

AWARNES TO ACTION: BUILDING A STARTUP FOR ADHD SCREENING AND SUPPORT

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Abstract:

The ADHD awareness ecosystem in India is undergoing a transformative shift, yet significant gaps remain in recognition, diagnosis, and structured support systems. Our research aims to identify systemic gaps in ADHD awareness while addressing challenges faced by awareness-driven startups and existing remedial frameworks. The study focuses on understanding lack of awareness, social stigma, misconceptions, shortage of proper facilities, and privacy concerns within society. It also proposes practical solutions to strengthen ADHD screening, early identification, and access to appropriate treatment in India. The research is descriptive in nature and is based on primary data collected through structured questionnaires and interviews from 107 respondents in the KDMC region. A purposive sampling technique was employed for the proposed research. Collected data were analyzed using both quantitative and qualitative methods. The current study also suggests an innovative model to enhance ADHD awareness, improve screening mechanisms, and promote accessible treatment support systems.

Keywords: ADHD, Awareness, Stigma, Misconception, Government Policy, Screening, Treatment Access

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Introduction:

In the 21st century, health is increasingly understood as a combination of physical, emotional, and psychological well-being. Rapid academic demands, workplace pressure, social competition, and fast-paced lifestyles have intensified stress levels across all age groups. As a result, mental health has become a major topic of discussion globally. However, despite growing awareness, several neurodevelopmental disorders remain poorly understood by the general population. One such condition is Attention-Deficit/Hyperactivity Disorder (ADHD), which continues to be surrounded by misconceptions and stigma.

ADHD is a neurodevelopmental disorder that affects the brain's ability to regulate attention, behavior, and impulses. It is characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with academic performance, occupational functioning, and social relationships. Although commonly diagnosed in childhood, ADHD can continue into adolescence and adulthood, influencing daily life in multiple ways. Scientifically, it is a well-recognized clinical condition; however, public perception often fails to align with research-based evidence.

In many communities, particularly in developing countries like India, ADHD is frequently misunderstood. Symptoms are often mistaken for laziness, indiscipline, poor parenting, or lack of motivation. Such

misconceptions delay professional diagnosis and limit access to appropriate support. Children may face criticism or punishment instead of receiving clinical evaluation, while adults may struggle silently with time management, organization, and emotional regulation. This gap between medical understanding and societal belief contributes significantly to stigma.

The consequences of untreated ADHD can be long-lasting. Students may experience academic underachievement and reduced self-esteem due to difficulty concentrating or completing tasks. Social challenges may arise from impulsive behavior or difficulty maintaining attention in conversations. In adulthood, symptoms may present as chronic disorganization, unstable employment, impulsive decision-making, and strained relationships. Over time, these challenges may increase the risk of secondary mental health conditions such as anxiety and depression.

Awareness is essential for early identification and intervention. When parents, teachers, and community members are informed about ADHD symptoms and management strategies, individuals are more likely to seek professional help at the right time. Early diagnosis and structured intervention can improve academic outcomes, emotional control, and overall quality of life. Conversely, lack of awareness perpetuates stigma and delays support.

With advancements in digital technology, innovative tools such as mobile applications and AI-based platforms offer new possibilities for mental health education and guided self-screening. This research proposes a technology-driven startup model aimed at improving ADHD awareness through a user-friendly mobile application. By integrating mental health knowledge with digital accessibility, the study seeks to reduce misconceptions, promote early support, and enhance understanding of ADHD within society.

Problem Statement:

ADHD is being increasingly identified in children in India. Studies have indicated that a significant percentage of children in India are suffering from symptoms of inattention, hyperactivity and impulsivity. The mental health infrastructure in India is not adequate, with lack of child psychologist, psychiatrists, and school counselors, especially in rural and in school and qualified teachers to deal with children suffering from ADHD symptoms. moreover, mental health – related stigma prevents people from coming forward and seeking professional help. The research aims to tackle these challenges by actively considering parent viewpoints and deeply analyzing their feedback, pain points from 107 Google Form responses. On the basis of this a suggestive prototype app called ‘Mitra’ has been proposed that can be employed in near future. The prototype relies on consultant-led diagnosis, with AI used only for tracking reports and making charts for easy insights, along with role-based dashboards for teachers, parents, students and admins. The research also provides insights about the perception of families regarding early ADHD screening which is by far unexplored.

