Gap in services for ADHD in 16-18 year olds

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Gap in services for ADHD and related disorders in 16-18 year olds - An Unmet Need

Adequate and effective transitional services for 16-18 year old age group remain deficient, and the situation is even worse for individuals with Neurodevelopmental Psychiatric disorders. As per news media, there are waiting lists of up to 7 years in certain places.

ADHD is a highly treatable disorder, and timely and effective treatments can alter entire life trajectories. 16-18 are formative years that prepare individuals for adulthood, representing a crucial period for education and skills development. Without such assessments/treatments, productive years are lost, and the risk of other psychiatric disorders, substance abuse, and criminality increases.

I believe health delayed is health denied. Through this article, I am advocating for better service provision for this age group, which is underrepresented in services. Access to the vital support and care they require must be made easier and obstacle free. This unmet need needs to be highlighted and addressed.

Challenges in Accessing Services

For adolescents aged 16-18 living with ADHD and related disorders, finding appropriate support can pose insurmountable challenges. Various obstacles exist, beginning from the initial point of contact with General Practitioners (GPs) for referrals to services that are both equipped to provide help and accepting of referrals.

This process is frequently influenced by a geographic lottery, where service availability varies based on location. Unfortunately, even when services are reachable, extensive waiting lists further complicate matters, with some reports suggesting wait times of 5-7 years.

There is a scarcity of resources within both the public and private sectors. A deficiency in specialists and expertise further complicates the situation. These individuals are not simply 'mini adults' who can be assessed and treated by mainstream adult services. They possess distinct pharmacokinetic and pharmacodynamics profiles.

In today's world, their phenomenology and social pressures differ and are not easy to comprehend. Adequate training in ADHD and related disorders is lacking. There is a shortage of professionals who are equipped to manage the unique needs of this age group.

NHS Care Provision

The National Health Service (NHS) stands as a cornerstone of healthcare delivery in the UK. However, the sheer demand for services within the NHS poses challenges. With the increasing awareness of ADHD, there are high numbers of referrals to services. Often, there is no dedicated service for the 16-18 age group. This phase of their lives is critical for academic, vocational, and personal development. The waiting times delay the provision of necessary interventions that would significantly contribute to their academic achievements and mental well-being.

NHS provision requires active commissioning with substantial resourcing and streamlining of processes with active planning of how cases will be managed once diagnosed. Increasing the sensitivity of GPs to ADHD as a disorder and ensuring timely referrals to the appropriate services remains important. The need for more cohesive and patient-centred services is evident.

Private Care Options

For those who can afford private care, it is a viable option. Private care often offers quicker access to specialists and a more personalised approach. However, cost of diagnostic assessment / treatment prescriptions and a lack of standardisation are common obstacles.

However, returning into the NHS can be a further hurdle as NHS services might not accept the private diagnosis and treatment plans, directing the patient to re-join their waiting lists. This situation can be seen as a kind of farcical tragedy as the patients had to go private in the first place due to the excessively long waiting lists.

Addressing the issues

These are some suggestions; readers of the newsletter might have more ideas to contribute:

We all need to seek more resources from the government, earmarked specifically for addressing the gaps in service provisions. Commissioners

and ICBs (Integrated Care Boards have replaced CCGs) need to have a strategic approach to support necessary infrastructure to cater to the unique needs of this age group.

NHS and private services collaboration needs to be explored. We can collectively create a more comprehensive and effective services network. Through open cooperation, and information sharing, we can bridge gaps and enhance the quality of care provision.

We need to develop a nationally agreed clinical standard for diagnostic assessments that Commissioners can require and which stops diagnoses by one service being rejected by others.

Patient advocacy groups can make a significant difference. By forming a collective voice, they can demand enhanced services provision.

Educators play a vital role. More can be done for early identification of problems, advise assessments, accommodate diverse learning styles and address challenges due to ADHD and related disorders.

Conclusion

The challenges faced by this age group with ADHD and related disorders in accessing support are multifactorial. The gaps in service provision negatively affect their education, occupational and social achievements, and overall well-being.

By acknowledging the shared hurdles within both the NHS and private care sectors, we can promote a more comprehensive and compassionate approach to care provision. Collaborative efforts between these sectors can lead to innovations that enhance the quality and accessibility of care.

Government must empower the private sector to aid assessment and treatment. Ultimately, everyone's goal is to improve timely access to assessment, treatment and support this age group truly deserves.

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