

Oifig an Chomhairleora Chliniciúil Náisiúnta agus Ceannaire Grúpa do Mheabhairshláinte

HSE, Ospidéal an Dr Stevens, Baile Átha Cliath 8, DO8 W2A8

Office of the National Clinical Advisor and Group Lead for Mental Health

HSE, Dr Steevens' Hospital, Dublin 8, DO8 W2A8

www.hse.ie @hselive

e: ncagl.mentalhealth@hse.ie

Deputy Jennifer Whitmore, Dail Eireann, Leinster House, Kildare Street, Dublin 2.

13.11.2024

PQ Number: 41397/24

PQ Question: To ask the Minister for Health the plans for the investment and restructure of the model of care for adults with ADHD while the waiting list is closed; what progress has been made to date on the restructure; what measures are in place for adults locked out of the waiting list; and if he will make a statement on the matter. -Jennifer Whitmore

Dear Deputy Jennifer Whitmore,

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.

The demand for adult ADHD services has been influenced by the pandemic and the effects of isolation and loss of structured environments such as work or college. This has impacted on daily functioning and resulted in symptoms of anxiety and depression. The effect of this is an increase in demand with reports from services that people with ADHD are experiencing an increase in interpersonal difficulties within the family/relationship setting that has not resolved post-pandemic. There is also a demand for adults diagnosed as children that require specialist ADHD adult services. This includes women presenting with ADHD that were not recognised as experiencing ADHD as children due to presentation of inattention rather than hyperactivity that is often observed in boys.

These population trends and needs have a direct consequence on referral rates with an increase in referral numbers that is also reported internationally. To assist in addressing demand, the National Clinical Programme for ADHD is assisting regional areas to build capacity to respond to the demand and provide guidance and support to regions to implement the national model of care. As part of this, the NCP for ADHD has provided guidance and support to CHO 4 to address the waiting list challenges with recommendations provided on the staffing approaches to address the current waiting list and longer term aim to improve the length of time that are people are waiting to be seen. In this context, the NCP for ADHD continues to collaborate with the region providing guidance on the implementation of the model of care including the approach to staffing models, skill mix, and access to clinical space.

The NCP for ADHD recognises that the HSE staff embargo, back-filling of posts, retirement, and availability of clinical space has impacted on waiting lists, and continues to advocate at a national and regional level to support the roll out of the model of care to address these areas. This also includes guidance on training and education, and the staffing approach delivered through multi-disciplinary teams. This requires a collaborative approach between the region and the NCP for ADHD and an ongoing commitment to engage with the NCP for ADHD offering guidance and support to regions to implement the unit of service delivery as reflected in the national model of care.

The functions of the ADHD service require specific resources that include a:

- Consultant psychiatrist: 1 WTE for 300,000 400,000 working age adult population. Where there is 1 WTE consultant the team will require pro-rata:
- Administration Support 1 WTE
- Mental Health Nurse (Clinical Nurse Specialist) 1 WTE
- Occupational Therapist (Senior) 1 WTE
- Psychologist (Senior) 1 WTE

From a national perspective there will be ADHD services for adults in each of the regional areas with the addition of new teams in budget 2025 covering CHO 2, 5 and 9. The aim is to achieve full implementation of 11 Adult ADHD teams by the end of 2027. Geographical coverage of services are detailed in Table (1).

Table 1 Geographical Coverage of Services

Community Health Organisation	Regions
CHO 1	Sligo/Leitrim/Donegal
CHO 2	Development of a New Team
CHO 3	Limerick/Clare/N Tipp
CHO 4	Kerry/West Cork
CHO 4	Cork City, North and South Cork
CHO 5	Development of New Team
CHO 6	Dublin SE/Wicklow
CHO 7/8	Laois/Offaly with plans to extend to Kildare/West Wicklow Q12025
CHO 9	Development of a New Team

To address waiting lists and longer team need, the National Clinical Advisor and Group Lead for Mental Health established a joint project with ADHD Ireland to develop *a Primary Care Step* to work in tandem with the Specialist Adult ADHD Teams so people with more straightforward ADHD (ADHD simplex) would be seen by Primary Care and more complex cases seen by Specialist ADHD teams. The aim is to develop close linkages between the two steps of care across primary and specialist services to ensure there is integrated working to support people to move easily between the steps as clinically indicated. The future development to enhance and scale this pathway of care will be informed by the NCP for ADHD and will include resource requirements such as education and training. This stepped approach to care will assist in ensuring that people are on the correct pathway of care, and provide early intervention at the lowest complexity for those with less complex (ADHD simplex) care needs that can be supported at a primary care level.

In terms of waiting list challenges, CHO 4 reports that the service continues to provide ADHD assessment and treatment to service users with a comorbid mental illness and moderate to severe ADHD who are under the care of a General Adult Mental Health Team in the catchment area. This is in addition to providing care to young people transferring from CAMHS where there are unmet needs in their ADHD care.

There are also several actions that offer supportive psychosocial interventions to address the ADHD needs of people in CHO 4 that are underpinned and recommended by international evidence.

These include:

- Referral to a local HSE social prescribing program. As per NICE guidance the value of a balanced diet, good nutrition and regular exercise for children, young people and adults with ADHD should be reinforced by healthcare workers: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-healthand-wellbeing/social-prescribing/
- Psychosocial, education and/or peer support available through ADHD Ireland: https://adhdireland.ie/
- The ADHD App developed by the ADHD in Adults National Clinical Programme in partnership with ADHD Ireland and the UCD School of Psychology: https://adhdireland.ie/adult-adhd-app/
- Understanding and Managing Adult ADHD Programme (UMAAP) an online programme integrating psychoeducation with Acceptance and Commitment Therapy (ACT). Delivered collaboratively by ADHD Ireland, University College Dublin's (UCD) School of Psychology and the Health Service Executive's (HSE) National Clinical Programme for ADHD in Adults. A diagnosis of ADHD is not required to avail of this program: https://adhdireland.ie/umaap/
- Identification, treatment, and stabilisation of mental health and or physical health comorbidities that may be impacting possible ADHD symptoms.

From a national perspective the NCP for ADHD will continue to provide guidance and support to regions to implement the national model of care. This is in addition to the development of the Primary Care Step pilot Programme to support GPs and improve referral pathways to specialist ADHD services. The aim is for full national implementation of the Primary Care Step Programme by the end of 2027.

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