

Freedom of Information Act 2000 disclosure log entry

Reference

22-23141

Date sent

23/08/22

Subject

22-23123 ADHD Waiting Times, Diagnosis, Rejections, Deaths

Details of enquiry

1. The current wait time for an undiagnosed child (under the age of 18) to see a psychiatrist for ADHD after being referred from a GP on the NHS.
 - a) Please can you also provide the average wait time for each of the last five years, if doing so won't push this request over the cost limit.
2. The current wait time for an undiagnosed adult to see a psychiatrist for ADHD after being referred from a GP on the NHS.
 - a) Please can you also provide the average wait time for each of the last five years, if doing so won't push this request over the cost limit.
3. The number of children (under the age of 18) with an ADHD diagnosis. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the last five years, if doing so won't push this request over the cost limit.
4. The number of adults (over the aged of 18 with an ADHD diagnosis. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the last five years, if doing so won't push this request over the cost limit.
5. How many adult assessments were done in the last year. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.
6. How many children assessments were done in the last year. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.
7. In the last year how many adult ADHD assessment referrals have been rejected. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.
8. In the last year how many children ADHD assessment referrals have been rejected. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.
9. In the last year how many adults with an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.
10. In the last year how many children with an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.

11. In the last year how many adults on the waiting list for an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.
12. In the last year how many children on the waiting list for an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
 - a) Please can you also provide this same information for each of the prior five years, if doing so won't push this request over the cost limit.

Response sent

1. The current wait time for an undiagnosed child (under the age of 18) to see a psychiatrist for ADHD after being referred from a GP on the NHS.
The Tavistock and Portman is a specialist mental health Trust which provides mainly outpatient psychological services, which does not provide any acute services or admitted patient care.

We do not have a dedicated service dealing with the treatment of ADHD in children (under 18's), as these services are more likely to be provided by acute Mental Health Trusts.

However, we would work with patients who have ADHD problems as part of an overall mental health presentation, but would not accept a referral for ADHD as the presenting condition.
2. The current wait time for an undiagnosed adult to see a psychiatrist for ADHD after being referred from a GP on the NHS.
Not applicable – see response to Q1
3. The number of children (under the age of 18) with an ADHD diagnosis. Please provide the total and (if available) a breakdown by gender.
We confirm that the Trust holds information that falls within this description, we do hold records of ADHD diagnosis in children. However as ADHD treatment is not offered as a core service (previously explained in Q1. Above), Trust records on ADHD instances and data are not stored in a way that could be extracted and reported electronically via an automated process.

This data would be located, where provided, within freetext fields on individual patient files, and would require a manual search of thousands of patient files, which at circa 20 minutes per file, would be at least 330 hours per thousand files.

Section 12 of the Freedom of Information Act makes provision for NHS organisations to refuse requests for information where the cost of processing (which includes determining whether the Trust holds the information, locating, and then extracting it) exceeds £450, or 18 hours of work from one member of staff.

We regret to advise that the time required to process this question falls outside this limit, and is therefore refused in accordance with FOIA s12 to the provision in the Freedom of Information Act.
4. The number of adults (over the aged of 18 with an ADHD diagnosis. Please provide the total and (if available) a breakdown by gender.
We do not hold this data as we do not diagnose ADHD in adults.

We do not offer a dedicated service for ADHD in adults and do not diagnose it when working with patients who have ADHD as part of an overall mental health presentation. Our

aim is to understand the internal, emotional and unconscious forces at play which may lead someone to develop mental health problems, rather than to give a psychiatric diagnosis.

5. How many adult assessments were done in the last year. Please provide the total and (if available) a breakdown by gender.
Nil – See response to Q 4 above.
6. How many children assessments were done in the last year. Please provide the total and (if available) a breakdown by gender.
We do not hold this data – please see our response to Q3 above.
7. In the last year how many adult ADHD assessment referrals have been rejected. Please provide the total and (if available) a breakdown by gender.
Not applicable. We do not offer a dedicated service for ADHS assessment nor treatment.
See response to Q. 4 above
8. In the last year how many children ADHD assessment referrals have been rejected. Please provide the total and (if available) a breakdown by gender.
Not applicable. We do not offer a dedicated ADHS assessment nor treatment. See response to Q. 3 above
9. In the last year how many adults with an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
Not applicable. We do not asses ADHS in adults. See response to Q. 4 above
10. In the last year how many children with an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
Not applicable. We do not offer a dedicated ADHS assessment for children (under 18's).
See response to Q. 4 above
11. In the last year how many adults on the waiting list for an ADHD diagnosis had a death recorded as suicide. Please provide the total and (if available) a breakdown by gender.
Not applicable. We do not accept any referrals for ADHD as the primary reason for referral.

For adults who were on our waiting lists and suffered from ADHD as a secondary/terciary presenting condition, we would not necessary know if they had committed suicide as the Trust is reliant on other organisations to provide information about deaths and there is no requirement to notify the Trust. An investigation is not triggered when an individual withdraws from our waiting list, or when their clinician withdraws their referral to the Trust.

12. In the last year how many children on the waiting list for an ADHD diagnosis had a death recorded as suicide.
Not applicable. We do not accept any referrals for ADHD as the primary reason for referral.

For children and under 18 years who were on our waiting lists and suffered from ADHD as a secondary/terciary presenting condition, we would not necessary know if they had committed suicide as the Trust is reliant on other organisations to provide information about deaths, and there is no requirement to notify the Trust.

An investigation is not triggered when an individual withdraws from our waiting list, or when their clinician withdraws their referral to the Trust.

Additional Information re Suicide Data:

With regards to suicide data, you may be interested to note the following:

The Trust has considered the detailed nature of the death data requested, covering deaths for those on waiting lists at our gender clinics and it publishes limited information on death data on its website, as available, which may be reached via the following the links below.

Summaries of serious incidents of this nature can be found in previous editions of our quarterly board reports, which can be found on this page:

<https://tavistockandportman.nhs.uk/about-us/governance/board-of-directors/meetings/> (for example on page 37 of the board papers from January 2022: https://tavistockandportman.nhs.uk/documents/2407/Board_papers_-_January_2022.pdf).

Future mortality reviews will be published in the same location once the data is validated. This data will be presented differently to prevent the possibility of identification of individuals:

- The Trust considers that further disclosure, when combined with other information that is or may become available in the public domain, could lead to identification of individuals and cause distress to family, friends and the wider community.
- Where a coroner's inquest is held, linked to a Prevention of future deaths report (Regulation 28 Report to Prevent Future Deaths), the name of the deceased is published by the coroner and placed into the public domain.
- The Trust follows updated guidance on the release of suicide and deaths data, and now adheres closely to the Common Law Duty of Confidence and the 100-year rule, following guidance from the Office of National Statistics (ONS) on disclosure controls to protect confidentiality within death statistics. This means, going forward, that the Trust will not break down data around mortality reviews by individual service.