



Deputy
Matt Carthy,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

15.07.2024

PQ Number: 24052/24

PQ Question: To ask the Minister for Health his proposals to ensure adequate access to consultation/assessment for adults with ADHD; the funding allocated; the current waiting times, by CHO, in the years 2019 to date, in tabular form; and if he will make a statement on the matter. -Matt Carthy

Dear Deputy Duncan Smith,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

ADHD in Adults NCP

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterised by inattention, hyperactivity and impulsivity (American Psychiatric Association, 2013). Once viewed as a childhood disorder, it is now widely accepted that ADHD persists into adulthood in a proportion of individuals, resulting in some people in functional impairments such as higher rates of academic failure, impaired social functioning, difficulty with emotional regulation, and increased substance misuse (Willcutt et al., 2012; Lee et al., 2016; Beheshti et al., 2020, Groenman et al., 2017; Sundquist et al., 2015). Recent research estimates that adult ADHD has a prevalence rate of 3.4% -4.4% (Faroane 2005, Kessler 2006) with 3% having the full syndrome (Ayano 2023).

An adult who has just received a diagnosis of ADHD is in a very different situation compared to a child with ADHD. The adult has sought the diagnosis so has insight into his/her life being less than satisfactory and, crucially, wishes to change it. Ultimately he/she is hoping for a functional change: psychologically, socially and educationally/occupationally (BAP 2007).

The specific aims of this Clinical Programme are:

1. To provide for the assessment of adults with symptoms suggestive of more severe/complex ADHD by trained and skilled staff. With this degree of severity, a person has significant impairment in two or more aspects of their life.
2. To provide multi-modal treatment involving a combination of pharmacological and non-pharmacological interventions.
3. To ensure that young people attending CAMHS for ADHD who continue to have significant symptoms of ADHD, as outlined earlier, can be transferred to their Adult ADHD Service and

that this transfer is planned a year in advance to ensure it occurs smoothly.

4. That all of the above is delivered through a clearly defined and integrated clinical pathway.

Up until 2022 the Department of Health (DOH) provided funding to the National Clinical Programme for 3 of the 11 Adult ADHD NCP sites (2.5 teams). These are now operational and cover the following areas:

- CHO1: Adult ADHD team for Sligo/Leitrim/Donegal
- CHO3: Adult ADHD team for Limerick/Clare/North Tipperary
- CHO6: Adult ADHD team covering Dun Laoghaire, Dublin South East and Wicklow (North, South and East).

Through the HSE’s 2022 estimates process the DOH funded 3.5 new teams and these are currently being developed.

- CHO4 – Cork: covering North Lee, South Lee and North Cork (ADHD team at 1.0WTE) which opened in March 2023.
- CHO4 – Kerry/West Cork (ADHD team at 0.5WTE - smaller population) opened on a phased basis initially in Kerry but now also covers West Cork. Funding is being sought for a further half time team as the current service is being overwhelmed by the referrals arising from the Maskey Report into the South Kerry CAMHs Service. This was recently granted for the consultant post.
- CHO7 – Dublin South City, Dublin South West and Dublin West (ADHD team at 1.0WTE): Partially opened in December 2023.
- CHO8 - Midland counties – Laois, Offaly, Longford and Westmeath as well as Kildare West Wicklow (ADHD team at 1.0WTE): Consultant recruited following second international campaign in December 2023 and took up post in April 8th 2024. Funding for 3 of the remaining 4 posts for this team was taken for time related savings in December 2023. Minister Butler in her recent announcement on the allocation for funding from the recurrent 10 million euro provided for funding for 2 of these 3 posts (CNS and senior psychologist) and on this basis the Head of Mental Health CHO8 has agreed to fund the administrator post.

In **2024** further funding was allocated to develop a team in CHO1 and 8: including: Cavan, Monaghan, Louth, Meath

NO funding has yet been provided for Adult ADHD Teams in the following areas:

CHO2 including: Mayo, Galway and Roscommon

CHO5: including: South Tipperary, Carlow, Kilkenny, Waterford, Wexford

CHO9: including: Dublin North, Dublin North Central, Dublin North West and County Dublin Dublin Prison Service.

HSE Recruitment Embargo

This was imposed in November 2023 and it prohibits the filling of all new and vacant posts and is already having a very negative impact on the five fully operational services and may further delay the full establishment of the two remaining services.

