The Integrated Multi-Agency Pathway for the Management of Attention Deficit Hyperactivity Disorder (ADHD) agreed and launched by the team in East and North Hertfordshire NHS.

East and North Hertfordshire NHS
NHS Trust

East & North Hertfordshire NHS Trust ADHD Pathway Guidance Notes for Health Professionals

Integrated Multi-Agency Pathway
for the Management of
Attention Deficit Hyperactivity Disorder (ADHD)

Client group: Children and Young People
(Pre-school/School Age)

Oct 2011

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Foreword

Attention deficit hyperactivity disorder (ADHD) is a heterogeneous behavioural syndrome characterised by symptoms of inattention, hyperactivity and impulsivity. Not all the symptoms need to be present to diagnose an individual with ADHD.

ADHD is arguably one of the most common medical conditions underlying educational and behavioural difficulties in school children. A significant number of children/young people have co-morbidities, notably oppositional defiant disorder, conduct disorder, Asperger's syndrome, Tourette's syndrome, anxiety and specific learning difficulties, developmental coordination and sensory disorders.

In England and Wales, children and young people with ADHD place a significant cost on health, social and educational services.
The Government' green paper *"Every Child Matters"* sets out an agenda aiming at supporting all children to achieve the following:
Good health, safety, enjoying and achieving, making a positive contribution and achieving economic wellbeing. *"Every Child Matters"* also highlights the government's commitment to improve partnerships between all agencies.
Unrecognised and untreated, poor mental health will adversely affect the above five outcomes. *"New Horizons 2009"* is a cross-government programme of action with the aim of improving the mental health and well-being of the population and improve the quality and accessibility of services for people with poor mental health. Mental health problems are extremely common. One in six adults will have a mental health problem at any one time, and for half of these people the problem will last longer than a year. Over half of all adults with mental health problems will have begun to develop them by the time they were 14 years old. For some people, mental health problems last for many years, particularly if inadequately treated. The economic burden of untreated mental health is vast. The burden on individuals, families, communities and society as a whole includes psychological distress, impact on physical health, social consequences of mental health problems, and the financial and economic costs. Recent estimates put the full cost at around £77 billion, mostly due to lost productivity. Improving mental health brings benefits to individuals and society. There is a clear association between good mental health and better outcomes across a number of domains: years of life, physical health, educational achievement, criminality, maintaining a home and employment status. The *"New Horizons"* document highlights the role that health services must play in partnership with local authorities and others to deliver quality services that are accessible, integrated and safe, and that agencies need to work together to keep children and young people safe from harm.

Partnership working across agencies working with children and young people with mental health problems can be a challenging task. The lack of understanding of the respective roles, duties, responsibilities and organisation of the different agencies and professionals may lead to poor communication, misunderstandings and frustration. Effective partnership working can improve children and young people's experience of services and lead to improved outcomes. *"National Service Framework for Children, Young People and Maternity Services, DH Oct 2004"*.

"The National Institute for Health and Clinical Excellence (NICE)" and the "National Collaborating Centre for Mental Health" published a guideline on the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in children, young people and adults in September 2008. Key recommendations from the pathway include the importance of Health Trusts ensuring that there are specialist ADHD teams for children, young people and adults. The integrated ADHD pathway developed by the steering committee is designed to raise the profile of ADHD in Hertfordshire and create awareness of the condition which would be beneficial to all major stake holders. The pathway also maps the ideal structure for identification, referral, specialist assessment, intervention and support of a child/young person with ADHD.

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Acknowledgements

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Section 1: Introduction, background and definitions

1. **What is ADHD?**
   ADHD (attention deficit hyperactivity disorder) is a common behavioural disorder in children and young people. It usually starts in early childhood with the core behaviours of ADHD typically present from before the age of 7 years and symptoms sometimes persisting into adulthood.

2. **What are the key symptoms of ADHD?**
   The symptoms of ADHD include:
   Inattentiveness- inability to concentrate for a long time or finish tasks, disorganisation and forgetfulness.
   Hyperactivity- fidgetiness, inability to stay still or restlessness.
   Impulsivity- speaking and doing things without thinking about consequences, interrupting other people, inability to wait or take turns.

3. **Who does ADHD affect and how common is the condition?**
   ADHD affects all sexes but is more common in boys (3.6%) than girls (0.85%) in the UK.
   Because of increasing recognition of ADHD, 3 out of every 1000 children were found to be receiving medication for the condition in the late 1990s compared to 0.5 for every 1000 children 30 years ago.

4. **Can ADHD exist with other conditions?**
   Children and young people with ADHD may also experience sleep difficulties, academic under achievement, clumsiness (dyspraxia), temper tantrums, anger outbursts, mood swings and find it hard to socialise.
   They may also have coexisting conditions (co-morbidity) such as anxiety, depression and other mental health conditions, conduct disorder, oppositional defiance disorder and learning difficulties.

5. **Impact of ADHD on family life and relationships**
   ADHD can have a significant impact upon family life and relationships with friends (World Federation for Mental Health, 2005.) Parents of children with ADHD need a great deal of support to help them manage their child's problems. Parents/carers have to manage the day-to-day challenges of living with a child/young person with ADHD.
   Parents also have to deal with school problems which are common in these children, with many requiring a statement of special educational needs. Children with ADHD require much more support and guidance than their peers in most of their everyday lives. ADHD is a full-time disorder, requiring full-time care. Professionals need to understand the stress and exhaustion that many parents experience.

