1. Name of petitioner

Mr Richard Jones, on behalf of Addressing the Balance.

2. Petition title

Petition asking for a strategy and policy for diagnosing and treating adult ADHD in Scotland.

3. Petition text

Calling on the Scottish Parliament to urge the Scottish Government to develop and instigate a strategy and policy for diagnosis and treatment for adult ADHD. For the estimated 60,000 adults with undiagnosed and untreated ADHD in Scotland, the adverse impact on their lives as a result of the condition and the huge and unnecessary costs to society is untenable.

4. Action taken to resolve issues of concern before submitting the petition

FOI request submitted to each NHS Board in Scotland, to reply on the actions undertaken in their respective geographic areas and asking eight questions:

1. Who in your organisation is the lead clinician for adult mental health services with responsibility for diagnosis and treatment of adults with ADHD?
2. Has any local service needs assessment been carried out by your NHS board for persons over the age of 18 with ADHD?
3. What arrangements are in place for young people with ADHD as they move into adult mental health services?
4. What services are in place for young people with ADHD who have made the transition to adult services?
5. Are these considered as specialist services specifically for ADHD?
6. Is there explicit mention of services for adults with ADHD (or equivalent term) in your integrated services plan(s)?
7. Are there any other plans, for the development of services for adults with ADHD?
8. Are there agreed timescales for implementation of any ADHD related aspects of these plans and if yes, what are these timescales?

Key to abbreviations used: GAP (General adult psychiatrist), MDT (Multi discipline team), S/W (Social Work), CAMHS (Child and Adolescent Mental Health Services), OT (Occupational Therapist), CMH (Community Mental Health), AMH (Adult Mental Health), CHP (Community Health Partnership).

The two classifications for Attention Deficit Hyperactivity Disorder included in the questionnaire are the Diagnostic and Standards Manual IV (DSM-IV), including the three diagnostic sub-types and the International Classification of Diseases – 10 (ICD-10). ADHD as an abbreviation relates to both classifications.
## FREEDOM OF INFORMATION RESPONSES – AUGUST 2011

<table>
<thead>
<tr>
<th>FOI questions</th>
<th>Fife</th>
<th>Western Isles</th>
<th>Tayside</th>
<th>Shetland</th>
<th>Orkney</th>
<th>Ayrshire</th>
<th>Lanarkshire</th>
<th>Borders</th>
<th>Forth</th>
<th>Grampian</th>
<th>Lothian</th>
<th>Highlands</th>
<th>Dumfries</th>
<th>Central Glasgow</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Lead clinician?</td>
<td>2 consultants taking lead</td>
<td>GAP</td>
<td>None</td>
<td>GAP</td>
<td>1 consultant</td>
<td>None</td>
<td>None</td>
<td>GAP consultant</td>
<td>None</td>
<td>None</td>
<td>1 consultant for 1 CHP</td>
<td>None</td>
<td>None</td>
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<tr>
<td>2 Needs assessment completed?</td>
<td>Database of those needing transition</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Profile covers all disorders</td>
<td></td>
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<tr>
<td>3 Transition arrangements?</td>
<td>Planning a joint psychology/paeds early evening clinic</td>
<td>Joint CAMHS and GAP working</td>
<td>Case by case</td>
<td>With CAMHS</td>
<td>Co-working between 2 services</td>
<td>Transitions protocol. ADHD alone not for AMH service</td>
<td>Case by case</td>
<td>Case by case</td>
<td>No</td>
<td>Case by case</td>
<td>Draft transitional protocol</td>
<td>Local transition protocol</td>
<td>Transition pathway well established</td>
<td>Referred to CMH Team if deemed necessary</td>
</tr>
<tr>
<td>4 Services for young adults?</td>
<td>Sector psychiatrist</td>
<td>Statutory CAMHS and GAP, S/W, Action for children</td>
<td>Generic services</td>
<td>None</td>
<td>GAP MDT</td>
<td>AMH services for complex. None for ADHD alone</td>
<td>None</td>
<td>AMH service</td>
<td>No</td>
<td>AMH service</td>
<td>AMH service</td>
<td>Assessment, supervision and support during treatment</td>
<td>AMH services plus mental health nurse team, MHO and OT</td>
<td>Services by CMH Team</td>
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<tr>
<td>5 Are these specialist services?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>Specialist for all categories</td>
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<tr>
<td>6 Adult ADHD mentioned in integrated care plan(s)?</td>
<td>Under discussion</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Matched care model for adult developmental disorders</td>
<td></td>
</tr>
<tr>
<td>7 Any development plans for adult ADHD services?</td>
<td>Under discussion - GAP to develop expertise</td>
<td>Obligate network being established with Glasgow</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Matched care model with a strong focus on education, training and liaison</td>
<td></td>
</tr>
<tr>
<td>8 Timescales for implementing ADHD aspects?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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**FOI questions**
1. Lead clinician?
2. Needs assessment completed?
3. Transition arrangements?
4. Services for young adults?
5. Are these specialist services?
6. Adult ADHD mentioned in integrated care plan(s)?
7. Any development plans for adult ADHD services?
8. Timescales for implementing ADHD aspects?
We have received all of the responses to our FoI requests, and the responses agree with the experiences of adults with ADHD across Scotland coming to us for help, all show the same picture, that there few provisions for specific diagnostic or clinical pathways for the treatment of adult ADHD in Scotland, leaving those with this often debilitating condition mainly undiagnosed, and therefore untreated.

