Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland

A report prepared by the Royal College of Psychiatrists in Scotland

Contents

Executive summary

In recent years, Scotland has seen an unprecedented rise in the number of people seeking assessment and support for neurodevelopmental conditions (NDCs) such as ADHD and autism. However, there is still no dedicated, standardised, or national approach to meeting this need. In the absence of appropriate services, people with NDCs are being referred into general mental health pathways - not because they have a mental illness, but because there is nowhere else for them to go.

This is placing unsustainable pressure on Scotland's mental health system, which was never designed to meet the needs of this population. As a result, thousands of people across all health boards remain stuck on waiting lists, with their difficulties worsening over time as they wait for appointments that may never come, while those with severe mental illness face delays in accessing the urgent care they need.

The scale of need now far exceeds what Scotland's current mental health infrastructure can deliver - indeed, it surpasses the capacity of any mental health system across the world. Continuing with the current approach is not sustainable. A fundamentally different, society-wide response is urgently needed.

Recognising the complex, multi-faceted nature of the challenges faced by people with neurodevelopmental conditions, the Royal College of Psychiatrists in Scotland (RCPsychiS) has adopted a 'wicked problem' approach to explore how we might better meet their needs. This approach has proven valuable in addressing other deeply complex societal issues such as climate change, obesity, and knife crime.

Through this approach, we have mapped the need across society. We have then developed a framework of work streams to guide national policymakers. Delivering these workstreams will help neurodivergent people and their families receive the right help at the right time. Rather than becoming stuck, they will have the opportunity to flourish.

Note: These solutions are primarily aimed at people who do not have an intellectual disability (learning disability). Assessment of NDCs in people with intellectual disabilities is often most appropriately undertaken within specialist services. However this group will also benefit from many of the whole population approaches outlined in this document.

Our recommended workstreams

1. National guidelines on working conditions and reasonable adjustments for schools, higher educational institutes and employers should be produced. Access to these supports and adjustments should not require a formal diagnosis of ADHD or autism.

2. A rapid review of the evidence concerning the factors that influence concentration and attention should be undertaken. National guidelines should then be issued in this area and promoted. Self-help resources for neurodiversity should be commissioned on a 'once for Scotland' basis. This should include online resources.

3. A review of the safety and feasibility of increasing the access and availability of ADHD medications should be undertaken.

4. Updated evidenced based guidelines should be produced for ADHD & autism. These should then be used to influence commissioning decisions.

5. A dedicated funding stream to address cross-societal approaches for autism and ADHD, recognising that these fall largely into the broad field of public mental health and primary prevention rather than within the domain of highly specialised acute psychiatry.

6. National standards for NDC assessments, overseen by an appropriate Government inspectorate. Comprehensive, holistic mental health assessments should be the new standard. Single-condition assessments should not be offered.

7. National service specifications or a target operating model should be developed for General Adult Psychiatry (GAP) Community Mental Health Teams. These should include clear thresholds for which people will be seen by specialist GAP teams. These thresholds should be based on the level of risk and functional disability present.

8. Commissioning and implementation of a standardised four-tiered pathway for neurodevelopmental services across the age range should be commissioned and rolled out across Scotland.

9. The potential for digital innovations to increase support and improve efficiency should be explored.

10. A national media strategy to improve public understanding of neurodiversity should be undertaken. Training for clinicians, educationalists, employers, policymakers, carers etc should be coordinated and resourced.

Scope

This document is intended to inform and guide Scottish policymakers tasked with meeting the unforeseen and unprecedented recent increase in demand for help in people with ADHD or Autism across Scotland. The complexity of the area makes it impossible for any one document to detail everything needed to make Scottish society more supportive to those who are neurodivergent. Instead, the Royal College of Psychiatrists in Scotland offer this document as a framework for further workstreams involving a wide variety of stakeholders, especially those with lived experience.

This document focuses predominantly on the needs and experiences of adults. A complementary section addressing under-18s is currently under development and will be added in due course. An approach to NDCs that spans the entire life course is essential to ensure continuity of care, support, and understanding.

What are NDCs?

