**College Health Service, Trinity College Dublin: Referral for ongoing ADHD treatment and management**

The College Health Service at Trinity is delighted to announce the adoption of a new clinical care pathway for students who have been diagnosed with ADHD.

This pathway will dovetail with the recently launched National Clinical Programme Model of Care for Adults with ADHD, by the Health Service Executive.

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder that has been recognised and recorded as a clinical entity for over 120 years. Rates of ADHD in childhood are estimated at 5% and of these children, up to 2/3 will continue to experience impairment in adulthood including 15% who continue to meet full diagnostic criteria for the disorder. ADHD is associated with poor education outcomes and can have long-term negative effects on the mental health, well-being, and socio-economic outcomes of university students.

The College Health Service seeks to support ongoing clinical care for patients who have an established diagnosis of ADHD and in whom a stable established care plan is in situ. We are unable to offer a specialist ADHD assessment service and do not offer initiation of medication for ADHD for new patients.

The Irish public health service, the Health Service Executive (HSE), has developed a National Clinical Programme Model of care for adults with ADHD. This model of care states that assessment and treatment will be provided within the public mental health services. Unfortunately, this service is currently not available in many areas in Ireland. At this time, 2022 only 3 services are provided and waiting times can be very long. It is hoped that additional services will be rolled out in the future. Individuals over the age of 18 who are ordinarily resident in Community Healthcare Organisations (CHO)s 1, 3 and 6 should access care in ADHD clinics in these catchment areas via GP referral as outlined here: <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/adhd/>.

Students who are engaged with services within or outside Trinity can apply to the Disability Service for needs assessment, reasonable accommodation and one to one tailored academic and occupational therapy supports.

The private sector has a very limited number of clinicians who offer ADHD assessment. The most up to date details are available on the adhdireland.ie website.

**Please note that Adderal is not available in Ireland and cannot be prescribed**.

Incoming international students who are currently prescribed Adderal should contact their psychiatrist and arrange a transfer to an ADHD medication that is available in Ireland prior to coming. If a student wishes to avail of the College Health Service for ongoing ADHD care, please be aware that the service will prescribe either methylphenidate, lisdexamphetaime or atomoxetine. No other ADHD medications will be prescribed. The service is unable to facilitate change of medication or reinstatement of lapsed treatment.

**Criteria for Referral**

The patient must have an established diagnosis of ADHD made by a Consultant Psychiatrist.

The patient must have had a clinical reassessment that has determined that there are ongoing symptoms and an ongoing indication for care to include pharmacotherapy within a 6 month period of commencement of College.

Patients who have complex psychiatric comorbidity cannot be facilitated by this service.

The patient will remain under the care of the referring Consultant Psychiatrist until the patient has been assessed and accepted for treatment by the College Psychiatrist. It is expected that this may take up to a year. During this time on going pharmacotherapy, medication efficacy and tolerability as well as vital sign monitoring will be provided by the College Health Service GP. This review will be conducted once in each semester.

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Students Coming to Trinity for one year period will not be transferred to the College Health Psychiatrist Service for ongoing ADHD management as their care can revert to their treating psychiatrist on completion of their studies. The ADHD clinic will provide primary care for these students. International students who will be studying for more than a year will be offered an appointment to transfer their care to the College Psychiatrist. This is likely to be in June the year after entry.

Students who are engaged with services outside Trinity can apply to the Disability Service for needs assessment, reasonable accommodation and one to one tailored academic and occupational therapy supports.

Patients who are currently misusing or consuming cannabis, substances or alcohol are not appropriate for this referral pathway and will not be seen.

**Please complete all sections. Incomplete sections will not be processed and will result in a return to the referring doctor. All referrals must be signed by the referring doctor and must be accompanied by a clinic stamp on the referral form.**

**The deadline for receipt of completed forms is October 1st.**

|  |  |
| --- | --- |
| Name of patient |  |
| DOB |  |
| Address |  |
| Health insurance details:  Health insurance number Ireland | Yes □ No □  VHI □ AVIVA □ LAYA □ |
| Next of Kin Name:  Name of person to provide collateral if required |  |
| Name and Address of Referring Psychiatrist |  |

|  |  |
| --- | --- |
| Date diagnosis made: |  |
| Actual diagnosis: | ADD □ ADHD□ |
| Diagnostic tools used to establish diagnosis | Connors □ DIVA □ CADDRA □  Other: please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please note that screening tools such as the ASRS are not sufficient to establish a diagnosis |
| Evidence of Impairment prior to the age of 12  Evidence of Impairment prior to the age of 12 established through: | Yes □  School reports □  Collateral history □  Other: please state\_\_\_\_\_\_\_\_\_\_\_ |
| Comorbid diagnosis | ASD □  Mood Disorder □  Dyspraxia □  Dyslexia □  Generalized anxiety disorder □  Panic Disorder □  OCD □  Anorexia Nervosa  Bulimia Nervosa □  Binge Eating Disorder □  Psychosis □  Other |
| Risk Assessment | Current deliberate self harm □  History of deliberate self harm □  Current Suicide ideation □  History of suicide ideation □ |
| Previous inpatient admission details | Yes □ No □ |
| Current alcohol intake | \_\_\_\_\_ units a week |

|  |  |
| --- | --- |
| Cannabis intake | Frequency per week \_\_\_\_ |
| Current Medication and dose  Previous Medication and reasons for discontinuation | Ritalin □  Concerta □  Ritalin LA □  Tyvense □  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medication Allergy |  |
| Family Psychiatric History | ADHD □  Neurodevelopmental disorder: □  ASD □  Mood disorder□  Addiction □  BPAD □ |
| Patient will require ECG if a history of the following | History of congenital heart disease or previous cardiac surgery: Yes □ No □  History of SADS in first degree relatives under 40: Yes □ No □  SOB on exertion compared to peers: Yes □ No □  Fainting on exertion or in response to fright or noise: Yes □ No □e  Palpitations: Yes □ No □  Chest pain or cardiac origin: Yes □ No □  Signs of heart failure: Yes □ No □ |
| Personal or Family Medical History | |  |  |  | | --- | --- | --- | |  | Personal | Family | | Hypertension |  |  | | Tachycardia |  |  | | Arrhythmia |  |  | | Dyspnoea on exertion |  |  | | Fainting |  |  | | Chest pain on exertion |  |  | | SADS |  |  | |
| Physical examination completed | Yes □ No □  Findings □ |
| BP \_\_\_\_\_\_\_\_\_\_\_\_ Pulse\_\_\_\_\_\_\_\_\_\_\_\_\_ | Weight \_\_\_\_\_\_\_\_\_\_\_ |
| Date that the patient was last assessed and ongoing care need established |  |
| I have established and recommend an ongoing care need  I understand that clinical care for ADHD management will remain with me until the patient has transferred care to another consultant psychiatrist | Signed:  Signed:  Stamp of Care Provider: |