Key findings from questionnaires:
- Only one NHS Board has completed a needs assessment for adult ADHD.
- Only one NHS Board mentions adult ADHD in their integrated services plans.
- Three NHS Boards are considering development of services for adults with ADHD.
- Eleven NHS Boards have no consideration of developing services for adults with ADHD.
- One NHS Board considers that adult ADHD alone does not meet the criteria for adult mental health services, or only as an exceptional case.

From this we conclude that services are not consistently applied across the country. Children and young people who are diagnosed with ADHD often have their care abruptly stopped once they reach the age of 18, despite medical research that many patients continue to suffer the effects of ADHD throughout their adult lives. Patients with ADHD undiagnosed in childhood have an even more difficult route to appropriate care, they are often unable to obtain a diagnosis as a result of confusion about the condition in primary care or finding that the expertise and knowledge is not available from general psychiatric practitioners.

Confirmed by our FoI requests and by the many patients who travel sometimes long distances to come to the Central Scotland Adult ADHD Support Group, from as far afield as the Highlands and Islands, Ayrshire, Glasgow, Fife, and the Scottish Borders, the only existing clinic for ADHD adults in Scotland is run by NHS Lothian.

Adults with ADHD coming to our charity for help report that GPs are often unfamiliar with the condition, fail to refer for a diagnosis and that general psychiatrists are not trained to diagnose or treat it. There is substantial scepticism about the condition from health professionals who do not have experience of assessing and advising those with ADHD about the condition. This does not give a fair chance to those wanting an objective assessment. We have numerous case examples from our members which demonstrate that primary health care is unfamiliar/unwilling to refer adult ADHD cases to adult mental health services for assessment. We suspect that GPs often lack satisfactory guidance on criteria for making referrals for adults with ADHD.

We believe that with improvements resulting from an integrated clinical pathway for adult ADHD and matching evidence based treatment to clinical demand, improvement in services can be delivered within existing resources leading to better outcomes and savings on longer term care of complex cases. Some of our members, who have received a clinical diagnosis for adult ADHD, have struggled for many years with the condition undiagnosed, while also drawing resources from the NHS for depression and other mental health complaints such as borderline personality disorder. Correct treatment of adult ADHD can bring about substantial changes and facilitate people taking charge of their own mental health.

