

Oxfordshire protocol for the identification and assessment of pupils with Attention Deficit and Hyperactivity Disorder (ADHD)

Appendix

Children with ADHD and severe learning difficulty

1. ADHD is approximately four times more prevalent in children with a learning disability than in other children.
2. Where a mental health service is required for pupils with severe learning difficulties, they can be referred to the Oxfordshire Learning Disability Child and Adolescent Team (OLDCAT) if they meet the referral criteria. OLDCAT is commissioned to work exclusively with children and adolescents with a “moderate” or “severe” learning *disability* as defined by the WHO ICD-10 diagnostic categories of “mental retardation” (World Health Organisation, 1992). These categories together would be broadly covered by the designation of severe learning difficulty used for educational purposes. However, these definitions do not coincide exactly, and some children who are at the upper end of the severe learning difficulty range may need to be formally assessed to determine whether they meet the criteria for the OLDCAT service in terms of the level of their learning *disability*. Children who do not meet the OLDCAT referral criteria would be referred to the appropriate Specialist CAMHS team.
3. Pupils who are assessed as having a “moderate learning difficulty” for educational purposes are unlikely to meet the criteria for referral to OLDCAT, although it may be appropriate to carry out a formal assessment in a few cases where there is doubt about this.
4. Although placement in a special school for children with severe learning difficulties will usually suggest that a child meets OLDCAT referral criteria, this is not invariably the case and formal assessment of the child may be necessary to determine eligibility.
5. To meet the diagnostic criteria for ADHD, the child must be displaying inattentive, impulsive, or hyperactive behaviour in at least two different environments (eg at home and at school). The diagnosis would not be assigned if this behaviour is only displayed in a single environment (eg only at home).
6. Assessment of children referred to OLDCAT for possible ADHD would be undertaken by one or more members of the team depending on the individual circumstances of the case, in accordance with normal team procedures. This might involve assessment by the Consultant Psychiatrist and the Consultant Clinical Psychologist, depending on the complexity of the case.
7. For some children, treatment for ADHD would involve the use of stimulant medication with behavioural interventions as an added component. However, children with more severe disabilities are less likely to respond well to stimulants (Fonagy et al, 2002), and interventions therefore need to be organised on a multi-professional and multi-agency basis, particularly in conjunction with the schools where behavioural interventions may need to be implemented.

References

Fonagy, P., Target, M., Contrell, D., Phillips, J., & Kurtz, Z. (2002). *What Works for Whom? A critical review of treatments for children and adolescents*, New York; Guilford.

World Health Organisation (1992). *International statistical clarification of diseases and related health problems* (10th ed.). Geneva; WHO.