

Autism and ADHD:

The damaging waits for assessment

April 2023



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Foreword

Receiving a medical diagnosis, particularly after a long wait, can often result in a massive sense of relief. For the first time, we can start to make sense of what we have been going through, understand the reasons behind barriers we may have faced in life and perhaps, for the first time in our whole lives, see a light at the end of the tunnel.

A formal diagnosis enables our schools to help children to learn more. It advises our employers on how to make the reasonable adjustments their staff need in work. It supports our social workers to understand the actions of those referred to them and it enables our GPs to book in the right course of medication for those that need it.

For those with autism and ADHD, having a diagnosis not only means being able to access a range of vital health, social care and education services, it can also offer us a new perspective on who we are, what makes us tick and how we can help ourselves to reduce our symptoms.

The demand for autism and ADHD diagnostic services is ever increasing. This situation leaves no doubt that we will see a much heavier burden on society in the long run if things do not change.

The Brain Charity spends vast amounts of money supporting individuals with autism through the welfare benefits system who should have been able to keep their jobs in the first place. Our whole sector spends thousands of pounds every year on counselling for neurodivergent individuals whose mental health has deteriorated because of a lack of social care support. As a society, we spend thousands more trying to rehabilitate vast numbers of young people with ADHD who, due to a lack of a formal diagnosis, didn't receive the understanding and adjustments needed within school and have now ended up within the criminal justice system.

There is both a humanitarian and an economic argument for investing in diagnostic services for autism and ADHD. The current state of play is not only leaving these individuals and their families incredibly vulnerable and in a state of emotional limbo, it is also storing up much greater and much more expensive problems for society to have to solve in the future.

And the good news is that there is an answer close at hand. The skills and expertise to carry out these diagnostic tests do exist within our wider community. Collaboration between both NHS providers and those working across the private and third sectors can really help to achieve the positive change that these individuals so desperately need.

It's a simple solution with a hugely beneficial outcome for all of us.



Nanette Mellor

Chief Executive Officer at The Brain Charity



Overview

Autism and ADHD services in the UK are in crisis.

Across both neurodivergent conditions, thousands of people are waiting months, if not years, for assessment, treatment, and support; with much of this pressure driven by increased public awareness, workforce pressures, the COVID-19 pandemic and underfunding of mental health services.

This report has been written by CHS Healthcare - a long-standing partner of the NHS - in collaboration with leading neurodivergent charities The Brain Charity and The Donaldson Trust. Drawing on an analysis of available data, this report highlights some of the challenges faced by NHS services and the impact on those seeking assessment and support.

Key findings



Currently, **130,023** people are waiting on an open referral list for suspected autism with the number predicted to reach **190,039** by the end of 2024



52% of patients are currently left waiting over a year for an autism assessment, despite NHS targets of **13 weeks**



109,480 patients (**84%**) with a suspected autism referral have been waiting longer than **13 weeks** – the NHS target for assessment – an increase of **485%** since 2019



66% of adults with autism have contemplated taking their own life at some point, and **35%** have attempted suicide.



Adults with autism are **3-4 times** more likely to experience depression and self-harm

5x

Attempted suicide is **5 times** more common in people with ADHD than those without (14.0% vs. 2.7%)



80% of people with ADHD in the UK are left undiagnosed and therefore untreated



40% of patients are currently left waiting over a year for an ADHD assessment, despite NHS targets of 18 weeks



Despite the increase in both referrals and waiting times, the mental health and learning disability workforce has only increased by **19%** since 2019



Only **30%** of mental health and learning disability staff feel that there is enough staff at their organisation for them to do their job properly, decreasing from **40%** in 2020



Early identification and intervention in children with autism leads to significantly improved outcomes in adolescents and adulthood



Women and girls with ADHD are significantly more likely to be underdiagnosed, despite being almost **3 times more likely to attempt suicide** than men (24% vs. 9%)



A petition of over **10,000** signatures has called for a review into how ADHD assessments are both managed and funded

In addition to highlighting the scale and impact of this problem, the following report makes ten actionable recommendations that the NHS and local services can implement to improve patient outcomes and experience.

1. Simplifying information and increasing transparency

Services need to ensure pathways and processes are as clear as possible to mitigate distress and burden for patients.

2. Curbing the sharing of misinformation

Confusion around accessing diagnosis and support can lead to people seeking information from untrusted sources. Social media users need to know that professional services and signposting is available to them, should they have concerns.