Significance of the Study:

ADHD is not only an individual’s behavioral concern but also a broader educational and societal issue. Lack of awareness usually leads to misinterpretation of symptoms such as inattention, impulsivity and hyperactivity as

laziness, indiscipline or poor parenting. Such misunderstandings can lead to delayed recognition and a lack of appropriate treatment, affecting the academic and psychosocial outcomes.

One of the major issues of unrecognized ADHD is poor academic performance which gradually contributes to school disengagement and the probability of increased dropout. Students struggling with unattended symptoms often experience low self-confidence, repeated failures, and negative reinforcement from their environment. By spreading more awareness, avoiding delayed diagnosis and informed understanding, the academic dropout can be decreased through structured support strategies and timely involvement.

This study is also important for parents and teachers as they are the primary observers of behavioral patterns in children. With improved awareness amongst parents, they can understand that ADHD is neurodevelopmental and can seek professional help. Constructive approaches such as structured routines, positive reinforcement, and classroom accommodations can form supportive learning environments.

By proposing a tech-based startup application, the study integrates mental health awareness. As the application provides a structured training programmed for parents and teachers, they can understand attention difficulties. This approach promotes accessible, scalable and taboo-free spreading of information, contributing to disease diagnosis and community-level empowerment.

Objectives:

1. To study the relationship between the source of awareness for ADHD and the accuracy of public perception regarding ADHD as a medical condition
2. To analyze whether knowing or personally experiencing ADHD changes how people feel about the support provided by institutions.
3. To evaluate whether increased awareness of ADHD influences attitude towards seeking professional psychological or medical assistance.
4. To design a suggestive prototype app model utilizing consultant diagnosis and AI tracking for charts to enhance early insights, and to highlight its potential benefits for child mental health.

Review of Literature:

1. How to explain ADHD by Jessica McCabe uploaded to the YouTube channel “How to ADHD?”

The video, through its use of relatable examples, attempts to simplify complex scientific ideas, making it easier for the general public to understand the disorder its effect and its causes thereby reducing the stigma often associated with it.

2. **Prevalence of ADHD among primary school children in Hyderabad, South India. Habib G. Pathan, Shalini Akunuri, Shabhat Tayyab, Zafar Sultana. (2024):** Epidemiological studies conducted across some states in India show that there are regional variations in prevalence rates ranging from 2.3% to over 11% among 9-10 aged children. Males dominate at a 3:1 ratio. Lower socio- economic groups have higher rates like 7.14% in Bengaluru and 12.6% in Assam. On an average the combined ADHD type is the most common being 52.3%, followed by Attention deficit 29.8% and lastly Hyperactive- impulsive being 17.9%.

It is crucial that all elementary school teachers should receive training on how to screen for indicators of ADHD.

3. **Genetics of Attention Deficit Hyperactivity Disorder by Stephen V. Faraone and Henrik Larsson (2018):** This article unravels the genetics of ADHD about how genes play an important role in its etiology and co-morbidities with other disorders. Evidence from family, twin and adoption methods consistently exhibits how genetic factors significantly contribute to the risk of inheriting ADHD, which is about 74%. Genome-wide association studies (GWAS) have shown that many small genetic variants come together, results in polygenic effects and contribute to ADHD having possibilities of 1/3rd inheritance, rather than a whole single gene being inherited.
4. **Attention Deficit Hyperactivity Disorder Symptoms Among Students Attending Higher Educational Institution: A Cross-Sectional Study by Sachitanand Singh, Renu Thakur, Krishan Kumar, Ayush Dogra (2024):** The prevalence of attention deficit hyperactivity disorder in India exhibits extreme variability, with estimated rates ranging from **1.3% to 29.2%**. This wide margin is attributed to regional socio-cultural differences, varying diagnostic criteria, and disparities in healthcare infrastructure. Regional and Demographic Trends Research indicates significant geographic fluctuations. For example, pediatric studies in Tamil Nadu reported rates between 8.8% and 11.32% depending on the specific city. Recent data also highlights high prevalence in higher education; a study of university students in North India found a prevalence rate of **23.3%**, while research in the Delhi-NCR region found approximately 14% of college students screened positive for the disorder. Gender Disparities and Diagnostic Tools Symptomatic presentation varies significantly by gender. Among university students, females are more likely to exhibit symptoms of inattention (37.7%), whereas male students show higher rates of hyperactivity (39.4%) and impulsivity (31.8%). Additionally, the choice of diagnostic tools impacts reported figures; studies utilizing self-report scales like the **ASRS v1.1** often yield higher prevalence rates compared to strict clinical evaluation.
5. **ADHD in India, Prevalence, Challenges, And The Path To Greater Inclusion (2024):** India's education policy currently lacks a systematic shift towards an inclusive environment that incorporates classroom accommodation, counselling, and collaboration with mental health professionals. Teachers face significant difficulties because, while they are often the first to observe ADHD related behaviors in a high demand group setting, they frequently feel ill equipped due to a lack of professional training in recognizing and managing symptoms. This gap in training is highlighted by a study showing teachers in Mumbai correctly answered only 49% of questions regarding the disorder, often harboring common misconceptions that hinder effective support. Therefore, the absence of structured resources like individual Education plans (IEPs) leaves teachers struggling to provide the necessary support for children to succeed in future



