EPV241

Setting up a Local ADHD service - reflections and pitfalls

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Introduction: In October 2023, we set up a new,local ADHD servcie for adolescentsa age 18-25 years old This was in response to local need and because wait times for assesment in Adult service was excessive (4 years +) The aim of this new service was to screen, assess (when needed) and start treatment to young people in this geographcial area to try to prevent further disruption to educaiton, family and social life.
Objectives: To accuratly assess, diagnose and manage ADHD in this population group.
Methods:
1) set up a new, monthly clinic specifically to assess ADHD
2) ADHD screeenrs sent out, only if clinical impression was that ADHD migth be a possibility
3) Booked in for 45 minute pre assesment session
4) Collateral history
5) Full ADHD assesment, if indicated, using DIVA 5

Results: 23 young people offered pre assessments 21 seen 11 booked for a full ADHD assessment 9 diagnosed with ADHD 4 referred on to Adult ADHD Of those diagnosd with ADHD, 8 opted for medicaiton. This was started, reviewed and monitored.
Conclusions: Despite being more work than initally anticipated, this local servcie has been a success. over 60% of the young people seen were assessed as not havign ADHD, so we are certainly not overdiagnosing. the ones who did have ADHD responded well to medicaiton (many stopped other psychotropics, as these were no longer needed) outcomes were positive signficant reduction in morbidity and presure on Adutl ADHD servcie locally.

Disclosure of Interest: None Declared

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Referrals of young people by primary care: What proportion have neuro-developmental needs?

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Introduction: A new Mental Health Advice Support and Access Service (MHASA) was introduced to triage all referrals for people aged 0-25 years referred to mental health services. Following this triage process, patients are passed to the most appropriate service available. This study reports data regarding people referred who also have suspected neurodevelopmental disorders (NDD).

Objectives: To report data regarding those referred with suspected NDD including referral numbers, gender, age, primary presenting needs, diagnostic status and outcome of triage.
Methods: A random sample comprising 358 out of the 765 cases referred in November 2024 was analysed, based on statistical advice regarding sample size required to generate robust findings.
Referrals were analysed by gender, age, primary presenting needs, diagnostic status and outcome of triage.
Results: Half of all the referrals had identified NDD concerns at the point of referral.
2/3 male referrals in the NDD identified group, as compared to 1/3 females.
61% of those identified with NDD are diagnosed or on a waiting list.
Peak age for referrals with NDD identified cases - at 12yrs and 15yrs. Educational transitions - 12yrs move to high school - - 15yrs at exam times.
Primary Presenting Needs identified at point of triage – half of the NDD identified referrals presented with Anxiety.
Only 27% of the NDD identified cases were referred on to a Specialist Mental Health service i.e. NSFT CAMHS/ Youth.

Image 1:

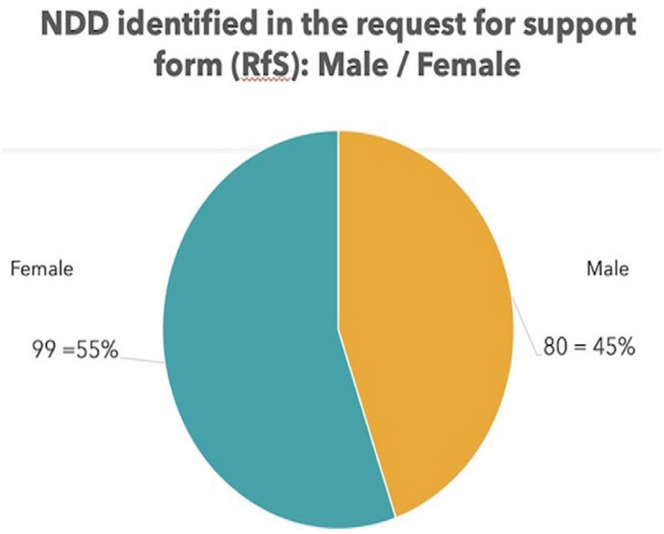


Image 2:

