

This file contains the *Mapping Study - Freedom of information request sent to providing organisation, confirming details of treatment/support available from the NIHR CATCh-uS ADHD Transition Research Project (2015 – 2019).*

For more information or to ask permission to use this tool please contact catchus@exeter.ac.uk

Dear Sir/Madam

Please provide the following information about services provided by your Trust* for adults (people aged 18 and above) with Attention Deficit Hyperactivity Disorder (ADHD).

*If you provide FOI for more than one MHT, please answer questions separately for every MHT you represent. This is a national survey so we want to know about all MHTs in England and we have only contacted FOI email addresses once, to avoid duplication of workload.

2018 Survey for the 'Children and adolescents with Attention Deficit Hyperactivity Disorder in transition between children's services and adult services' (CATCh-uS) study.

The CATCh-uS study is funded by the National Institute for Health Research and has ethical approval. Details can be found on our [website \(http://medicine.exeter.ac.uk/catchus/\)](http://medicine.exeter.ac.uk/catchus/). Answers will help to update a list of existing services, available [here \(http://medicine.exeter.ac.uk/catchus/mapping/adhdservices/\)](http://medicine.exeter.ac.uk/catchus/mapping/adhdservices/).

Thank you in advance for your support.

Part 1: Overview
Which Health Trust (MHT) do you represent? a. Name: b. Postcode:
Who is responsible for provision of adult ADHD mental health services in your trust? (e.g. lead for mental health services or head of department) c. Name: d. Email Address: e. Job Role:
Which NHS England region is your Trust part of? f. London g. Midlands and East of England h. North of England i. South West England j. South East England
Which region of England is your trust in? k. East Midlands l. Eastern m. London n. North East o. North West p. South East

- q. South West
- r. West Midlands
- s. Yorkshire and the Humber

Does your Trust provide services for people with ADHD aged 18 years and above?

- t. Yes
- u. No
- Other (please specify)

If yes, please provide details below for each service.

In practice, does your Trust accept patients aged 18 and above for treatment for their ADHD?

- v. Yes
- w. No
- x. Other (please specify):

Part 2: Service details - Service 1

Service 1

- a. Name:
- b. Town:
- c. Website:
- d. Service Main/Administrative Postcode:
- e. Postcode/s of **all** locations where patients can access treatment:

Service type (*please indicate which and details if a specialist service*):

- a. Generic Adult Mental Health Service
- b. Specialist Mental Health Service
 - a. ADHD
 - b. ADHD & ASD
 - c. ASD
 - d. Neurodevelopmental
 - e. Learning Disability
 - f. Other (*please provide details*):
- c. Other (*please provide details*):

Ages served:

- d. Upper age boundary?
- e. Lower age boundary?

Adult ADHD Services (*please indicate*):

- a. Transitional Care
(*arrangements for transition of care from child to adult services*)
- b. Diagnosis
- c. Medication management

(initial prescription, titration and/or monitoring & oversight)

d. Ongoing prescribing of ADHD medication
(provided directly by this service)

e. Shared care
(agreement with local physicians to prescribe, with monitoring by this service)

f. Psychological treatment

g. Other, such as support groups...
(please provide details)

Commissioning:

a. Which Clinical Commissioning Groups (CCGs) commission this service?
(names in full)

b. Are patients from other CCGs or regions also able to access this service?
Y/N? (If yes, please provide details)

Part 2: Service details - Service 2

Service 2

f. Name:

g. Town:

h. Website:

i. Service Main/Administrative Postcode:

j. Postcode/s of **all** locations where patients can access treatment:

Service type *(please indicate which and details if a specialist service):*

f. Generic Adult Mental Health Service

g. Specialist Mental Health Service

a. ADHD

b. ADHD & ASD

c. ASD

d. Neurodevelopmental

e. Learning Disability

f. Other *(please provide details):*

h. Other *(please provide details):*

Ages served:

i. Upper age boundary?

j. Lower age boundary?

Adult ADHD Services *(please indicate):*

h. Transitional Care

(arrangements for transition of care from child to adult services)

- i. Diagnosis
- j. Medication management
(initial prescription, titration and/or monitoring & oversight)
- k. Ongoing prescribing of ADHD medication
(provided directly by this service)
- l. Shared care
(agreement with local physicians to prescribe, with monitoring by this service)
- m. Psychological treatment
- n. Other, such as support groups...
(please provide details)

Commissioning:

- c. Which Clinical Commissioning Groups (CCGs) commission this service?
(names in full)

- d. Are patients from other CCGs or regions also able to access this service?
Y/N? (If yes, please provide details)

Part 2: Service details - Service 3

Service 3

- k. Name:
- l. Town:
- m. Website:
- n. Service Main/Administrative Postcode:
- o. Postcode/s of **all** locations where patients can access treatment:

Service type *(please indicate which and details if a specialist service):*

- k. Generic Adult Mental Health Service
- l. Specialist Mental Health Service
 - a. ADHD
 - b. ADHD & ASD
 - c. ASD
 - d. Neurodevelopmental
 - e. Learning Disability
 - f. Other *(please provide details):*
- m. Other *(please provide details):*

Ages served:

- n. Upper age boundary?
- o. Lower age boundary?

Adult ADHD Services (*please indicate*):

- o. Transitional Care
(*arrangements for transition of care from child to adult services*)
- p. Diagnosis
- q. Medication management
(*initial prescription, titration and/or monitoring & oversight*)
- r. Ongoing prescribing of ADHD medication
(*provided directly by this service*)
- s. Shared care
(*agreement with local physicians to prescribe, with monitoring by this service*)
- t. Psychological treatment
- u. Other, such as support groups...
(*please provide details*)

Commissioning:

- e. Which Clinical Commissioning Groups (CCGs) commission this service?
(*names in full*)

- f. Are patients from other CCGs or regions also able to access this service?
Y/N? (*If yes, please provide details*)

Part 2: Service details - Service 4 onwards...

Please duplicate the forms above to provide details for as many mental health services as your trust/board provides for people with ADHD aged 18 years and above...