

## The Impact of Failing to Include FASD in the Independent Review into Mental Health Conditions, ADHD and Autism

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### Key Points

- FASD is more common than autism and is heavily over-represented among care-experienced, traumatized, justice-involved young people and those with extensive school exclusion histories.
- Yet, FASD is rarely diagnosed and is often mislabelled as ADHD, autism, “behavioural problems” or attachment issues. A sizeable fraction of those presenting with “complex ADHD”, “complex autism”, emotional dysregulation or multiple psychiatric diagnoses have underlying FASD. Even when it is diagnosed, appropriate professionals are unaware of the import of that diagnosis. In fact, failure to recognise and address FASD can increase risk for mental health challenges among some of society’s most vulnerable.
- Ignoring FASD means that a biologically driven, preventable contributor to ADHD- and autism-like presentations is left out of the explanatory framework, and the highest-need subgroup inside today’s ADHD/autism/mental health caseloads is treated as invisible.
- **If the review wants to understand why some people with similar diagnoses have much worse outcomes, and if it aims to design a fair, proportionate system that reaches those with the greatest impairment, it must build FASD into its analysis of prevalence, comorbidity, risk, and service design.**
- The situation is not static. More than 100 experts ([June 2025](#)) expressed concern that planned changes to benefits and education mean that people with FASD are now facing a more uncertain and risky future than ever.
- **Given the review’s own aims of understanding drivers, dealing with complexity, and creating a fairer, more proportionate system, not considering FASD would leave the review’s analysis and recommendations incomplete and skewed:**
  - *Scientifically*, because it excludes a large, high-comorbidity neurodevelopmental group integral to ADHD/autism/mental-health intersections;
  - *Ethically and in equity terms*, because it overlooks a key explanatory factor for the worst outcomes among care-experienced and disadvantaged children.

### Summary

- The Department of Health and Social Care has published the “Independent Review into Mental Health Conditions, ADHD and Autism: Interim Report” ([March 2026](#)).
- This report does not yet name FASD (Fetal Alcohol Spectrum Disorder) as a driver or lens for the identified “rising distress” and “growing difficulty” in the related services – and that is a material gap.
- The Independent Review will miss some of the most vulnerable children and young people if it does not explicitly consider FASD.
- **People with FASD and their families have a right to be heard in policy discussions that affect their lives.**



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# FASD Policy Brief

## Overview

*This chart summarises why the Independent Review on Mental Health Conditions, ADHD and Autism will be incomplete without considering FASD.*

Dimension	Review focus	What FASD evidence adds	Why omission matters
<b>Scope</b>	Prevalence and support for mental health, ADHD, autism	FASD is common, with prevalence rate higher than autism	A major neurodevelopmental condition is absent
<b>Drivers of rising diagnoses</b>	Distress, awareness, thresholds, service pressures	Prenatal alcohol exposure as an aetiological driver for some cases	Misses preventable, biologically rooted contributors
<b>Comorbidity</b>	Plans to look at multiple conditions in next phase	FASD commonly co-occurs with ADHD, ASD, mental illness	High-need subgroup inside cohorts is unrecognised
<b>Equity focus</b>	Children, young people, those out of education/work	FASD concentrated in care-experienced and justice-involved groups	Most vulnerable children fall through analytic and policy gaps
<b>System design</b>	Earlier, better-matched, proportionate support	FASD requires adapted assessment, formulation and intervention	Risk of designing pathways that don't work for those with FASD

## FASD prevalence

FASD is a highly prevalent common neurodevelopmental disability caused by prenatal alcohol exposure that affects more people than autism. FASD is preventable.

- **2-4% of children may have FASD** ([McCarthy et al, 2021](#)) according to a UK prevalence study, based on gold-standard active case-ascertainment research in Greater Manchester. This is considered a conservative estimate by the researchers, as some of those most at risk were not included in the study. This rate is consistent with wider studies done in other countries.
- **1.4 - 2.8 million people in the UK may have FASD** using [2024 population figures](#). Most are in NHS services, undiagnosed and not receiving appropriate care.
- **117,340 – 234,680 18-24 year olds in the UK are likely entering adulthood with FASD**. Most are undiagnosed. They have a hidden brain- based neurodevelopmental condition, and are likely accessing multiple mental health, ADHD and autism services but not receiving FASD-informed support (based on [ONS stats](#) that there are 5,867,000 18-24 year olds).



