NHS
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Adult ADHD Assessment Shared Quality Standards for Assessments and Reports

We all recognise that there is increased demand for ADHD assessments and currently NHS Providers are not funded to meet this adequately. As a result, people seek assessments by independent providers using either their own funding or Right to Choose.

In December 2012, NICE published Quality Standards and Indicators for adult ADHD, which identified that the "assessment and treatment of ADHD is currently delivered by a range of practitioners with very variable levels of training and competence"[1]. Indeed the relative lack of appropriately trained and experienced practitioners and/or assessors was one of the reasons where there was a "bottleneck" of adults waiting to access assessments and treatment[2]. Neither the Competency-Based Curriculum for Specialist Training in Psychiatry produced by the Royal College of Psychiatrists,[3] nor the 2019 British Psychological Society standards for doctoral programs in clinical / educational psychology [4, 5] require competence in adult neurodevelopmental disorders including ADHD. This means that even if a health professional has appropriate qualifications in Psychiatry and Psychology, this does not necessarily imply expertise in assessing and diagnosing adult ADHD.

Anecdotally, the authors observed in their respective NHS services a surge in referrals for adult ADHD assessments after the 'lockdown' in the UK, which was similar to that identified in some other areas of mental healthcare.[6] The reasons behind these increases in adult ADHD referrals are a matter for conjecture but most likely they are multifactorial. For instance, they might represent greater public awareness of ADHD,[2, 7] an increasing tendency for patients to misattribute symptoms relating to other mental illnesses to ADHD, and a rapid shift towards lone-working, home working practices, without appropriate support. These factors are known to have had a destabilising effect on people's mental health and coping mechanisms.[8]

The recent rapid increase in demand for adult ADHD assessments has exposed considerable heterogeneity in the quality of provision. In our experience, an increasing problem of inaccurate diagnoses of adult ADHD has also emerged. The potential for misattributing symptoms of ADHD to other mental health disorders, and conversely misattributing other mental health symptoms to ADHD, can apply both to the public, and also to practitioners, who may not have an adequate knowledge of ADHD. The potential for misattribution is understandable since core features of ADHD which include inattention, distractibility, restlessness and emotional dysregulation are often present in other common mental health disorders.[9]

We aim to ensure adults with ADHD receive assessments meeting appropriate quality standards offered by appropriately trained professionals and to ensure consistency within our NHS Services and Teams, we agreed on some standards relating to the diagnostic process and the context of our diagnostic reports.

Every assessment needs to be accompanied by a comprehensive psychiatric report which should include the following:

1. Information about the professional(s) who undertook the assessment, their role, training, professional registration and experience in ADHD [optional]

2. A statement about the duration of the assessment. We consider anything less than two and a half hours of direct clinical contact is an indicator of a poor-quality assessment. This duration does not need to take place in a single appointment [essential]

3. A clear outline of the assessment process and where information was gathered. Typically, information from multiple sources, across different settings and direct observation / assessment with the person being assessed [essential].

4. Evidence from third party informants (corroborative information). Commentary must be provided where sources of information do not align and an explanation given as to why one source is preferred over another. Where a diagnosis has

been made in the absence of third-party information, clear justification for having concluded in this way.(essential).

5. The report should include all the sections of a standard psychiatric history; reason for referral, history of present symptoms (including of mental disorders), personal history, family history, social history, past medical and psychiatric history, forensic history, history of substance misuse and risk assessment. The sections should include adequate clinical information in the form of narrative no tick boxes or short sections [essential]

6. Diagnostic reports should include a detailed account of each of the individual symptoms identified. [essential]

7. Clear evidence should be provided that a semi-structured interview format has been followed in the evaluation of ADHD symptom criteria. The DIVA, CAADID, OR ACE+ provide an acceptable structure for this purpose. [optional].

8. When administered the semi-structured interview for ADHD should always be conducted during direct in-person consultations (not sent out beforehand to be completed by the patient in lieu of a diagnostic interview). This is important as the examples given by patients need to be probed by the clinician to be certain they reflect the ADHD symptom being scored. This is done by the clinician evaluating the patients account of their subjective experience and behaviour in real life situations. This is the same process as a mental state examination used as the basis for diagnostic assessments in adult mental health. Open-ended questions should be asked to allow for as many “spontaneous” answers on which clinical opinions should be based. [essential]

9. Scores from semi-structured interviews and self-report and informant questionnaires should be included in reports, but with a comprehensive accompanying narrative that has sufficient detail to substantiate the scores provided. [essential].

10. The accompanying narrative should include examples of details pertinent to the expression of ADHD symptoms in an individual's life history and cover the context within which they occur. In other words, provide examples based on real situations in daily life. [essential]

11. Reference to DSM-5 / ICD-11 criteria for diagnosis and information provided to evidence how symptom thresholds are met, with examples. This includes symptoms being present in two or more settings (pervasive), of extended duration (persistent) and having specific and significant impact on the life of the person being assessed (problematic). [essential]

12. Evidence to confirm that complex factors / differential / co-existing diagnoses have been explored (details of past mental health history, issues with learning or other possible neurodevelopmental conditions, past trauma). [essential]

13. A 'formulation' of how the presence of any additional complexity and comorbid diagnoses fit with the diagnosis of ADHD [essential]

14. In those circumstances where (ADHD) medication has been initiated following an assessment, it is important that the rationale for the treatment be stated with the professional who initiated the treatment. Reference to the guidelines and clinical practice be included. For methylphenidate, a dose titration to an average of 1mg/kg is expected [essential].

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