These are a large collection of conditions hypothesised to arise from differences in the average or 'neurotypical' development of the brain and nervous system, often leading to characteristic lifelong styles of cognitive, social, academic, and occupational functioning. These frequently become apparent during childhood and persist throughout a person's lifespan.

This document limits its scope to Autism and ADHD, because these are the two main NDCs currently presenting to mental health services. We consider ADHD and Autism together because they frequently overlap.

Autism: Characterised by differences in social interaction, communication, and a preference for certainty & repetition.

Attention-Deficit/Hyperactivity Disorder (ADHD): Involves differences in attention, impulsivity, and hyperactivity.

A note on language use

The exact definition and understanding of certain terms such as neurodiversity, neurodivergent and neurotypical may vary according to a person's belief system. To ensure consistency, we use the definitions as outlined in the National Autism Implementation Team's published paper from 2022.[1] In this current document 'NDCs' refers specifically to Autism and ADHD.

[1] Shah, P.J., Boilson, M., Rutherford, M., Prior, S., Johnston, L., Maciver, D. and Forsyth, K. (2022) 'Neurodevelopmental disorders and neurodiversity: definition of terms from Scotland's National Autism Implementation Team', The British Journal of Psychiatry, 221(3), pp. 577–579. Available at: https://doi.org/10.1192/bjp.2022.43.

Overview

In recent years, referrals to Scotland's mental health services for neurodevelopmental condition assessments have surged to unprecedented levels. This rise is thought to have been driven by increased public awareness, unmet historical need, population growth, evolving diagnostic criteria, and the impact of the COVID-19 pandemic.

Despite this dramatic rise in need, Scotland still lacks dedicated, standardised pathways for adults with NDCs. In the absence of appropriate services, individuals are being referred into general adult mental health pathways - not because they have a mental illness, but because there is no suitable alternative. These services were never designed to assess or support developmental conditions like ADHD or autism and have become a default "catch-all" for NDC referrals.

This structural mismatch is now overwhelming the system. Waiting lists have grown to unmanageable lengths, and staff are under immense strain. People with NDCs are left waiting years for assessments, while those with serious mental illness face delays in accessing urgent care.

As of March 2025, over 42,000 children and 23,000 adults were waiting for a neurodevelopmental assessment.[2] In some areas, this represents an increase of over 500% for children and 2200% for adults since 2020.[2] Projections indicate that without major systemic change, waiting times could soon exceed 10 years.

Simply expanding the existing mental health workforce will not solve the problem, as it does not address the core issue: the current system is not designed to meet the needs of people with NDCs. A new, dedicated approach is urgently needed.

Around 10 to 20% of the Scottish population may experience some form of neurodevelopmental condition or traits and would potentially benefit from some form of help or support. At present, access to support is frequently dependent on receiving a formal medical diagnosis. However, the lack of appropriate tiered services means that identification and provision of supports for people with less complex needs, if provided, currently falls predominantly on specialist adult mental health services which are trained and resourced to focus on severe acute complex and disabling conditions. The mismatch is not only wasteful but damages therapeutic relationships and public trust. Recent evidence and experience show that those with an NDC may have a very wide range of severity and complexity (ranging from mild to extremely disabling). The current 'one size fits all' solution, whilst appropriate for some, does not and cannot fit this very diverse range of needs.

NHS Specialist General Adult Mental Health Services have traditionally focussed their expertise and practice on the severest mental disorders, such as schizophrenia, bipolar affective disorder, severe depression, eating disorders and severe obsessive compulsive disorders. Patients with these conditions require assessment from highly trained Psychiatrists and the teams they lead.

[2] Neurodevelopmental Pathways and Waiting Times in Scotland – SPICe Spotlight | Solas air SPICe

Treatments, whether pharmaceutical or psychological, can be lifesaving and bring functional recoveries, but also need monitoring and maintenance of support. Such disorders are experienced by 1 – 2% of the population. Specialist mental health services are neither resourced nor designed to meet the additional needs of a much larger proportion of people with NDCs (10-20%).

NDC assessments and treatment are currently often deprioritised due to competing clinical demand within already stretched services. Deprioritising the needs of people with NDCs means that their needs may not be met unless or until they present in crisis.

