



Attention-Deficit/Hyperactivity Disorder (ADHD) Guidance for Young People, Parents/Carers and Professionals

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Contents

Section 1	Page
Background and Aim	3
Definition and Prevalence	4
Feedback from Parents/Carers and Young People	5
Southampton City Wide Approaches	10
The Commissioning Commitment	12
Autism Assessment Pathway	14
Aspirations for a Trauma Informed Pathway	15
Section 2	
Information, Advice and Support	16
Section 3	
Getting Help	19
Parent Led Interventions	19
Health Visitor Support	19
Children and Families First (0-19)	20
Information, Training and Self Help Material	20
Education Support	22
Voluntary Sector	24
Section 4	
Getting More Help and Getting Risk Support	26
Specialist CAMHS	26
Education Support	28
Children’s Social Care	28
Building Resilience and Strength (BRS)	28
Youth Offending Service (YOS)	28
Section 5	
Transition	30
Medication Management Post 18	
Life Skills Needs	
Mental Health	
References	31
Appendix 1	
Specialist CAMHS ADHD Pathway	32

Section 1

Background and Aim

Within Southampton, services for children and young people with Attention-Deficit/Hyperactivity Disorder (ADHD) have been provided predominately by the Specialist Child and Adolescent Mental Health Service (SpCAMHS).

Whilst multiple other services and agencies across the City provide key support and interventions for families with children/young people with ADHD, this has been reported by families to feel ad hoc and uncoordinated, with consistent reports from families of not knowing where to turn and what to expect.

In line with the national data, the SpCAMH Service in Southampton has experienced growing referral rates year on year. Referrals requesting assessment for ADHD is one of the largest growth areas and young people waiting for assessment and intervention connected with ADHD experience the longest wait in service.

Children and young people waiting for ADHD assessment or intervention account for approximately 50% of those waiting in service. They represent 15% of the total open caseload (an increase from 7% in Oct 2019). The total number of young people in the Southampton SpCAMH Service who are receiving treatment for ADHD represents approx. 1.5% of the Southampton population. This is the estimated prevalence rate of Hyperkinetic Syndrome, the most restrictive and severe type of ADHD as defined in the ICD-10. We therefore expect this to continue to be a growth area as the national prevalence rate of ADHD in the child population is generally estimated at 3-5% according to the DSM-5 and upcoming new ICD-11 criteria.

At the same time as the multi-agency Task and Finish Group for ADHD was set up in 2021, the SpCAMH Service had 331 children and young people waiting for an ADHD assessment, with the longest wait being 2.5 years, similar (or better) than what is happening at the national level (Young et al 2021). In recognition of this being an intolerable wait for children and young people, and coupled with a strong desire for children, young people and families, to have a better experience of support, colleagues from across the multi-agency services in our City came together to review how we as a City can provide a more integrated pathway for children and young people who present with needs associated with neurodiverse presentations, such as inattention and/or hyperactivity and impulsivity.

This guidance is the result of this effort. It is based on stepped care provision in line with the iThrive principles (Wolpert et al 2019). It has been designed to optimise and connect the services we do have in the City and provide guidance on evidence-based interventions that could fulfil the service gaps identified.

The guidance is intended to outline local agencies current provision for the holistic care of children and young people with ADHD, and is an indication of the commitment to continue to come together to maximise the provision available for children and young people at each level of need.

Our service development for children and young people with neurodiversity needs is ever evolving, and as such we expect this document to develop alongside. This is an agile guide which will develop and mature as service provision progresses, expands, and changes. We will review this guide twice yearly with young people, parents/carers and professionals alike through the neurodevelopmental working group for the City.

Our aim is to bring together the work happening with both ADHD and Autism into one neurodiversity workstream for the City, in line with what is happening at the national level, where many colleagues have realised that it does make sense to consider a neurodiversity pathway rather than multiple sub-pathways of ADHD, ASD and other neurodiverse needs. This guidance is part of the start of that journey.

Thank you to the parents/carers, young people and colleagues who have worked as part of the Task and Finish Group. Demonstrating their commitment to thinking and working differently to best support our children and young people in Southampton and being so key in the journey to getting us this far.

N.B. In this guidance neurodiversity refers to the fact that all human beings vary in the way our brains work. We take in information in different ways, process it in different ways and thus behave in different ways. As described at [The International Neurodiversity Conference](#).

Definition and Prevalence - Nationally and Locally

What is ADHD

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder which is usually first identified in childhood but where symptoms can persist throughout the person's lifetime. ADHD is typically presented by persistent symptoms of inattention and/or hyperactivity and impulsivity that are beyond the expected developmental stage of the child/young person and which significantly impact on their day-to-day functioning. Such symptoms are prevalent across environments, for example, home, school, and wider community settings.

A further definition of the three key components in ADHD are detailed below.

- **Inattention**
Attention span varies across developmental stage. Concerns around inattention arise when a child/young person is not able to focus and follow instruction as expected for their age group, and their abilities are falling behind that of their peers. A child with inattention may struggle to remain on task, appear to daydream and be unable to follow conversation. They may be disorganised and forgetful and be unable to complete tasks.
- **Hyperactivity**
Children and young people who present with hyperactivity find it difficult to remain still, they may appear fidgety and restless, appear to be always moving and fidgeting with objects. This may also affect their sleep.
- **Impulsivity**
Symptoms of impulsivity may present as interrupting other conversations or activities, shouting out, finding it difficult to wait and/or take turns. Children and young people who are particularly impulsive may also talk excessively.

For a diagnosis of ADHD to be made according to the criteria of the diagnostic and Statistical Manual of mental disorder (DSM), fifth edition, evidence of difficulty in all three areas needs to be evident, along with the following:

- Symptoms have been continuous for at least 6 months
- Started to show before the age of 12
- Difficulties in inattention, hyperactivity and impulsivity is evident across environments
- And make a child/young person life considerably more difficult on a social, academic, or occupational level
- Symptoms are not better accounted for by other disorders (e.g., anxiety or depression)

Prevalence – Nationally and Locally

Within the UK approximately 3-4% of boys have a diagnosis of ADHD and less than 1% of girl's have been diagnosed. Globally the prevalence is between 2% - 7% with an average of around 5% (Polanczyk et al 2007).

The differences in these diagnostic levels create active discussions between professionals and researchers worldwide and there are many possible explanations for this. It can be a challenge for organisations and professionals to have consistent thresholds for identifying levels of impairment and agreeing at what level a young person meets the criteria for diagnosis. It may be also that the discrepancy in diagnosis between genders is due to the female presentation of ADHD not fitting clearly within the diagnostic criteria and therefore being under or misdiagnosed.

There are also known differences between administrative and real prevalence. This is the number of children and young people within a population who have received a diagnosis from specialist services compared to the number of young people in a population who present with ADHD, but not come to the attention of specialist services. In addition, the two accepted diagnostic manuals of ICD-10 and DSM-5 have slightly differing criteria between them for the diagnosis of ADHD. The ICD-10 criteria used to have a more specific focus on hyperkinetic syndrome, giving you a prevalence rate of 1.5-2%. DSM-5 takes a broader view of the functional impairment of ADHD and using that diagnostic criteria the prevalence rate is between 5-7%. This confusion has been addressed now as the upcoming ICD-11 criteria are very similar to the DSM-5 ones

Impact of Demand

Due to increased awareness and earlier identification of symptoms, there has been a significant rise in demand for ADHD and other neurodevelopmental assessments both in Southampton and nationally across the UK. The current demand for assessment and long-term treatment outweighs the current capacity within most CAMHS teams and has led to significant delays in wait times for assessment and access to subsequent treatment.

