



18 July 2025

Our Ref: FOI 1157

Dear

**Freedom of Information Act 2000
Information in relation to ADHD Care and Support for Adults and Children**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to above which you requested on 2 May 2025. Please accept my apologies for the delay in responding to your request. Thank you for your understanding and forbearance.

A response to each of the questions raised has been provided by the Adult Services & Prison Healthcare and Children's Services & Social Care Directorates and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

Rebecca Manning
Information Governance Officer

Q1. How many new ADHD assessments are carried out each month, broken down by adults and children, for the past 24 months?

- A1a. Adults - No diagnostic assessments have been carried out for adults as the Trust has not received formal commissioning or funding for an Attention Deficit Hyperactivity Disorder (ADHD) Service.
- A1b. Children - Due to the new digital system, the information that you have requested is not centrally held in a way which is easily extracted. To obtain this information would require a manual review of records.

This would exceed the 'Appropriate Limit' as defined by the Freedom of Information Act 2000. The Trust therefore exempts the release of this information under Section 12(1).

12.-(1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.

In accordance with the Freedom of Information Act 2000 this statement acts as a Refusal Notice in respect of Q1 – Children.

However, the Trust can provide figures prior to the implementation of the new system. Please see Table 1 below for the period April 2023 to October 2023.

*Please note that the Adult figures included within Table 1 were patients referred as a Child but were 18+ years of age when seen and diagnosed by the Children's ADHD service.

Table 1

Assessments	April	May	June	July	August	September	October
*Adults	3	2	1	Nil	Nil	1	1
Children	32	38	24	19	26	25	21

Q2. What is the average time to triage a referral for an ADHD assessment?

- A2a. Adults - While the Trust continues to accept new referrals for diagnostic assessment of ADHD in Adults, by way of understanding the level of need that exists, an average wait time cannot be provided as there is currently no formal commissioned service.

A2b. Children – The Trusts single point of entry team meet twice weekly and triage all referrals coming into Child Health Services, including ADHD. Referrals are usually triaged and a decision made on the next steps within 5-7 working days of receipt of referral. If additional information is requested, to ensure there is evidence from two settings, this would be reviewed within approximately 2 weeks of receipt; depending on staff availability; time associated with this review of information and assessment is very dependent on the volume and quality of the information received.

Q3. *How many individuals are currently awaiting ADHD diagnostic assessments within the Trust, broken down by adults and children?*

A3a. Adults - For adults only (18-65 year olds), as there is no current commissioned funding for the service, figures are still difficult to establish, an approximate figure would be likely over 2000+ patients.

A3b. Children - As at 1st May 2025 there are 1668 children and young people awaiting diagnostic assessment from community paediatrician for ADHD ; there are a further 97 children and young people awaiting a Qb task - which may be used to aid the decision to refer for an assessment and/or a diagnostic assessment.

Some children and young people, who due to their complex presentation and possible autism, are held within the Autism assessment waiting list, on a 'Neurodevelopmental Pathway'.

As at 1st May 2025, there are 853 children and young people on this assessment pathway.

Q4. *What is the average and longest wait time currently experienced by patients seeking an ADHD diagnosis (adults and children)?*

A4a. Adults - Due to the lack of commissioned funding the Trust is unable to provide accurate data in regards to wait times, however the current wait is approximately several years for adults.

A4b. Children - From acceptance of referral, the longest waiting time as at 1st May 2025 was 1176 days, and the average wait time was 570 days.

Q5. *What is the average and longest waiting time for patients transferred into the Trust from another Health and Social Care Trust who are awaiting review or follow-up for ADHD?*

A5a. Adults - Priority is afforded to individuals with an existing diagnosis, who are on prescribed medication, and who therefore require monitoring, as per the National Institute for Health and Care Excellence Guidelines, however demand on capacity has resulted in long waits of at least 18 months for adults.

A5b. Children - Children and young people who are diagnosed and receiving pharmacological treatment within another Trust, and then referred/transferred into the Trust are provided with a review appointment, usually within 2-3 months of being referred.

