



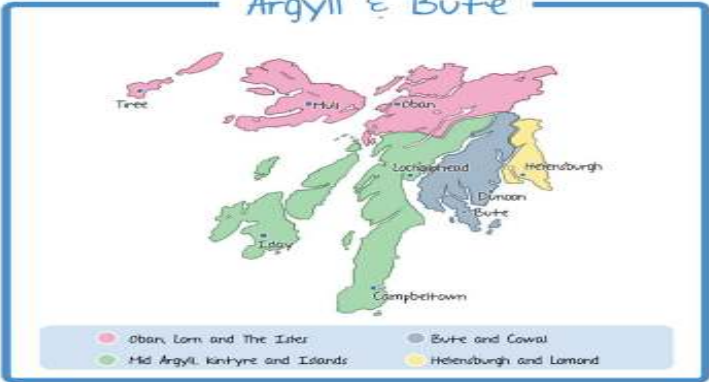
ADHD – Improving Pathways

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Getting it Right for Argyll and Bute's Children

Argyll & Bute




Getting it Right for Argyll and Bute's Children

Children and Young People's Service Plan



Getting it Right for Argyll and Bute's Children




Argyll and Bute's Children

Our Vision

"Working together to achieve the best for children, young people and families"

Children Young People and their families get the right help, from the right people at the right time

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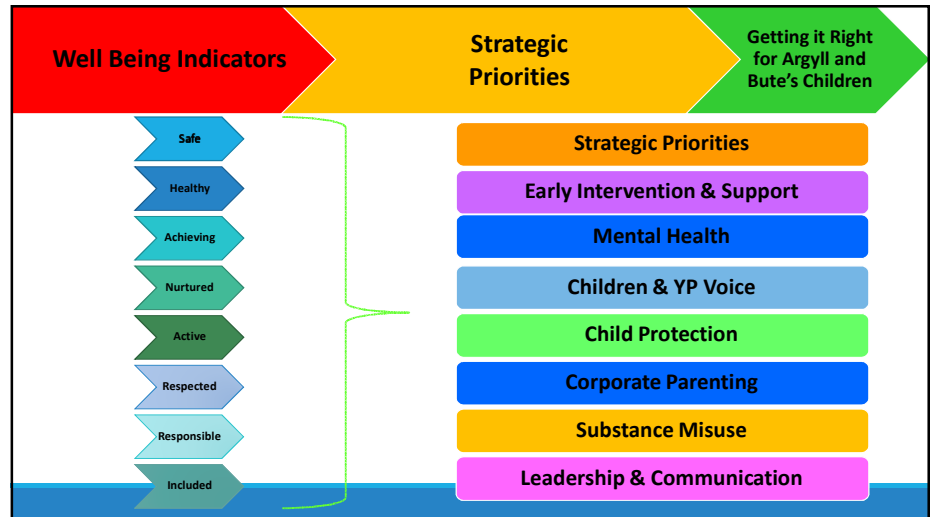
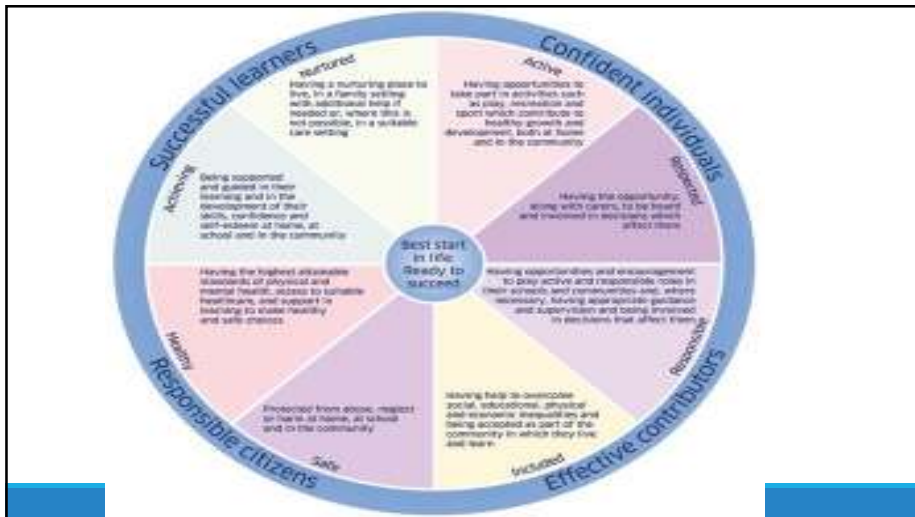
Getting it Right for Every Child (GIRFEC)

GIRFEC is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people



Getting it Right for Every Child (GIRFEC)

- All children have a Named Person
- Multi-agency involvement - Child's Plan
- Lead Professional








What we aim to achieve

Strategic Priority
Early Intervention and Support
Wellbeing Indicators
Safe, Healthy, Nurtured and Respected