Feedback from Parents/Carers and Children and Young People

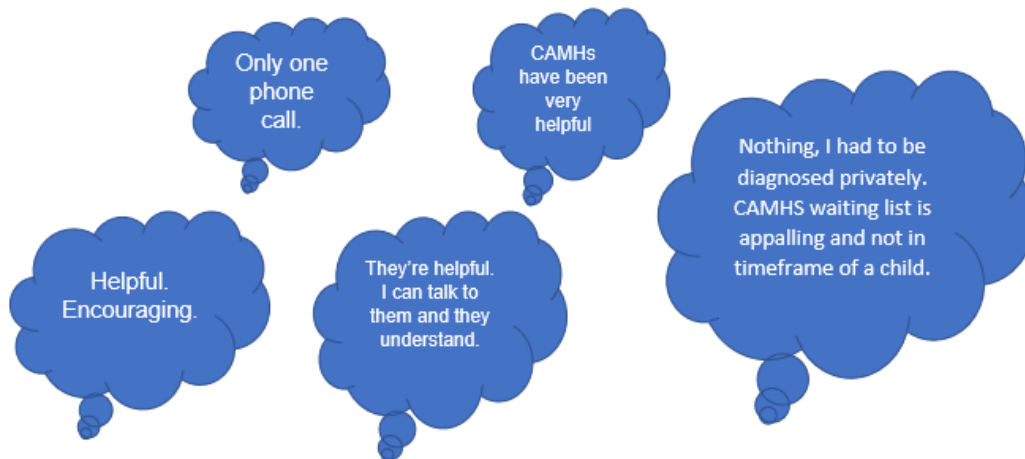
A key part of the work in our City is informed and driven by the experiences of children and young people, and their families. This is the same in our work on ADHD provision in the City and so, as part of the pathway review, we asked young people for their feedback, and Re:Minds CIC, parent/carer support organisation, to gather feedback.

Young People's Feedback

We asked young people two key questions about their experience of CAMH Services for children and young people with ADHD. The answers, whilst containing some positive feedback, clearly highlighted the need for change.

Our first question was *What has been your experience of CAMHS?*

To this we received 11 responses, 6 of which shared that they had had a helpful experience. The other 4 responses provided consistent feedback that wait times for assessment were too long (over a year) and that contact from the team was minimal. An example of some responses are below.



We also asked, *Looking back and thinking about how things are right now, what would you change about your experiences with services and what could we have done differently?*

To this we had 12 responses. Whilst some responses shared that they were happy with their experience and wouldn't have changed anything the majority provided some detail on what could have been better. These included 4 key themes around reduced wait times, having more contact with the team, having access to an increased number of therapies and being able to utilise information collated elsewhere, rather than CAMHS starting the process again. An example of some responses are below.



Parent/Carer Feedback

To help inform our work Re:Minds asked parent/carers;

What are your thoughts on ADHD support and what is going well in Southampton?'

Over 40 replies were received, below is a sample of them.

- *When CAMHS met my daughter for the autism assessment they didn't see signs of ADHD. We asked for it to be looked into – our results and my daughter's passed the criteria for ADHD – with extremely high scores, and she has a dad and brother with*

ADHD, however the school forms were slightly below so it was not endorsed. But I know that my daughter is a genius at masking and the autism assessment activities were short quick tasks which she can cope with – although she will say her face looks like its listening, but her brain isn't! We know it's her inability to concentrate which has left her 3 years behind at school, but we've been told to come back in a few years to get it looked at again – it will be too late by then but there is nothing we can do.

- *Being told by CAMHS that my son definitely has ADHD and autism with a long line of family history to be told not going ahead due to school forms! I think they should look at the case still as now parents like myself have to go through it all again*
- *Being told by CAMHS they won't accept a private diagnosis. And want to reassess. But then instead put it down to parenting.*

In the meantime, behaviour escalates, exclusions mount up, school refusal, more and more aggression. I've done all the parenting courses I can find, and social services can't offer any more support. We've been let down by CAMHS over the years

- *I think with all diagnoses, more emphasis needs to be placed on parental response than school response. Behaviour at school is so often masked by other issues. What we deal with at home is the real child, yet I felt completely cast aside initially - until you intervened - because the school said he was fine! I had been asking for help from the school since year R and it wasn't until he started refusing that they even began to acknowledge there may be a small issue. Makes parents feel really undervalued and ignored when actually we are the ones living with these issues every day, regardless of issue.*
- *Was given diagnosis, offered waiting list for meds and that's it. No offers of NVR courses or other solutions to help other than here's your diagnosis and here's the behaviour line you can call, really!*
- *We waited years for our son's diagnosis and because we are not medicating that's pretty much all we got. I have no idea what, if any, support is available. Was offered the New Forest parenting course but have never heard back. Thankfully his current school is amazing and have been very supportive from the word go, even before he got his diagnosis. I'm worried about secondary school applications now as I don't know what support he is entitled to if anything. As far as I know, he has no "plan" so I'm assuming it's just mainstream secondary schools. I guess I should just feel lucky we don't desperately need help... but can't help feeling he's been let down.*
- *My lads ADHD doctor was brilliant, really helped me to understand ADHD & she got my lads anxiety diagnosed and medicated! She didn't just fob me off with 'it's part of autism' - she also supported me too & helped to get me support. Especially when I was going through a breakdown. It's a shame she's now left CAMHS though. All the good ones seem to go. She was also good at interacting with J too. For J, his medication was taken over by the GP and they check his BP etc, which is good. However, we were told he would be referred on to adult ADHD services which never happened. There is no further support for him, except from the DSA as a student. The DSA service is fantastic.*

- *Nothing. We were discharged when she turned 18. Literally out high and dry, she is 20 today and her behaviour is like going back 10 years. ADHD is completely out of control and she won't ask for help and I have no-where to turn*

Parents/carers regularly contact Southampton's parent/carer support group, Re:Minds CIC, asking for support around ADHD. The following reports what they have shared on their experiences outside of the specific feedback request.

Most reported concerns were with waiting lists, length of time between assessment and follow up intervention (particularly pharmacological intervention) and general communication between the SpCAMHS service and families.

Some families have fed back their difficulties with some education settings with reports that schools aren't confident in ADHD and offering support before a diagnosis is given. There was consensus amongst parent/carers that once a diagnosis is given there is little support outside of medication. There is a gap for families who might need longer term support in this area.

The transition to adulthood was also identified as a real weakness of the ADHD pathway. Feedback was clear from parent/carers that City wide there needs to be a clear process for supporting young adults and their families, from training for GPs, consistency around the ADHD adult service and support for young people to manage their emotions and medication. Many families reported challenges in accessing the courses required to move forward with an assessment, or to support their children. This can be due to a number of reasons, from long waiting lists for the most popular courses, inability to take part due to looking after other children, or the mental health of parents which has deteriorated so much they feel unable to take part.

Families of children with ADHD have found the New Forest Parenting Programme (NFPP) course a useful course in supporting themselves and their children. This is a behavioural parent training programme specifically focused on ADHD and developed locally, by local clinicians, but is now famous worldwide. The Non Violent Resistance (NVR) course is widely shared amongst parent/carers as a very successful course for anyone whose children are neurodiverse or struggling with aggressive behaviour issues, but the wait times make it hard for those most in need to access.

How We Have Responded

The SpCAMHS team have re designed the delivery of their ADHD pathway, considering feedback received and incorporating into service re design where possible.

We have increased the amount of contact the service has with families at the initial point of referral and triage. Each family is contacted to discuss their referral and for those where ADHD is a consideration, we have increased the information gathering from families and professionals at triage stage to make best use of available information. Whilst young people and families are waiting, they have access to our duty line, where a conversation with a clinician from the team can be had to inform of a change in needs. Families also have access to our behaviour support line and in our pathway information to families we will make the information on this offer clearer.

The service recognises that it is also important that families hear from them whilst waiting for either assessment, or follow up intervention, for ADHD. With that in mind the service will be working towards a goal of reaching out to families waiting every 3 months to check in on their needs. We will also be updating our service offer to provide education and information sessions on medications prior to consultation appointments for medication consideration. This is to make the best use of time in the 1:1 appointments and that any doubts or

questions can largely be considered and worked through beforehand. We will also be working to identify how we can safely identify young people with cardiovascular concerns so that we can request any additional tests prior to a medical consultation. These goals will be dependent upon recruitment into the service for additional capacity, but ones we will work towards.

We have worked with our local commissioners and have increased our capacity to deliver assessments, this coupled with the wait list initiative we undertook during the duration of the T&F Group has reduced wait times in service. We are conscious though that neurodiversity is an increasing area of awareness and need and whilst we work hard to minimise wait times, we are unfortunately not able to remove wait times.

Whilst our wait times for assessment have decreased, our wait times for follow up pharmacological intervention have increased. This is in line with national demands seen in services for children and young people with ADHD. The SpCAMHS team are continuing to explore options for reducing these wait times and continues with their recruitment efforts to secure more prescribing capacity in the team.