Adults with previously undiagnosed ADHD, often first go to their GP with depression or anxiety issues and by not identifying and treating the underlying ADHD, the recovery of these individuals is severely hindered or prevented. There is a clear policy gap around ADHD in adults in Scotland, which we are asking the Government to address urgently. This important issue has not been considered by Government before.
ADOHD is a neurodevelopmental disorder resulting in difficulties in three key areas of functioning: impulsivity, inattention and hyperactively/restlessness. It is a genetic condition where, in many cases, the outcome can be positively or negatively affected by the person’s environment. Commonly considered to be a childhood condition, in 15% of cases the full diagnosis can still be applied at age 25\(^1\). Debilitating symptoms persist into adulthood in 65% of cases\(^1\) and are often associated with depression or anxiety, mental health issues, addictions, obesity, criminal behaviour and/or high risk pursuits with increased incidence of accidents and driving convictions. Prevalence rates are reported by NHS Scotland as 3-9% of school-age children and young people and 2% of adults\(^1\). In Scotland approximately 0.6% of school-aged children and young people are diagnosed with the condition and an indeterminately low percentage of adult patients, indicating that the condition is grossly under diagnosed. It does not develop in adulthood, though many adults can be undiagnosed in childhood, seeking support and treatment in adulthood after symptoms make their lives impossible to manage.

Although adult ADHD is a well documented condition, it remains little understood and resourced in Scotland\(^2\), which lags behind the rest of the UK, evidenced by the lack of integrated clinical pathways and specialist clinics, which are in place in England\(^3\). The NHS in Scotland is failing to provide appropriate specialist resources and facilities for the many undiagnosed adults in the population, and for young people with the condition who reach adulthood and are then left unsupported; often falling prey to addictions, long term joblessness, depression, lack of education, homelessness, and problems with the law.

Adults with ADHD face substantial difficulties in accessing assessment by those with the appropriate level of skill and expertise. There is clear evidence that undiagnosed and untreated adult ADHD in the population imposes huge costs on society\(^4,5\). The impairments suffered are not trivial, they include increased risks of accidents, substance misuse, mood disorders and antisocial behaviour, poor academic and occupational histories, poor inter-personal relationships and increased risk of relationship difficulties and breakdown.\(^6,7\) In 2009 the Chief Medical Officer for Scotland said that “adult ADHD services in Scotland are at best an unfamiliar diagnosis and at worse its existence is denied.”\(^8\)

It is widely accepted that there are considerably higher levels of addiction, marital breakup and homelessness among adults with untreated ADHD, yet the treatment, by medication and other means, can be effective in helping with the condition. The social and economic costs of failing to provide a proper clinical pathway for adults with ADHD are immense. We ask the Parliament and Government to address this issue urgently. The lack of ADHD services for adults in Scotland is a matter of discrimination and inequality which we believe contravenes the Equality Act 2010 (Statutory Duties) (Scotland) Regulations 2011.

Even though adult ADHD is not at present formally addressed by NHS Scotland, we believe they must acknowledge there is recognition given to adult ADHD by the NHS in England and Wales and therefore adult ADHD will have to be included in the consultation on a mental health for Scotland (2011-15)\(^9\) and provided with a specific integrated clinical pathway which must encompass the range of severity in ADHD and ensure that the appropriate help is indentified and implemented.

References:
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<th><strong>6. Do you wish your petition to be hosted on the Parliament's website as an e-petition?</strong></th>
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<tr>
<td><strong>NO</strong>  If you answer “NO” please proceed to section 9.</td>
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<th><strong>7. Closing date for e-petition</strong></th>
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<th><strong>8. Comments to stimulate on-line discussion</strong></th>
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A NEW DEAL FOR ADULT ADHD

Briefing Note for Members of the Scottish Parliament

Re: Petition to the Public Petitions Committee
Petition Number: PE1402

Main Petitioner:
Richard Jones on behalf of Addressing the Balance

Subject:
Petition asking for a strategy and policy for diagnosing and treating adult ADHD in Scotland.

Conclusions from our research:
1. Services are not applied consistently across Scotland
2. There is no identifiable clinical pathway
3. At local level only one NHS Board has prepared a needs assessment for adult ADHD
4. In 11 of the 14 NHS Boards there are no future plans for developing services for adults with ADHD

Key messages:
1. Previously undiagnosed adults with ADHD, often first go to the GP with depression or anxiety issues. By not identifying and treating the underlying ADHD, they are being prevented from recovering.
2. People with ADHD face substantial difficulties in accessing assessment by those with the appropriate level of skill and expertise.
3. There is substantial scepticism within health professionals who do not have experience of assessing and advising those with ADHD about the condition. This does not give a fair chance to those wanting an objective assessment.
4. Correct treatment can bring about substantial changes and facilitate people taking charge for themselves.
5. Those with adult ADHD are not simply seeking stimulant medication or trying to enhance their performance, but are trying to deal with major issues that most people would agree are unhelpful, undesirable or even harmful eg alcohol/drug misuse, anti-social behaviour education failure or other mental health disorders.
6. There are standards of service provision for adults with ADHD agreed in England and Wales (NICE guidelines), but none for Scotland. When services are being developed in England and Wales it is extremely unjust that there is little in the way of service for adults with ADHD in Scotland.
What is ADHD and why does it matter?

