

Children's Services

Diagnosis of Attention Deficit and Hyperactivity Disorder

Neurdevelopmental Service,
CAMHS


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June 2025



What is ADHD?

ADHD is a neurodevelopmental disorder characterized by executive dysfunction with symptoms of inattention, hyperactivity, impulsivity and emotional dysregulation that are excessive and pervasive, and impairing across multiple contexts and are otherwise age inappropriate.



Neuro CAMHS Referral Pathway for ADHD

- Referral received into YOUnited and checked to ensure all documentation is included in referral.
- Primary aged referrals go to the Community Paediatrics for a General Developmental Assessment (GDA) if they have not already had one and there is a request for assessment of ADHD. If GDA highlights possible neuro disorder they are referred to the team for specialist assessment.
- Referral management team in neuro will triage referrals and decide whether there is sufficient evidence of possible ADHD features to warrant further assessment or whether difficulties might be better explained by other things.
- Referral may be:
 - Accepted for assessment with clinicians identifying which assessments are needed- i.e QbTest, Developmental, family and psychiatric history taking, School observations, Voice of Child
 - Declined with reasons why and possible signposting
 - Held on pending whilst additional information sought

Neuro CAMHS Diagnostic Pathway

- Once a young person reaches the top of the list, we schedule all appointments as close together as possible
- Assessment components will vary depending on age, complexity and need
- Once all assessments have been concluded, the young person's case is discussed in our ADHD formulation meeting attended by Consultant Psychiatry, Clinical Psychology, Mental Health/Learning Disability and General Nursing, Support Workers, and CAMHS Practitioners
- During the formulation all collated information and all assessments are discussed and reviewed alongside the DSM-V diagnostic criteria for ADHD – discussions can take anywhere between 20 minutes and an hour depending on complexity

NICE Guidelines on Assessing ADHD

- Assessment of ADHD should be through mental health services with multidisciplinary specialist ADHD teams
- Diagnosis should only be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional.
- A full clinical and psychosocial, familial and physical health assessment including information on behaviours and symptoms.
- A full developmental and psychiatric history
- Observer reports and assessment.
- As an option, use of QbTest (not QbCheck) to help diagnose in people aged 6 to 17 years.
- Rating scales such as the Conners' ratings are helpful added tools and observations from school are useful
- Young persons view should be taken into account where possible

DSM-5 diagnostic criteria

Currently, or by history, must show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

- **1. Inattention:** Six or more symptoms of inattention for children up to the age of 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for a least 6 months and are inappropriate for development.
- **2. Hyperactivity and Impulsivity:** Six or more symptoms of hyperactivity – impulsivity for children up to the age of 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level.

DSM-V Criteria continued

- In addition, the following conditions must be met:
 - Several inattentive or hyperactive-impulsive symptoms were present before age of 12 years.
 - Several symptoms are present in two or more settings (e.g., at home, school or work; with friends or relatives; in other activities).
 - There is clear evidence that the symptoms significantly impair and interfere with, or reduce the quality of, social, school or work functioning.
 - The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.
 - The symptoms are not better explained by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Possible Outcomes from Formulation

- Formulation discussions can have several different outcomes
 - Diagnostic criteria met and diagnosis to be given – appointment will be arranged
 - Diagnostic criteria not met and alternative diagnosis to be given – appointment will be arranged
 - Diagnostic criteria not met, and differences better explained by other things – appointment will be arranged
 - Insufficient information and further information to be gathered or further assessments to be undertaken – telephone conversation to parents to explain and further appointments to be arranged. Once further appointments completed, and additional information gathered then we would reformulate.

Differential Diagnosis

Consideration should be given to other conditions:

- Neurodevelopmental disorders:
 - a learning (intellectual) disability or global developmental delay, dyslexia
 - ASD – children and young people with Autism generally have higher rates of inattention and lack concentration on tasks they have no interest in
- Mental and behavioural disorders:
 - mood disorder
 - anxiety disorder
 - trauma including developmental trauma/attachment issues
 - oppositional defiant disorder (ODD)
 - conduct disorder
 - obsessive compulsive disorder (OCD)
 - psychosis

Differential Diagnosis continued


- Other conditions:
 - severe hearing impairment
 - severe visual impairment
 - Maltreatment, severe neglect, trauma

Whilst it is possible to have ADHD and another condition, it is important to understand the mechanisms and origins of the difficulties to ensure correct treatment.

