



Deputy Mark Ward.
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

23rd June 2023

PQ Number: 25436/23

PQ Question: To ask the Minister for Health the cost to fully implement the National Clinical Programme for ADHD; and if he will make a statement on the matter. – Mark Ward

Dear Deputy Ward,

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% (Faraone 2005, Kessler 2006) with 1.5% having the full syndrome (Faraone 2005).

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 moderate to severe 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 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 on a phased basis in March 2023.
- CHO4 – Kerry/West Cork (ADHD team at 0.5WTE - smaller population) also opened on a phased basis initially in Kerry. 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.
- CHO7 – Dublin South City, Dublin South West and Dublin West (ADHD team at 1.0WTE): To open in Q3 2023
- CHO8 - Midland counties – Laois, Offaly, Longford and Westmeath as well as Kildare West Wicklow (ADHD team at 1.0WTE): Unable to recruit a consultant in 2022 so now going to an international competition.

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

- CHO 1 & 7: including: Cavan, Monaghan, Louth, Meath
- 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.

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 Sligo Leitrim	86,828 38,950 24,501	150,279	-	0.5 Team
	Cavan Monaghan Louth Meath	43,968 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

CHO	County	Population 18-64 years	Total Population	Prison	ADHD Clinic Allocation
5	South Tipperary	52,522	304,509	-	1 Team
	Carlow	43,289			
	Kilkenny	51,147			
	Waterford	68,980			
	Wexford	88,571			
6	Dublin South East	286,670	286,670	-	1 Team
7	Dublin West	409,840	266,497	P x 2 ¹	1 Team
	Dublin South City				
	Dublin South West				
7+8	Kildare West Wicklow	143,344	318,061	P	1 Team
	Westmeath	53,816			
	Offaly	46,245			
	Longford	23,831			
	Laois	50,825			
9	Dublin North	404,063	404,063	P x 3 ¹	1 Team
	Dublin North Central				
	Dublin North West				
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 liability) 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 process provided funding for a further 3.5 Adult ADHD teams. A further 5 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

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	
CHO Teams yet to be funded	€3,117,000	5.0	€3,117,000
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:			€4,317,000

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.

HSE Community Operations are developing a data system to capture data in community services at patient level. There is no system in place which currently calculates waiting times for each team for this reason.

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 Interim 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 one third of those under 18 years of age diagnosed with ADHD continue to require ADHD specific services as young adults. Even when all 7 currently funded Adult ADHD services are fully implemented, about 50% of the adult services 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. However, experience in Ireland and elsewhere indicates there is a very large and significant unmet need. This is for both those with moderate to severe 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 the Programme's partner, ADHD Ireland.

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 it is hoped to receive ongoing funding from 2024.

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