# FASD Policy Brief

## The Independent Review and the FASD evidence overlap conceptually

- The independent review was commissioned to address “rising distress” and “growing difficulty” in obtaining timely, appropriate and proportionate support for mental health, ADHD and autism. It explicitly aims to:
  - Understand trends in prevalence and distress;
  - Examine drivers behind rising diagnoses of autism and ADHD;
  - Identify where people “are not getting the support they need as quickly or as early as they need it”;
  - Inform recommendations for a “fairer and better system of treatment and support”, including for people who have more than one mental health or neurodevelopmental condition.
- The interim report says the next phase will focus on co-occurring conditions, better alignment across health, education and other public services, and more equitable access – “ensuring that those with the greatest levels of distress and functional impact receive timely and appropriate help”.
- **The review’s own framing is: multi-diagnostic, concerned with comorbidity, and focused on children and young people who are falling through the gaps. That is exactly where FASD sits.**

*Please note: The evidence base has weaknesses due to the lack of funding for further research. Much of the literature comes from specialist clinics, foster care, justice settings or other high-risk samples, so percentages may overstate prevalence in community FASD populations. Definitions vary across studies. That said, the evidence is overwhelming that FASD overlaps significantly with mental health, ADHD and autism.*

## People with FASD ask to be heard in policy discussions

Lee is an adult with FASD who has spoken widely about his experiences leaving school, running away, becoming addicted to alcohol, attempting suicide, ending up in jail. It wasn’t until his FASD diagnosis as an adult that things changed for him. Lee said:

**“There is nothing worse than knowing you can’t do anything right due to behaviours out of your control, and not knowing the why behind it. Life growing up can become very isolated. But there is a strength or gift in every individual with FASD, and that is what must be focused on, to help build a good self worth, and a reason not to isolate themselves. That isolation makes life very lonely, and that loneliness can put them on a path they never need to walk.”**

More than 60 people with FASD combined their voices in the [UK FASD Manifesto](#). They ask to be treated “with the same respect as others.” That means including FASD in relevant policy documents and discussions.

**“My first primary school teacher described me as being lazy, defiant, obstructive and evil when I was in Year 1. My GP knew nothing about FASD, even though it was suggested at my adoption medical...I saw CAMHS last week and they really told me that it’s not really their job to support people with my conditions....I want people who understand the effects of FASD on minds and mental health... Mental health services who recognise and have services for those affected... Not to be blamed for my conditions.” - Georgia (quoted in DHSC, 2021)**



# FASD Policy Brief

## The intersect of FASD, ADHD, autism and mental health

Condition	Statistics	Policy point
<b>ADHD is the single most frequent co-occurring diagnosis in FASD.</b>	FASD is present in around half of ADHD cases ( <a href="#">Peadon and Elliot, 2010</a> ). The national FASD service in Surrey's currently show that 75% of those they diagnose with FASD also have ADHD (private correspondence with Prof Raja Mukherjee).	ADHD policy that ignores FASD risks assuming a more typical ADHD profile, overlooking differences in neurocognition, support need and treatment response
<b>Autism-spectrum conditions similarly have high rates of overlap.</b>	There are no solid estimates yet on the exact rate of overlap. The national FASD clinic again shows currently that about 75% of those they diagnose with FASD also have autism.	Autism services will include a subgroup whose autism-like presentation is linked to FASD and who may need different assessment histories, communication approaches and family support.
<b>Over 90% of individuals with FASD experience mental health difficulties.</b>	One study ( <a href="#">Flannigan et al., 2022</a> ) states, "Compared to the general population, individuals with FASD are reported to be 10 times more likely to have ADHD, 20 times more likely to have substance use problems, and 25 times more likely to be diagnosed with a psychotic disorder ( <a href="#">Popova et al., 2016</a> ; <a href="#">Weyrauch et al., 2017</a> ). Challenges with substance use ( <a href="#">Dodge et al., 2019</a> ; <a href="#">Goldschmidt et al., 2019</a> ) and suicidality ( <a href="#">Dirks et al., 2019</a> ; <a href="#">O'Connor et al., 2019</a> ; <a href="#">Flannigan et al., 2021b</a> ) are also common in this population." Mental health challenges include anxiety, depression, suicidality and psychosis. ( <a href="#">Price et al, 2025</a> , <a href="#">McLean, 2019</a> , <a href="#">Streissguth et al., 2004</a> ; <a href="#">Pei et al., 2011</a> ; <a href="#">Weyrauch et al., 2017</a> ; <a href="#">Temple et al., 2019</a> ).	Undiagnosed FASD is associated with misdiagnosis, poorly fitting interventions, repeated service failure, and delayed access to supports – all of which impact mental health. Ignoring FASD can create more demand on services, by worsening anxiety, depression, suicidality and substance-related harm.
<b>FASD is heavily over-represented among care-experienced, excluded and justice-involved young people.</b>	FASD impacts precisely the "most vulnerable" groups the review is concerned with. ( <a href="#">Flannigan et al., 2022</a> , <a href="#">Flannigan et al., 2020</a> , <a href="#">Price et al., 2025</a> ). Around 34% to 46% with FASD score four or more Adverse Childhood Experiences (ACEs), compared with around 10% to 16% in the general population. ( <a href="#">Price et al, 2025</a> ).	FASD and trauma often co-occur. Most services focus on trauma alone. This does not remove the need to identify FASD; rather, both need to be addressed together. The review should take into account FASD when considering trauma.