What services and forms of support are available for:

Q6a. Adults awaiting ADHD assessment?

A6a. Adults - The current Trust position is that all individuals with a co-morbid mental health problem, including ADHD, are offered a mental health assessment and are managed appropriately, where necessary, via the adult mental health core care pathway.

Q6b. Adults diagnosed with ADHD?

A6b. Adults - A review by a consultant and regular monitoring within Physical Health Monitoring for medicated patients, in addition to access to the mental health assessment centre for assessment and referral within the mental health core care pathway as appropriate.

Q6c. Children and young people awaiting ADHD assessment?

A6c. Children and Young People - The clinical triage team consider what supports may benefit a family, and sign post to other services including Family Support HUB, ADD NI website. Local support services such as Uhub, if involved with other Trust services e.g. Social Services/Community learning Disability. If a child meets the criteria for the Regional Integrated Support for Education Northern Ireland (RISE NI), parents are directed to discuss a referral to RISE NI with the child/young person's teacher. Whilst on the waiting list for assessment; the Children's ADHD service has recently commenced and support a phone call, undertaken by Child Health Assistants (CHA). This conversation is to ascertain the area of greatest concern for the family at that time, and offer resources and links to support them while they wait for example:

- Emotional regulation – Page tiger, information booklet
- Anxiety – Page tiger, information booklet
- School – Homework strategies, school information, transitioning page tiger and information, exam information
- Sleep – Variety of booklets
- Teenager – Exam information, teenage ADHD booklet, young person thriving with ADHD
- ADHD – General information booklets, what works page tiger, great accommodation's for ADHD, links to websites, Pinterest, you tube etc
- Medication – Basic information booklet for parents
- As well as Family Support Hub, ADD NI, the Special Educational Needs Advice Centre (SENAC), Neurodiversity UK (based locally).

Q6d. Children and young people diagnosed with ADHD?

A6d. Children and Young People - If children and young people are diagnosed with ADHD they will be offered pharmacological treatment, if this is suitable for them.

The medical team work in collaboration with the family and child/young person to provide appropriate medication based on their need, the therapeutic effects and side effects of medication.

On receiving their diagnosis, children and parents will be provided with an information booklet containing information with a website specifically for ADHD, you tube channels for parents and children to watch to learn about ADHD.

Families have the opportunity to discuss concerns and seek advice from the medical and nursing team at review appointments. Families are informed of the timeframe of the next scheduled review and further advised to contact the service with any concerns regarding medication as per shared care guidelines.

Families are signposted to appropriate Trust resources, online resources and available supports in their local geographical area to support ADHD symptoms including Barnardos and those previously mentioned. Information on applications for breath work and mindfulness, applications for anxiety and emotional regulation.

The information listed above, in A6c, is provided either at referral stage or following a CHA phone call, and some additional resourcing and signposting is discussed, EG; ADD NI (support network), Parenting Northern Ireland, A safe space to be me.

Websites provided: CDC - What is ADHD, Young Minds, The UK ADHD Partnership, ADHD Foundation, Attitude online, ADHD Voices, Living with ADHD.

Also provided is: Trust Parent advice on emotional regulation booklet, Young person's advice on Emotional Regulation

You tube videos – Russel Barkley – 30 essential ideas for parents

Q7. Are any psychological, behavioural, or educational support programmes offered while patients await diagnosis?

A7a. Adults – Yes, if required, following an assessment via the mental health core care pathway.

A7b. Children - There is currently no capacity within the current staffing compliment to provide psychological, behavioural or educational support programmes for children and young people while they wait. Families are informed they can self-refer to the Family Support HUB, and are provided other resources and links as referred to above and the SENAC website.

Q8. Are there dedicated ADHD care pathways or integrated services that involve collaboration with schools, social services, or community mental health teams?

A8a. Adults – No, there are currently no dedicated ADHD care pathways or integrated services that involve collaboration with schools, social services or community mental health teams.