3. Improving access to support for those left waiting

Collaboration with external organisations can provide additional support to patients whilst waiting for assessments, without increasing workload for the NHS.

4. Increasing oversight of ADHD services

The introduction of a national ADHD strategy and the implementation of better data sharing will improve oversight of ADHD services and ensure that ADHD and autism services are equally prioritised.

5. Collaboration outside of traditional models to improve accessibility and efficiency

Clinical teams and different organisations working in silos can lead to further confusion and delay. Better communication across organisations can create a seamless experience for patients.

6. Prioritising innovative solutions that speed up services

Initiatives such as remote working can unlock additional system capacity through existing staff and ensure the appropriate appointment modality is available for the appropriate context.

7. Expanding workforce capacity

By utilising additional expertise available through external partners, the NHS can help commissioners, local authorities, and young people's mental health services that are struggling with staffing numbers.

8. Improving children and young people's access to services

By diagnosing and supporting those with neurodivergent conditions early, we can limit the future impact on both the personal lives of those affected, as well as the healthcare system.

9. Funding further research into ADHD

To improve understanding of the impact of this condition and the support that's needed by those diagnosed.

10. Removing the gender bias

To avoid misdiagnosis and improve outcomes for all, we must avoid gender gaps in research.

Autism and ADHD assessment and treatment services are in crisis. By publishing this report, we hope to initiate a conversation that helps the NHS move towards a service that is fit for patients and delivers the care that they need.

A desperate situation

Autism, or Autism Spectrum Disorder (ASD), is a neurodivergent condition that can impact how individuals with autism communicate and interact with the world around them. Typical symptoms include difficulty with social communications, experiencing restrictive behaviours, and over-sensitivity or under-sensitivity to the environment around them¹.

Attention deficit hyperactivity disorder (ADHD), is a neurodivergent condition diagnosed through the analysis of behaviour. Behavioural symptoms include difficulty focussing on one task and/or hyperactivity-impulsivity². Whilst it's important to recognise both autism and ADHD as separate neurodivergent conditions, they are similar in how they interfere with day-to-day functioning and development. In some cases, the conditions can overlap, with approximately 50-70% of people with autism also experiencing symptoms of ADHD³.

Whilst some 'high functioning' individuals with a neurodivergent condition can approach day-to-day tasks without significant interference, many others may find their condition extremely life-limiting.

Despite the need for adequately resourced services, autism and ADHD services across the country are in crisis, with thousands waiting months, if not years, for assessments and support.

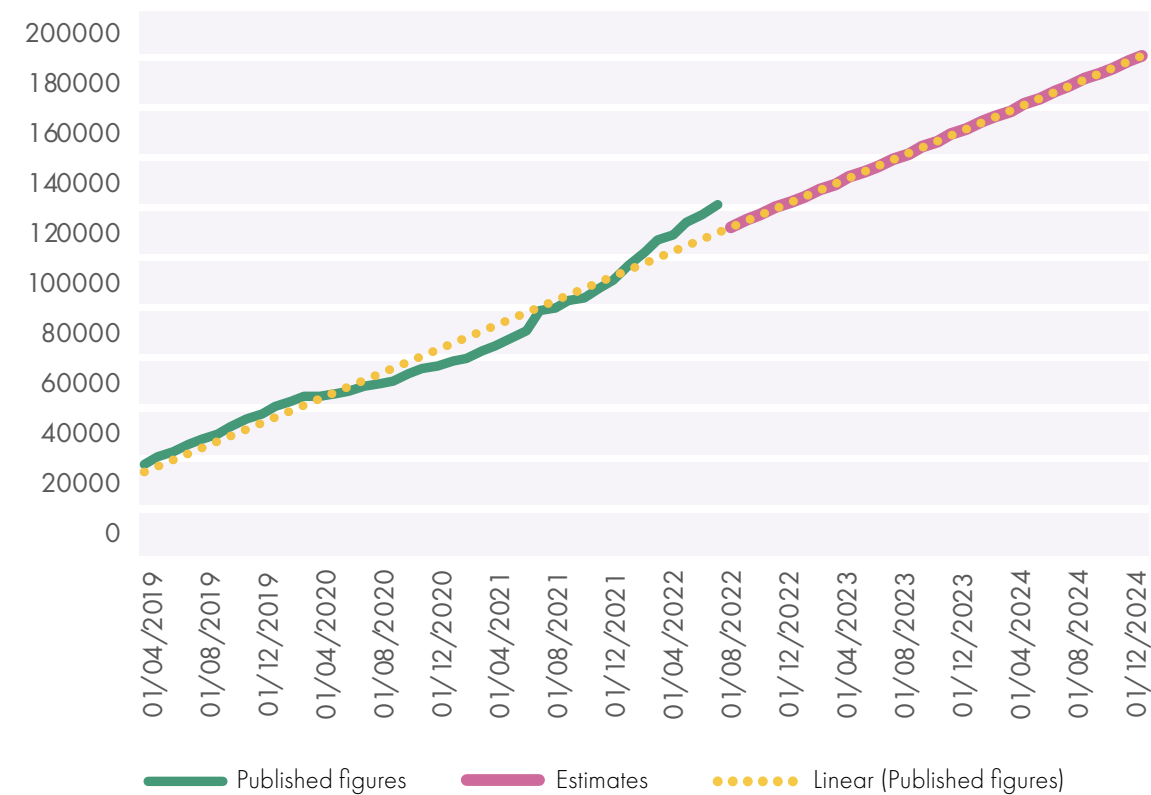
The number of people with suspected autism waiting for assessment is growing exponentially. **If numbers continue to grow on their current trajectory, we predict 190,039 people will be waiting for assessments by the end of 2024**, with 85% of those (161,550) waiting for more than 13 weeks⁶.

