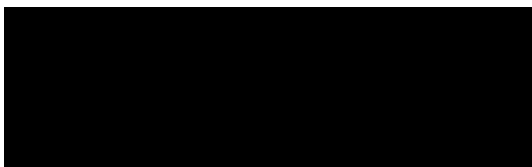


26 April 2022



Dear 

**Re: OIA request – Attention Deficit Hyperactivity Disorder (ADHD) assessments and waitlists**

Thank you for your Official Information Act request, received 16 March 2022, seeking information from Waitematā District Health Board (DHB) about Attention Deficit Hyperactivity Disorder (ADHD) assessments for the past 10 years as well as current waitlists.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas.

Waitematā DHB accepts referrals where there is concern that Attention Deficit/Hyperactivity Disorder (ADHD) may be present for children, young people and adults. Referrals can either be received seeking clarification specifically as to whether the person has ADHD or, alternatively, a person can be referred with a range of presenting concerns and following an assessment, it is determined that they have ADHD.

In response to your request, we are able to provide the following information:

**1. How many ADHD assessments have been undertaken in the last 10 years through Waitematā DHB? Break down by year, sex and age (under or above 18).**

As ADHD is a neurodevelopmental disorder, with symptoms presenting from a young age, the vast majority of assessments for ADHD are undertaken with children and young people, aged under 18 years.

The following table shows the number of assessments completed by Waitematā DHB's Mental Health Services, by calendar year and recorded gender, where ADHD was thought to be a factor in the presentation. All assessments were for children and young people under 18 years.

The number of ADHD assessments undertaken in the last 10 years at Waitemata DHB (all patients <18)		
Calendar year	Gender	
	Female	Male
2012	7	90
2013	14	91
2014	20	91
2015	14	82
2016	19	108
2017	29	144
2018	33	154
2019	39	136
2020	56	195
2021	56	201

There were no specific ADHD assessments for people over 18 years because adults do not tend to be referred to secondary mental health services with primary concerns in respect of ADHD.

They may present with a range of other issues, such as anxiety or psychosis and, following assessment, it may be determined that they also have ADHD. Likewise, they may have been diagnosed with ADHD in childhood. We are unable to reliably extract data on secondary or historical diagnoses, so the information on the number of adults who may have ADHD is not available.

Of note, the higher number of males being assessed for ADHD is consistent with international experience. The Centre for Disease Control and Prevention advises that boys are three-times more likely to receive an ADHD diagnosis than girls. This difference is not because girls are less susceptible to the disorder but that symptoms present differently in girls and are less-easily captured by DSM5 (the American Psychiatric Association Diagnostic and Statistical Manual) criteria and potentially are more subtle than the symptoms displayed in boys.

For example, boys with ADHD usually show symptoms such as physical aggression and impulsivity. Girls, on the other hand, typically show symptoms of inattentiveness and low self-esteem. Since girls with ADHD often display fewer behavioural problems and less noticeable symptoms, there is a lower rate of referral for assessment and treatment.

**2. How many people have been diagnosed with ADHD through Waitemata DHB in the past 10 years?  
Broken down by year of diagnosis, sex and age (under or above 18) of the person diagnosed?.**

The following table details the number of people diagnosed with ADHD by calendar year, noting this is for people with a primary diagnosis of ADHD.

The figures are, in some instances, higher than the numbers provided in our response to question 1 regarding the number of assessments undertaken.

As noted above, this is because we assess people where ADHD may be part of the diagnostic picture but is not the primary issue of concern. Therefore, the number of assessments recorded as a primary diagnosis may not reflect the total number of all people assessed who potentially have ADHD who access the service.

In addition, young people present having already been diagnosed with ADHD by a different service (or at a previous contact with the service). The diagnosis is then recorded without the need for assessment.

Where numbers are fewer than four in the following table, we are withholding the exact number under section 9(2)(a) of the Official Information Act to protect the privacy of the individuals involved.

We have considered whether the public interest in releasing this information outweighs the need for individual privacy and have concluded that it does not. The general expectation that medical records will be kept confidential means that any patients concerned are entitled to rely on the DHB not to create the risk that they will be identified.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to seek a review is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Number of people diagnosed with ADHD in the last 10 years at Waitematā DHB				
Calendar year	Female		Male	
	<18 years	>18 years	<18 years	> 18 years
2012	7		64	
2013	12		75	
2014	22		118	
2015	24		88	
2016	28		153	
2017	42	<4	186	
2018	46		235	
2019	35		172	
2020	51		190	
2021	82		138	<4

**3. Over the past 10 years, what has been the average wait time for an ADHD diagnosis through Waitematā DHB? Broken down by year**

All referrals received are reviewed by the clinical team, which determines whether an assessment is indicated. Assessments are provided for children and young people where there are significant concerns that attentional or behavioural issues are impacting on their ability to achieve their potential at school, as well as their functioning at home and/or socially.

As detailed in the following table, the average wait time over the past 10 years for diagnosis of ADHD to be confirmed, where this was the reason for referral, as at March 2022, is 139 days.

This is because the process for confirming a diagnosis of ADHD is thorough and requires the involvement of caregivers and schools. Firstly, it involves an initial appointment with a member of the clinical team. A developmental history is undertaken and parents are given standardised questionnaires to complete at home. They are also asked to liaise with their child’s school to have

a teacher-rated questionnaire completed. Children who are old enough may also be given a self-report questionnaire to complete.

Once the tests are returned, scored and interpreted by an appropriately qualified clinician, a clinical assessment is booked with a child and adolescent psychiatrist or paediatrician, who will then complete a diagnostic assessment (supported by the information gathered to-date). A diagnosis may also be made by a clinical psychologist.

The data in the following table identifies the time between referral to the mental health service and a confirmed diagnosis being entered in the clinical record, thus includes the period of assessment and information gathering necessary to confirm the diagnosis.

Average wait time to diagnose ADHD	
Calendar year	Days
2012	209
2013	135
2014	144
2015	154
2016	130
2017	107
2018	108
2019	131
2020	147
2021	189

**4. Over the past 10 years what has been the average amount of people on the waitlist with suspected ADHD, in the area? Can this be broken down by sex?**

The table provided in response to question 1 shows the number of people referred for assessment of suspected ADHD and thus 'waiting for assessment'.

**5. How many people are currently on the waitlist with suspected ADHD? Can this be broken down by sex?**

The following table provides an overview of the number of people who are waiting for an assessment with suspected ADHD, as at 28 March 2022. There are no people awaiting assessment who are 18 years or older.

Number of people on waitlist with suspected ADHD as at 28 March 2022				
(n)	Gender		Age	
	Female	Male	< 18 years	> 18 years
	5	6	11	0

**6. What percentage of the waitlist for youth mental health is currently made up of patients with suspected ADHD?**

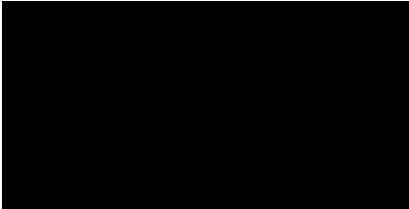
As at 28 March, 4.2% of people awaiting assessment with the youth mental health teams have suspected ADHD.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Director Specialist Mental Health & Addictions Services  
Waitematā District Health Board**