supporting Black and brown youth with ADHD before they enter the juvenile justice system reduces incarceration costs, increases lifetime earnings, increases tax revenue, and reduces public assistance utilization, all in the communities that most need those outcomes.

THE ASK FOR JUVENILE JUSTICE PROFESSIONALS

Every professional in the juvenile justice system makes resource decisions. Where cases are referred. What services are recommended. What dispositions are proposed. What advocacy is offered. Those decisions have economic consequences that extend far beyond the individual case.

- **Advocate for ADHD screening at intake:** A screening that costs less than one hour of a clinician's time can identify a condition whose untreated lifetime cost exceeds $500,000 per individual. The economics of early screening are unambiguous.
- **Recommend evaluation before disposition:** A dispositional recommendation that includes ADHD evaluation may cost the system modestly in the short term. A disposition that sends an undiagnosed youth to detention without evaluation may cost the system $100,000 or more in that fiscal year alone, with compounding costs in future years.
- **Support diversion to treatment over detention:** Diversion programs that include mental health evaluation and ADHD-informed services cost a fraction of detention. The evidence that detention increases recidivism while appropriate treatment reduces it makes the economic case as clearly as the ethical one.
- **Raise the racial equity cost argument:** When advocating for resources or policy changes, name the economic cost of the racial disparity in ADHD diagnosis explicitly. Decision-makers who may not respond to equity arguments may respond to the argument that concentrating undiagnosed ADHD in communities of color has a concrete, measurable, and avoidable price tag.
- **Connect youth and families to The Society:** The Society for ADHD and Co-Occurring Conditions provides free, science-backed, culturally conscious ADHD education and resources, particularly for faith communities and marginalized populations. A referral costs nothing and opens a door.

Partner with The Society for ADHD and Co-Occurring Conditions

The only ADHD organization in the United States with a dedicated focus on faith-based and marginalized communities.

For resources, training, speaking inquiries, or professional consultation:

info@societyforadhd.org | www.societyforadhd.org

All content is science-backed and evidence-based. References available upon request.

Key sources: Schein et al., J Managed Care & Specialty Pharmacy (2021/2022); Justice Policy Institute, Sticker Shock 2020; Doshi et al., ScienceDirect (2012); Lichtenstein et al., NEJM (2012); Carlander et al., Brain and Behavior (2024); Angstrom et al., JCPP Advances (2024); Shen et al., Journal of Pediatric Psychology (2023); PMC Swedish Cohort Study (2023); The Sentencing Project (2025); Cooper et al., JHEOR (2024); CDC (2022); Aizer and Doyle, cited by Justice Policy Institute; CHADD/NLM; ADD Resource Center (2025).