We heard the frustration of the limited offer through SpCAMHS outside of medication for ADHD. Through the T&F Group we have worked with local partners to outline the City's current service provision for children and young people with ADHD. This mapping of services, coupled with feedback on areas of gaps, has helped to inform priority areas for further commissioning and availability of services which will work to complement the current offer, and reduce the demand on SpCAMHS. Plans for this will be touched upon later in this document.

We have worked with Re:Minds to increase our availability and information available on ADHD. This is covered through three main deliveries:

- Re:Minds have a regular speaker on ADHD, covering topics requested by parents and always with a Q&A session built in. These talks are then accessible via [YouTube](#), meaning that the information can be referred to whenever it is needed by families and professionals.
- Re:Minds and SpCAMHS have put in place a monthly advice clinic. Here families can book a 10-20-minute private appointment to speak to a SpCAMHS ADHD clinician and seek advice. This has proved incredibly popular and the clinics are regularly fully booked, with waiting lists to get an appointment. This clinic means families can have access to expert advice, without the need for referrals. Through this we have helped families make the right decision about when to apply for an assessment, how to deal with behaviours, understand medication and given them strategies for working with schools, amongst many other topics. SpCAMHS will continue this partnership with Re:Minds to provide this clinic as a core part of the ADHD related provision available for families in our City.
- Alongside the specific ADHD advice clinic Re:Minds partner with CAMHS and Adult Mental Health Services to run more general advice clinics which offer advice and guidance to families whose children do not have a diagnosis or are over 18 and need support with their behaviour and/or mental health needs.

As part of our next steps we will work with partners to publicise and promote the offer that is available in the City. Making this guidance available through the local offer will be a start and then working with our communication team to explore other avenues of promotion.

Alongside the above the service continues to participate in local conversations regarding transition for young people and will work in partnership with NHS providers for adult ADHD once available.

Southampton City Wide Approaches

Southampton is a needs led City with a focus on early identification, intervention, and prevention. As such the City is committed to developing pathways and provision for children and young people who are neurodiverse and have a range of needs rather than being based on a diagnosis of autism or ADHD.

Within the Southampton system we have signed up to working within two key system delivery models - the Southampton City Council Practice Framework which outlines the principles of how we work collaboratively together, and the Anna Freud iThrive model (Wolpert et al 2019) which informs our thinking about system design and delivery of services.

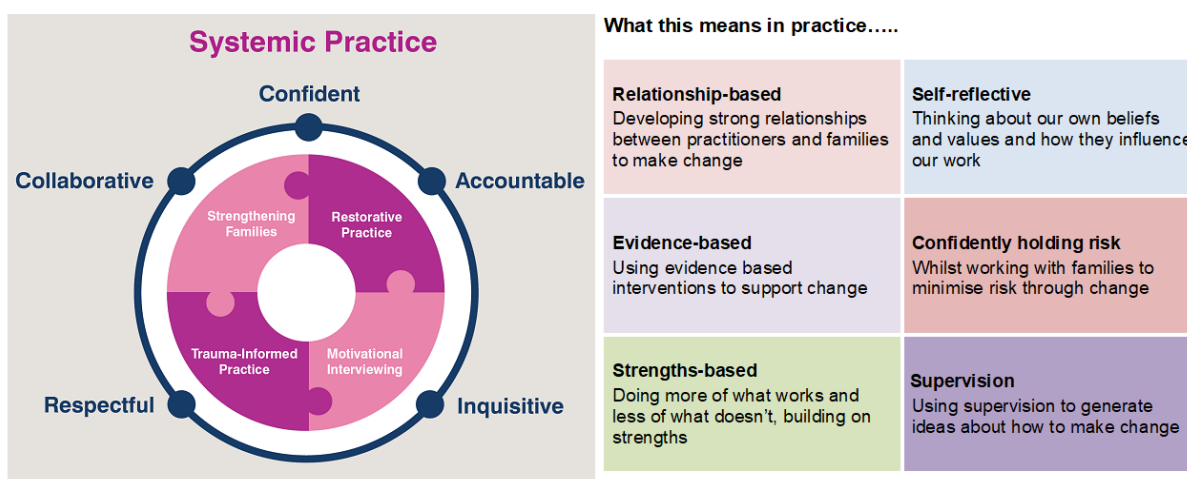
We are also signed up to working in partnership with families and in line with the Purpose, Vision and Values of Re:Minds, Southampton's Parent/Carer Support Group.

This guidance has developed with each of them in mind.

Our Practice Framework

Southampton City has developed a Practice Framework for working with families which sets out the key theories, values, principles, and approaches that inform the way we work with children and families, and how we work together as professionals.

Systemic practice is our overarching approach. It promotes the belief that families have the capacity to change. In this approach, challenges are seen to exist within the context of relationships, rather than being located within individuals.



Underpinning Systemic Practice, the City has adopted the following four relationship based approaches:

- Restorative practice
- Trauma informed approaches
- Motivational interviewing
- Strengthening families

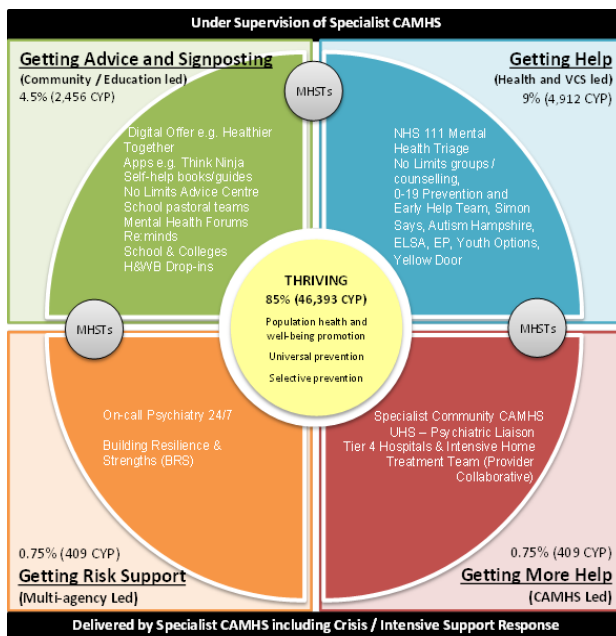
I-Thrive Framework for System-wide Change

To support this approach, we are also embedding the I-THRIVE framework across the City. The framework is a nationally recognised one for planning and delivering mental health services for children and young people. It is person centred and needs led with an emphasis on prevention and early promotion of mental health and wellbeing. It advocates for the role all partners in a system play in meeting the needs of children and young people's mental health and wellbeing across five categories:

- Thriving
- Getting Advice and Signposting
- Getting Help
- Getting More Help
- Getting Risk Support

The framework was developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust (Wolpert et al., 2019).

The I-Thrive Framework and its Principles that we will embed are outlined below.



MHSTs = Mental Health Support Teams in Schools & Colleges

Principles	Description
1. Common Language	Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support)
2. Needs-Led	Approach based on meeting need, not diagnosis or severity.
3. Shared Decision Making	Voice of children, young people and families is central. Shared decision-making
4. Proactive Prevention & Promotion	Enabling the whole community in supporting mental health and wellbeing.
5. Partnership Working	Effective cross-sector working, with shared responsibility, accountability, & mutual respect based on the 5 needs-based groupings.
6. Outcome-Informed	Clarity and transparency from outset about CYPs goals, measurement of progress and action plans, with explicit discussions if goals not achieved.
7. Reducing Stigma	Ensuring mental health and wellbeing is everyone's business including all target groups.
8. Accessibility	Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

Within this document we have used the iThrive categories of getting advice and signposting, getting help, getting more help, and getting risk support to help frame the support and interventions available to children and young people across the City.

Re:Minds Purpose, Vision and Values



The Re:Minds Group Purpose, Vision & Values 2021 - 2023

Purpose

Re:minds exists to give families of children with Autism, ADHD or mental health needs a safe space to be seen, heard and supported. Together, we will use our shared experiences, courage and tenacity to improve our own lives and the lives of the people we care for.



Vision

We imagine a world where families no longer feel alone, hopeless or overlooked. Where we don't have to fight for the support, advice and guidance we deserve. We work collaboratively with other services to build a world that accepts us, recognises our needs, validates our contribution and equips our children to thrive.