Autism

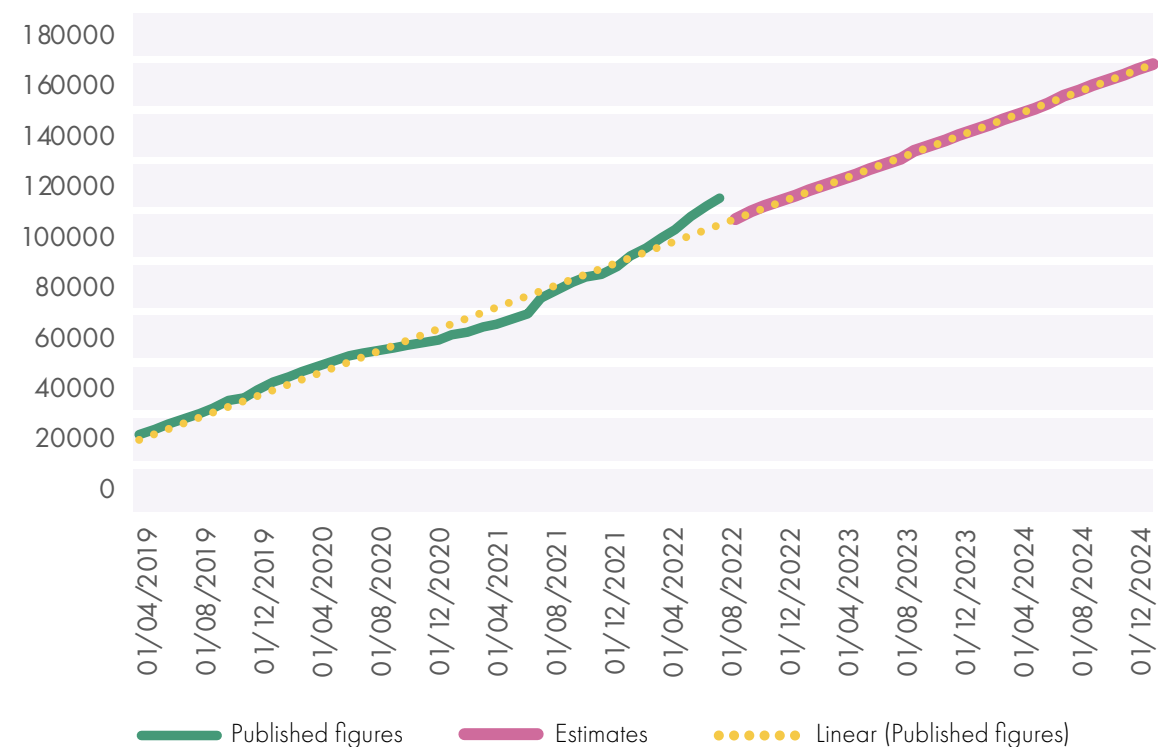
NHS guidance states that anyone with a suspected autism referral should receive their first appointment within 13 weeks of referral, yet in July 2022, of the 130,023 patients with an open 'suspected autism referral', 109,480 (84%) waited longer than 13 weeks for their first appointment. NHS estimates for December 2022 show that this possibly rises as high as 140,033 people waiting for assessment and 121,321 people waiting more than 13 weeks⁴. And since the NHS first started publishing autism data in 2019, the number of people with a suspected autism referral waiting longer than 13 weeks has increased by 485% in July 2022 (from 18,701 to 109,480), which is an unprecedented surge that services were and are wholly unprepared for. Whilst the number of people waiting for autism support is staggering as is, the figures don't provide a full picture of the crisis, with publicly available NHS data not showcasing exactly how long people are waiting until their assessment, just if they are waiting longer than 13 weeks. **However, through an analysis of available data, it's been suggested that 67,600 of people (52%) may have to wait over a year for an assessment⁵.**