6. **Useful definitions-International classification of ADHD**

   DSM-IV: Diagnostic and Statistical Manual of Mental Disorders 4th edition.
   This describes three subtypes of ADHD according to the mixture of symptoms of hyperactivity with inattention, hyperactivity with impulsivity or predominantly inattentive subtype (ADD).

   ICD-10: International Classification of Mental and Behavioural Disorders 10th revision.
   Severe ADHD corresponds to the ICD-10 diagnosis of hyperkinetic disorder (HKD). This is when all three symptoms of inattention, impulsivity and hyperactivity are present in multiple settings; impairment is severe and affects multiple domains of the person's life. This severe subgroup affects approximately 1.5% of primary school age boys.

Section 2: Why an ADHD Care pathway?

It has been suggested that there may be significant delays between a parent/carer seeking help and the actual diagnosis of ADHD (Coghill, 2006), so a robust referral pathway from primary care is essential. Referral pathways can also be complicated. There can be difficulties with awareness and recognition of the symptoms by healthcare professionals in schools, primary and secondary care and by the other professionals who come into contact with children/young people (Schacher & Tannock, 2002).

Given the pervasive and multifaceted nature of ADHD, no profession or discipline is able to adequately identify, assess and treat ADHD alone. This pathway supports an integrated multi disciplinary and multi agency assessment of children and families in order to provide a seamless/comprehensive service appropriate to their needs (Children's NSF 2005, DOH 2003). Assessment and diagnosis should also be timely and identify co-morbid conditions.

The purpose of developing this care pathway is to:

- Encourage best practice among local practitioners in East and North Hertfordshire.
- Support commissioners and providers in conjunction with service users to have a service that is timely, accessible and appropriate to the needs of the children and their families.
- Make clear a pathway for referral for specialist assessment which is visible and include protocols for screening and filtering in universal/targeted services.
- Aim for an understanding of the links between different services so that the right care is provided at the right time.
- Provide children/young people with a uniform and quality service across East and North Hertfordshire

This document is intended for use by:

- **Health Professionals within universal / targeted services working with children and young people**
- **Health Professionals working in Specialist Services**
- **Commissioners.**

Section 3:
Guidance Notes for use of the ADHD Pathway flow chart

1.0 Presenting concerns

1.1 Pre-school concerns

Parents/carers of pre-school children may present to professionals within universal/targeted services with some or all of the symptoms listed below:

- Challenging behaviours e.g., aggression (lashes out at other children), may injure themselves during temper tantrums
- Fidgets and always on the go, climbs excessively
- Poor sense of danger (danger to self and / or others)
- Repeated visits to accident and emergency departments as a result of frequent accidental injuries*
- Inattention when the child has no hearing or visual problems and / or excessive reliance on adults to focus or concentrate
- Major sleep difficulties
- Oppositional/defiant behaviour
- Flits from one activity to another

*Please follow safeguarding procedures if you have concerns about child protection issues/safety issues.

1.2 School-age concerns

Parents/Carers may present to professionals within universal / targeted services with several of the symptoms listed in the table below, which will have been present over a period of time (>6 months) in multiple settings:

Behaviours			
Hyperactivity	**Inattention**	**Impulsive behaviour**	**Other associated symptoms**
Fidgety	Poor concentration	Poor sense of danger	Aggression (physical and verbal)
Talks constantly	Easily distracted	Finds it hard to wait their turn	Anxious
Talks loudly	Loses things easily	Interrupts conversations inappropriately	Mood swings
Plays loudly	Often forgetful	Gets angry quickly	Poor sleep
Restless	Disorganised	Emotional outbursts	Oppositional/defiant
		Danger to self+/-others	Alcohol and substance misuse
			Anti-social behaviour
			Academic underachievement
			Problems maintaining peer relationships

2.0 Preliminary assessment by health professionals in universal / Tier 1 services

2.1 Pre-school children - Professionals who may be presented with concerns

A range of professionals who interact with children and families may identify concerns and suggest a preliminary assessment for a neuro-developmental disorder. These may include health visitors, GP, pre-school advisory teachers, nursery/community nurses, children's centre staff, early year's settings, voluntary organisations (third sector).

2.2 School-age - Professionals who may be presented with concerns

Professionals involved with school-age children and who may identify concerns include: GPs , school nurses, teachers, educational psychologists, behaviour support teams (BST), educational support centres (ESC), special educational needs coordinators (SENCO) Primary Mental Health workers attached to BST and youth offending teams, voluntary organisations (third sector).

2.3 Preliminary assessment for suspected ADHD should be conducted by a Tier 1 health professional trained in identifying neuro-developmental issues in children/young people.

This may be a GP, health visitor, school nurse, practice nurse or any other healthcare professional in universal/targeted services. The tier 1 professional should have a basic understanding of ADHD and be able to ask key questions to ascertain possible symptoms and level of impairment. For this to be feasible, and to enhance awareness and accurate knowledge about ADHD and associated conditions, tier 1 professionals will require access to appropriate training or materials (NICE, 2008).

In order to assess whether a child may have ADHD (or any other neuro-developmental or emotional disorder) the health professional should carry out a preliminary assessment to ensure the child/young person is referred to the service that can best further assess and meet their particular need. This section is designed to guide you through a preliminary emotional/mental health assessment for a child/young person you suspect may have ADHD.