Expecting clinicians to try and meet unattainable demands leads to an inevitable sense of moral injury and burnout. Ultimately, many staff have left their NHS posts as a result of this. Recent years have seen an exceptional number of psychiatrists leaving specialist adult mental health services. One in four General Adult Consultant posts across Scotland have no permanent consultant in post. Specialist adult mental health services currently have the highest proportion of consultant vacancies for any medical speciality across Scotland. If people with NDCs were able to receive treatment and support from less acute services where appropriate, the mental health workforce could refocus on fully addressing the specialist work for which they were trained and resourced. This would bring immense benefits to morale, retention, and more efficient running of hospital-based Psychiatric care.

NDCs have a major impact across multiple domains including social care settings, educational institutes and the workplace. Recognition and support for people with NDCs are therefore not the exclusive remit of health services, but requires responses from all areas of society.

This challenge is far bigger and more consequential than previously anticipated and planned for. The current approach therefore cannot continue. It is a society wide issue, requiring a multi system, public health-based approach similar to those adopted in other areas (for example climate change, poverty, knife crime & obesity).

Why helping people with ADHD and autism is a whole society priority

Addressing the unmet needs around NDCs thus represents an important early prevention target. Providing this support improves quality of life and functional participation in society, reduces premature mortality and provides significant economic benefits across society.

People with NDCs face significant and often preventable challenges that impact their health, wellbeing, and ability to participate fully in society.

Both ADHD and autism are associated with increased risks of suicide, with rates five times higher for ADHD and nine times higher for autism compared to the general population.[3]

Unidentified and unsupported ADHD places individuals at heightened risk of physical and mental health issues, substance misuse, and social exclusion. As such, adults with ADHD live shorter lives than they should, with an estimated reduction in life expectancy of 6.78 years for males and 8.64 years for females.[4]

Both Autism and ADHD are associated with significantly increased risk of substance misuse disorders.[5] Diagnosis and interventions are associated with a reduction in this risk. This is particularly urgent in Scotland, where drug-related deaths remain a major public health concern.

Timely diagnosis and intervention are proven to reduce these risks, improve quality of life, prevent secondary mental illness, and increase life expectancy.[6]

Addressing these unmet needs is not only a moral and public health imperative, but it also makes economic sense. The cost of autism to the UK economy was estimated at around £32 billion annually in 2011[7], rising to £42.7–£44.2 billion today. The estimated economic cost of untreated ADHD in the UK is around £17 billion annually[8], driven by reduced tax contributions, increased reliance on state benefits, higher rates of unemployment, and increased demand on health, social care, and criminal justice systems.

Early intervention and sustained support for people with NDCs is therefore a whole-society priority: improving lives, reducing preventable deaths, and delivering long-term economic and social benefits.

[3] See 'other references' at end of document
[4] See 'other references' at end of document
[5] See 'other references' at end of document
[6] See 'other references' at end of document
[7] Autismeconomics.pdf
[8] NHS England » Report of the independent ADHD Taskforce: Part 1

Insight from the study of 'wicked' problems

Such large scale & multifaceted areas of needs can be managed through adopting a 'wicked' problem approach. This is markedly different from the traditional organisational approach to problem solving which is considered a 'tame' problem approach. 'Tame' problem approaches seek single, logical, linear solutions. 'Wicked' problems in contrast, are recognised as being complex, multifaceted and evolving. Key to managing 'wicked' problems is the recognition that there is no single, simple solution. The issue - by definition - cannot be 'cured' or fixed easily.

Most of the large-scale challenges facing the health & social care system are 'wicked' in nature (increasing frailty of an aging population, obesity, etc) yet most clinical staff (and many managers and policy makers) are only trained in 'tame' problem solving approaches.

The theory of 'wicked problems' has been developed over more than half a century to offer alternative approaches to the complex problems we so often face in public and political life.[9]

The recommended approach to 'wicked' problems is to identify the scale of the problem, map the areas across society where the issue manifests itself and then to generate a large number of interventions that could help move the issue on to a more positive trajectory.

Our workshops: a values-based approach

Multiple workshops were conducted with members of the Royal College of Psychiatrists in Scotland throughout 2024 and early 2025.

