ADHD Referral Toolkit and Transfer of Care Policy

Facilitating Continuity of ADHD Care Between South Africa and the United Kingdom

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A. Background

In recent years, the global movement to advance equitable access to mental health care has highlighted the urgent need to improve continuity of care for individuals with Attention-Deficit/Hyperactivity Disorder (ADHD) relocating across borders. Recognising this, the South African Society of Psychiatrists' Special Interest Group for ADHD (SASOP ADHD SIG) submitted a formal appeal to the World Federation of ADHD (WFADHD) in January 2025, drawing attention to the barriers faced by patients emigrating from low- and middle-income countries (LMICs), particularly to high-income regions such as the United Kingdom.

Despite having received professional diagnoses and treatment from qualified specialists in South Africa, many patients find their diagnoses questioned, their treatment histories disregarded, and are subjected to redundant and costly reassessments - often with months-long waiting periods. This disruption in care during a time of major life transition can have devastating consequences for patient well-being, academic performance, occupational functioning, and overall mental health.

Following this appeal and subsequent discussions with global ADHD leaders, including formal sessions at the World Federation of ADHD (WFADHD) 10th World Congress on ADHD in Prague (8 to 11 May 2025), a Task Force was constituted on the 9th of May 2025 to address the systemic challenges in the transnational transfer of care for individuals with ADHD. I am honoured to have been appointed Chair of this international Task Force, mandated to develop practical, evidence-informed guidelines and tools that ensure diagnostic validity is respected, care transitions are clinically responsible, and patients' rights and needs are upheld.

This Referral Toolkit and Policy Framework has been developed as one of the initial outputs of the Task Force. It provides:
- A concise **policy statement** outlining minimum standards for diagnostic recognition between South Africa and the United Kingdom.
- A **referral template** to assist clinicians in transferring ADHD care with clarity and credibility.
- A **checklist** of required documentation to support medication continuation and treatment planning.
- **Appendices** including validated rating scales, and a risk assessment summary aligned with standards accepted in both countries.

This toolkit serves as both a clinical support resource and a symbol of international collaboration, underscoring the shared responsibility of global mental health professionals to reduce barriers, prevent treatment gaps, and foster mutual recognition of expertise across borders.

We trust that this document will contribute meaningfully to patient-centered, stigma-free, and uninterrupted ADHD care - regardless of geography.

With appreciation,

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B. Policy statement

I. Purpose

This document outlines the minimum accepted quality of information and standards to support safe, credible, and efficient transfer of ADHD care between South Africa and the United Kingdom. It aims to:
- Promote mutual recognition of diagnostic assessments.
- Reduce duplicate or unnecessary reassessments.
- Ensure continuity of evidence-based care for patients with a confirmed ADHD diagnosis.

II. Summary of Diagnostic Standards

Element	South Africa (SASOP Guidelines)	United Kingdom (NICE, AQAS, CAAQAS)
Diagnostic Criteria	DSM-5	DSM-5 and/or ICD-11
Diagnosing Professional	Psychiatrist, Paediatric Neurologist, Neurodevelopmental Paediatrician	Psychiatrist, Psychologist with ADHD training, Paediatricians (children), UKAAN/CAAQAS trained clinicians
Clinical Interview	Required, in-depth with collateral info	Required, ≥2 hrs including open-ended questioning, family/school input
Use of Rating Scales	Conners, SNAP-IV, Vanderbilt, clinical interviews	Conners, SNAP-IV, ASRS, DIVA/ACE, collateral info required

Collateral Information	School reports, parent/teacher ratings, therapist reports	Mandatory, includes development, family, education, risk profile
Comorbidity Evaluation	Mandatory	Mandatory, includes neurodevelopmental and psychiatric comorbidity
Assessment Report	Detailed narrative with history, diagnosis, and plan	Structured report including rationale, tools used, corroborative evidence, risk assessment

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III. Minimum Information Required for Transfer of Care

To facilitate **acceptance of an existing ADHD diagnosis** between the UK and SA, with **transfer of care** and **ongoing treatment**, the following minimum dataset should be provided:

1. Diagnostic Report (Structured Letter)

- Name, qualifications, and registration of diagnosing clinician.
- Confirmation of training/experience in ADHD diagnosis.
- Date of assessment and setting.

2. Diagnostic Criteria Used

- DSM-5 or ICD-11-based diagnosis.
- Subtype and severity (e.g. combined, inattentive, mild/moderate/severe).

3. Clinical Assessment Summary

- Developmental history (pregnancy, birth, milestones).
- School performance, social/emotional functioning, and home environment.
- Current presenting difficulties and goals for diagnosis.

4. Tools and Rating Scales Used

- Names and results of validated scales (e.g., Conners, SNAP-IV, ASRS).
- Methods of obtaining collateral information (e.g., interviews, reports).