You will need the parents / carers or even a young person's consent to collect information.

With regards to ADHD and associated conditions, health professionals may require access to appropriate training and/or materials. For further support, advice, and training please contact Step2 Early Intervention CAMHS tel; 01438 730570 or email; step2@hchs.nhs.uk

Collecting valuable information and observations

To assist the assessment process you will need to collate the following valuable information. Please note that much of this information can be recorded on a Common Assessment Form aided by written prompts to ensure appropriate and adequate detail is obtained.

Developmental/birth History

- Problems associated with pregnancy/birth (prematurity etc)
- History of alcohol, smoking, drug use during pregnancy
- Problems with developmental milestones possibly requiring further assessment and intervention

Physical health

- Chronic illnesses e.g. epilepsy, cerebral palsy, hospitalisations etc
- Sleep and dietary/feeding history
- Current medication
- Any history of unusual movements/seizures/funny turns

Family history

- Has anyone in the family received a mental health/neuro-developmental diagnosis for example autistic spectrum disorder, ADHD, learning disability, deafness, visual disorders, depression, etc?
- Any other significant family medical history.
- Is this a looked after child?
- Parenting capacity?

Educational history

- School attainment (academic/cognitive difficulties for school age children)
- School setting (early years, special schools, pupil referral units etc)
- Special educational needs (SEN) code of practice-school action/school action plus, educational statement
- Consider reports from school/pre-school teachers, SENCO, educational psychologists, behaviour support units/educational support centres, pre-school advisory teachers, individual educational plans (IEP) etc
- Other relevant reports e.g. speech therapy
- Relationships with peers and teachers

Psycho-social history

- Is the child or young person known to social services (CSF) or do they have a social worker?
- Are there any other professionals working with this child or young person?
- Does the child already have a common assessment and can it be accessed?
- Is there a history of youth offending, antisocial behaviour, alcohol/drugs usage, teenage pregnancy, history of self harm etc?
- Any recent changes or disruptions to home life e.g. marital divorce/separation, just moved into area, domestic violence* etc.

*Please follow safeguarding procedures if you have concerns about child protection issues/safety issues.

Important questions to ask parents/carers, teachers/relevant professional about presenting symptoms
(Please look at above listed presenting symptoms of suspected ADHD, pre-school/school age) **– note 1.1, 1.2**

- Explore perceptions of the childs/young person's strengths and difficulties and ask for specific examples.
- When? (When were symptoms first noticed, and for how long have they been present?)
- Where? (Is it occurring in more than one setting e.g. school, home, clubs etc?)
- How often? (Frequency of occurrence)
- How severe are the symptoms? (Adverse impact on social/emotional development, educational and occupational functioning)

Please remember to include child's strengths and positive behaviours as well.

Observation

It is important for the health professional to meet the child and family and where possible observe child/young person in their home, school (classroom/playground), early years setting or any other relevant setting.

Assessment tools

The preliminary assessment can be supported by the use of rating scales. The following assessment tools (in conjunction with the other information you have collected) will help you to identify the service which may best meet the child's needs.

Pre-school (up to 5 years of age) - Schedule of Growing Skills [S.O.G.S)

The Schedule of Growing Skills is a measure of child development across 9 key areas as follows:

- Passive posture
- Active posture
- Locomotor
- Manipulative
- Visual, hearing and language
- Speech and language
- Interactive social
- Self-care social

The Schedule of Growing Skills is both quick and easy to use and gives accurate information about a child's development. The child profile shows the level of development in a clear graphic style, giving you an accessible basis for discussion with other professionals and parents.
Use of the tool requires the purchase of the SOGS kit + training

School-age (5 – 19 years of age) - Strength & Difficulties Questionnaires (SDQs) - liaise with school nurse

These are broad band scales that assess a range of symptoms including ADHD. They are an evidence based tool useful in highlighting the presence of co-morbidity or other conditions that may need further assessment.
Questionnaires are completed by parents, teachers and, with older children, the young person themselves. Further information and forms can be downloaded from the website **(http://www.sdqinfo.com/b3.html)**.The completed forms are scored on-line and a predictive report can be generated. (Please contact the ADHD Nurse Specialist or Step2 Service to arrange training if required). The forms are available in a number of different languages.

3.0 Symptom severity and evaluating the level of impairment

Following the preliminary assessment the Tier 1 health professional should evaluate the level of impairment.

3.1 Mild symptoms are usually not impairing. There should be a period of watchful waiting of 6 months with support put in place for the child/young person by professionals; education, community health, parenting programmes.

3.2 Moderate impairment in suspected ADHD in children and young people is taken to be present when the symptoms of hyperactivity/impulsivity and/or inattention, or all three, occur together, and are associated with at least moderate impairment. The impairment should be present in multiple settings (for example, home and school or a healthcare setting) and it should be having an adverse impact in multiple domains.

Examples of domains include: development, family life, self-care (eating, hygiene), making and keeping friends, achieving in school, forming positive relationships with other family members, developing a positive self-image and avoiding criminal activity.

Children/young people with mild to moderate impairment should be supported through school and family interventions. There should be a period of 'watchful waiting' of at least 10 weeks in order for the interventions to take effect.

3.3 Severe impairment in suspected ADHD: hyperactivity, impulsivity and inattention are all present in multiple settings and impairment is severe (it affects multiple domains in multiple settings).