We adopted a values-based approach which then informed the principles of our workshops, and any potential solutions generated. This stated that:

- the most disadvantaged and vulnerable members of society in Scotland should always receive the help they need
- as many people in Scotland who need help & support should receive this from the right person, in the right place, at the right time
- the autonomy & agency of as many people in Scotland as possible should be respected; and that they should be empowered & supported to manage their own lives and health care as far as possible (though not expected to exercise agency for their own care management when they are too unwell or otherwise unable to do so)

The workshops generated the following wicked problem map (page 10) which describes the complex, interlinking areas across society that are influencing the demand for neurodevelopmental assessments and treatments. As is typically the

[9] Rittel, H. W., & Webber, M. M. (1973). "Dilemmas in a General Theory of Planning." Policy sciences,4(2),155-169 https://www.cc.gatech.edu/fac/ellendo/rittel/rittel-dilemma.pdf

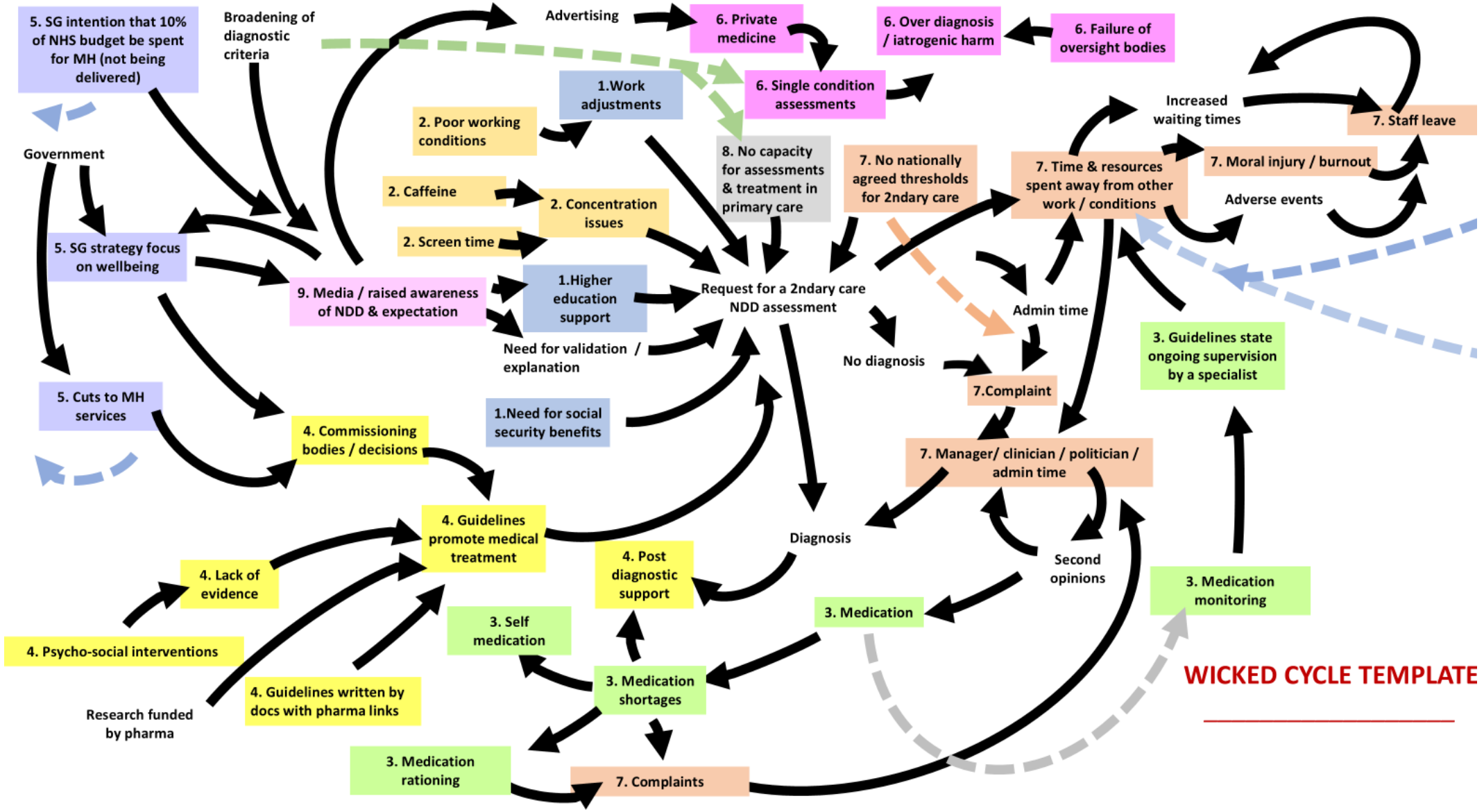
case with wicked problems maps, the diagram initially seems bewildering. In order to provide some clarity, areas have been numbered & colour coded.