# FASD Policy Brief

## A major aetiological pathway is invisible

- The interim report talks about the “drivers behind rising diagnoses of autism and ADHD” but frames these largely in terms of: diagnostic culture and thresholds; awareness and expectations; social and service pressures; broader trends in distress.
- **The FASD evidence adds another, qualitatively different driver: prenatal alcohol exposure as a cause of a significant subset of ADHD- and autism-like presentations.**

## Not diagnosing FASD increases mental health risk

- Poor professional training and weak service pathways mean opportunities for diagnosis are frequently missed, increasing stigma ([Price et al., 2025](#)).
- When FASD is not recognised, services may interpret brain-based disability as wilful behaviour, poor motivation or non-compliance. In practice this can mean exclusionary school responses, ineffective behavioural plans, poor fit with standard mental health interventions, family stress, escalating crises and contact with the criminal justice system.
- **When FASD is ignored, some of the most vulnerable in society are met with ineffective punitive responses for a brain-based disability. This compounds the mental health problems this population faces.**

“There is no ‘mild’ FASD.”  
-DHSC

## If the review does not explicitly consider FASD, it will fail an equity test

- **The very children and young people most likely to have FASD – care-experienced, traumatised, multiply-excluded – will be treated as noise in the data rather than a defined population whose needs can be addressed.** ([Dow et al., 2020](#), [Price et al., 2025](#))
- The interim report highlights links between mental health, neurodevelopmental conditions and not being in education, employment or training, and acknowledges that distress is especially high among children and young people.
- The FASD evidence shows that:
  - **FASD is much more prevalent among children in care, adopted from care and those with high ACE scores, and is often mislabelled as attachment disorder or trauma alone.** ([Flannigan et al., 2022](#), [Price et al., 2025](#), [Mukherjee, 2021](#), [Flannigan et al., 2020](#)). One study in Peterborough showed 27% of those in care had FASD. It also noted that 75% of adoption reports indicated prenatal alcohol exposure ([Gregory et al., 2015](#));
  - Care-experienced children with unrecognised FASD are at increased risk of exclusion, justice involvement and severe mental-health crises ([Price et al., 2025](#), [Flannigan et al., 2022](#), [Flannigan et al., 2020](#));
  - Early diagnosis and FASD-informed support can reduce “secondary disabilities” such as school failure, offending and substance use ([Peadon et al., 2010](#), [Mukherjee et al., 2011](#), [Price et al., 2025](#)).



# FASD Policy Brief

## Omission of FASD in the Independent Review is a substantive flaw, not a minor gap, and fails to incorporate standing NHS, DHSC and NICE policies and guidance

- Taken together, the NHS Long Term Plan, NICE Quality Standard 204, SIGN 156 (the diagnostic guideline accepted by NICE and in effect across England, Scotland and Wales), and the DHSC FASD Health Needs Assessment already commit the system to recognising FASD as:
  - A common, high-need neurodevelopmental condition;
  - Heavily entangled with mental health, ADHD and autism in both presentation and service use;
  - Particularly concentrated in care-experienced, marginalised and justice-involved populations.
- A mental health/ADHD/autism policy review that *fails* to integrate FASD would:
  - Contradict these existing frameworks' logic on early identification, equity and integrated care;
  - Systematically under-estimate the complexity and support requirements of the "rising prevalence" groups;
  - Miss a critical opportunity to reduce avoidable downstream harm (exclusions, crises, criminalisation) in one of the highest-need child and youth populations in the UK.
- **A review that instead *mainstreams* FASD – using QS204, SIGN 156 and the DHSC Health Needs Assessment as its foundation – will be far better placed to achieve the 10-year strategy's goals:**
  - Earlier, fairer, more proportionate support for children and young people whose lives are currently shaped by unrecognised neurodevelopmental disability and preventable secondary mental-health problems.



### Summary

- The direction of evidence is consistent: **FASD is heavily over-represented in mental health, ADHD and autism pathways, and policy that does not take this into account is likely to be clinically and economically inefficient.**
- People with FASD and their families, some of society's most vulnerable, will be further failed.
- If the Independent Review into Mental Health Conditions, ADHD and Autism is serious about understanding why some children and adults with ADHD, autism and mental health diagnoses struggle so profoundly despite contact with services, and if the point of the review is to design equitable, joined-up support, then **FASD cannot be ignored.**