5. Differential Diagnosis and Comorbidities

- Summary of ruled-out differential diagnoses.
- Any co-existing mental health or neurodevelopmental conditions.

6. Physical and Mental State Examination

- Summary of relevant findings (e.g., BP/HR for stimulants).
- Mental health history and current risk profile.

7. Treatment Plan

- Medications tried (names, dosages, response, side effects).
- Non-pharmacological interventions (e.g., psychoeducation, therapy).
- Follow-up plan and prescribing arrangements (if applicable).

IV. Transfer Process and Recommendations

1. Patient consent must be documented to share and use prior reports.
2. Reports must be available in English (on request)
3. Receiving providers should:
    - Review the report against NICE and AQAS/CAAQAS benchmarks.
    - Review the need for ongoing treatment (i.e. symptoms severity and functional impairment)
    - Review medical status, all medications and risks
    - Offer continuity of care, with additional brief assessment **only if needed**.
4. Where gaps exist, patients may undergo a bridging reassessment, **not full re-diagnosis**.

V. Key Takeaway

This document advocates for a harmonised cross-border approach to ADHD care. Valid diagnoses made in one country should be respected and upheld in the other when minimum quality standards are met. This protects patients from gaps in care, unnecessary costs, and the loss of therapeutic momentum during vulnerable life transitions.

ADHD Transfer of Care Referral Template

1. Referring Clinician Details

Name and surname	
Academic qualifications	
Practice number	
Registration number	
Contact number	
Email	
Practice address	

Any specific training or expertise in ADHD? Please elaborate.

_____

_____

_____

_____

2. Patient Information

Full Name	
Date of Birth	
Gender	
ID/Passport Number	
Contact Number	
Email	
Preferred Language	

Did the patient sign consent to share information as per the POPI Act (Section 11(1)(a) and Section 26)
and transfer of care?
☐ Yes ☐ No

3. Diagnostic Summary

Date of first consultation with current	
Date of most recent consultation with	
Date of initial ADHD diagnosis	
Age at the initial diagnosis	

Diagnosing Criteria Used: ☐ DSM-5 ☐ ICD-11

ADHD Subtype: ☐ Combined ☐ Inattentive ☐ Hyperactive-Impulsive

Current severity: ☐ Mild ☐ Moderate ☐ Severe

as determined by _____ *refer to appendix

Comorbid diagnoses:

_____

Risk rating (clinician judgement) *refer to appendix

☐ Low

☐ Moderate

☐ High

☐ Critical (requires urgent intervention)

Brief narrative of the risk formulation: _____

_____

_____

_____

4. Clinical Assessment Overview

Summary of Family History:

_____

_____

_____

_____

_____

Summary of Early Developmental History:

Relevant Preschool History:

Relevant Primary School History:

Relevant Secondary School History:

Relevant Tertiary Education History:

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Relevant Occupational History: _____

_____

_____

_____

_____

_____

Substance Use History: _____

_____

_____

_____

_____

_____

_____

Relevant Medical History (including allergies and chronic treatment):_____

_____

_____

_____

_____

_____

_____

Corroborative Information/ Rating Scales/Tools used in Diagnosis of ADHD and Findings *refer to appendix

Who	What	Summary of findings
Parents/ primary caregivers		
School/educators		
Psychometric/psychoeducational		
Occupational therapy, speech		

Current Mental State Examination Summary:

_____

_____

_____

_____

_____

_____

_____

Current/Most Recent Physical Evaluations (as applicable):

_____

_____

_____

_____

_____

5. Treatment History and Current Plan

Current medication				
Trading name	Active substance and formulation	Dose and instructions	Treatment response	Adverse effects
Previous medication				
Trading name	Active substance and formulation	Dose and instructions	Treatment response	Adverse effects
Non-pharmacological and complementary interventions used	Please elaborate			

Current follow-up plan	Please elaborate	

6. Checklist: Supporting Documentation

☐ This referral template has been completed accurately and in full

☐ Consent to share information and transfer care

☐ Completed rating scales and collateral reports are available on further written request by the receiving clinician AND with written consent from the patient/ legal guardian.

☐ Collateral reports (school, therapists, medical professionals)

☐ Copy of the most recent script issued

7. Referring Clinician Declaration

I confirm that the above information is accurate to the best of my knowledge.

I am submitting this referral to support continuity of ADHD care for the above-named patient.

Signature: _____ Date: _____

Appendix A: Rating scales for screening, to aid in diagnosis, and to establish symptom severity

These rating scales are accepted in both South Africa and the United Kingdom for the diagnosis and management of ADHD.

