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### PRESS RELEASE

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**"Double whammy for families as both health and education services are found to be failing many children with ADHD"**

Delays in diagnosing ADHD and inadequate support for children and families following diagnosis are leaving up to two thirds of parents without vital information and help, according to a new report published today by the Scottish ADHD Coalition.

***Attending to Parents: Children's ADHD Services in Scotland 2018***is the only report of its kind ever published in Scotland and is based on a survey of more than 200 parents across every mainland Health Board. It found services to be patchy and inconsistent, with parents in many cases not being offered the basic support outlined in the SIGN guideline for ADHD1 and the Education (Additional Support for Learning) Act of 2004.

Key survey findings include:

* 65% of parents of recently diagnosed children felt that the diagnosis process had taken too long, with long waiting times for CAMHS[[1]](#footnote-1) and lack of recognition by schools cited as key issues.
* The vast majority of children had been prescribed medication for their ADHD and had found this helpful, but in many cases this was the only treatment offered. 63% of parents had been offered no training to help them manage their child’s condition. Only 15% had had psychological input. Almost half had been given no written information about ADHD.
* Within education services, only 26% of respondents felt that their child’s teacher(s) had a good understanding of ADHD and how to manage it in the classroom, and almost a third had been left to communicate their child’s diagnosis to teachers with no support from the health team.
* More than two thirds of parents felt that any plans made in school to support their child were inadequate, and many examples were given of cuts or vacancies within the school system meaning that promised support, such as one-to-one help from a learning support assistant, didn’t happen.
* Children with ADHD were likely to be excluded from school. A third of respondents said their child had been temporarily excluded from school at least once, and on average this had happened six times to these children.

Typical comments from parents were:

“There need to be more staff at CAMHS. They are inundated with patients and I feel that I don't get enough time with staff to discuss concerns. This is so even in a crisis situation.”

*“Schools need to be implementing additional support that the child is legally entitled to and understanding the social isolation experienced by families and supporting them, not making their job harder by forcing parents to fight for support to which they should be getting anyway*.”

The report also highlights the benefits many parents gain from being part of a peer to peer support group where they can meet others in similar situations and feel less alone. One parent commented:

“Having other parents/carers to chat to makes a huge difference as they get it. Parents with non ADHD children just don’t understand the challenges we face daily.” (Parent member of the Dundee and Angus ADHD Support group)

Geraldine Mynors, Chair of the Coalition and founder of ADHD Parent Support West Glasgow, said “The voices of parents coming through this survey are very clear: there is an over-reliance on medication as the only treatment available to manage ADHD. Excellent parent training programmes such as Parents Inc, developed by NHS Fife, are all too rarely available to give parents the long term skills that the need”.

Lorna Redford, who supports families through ADHD+ Perth and Kinross and is also a Trustee of the Coalition, said “The survey findings reflect what we hear from parents all the time. It is imperative that school staff are recruited in sufficient numbers and trained about ADHD to ensure our children and young people receive the same educational opportunities as their non-ADHD peers. This modest and realistic target would reap huge rewards in the mental health, quality of life and societal outcomes for sufferers.”

Daniel Johnson, MSP, said “This report is a valuable look at the real life experiences of families whose children have ADHD. What comes through strongly from the report is the value placed on support services, especially peer support.

“However, there are worrying numbers around the extent to which families have waited too long for a diagnosis of ADHD, due to long waiting lists at CAHMS. The Scottish Government must do more to ensure that both diagnosis is timely, so that families can access the benefits of treatment.”

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**Notes to editors**

The report will be available to download from the release date at [https://www.scottishadhdcoalition.org/2018/04/16/**parentsurvey**/](https://www.scottishadhdcoalition.org/2018/04/16/parent-survey-about-adhd-services-in-scotland-published/)

For more information about the Scottish ADHD Coalition or to arrange an interview with one of the Trustees and/or someone affected by ADHD, please contact Geraldine Mynors, Chair on 07950 483885 / email chair@scottishadhdcoalition.org We also have a number of case studies which we can share with editors on an exclusive basis for features.

More information about the Coalition and about ADHD in Scotland is available at <http://www.scottishadhdcoalition.org>

* ADHD is a neuro-developmental disorder which interferes with the way a child develops in, and interacts with, his or her environment. ADHD is a long term disorder which in most cases persists into adulthood.
* ADHD is characterised by three groups of symptoms: inattention, impulsivity and hyperactivity. For a diagnosis, these must be so severe that they lead to significant impairment in a person's life and must have been present before the age of 12. Diagnosis is usually carried out by a consultant psychiatrist working as part of a wider multi disciplinary team who will carry out a full assessment of the child’s or adult’s history and the family environment in which they live1.
* Both the Scottish Intercollegiate Guidelines Network and NICE recommend that the treatment of ADHD should incorporate behavioural approaches, as well as the option of medication in moderate to severe ADHD. Medication alone is not the answer to ADHD, and many children and adults with ADHD do not use medication.
* An estimated 5% of school age children have ADHD and 1.5% have severe ADHD (hyperkinetic disorder), equating to around 11,000 children in Scotland1. However, according to the latest NHS Scotland figures for 2016/17 only around 9000 children were taking medicines for ADHD2. This equates to around 1% of school age children in Scotland – less than 1 child in every 3 primary classes. There is wide variation in both treatment rates between Health Boards (see chart below). A fuller analysis of this data is available on our website at <https://www.scottishadhdcoalition.org/adhd-in-scotland/>



* ADHD is associated with a wide range of adverse short- and long-term outcomes, and there is a significant need in Scotland to improve understanding of ADHD and provision of services in education, health and criminal justice.
* ADHD is associated with other neurodevelopmental conditions which are frequently diagnosed alongside it, including autistic spectrum disorder / Asperger’s syndrome, specific learning disabilities including dyslexia, dyspraxia and sensory issues. ADHD cannot be tackled in isolation from these other problems.

**References**

1. [Management of Attention Deficit and Hyperkinetic Disorders in Children and Young People](http://www.sign.ac.uk/guidelines/fulltext/112/) (Clinical Guideline 112). Scottish Intercollegiate Guidelines Network (SIGN), 2009.
2. [Medicines used in Mental Health 2004/5 - 2016/17](http://www.isdscotland.org/Health-Topics/Prescribing-and-medicines/Community-Dispensing/Mental-Health/). NHS Scotland Information Services Division (ISD), October 2016.
3. [Attention Deficit and Hyperkinetic Disorders](http://www.healthcareimprovementscotland.org/our_work/mental_health/adhd_services_over_scotland/stage_3_adhd_final_report.aspx): Services Over Scotland (final report). Health Improvement Scotland 2012.
1. Child and Adolescent Mental Health Services [↑](#footnote-ref-1)