

Attention Deficit Hyperactivity Disorder (ADHD): Investigating Effective Strategies for Managing ADHD in Educational Settings

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Abstract - Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental condition with far-reaching consequences for children's academic performance, social development, and well-being. This research focuses on the best ways of dealing with ADHD in Indian schools, including the attitude of teachers, classroom interventions, and institutional limitations. Semi-structured interviews in three themes, which were assessment modification, focus-enhancement strategies, and teaching challenges, were used to collect qualitative data that included 30 teachers in 10 subject disciplines. Based on the theoretical cognitive-behavioral and behavioral theories, the evidence shows that educators use such adaptive strategies as task chunking, teaching using multiple sensory modalities, breaks during lessons, and positive feedback but struggle with the system-wide factors such as high-teacher-student ratios, inadequate training, and cultural stigma. The study advocates for India-specific ADHD intervention models, structured professional development, and culturally sensitive parent engagement.

Keywords - ADHD, behavior, classroom strategies, cognitive-behavioral theory, education, inclusive education, India, intervention, neurodevelopmental disorders, teacher perceptions.

I. INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a chronic neurodevelopmental condition marked by persistent inattention, hyperactivity, and impulsivity that disrupt daily functioning and development (American Psychiatric Association, 2013). ADHD remains one of the best studied child-based disorders across the globe, with a global prevalence being estimated at around 5.29% (Thomas et al., 2019). Recent findings also indicate its importance: Thapar and Cooper (2022) mention that ADHD can influence the functioning throughout the lifespan, and the consequences of this disorder are great in terms of mental health and academic performance.

In India, prevalence rates in children attending primary schools might even go up to 11.3% in urban areas (Sharma et al., 2018), but ADHD is terribly underdiagnosed because of cultural stigma, lack of awareness, resources, and unavailability of culturally appropriate diagnosis models. The WHO (2022) World Mental Health Report lists ADHD as one of the priority conditions that need intervention at school, especially in the low- and middle-income countries.

Children with ADHD normally present a poorer academic performer, grade retention, and poor peer relations (Nair and Singh, 2019). Indian educators believe that they are not ready to assist such students (Kapoor et al., 2021). This study examines strategies teachers employ, challenges they face, and systemic changes needed to foster inclusive learning environments.

A. Title of Study

"Exploring Effective Strategies for Managing ADHD in Educational Settings: A Study from Indian Schools"

B. Aims and Objectives

The primary aim is to identify, document, and evaluate strategies used by Indian school teachers have employed to cope with ADHD and learn more about the obstacles that prevent effective support. Specific objectives are:

- To examine how educators across diverse disciplines modify assessments for students with ADHD.
- To record in-classroom center-enhancement plans used by teachers.
- To find out the major difficulties that occur to educators in their work with students with ADHD.
- To analyze patterns and gaps present practice and formulate evidence-based recommendations.
- To contribute to the development of culturally relevant, India-specific cognitive-behavioral ADHD intervention models.

C. Need and Significance

Unmanaged ADHD results in academic underachievement, inability to maintain social lives, low self-esteem, and increased risk of comorbidities (including anxiety and depression) (Faraone et al., 2019). To families having poor educational attainment, accessing support systems is an ordeal, both financially and emotionally (Choudhury et al., 2019).

Majority of the available research on interventions is rooted in a Western setting and might not be relevant to the Indian schools (Singh et al., 2020; Verma and Mehta, 2023). This study generates localized, practice-based evidence to inform policy and pedagogy in Indian institutions.

D. Delimitations

This study focuses exclusively on teacher perspectives from urban Mumbai schools (Grades 1–12). Results might not be applicable in semi-urban or rural environments. The semi-structured interviews applied in data collection lacked psychometric tools or experimental design, which is in line with qualitative action research framework.

II. THEORETICAL FRAMEWORK

This study is based on two rather complementary theoretical frameworks that guide the analysis of teacher strategies as well as interpretation of findings.

A. Behavioral Theory

Behavioral theory that has its foundation on the work of Skinner (1953) and applied widely to ADHD by Barkley (1997) assumes that the antecedents and consequences influence behavior. In the education setting, the approach is based on positive reinforcement, routine schedules, token-based economies, and instant feedback systems. The fact that almost everyone in this study embraced positive reinforcement and designated schedules to them is an indication that behavioral concepts come into practice.