Importantly, impairment should be pervasive and enduring, affecting several aspects of the young person / child's life. Children/young people with severe impairment should be referred immediately to Specialist Services for full assessment.

3.4 Co-morbidities

Children/young people with suspected ADHD often have other health related conditions. Please assess and refer to appropriate agencies.

4.0 Interventions and support

Intervention, support and watchful waiting following preliminary assessment of concerns by professional

Children/young people with suspected ADHD should receive continuous support in the community from professionals; education, community health, parenting programmes.

Parents/carers of pre-school children should be referred to parent training/education programmes e.g. Webster Stratton and given advice and information on behaviour strategies.

The aim of these courses is to equip parents with the necessary skills to help them to improve their child's behaviour. Many of these can be accessed via the local Children's Centres.

Parents/carers of school age children with moderate and severe levels of impairment should be offered a referral to a group parent training/education programme. Children/young people may also benefit from a group treatment programme for example, cognitive behaviour therapy and/or social skills training. Many of these can be accessed via Extended Services in Schools, the consortia Parent Support Worker, or the local Parenting Information Officer.

Teachers and SENCOs should provide behavioural interventions in the classroom, pupil support programmes and support from the educational support centres and behaviour support teams.

Voluntary organisations may also provide support in the community.

Please refer to appendix 1 for examples of community/school based interventions

5.0 Review by Tier 1 health professional and outcomes

Mild symptoms and impairment

Following intervention and ongoing support, the pre-school/school age child/young person with mild symptoms should be reassessed by the Tier 1 professional after 6 months of watchful waiting.

Moderate symptoms and impairment

School age children/pre-school, young people/children with moderate symptoms should be reassessed by the Tier 1 professional after 10 weeks of watchful waiting.

A common assessment framework (CAF) may be done to identify additional needs if appropriate. Please refer to guidance on hertsdirect website

Following reassessment, a referral should be made to specialist services for an ADHD assessment if problems have persisted with at least moderate impairment.

Children/young people with improved symptoms may exit the pathway but still have access to support from professionals; education, community health, parenting programmes.

Severe symptoms and impairment

Children/young people with severe impairment should be referred immediately to Specialist Services for full assessment. It is important that they continue to receive ongoing support and intervention in the community/school whilst awaiting specialist assessment/intervention.

Ongoing support

Support of the child/young person should continue at home/school and early year's settings (pre-school) even if there are no longer any concerns and they have exited pathway or the child/young person is awaiting specialist assessment and intervention.

6.0 Referral to Specialist ADHD Services

Children/young people with suspected ADHD of moderate/severe impairment should be referred for specialist assessment.

Referrals can be made to the Child Development Centre (Paediatrician), Specialist CAMHS or Specialist ADHD Teams (Paediatrician and Child Psychiatrist) according to local protocols and eligibility criteria.

7.0 Referral to Specialist CAMHS (North Hertfordshire)

For a referral to Specialist CAMHS service from universal/targeted services please follow CAMHS referral/eligibility criteria and pathways (Hertfordshire Mental Health Partnership NHS Foundation Trust). Specialist CAMHS accepts referrals for assessment and treatment of complex and/or persistent psychological, mental and emotional/attachment difficulties.

You may contact the Step2 Service or Specialist CAMHS if unsure about Specialist CAMHS eligibility criteria

8.0 Referral for Assessment to ADHD Specialist Teams

North Hertfordshire

Referral should be made to a Consultant Paediatrician with ADHD expertise at the Child Development Centre, Danestrete, Stevenage.
Please refer to Specialist CAMHS if emerging mental, emotional and attachment issues are identified at time of referral.

Referrals to North Hertfordshire Specialist CAMHS-see 7.0
Refer to Specialist CAMHS eligibility criteria

East Hertfordshire

Referral to the ADHD Specialist Team (Consultant Paediatrician / Specialist Child Psychiatrist-East Hertfordshire)

ADHD Clinics in the East are held at Hertford County Hospital and run by Consultant Paediatricians, Consultant Child Psychiatrists and the Specialist ADHD Nurse.

ADHD Referrals for Children in Welwyn, Hatfield and Bishop Stortford area should be made to the ADHD Specialist Clinic.

ADHD referrals for children in South East Herts area (Broxbourne, Hoddesdon, Waltham Cross, Cheshunt, Hertford area) should be made to the CAMHS Team, Hoddesdon.

All referred children for ADHD Assessment in the East Herts area are then seen in the ADHD Clinic in Hertford County Hospital

8.1 Referral Criteria:

In order to accept referrals it is a requirement that all health professionals seek joint agreement for the referral from the child/young persons GP in advance of referral.

8.2 Who will we accept referrals from?

We will accept referrals only from health professionals. Namely the child/young person's GP, school nurses, health visitors or other relevant health professional.

Specialist CAMHS also accepts referrals from CSF social workers-refer to eligibility criteria

All health professionals referring a child/young person to the Specialist Services for suspected ADHD should inform and liaise with the child/young person's GP about the referral.

Health professionals including GPs referring children/young people for an assessment should liaise with school/relevant professionals and attach relevant information listed below.

School/Colleges with concerns regarding suspected ADHD should liaise with relevant health professionals and child/young persons' GP regarding a referral to the Specialist ADHD Services and attach relevant information listed below.

Consent from parents/carers and sometimes young people should always be obtained before a referral is made.

