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ADMINISTRATIVE INFORMATION**Support** - N/A.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202620045**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 February 2026 and was last updated on 12 February 2026.**INTRODUCTION**

Review question / Objective This mixed methods systematic review aims to address three research questions:

1. What are the content and characteristics of public stigma toward adults with ADHD
2. How do adults with ADHD experience, perceive, and internalize stigma?
3. How is stigma—both public stigma and individuals lived experiences of stigma—associated with psychosocial outcomes among adults with ADHD?

Rationale There is a limited number of studies on stigma related to adult ADHD. To the best of our knowledge, a search of several databases and registries revealed no systematic review focusing on their lived experiences and the psychosocial consequences of ADHD-related stigma currently exists. This review aims to provide current summary of existing research in this area, how this stigma may impact their well-being and mental-

health as well as recommending future directions for research and practice.

Condition being studied Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by persistent patterns of inattention and/or hyperactivity-impulsivity that significantly interfere with functioning or development, the current review studies stigma towards adults with ADHD. Stigma associated with mental disorders is highly prevalent and continues to undermine mental health promotion efforts. Stigma refers to a negative mark or labels that society assigns to individuals or groups based on specific attributes or characteristics. There are different types of stigma (self-stigma, public stigma, affiliate stigma, structural stigma). Stigma can lead to poorer outcomes in people with mental illness by reducing their willingness to access and engage with professional care, thereby potentially limiting employment, financial, and housing opportunities, worsening social isolation.

METHODS

Search strategy Search strategy will be developed using the following approach.

1. Key concepts:

ADHD: MeSH terms and text words (ADHD, attention deficit hyperactivity disorder, etc.)

Stigma: MeSH terms and text words (social stigma, self-stigma, discrimination, etc.)

2. Database specific syntax will be adapted for each database.

3. Publication date: January 2013 onwards.

Participant or population Population of adults with ADHD (self-stigma), having a relative or partner with ADHD (affiliate stigma) or general population at the age of 18 or over and assessing the topic of adult ADHD (public stigma).

Intervention Stigma experiences, including but not limited to: Public stigma (attitudes, stereotypes, prejudice, discrimination)

Self-stigma (internalized stigma)

Perceived stigma (anticipated discrimination)

Experienced stigma (actual discrimination events)

Structural stigma (institutional policies and practices)

Studies examining any aspects of stigma related to ADHD will be considered.

Comparator For research question 1 and 3, studies with or without comparison groups will be included. Comparators may include individuals without ADHD, individuals with other mental health conditions, or different levels of stigma exposure.

Study designs to be included This review will include quantitative, qualitative, and mixed methods studies examining stigma among adults with ADHD. Quantitative studies may include observational, experimental, quasi-experimental, correlational, and longitudinal designs. Qualitative studies may employ any established methodology (e.g., phenomenology, grounded theory, ethnography, narrative approaches). Studies will be included if they provide relevant data addressing the review questions, regardless of specific methodological labels.

Eligibility criteria Inclusion criteria:

– Population: Adults (≥ 18 years) with ADHD or Attention Deficit Hyperactivity Disorders

– Phenomenon of interest: Any aspect of stigma (public, self, perceived, experienced, structural)

– Study design: Quantitative, qualitative, or mixed methods studies as specified above

– Language: English, Japanese or Dutch

– Publication type: Peer-reviewed journal articles, dissertations, conference proceedings

– Publication date: January 2013 onwards

Exclusion criteria:

– Studies focusing solely on children or adolescents (< 18 years)

– Studies not reporting original data (e.g., commentaries, editorials)

– Animal studies.

Information sources Electronic databases:

– PubMed/MEDLINE

– PsycINFO

Additional sources:

– Reference lists of included studies and relevant systematic reviews

– Citation tracking of key studies

– Grey literature databases (e.g., ProQuest Dissertations and Theses, conference proceedings) may be searched if resources permit

No language restrictions will be applied at the search stage, but only English, Japanese and Dutch articles will be included in the final review.

Main outcome(s) The outcomes encompass recent types of stigmas related to ADHD, the nature of such stigma, and its effects on adults with ADHD and their families.

Additional outcome(s) Secondary outcomes may include social functioning and relationships, recovery and treatment engagement, employment and educational outcomes, help-seeking behaviors, and self-efficacy and empowerment etc. Studies reporting any outcomes related to stigma experiences will be considered for inclusion.

Quality assessment / Risk of bias analysis

Assessment of risk of bias for all included studies by two reviewers. Disagreements will be resolved by discussion with another reviewer. In addition, employing the Mixed Methods Appraisal Tool (MMAT) for this quality assessment, studies that receive a “yes” rating for 100% of the criteria will be considered high quality. Mixed method indicates to combine quantitative and qualitative data (from primary studies) or integrate quantitative evidence and qualitative evidence.

Strategy of data synthesis This review will use a Convergent Segregated Approach, with separate synthesis of quantitative and qualitative data, followed by integration in the discussion.

Subgroup analysis If sufficient data are available, subgroup analyses may be conducted to explore potential sources of heterogeneity. The feasibility and appropriateness of subgroup analyses will be determined after data extraction based on available data.

Sensitivity analysis If meta-analysis is conducted, sensitivity analyses may be performed to test the robustness of findings to different analytical approaches. The need for and nature of sensitivity analyses will be determined based on the characteristics of included studies.

Language restriction No language limits will be imposed on searches, but only English Japanese, and Dutch language studies will be synthesized.

Country(ies) involved Japan.

Keywords ADHD; attention deficit hyperactivity disorder; stigma; psychosocial outcomes.

Contributions of each author

Author 1 - Mizuho Takeda - Conceptualization, methodology, protocol development, database searching, study selection, data extraction, quality assessment, data synthesis, writing – original draft.
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Author 2 - Saskia Van der Oord - Refining the topic, fine-tuning the search strategy, providing methodological expertise, reviewing the protocol, and writing-review and editing.
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