Attention Deficit Hyperactivity Disorder is a neurological spectrum disorder which is often genetic (heritable). People are born with it, though the majority are not properly diagnosed either in childhood, or later in life.

It is a persistent neuro developmental disorder impairing the executive functioning or the ‘management system’ of the brain.

The symptoms are hyperactivity, impulsivity and/or inattention. Some people are predominantly hyperactive and impulsive, while others are principally inattentive.

ADHD is very common among the population. ADHD affects 3-5% of children in the UK (and every other country in the world) and around 2% of adults, according to scientific research - but it can be effectively managed with a number of interventions such as medication and therapy.

Unfortunately treatment for ADHD in Scotland lags far behind that in England where there are clinical pathways in place for patients so that they can live normal and effective lives- better for the patient and their family, and for the social and economic wellbeing of society.

What causes ADHD?

It is highly heritable- people are born with it, and children diagnosed with it often have a parent with the same condition, who has usually never been diagnosed. This ‘reverse’ diagnosis is often a double shock for the family, particularly as there is an estimated 75-80% chance of ADHD being ‘passed on’ within the family.

‘Based on a thorough review of the literature and expert opinion on the treatment of ADHD in adults, the British Association of Psychopharmacology concluded that: ‘It is becoming increasingly evident that this common and impairing condition is costly and treatable, providing a significant opportunity to relieve the burden of suffering from patient and family, but also to alleviate social costs in unemployment, crime, incarceration, smoking, substance use and driving accidents.’(Nutt et al 2006).

Is adult ADHD any different from childhood ADHD?

No, it is the same condition- the NICE Guidelines for England state that people often continue to have the same condition but experience a wider range of difficulties throughout their lives. It is just that few people, including many GPs, understand how relatively widespread and debilitating the condition is and in the past, it was supposed that people ‘grew out’ of the condition. This is not usually the case. Some people just learn some coping strategies. Many just experience chaotic lives, for which they are personally blamed and for which they do not understand the cause.

The NICE guidelines state: ‘In general, ADHD is a persisting disorder. Of the young people with a sustained diagnosis, most will go on to have significant difficulties in adulthood, which may include continuing ADHD, personality disorders, emotional and social difficulties, substance misuse, unemployment and involvement in crime.’
What are the symptoms of ADHD and how does it affect patients?
Research shows a wide range of debilitating symptoms including depression, inability to focus or, alternatively, ‘hyper-focus’ and impulsivity.

- Without treatment, ADHD can have a profound, prolonged and significantly adverse impact on the lives of sufferers and their families in the home and in the workplace – with massive personal financial cost to both individuals and society alike.
- Research shows that up to 25% of our prison population has ADHD.
- Depression costs the UK economy £9 billion. One third of patients with ADHD also suffer clinical depression.
- People with ADHD are much more likely than the average to suffer addictions and alcohol dependency alone costs the Scottish economy an estimated £3.5 billion.
- Teenagers with ADHD are four times more likely to have a car accident than other members of the population.
- The huge costs of ADHD adults losing their home, marital breakup and children put in care are considerable, and yet these are well documented outcomes for considerable numbers of untreated ADHD sufferers.

How many people are affected?
Around 2% of the adult population in Scotland, (just like every other country in the world) suffer from Attention Deficit Hyperactivity Disorder (ADHD). The vast majority are undiagnosed and continue to be untreated.

That means there are about 60,000 people in Scotland who struggle – with usually no help from the NHS – with a range of adult mental health problems, such as depression, inability to focus or, alternatively, ‘hyper-focus’ and impulsivity.