Based on the number of referrals closed in 2021/22 (57,328), and the fact that 130,023 people are waiting for assessment as of July 2022, at this current rate it would take over two years to process all the referrals of everyone currently waiting, without any new referrals coming in. This brings into stark focus the extent of the crisis. It is impossible that everyone who needs to be seen will be seen promptly without urgent action being taken, and the situation becomes even more concerning when we consider the rate at which the waiting list continues to grow.

Number of patients with an open 'suspected autism' referral in the month



Number of patients with an open 'suspected autism' referral in the month that has been open for at least 13 weeks



While the situation is bad everywhere, the number of people waiting for autism assessments varies across the different NHS regions in England. As of July 2022, in the South East, there were over 31,000 patients with open suspected autism referrals, almost 27,000 of which were open for at least 13 weeks. This compares to just over 7,000 patients in the South West.

The table below shows the number of people waiting for assessments, as well as the number of referrals that have been open for at least 13 weeks⁷.

Region	Number of patients with an open suspected autism referral	Number of patients with an open suspected autism referral that has been open for at least 13 weeks
East of England	9,260	7,830
London	7,615	5,825
Midlands	26,345	22,765
North East and Yorkshire	28,850	23,130
North West	13,085	10,925
South East	31,045	26,710
South West	7,185	5,720

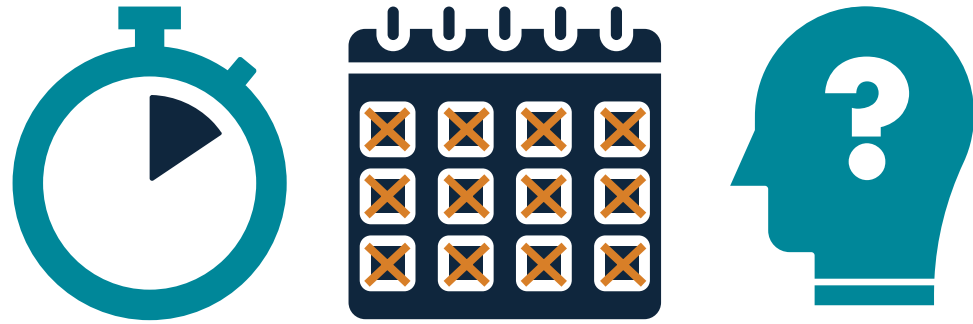
ADHD

Despite the well-known unmet need in ADHD services, data around appointments and waiting times are not routinely shared by NHS organisations, which raises concerns as to the true extent of the crisis. **Patient advocacy groups have even suggested that, of the 2.6m people who have ADHD in the UK, 2.0m (80%) are left undiagnosed⁸.**

Under the NHS constitution, patients have a right to receive NHS support for ADHD within 18 weeks of a GP referral⁹. Because ADHD data is not routinely published by the NHS, it is not confirmed how many patients, nation-wide, are being seen within the 18-week target.

Information about ADHD waiting times has also been made available from selected trusts through Freedom of Information requests. A summary of the NHS' response to Freedom of Information requests published in the last year is presented below. The figures show dramatic variation, with some people being seen within months and others facing years of challenging uncertainty whilst waiting for an assessment.

The lack of transparency and publicly available data around ADHD referrals means that the crisis largely goes unrecognised, and that there is no clear accountability. A recent petition has even sparked calls for improving the collection of ADHD data¹⁷.



