

## **Autism / ADHD assessment minimum standards guidelines**

Increasingly, NHS services are working in partnership with private providers to offer appropriate care. Autism / ADHD assessments are increasingly taking place outside of the NHS and this may occur for a number of reasons:

- NHS using an outsourcing model to commission a private organisation to complete assessments on their behalf
- Families opting to pay for assessments privately (e.g. where there are long waiting lists in the NHS)
- Families opting to seek an assessment through 'Right to Choose'
- The person has received a diagnosis in another country and has since moved to the UK

A diagnosis of autism / ADHD can indicate possible medical treatment, for example, particular medications. It is vital that any assessment (both within and outside of the NHS) meets consistent quality standards. It is vital that there is clear evidence that an assessment meets these criteria before accepting a referral for a service that may lead to diagnosis-specific treatment.

These standards have been drawn together by Leeds CAMHS (responsible for school-age autism and ADHD assessments), the Leeds adult ADHD service and the Leeds Autism Diagnostic service. The purpose is for our teams to work consistently when referrals are made to our services, or where we are working in partnership with a private company who are completing outsourced assessments. These are not designed to support other functions (such as commissioning services). It is acknowledged that decision-making will involve a degree of clinical judgement (particularly when appraising an assessment and diagnosis from outside of the UK). These standards are offered as a guide when making decisions about accepting referrals.

Broadly, an assessment should be consistent with standards outlined in NICE guidance relating to autism / ADHD assessment and diagnosis. Specifically, this must be written into a comprehensive report and would include:

- Information about the professional(s) who undertook the assessment, their role, training, professional registration, and experience and that the person / people undertaking the assessment are consistent with NICE guidance on the composition of assessment teams. For autism, this typically includes a multidisciplinary team with training and experience in autism assessment, that may include a psychologist, psychiatrist, paediatrician (children and young people) speech and language therapist, occupational therapist, nurse, or social worker (the team does not need to have input from all these professionals). A diagnosis of ADHD can be made by a single clinician with appropriate training and experience in ADHD assessment (e.g. Psychiatrist, Psychologist or other appropriately qualified professional) though it is good practice for that practitioner to be part of an ADHD team.

- 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.
- Evidence from third party informants (corroborative information). For children and young people, this is likely to include information provided by their educational setting. Where not in an educational setting, evidence from another source, or evidence of having tried to collect this. Where a diagnosis has been made in the absence of third-party information, clear justification for having concluded in this way.
- Clear developmental, social, and familial history, including any significant life events.
- 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).
- 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). A 'formulation' of how the presence of any additional complexity fits with the diagnosis of autism / ADHD.
- 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.

In the situation where medication has been initiated by another provider this will not result in an automatic referral to a medication pathway. Where a diagnostic assessment does not meet these standards, the patient would need to be referred for a repeat diagnostic assessment to ensure that the diagnosis is sound. For a patient who has been prescribed medication this is likely to mean a period of time medication-free during the repeated assessment.

Where medication has been initiated outside of the referred-to the service, the original prescriber or provider will still hold responsibility for prescribing until the service has accepted the report and referral for medication and the patient is offered an initial appointment.

Where an assessment does not appear to meet minimum standards, it is helpful for this to be clearly explained as part of the referral response as providers may be able to provide the required information in an addendum report.



**Dr Jenny Perry, Consultant Clinical Psychologist, Clinical Lead for the Neurodevelopmental Pathway (Autism / ADHD) in Leeds CAMHS**



**Dr Mike Smith, Consultant Psychiatrist and Clinical Lead for Leeds Adult ADHD service**



**Dr Conor Davidson, Consultant Psychiatrist and Clinical Lead for Leeds Autism Diagnostic Service**

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