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RE Official Information Act request CDHB 10753

I refer to your email dated 8 November 2021 requesting the following information under the Official Information Act from Canterbury DHB regarding ADHD. Specifically:

- 1. Do you diagnose ADHD for those under the age of 18, and for those over 18? If so, what is the process to getting a diagnosis, and who does the diagnosis? If not, please explain why not.**

Ages 5 – 18

The Child and Family (CAF) Service diagnose ADHD for those aged 5 to 18. For children under the age of 5 years with suspected ADHD, GPs refer to Paediatrics.

The process to get a diagnosis is as follows:

- Referral is received from the GP with supporting information from schools.
- CAF clinicians meet with the child/young person and their family and complete an assessment including developmental history from the family and collect further detailed psychometrics from family and schools.
- Where ADHD is suspected the child/young person and their family is then seen by a psychiatrist who integrates the information and further explores other diagnostic possibilities. They will then confirm whether the young person fits criteria for a diagnosis of ADHD.

Over 18

Adult Community Services (ACS) diagnose ADHD for those over 18 for those with the most severe symptoms and impairment.

The process to get a diagnosis is as follows:

- A referral is received by Single Point of Entry (SPOE) from the GP with supporting information.
- When ADHD is evident or suspected and the persons symptoms are severe and associated with impairment the person is offered an assessment with a psychiatrist.

- Where a diagnosis of ADHD is confirmed, the psychiatrist makes the diagnosis and refers the person back to their GP for treatment, which may include medication.
- In circumstances where medication treatment is complex ACS will provide medication support as needed.

For those with mild to moderate symptoms a private assessment can be requested. If a diagnosis is given by a private clinician, based on this assessment, the ACS will consider a request to approve medication that the GP would prescribe.

For children aged 5 years or younger, please refer to **Appendix 1** (attached) which is an excerpt from the Canterbury Community HealthPathways – ADHD in Children. This information is not publicly available. Information regarding ADHD, which is publicly available, can be found on our HealthInfo website. www.healthinfo.org.nz;

2. What is the waiting list/average time frame to be diagnosed over the last 12 months? (for under and over 18)

Ages 5- 18

We do not hold information in a format that allows this information to be extracted from other referrals. (Declined pursuant to section 18(f) of the Official Information Act i.e. *“...the information requested cannot be made available without substantial collation or research.”*)

Over 18

There is no specific wait list for ADHD within the Adult General Service.

- Average wait time to be seen in the adult general service for 2021 is six days
- People are prioritised based on need, risk and urgency
- People in crisis are usually seen on the day of referral.

3. What support do you provide once they are diagnosed?

Ages 5- 18

The family are given psycho-education about ADHD. Non-medication management strategies are discussed. Medication options are considered and given as indicated. It can take some time to titrate dosages and determine best medication and evaluate the effectiveness of medication. Physical parameters and potential side effects are monitored.

Other comorbidities are considered and treated if indicated. Clinicians will also provide the child/young person’s school with education and support when required. Families may also be referred to other relevant NGOs for example the Methodist Mission for in home support and further education specific for children with ADHD. WINZ child disability forms may be completed if the child/young person and their family-whanau are eligible.

Over 18

The person is given psycho-education about ADHD. Non-medication management strategies are discussed. Medication options may be considered, and in some instances, medication may be prescribed, and monitoring may be provided by the Specialist Mental Health Service.

Other comorbidities are considered and treated if indicated. In many cases, medication options will be discussed with the person and advice regarding prescribing will be provided to the person's GP, as specialist follow up is not required. WINZ disability forms may be completed if the person is eligible.

4. Do you have the ability to cope with an ADHD person in crisis? What care is provided?

If the child/young person or family contacted the service in crisis they could speak to their case manager or a duty worker and problem solve a way forward. Frequently a crisis would involve ADHD with other comorbidities. The care provided would be dependent on the nature of the crisis and their assessed level of risk and need.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tracey Maisey', with a long horizontal flourish extending to the right.

Tracey Maisey
Executive Director
Planning, Funding & Decision Support



Canterbury
COMMUNITY
HEALTHPATHWAYS

ADHD in Children

Children aged 5 years or younger:

- If suspicious of ADHD, watch and wait until early school years.
 - Most will not go on to have ADHD.
 - Medication is generally not used in this age group.
- If the child has possible ADHD, refer for Positive Parenting Programme (Triple P) - based intervention www.triplep-parenting.net.nz; or Incredible Years in the community in the first instance www.incredibleyears.com; This is consistent with international guidelines that recommend that those younger than 6 years should have an evidence-based psychological approach before considering medications.
- If the child has moderate to severe symptoms with additional developmental problems (such as speech and language problems and developmental delay, or a possible diagnosis of autism spectrum disorder), request a non-acute paediatric medicine assessment.
- Where there are significant behaviour challenges, particularly if they are present in both the home and preschool setting, consider referral to the Ministry of Education Early Intervention Service, <https://www.education.govt.nz/early-childhood/teaching-and-learning/early-intervention/>
- If there are significant behavioural challenges only in the home, refer to Right Service right time <https://www.rightservice.org.nz/> for a parenting intervention.

Consider referral to community support organisations for behavioural and parenting guidance. (This information is publicly available on the HealthInfo website).

<https://www.healthinfo.org.nz/index.htm?resources-dealing-with-problem-behaviour.htm>). There is also additional information regarding ADHD on this website. www.healthinfo.org.nz;

Note: *HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system.*

*Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice. **Note: This information is not publicly available.***