Through an analysis of available data, it is estimated that 800,000 people may have to wait over a year for diagnosis and support if all undiagnosed people in the UK sought an assessment⁸.

Region	Average wait between referral and first appointment	Longest wait time between referral and initial assessment
Nottinghamshire ¹¹	5 months	2.3 years
Essex ¹²	3.75 months	Not reported
Leeds ¹³	9 months	1.1 years
Tees, Esk and Wear Valleys ¹⁴	1.8 years	3 years
Buckinghamshire ¹⁵	12.25 months	Not reported
Central and North West ¹⁶	7.3 months	Not reported

The Right to Choose pathway

The NHS offers the opportunity for patients to choose the service that they access mental health support from, whether it be through the NHS or contracted private health providers. This choice of service is a legal obligation known as the 'Right to Choose' pathway. The Right to Choose scheme enables patients to access external services free of charge, so long as commissioning arrangements are in place between the Integrated Care Board (ICB) and service provider.

Both the option of the Right to Choose pathway, as well as the guidelines for accessing it, can be unclear to service users, creating an extra hurdle to overcome when seeking support. Many patients may even be unaware of this route as a possibility. The pathway also relies on support and a referral from the GP, which may be difficult for patients already struggling to access their primary care provider.

Further caveats to opting for a private diagnosis include, potentially unclear guidelines around what is covered by the NHS, what the patient is responsible for paying for, whether the patient is committing to costly ongoing treatment, and what will happen to their care once the Right to Choose contract ends. Where cost is involved, this can exacerbate health inequalities, as those with less money may not be able to afford to pay. In some instances, diagnosis for ADHD or autism via the Right to Choose pathway is not legally recognised by the NHS or UK Government, as some assessments are not in line with National Institute of Clinical Excellence (NICE) guidelines¹⁹.

With all this in mind, it's no surprise that the diagnostic process is driving many patients and their families to despair.



Due to the current demand on autism and ADHD services across the NHS, and with NHS patients opting for the alternative route to diagnosis, Right to Choose providers are now also seeing delays of at least 6 months – far exceeding NHS targets. This wait time is on top of the Right to Choose referral process, which can take at least 6 weeks from GP referral¹⁸.

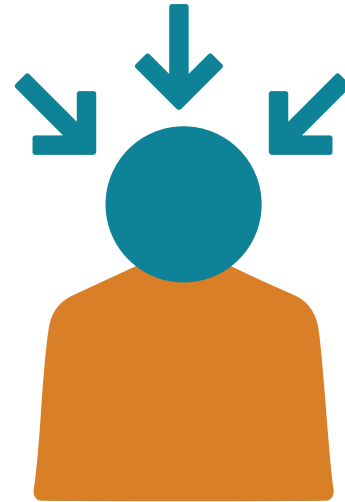


The drivers of decline

The surge in referrals for neurodivergent conditions, and the current inability of health services to meet demand, can be attributed to unprecedented increase in awareness, acute pressures, backlogs due to the pandemic and the underfunding of mental health services. It's crucial that the resource and funding required to deliver diagnosis and care is available across the healthcare system.

Increased public awareness

Increased public awareness around ADHD, autism, and other neurodivergent and mental health conditions has led to more people seeking help to better understand their symptoms and make the necessary adjustments to their lives. One of the key drivers for increased awareness around these conditions has been the use of social media, with users able to share their experiences with a vast range of individuals experiencing similar symptoms. Whilst increased awareness of, and empathy for, neurodivergent conditions does have its benefits, such as dispelling myths and encouraging diagnosis, the use of social media as a platform for change may also help drive decline. Everyday users of social media, who are not health care professionals, are at risk of sharing misinformation at scale and further increasing in the amount people joining the already stretched wait list for care - some of whom may not necessarily need to be there²⁰.



Workforce pressures

NHS Digital data shows that, although the mental health and learning disability workforce has increased by 19% between 2019 and 2022²³, the rate of increase is not keeping up with the increasing demand for services. The increase in full-time staff occurs alongside a 42% increase in the number of patients prescribed medication for ADHD²² and a staggering 269% increase in open referrals for suspected autism during the same period (from July 2019 to July 2022)²³. There is a continually widening gap between the number of staff in services and the number of people needing to be seen, which is likely to continue as recruiting and retaining staff remains a critical issue across the entire healthcare system²⁴.