What support is there for adults with ADHD in Scotland?
Very little indeed. NHS Lothian is the only board that has carried out a needs assessment and the only health board in Scotland with a clinic for adults with ADHD. Unfortunately this has very scarce resources.

We are sure that there is no other specific support for adults with ADHD in Scotland because we recently sent all health boards Freedom of Information requests asking in detail what resources are available. The answer (see summary table in our petition) is that there are no other ADHD-specific resources outside the Royal Edinburgh Hospital and no other health board has carried out a needs assessment.

Children are treated for ADHD in Scotland. What happens to them when they are adults?
Most are abandoned by the NHS when they reach 18, expected to suddenly ‘grow out’ of the condition, or somehow cope alone without support. Just at the point they need more help to become independent adults, any help they previously got is usually abruptly withdrawn.

‘Untreated ADHD is associated with several negative outcomes in adulthood including poor rates of employment, harm to relationships with family and friends, increased rates of criminality and accidents, and the development of comorbid psychiatric symptoms including anxiety, depression and substance misuse.’
Why does it matter that adults with ADHD cannot access ADHD clinics, or have a clinical pathway as they have in England, and that there is no Scottish strategy for ADHD?
The reason this matters is that making a diagnosis of ADHD can be difficult, even for psychiatrists, and certainly for GPs. They need to have the expertise and the knowledge to make the diagnosis. Most do not. Some adults with ADHD are hyperactive and ‘driven’ and can suffer anger issues. Others are ‘tuned out’ and find it difficult to do or achieve anything. This is a complex condition that requires specialist diagnosis and treatment.

Additionally many psychiatrists do not have the experience or understanding of the condition to feel confident in prescribing the necessary stimulant medications.

It is essential that patients be given an appropriate neurodevelopmental/ADHD assessment together with a standard psychiatric assessment. At the moment many with the condition have already had contact with medical services, with no ADHD diagnosis being considered. They also need to be given the appropriate advice regarding the pros and cons of treatment/therapies.

Currently the majority of adults with ADHD who are receiving any medical help at all will find themselves treated by their GP for depression or addiction, or sleeplessness and other symptoms, without ever getting a diagnosis which would allow them to be properly treated for ADHD.

Even those few fortunate enough to be referred to general psychiatric services are still unlikely to receive the correct diagnosis and treatment, usually finding themselves treated, once again, only for depression, or sleeplessness, or addiction.

General psychiatric services rarely diagnose ADHD correctly in adults, and are even more loath to prescribe medication, having no experience of it. Adults with undiagnosed and untreated ADHD are mired in a cycle of hopelessness and misunderstanding about their condition.

How do you know that’s what is happening?
We know this because at the moment we operate a support network of 55 adults with ADHD from all parts of Scotland. Some people travel many hours to meet with our group from as far afield as the Highlands and Islands, Glasgow, and the Borders. They tell us again and again of the impossibility of receiving the correct diagnosis or treatment in their area. Yet their symptoms and lifelong problems are clearly recognisable to those of us living in families with ADHD.

Without diagnosis and treatment, they and their families cannot begin the journey to a normal life.

What is the treatment?
Adults with ADHD are often treated with the same stimulant medications as are children with ADHD—usually a form of methylphenidate, often known as Ritalin.

Other types of treatment, including non-stimulant medication and talking therapies, may also be highly effective.

But at the moment 80% of adults who screen positive for ADHD do not receive treatment and only 6% receive medication and psychosocial therapy. (source: Assessment ADHD for Bristol NHS Primary Care Trust)
Helping ADHD Adults in Scotland

What problems are there with the way people with ADHD are treated at the moment?
There is no clinical pathway nor policy in place to ensure that adults with ADHD in Scotland receive a correct specialist diagnosis and clinical pathway, as they do in England. Children with ADHD are abandoned by the NHS once they reach the age of 18, and the majority of adults with ADHD are never correctly diagnosed in the first place. Thus they continue sometimes desperate lives, suffering from lack of education, joblessness, addictions, homelessness, marital breakdowns, problems with the law and other traumas.

Apart from the social costs, this costs a huge amount to our economy.