Barkley et al. (2021) confirm that behavioral therapy produces superior long-term improvements in self-control compared to pharmacological treatment alone, reinforcing the theoretical relevance of this framework for Indian classroom contexts.

B. Cognitive-Behavioral Theory

Cognitive-Behavioral Theory (CBT) was created by Beck (1979) and modified to address the issue of ADHD management by Meichenbaum (1977) as a theory that focuses on the significance of self-monitoring, metacognition, and self-regulation in making changes. This framework guides strategies like task decomposition, goal-setting, reflective journaling, and self-instruction which were described by the participants in this study.

Singh and Verma (2022) showed that metacognitive strategy instruction improved self-regulation in students with ADHD significantly, which directly confirmed the CBT framework in the environment of Indian school. Cortese & Coghill (2023) further affirm that combined behavioral and cognitive approaches represent the most effective intervention paradigm for school-age children with ADHD.

C. Framework Integration

Together, these frameworks provide a dual lens for understanding teacher practice: behavioral theory describes the environmental adjustments and reinforcement techniques whereas CBT describes the metacognitive and self-regulatory interventions. This combined method is in line with the international best practice and gives the study a sound academic basis on methodology and recommendations.

III. REVIEW OF RELATED LITERATURE**A. Indian Research Studies**

Sharma et al. (2018) surveyed 1,000 children age 6-11 in urban Delhi and found that the prevalence of ADHD was 11.3, which is significantly higher than the global average. High-stress urban environments, family history, and low socioeconomic status were found to be principal risk factors and school-based screening and teacher training were suggested as priority interventions.

Gupta and Shukla (2019) based their study on a six-month intervention trial of 200 children that incorporated the elements of structured routines, positive reinforcement, and mindfulness. Significant improvements in attention and behavioral regulation were observed, with parental involvement identified as critical for sustaining progress.

Singh et al. (2020) investigated cultural attitudes in 50 parents by conducting in-depth interviews. ADHD was often viewed as a failure in parenting, and not an actual neurological disorder, which also played a role in the unwillingness to engage in formal diagnosis. Culturally sensitive awareness campaigns were recommended.

Kapoor et al. (2021) have discovered that the inadequacy in ADHD training is widely recognized by Indian educators, which highlights the importance of the systematic professional development. The results of Singh and Verma (2022) revealed that a metacognitive strategy teaching incorporating the self-monitoring and goal-setting were highly effective in enhancing self-regulation and academic performance of students with ADHD.

Verma and Mehta (2023) have conducted a systematic review of inclusion education in relation to ADHD students in India, which proves that the majority of interventions have not been evaluated in the Indian environment and deserves serious empirical research to be conducted in accordance with the local pedagogical conditions.

Rajput and Arora (2023) tested digital interventions with ADHD in Indian classrooms and discovered small yet encouraging effect on sustained attention, which supports the potential of the technology-based interventions as the addition to the classroom strategies.

B. International Research Studies

Thomas et al. (2019) estimated a global ADHD prevalence of 5.29% through comprehensive meta-analysis, highlighting the need for standardized diagnostic methodologies. Thapar and Cooper (2022) offer a recent review which validates the fact that ADHD is a life-long disorder that has neurobiological origins, and that multimodal treatment involves behavioral and pharmacological interventions with the most beneficial outcome.

Barkley et al. (2021) showed that behavioral therapy yields more long-term positive effects on self-control and social functioning in contrast to medication. Cortese & Coghill (2023) confirm that there is 2-decade-long evidence that early and multimodal intervention is the standard of care, and teacher training as a pivotal component. Power et al. (2019) established that the long-term parental engagement correlates with much more positive outcomes in academic, behavioral, and social sphere. Faraone et al. (2019) affirmed that early treatment can significantly minimize the chances of comorbidity in adulthood, such as substance use disorders and depression.

McKay et al. (2021) have shown that gamified online interventions had a more beneficial effect on attention and academic engagement, whereas Stein et al. (2020) have established that structured teacher training brings more statistically significant positive results to students with ADHD. According to WHO (2022), school-based intervention is a priority intervention to manage ADHD in low- and middle-income countries.

C. Literature Gap and Rationale

Despite growing research on ADHD in India, critical gaps persist. Majority of intervention models are based on the western models that do not fit the Indian pedagogical models. Indian educators do not have many structured professional development programs that are not evaluated (Verma and Mehta, 2023).