Values

- We are **resilient**: We stand together stronger, united. We can be brave for each other and a positive force for lasting change.
- We are **resolute**: We are here to support and to challenge, to ask difficult questions, to act boldly and to achieve the best outcomes for our families.
- We **respond**: Our service is led by the needs of our families, we make it our mission to understand their challenges, reflect on how we support to address them, and adapt our response accordingly.
- We are **respectful**: We create a safe and inclusive space where feelings can be expressed without judgement. We value and care about our families, our partner organisations, our employees and our volunteers.
- We nurture **relationships**: Our ethos is family first. Our employees and volunteers have lived experience of caring for children with additional needs and are encouraged to work flexibly to put those needs first.



The Commissioning Commitment

As part of developing services for children, young people and families with neurodevelopmental needs, Southampton commissioners are considering a range of options to develop our parenting support offer and maximise peer led support. Service review, and planning, for families and young people with needs associated with, or similar to ADHD, has highlighted that within our City we have a range of parenting programmes available, but nothing commissioned which has a specific focus on ADHD. We are working to rectify this current position.

These proposals outline the direction of travel for addressing the identified gaps in service provision for this cohort of children and young people.

There are many positive outcomes arising from supporting families and young people with needs associated to or similar to ADHD including:

- Improved health, emotional wellbeing, and resilience
- Reduced stress from parents
- Improved parenting capacity and attachment
- Improved strategies to self-regulate and achieve at school and college
- Improved attendance at school and college
- Improved home environment for the whole family including other siblings
- A network of experienced peers who can provide informal support and information

- A toolbox of strategies to help families support their child's development thus improving outcomes.

Through the time that the Task and Finish Group for ADHD has been established the following developments have taken place to improve our provision for children and young people and their families.

1.1.1 Educational Psychology Consultations

During the summer term 2020-21 Southampton Educational Psychology team were commissioned to offer an advice line for parents and carers of children and young people with social communication difficulties and/or autism (including ADHD). The setup of this offer was to provide a forum where parents/carers can have direct access to Educational Psychology advice due to the feedback received about the discrepancy at times between school and parent perspectives. The service has been fully utilised by parents and will continue following evaluation of its use.

1.1.2 New Forest Parenting Program (NFPP)

The NFPP is an evidenced based programme, specifically for children with ADHD/ND behaviours with or without a diagnosis from ages 3- 12 years. The programme can be delivered face to face, group, via guided self-help and online.

The proposed approach in Southampton is to deliver this within the 0-19 Early Help and Prevention Service, co-delivered with parent/carers. It is expected the this will be mobilised towards the latter part of 2022.

1.1.3 Non-Violent Resistance (NVR)

NVR is also an evidenced based programme that has been developed as a psychological approach for overcoming destructive, aggressive, controlling, and risk-taking behaviour. NVR is shown to be a highly effective programme for parents/carers with children who show violent, aggressive, controlling, or self-destructive behaviours (aged 5 – 17yrs). These behaviours are not part of the core symptoms of ADHD, but we know that many children and young people with ADHD will also demonstrate these behaviours.

Research has shown an improvement in reduced parental submission, fewer power struggles and improvements in children's behaviour. It helps build positive relationships within the whole family unit. Evidence also points to reducing parents' feelings of helplessness, increasing their confidence, and improved parental mental health (Weinblett and Omer, 2008).

NVR is currently offered in Southampton for young people with LD and autism (through Specialist CAMHS) but accessibility to NVR as a first line intervention has been identified as a challenge. The proposal is to work with partners in the voluntary sector to deliver an NVR programme which also delivers youth support and engaging activities for children and young people at same time. The aim being to enhance the effects of NVR by working with the whole family and engaging children/young people in positive activities which have a positive knock on effect on self-esteem, self-confidence, and emotional wellbeing. This will initially be as a pilot to evaluate effectiveness and inform longer term commissioning.

1.1.4 Re:Minds ReCharge

Re:Minds is a Southampton based parent led service that provides peer support in a variety of ways including the Re:Minds ReCharge (formally known as the Not Another Parenting (NAP)) course. This is a wellbeing and resilience course supporting parent/carers to identify

strategies that support their own well-being, recognising the challenges that having a child with additional needs can bring.

1.1.5 Peer to Peer Support

Peer support is a vital form of support that is valued by parents as being helpful and able to offer practical solutions. The support can be provided either pre or post assessment and can be individual or group peer support with access to diagnosis-neutral guided self-help interventions or practical support for common difficulties, such as eating and sleeping difficulties.

We recognise that parents/carers often feel isolated and struggle to maintain their own mental health and well-being due to the pressure of parenting children with additional needs. This peer support offer aims to bring families together, helps them feel less alone and creates support and friendships with peers; this in itself improves wellbeing.

Southampton has committed to continuing its commissioning support to both Re:Minds and the Southampton Parent Carer Network to deliver peer support to families with children and young people with neurodiversity throughout the City.

Within this document we have used the iThrive categories of getting advice and signposting, getting help, getting more help and getting risk support to help frame the support and interventions available to children and young people from a range of organisations across the City.

This first version articulates Southampton's current offer and has provided a clear steer on where there are current gaps. Our commitment as local commissioners is to continue to work in partnership to further develop our offer.

Autism Assessment Pathway

A sizeable portion of children with ASC present also with ADHD and vice versa. The Autism service runs alongside Specialist CAMHS. At the start of the Task and Finish Group, children and young people have been referred separately for consideration of Autism to ADHD and other mental health conditions. This results in long wait times and repetitive assessment processes. As the provider Trust for CAMHS and the Autism Assessment Service Solent NHS Child and Family Services are committed to improving services for young people and their families and have focused over the past 12 months on re developing the Autism Assessment pathway, focusing on streamlining and strengthening links with CAMHS and the ADHD Pathway in particular.

We have now introduced the beginning of a joint Neurodevelopmental Pathway. Young people who are referred for concerns indicating ADHD and ASC traits will be offered screening and, if appropriate, assessment within the CAMHS Pathway for both conditions. Referrals requesting consideration for Autism only will continue to be screening and assessed in the Autism pathway, however if ADHD traits are identified in this process the assessment for ADHD will be completed by the Autism team. As we progress with our service developments we will be moving towards an even more integrated neurodevelopmental pathway.

We have developed strong working links between the teams and have set up a multidisciplinary panel with members from both teams. This panel meets fortnightly to discuss these assessments and agree the outcomes.

In recognition of the young people across the City who have neurodevelopmental traits we are dedicated to working further with City wide partners to develop this pathway and explore the possibilities for needs led pathways in order to provide intervention, advice and support for those who do not wish for a formal diagnosis or do not fully meet the diagnostic criteria. This would involve making parent led interventions such as Early Bird available in our City and exploring with parent/carers and young people what other support services they feel needs to be included in our local offer.

The City has also seen a focus on increasing the skill set and knowledge within schools. The introduction of Autism Champions is being encouraged in all mainstream schools to support schools to become 'autism friendly'. Developing skills and expertise to better meet the needs of this group of children and young people. Once established it is hoped that these champions will develop an extended brief to cover neurodiversity in general. This is alongside the Autism in Schools Project which is working in a bespoke manner with 4 schools to provide training, supervision, and consultation on several areas connected to the needs of children and young people with autism. Schools who are signed up to these projects get access to some focused training modules which are underpinned by inter-agency collaboration, and which will support education practitioners to deepen their understanding of autism, develop inclusive practice and access resources.

Aspirations for a Trauma Informed Pathway

There are also important links between complex trauma and neurodevelopmental disorders, that may co-occur (rather than being two mutually exclusive entities). There is considerable work happening alongside the neurodevelopmental work in the City to develop our Trauma Informed Pathway. By becoming a more trauma informed system we aim to support those working with children and young people to consider the impact of trauma on child development and behaviour, raising awareness of the overlap between trauma and ADHD, rather than seeing ADHD and trauma as opposing and mutually exclusive .

Best practice would indicate that parents should have access to timely parenting groups to help them to support the child who has experienced trauma and/or inconsistency around care. As highlighted above there is strong partnership work happening across services and commissioning to ensure that access to such interventions are more readily available.

Schools and professionals within the City have had opportunities to access training to consider trauma and to work with children and young people in a trauma informed way. This might mean fostering safe relationships and attachments in school with a child and learning ways to talk to parents who are distressed in a way that doesn't trigger past traumas.