1. Women are supported during pregnancy and the post natal period
2. Women who are vulnerable to risk are supported throughout their pregnancy and during the postnatal period
3. Children and young people are supported to be healthy and their well-being needs are met
4. Children achieve their appropriate developmental milestones by 13-15 months, 27-30 months review and on starting P1
5. Children and Young People reach their potential for their age and ability
6. Children and Young People have opportunities for play and development and are ready to learn
7. Children and Young People experience positive parenting and good attachment

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Case Examples

Practice pre 2016



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Example 1

Three year old child with over activity and behavioural difficulties impacting on learning and development

- Offer Psychology of Parenting (PoPP) – Triple P
- Child's Plan to co-ordinate interventions as likely to require additional support (GIRFEC)
- Nursery provision – 600 hours per child

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Example 2

Six year old boy with inattention, fidgety and unable to sit still causing classroom disruption
 Referred to ADHD Clinic and screens positive on Conners Questionnaires
 Offer of ADHD medication

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Example 3

Eight year old with reduced attention and concentration, easily distracted, temper tantrums. Finding it difficult to settle at night, and brain not able to “slow down”

- Likely to meet criteria for ADHD
- ADHD Clinic assessment – Initiate stimulant medication and Melatonin



Intervention Options

- Limited interventions, mostly drug based
- SIGN 112 Management of ADHD in Children & Young People
- NICE Attention deficit hyperactivity disorder March'18
<https://www.nice.org.uk/guidance/NG87>
- Changing Lives Initiative



How were we doing?

- ADHD Audit 2018
- 52 children attending clinic in past 6 months
- Age at diagnosis 8.5 years of age
- Age now 11.3 year
- Sex: 27% Female: 73% Male
- Co-Morbid Diagnosis 48%



Assessment

School and/or Educational Psychology	63%
Parent and Teacher Rating Scales	65%
General Examination	65%
Consent to share information	27%
Summary of Diagnostic Assessment	90%
Ht and Wt	48%



Behavioural Intervention Recorded

- None 62%
- Home 28%
- School 10%



Medication (50 of 52)

- MPH: 63% (66% of those on Rx)
- Lisdex: 13%
- Guan / ATX: 10%
- Clonidine: 8% (non-licensed therapy)
- Risperidone: 2% (one child with LD/Autism)
- Melatonin : 34% (6% on no other Rx)
- No Rx: 4%



Follow-up

- Parent copy

OLI 94%	MAKI 100%
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- Efficacy

OLI 83%	MAKI 96%
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- Side effects

OLI 72%	MAKI 87%
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- Rating scales

0%	
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Areas for Improvement

- Rating scales completed *and filed*
- Recorded examination and growth at diagnosis
- GDPR: Consent to share information
- **Behavioural interventions – expected with ADHD Nurse Specialists / CLI in all areas**
- Rating scales at follow-up



Changes in Practice



Service Changes

- Audit in Dundee identified that 24% of CAMHS Specialist Nurse time used for ADHD
- Moved full ADHD Service into Child Health / Community Paediatrics from CAMHS in 2016
- Completed appointment of 1.9 WTE ADHD Nurse Specialists (Backgrounds School Nursing, Primary Mental Health)



Assessment

- Parent & School: Detailed questionnaires
- Vanderbilt Scales: Parent and Teacher
- Structured School Observation: Nurse led
- Standardised clinic follow-up proforma
- Vanderbilt follow-up scales



Multimodal treatment

- Psychoeducation for parents, child and school
- Parent education programmes
- *Psychological interventions inc CBT*
- Classroom interventions
- Sleep interventions apart from Melatonin
- Medication



Example 1

Three year old child with over activity and behavioural difficulties impacting on learning

- Screen positive on Vanderbilt Rating Scales
- Offer of CLI or Psychology of Parenting (PoPP)
- Child's Plan to co-ordinate interventions as likely to require additional support
- Nursery provision – increased hours to 1140 from 600 hours per child by August 2020



Example 2

Six year old boy with inattention, fidgety and unable to sit still causing classroom disruption

- Screen positive on Vanderbilt Questionnaires
- Offered CLI Intervention
- No rush to diagnosis / labelling
- Reassessment following intervention



Example 3

Eight year old with reduced attention and concentration, easily distracted, temper tantrums. Finding it difficult to settle at night, and brain not able to "slow down"

- Above age limit for CLI
- Likely to meet criteria for ADHD
- ADHD Nurse Specialist Parent / School based intervention / Sleep hygiene inc Sleep Scotland
- Consideration of medication



Where next ?

- Sustainability – developing the workforce
- National GIRFEC Leadership Programme
- Neurodevelopmental Pathways inc ASD, FASD
- Genetic Pre-disposition: SIGN Adult Proposal?



Thank You

