

**Kingston & Richmond CAMHS Single Point of Access (SPA)**Current postal address:Tolworth Hospital  
Red Lion Road  
Tolworth  
KT6 7QU

Tel: 020 8547 6171

Email: [CAMHSSPAdmin@swlstg.nhs.uk](mailto:CAMHSSPAdmin@swlstg.nhs.uk)  
(*not for new referrals*)Website: <https://www.swlstg.nhs.uk>**K&R CAMHS acceptance criteria for a private diagnosis of ADHD**

The following information is aimed towards providing parents/carers and professionals with information regarding acceptable standards for diagnosis of ADHD. If a child or young person has been given a diagnosis of ADHD by a private practitioner (ie: non-NHS clinician), their written diagnostic report must meet the same standards as an NHS diagnosis\*. This is determined through their compliance with NICE guidelines.

**\*Emails and letters containing 'confirmation statements' of a diagnosis will not be accepted as evidence of an ADHD diagnosis. There must be a comprehensive diagnostic report / letter summarising the diagnostic assessment with evidence to indicate that NICE guidelines have been met (i.e.: appendices including what measures have been completed by whom and a summary of specific evidence collected from different settings).**

Why do I need to know about this?

**If a person's private diagnosis of ADHD does not meet the same standards as an NHS diagnosis, K&R CAMHS will be unable to offer certain treatment options such as appointments with psychiatry for medication.** This also applies to families with young people who are already on medication and have obtained diagnoses and assessment reports from non-UK practitioners.

What are NICE guidelines?

These are national recommendations for health and care in England. They are based upon the best available evidence and are put together by experts, people using services, carers and the public.

What are the NICE guidelines for ADHD diagnosis?

The NICE guidelines provide standard recommendations for a diagnosis of ADHD. Most relevant of which are that the diagnosis **must** be:

- made by a qualified professional with the appropriate and specific training and expertise in diagnosing ADHD, **and**
- based on a full picture of the life of the person being assessed; encompassing the person's:
  - behaviour in more than one domain in their life (ie: school and home),
  - impacts of concerning behaviour and,
  - developmental, medical and family history, **and**

- based on evidence obtained from a range of sources, including (but not limited to) questionnaires completed by parents/carers and teachers, verbal observations of behaviour from parents/carers and teachers, and clinician observations of the individual (NICE, 2018).

If a diagnosis is made *without* the above guidelines, then they do not follow NHS standards and will therefore not be accepted for consideration of services that require a diagnosis (ie: psychiatric appointment for medication).

The full list of recommendations have been summarised in a 'Do's and Don't's' table at the end of this letter for your convenience.

#### What happens if the young person's private ADHD diagnosis is non-compliant with NICE guidelines?

If the young person's private assessment is not compliant with NICE guidelines, another diagnostic assessment may have to be completed. This can sometimes be avoided by supplementing the diagnosis with further information.

For example, if the diagnosis was made based on only information obtained from parents, there is no information from school and the child/young person is already on medication, this might happen:

- the assessing clinician may request for the child/young person to stop taking medication for a period of two weeks. Following this period, the young person's school will be asked to complete some forms to provide information on the young person's behaviour in their school environment.
- If there is sufficient evidence from school to support the ADHD diagnosis, the assessing clinician may still be able to refer you to the appropriate service (ie: psychiatric appointment for medication) even if the school information was not included in the original assessment.

The two-week adjustment period ensures that school will be able to make observations based on the young person's baseline behaviour without support from medication. School should be informed about this process so that they are aware that there may be a difference in the child's behaviour during this period.

If the child is on stimulant medication (any brand of methylphenidate, dexamfetamine or lisdexamfetamine) there is no medical difficulty with stopping medication for the two-week period. Most young people do not have any medical issues with stopping stimulants over this two-week period.

If the child is on a non-stimulant (guanfacine or atomoxetine) it might not be appropriate to stop the medication, but we might discuss reducing the dose over the period of screening.

#### Where can I find more information about ADHD and NICE guidelines for ADHD?

If you wish to access more information about ADHD and the NICE guidelines for ADHD, please use the following links:

- National Institute for Health and Care Excellence (NICE) page for Attention Deficit Hyperactivity Disorder (ADHD): Diagnosis & Management
  - <https://www.nice.org.uk/guidance/ng87>
- NHS page for Attention Deficit Hyperactivity Disorder (ADHD)
  - <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

- Young Minds (UK charity for children and young people’s mental health) page for Parents Guide to Supporting Your Child with ADHD
  - <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd/>
- Young Minds (UK charity for children and young people’s mental health) page for Young People’s Guide to ADHD and Mental Health
  - <https://www.youngminds.org.uk/young-person/mental-health-conditions/adhd-and-mental-health/>

Do’s and don’t’s table: ADHD diagnosis

This table summarises the NICE guidelines for ADHD assessment and diagnoses. ADHD diagnoses **compliant** with NHS standards will follow **all** of the do’s, while ADHD diagnoses **non-compliant** with NHS standards may follow **one or all** of the don’t’s.

	Do’s	Don’t’s
Who makes the diagnosis?	Specialist psychiatrist, paediatrician or qualified healthcare professional with appropriate training and expertise in diagnosing ADHD.	Non-qualified practitioner
How is the diagnosis made?	Based on <b>all</b> the below: <ul style="list-style-type: none"> <li>- a full assessment of the person’s mental, clinical and social presentation; including discussion about behaviour and symptoms in the different domains of the person’s everyday life,</li> <li>- a full developmental (ie: how they developed through childhood) and psychiatric (ie: have they had any other psychiatric/psychological intervention?) history and</li> <li>- observer (person aside diagnostician) reports and assessment of the person’s mental state.</li> </ul>	Based solely on rating scales and/or observational data (ie: data obtained from the observations of others).
When should a diagnosis be made?	When the symptoms of hyperactivity/impulsivity and/or inattention meet <b>all</b> the below: <ul style="list-style-type: none"> <li>- meet the diagnostic criteria in DSM-5 or ICD-10 (universal manuals used in diagnosing psychological disorders),</li> <li>- cause <b>at least</b> moderate psychological, social and/or educational impairment on interview and/or direct observation in <b>multiple</b> settings and</li> <li>- be pervasive, occurring in <b>2 or more</b> important settings including social, familial, educational and/or occupational settings.</li> </ul>	When symptoms of hyperactivity/impulsivity and/or inattention do not meet diagnostic criteria, do not have a significantly negative impact upon the individual’s life and is not observed in multiple settings.
Apart from ADHD	<ul style="list-style-type: none"> <li>- Assessment of the person’s needs</li> </ul>	Nothing aside from ADHD symptoms.

symptoms, what else is considered during the diagnostic process?	<ul style="list-style-type: none"> <li>- Coexisting conditions</li> <li>- Social, familial and educational circumstances</li> <li>- Physical health</li> <li>- Assessment of parents' or carers' mental health</li> </ul>	
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*The Family, School, or any other professional can refer directly to our CAMHS SPA by downloading the CAMHS SPA Referral Form from our website and emailing the referral plus the above required reports / documents into our Kingston & Richmond CAMHS SPA Referrals inbox:*

[krcamhsreferrals@swlstg.nhs.uk](mailto:krcamhsreferrals@swlstg.nhs.uk)

<https://www.swlstg.nhs.uk/our-services/find-a-service/service/kingston-camhs-spa>

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