Table 1: Shows the full Distribution of proposed ADHD clinics

Green = operational, Orange = in recruitment and Black = no funding received as yet.

CHO	County	Population 18-64 years	Total Population	Prison	ADHD Clinic Allocation
1	Donegal	86,828	150,279	-	0.5 Team
	Sligo	38,950			
	Leitrim	24,501			
	Cavan	43,968			

	Monaghan Louth Meath	36,245 86,614 108,269	275,096	-	1 Team
2	Mayo Galway/Roscommon	75,630 197,041	272,671	P	1 Team
3	Limerick Clare North Tipperary	120,391 70,537 41,869	232,797	P	1 Team
4	Kerry Cork	88,146 335,010	423,156	P	1.5 Teams
5	South Tipperary Carlow Kilkenny Waterford Wexford	52,522 43,289 51,147 68,980 88,571	304,509	-	1 Team
6	Dublin South East	286,670	286,670	-	1 Team
7	Dublin West Dublin South City Dublin South West	266,497	266,497	P x 2 ¹	1 Team
7+8	Kildare West Wicklow Westmeath Offaly Longford Laois	143,344 53,816 46,245 23,831 50,825	318,061	P	1 Team
9	Dublin North Dublin North Central Dublin North West	404,063	404,063	P x 3 ¹	1 Team
	Total	3,007,142			

Dublin Prisons ADHD Service

Given the concentration of prisons in the Dublin area, it is recommended a full team is allocated to work closely with the existing forensic psychiatry prison teams in the identification and provision of specific ADHD interventions for prisoners meeting diagnostic criteria.

Model of Care

- 1) Referral for all areas is through the patient's GP to their local Community Adult Mental Health Team. Assessment is carried out by staff trained in ADHD assessment and treatment within The Adult ADHD Services.
- 2) Central to treatment is a discussion with the person on options available and recommended with the person considering:
 - (i) If he/she wishes to commit to treatment
 - (ii) And, if so, which of the options to choose

Following this a jointly agreed individual care plan is drawn up by the ADHD specialist with the person. The ADHD in Adults National Clinical Programme's Model of Care was launched on the 14th January, 2021. When fully implemented, 11 Adult ADHD Clinics will be established to provide assessment and multi-modal treatment in the CHOs in line with the Model of Care.

Treatment of adults with ADHD should be multimodal (Kolar 2008; Knouse 2008; Murphy 2005; Weiss 2008) i.e. a combination of pharmacological and psychosocial interventions the purposes of which are to reduce core symptoms of ADHD (inattention, hyperactivity and impulsivity and also mood lability) whilst teaching the individual skills and strategies to overcome functional impairments.

Funding needed to complete the development of the National Clinical Programme – Phase

1

Up until 2022 the Programme was funded for 3 of the 11 Adult ADHD NCP sites (2.5teams). The 2022 estimates provided funding for a further 3.5 Adult ADHD Teams. In 2024 funding has very recently been allocated for a further team. Another 4 teams are required to have full national coverage including a team for the prison population in Dublin. Each team consists of a Consultant Psychiatrist, Senior Psychologist, Senior Occupational Therapist, Clinical Nurse Specialist (Mental Health) and an Administrator. Given the large number of people being referred, funding for an NCD and second nurse were sought but not granted for the years 2023 and 2024.

ADHD in Adults NCP		Adult ADHD Teams – in CHO Teams	Funding required for full implementation
2019 PFG funding	€1,300,000	2.5	
2022 PFG funding	€1,800,000	3.5	
2024 funding	€710,000	1	
CHO Teams yet to be funded	(funding for one team) €3,117,000	4.0	€2,840,000
MDT maternity cover	€500,000		€500,000
Training costs for new teams	€100,000		€100,000
Accommodation refurbishment	€600,000		€600,000
Total funding required:			€4,040,000

¹Cost is based on latest available pay scales and estimated maternity cover for multidisciplinary teams

The programme is being evaluated by the UCD School of Psychology with the 3 initial sites taking part in this research.

Waiting lists

HSE Community Operations are developing a data system to capture data in community services at patient level. There is a very limited manual system in place which currently calculates waiting times for each team for this reason.