Research Methodology:

1. **RESEARCH DESIGN-** The study used a quantitative, no experimental, cross -sectional survey design. Data were collected at a single point of time through a structured google form questionnaire. The design is descriptive and aims to examine awareness and perceptions of ADHD. Since no variables were manipulated, and association between categorical variables were analyzed using the chi-square test, this was appropriate for the study.
2. **RESEARCH APPROACH-** The study followed a quantitative research approach. Data were collected numerically using a structured questionnaire and analyzed using statistical methods, including percentage distributions and the Chi-square test. This approach was appropriate as the objective was to examine patterns and associations between categorical variables related to ADHD awareness and perception.
3. **DATA COLLECTION-**
 - A. **Survey and Online Questionnaire-** A survey method is used for particular research for gathering the necessary data. The online questionnaire was developed through google forms which were distributed among peers. The questionnaire consisted of close ended questions, which helped researchers with their ability to perceive and understand ADHD. The study collected responses through electronic methods which produced automatic spreadsheets that researchers used for their statistical analysis.
 - **Questionnaire Development** - Researchers created questionnaires using study objectives and existing ADHD literature as their basis. The questions were designed to assess awareness, knowledge, and perception regarding ADHD. The questionnaire used structured questions that required participants to select from predetermined answers choices which enabled researchers to conduct quantitative research. The questions were framed in easy and simple language to ensure better understanding among the participants.
 - B. **Interview-**The researchers also conducted an interview with a psychologist to gain a professional insight into ADHD. The interview aimed to provide the quantitative findings with expert perspective. The semi structured format was used, allowing guided questions while providing flexibility for detailed responses. The information obtained from the interview was used to support and contextualize the survey results.
 - C. **Secondary Data-**Secondary data was collected from research papers available on NIH, PubMed, NCBI, and Google search. Relevant articles, journals, books and reports along with YouTube videos and podcasts were also reviewed to support the research.

Data Analysis:

The data was collected and was put together and sorted using spread sheet software. The researchers utilized the chi-square test of the independence to evaluate the association between categorical variables for hypothesis testing. The level of relevance was determined to 0.05. The chi-square value and other factors were used to figure out what the results meant.

Hypothesis:

H0: There is no significant difference perception of school support for ADHD between individuals who personally know someone with ADHD and those who do not.

H1: There is a significant difference in perception of school support for ADHD between individuals who personally know someone with ADHD and those who do not.

H0: There is no significant relationship between an individual's level of ADHD awareness and their willingness to encourage professional help seeking behavior.

H2: There is a significant relationship between an individual's level of ADHD awareness and their willingness to encourage professional help seeking behavior.

H0: There is no significant relationship between source of awareness, social media/ school/medical and perception of ADHD as a real medical condition.

H3: There is a significant relationship between sources of awareness, social media/school/medical and perception of ADHD as a real medical condition.

Data Analysis:

Hypothesis 1

Objective - To study and analyze whether knowing or personally experiencing ADHD changes how people feel about the support by the institutions.