Obstacles to diagnosis and treatment are still cultural perceptions and stigma (Singh et al., 2020). The present research fills these gaps by producing rich, practice-based qualitative data through Indian teachers, and postulates an evidence-based framework, which is based on behavioral and cognitive-behavioral theory.

IV. RESEARCH DESIGN

A. Sample of Study

The sample was made up of 30 teachers in urban Mumbai schools who were purposely chosen so as to be representative in terms of subject fields, level of experience and school level (primary, middle, secondary). All respondents were current or recently involved in teaching students formally diagnosed with ADHD or who were found by school psychologists to have significant ADHD symptoms.

Table 1. Sample Demographic Summary

Characteristic	Category	n	Percentage (%)
School Level	Primary (Grades 1–5)	10	33.3%
	Middle (Grades 6–8)	10	33.3%
	Secondary (Grades 9–12)	10	33.3%
Gender	Female	17	56.7%
	Male	13	43.3%
Experience	2–5 years	6	20.0%
	6–10 years	9	30.0%
	11–20 years	10	33.3%
	21–30 years	5	16.7%

B. Research Method

The research design it uses is a qualitative research design that is based on the principles of action research (Kemmis and McTaggart, 2000). Purposive sampling prioritized depth of knowledge over statistical representativeness, suited to the study's exploratory nature.

C. Research Techniques and Data Collection

The data were obtained through semi-structured individual interviews where three themes were discussed: (1) assessment modification practices, (2) focusing-enhancement strategies and (3) difficulties in teaching students with ADHD. The interviews were 30-45 minutes long, audio-taped with permission and transcribed verbatim. Field notes consisted of observational work. The transcripts were sent to the participants to be member-checked prior to analysis.

V. RESEARCH DATA ANALYSIS

A. Analytical Approach and Coding Procedures

Thematic analysis was used based on the six-phase program of Braun and Clarke (2006): (1) familiarization with data by repeatedly reading transcripts; (2) generation of the initial codes through labeling meaningful units in all 30 transcripts in a systematic way; (3) searching of themes by collation of codes into potential theme clusters; (4) reviewing of themes versus the data to verify coherence and distinctiveness; (5) defining and naming of themes with clear boundaries; and (6) writing up report with illustrative participant quotes.

Initial coding was inductive, which enabled patterns to be generated as a direct result of participant language. More than 280 initial codes were produced in the 30 transcripts. These were gradually summarized by way of axial coding into 12 sub-themes and then structured into three broad thematic groups in accordance with the three interview questions. Member-checking and researcher reflexivity were used all over to improve the credibility and trustworthiness of the analysis.

B. Theme 1: Assessment and Assignment Modification

All 30 teachers noted intentional changes to the ADHD students. The most frequently reported strategy was task decomposition which entailed breaking down complex tasks into sub-tasks in a sequence. Long periods of time, other formats (visual, oral, project-based), and less cognitive load were highly mentioned. Extended time, alternative formats (visual, oral, project-based), and reduced cognitive load were widely cited. Participant quotes illustrate the depth of these adaptations:

"I never give a full essay assignment in one go. I break it into three stages planning, drafting, and final submission and give both written and verbal instructions at each stage. Students with ADHD need that scaffolding to stay on track. (Ms. Sharma, English, 15 years)"

"For exams, I provide formula sheets and allow calculator use. The goal is to assess mathematical reasoning, not working memory. Reducing that load makes a real difference for my ADHD students. (Mr. Patel, Mathematics, 12 years)"

Table 2. Assessment Modification Strategies Reported by Educators (n=10)

Educator / Subject	Experience	Key Modification Strategies
English (Ms. Sharma)	15 years	Task chunking, written + verbal instructions, graphic organizers, extra time
Mathematics (Mr. Patel)	12 years	Formula sheets, calculators, limited problems, visual aids, real-world examples
Science (Mrs. Khan)	18 years	Step-by-step lab guides, bullet-point writing, diagrams, oral/project exams
History (Mr. D'Souza)	10 years	Videos, role-play, timelines, flowcharts, speech- to-text software
Geography (Ms. Iyer)	7 years	Interactive maps, models, MCQ format, visual representations
Computer Science (Mr. Singh)	20 years	Stepwise coding tasks, pair work, concept application, code templates
Art (Mrs. Fernandez)	14 years	Choice of materials, process focus, portfolio or video submission
Physical Education (Mr. Menon)	9 years	Participation and effort focus, personal goal setting, positive reinforcement
Music (Ms. Chatterjee)	11 years	Short practice sessions, creative expression, group or individual choice
Social Studies (Mr. Kapoor)	16 years	Current events, timelines, flowcharts, speech- to-text, one-on-one review