The only waiting list is data available is shown in the table below

Team	Staffing			Clinical Capacity	Referrals accepted YTD	Referrals assessed YTD	Number waiting	Estimated waiting time
	Admin	Clinical WTE	WTE Approved					
CHO1 Sligo/Leitrim/Donegal 1	1	1.5	2.5	60%	197	87	336	2 years
CHO6 Dublin SE/ Wicklow NS	1	3	4	75%	448	143	470	3.5 - 4 years
CHO3 Limerick/Clare/ N. Tipp	1	2	5	40%	123	128	147	1.5 years
CHO4 Kerry/West Cork 1	0.5	1.5	2.5	60%	293	184	149	1 year
CHO4 Cork City/ NE Cork 2	1	3	4	75%	270	124	146	1 year

Maskey Report and Young People

The Maskey Report highlighted serious problems with the diagnosis and treatment of ADHD in children and young people in the South Kerry CAMHs Service.

The Mental Health Commission Report on CAMHs Services revealed long waiting lists in many services with the main category being children and young people referred for assessment of ADHD. It is known that over a half of those under 18 years of age diagnosed with ADHD continue to require ADHD specific services as young adults. Even when all 8 currently funded Adult ADHD services are fully implemented, about 30% will still not have access to ADHD specific services.

Given the well-recognised impacts of untreated ADHD, this requires immediate address.

Phase 2

It is difficult to estimate the unmet need for adults with ADHD as up until 2018 there were no specific public services available. It is now accepted that up to 3% of the adult population have ADHD.

However, experience in Ireland and elsewhere indicates there is a very large and significant unmet need. This is for both those with more severe complex ADHD but also for those with mild- moderate ADHD. This includes a significant group of adults who have over the years managed their ADHD by a variety of external supports and/or personal routines. They appear to function well but suffer considerably from symptoms such as anxiety, depression, over-inclusive thinking and mind wandering.

These two groups do benefit from receiving a diagnosis, psycho-educational, advice on environmental modifications and in some instances ADHD specific medications. The Programme is now examining how the needs of these people can be met by developing a primary care component which would work in an integrated manner with the services currently being developed and with the Programme's partner, ADHD Ireland.

The 5 fully operational services have provided invaluable information, common to all.

These are:

- An overwhelming number of referrals far in excess of the estimated number with services already having waiting lists of between 1-4 years.
- These reflect the absolute lack of public service availability in Ireland until the NCP Adult ADHD Services were established.
- This lack also reflects the backlog of people without a service accruing over many years.
- Contributing to this is the absence of any HSE Primary / Disability Care service response to ADHD in adults.
- In addition, the pandemic uncovered ADHD in people who found working at home impossible because of the absence of the usual structures in the office or in 3rd level education which supported them to function, notwithstanding their ADHD.
- Public awareness about ADHD has simultaneously increased during this time reflected in an increased demand for access to ADHD assessment and treatment; this has been noted internationally with several countries reporting a surge in demand for Adult ADHD services.

It was agreed by ADHD Ireland and the National Clinical Advisor for Mental Health (NCAGL) in December 2023 that the NCP will work jointly with ADHD Ireland to develop a document recommending any amendments required within the NCP's model of care and how an integrated stepped / tiered care response to ADHD in adults may be provided. The partnership in this endeavor reflects that the only public services currently available are provided by ADHD Ireland and the HSE Mental Health Services and also underlines the importance of ensuring the opinion of adults with

ADHD is a central feature of the document. It is was agreed that this document will be developed by the Clinical Lead for the NCP and a consultant psychiatrist employed by ADHD Ireland on a part-time fixed term contract specifically for this purpose and this work commenced in February 2024.

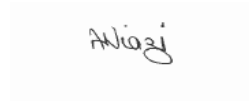
Two initiatives have been developed jointly with ADHD Ireland and the UCD School of Psychology. These are:

- An Adult ADHD App now available on the App Store.
- The Understanding and Managing Adult ADHD Programme (UMAPP). This is a 6 week programme in workshop format delivered through ADHD Ireland by a senior psychologist funded for 2023 by the HSE. Feedback is very positive and Minister Butler recently allocated re-current annual funding of €142,000 to ensure its ongoing availability.

Taken together, Phase 1 and Phase 2 when fully implemented together with ADHD Ireland initiatives should provide an integrated, stepped care approach to meet the needs of people with ADHD at the level of intervention required by each individual's symptoms.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,



Dr Amir Niazi
National Clinical Advisor & Group Lead for Mental Health
Clinical Design and Innovation
Health Service Executive