Within SpCAMHS we are part of the Trauma Informed Practice Group for the City and through that forum will continue to be a part of trauma informed developments, advocating for the overlap of trauma and ADHD to be a core part of our developing pathway.

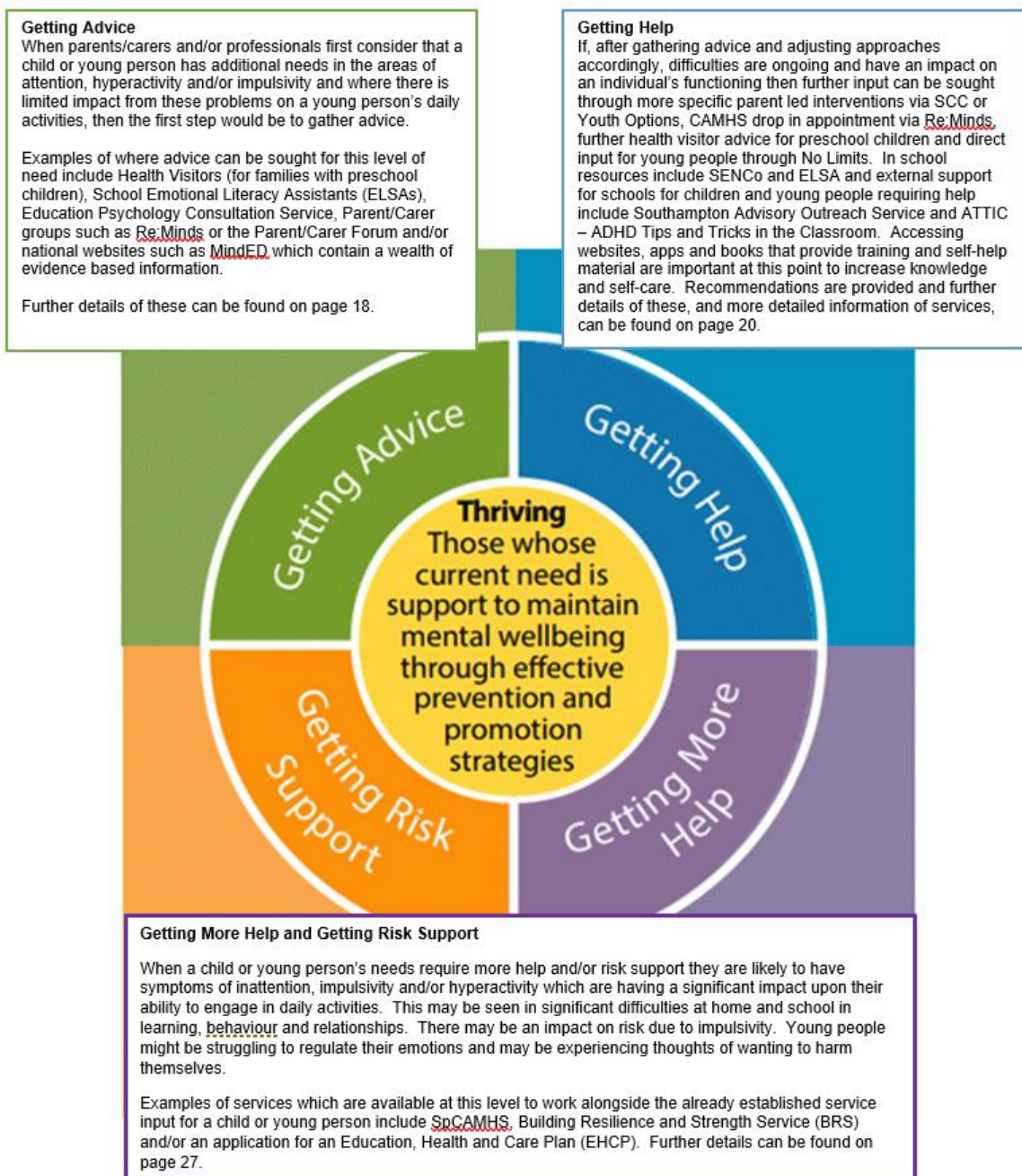
Section 2

In line with the I-thrive model, our guidance leans towards identifying concerns early and providing access to advice and support from all agencies across Southampton City on a needs led basis.

We have detailed in the following pages the advice, guidance, and support that is available on our City across a range of needs levels using the helpful iThrive categories of:

- Information, Advice and Support
- Getting Help
- Getting More Help and Getting Risk Support

The visual below provides a quick reference summary.



Information, Advice and Support

When parents/carers and/or professionals first consider that a child or young person has additional needs in the areas of attention, hyperactivity and/or impulsivity and where there is limited impact from these problems on a young person's daily activities, then the first step would be to gather advice.

In the first instance this guidance recommends that for concerns highlighted within a school setting then these be discussed with the school's SENCO, Emotional Literacy Support Assistants, school nurses and/or educational psychology for ideas around strategies to help build the child's strengths within the school, provide support in the areas of concern and, where appropriate, explore any other underlying concerns. These first line areas of advice on how to alter the approach to best meet the child or young person's needs is strength based and aims to increase the focus on the skills a child does have and promote a learning approach to help a child learn additional skills to increase their concentration levels and/or better manage their levels of impulsivity and hyperactivity. Most often such interventions require some level of environmental adaptations, as opposed to direct intervention with the child or young person.

Where professionals feel that a child or young person would benefit from some more focused emotional support this can be sought by contacting Emotional Health and Wellbeing (EHWB) Workers or No Limits who provide short term low intensity support. Such support may be recommended where it is considered that an element of emotional distress is temporarily impacting upon a child or young person's concentration, hyperactivity and/or impulsivity.

Parent/carers can access information and advice through Southampton parent/carer support networks, including Re:Minds and the Parent Carer Forum. The Re:Minds website holds the updated information on the advice clinics on offer, as well as recorded talks on a wide range of topics.

It is hoped that the development of Family Hubs within the City, as part of the Early Help 0-19 offer, will provide an additional source of signposting and advice for families as part of this network.

In addition, there are several national parent/carer forums as well as mental health organisations which provide high quality information and advice, a selection of which are highlighted in the contact details below.

At this point, in the absence of clear impairment, there is not a recommendation that any assessment for ADHD be sought. We are clear in this guidance that children and young people can have difficulties in the areas of concentration, hyperactivity and/or impulsivity for a variety of reasons, not all of which are connected to a formal diagnosis of ADHD. These resources can be accessed via the following.

- School Emotional Literacy Support Assistants (ELSA's) or School Pastoral Support Teams
As these are school based please speak directly to the education setting.
- Southampton Healthy Ambitions Service – Public Health Nurses
<https://what0-18.nhs.uk/solent/school-nursing>

- Southampton Healthy Ambitions Service – Emotional Health and Wellbeing (EHWB) Workers (11-19 yrs Term Time only) Referral can be via school, or by self-referral through No Limits
<https://nolimitshelp.org.uk/get-help/southampton-healthy-ambition-sha/>
- Educational Psychology
This is primarily a service for schools and is based on school referral.
<https://www.southampton.gov.uk/schools-learning/support-education/education-psychology.aspx>

To access the parent/carer consultation line with Educational Psychology please contact Jackie Holgate on Jackie.holgate@southampton.gov.uk to request a consultation.

Parent/Carer Support

- Re:Minds is Southampton's parent led support group for parents and carers of children and young people with autism and/or mental health difficulties.
<https://www.reminds.org.uk/>
- Young Minds Parent Helpline provides detailed advice, emotional support and signposting about a child or young person up to the age of 25
You can call for free on 0808 802 5544 from 9:30am - 4pm, Monday - Friday.
<https://www.youngminds.org.uk/parent/>
- Southampton Parent Carer Forum have a shared mission to improve and enhance the experiences and opportunities of children and young people with additional needs,
<https://www.sotonpcf.org.uk/>
- MindEd is a free educational resource on children and young people's mental health for all adults. It has e-learning applicable across the health, social care, education, criminal justice, and community settings. It is aimed at anyone from beginner through to specialist.
<https://www.minded.org.uk/>

MindEd has a section which is specifically aimed at families, children, and young people.