C. Theme 2: Focus-Enhancement Strategies

A rich diversity of focus-enhancement strategies emerged across disciplines. Organized schedule and predictability were both highly supported, as the breakdowns of the movement were supported by all the 30 teachers. Positive reinforcement, preferential seating and multi-sensory instruction were also widely mentioned as basic practice. Representative participant perspectives:

"Movement breaks are non-negotiable in my classroom. Even three minutes of stretching resets the whole class, but especially my ADHD students. They come back focused and ready to engage. (Mrs. Khan, Science, 18 years)"

"I seat my ADHD students at the front, away from the door and windows. It sounds simple, but controlling the sensory environment makes a measurable difference to their attention span. (Ms. Iyer, Geography, 7 years)"

Table 3. Frequency of Focus-Enhancement Strategies Reported (n=10 teachers)

Strategy	No. of Teacher	Percentage (%)
Structured routines and predictability	10	100%
Movement breaks	10	100%
Positive reinforcement / strength-based feedback	10	100%
Task chunking and step-by-step instructions	9	90%
Preferential seating	8	80%
Multi-sensory instruction (manipulatives, visuals, audio)	8	80%
Visual timers and transition signals	7	70%
Fidget tools / sensory accommodations	5	50%
Peer buddy / pair work	5	50%
Digital / technology-based engagement tools	4	40%

D. Theme 3: Challenges in Teaching Students with ADHD

The challenge landscape spans student, classroom level, and systemic level. Deficits in sustained attention, impulsivity and executive functioning were immediate day to day issues. There was more complexity in safety in both laboratory and physical education settings. The systemic dimension insufficient training, large classes, limited resources constrained even well-intentioned teachers:

"The challenge isn't their intelligence it's the executive functioning. They know what to do, but organizing, planning, and executing it systematically is where they struggle. And in a class of 40, I simply cannot provide the individual attention they need. (Secondary English Teacher, 8 years)"

"There is still so much stigma around ADHD in our parent community. Some parents genuinely believe their child is just naughty or that we are labelling them unfairly. That makes it very hard to build a support system at home. (School Counselor)"

Table 4. Challenges Reported by Teachers (n=10, Survey Q3)

Challenge Category	Specific Issue	No. of Teachers
Student-Level	Sustained attention / task completion	10
Student-Level	Impulsivity and hyperactivity	9
Student-Level	Executive functioning / organization	8
Student-Level	Social difficulties and peer rejection	6
Student-Level	Emotional regulation / anxiety / low self-esteem	7
Classroom-Level	Large class sizes limiting individual support	9
Classroom-Level	Safety in labs and PE settings	4
Systemic-Level	Insufficient teacher training on ADHD	10
Systemic-Level	Limited resources and specialist access	8
Systemic-Level	Cultural stigma and parent resistance	6

VI. RESEARCH FINDINGS, DISCUSSION, AND RECOMMENDATIONS

A. Key Research Findings

Five key findings emerged from this study:

- i. First, Indian teachers have developed rich repertoires of adaptive strategies despite minimal formal training. These practices are consistent with behavioral and CBT frameworks because they decompose behaviors, teach in a multi-sensory way, integrate movements, and have an alternative assessment as the foundations of international best practice (Barkley et al., 2021; Singh and Verma, 2022).
- ii. Second, the most widely adopted strategies correspond to evidence-based behavioral intervention models. Structured routines, movement breaks, and positive reinforcement reflect core behavioral principles (Skinner, 1953), while task chunking and metacognitive prompting align with CBT frameworks (Meichenbaum, 1977; Cortese & Coghill, 2023).
- iii. Third, systemic barriers the absence of formal ADHD training, large class sizes, and inadequate resources significantly constrain implementation capacity. The disconnect between strategy awareness and implementation is also consistent with the results provided by Stein et al. (2020) and Verma and Mehta (2023), who also report the presence of structural constraints to develop-country contexts.
- iv. Fourth, cultural aspects decrease the adoption of evidence-based interventions. The propensity to project ADHD as a result of poor parenting (Singh et al., 2020) is similar to those of collectivist cultural settings worldwide (Li et al., 2020), and is consistent with the WHO (2022) recommendations for community-level destigmatization campaigns.
- v. Fifth, ADHD's impact extends beyond academics to social and emotional functioning. Peer rejection, anxiety and low self-esteem recorded in this research resonate with Yadav and Reddy (2020) and Faraone et al. (2019) and affirm the necessity of holistic care that consists of social skills development and pastoral care.