A8b. Children - The Trust has not received specific funding to develop and provide a Children and Young People’s ADHD service. ADHD services have evolved from within the Community Paediatrics and Child Health services, in an attempt to provide an assessment and medication management service for this client group. All members of the clinical team would have clinical conversations with other members of multidisciplinary team including Social workers in the best interests of children and young people.

The ADHD consultant team engage with the North Down and Ards Child Adolescent Mental Health Service (CAMHS) Team every 6 to 8 weeks to discuss or co-manage patients, or raise questions about individual patients. Information from schools is sought for initial assessment for every child. On occasions the service would undertake school observations as part of the assessment process. Updated ADHD rating scale information is requested from the school (via the family) for each review appointment, as supporting evidence of how the child or young person is responding to treatment. The Lead ADHD consultant has provided teaching/awareness sessions for school staff, if requested.

Q9. How many clinicians (e.g., psychiatrists, psychologists, specialist nurses) are currently assigned to provide ADHD assessments and ongoing care in the Trust?

A9a. Adults - The Trust has moved to set up a specialist ADHD clinic, and has employed two part-time Consultant Psychiatrists.

A9b. Children – Please see Table 2 in regards to Clinical staff within the Children’s ADHD Service.

Please note that the majority of staff, within table 1, are either part-time or only work part-time into the ADHD service.

Table 2

Job Title	No. of Staff
Consultant Paediatrician and Clinical Lead for Children’s ADHD services	1
Consultant Psychiatrist	1
Consultant Paediatrician	1

Specialty Doctor within Community Paediatrics	3
Senior Neurodevelopmental Practitioner (Nurse - working across ASD and ADHD, an NMP)	1
ADHD Practitioner (Nurse, a Non-Medical Prescriber [NMP])	1
ADHD Practitioner (Nurse- currently undertaking NMP qualification)	2

Q10. Have there been any recent increases in staffing or resources allocated to meet ADHD service demand?

A10a. Adults – No, there have been no recent increases in staffing or resources allocated to meet ADHD service demand.

A10b. Children – There have been two recent appointments to ADHD the Practitioner role, one replacement of vacancy and other increase in resources into the ADHD service, both staff are still undergoing training.

Q11. Are there any planned improvements or developments in ADHD services over the next 12–24 months?

A11a. Adults – Yes the trust plans, in addition to the consultants, to commence training an advanced nurse practitioner specialising in ADHD from September 2025.

A11b. Children – Yes, the Trust is currently undertaking some quality improvement projects, looking at what early help is available and reported by families and staff to be effective support across the Trust area, leading to developing a resource pack to inform families what is available and how to access it. The Current 'early help' telephone call to parents will build further on this signposting, to enable families identify their priorities and be aware of which resources can best support their needs whilst they wait.

The Child Health team have also been working with GP federation staff and other partners to see what and how early help could be developed within current resources.

In respect of service delivery the Trust is planning on reviewing times of clinic appointments and offering clinic appointments after the school day ((service has a high Did Not Attend (DNA) rate for review appointments)). The Trust would be keen to develop partial booking for review appointments if additional investment was available.

This work will also identify areas for targeting any new resources that are available following the anticipated launch of the Health and wellbeing Framework.

Q12. Has the Trust conducted any recent audits, reviews, or evaluations of ADHD service delivery and waiting times?

A12a. Adults – No, the Trust has not recently conducted any audits, reviews or evaluations of ADHD service delivery and waiting times.

A12b. Children - The service did historically review referrals and waiting times, however following the introduction of the new digital system it was exceptionally challenging to capture data and review or analyse reports. Within the financial year 2025/2026, the service is again able to review the waiting list data for new patient assessments, and have taken steps to offer children and young people to have their initial appointment outside of their local area, if this earlier.

It is anticipated that over the coming months, the service will be able to obtain reliable reports for number of accepted referrals on a monthly basis, and details of children and young people's review status. The service can currently obtain figures of overall number of children and young people on the caseload, but is unable to accurately report if the children and young people are being seen in a timely manner in relation to clinical requirements, NICE guidelines and Shared Care guidance.