

# ADHD Overwhelm

## Moments that can intensify the load

ADHD overwhelm can build when the brain is being asked to hold, filter, prioritise, remember and respond to too much at once. It may look like irritability, tears, freezing, racing thoughts, shutting down, abandoning tasks, becoming unusually quiet, or feeling an urgent need to escape. The final trigger may seem small, but it can land on top of hours or days of accumulated demand.

**Overwhelm is not a measure of effort or character.** It can reflect a temporary mismatch between demands and available cognitive, emotional and sensory capacity.

This guide focuses on six common pressure points and practical ways to reduce the load without adding shame or another complicated system to maintain.

### 1. Too many open tasks

Every unfinished task can remain mentally 'open': emails, washing, forms, appointments, messages, work, decisions and things that have been started but not completed. Working memory and task-switching demands can make the whole collection feel equally urgent. **Try:** move tasks out of your head and onto one visible list; choose one 'now' task; create a short 'not today' list; close or hide unnecessary tabs and materials.

### 2. Noise, messages and people

ADHD overwhelm is not only about workload. Notifications, conversations, background sound, visual movement and repeated interruptions compete for attention. Filtering can require substantial effort. **Try:** silence non-essential alerts, move to a quieter space, use headphones if helpful, close the door, reduce simultaneous conversations and protect short interruption-free periods.

### 3. Unclear priorities

When everything feels important, deciding where to begin becomes a task in itself. Ambiguous instructions and multiple competing deadlines can increase paralysis. **Try:** ask 'What actually has to happen first?'; identify one deadline; request written priorities at work; distinguish urgent, important and optional; define what 'finished enough' looks like.

### 4. Unexpected change

A cancelled plan, changed appointment, different route, altered instruction or surprise request can require rapid re-planning. The difficulty may be less about disliking change and more about the executive effort required to rebuild the mental map. **Try:** allow transition time, write the new plan down, identify what remains unchanged, and avoid immediately filling newly available time with more demands.

### 5. Not enough recovery time

Moving directly from work to family demands, social contact, chores and administration can leave no low-demand space for the nervous system to settle. **Try:** schedule decompression as part of the activity rather than as a reward afterwards. Ten quiet minutes, movement, familiar music, reduced conversation or simply doing nothing purposeful can be useful.

### 6. Trying to remember everything

Holding appointments, instructions, ideas, shopping, deadlines and promises in working memory is exhausting and unreliable. **Try:** externalise memory. Use one calendar, alarms, visual prompts, written instructions, a capture note or voice notes. A support system should carry information so your brain does not have to keep rehearsing it.

**NOTICE THE LOAD • PAUSE • REDUCE DEMANDS • RECOVER**

# What ADHD overwhelm can feel like

Overwhelm is individual. Some people become visibly restless or distressed; others go quiet, lose words or appear to disengage. The useful question is not 'Does this look dramatic enough?' but 'Has the person's capacity dropped, and what can be reduced right now?'

| Possible experience                   | A lower-demand response                                                                                |
|---------------------------------------|--------------------------------------------------------------------------------------------------------|
| I cannot work out where to start.     | Choose or offer one first step. Remove the rest from view temporarily.                                 |
| Everyone keeps talking to me.         | Reduce questions and interruptions. Offer information in writing where useful.                         |
| My head feels full.                   | Capture thoughts externally. Do not require immediate sorting.                                         |
| The plan changed and I cannot reset.  | Allow transition time. Write down the revised plan and what remains the same.                          |
| I am behind, so I should push harder. | Check whether pushing is increasing errors, distress or paralysis. A short reset may improve capacity. |
| I feel guilty for struggling.         | Separate capacity from morality. Difficulty is information about load, not evidence of failure.        |

## When overwhelm is already happening

Reduce before you reason. Lower noise, language, choices and urgency. If possible, pause non-essential demands and give the person time to regain enough capacity to communicate. Long explanations, repeated questions and instructions to 'calm down' can become additional input.

## When you are supporting someone

Ask what kind of support is wanted when the person is regulated, not only during a crisis. Useful options may include practical help, body doubling, written instructions, fewer verbal prompts, a quiet room, help identifying the first task, or simply company without conversation. Support should preserve autonomy rather than taking control.

## At work or in education

Clear written priorities, predictable deadlines, quieter working options, reduced unnecessary interruptions, structured check-ins, assistive technology and reasonable adjustments can reduce avoidable executive load. The most useful adjustment depends on the individual and the demands of the role or course.

## A message from Maggie

When your head is carrying too many unfinished things, even one more message or change can feel enormous. That does not mean you are incapable. Sometimes the most effective next step is not to try harder, but to make the load smaller. Put something down. Write something down. Ask which thing matters first. Give your brain somewhere to recover.

# My ADHD overwhelm map

Complete this when you have enough capacity. It is a reflection tool, not another task you have to do perfectly.

## What tends to fill my mental load?

Tasks, messages, noise, people, decisions, unfinished jobs, appointments, changes, emotional demands...

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## What are my early signs?

What happens before I reach the point of 'too much'? Think about thoughts, body sensations, speech, attention and behaviour.

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## What makes overwhelm worse?

For example: more questions, rushing, criticism, clutter, unexpected demands, hunger, tiredness, noise or trying to multitask.

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## What reduces the load fastest?

List realistic things that help: silence, movement, writing a list, one clear priority, food/drink, cancelling something, body doubling, headphones, rest...

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## What can other people do?

Write three specific actions that are genuinely useful to you.

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## What can wait?

Identify tasks or expectations that can safely move to another day when capacity is low.

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# Understanding, support and further reading

ADHD is a neurodevelopmental condition. Executive-function differences can affect attention regulation, working memory, inhibition, planning, organisation, time awareness and task initiation. People can also experience emotional and sensory difficulties, although presentation varies considerably. Overwhelm itself is not a separate diagnosis and similar experiences can occur for many reasons.

## Book recommendations

**Taking Charge of Adult ADHD** — Russell A. Barkley. A practical evidence-informed guide to understanding adult ADHD and building external supports.

**ADHD 2.0** — Edward M. Hallowell and John J. Ratey. A broad accessible discussion of ADHD experiences and strategies.

**How to ADHD** — Jessica McCabe. Practical, accessible approaches to working with an ADHD brain and reducing shame.

## Sources and professional information

For reliable UK information, see NHS guidance on ADHD and NICE guideline NG87, *Attention deficit hyperactivity disorder: diagnosis and management*. The guide also reflects established clinical understanding of executive functioning and working-memory demands in ADHD. Individual experiences vary, and no checklist in this resource can diagnose ADHD.

If overwhelm is new, markedly different from usual, or occurs with severe physical symptoms, significant confusion, risk of harm, or another urgent health concern, seek appropriate professional or emergency support rather than assuming ADHD is the cause.

Space to Breathe Therapy