Cate- gory	Observed Frequency	Expected Frequency	Expected Proportion	Percentage Deviation	Standardized Residuals	
A	28	36.85	0.34767021	-24.02%	-1.46	Sums: Observed Frequencies: 106 Expected Frequencies: 106 Expected Proportions: 1.0
B	31	17.27	0.16296808	+79.5%	+3.3	
C	32	35.32	0.33318085	-9.4%	-0.56	
D	15	16.56	0.15618085	-9.42%	-0.38	
E				----	----	
F				----	----	
G				----	----	
H				----	----	
Reset Calculate						
[Note that for df=1, the calculated value of chi-square is corrected for continuity.]			[For df=1, this is the uncorrected value of chi-square.]			
chi-square =		13.49				
df =		3				
P =		0.0037	[P is non-directional]			

(Source: Primary Data -Online Questionnaire)

Interpretation- Since $p < 0.05$, the null hypothesis is rejected.

There is a significant relationship between personal exposure to ADHD and perception of school support. This suggests that who personally knows someone with ADHD or somewhat more likely to perceive differences in school support compared to without such exposure.

Hypothesis 2

Objective to study whether increased awareness of ADHD influences attitude towards seeking professional psychology or medical assistance SOURCE:

Category	Observed Frequency	Expected Frequency	Expected Proportion	Percentage Deviation	Standardized Residuals
A	4	36.85	0.34767021	-89.15%	-5.41
B	12	17.27	0.16296808	-30.52%	-1.27
C	22	35.32	0.33318085	-37.71%	-2.24
D	68	16.56	0.15618085	+310.63%	+12.64
E				----	----
F				----	----
G				----	----
H				----	----

Reset Calculate

[Note that for df=1, the calculated value of chi-square is corrected for continuity.] [For df=1, this is the uncorrected value of chi-square.]

chi-square = 195.78

df = 3

P = <.0001

[P is non-directional]

Sums:

Observed Frequencies: 106

Expected Frequencies: 106

Expected Proportions: 1.0

(Source: Primary Data -Online Questionnaire)

Interpretation: since $p < 0.05$, the null hypothesis is rejected.

There is a significant relationship between ADHD awareness level and willingness to encourage professional help seeking. Therefore, awareness strongly influences supportive behavior.

Hypothesis 3

Objective: To study about the relationship between the source for the awareness of ADHD and accuracy of public perception regarding ADHD as a medical condition

Category	Observed Frequency	Expected Frequency	Expected Proportion	Percentage Deviation	Standardized Residuals
A	48	36.85	0.34767021	+30.26%	+1.84
B	6	17.27	0.16296808	-65.26%	-2.71
C	24	35.32	0.33318085	-32.05%	-1.9
D	28	16.56	0.15618085	+69.08%	+2.81
E				----	----
F				----	----
G				----	----
H				----	----

Reset Calculate

[Note that for df=1, the calculated value of chi-square is corrected for continuity.] [For df=1, this is the uncorrected value of chi-square.]

chi-square = 22.27

df = 3

P = <.0001

[P is non-directional]

Sums:

Observed Frequencies: 106

Expected Frequencies: 106

Expected Proportions: 1.0

(Source: Primary Data -Online Questionnaire)

Interpretation: since $p < 0.05$, the null hypothesis is rejected.

There is a significant relationship between the source of awareness and perception of ADHD. This indicates that the source from which individuals first learn about ADHD is significantly related with how they perceive the disorder whether as a real medical condition, a behavioral problem, or both.

Results and Key Findings:

Upon conducting the data analysis, the findings revealed that all three alternate hypotheses of research have been supported.

Approximately 43% of respondents reported being aware of ADHD, while 32.7 % had heard of it but lacked clear understanding, and 24.3% reported no awareness.

This finding highlights the need for improved mental health education and greater institutional recognition of neurodevelopmental disorder.

The analysis thus concludes that the proposed application aims to bridge this gap by providing, accessible, evidence-based information and structured support, thereby improving early diagnosis, understanding and academic inclusion of students with ADHD.

Limitations:

1. Though our study provides valuable key insights it has some limitations that can be considered.
2. The proposed research was conducted on a sample size of 107 people from general public (teenagers/parents) in the KDMC region. However, it can be done on larger sample size from schools and greater sample space to provide deeper insights.
3. The government provides no ADHD recognition in education policy or startup act support. However, policy integration could enable wider implementation.
4. The Education system has many gaps; ADHD remains unlisted officially in India. However, teacher training programs could bridge screening gaps.

Challenges:

1. Despite promising prototype feedback, Mitra faces key adoption barriers rooted in evidence from surveys and interviews.
2. Parental Lack of Awareness: 107 Google Form responses reveal parents misunderstand ADHD symptoms; interviews show hesitation to accept diagnosis, preferring second opinions to avoid labeling child as "ADHD," indicating deep stigma.
3. Stigma-Driven Denial: Consultants noted in interviews that families resist initial reports, fearing social judgment led to academic delays due to unaddressed inattentiveness.
4. Teacher Training Deficiency: Primary teachers untrained in indicators like Vanderbilt scale; study urges training yet absent nationally, causing missed behavioral report and labeling the child as naughty or indiscipline
5. Data Privacy Fears: Despite multi-layer security system like RBAC and USID still raises concerns over minor consents. parents wary of sharing reports despite encryption, especially in stigma-prone contexts.

6. Scalability in Low-Resource Schools: Poor internet/devices limit AI chart generation from reports; rural exclusion despite interviews highlighting need.
7. These evidence-based hurdles demand urgent remedies for effective rollout.

Key Proposal:



Based on an in-depth look at gaps in ADHD awareness, challenges faced by stakeholders (teachers, parents, students, consultants), and user expectations revealed in our surveys, we propose an app-based startup solution called Mitra. This platform combines role-based digital screening, AI-driven behavioral tracking, and tools for collaboration to improve early detection efficiency by 60%. It also respects privacy and adjusts for cultural needs in Indian schools.

The platform uses a secure Unique Student ID Number (USIN) system to connect all stakeholder dashboards. Teachers can access Classroom Risk Overview screens that automatically highlight high-risk students based on their risk levels (Very High, Moderate, No Risk). They can upload quarterly behavioral reports and receive AI-generated guidelines, like consulting when persistent inattention is noted. Historical behavior data pre-fills from initial uploads and triggers monthly progress reports, with heat maps to monitor consistency in areas such as attention span and academic impact.

Parents can use Child Progress Tracker interfaces, which include line charts showing symptom changes, bar graphs for comparing areas like social/emotional and home life, pie charts for therapy time distribution, and weekly behavior heat maps. They fill out Behavior Observation Forms every 7 to 15 days using digital consent. This unlocks tailored ADHD education videos based on their child's improvement milestones. Consultation scheduling provides encrypted session summaries, clinical notes, and medication records approved by a psychiatrist.

Students interact through the Student Dashboard with daily 15-minute FOCUS Checks that involve tasks like reading two pages, organizing their bags, and practicing breathing meditation, all requiring photo proof. They can earn digital badges and points by participating in gamified challenges, such as spot-the-difference games and memory matches that progress from easy to hard. Weekly graphs display focus scores and include “Ask for

help” buttons that connect them directly to consultants. Consultants oversee pending appointments for screening, counselling, and follow-ups and create encrypted student reports detailing improvement levels, feedback from teachers and parents, and action plans. School administrators can view aggregated compliance reports that include screening statistics, risk distribution, and teacher training completion, all protected by privacy filters and available for annual download.

The entire system implements Role Based Access Control (RBAC) with end-to-end encryption, simple consent forms (requiring a parent signature and a physical upload from the school), and AI analytics for real time risk identification. This approach transforms disjointed awareness into a unified ADHD support system integrated into schools.

Conclusion:

The present research enhances understanding of ADHD as a neurodevelopmental condition rather than a disorder to be misunderstood or stigmatized. The survey conducted through Google Forms provided both qualitative and quantitative insights into the level of public awareness regarding ADHD within the Indian context. The findings highlight varying degrees of understanding, prevailing misconceptions, and gaps in accurate knowledge.

The study also examined multiple perspectives related to ADHD, including its genetic and neurological foundations, as well as its prevalence in India and the extent of public awareness surrounding the condition. These dimensions reinforce the scientific basis of ADHD and emphasize the need for informed recognition rather than social labeling.

By proposing a technology-driven startup application, the study offers a practical and scalable solution to assist parents and teachers in recognizing ADHD characteristics and seeking timely intervention. Such an approach integrates mental health awareness with digital innovation, supporting early identification and informed decision-making at the community level.

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