Recommended combination by country:

South Africa	SNAP-IV or Vanderbilt + WFIRS-P/S + Clinical Interview
United Kingdom (NHS)	DIVA-5 (or CAAQAS for youth) + ASRS + WFIRS-S + Vanderbilt or Conners

Key clinical notes:

- **Severity is not only based on symptom count**, but on **functional impact across settings** (home, school/work, social).
- DSM-5 guides classification into:
    - **Mild:** Few symptoms beyond the diagnostic threshold; minor functional impairment.
    - **Moderate:** Between mild and severe.
    - **Severe:** Many symptoms in excess; marked impairment.

1. Rating Scales for Children & Adolescents

Scale	Description	Purpose	Severity interpretation	Accepted in South Africa	Accepted in United Kingdom
SNAP-IV	18-item parent/teacher report, aligned with DSM 5	Diagnostic support, progress tracking	Scores per item (0–3); total score and subscale scores used to rate severity; >1.78 average indicates clinical concern	✓ Widely used	✓ Accepted in NHS/research
Conners (CPRS/CTRS)	Detailed parent and teacher forms	Clinical, severity, and comorbidity assessment	T-scores > 60 suggest borderline to clinical; >70 = severe	✓ Frequently used	✓ Yes, widely accepted
Vanderbilt (VADPRS/VADTRS)	DSM-based parent and teacher tools	Symptom and performance ratings for diagnosis and severity classification	Symptom count + performance items (1–5 scale); performance scores ≥4 indicate significant impairment	✓ Frequently used	✓ Accepted in NHS

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SDQ (Strengths and Difficulties Questionnaire)	25 items scale Parent-report, teacher-report, and self-report (11–17 years)	General mental health screener (with ADHD subscale)	Sum of the first four subscales (range: 0–40). Higher scores = more difficulties.	✓ For comorbidity	✓ Required in NHS
WFIRS-P (Weiss Functional Impairment Rating Scale – Parent)	For parent-reported impairment severity		Scores ≥1.5 on multiple domains = moderate-to-severe impairment		

2. Rating Scales for Adults

Scale	Description	Purpose	Severity interpretation	Accepted in South Africa	Accepted in United Kingdom
ASRS (Adult ADHD Self-Report Scale v1.1)	6-item screener and full 18-item DSM-based tool	Screening and symptom tracking	Score range (0–72). Higher scores = more severe symptoms. No fixed severity cutoff, but severity interpreted through symptom count and impact.	✓ Yes	✓ Yes

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DIVA-5 (Diagnostic Interview for ADHD in Adults)	Semi-structured DSM-5 based diagnostic interview	Diagnostic assessment and impairment rating	Severity rating (mild/moderate/severe)	✓ Yes	✓ Gold standard (UKAAN/NICE)
ACE+	Diagnostic interview covering childhood and adult symptoms	Diagnostic assessment		✓ Occasionally	✓ Yes
CAARS (Conners' Adult ADHD Rating Scale)	Comprehen-sive self/observer questionnaire	Diagnosis and monitoring	T-scores >65 = clinical significance, >70 = severe	✓ Specialist use	✓ Used in private and NHS
Wender Utah Rating Scale	Retrospective childhood symptom scale			✓ Yes	✓ Yes
WFIRS-S (Weiss Functional Impairment Rating Scale – Self)	Measures functional impairment across 7 domains	Severity of impact on daily functioning	Scores ≥1.5 on multiple domains = moderate-to-severe impairment		

Appendix B: ADHD Risk Assessment Summary

To be completed by the referring clinician based on clinical evaluation, collateral history, and observation.

1. Historical Risk Factors

☐ Childhood trauma or neglect
☐ History of abuse (physical, emotional, sexual)
☐ Early substance use or exposure
☐ Previous suicide attempts or self-harm
☐ Family history of mental illness or suicide
☐ Academic expulsion, repeated suspensions, or early school leaving

2. Current Risk Factors

☐ Suicidal ideation or behaviour
☐ Self-harming behaviour
☐ Aggression or violent outbursts
☐ Substance misuse
☐ Significant impulsivity affecting safety (e.g., reckless driving)
☐ Poor insight into illness or behaviour
☐ Medication misuse or non-adherence
☐ Risk to others (e.g., children in care)

3. Protective Factors

☐ Supportive family or caregiving environment
☐ Engagement with school/work
☐ Insight and motivation for treatment
☐ Regular follow-up with healthcare provider
☐ Absence of comorbidities or good control thereof

4. Risk Rating (Clinician Judgement)

☐ Low
☐ Moderate
☐ High
☐ Critical (requires urgent intervention)

5. Summary Risk Formulation

Include a brief narrative.

For example: "The patient demonstrates moderate risk for academic and social impairment due to untreated ADHD symptoms. No current suicidal ideation or substance misuse is reported. Protective factors include good parental involvement and a stable home environment. Risk is manageable with appropriate ongoing treatment and monitoring."

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