For looked after children, the looked after children's team should liaise with school/school nurses and make a referral through the child/young person's GP.

8.3 Information to accompany the referral – Please refer to note 2.3

The referral forms +/-letter should list:

- Concerns and symptoms of suspected ADHD
- State clearly the suspected diagnosis
- State the lead health professional involved with the child/young person.
- Should include (pre)school, Educational psychologist and CAF reports
- State social services involvement if applicable
- Include relevant history/observations
- Include developmental (pre school) screening reports and rating scales.
- All interventions tried in the community/school and ongoing support and for how long.

Please refer to note 4 of the guidance and Appendix 1 and 3

Please note that:

Children/young people with moderate symptoms should have had at least 2 months of watchful waiting before referral.

Children/young people with mild symptoms should have had at least 6 months of watchful waiting before referral.

Please refer to note 5 of the guidance

9.0 Specialist Assessment and Interventions

Specialist Assessment and Interventions: 13 and 18 week referral to diagnosis/intervention criteria apply

What happens when a child/young person is referred to the ADHD specialist Services (Child Development Centre, North Hertfordshire/ADHD Specialist Teams, East Hertfordshire)?

Initial screening

All referrals coming to the ADHD Specialist Service (East/North) will undergo an initial screen to ensure they fulfil criteria stated above.

If referrals are accepted, the child/young person will undergo an assessment by the ADHD Specialist.

Referrals that do not fulfil criteria will be sent back to the GP/ Referrer/Carer with an accompanying letter stating reasons for non acceptance or if appropriate, signposted to the right pathways within our service and Referrer/ Carer informed. Parenting support would always be suggested.

Assessment by Specialist Team

Assessment and diagnosis of a child/young person with suspected ADHD is made by a Specialist Psychiatrist, Paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD.

The child and young person will undergo a full and comprehensive medical assessment which will include:

- A detailed history of presenting symptoms and co-existing conditions
- Current medications and treatments (this will include alternative therapies etc)
- Psychosocial, developmental and educational and mental health history
- Impact of symptoms on educational, psychological, social and occupational functioning
- Impact of symptoms on peer relationships and family life
- Physical/growth and developmental assessment
- Observation in clinic settings
- Child/Young person's view
- Consideration of relevant accompanying reports e.g. school, educational psychologist,
- Scoring of rating scales and developmental screening tools
- Assessment of the child/young person and family needs
- History of parent/carers' mental health

9.1 For CAMHS Specialist Service please refer to Specialist CAMHS referral criteria and pathways.

Contact specialist CAMHS or Step2 early intervention CAMHS.

10.0 Outcome of Assessment: Diagnosis

For a diagnosis of ADHD, symptoms of impulsivity, hyperactivity and inattention should meet the diagnostic criteria in DSM-IV or ICD-10. They must be associated with at least moderate psychological, social and/or educational or occupational impairment based on the interview and / or direct observations in multiple settings. Symptoms should be pervasive, occurring in multiple domains having adverse impact on development, family life, self-care (in eating, hygiene, and so on), making and keeping friends, achieving in school, forming positive relationships with other family members, developing a positive self-image, avoiding criminal activity, etc.

Please refer to note 3.0

10.1 Pre-school child with no ADHD

The pre-school child with no ADHD or other neuro-developmental/behavioural issues will exit the pathway (back to GP and lead professional).

10.2 Pre-school child with neuro-developmental/behavioural/attachment issues

The pre-school child with neuro-developmental/behavioural/attachment issues but no ADHD will undergo further assessments and will be sign-posted to the appropriate service within Paediatrics or Specialist CAMHS. Parenting support should always be suggested.

10.3 Pre-school child with suspected or confirmed ADHD

Treatment for Pre-school children

Drug treatment is not recommended for pre-school children with ADHD (*10.18.1.1* – **NICE** *guidance 2008*)

Any identified neuro-developmental +/-behavioural issues will undergo further assessments with the appropriate referrals made and interventions/support put in place.

Children are put under watchful waiting and reviewed 6 monthly in the ADHD review clinic.

Children will exit the pathway from Specialist Services (back to GP/lead professional) if there are no further concerns after 6 months.

10.4 School aged child with no ADHD

They will exit pathway from Specialist Services (to GP and lead professional) if there are no other identified concerns.

10.5 School aged child with neuro-developmental/behavioural/ mental health issues

The school-aged child with identified neuro-developmental+/-behavioural/mental health issues will be assessed, managed, and sign-posted to the appropriate Service within Paediatrics and/ or Specialist CAMHS

10.6 Children Exiting Pathway.

All children exiting pathway from Specialist Services (to GP and lead professional) should continue to be supported in their communities and schools (please refer to note 4.0)

10.7 School aged child with ADHD

Identified neuro-developmental/behavioural issues will be assessed and managed appropriately.

Identified complex co morbidity, mental health/emotional issues, severe challenging behaviour, alcohol/substance misuse will be signposted to Specialist CAMHS+/- joint assessment with Specialist Paediatrician if appropriate.