<https://www.mindedforfamilies.org.uk/young-people>

Section 3

Getting Help

If after the above advice and initial interventions have been put in place and the young person's continues to have difficulties concentrating, and or has hyperactive and impulsive behaviours that are having an impact on their ability to engage in daily activities and are troubling to the child/young person, then 'getting help' would be indicated. In this instance we may see some problems with the young person falling behind at school, avoidance of difficult tasks, irritability and emotional lability and little awareness of safety and relationship difficulties.

Parent Led Interventions

At this level of difficulty, NICE guidance recommends offering parents or carers a referral to group-based ADHD-focused support and is clear that this should not wait for a formal diagnosis of ADHD (NICE, 2019). We recognise that challenging behaviours are often experienced by children and young people with ADHD however, it is important to acknowledge that this is not a core symptom of ADHD. The benefit of parents accessing specialist parenting groups that target managing challenging behaviour is also highlighted and referenced in NICE guidance on antisocial behaviour and conduct disorders in children and young people (NICE, 2019).

It is important to note that the majority of evidence for change and positive outcomes for children under the age of 11 is within parent led interventions (Daley, 2014). It is for this reason the parent led intervention groups below are recommended.

Whilst the work to secure the availability of group based ADHD support is ongoing, we do have NVR intervention available in the City from two agencies, Southampton City Council and Youth Options. The contacts are as follows:

- NVR via Southampton City Council, more information can be found [here](#)
Alternatively, for more information on this course and to book a space you can contact the team on any of the following telephone numbers: 023 8091 5480, 023 8043 7866 or 023 8091 5480.
These courses also run in the local schools so please contact them for further information.
- NVR via Youth Options offers a programme which offers support to the whole family. Incorporating NVR training for parents and carers and youth support for children and young people.
More information can be found [here](#)

Parent/carers can also access some direct support and advice from SpCAMHS clinician via the drop in sessions run with Re:Minds. Parents have access to a 10 minute bookable slot to bring any concerns or queries they may have about their child, whether they are known to the CAMH Services or not. Slots can be booked through Re:Minds [here](#).

Health Visitor Support

Health Visitors are often the first port of call for families when parent/carers first have concerns about their child's development or behaviour. Our health visitors in Southampton now have a regular monthly supervision session offered to colleagues working with families whose children are generally (but not exclusively) under 5 years. We know children can experience emotional and behavioural issues from a very early age and this age group can have good responses to early intervention and support.

As the support offered to parents in this age group is now provided mostly by Health Visitors their early detection, treatment and support can be extremely helpful both to the families but also to prevent further issues going forward. Each month the supervision is open to colleagues to discuss the families they are working with and to give them ideas to help.

Children and Families First (0-19)

Our Children and Families First Service in Southampton supports children and families when challenges first emerge to avoid the need for more complex interventions later on. The service builds on family's strengths to resolve their own difficulties and prevent further problems emerging. There are three teams in Southampton who work out of community hubs to bring early intervention to local communities in the most accessible and responsive way. The three teams consist of a range of professionals including social workers, health visitors, school nurses and family support workers.

The service is transforming how they work and reviewing the offer they have for families. As part of that work the service is looking to increase their offer to families who have children and young people with neurodiverse needs. There is a good evidence base for the positive impact early intervention can have for children and young people who present with difficulties in the areas of inattention, hyperactivity and impulsivity and so worth looking at the service offer as it develops to consider how it may benefit individual families. More can be found [here](#) and we will add further detail on the service offer when we review this document in the autumn term of 2022.

Direct Support for Young People

If not considered previously, and if considered appropriate based on the young person's emotional wellbeing then low intensity individual work or counselling for the young person can be accessed through No Limits. This may take the form of Primary Mental Health Work or Counselling.

- No Limits Primary Mental Health Workers
Referrals for this service are via the EHWB Workers mentioned above, or through the CAMHS West SPA, tel: 023 8103 0061
- No Limits Counselling Service
The service offers both online and face to face options . To make a referral or find out more about this service then please contact **Tel: 02380 224 224** or email enquiries@nolimitshelp.org.uk Alternatively go to <https://nolimitshelp.org>

In addition, some schools have counselling services within the school. This availability of this varies between schools. Please speak with your own school or College provider.

For further information on the range of services available the Southampton City Directory of Services and Support provides details on services that provide different levels of support and intervention. The directory can be found [here](#).

Information, Training and Self-Help Material

At the getting help level there are still a range of self-help and information materials. Education and understanding about any additional need is often the first part of any intervention. Increasing our knowledge and understanding leads to increased confidence in self-help and self-care. The following resources may be of use.

Self-care suggestions for young people

- The Anna Freud website has a wealth of information, but one of the most helpful pages contains a wide range of strategies to help children and young people manage their wellbeing.
<https://www.annafreud.org/on-my-mind/self-care/>
- Stop breathe and think
Mindfulness and meditation app that helps children develop focus, calmer emotions and can help with sleep.
- Kids to do list
An app to help children visualise and break tasks/daily routines down into manageable goals.
- Remember the milk
An app for young people and parents alike who have difficulty with executive functioning issues such as goal setting, prioritizing, time management and/or organization.
- If you're under 25 you can talk to The Mix for free on the phone, by email or on their web chat. You can also use their phone counseling service or get more information on support services you might need.
www.themix.org.uk
Free phone: 0808 808 4994 (1pm - 11pm daily)

ADHD Specific Information

- ADDERS.org and ADDISS are websites for children, young people and their carers which provide education and tools to understand and manage ADHD.
<https://www.adders.org.uk>
www.addiss.co.uk
- The New Forest Parenting Program is the ADHD specific parenting intervention. More information can be found at [Facebook @NFPPgroup](#) and/or through the book *Step by Step Help for Children with ADHD: A Self-Help Manual for Parents* by David Daley, Edmund Sonuga-Barke, Cathy Laver Bradley, Margaret Thompson and Anne Weeks (2010).
- ADHD Foundation: The Neurodiversity Charity has a wealth of useful information on their website www.adhdfoundation.org.uk
- Oxfordshire Health Foundation Trust have launched a new animation series on YouTube
[How do I help? Animation series launched for parents and families of neurodiverse children and young people - Oxford Health NHS Foundation Trust](#)
[A parents' guide to supporting children and young people: ADHD and autism - YouTube](#)
- Re:Minds have partnered with CAMHS to host a number of videos related to ADHD. They can be accessed through the Re:Minds YouTube channel [here](#).

Books

For Children

- The survival Guide for kids with ADHD by John F Taylor

- All dogs have ADHD By Cathy Hoopman
- Learning to slow down and pay attention by Katherine G. Nadeau and Ellen B. Dixon
<https://www.abebooks.co.uk/9781988002804/Brain-Needs-Glasses-ADHD-Explained-198800280X/plp>

For Young People

- ADHD Workbook for teens: Activities to help you gain motivation and confidence by Lara Honos Webb

For Parents

- Step by Step help for children with ADHD: a self-help manual for parents by Cathy Laver Bradley, Margaret Thompson, et al
- Understanding Attention Deficit Disorder by Dr Christopher Green
- Teenagers with ADHD/ADD : A parent's Guide by Chris A Zeligler Dandy

Training

Over the last few years, the CAMHS West service has been working alongside Re:Minds and have provided presentations relating to a range of topics. In addition the CAMHS West team have produced some ADHD specific training videos and in partnership with Re:Minds these training opportunities can be accessed [here](#). Current presentations cover topics such as ADHD and School, ADHD and medication and ADHD Q&A with local experts. Please continue to check in on the Re:Minds You Tube Channel as more are being uploaded as they are delivered.

Kings College London provide an online training module for ADHD entitled *Understanding ADHD: Current Research and Practice*. The course covers ADHD as a developmental disorder, (considering controversies related to the condition), diagnosis and best practice treatment of ADHD. Practical strategies to help the educational and personal development of people with ADHD is also included. More information can be found at <https://www.kcl.ac.uk/short-courses/understanding-adhd-future-learn>

The Association for Child and Adolescent Mental Health deliver twice yearly masterclasses on ADHD. These masterclasses are aimed at professionals and information can be found on the ACAMHS website <https://www.acamh.org/>

Education Support

Within 'getting help' we recognise that a partnership approach between families and wider services, including education is required. The information below provides some guidance for schools and families alike on where additional help can be sought.

