To answer this fully, I would recommend that we conduct a consultation with children, young people, and carers.

However, in the absence of that CAMHS view, based on the day-to-day experiences with children, young people and carers is:

What is your experience (or that of your patients) of accessing ADHD medication?

At present due to a supply difficulties of ADHD medication, CAMHS are having to prescribe some medications monthly – this requires significant additional time for prescribers , but also very inconvenient for families.

CAMHS and the pharmacy opening hours are 9am – 5pm, which means that working parents/carers must take time off work to bring their children/ young people to appointments and to collect prescriptions from the hospital pharmacy.

Pharmacy queues can be unpredictable, although I believe there have been some improvements within the last month.

Following NICE guidelines, children and young people need to have their observations completed every 3 months, or 6 months to obtain medication. This means that all those with a diagnosis of ADHD that are accessing medication need to be seen and reviewed within these timeframes. Having seen a huge increase in assessment means we have also seen a huge increase in those receiving pharmacological treatments.

For those where medication is not easily initiated/ titrated or there are concerns raised around their observation results, they need much closer monitoring. In some cases, this can be weekly / monthly until we find a suitable medication for the child/ young person. This requires regular visits to CAMHS and the pharmacy.

What impact do you believe the following have on patients' health and wellbeing.

• Waiting times for medication

Our waiting times for the initiation of ADHD medication, will no longer be in place as of September 2024. We will have initiated medication for all those that have been waiting due to in house capacity and medication shortages. Which is very positive.

I do believe that those who have been on this waiting list will have continued to struggle without this service being easily available.

• Frequency of prescriptions issued

Having to collect hospital prescriptions (due to medication shortages) monthly is extremely inconvenient and stressful for those leading busy lives. This also puts significant pressure on our clinicians, it takes approximately 10 minutes for a prescriber to complete a prescription (on the new system) and in some instances, a duty doctor can receive requests between 15 - 20 prescriptions for repeat ADHD medications daily.

Standing in long hospital pharmacy queues with a neurodivergent child can also be extremely stressful, not only for the child but also the parent/carer.

• Ease of access (costs, timing, location, etc) for prescriptions and medication.

ADHD medication, for those that are under CAMHS is free. However, for those that choose to go private this can be costly.

Access to the hospital pharmacy is not easy and there is only one choice of pharmacy.

You must find a space and pay for parking if you drive.

If you do not drive, you must travel to and from the hospital.

People work and so the pharmacy operating 9am – 5pm puts stress onto working/ busy families and impacts employers.

Standing in queues with neurodivergent children is stressful for the child and parent/carer.

I hope this provides some insight, should you have any follow up questions please do not hesitate to contact me.

Kind regards,

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