For complex ADHD cases Specialist CAMHS or the Specialist Psychiatrist in the ADHD Specialist team will take the lead in their management

Very complex ADHD children/young people may be referred to a tertiary centre following an assessment by the Specialist CAMHS Services

Children on regular medication are reviewed 3-6 monthly in the ADHD follow-up clinics. Children are reviewed more frequently following initiation of treatment. Reviews are done in clinics or via telephone consultations with the ADHD specialist. Children on no medication will be discharged after 6 months (back to GP and Lead Professional). They should continue to receive support in their communities and schools

11.0 Interventions/Support (Specialist Services) following a diagnosis of ADHD (school-age)

There should be ongoing support within the community/school (See note 4.0)

Parents/carers, children/young people will be provided with an ADHD resource pack containing ADHD education and support in the form of booklets/leaflets, CD ROMs, DVDs, information on local/national support groups, ADHD websites, information on disability living allowance (DLA) and medication (if appropriate).

School age children may be referred for psychological treatments/counselling and social skills

Training or to other professionals e.g. occupational therapy, physiotherapy and speech therapy services particularly if there are associated neuro-developmental co-morbidities.

Multi modal management involving a multi agency 'team around the family' meetings and liaison between families/school and ADHD specialist nurse, will take place as appropriate.

There are currently 3 ADHD part-time Nurse Specialists based at the CDC North Herts and ADHD Specialist Service East Herts. They are available to health professionals, schools, relevant professionals and parents/carers for support, advice and training/education. The ADHD Nurse Specialists review children regularly in the ADHD follow-up clinics.

11.1 Community Support Following Diagnosis

Following diagnosis all relevant professionals will be informed of diagnosis.

ADHD care plans will be established within Specialist Services and schools (if appropriate).

Drug treatment may be commenced and patients reviewed regularly in the ADHD follow up clinics.

Children and young people will continue to receive support in their schools and communities

12.0 Treatment With Medication (School age)

Drug treatment is reserved for children/young people with severe symptoms and impairment or for those with moderate levels of impairment whose symptoms have not responded sufficiently to parent-training/education programmes or group psychological treatment.

Drug treatment for children and young people with ADHD should always form part of a comprehensive treatment plan that includes psychological, behavioural, educational advice and interventions. **NICE guidance 2008.**

12.1 Monitoring Child/Young Person's Progress

This occurs 3-6 monthly in the ADHD follow up clinics. Treatment monitoring is more frequent in the first 3 months of treatment initiation.

Drug treatment, side effects, medication abuse/diversion and compliance are monitored.

Information is requested from school and community to assess progress.

Psycho-education and any relevant support information/resources are given to the child/young person and their families.

GPs are invited to participate in shared care treatment protocols once the child/young person is stabilized on their medication (Hertfordshire integrated shared care guideline for the treatment of ADHD)

13.0 Transition to Adult Services

Transition arrangements to Adult Services exist at Community Paediatrics and Specialist CAMHS Services

Children and young people transitioning from Paediatric and Specialist CAMHS Services to Adult Services and GP are given transition information containing essential information on ADHD risks, driving, employment prospects and medication compliance where applicable,., (**Transition information for children/young people** - please contact your specialist for more information).

Appendix ONE

Community/School based interventions/support for suspected ADHD (please note that services listed below may change and therefore be inaccessible)

Organisation	Service Offered	Contact Details
ADDISS national support service	Support service available via internet or telephone	www.addiss.co.uk Tel **020 8952 2800**
ADDVANCE (East Hertfordshire)	Parent support group	www.addvance.org Tel **01727 833963**
ANGELS	Parent support group. Please see website for local contact number	info@angelssupportgroup.org.uk www.angelssupportgroup.org.uk
Sure start and home start schemes	Assessment, advice and support from Educational Psychologist Support from (pre) advisory school teacher	Voluntary organizations (search under www.hertsdirect.org)
Extended School Teams	Extended Schools Coordinator, Parent Support Worker Children & Young People Support Worker	Your local school can give you the contact details
Children's integrated playschemes	Good pastoral support/ pupil support programmes	chipseasthertsherts.org.uk
District Partnership Team Services	Support with Common Assessments Framework (CAF)	Tel **01438 843489**
Health and Wellbeing Team	Dedicated team within Standards and School Effectiveness, which aims to support schools to develop knowledge, understanding and skills in relation to all aspects of health and wellbeing and integrated services	Contact your local school
Step2 Service Helpline	Step2 is a 0-19 Early Intervention service offering a telephone advice service, consultancy and direct intervention	Tel **01438 730570** ***Number for professionals only***
Targeted Advice Service (TAS)	A consultation service to practitioners where there are safeguarding concerns	Tel **0300 123 4043**

Organisation	Service Offered	Contact Details
Youth Connexions	A service for young people offering information and advice, guidance and support, for all 13-19 year olds (up to 25 years for young people with learning difficulties and/or disabilities)	Tel **0800 389 3258** www.youthconnexions -hertfordshire.org/
Counselling in Schools Service (CISS)	It offers a range of therapies depending on need	Tel **01992 558796** williamallen@checc.org.uk
Challenging Behaviour Psychology Service	For children/young people who have behaviour problems and also have a learning disability or autism	Tel **01707 891100**
Parent Partnership	For support with statementing in school or other issues	Tel **01992 555555**
HARC - Hertfordshire branch of the National Autistic Society (NAS)		www.harc-online.org.uk Tel **07 836 667 394**
Shire Pharamceuticals	Website funded by Shire Pharmaceuticals that offer support materials for patients, families and clinicians	www.adhdandyou.co.uk
Family Matters Institute	Provides a range of course materials and other resources designed to support organisations and individuals working with parents of teenagers	www.familylives.org.uk **0808 800 2222** free 24hr Confidential helpline
Lilly Pharmaceuticals	Website funded by Lilly Pharmaceuticals that offers support materials for health professionals	www.lillypro.co.uk/mentalhealth
Jansen Pharmaceuticals	Website funded by Jansen Pharmaceuticals that offer support materials for patients, families and clinicians	www.livingwithadhd.co.uk

Appendix TWO

References

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th ed. rev. Washington, DC: American Psychiatric Association.