Not only are the effects of staff shortages visible in staggering wait times, but also in Mental Health & Learning Disability staff's ability to work at the top of their skillset under optimal conditions. The 2022 NHS staff survey highlighted that only 30% of staff in Mental Health & Learning Disability services agree that there is enough staff at their organisation to do their job properly, decreasing from 40% in 2020. Additionally, 67.4% of staff report feeling burnt out and 79.8% report experiencing emotional exhaustion at least sometimes because of their work, and 42% report that they have felt unwell due to work related stress²⁵.

COVID-19 pandemic

Pre-pandemic, waiting times for ADHD and autism assessments were already at an all-time high, with disruptions to the delivery of services adding to what was already an enlarged backlog, not only within neurodivergent services, but across the entire NHS²⁶. **Additionally, the rapid shift to a new way of living has also seen an increase in individuals seeking a potential diagnosis, with changes in routine unmasking many people's symptoms²⁷.** And now, despite services attempting to continue as normal post-pandemic, efforts to reduce waiting lists aren't happening at the scale or pace required, as evident by continually growing waiting times.



Lack of targeted funding

Over the last five years, various commitments and strategies have been pledged regarding support for people with learning disabilities and neurodevelopmental conditions. Notably the 2021 National Strategy for Autistic Children, Young People, and Adults²⁸. The strategy pledged £13M to begin reducing diagnosis waiting times for children, young people, and adults. Despite commitments made, waiting times and standards of care continue to deteriorate. It is clear that the current ways of working are, in fact, not working, and that a shift to new ways of doing things could be the answer.

In February 2023, Autism and ADHD waiting times were subject to a parliamentary debate, following a petition of over 10,000 signatures that called for a review into how ADHD assessments are both managed and funded²⁹. The government's response to this debate was that there were no immediate plans to review the NHS' process for ADHD assessments; however, the importance of improving data collection was acknowledged³⁰. This recent development demonstrates that the unmet need in ADHD services is gaining traction, but that further recognition and action is still needed to improve these services and ensure accountability.



The impact

Autism

Autism Spectrum Conditions (ASC) encompass a wide range of symptoms that can affect the lives of those with autism to varying degrees, creating difficulties in relationships, work settings and educational settings. Long waits for diagnosis have a profound impact on individuals who are often already in a vulnerable state, and without a diagnosis, these individuals may not receive the support that they desperately need, whether it be medical, financial, or educational.

In childhood, research has shown that early identification and intervention for autism leads to significantly improved outcomes³¹. Undiagnosed autism and inadequate support can create significant barriers not just to a child's academic and emotional performance, but their development into their adolescence and adulthood too. Children who undergo support for autism at an earlier age see better outcomes, not only because they will be provided with the tools they need earlier, but because of the human brain being more adaptable during childhood³².

A delayed diagnosis may also lead to mental health conditions going undiagnosed, with adults with autism being considerably more vulnerable to other mental health conditions, such as anxiety and depression³³. Research has shown up to 66% of autistic adults contemplated taking their own life at some point, and that 35% had attempted suicide³⁴. It has also been found that adults with autism are 3-4 times more likely to experience depression and self-harm than those without³⁵.

ADHD

A 2019 study found that persistence of ADHD to adulthood is associated with an estimated 12.7 year shorter estimated life expectancy³⁶, highlighting the urgency of receiving treatment and support as early as possible. There is also strong evidence that adults with ADHD are 5 times more likely to attempt suicide than those without (14.0% vs. 2.7%). And the likelihood is higher in women, with an estimated 24% of women with ADHD attempting suicide, compared to 9% in men³⁷.

These statistics are particularly worrying, especially alongside ongoing conversations that female ADHD is underdiagnosed because of the under recognition of ADHD symptoms in girls and women³⁸.

Living with untreated ADHD during childhood and adolescence can have a significant negative impact on educational performance. Research has found that many people first experience symptoms of ADHD during school or university, and that academic outcomes are improved when treated early³⁹. Due to long wait times, many don't receive a diagnosis and treatment in time for critical periods that can define their life's trajectory, such as exams. Therefore, subsequent opportunities and potential are avoidably missed out on.