B. Discussion: Linking Findings to Theory and Prior Research

The convergence of teacher practice with behavioral and CBT frameworks, documented here without formal training, suggests that effective ADHD pedagogy can be learned intuitively as a result of the exposure to professional experience but is irregular and disorganized. It has relevant implications in theory: it confirms the ecological applicability of behavioral and CBT models in non-Western contexts, and it generalizes the findings of Barkley et al. (2021) to the Indian context. The impact of cultural stigma as a help-seeking barrier, reported in all thematic clusters, is coherent with the cross-national work of Li et al. (2020) on the role of the collectivist culture in the ADHD treatment. The preference of non-pharmacological approaches by Indian parents (Sharma and Patel, 2021) is consistent with CBT frameworks, which emphasize behavioral and cognitive approaches, which use an opportunity to frame school-based interventions in culturally acceptable terms.

The finding that class size is the single most cited structural barrier extends existing literature (Stein et al., 2020) by showing that even teachers having robust strategy repertoires cannot use individualized support in a classroom of more than 35-40 students. This has direct policy implications for school resource allocation in Indian contexts.

It is also important to note that the development of digital tools as an under-utilized resource (40% adoption) is promising based on the positive results of Rajput and Arora (2023) on digital ADHD interventions in Indian classrooms and the international evidence on the use of gamified learning offered by McKay et al. (2021). Systematic integration of technology-based strategies represents a practical, scalable avenue for improving ADHD support without requiring major structural changes.

C. Recommendations for Educators

- Implement systematic daily rituals and visual schedules and transition signals which are based on behavioral theory.
- Systematically decompose tasks using CBT-informed scaffolding: plan, draft, execute, review.
- Integrate 3–5 minute movement breaks at regular intervals to support executive functioning reset.
- Expand the variety of options of cognitive-light forms of assessment, including visual, oral and project-based.
- Use positive feedback that is strength-based regularly to create academic self-efficacy.
- Create personalized ADHD support plans in conjunction with special educators, counselors, and parents.
- Integrate age-appropriate digital tools and gamified learning activities to supplement classroom strategies.

D. Recommendations for School Administrators and Policymakers

- Mandate structured ADHD-specific training grounded in behavioral and CBT models for all practicing teachers.
- Work out India-specific models of ADHD intervention that include cultural adaptations that were discovered in the present study.
- Reduce class sizes in schools with high proportions of students with special educational needs.
- Provide access to trained special education professionals and school counselors to all schools.
- Develop school-based screening programs on ADHD at the primary level of early identification.
- Launch community awareness campaigns aligned with WHO (2022) recommendations to destigmatize ADHD.

E. Recommendations for Future Researchers

- Conduct longitudinal studies tracking academic, social, and emotional outcomes over multiple years.
- Decrease India-specific behavioral intervention programs by designing and testing them using rigorous experimental designs.
- Research student and parent opinions to develop a complete picture of the ADHD experience.
- Expand study to rural, semi-urban areas to fill in major gaps in the non-urban literature.
- Evaluate the effectiveness of digital and technology-based ADHD interventions in Indian classrooms.

VII. CONCLUSION

This paper examined the management strategies of ADHD, experiences, and challenges faced by 30 teachers in various disciplines of the schools in Mumbai. Based on behavioral and cognitive-behavioral theoretical contexts, the results endorse the intuitive application of evidence-consistent strategies by teachers that lead to actual gains on students with ADHD with respect to attention, engagement, and academic access. These advantages are limited by institutional weaknesses: the lack of training, resources, huge classes, and the lack of culturally-customized ADHD support models. Through these barriers, the issue of educational equity concerns quite significant numbers in the school-going population in India. The incorporation of current literature (Cortese and Coghill, 2023; Thapar and Cooper, 2022; Verma and Mehta, 2023; WHO, 2022) makes the study contribution to a fast-evolving field stronger and proves the international applicability of local findings. This work is intended as a catalyst for comprehensive, culturally responsive, and institutionally sustainable ADHD support systems across Indian educational institutions.

Conflicts of Interest

The author declares that there is no conflict of interest concerning the publishing of this paper.

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