Bellman M., Longham S.,and Aukett A., Schedule of Growing skills (S.O.G.S.)

Coghill, D., Spiel, G., Baldursson, G., Döpfner, M., Lorenzo, M.J., Ralston, S.J. et al. (2006). Which factors impact on clinician rated impairment in children with ADHD? *European Child and Adolescent Psychiatry, 13* (Suppl. 1), 117–129.

Conners, C. K. (1997). *Conners Rating Scales-Revised (CRS-R)*. North Tonawanda, NY: Multi-Health Systems.

Education. Journal of Clinical Psychology 10; 93-08.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry, 38,* 581–586.

National Institute for Health and Clinical Excellence. (2008). *Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults.* Clinical guideline 72. London: NICE.

Schacher R. & Tannock, R. (2002). *Syndromes of hyperactivity and attention deficit in Child and adolescent psychiatry.* 4th Edition, Edited by M. Rutter and E Taylor. Oxford; Blackwell. pp 399-418.

United Kingdom. Department of Health. (2004). *National Service Framework for Children, Young People and Maternity Services. The mental health and psychological well being of children and young people.* London HMSO.

United Kingdom. Department of Health. (2004). *Every Child Matters: Change for Children.* London: Department of Health.

United Kingdom. Department of Health. (2009). *New Horizons: A shared vision for mental health.* London: Department of Health

Webster-Stratton, C. 1981. Videotape monitoring.

World Federation for Mental Health. 2005. www.sfmh.com

World Health Organisation. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines.* Switzerland: WHO.

Additional Reading:

Transition information for children and young people with ADHD/ADD information booklet. (please contact your Paediatrician, Child Pyschiatrist or ADHD Nurse Specialist for more information.)

Appendix THREE

Sample Letters

Letter Sample A – pre/school age children

Letter to referrer from the ADHD Specialist Services

ADHD Specialist Services
East & North Herts NHS Trust

Date:

Dear

Re:

D.O.B:

Address:

Thank you for your referral to the ADHD Specialist Services. The reasons for your referral are unclear.
Please would you re-refer with further information (please refer to our referral criteria).
Please enclose the following in order to help us make a decision:

1.
2.
3.
4.

Yours sincerely

ADHD Specialist

Cc Carers

Letter Sample B – pre/school age children

Letter to referrer from the ADHD Specialist Services

ADHD Specialist Services
East & North Herts NHS Trust

Date:

Dear

Re:

D.O.B:

Address:

Thank you for your referral to the ADHD Specialist Services. This referral was discussed, together with all the available information, at our multidisciplinary community paediatric intake meeting on

It was decided that the above child does not currently meet the criteria for ADHD assessment. Their needs should be addressed with the support of the following:

1.
2.
3.
4.
5.

If new concerns arise in the future or you have further information we would be happy to consider a re-referral.

If there are any queries please contact the above number.

Yours sincerely

ADHD Specialist

cc Carers

Letter Sample C – pre-school age children

ADHD Specialist Services
East & North Herts NHS Trust

Date:

Dear

Re:

D.O.B:

Address:

The above child has been referred to the ADHD Specialist Service. However in order to make a decision about the appropriate care pathway we require further information:

1.
2.
3.
4.
5.

