

Lack of joined-up support from education and health is harming outcomes for young people with ADHD

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Experts have called for better support to help teenagers with ADHD make the transition from post-16 education into higher education or



employment.

The paper, which used data from the CATCh-uS study conducted by the University of Exeter, suggests medical experts are rarely in direct contact with teachers when a young person with ADHD is about to leave post-16 education.

Around 30 per cent of young prisoners are thought to have ADHD. Young people with ADHD in the UK are less likely to enroll at university, and if they do enroll, are likely to graduate later.

The study finds that a lack of joined-up planning between education and health or consistent support in post-16 and higher education can leave young people with ADHD in limbo between health services and struggling within education. Only those young people with a significant health need or an Education Health Care plan formally qualify for support with the transition between educational settings.

Transition to adult health services typically takes place around 18 years of age and requires continued prescription of ADHD medication, yet many young people stop taking their medication due to a belief that it is only needed while they are in education.

In addition, many of those young people with ADHD who were studying and taking exams and other assessments at sixth form or FE college wanted to continue their medication. To do so they would need to transition from child to adult mental health services. However, only a small proportion successfully do so.

The paper, published in the journal *Emotional and Behavioural Difficulties*, was written by Simon Benham-Clarke; Tamsin Ford; Siobhan B Mitchell; Anna Price; Tamsin Newlove-Delgado; Sharon Blake; Helen Eke; Darren A Moore; Abigail Emma Russell and Astrid



Janssens.

Lead author Simon Benham-Clarke said: "Our findings indicate that clinicians are rarely in direct contact with schools or colleges. The perspectives from the interviews of young people with ADHD and their parents indicate these discussions could have helped them achieve smoother transitions.

"Theeducation and health sectors need to work together to decide and facilitate who is best to lead ongoing support for these young people. Staff in all education settings need to be trained to help identify, prepare, and support these young people through education as they navigate health service transitions. This would include managed handovers from one education setting to the next and engaging with parents or carers, as well as being a point of contact for clinicians.

Researchers at the University of Exeter interviewed 64 young people, 36 of whom said they had physical or learning difficulties while 25 reported none. Twenty-eight interviews took place with parents who had children with ADHD from all three stages of transition. Researchers also interviewed 52 clinicians; 22 were from young person's services; 16 from adult mental health services; and 14 were GPs.

The paper recommends education and health services work more closely together when children transition from school or college to university or work. There should be greater training of staff in schools, and greater monitoring when young people move to adult health services. There should be clear protocols, with leadership responsibilities for health and education staff. This could be based on systems used by special schools, which often support young people into their twenties.

More information: Simon Benham-Clarke et al, Role of education settings in transition from child to adult health services for young people



with ADHD, *Emotional and Behavioural Difficulties* (2021). <u>DOI:</u> <u>10.1080/13632752.2021.1989844</u>

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