Adverse Childhood Experiences (ACES)

- Adverse childhood events can create dangerous levels of stress and derail healthy brain development.
- This can result in long-term effects on learning, behaviour and health.
- Neurobiological research indicates that 'toxic stress' can lead to physical changes in the way the brain develops.
- It impacts on how individuals experience future stress and the propensity to adopt health-harming behaviours and develop mental and physical illness.

Presentation in Children with ACES

- Poor emotional regulation
 - Poor engagement in learning
 - Difficulties processing information, organising self and work
 - Struggling with transitions and working with others
 - Poor concentration, unfocussed, disruptive behaviour
 - Difficulties developing healthy relationships
 - Social, emotional and learning difficulties
 - Poor self-image and belief and refusal to accept help
 - ADHD, ASD or LD – could be just effect of ACEs or ACEs and neurodevelopmental disorder
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Impact of Domestic Abuse on Development

- Infants and small children who are exposed to violence in the home experience so much added emotional stress that it can harm the development of their brains and impair cognitive and sensory growth.
- Behaviour changes can include excessive irritability, sleep problems, emotional distress, fear of being alone, immature behaviour, and problems with toilet training and language development.
- At an early age, a child's brain is becoming 'hard-wired' for later physical and emotional functioning. Exposure to domestic violence threatens that development.

Impact of DV continued

- As they grow, children who are exposed to violence may continue to show signs of problems. Primary-school-age children may have more trouble with schoolwork and show poor concentration and focus. They tend not to do as well in school. In one study, forty per cent had lower reading abilities than children from non-violent homes.
 - Later in life, these children are at greater risk for substance abuse, juvenile pregnancy and criminal behaviour than those raised in homes without violence.
- Unicef – Behind Closed Doors (2006)

ADHD V Developmental Trauma/Attachment

- ADHD and developmental trauma/attachment issues can present with overlapping symptoms, making diagnosis and treatment complex.
- Both can affect attention, impulse control, and emotional regulation, but understanding their distinct origins and mechanisms is crucial for effective interventions.
- ADHD – is a neurodevelopmental disorder, involving neurological differences in brain function and can be caused by genetic factors, prenatal exposure, brain injury and other biological factors.
- Developmental trauma – chronic, adverse experiences in childhood, including abuse, neglect and trauma, that disrupt the healthy brain development and attachment formation.

Correct Diagnosis = Correct Treatment

Whilst it is possible to have ADHD and another condition, it is important to understand the mechanisms and origins of the difficulties to ensure correct treatment.

For example, it is advised that trauma should be ruled out before considering a diagnosis of ADHD as some ADHD medications can increase the trauma-related anxiety.

With comorbid trauma and ADHD, therapy and lifestyle adjustments are indicated rather than medication for ADHD as medications have been found to be less effective and can increase anxiety.

Post Diagnosis Management of ADHD

- Psychoeducation to parent (and young person if applicable).
- Good sleep hygiene
- Regular exercise
- Healthy diet
- Behaviour management (if this is an issue)
- ADHD strategies within schools
- Mental health support if there is a comorbid mental health condition
- Medication – medication is only a small part of the treatment of ADHD and can have side effects which may outweigh the benefits of medication. All other strategies should be consistently implemented prior to trialling medication.

Publications and Resources

- NICE Guidelines on diagnosis and management of ADHD in children and young people
- DSM-V Diagnostic Manual: Diagnosis criteria for ADHD
- Behind Closed doors: The Impact of Domestic Violence on Children - Unicef
- NHS Health Scotland – Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (2017)
- Welsh Adverse Childhood Experience and Resilience Study (2018)
- CDC Kaiser ACE study (1995 – 1997) US [Violence Prevention | Violence Prevention | CDC](#)
- Blackburn with Darwen – ACE Screening Pilot <http://www.eif.org.uk/case-study/blackburn-with-darwen-ace-adverse-childhood-experiences-screening-pilot/>
- English National ACE study, (Bellis et al 2014)