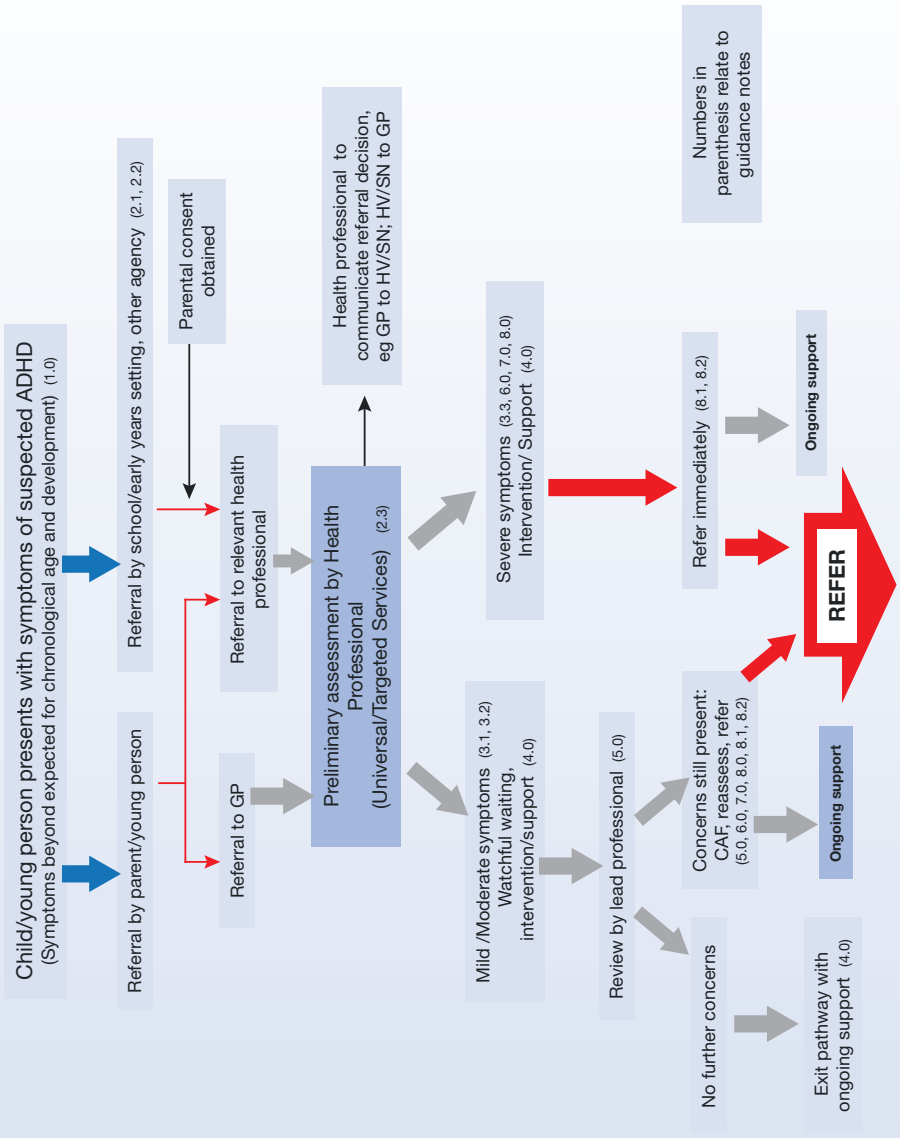
Please provide further information about the child's development and we will re-discuss at the intake meeting.

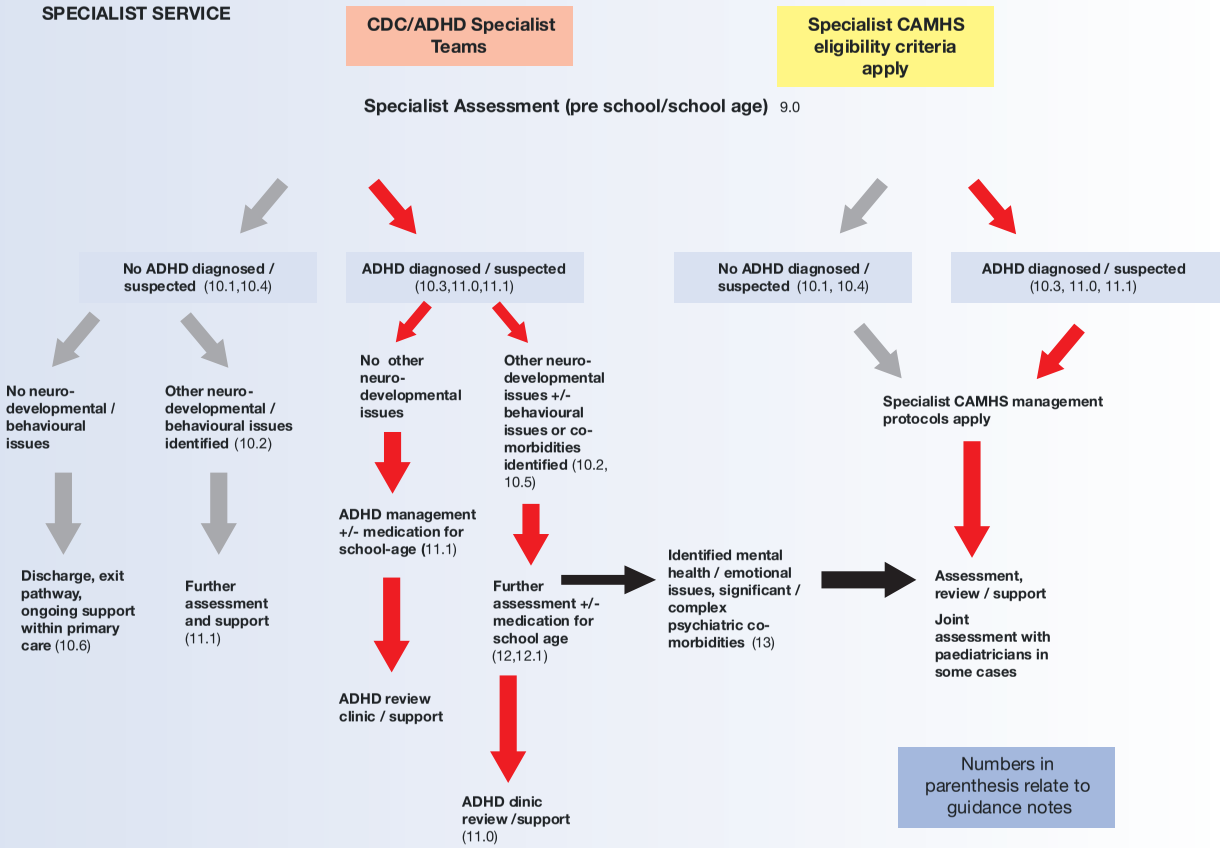
Yours sincerely

ADHD Specialist

Cc Carers

Appendix FOUR





Please use in conjunction with guidance notes