Within school sources of support – SENCo and ELSA.

- Support, advice, and observations can come from the school SENCo. In Southampton we have SENCo network meetings where SENCo's can tap into City-wide training and updates. Some of which will be relevant to the support they provide in school for children and young people with symptoms of ADHD.
- Support via ELSA may also be available and is more targeted towards social and emotional support.
- Some schools also have Nurture Group provision, an intervention successful at supporting some children with social emotional and mental health difficulties (dependent on meeting Nurture Group criteria).

External support for Schools

- Southampton Advisory Outreach Service (SAOS):
Schools can request support for two individual pupils per year. This is 6-8 weeks of individual visits. This may include pupils with ADHD type needs. The service is funded by SCC and additional interventions can be purchased.

ATTIC – ADHD Tips and Tricks in the Classroom

ATTIC is a collaborative production bringing evidence and experience together. The website has been developed by local researchers through a project funded by the University of Southampton. The lead researcher, Rebecca Ward, is a teacher with previous experience of working within Specialist Education. Through her experience, and collaboration with other school teachers, Rebecca recognised the challenges in delivering education to children and young people with ADHD in mainstream classrooms.

The aim of the project was to develop an ADHD resource for Primary School Teachers and Rebecca worked with a number of schools in the Southampton area to develop the website of resources and useful information. This can be accessed [here](#).

Southampton Inclusion Partnership (SIP)

Schools can commission the service to deliver training, including training on ADHD.

Primary Heads Inclusion Group (PHIG)

This is a forum where cases can be brought for a problem-solving consultation with head reps, Education Psychology and SAOS.

Educational Psychology Service:

Southampton City Councils Educational Psychology Service are able to provide a range of services to schools. These include:

- Staff surgery
- Consultation*
- In depth casework*
- Therapeutic intervention*
- Challenging behaviour consultation**
- EBSA (Emotionally based school absence) intervention (if meet specific criteria)**
- Bespoke staff training*
- Staff supervision*
- Professionals phone consultation
- Parent phone consultation (if meet specific criteria)

*There is a charge for these services

**There may be a charge for these services depending on service level agreement

In addition, the afore mentioned parent/carer consultation line with Educational Psychology is a valuable resource for parent/carers looking for advice in connection with children and young people with social communication difficulties and/or autism (including ADHD). A consultation can be booked by contacting Jackie Holgate on

Jackie.holgate@southampton.gov.uk

Profile of Need

The Early Years Panel was established in September 2020 to provide an opportunity for exploring a child's needs from a multi-disciplinary perspective and ensure that those needs are being adequately addressed. With its main remit being SEND and complex health needs, the Panel also identifies gaps in provision and has become the 'go-to' place for all early year's children with complex needs. For children and young people whose needs would fall into the 'getting help' level of the iThrive model the Profile of Need would be a tool that education settings might consider using.

The Profile of Need is a tool to support the understanding of a child's needs that can be used at individual and population levels. It provides a common language to enable professionals from all agencies to understand the breadth and depth of a child's needs and for practitioners to consider a child's presenting behaviour within the context of their full profile.

The Profile can be used to: -

- Provide a summary of needs that can be used across agencies
- Highlight the complexity of needs
- Support school profiling to inform training and provision
- Forecast future needs and planning of provision
- Encourage thinking beyond the presenting features to understand why a child may present as they do

A Profile of Need should be completed for each child as soon as they are identified as having special educational needs and/or disability. Undertaking the profile across the setting will provide an easily accessible summary of all the needs within the setting which can inform staff training and development, and provision.

Inclusive Education

Southampton is a diverse and inclusive City. The Inclusion Charter, Audit and Guidance aims to support schools to create more inclusive environments that allow individuals to flourish. Collectively they aim to support schools to develop a greater breadth and depth of understanding of all children but particularly those with SEND

Settings have a statutory duty to support children who present with special educational needs as outlined in the Code of Practice 2014. SEN support should take the form of a four-part cycle (Assess, Plan, Do and Review) through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the child's needs and of what supports the child in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review, and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.

Voluntary Sector

Services and colleagues within the voluntary sector play an invaluable role in meeting the emotional and mental health needs of children and young people in our City. They are key players in the delivery of locally responsive, 'bottom up' services and often work to address challenges of social exclusion through engaging with sectors of the Community which are underrepresented in more statutory services (Spratt et al 2007).

As services which sit outside of statutory delivery, voluntary sector services are often those which are able to offer a wider range of support services which help children and young people develop a range of skills contributing to social development (including friendship skills), language development and emotional development. Our services in the voluntary sector offer activities which promote healthy minds and bodies, and which build self-esteem,

self-confidence, and independence skills. They are often the environment where a child is able to succeed.

We know that children and young people with ADHD, or symptoms similar to ADHD, have lower levels of emotional well-being in several ways, including feelings of anxiety, lower self-esteem, poorer psychosocial health, and poorer overall quality of life (Peasgood et al 2016). The services available in the Voluntary sector play a key role in the overall picture of meeting these needs.

Within Southampton we have a range of services including specialist youth worker based services such as Youth Options, arts based provision such as Theatre for Life, through to more specialist therapeutic services such as Yellow Door. No Limits is a service which provides a wide range of services for children and young people ranging from information and advice through to specialist counselling. Further details about each service can be found through the links below.

- <https://youthoptions.org.uk/>
- <http://www.theatreforlife.co.uk/>
- <https://nolimitshelp.org.uk/>

The Southampton City Directory of Services and Support details a wide range of additional provision and can be found [here](#).

We urge professionals and families to consider the role our services in the voluntary sector play in meeting the needs of children and young people with ADHD, or needs similar to ADHD, either as they key service involved, or as a contributing service within a wider professional network around a child and their family.

An example of the added value that comes from our Voluntary sector is in the NVR programme run by Youth Options. This has been enhanced from training for parent/carers to a programme which offers support to the whole family through the provision of youth support for children and young people alongside the parent/carer training.

“I feel good about myself for the first time in ages” is a quote from a young person after accessing services from Youth Options and provides a great example of the impact such services can have.

Section 4

Getting More Help and Getting Risk Support

When a child or young person's needs require more help and/or risk support they are likely to have symptoms of inattention, impulsivity and/or hyperactivity which are having a significant impact upon their ability to engage in daily activities. This may be seen in significant difficulties at home and school in learning, behaviour, and relationships. There may be an impact on risk due to impulsivity. Young people might be struggling to regulate their emotions and may be experiencing thoughts of wanting to harm themselves.

After accessing previous interventions, it may be appropriate to consider a referral for specialist assessment and intervention alongside the support and services highlighted in section 2 and 3 of this guidance.

Specialist CAMHS

The referral criteria for the SpCAMHS team can be found [here](#). They will consider the level at which a child or young person's mental health needs are impacting upon their risk and functioning.

Referrals to the team are made through the Single Point of Access (SPA) and referrals are considered from anyone, including self-referrals. The team find that the most informed referrals where there is a question of ADHD come from education settings due to the level of observation and experience, they have of the child or young person.

Referrals can be made into the CAMHS Team by completing the referral form [here](#).

CAMHS ADHD Pathway

The CAMHS ADHD Pathway has been under review and development to ensure the service is making best use of the capacity it has. The pathway is needs led and the service has been working alongside the Autism Assessment Service to develop a Neurodevelopmental pathway which prevents young people from sitting on multiple waitlists for assessment. Before referral to specialist CAMHS it is expected that input from other agencies, in line with those identified in this document, has been accessed and that concerns remain or have increased. That includes a parent led intervention course alongside support and/or adaptations within school.

At the point of referral if there is evidence of symptoms suggestive of ADHD, then an enhanced triage is completed, including the use of specialist screening for ADHD using the ATAC (Autism Tics, ADHD, and other Co morbidities Inventory). After this triage the family may be signposted to other services more appropriate to their needs or brought into the service for an initial assessment. After this initial assessment a decision is then made as to whether a child/young person needs to access a full ADHD assessment.

To assist with the assessment of ADHD the service has introduced the use of the Qb test. This is a screening tool to support the diagnostic process which provides information to help inform any assessment of ADHD, but it should in no way be considered diagnostic or replace the clinical evaluation. It provides information on a child/young person's ability to concentrate, their levels of movement and impulsivity. Additional corroborative evidence based on questionnaires used throughout an assessment helps to inform a comprehensive developmental history and interview.