Extensive research has been conducted into the detrimental impact of untreated ADHD on health and lifestyle. Adults with ADHD have a significantly lower quality of life and experience more difficulties in obtaining and maintaining employment compared to those who do not have ADHD⁴⁰. A comprehensive literature review found that untreated ADHD can lead to deficits in academic achievement, substance and alcohol abuse, financial and employment difficulties, higher rates of criminality and antisocial behaviour, and increased rates of comorbid mental health conditions⁴¹. Regarding criminality and antisocial behaviour, 1 in 4 prisoners in Britain are expected to have ADHD, and it is estimated that better management of ADHD in the criminal justice system could result in a reduction in criminality for both men (32%) and women (42%)⁴².

Long waits for diagnosis not only have a profound impact on the individual's wellbeing, but also the deterioration of psychological and lifestyle factors, which can lead to other issues that require medical or social intervention, putting an additional burden on the already strained healthcare system.

Being diagnosed as soon as possible for both ADHD and autism not only means that treatment can be implemented sooner to help people manage their condition and make necessary adjustments to their life, but a formal diagnosis is also needed to claim financial and educational support from both the government and employers.

Solutions and recommendations

We recommend that the NHS, the UK government and service providers focus on:

1. Simplifying information and increasing transparency

- Receiving diagnosis and treatment can be a complicated and lengthy process. Navigating this pathway whilst also struggling to manage a condition, can cause additional distress and burden for patients. Services need to make sure pathways and processes are as clear as possible and that patients are regularly kept updated about the status of their referral.

2. Curbing the sharing of misinformation

- We must work to limit the sharing of misinformation via social media by raising awareness amongst the public of the viable resources and support available to those with autism and/or ADHD. Social media users need to know that professional services and signposting is available to them, should they have concerns.

3. Improving access to support for those left waiting

- Whilst the long waiting lists are unlikely to significantly reduce in the short term, we can do more to improve support given to patients whilst waiting. This can be done by collaboration with third sector organisations.

4. Increase oversight of ADHD services

- The UK Government must create and introduce a national ADHD strategy, like that of the National Autism Strategy. For true oversight of the state of waiting times for ADHD services in the UK, and to improve the services that are offered, national data must be collected and set targets must be implemented.

5. Collaboration outside of traditional models to improve accessibility and efficiency

- Collaborative working across teams is essential to maintaining continuity of care. Currently, external providers work in silos and communication with GPs and NHS teams is lacking. This can cause further delays to diagnosis and treatment and leave patients feeling out of the loop. Through effective partnerships between the NHS and experienced and trusted external private providers, we can ensure that the flow of information is as seamless and efficient as possible.

6. Prioritising innovative solutions

- Expanding provision of virtual appointments is an avenue to increasing overall appointment availability to improve efficiencies, and lower costs. Remote working can also unlock additional system capacity through existing staff. Although virtual appointments may not be favoured by all patients, these free up face-to-face capacity for those who need it, ensuring the appropriate modality is available for the appropriate situation.

7. Expanding workforce capacity

- By utilising additional expertise available through external partners, the NHS can help commissioners, local authorities, and young people's mental health services by increasing capacity and expertise across the system.

8. Improving children and young people's access to services

- To deliver a service that provides long-term solutions to neurodivergent care, extra resources and focus must be dedicated to children and young people's mental health services. By diagnosing and supporting those with neurodivergent conditions early, we can limit the future impact on both the personal lives of those affected, as well as the healthcare system.

9. Funding further research into neurodivergent conditions

- To improve our understanding of autism and ADHD across all genders, further research must be funded. Through a better understanding of these conditions, we can help to ensure that more people have access to the care that they need.

10. Removing the gender bias

- To avoid misdiagnosis and improve outcomes for all, we must avoid gender gaps in research. A lot of existing research is based on the male population. More effort is needed to understand how both conditions present in women.

The real-life impact of delayed diagnosis



Laura from Barnsley opted to pay for a private autism diagnosis after her mum had parent-identified, and after a lifelong suffering and never feeling like she 'fit in'. Laura is currently on the NHS wait list for an ADHD assessment and has been waiting 20 months. Laura's two children also received a private pre-screen for autism, but this hasn't been recognised on the NHS. She talks about the impact that this has had on their lives:

"Knowing that the wait list was long, I chose to seek a private pre-screening test for autism for two of my children and a private assessment for myself, not only for my own mental health, but also to support my children who are on the referral list.