What should happen?
The NICE guidelines in England say:

- Trusts/(boards) should ensure that specialist ADHD teams for children, young people and adults jointly develop age-appropriate training programmes for the diagnosis and management of ADHD for mental health, paediatric, social care, education, forensic and primary care providers and other professionals who have contact with people with ADHD.
- Healthcare professionals should offer parents or carers of pre-school children with ADHD a referral to a parent-training/education programme as the first line of treatment.
- Teachers who have received training about ADHD and its management should provide behavioural interventions in the classroom to help children and young people with ADHD.
- Drug treatments for adults with ADHD should always form part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs.

We need a clinical pathway and strategy to help adults with ADHD in Scotland. We need children to be properly diagnosed if they have ADHD and for this care to continue, where appropriate, through into adulthood.

We need effective diagnosis by psychiatric services specialised in ADHD for adults. GPs should not be treating patients with ADHD nor treating solely for depression or addiction, without addressing the underlying cause.

Schools and prisons should screen for ADHD where it may be a possibility. Teachers should not be excluding children with ADHD without other educational resources being put in place for their education.

‘The low level of prescribing for older adolescents and adults is accompanied by the poor provision of diagnostic and treatment services for older adolescents and young adults. Also the [NICE] guidance that prescriptions of stimulants and atomoxetine should only be provided under the supervision of a clinician with expertise in ADHD is problematic within adult mental health services where specialist services are limited. The NICE guidelines, highlight the need for continued treatment in a proportion of cases.’

22.09.2011
Here is the patient's journey for Adult ADHD in Scotland at the moment, illustrated in the diagram at the end of the document:

Young people diagnosed with ADHD continue to experience problems as a result of their condition. Yet when they reach 18 years, all support and resource is usually withdrawn from them as they exit existing facilities in place for young people with ADHD.

A second group of adults with ADHD faces an arguably even more fraught pathway. Many will present to their GP with problems including depression, anxiety disorders, sleeplessness, addiction, family problems. This may have followed on from failure in the education system or behavioural difficulties. It may run concurrently with inability to keep a job or problems with the law. GPs often decline to provide a referral to adult mental health services and prescribe anti depressant medication as a first option.

The GP may know little about ADHD, and probably will not know the condition even affects adults.. Hence the patient will receive little help and none which addresses the underlying and continuing problems, leaving thet facing ongoing difficulties largely unresolved. After repeated visits to the GP, they may eventually obtain in a referral to adult general psychiatric services or to a psychologist.

With a referral to a psychologist, patients may be offered a course of talking therapy, which may or may not eventually reveal the underlying ADHD.

If the patient is referred to a general psychiatric service, their condition may continue to go unrecognised and therefore untreated. Few general psychiatric services have expertise to recognise, far less treat, Adult ADHD. The likelihood is that the patient will again not receive a diagnosis for his/her condition, but again be treated with medication for some of the symptoms of adult ADHD, ie depression, anger, anxiety. But yet again they are likely to respond poorly to treatment, as they still lack a diagnosis for Adult ADHD, a clinical pathway, and effective treatment for their underlying condition.

As the problems persist, the adult with undiagnosed ADHD may be lucky enough if they live in the NHS Lothian area to be referred to the only specialist adult ADHD clinic in Scotland at the Royal Edinburgh Hospital. For everyone else elsewhere in Scotland, their ADHD is more likely to continue undiagnosed and untreated, except for the symptoms of depression and anxiety.

For the minority of ADHD adults fortunate enough to get a diagnosis despite the lack of provision from the NHS, the diagnosis can lead to a variety of treatments which can help them considerably. Even having a diagnosis allows the adult with ADHD, and their family, to achieve understanding of their condition, and to seek support and coping strategies.

For some this will consist of drug therapies. For others it may be other support, such as talking therapies, or occupational therapy support., which provides understanding about the condition and encourages self management.
Helping ADHD Adults in Scotland

ADULT ADHD IN SCOTLAND – THE PATIENT’S JOURNEY

ADHD adult

Unfulfilled potential

Fulfilled potential

Prison

Addiction

Family break up

Anger violence

Depression

NHS

GP

Referral?

Clinic available?

General psychiatrist/psychologist assessment

Specialist psychiatrist assessment

Diagnosis?

Treatment?

Treatment

SIGN guidelines

Fulfilled potential

Unfulfilled potential