This level of information gathering at triage and assessment is to help inform the formulation of a child's needs. This is in recognition of the fact that many presentations impact upon a

child's level of concentration, hyperactivity and impulsivity ranging from sleep disorders to trauma presentations and so a diagnosis of ADHD is not always relevant.

After assessment the service works with the family to put in place the most appropriate care plan based on need. If this care plan is associated with a diagnosis of ADHD then the service can offer a combination of parent led interventions, behavioural input, and medication (where appropriate and desired) as per NICE guidance. These take the form of:

- The Behaviour Helpline which is for specialist advice on managing challenging behaviour or particular behaviour concerns. Three way meetings can be supported with parent/carers and school to help explore the young person's needs and help to ensure approaches are consistent across home and school.
- An online course called 'All about ADHD' which includes the New Forest Parenting Programme. This is specifically designed for supporting parents of children and young people with ADHD to understand their diagnosis and develop strategies for managing symptoms and building young people's strengths. The course is set so that parent/carers can access the weekly sessions at a day and time which best suits them.
- At this stage families are also welcomed to attend the regular drop in sessions run with Re:Minds. There is a specific ADHD drop in.
- Where appropriate and desired, allocation to a prescriber in the team and/or the ADHD review clinic to discuss the possibility of medication.

An overview of the pathway can be found in Appendix 1.

Dialectical Behaviour Therapy (DBT) Pathway

In addition to the above interventions currently available for children and young people with ADHD in the SpCAMHS team the service has been working with BRS and the Youth Offending Service to develop their Dialectical Behaviour Therapy (DBT) pathway. This pathway is not exclusively for young people with ADHD but we recognise that young people with ADHD and neurodevelopmental conditions often struggle with regulating their emotions and may react impulsively to intense feelings and distress and the pharmacological treatment often does not fully address this issue (Lenzi et al 2017). They may develop harmful coping skills to manage their distress and may self-harm and/or regulate by using illicit substances or alcohol. The prevalence of risk taking and increased antisocial behaviour can be high in young people with unmanaged ADHD. All the above can have a negative impact on a young person's relationships, education, self-esteem, and mental health. Due to our understanding of this we can link with the DBT Pathway within CAMHS to offer the opportunity for intervention to develop more positive ways of managing emotion, reduce risk taking behaviours and improve relationships. The DBT pathway has been developed to be inclusive of young people with more neurodiverse needs.

Dialectical Behavioural Therapy (DBT) is aimed at helping young people who often feel overwhelmed and distressed and who self-harm in various ways to cope with their feelings. They may also have difficulty in managing their emotions and struggle with rapidly changing moods. To cope with their distress, they may act without thinking and in ways that cause them harm or can in the long term make their situation worse. Broad research into the evidence base for DBT supports the view that this treatment is likely to be beneficial for adolescents with a broad array of emotion regulation difficulties, particularly under-regulation of emotion resulting in behavioural excess. (MacPherson, Cheavens, and Fristad, 2013).

In Southampton our DBT pathway consists of The Skills Group and 1:1 Sessions.

The skills group aims to help by:

1. helping to stop life-threatening behaviours and self-harm.
2. decreasing behaviours that reduce quality of life and increasing positive behaviours and coping strategies.
3. decreasing emotional suffering and helping to build a life worth living.

Alongside the skills group weekly 1:1 sessions with a DBT therapist gives young people time to discuss how they are using the skills in day-to-day life as well as time to discuss more personal issues.

Education Support

An Education, Health and Care Plan (EHCP) may be considered when, despite the setting having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress. Or the progress made has only been with provision over and above that which would typically be expected within school. At this stage the school or parents should consider requesting an Education, Health and Care needs assessment.

Children's Social Care

Some families with children and young people with ADHD will also be accessing services through Southampton's Childrens Services (SCS). In recognition of the growing number of children and young people that SCS are working with who have neurodiverse needs an ADHD champion has been identified in each of their teams. Their role is to support the development of staff knowledge of ADHD and other neurodevelopmental conditions. Each of the ADHD Champions attend a bimonthly forum with SpCAMHS which provides education and training, sharing of good practice and expertise and is also a platform for supervision and discussion of complex cases.

After 6 sessions evaluation of these forums will take place.

Destination 22 (the umbrella term used to encompass the service transformation in Southampton City Council Child and Family Services) is also expected to provide further opportunities to increase the neurodevelopmental knowledge and expertise in SCC teams and updates on this will be added into further reviews of this document.

Building Resilience and Strength (BRS)

This multi-agency service supports the most vulnerable children who are either in crisis or who require more intensive levels of therapeutic intervention. The service works alongside their multi agency partners to collaboratively provide this enhanced level of intervention. As highlighted with reference to the DBT pathway we know that young people with ADHD can react impulsively to feelings which can place them at increased risk. Young people can of course experience the full range of other mental health needs in addition to their mental health needs. This service is therefore accessible to those young people with ADHD who require it.

Youth Offending Service

Research suggests that young people with ADHD are vulnerable to committing crimes and that there is a disproportionately high proportion of individuals with ADHD involved with the criminal justice system. UK studies of offenders have indicated around 45% of young people and 24% of male adults screen positive for a childhood history of ADHD, 14% of whom have persisting symptoms in adulthood (Harpin and Young, 2012).

For that reason, the Youth Offending Service and CAMHS have continued to establish their collaborative working relationship. There is a specific pathway in CAMHS for young people known to YOS which is facilitated by our two YOS CAMHS practitioners. These CAMHS practitioners work across YOS and CAMHS to offer a priority service to young people within the YOS Service. One of the common requests from professionals, young people and their parents/carers is for assessment around ADHD. As part of the ADHD and YOS CAMHS pathway the YOS CAMHS practitioners are trained in taking neuro-developmental histories and conducting ADHD assessments. They can offer a priority service to young people, reducing their wait within CAMHS for an ADHD assessment and ensuring we are putting support in place for them that will continue to support them past their involvement with the YOS service.

There are times when young people open to CAMHS through the ADHD pathway commit offences and become open to Youth Offending Service. Where there are assessed mental health concerns that extend beyond ADHD the YOS CAMHS practitioners can offer a priority service to support these young people in accessing treatment for their mental health through the YOS CAMHS pathway.

The YOS CAMHS practitioners play an important liaison role in linking in CAMHS practitioners already working with young people to YOS Officers who may be new to working with the young person. This joint working has been identified as an important service development by both agencies and continues to support the development of a positive and supportive professional network around a young person and their parent/carers.

Section 5

Transition

As highlighted throughout this document the needs of children and young people with ADHD span across multiple areas, and as such, their needs within transition to adulthood do as well. Below provides some guidance on what is currently available in Southampton to plan for, and support, into early adulthood.

Medication Management post 18

Young people requiring ongoing pharmacological intervention for ADHD post 18 years of age access this from commissioned private providers. This is organised between the SpCAMHS team and a young person's GP through the completion of an Individual Funding Request. Due to capacity challenges in local private providers this service is currently linked to the London ADHD Clinic who deliver the oversight for medication management and monitoring via an online platform.

There is a strong desire to bring this transition into local NHS providers and at the present time this service planning for CAMHS Graduates with ADHD is ongoing.

Life Skills

In recognition that transition needs for young people with ADHD goes beyond medication management our local voluntary sector providers play a very strong role in transition pathways.

No Limits is one such example. A service which delivers to young people up to the age of 26. They offer free and confidential information, advice, counselling, and advocacy. Young people can come to No Limits for free support on a wide range of issues including housing, homelessness, debt, employment, relationships, sexual health, mental health, and substance misuse. More about their service can be found [here](#).

Mental Health

For young people known to the SpCAMHS team with additional mental health needs alongside their ADHD the SpCAMHS team will work with them, and their family, to identify such needs and plan for the most appropriate ongoing support.

In addition, Re:Minds have partnered up with Adult Mental Health Services in Southampton to offer monthly advice clinics. These are 15 minute private, virtual appointments for families to get advice for their young people aged 18+ from the Southampton Community Mental Health team. For more information please look [here](#)

Please note that at the point of writing this guidance our Adult Mental Health Service do not deliver a pathway for ADHD.

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Appendix 1 – Specialist CAMHS ADHD Pathway