"Both of my children's in-depth reports recommended a full Autism assessment be undertaken, but this has not been recognised by the NHS. We have subsequently had to wait almost 3 years for the NHS to complete the same pre-screening assessment, at a much less in-depth level, due to exploring diagnosis via the NHS pathway, which we are expecting will take a total of around 5 and a half years. This wait has been incredibly hard with both of my children struggling emotionally and even experiencing suicidal thoughts on a daily basis. Whilst my children's school is doing the best to understand the situation, they are left without the support that they need."



Jay from Berkshire was diagnosed with ADHD privately after facing long waits on the NHS. Jay talks about his struggles prior to being diagnosed with ADHD and the relief he felt once he finally received diagnosis and treatment:

"I started having a really difficult time at work. I couldn't cope anymore so I quit my job without a plan. It was at that point that I felt like a lot of my problems were coming from an undiagnosed problem that I couldn't control. It was dictating my life.

"Literally the same day as being diagnosed, I felt an immediate release. My mental health improved and the guilt that I felt for some of my past decisions was lifted. And since being on ADHD medication, it's made an overwhelming difference. Recently, I went into the office and it was the first time I could actually concentrate. I even cried a couple times when I walked my dog and put my favourite album on. I felt like I was listening to the album for the first time because I could actually hear it, rather than the whole world around me at the same time."



Ziggi from Paisley was diagnosed with autism 10 years ago after many years of difficulties. Ziggi talks about originally not wanting to be diagnosed, but how earlier diagnosis may have been life changing:

"I originally found myself on the pathway to referral because I was starting to crumble. I was significantly underweight due to multiple eating disorders and had been in and out of several abusive relationships. At first, I didn't want the diagnosis as I felt that it would hold me back. But little did I know, that by not having a diagnosis, I would face further issues later in life. You can't shake it. If you've got it, you've got it.

"Having a diagnosis as a child, or even a teenager, would have made a massive difference for me. I wouldn't have been so hard on myself I had of known."



Jane from Doncaster was privately diagnosed with autism after 45 years of social masking and related challenges. Jane talks about how receiving a diagnosis for autism has changed how she approaches her life:

"Since being diagnosed with autism, it has been a relief. Being able to finally understand my symptoms, I am much more aware of my need for self-care."

"I am someone who has managed most of my life with suicidal thoughts and those suicidal thoughts are less powerful now because when I have them, I can think, 'I know this is because I am autistic and because my life has been hard'. Those thoughts don't have the power anymore. Life is just better now. It's better knowing. I am more aware now and I can live my authentic self."

"Receiving a diagnosis of autism or ADHD can open pathways to support for individuals as well as their families.

Unfortunately, long waiting lists can significantly impact on both the individual and their family's ability to function normally, and the incident of mental health and relationship issues developing is high.

For the individual these issues can manifest themselves in several ways, for example, poor sleeping patterns, interrupted learning, disordered eating, social isolation, depression, and suicidal ideation.

Unfortunately receiving a long-awaited diagnosis may not have the result the individual or their family hoped for. A lack of post diagnostic support can lead to further complications and complexities.

To avoid these devastating life impacts, we must do more to improve both waiting times for diagnosis, as well as post-diagnostic support."

Laura Watkins
CEO at The Donaldson Trust



The NHS cannot, on its own, deliver the level of service that is needed, and at the pace that is required, across mental health services.

Despite large allocations of funding over the years, services are in disrepair, and **we need to do things differently**. We must concentrate our efforts on working in partnership across both the NHS and third sector to reduce waiting lists in the short term, and reform our approach to assessments in the long term.

About CHS Healthcare

This report from CHS Healthcare (part of Acacium Group), in collaboration with The Brain Charity and The Donaldson Trust, highlights the urgent need for change within NHS neurodiversity services to support both patients and staff. To address the unmet in both ADHD and autism assessments, the NHS must look to new ways of working in partnership to truly transform diagnostics and after care for the better.

With over 20 years of experience partnering with the NHS to support vulnerable people across the health and care system, CHS Healthcare are trusted experts in delivering digitally enabled services that ensure optimal health and wellbeing outcomes for everyone.

Our workforce of 500 experienced clinicians and expert administrators are helping to add essential capacity to struggling services by offering remote, in-person and combined NICE recognised neurodivergent assessments, helping the NHS reduce waiting lists by approximately 25% so that people can receive the support they need to plan their future care with confidence.

To find out more, contact CHS Healthcare at:

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chshealthcare.co.uk

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