For each area identified, our workshops developed a range of potentially helpful interventions, here described under 10 headings. Some of the themes and interventions generated by this methodology reflect areas already established in research. When developing potential approaches, we considered current evidence from scientific literature, recently published guidelines and policy statements from important expert groups across the UK (such as NHS England's Adult ADHD taskforce report, reports from the National Autism Implementation Team in Scotland and position statements from the Neurodevelopmental Special Interest Group of the Royal College of Psychiatrists), as well as from the views of members of the RCPsych in Scotland obtained through our extensive consultations.

This report recognises the challenges in achieving a consensus around such a multifaceted area and reflects the limits around the existing evidence base in some areas to support decision making.

How does this document sit alongside the RCPsych in Scotland four-tiered pathway proposal?

In response to the escalating crisis in neurodevelopmental care, the Royal College of Psychiatrists in Scotland published a four-tiered neurodevelopmental pathway proposal in November 2024 as an immediate intervention. This proposal was always intended to form part of a broader, long-term approach, however the urgency of the situation - including rapidly rising demand and the absence of appropriate services - required us to publish the core recommendations immediately. The proposal builds on the findings of the National Autism Implementation Team (NAIT) and the 2021 feasibility report commissioned by the Scottish Government. It is designed to support decision-makers in taking swift, practical steps toward a sustainable solution. The shorter proposal publication sits within a wider programme of work, represented through this document, which takes a whole society, 'wicked problems' approach to addressing the complex and interconnected challenges facing people with neurodevelopmental conditions in Scotland.


5. SG intention that 10% of NHS budget be spent for MH (not being delivered)
Broadening of diagnostic criteria
Advertising
6. Private medicine
6. Over diagnosis / iatrogenic harm
6. Failure of oversight bodies
6. Single condition assessments
1.Work adjustments
2. Poor working conditions
Increased waiting times
7. Staff leave
Government
8. No capacity for assessments & treatment in primary care
7. No nationally agreed thresholds for 2ndary care
7. Time & resources spent away from other work / conditions
7. Moral injury / burnout
Adverse events
2. Caffeine
2. Concentration issues
2. Screen time
5. SG strategy focus on wellbeing
9. Media / raised awareness of NDD & expectation
1.Higher education support
Request for a 2ndary care NDD assessment
Admin time
Need for validation / explanation
No diagnosis
3. Guidelines state ongoing supervision by a specialist
5. Cuts to MH services
1.Need for social security benefits
7.Complaint
4. Commissioning bodies / decisions
7. Manager/ clinician / politician / admin time
4. Guidelines promote medical treatment
Diagnosis
4. Post diagnostic support
Second opinions
4. Lack of evidence
3. Medication monitoring
3. Medication
3. Self medication
4. Psycho-social interventions
3. Medication shortages
4. Guidelines written by docs with pharma links
Research funded by pharma
3. Medication rationing
7. Complaints
WICKED CYCLE TEMPLATE

1. Demand driven by the need for support in the workplace, in places of education and from the benefits system

Foremost among the drivers of demand for NDC assessments is the need for people to access support in their workplace, support whilst studying at higher education institutions or from the Social Security benefits system. Often the supports required to help an individual who experiences a NDC are relatively minor adjustments. However, in many cases, without a formal diagnosis the individual cannot access these (or believe they cannot). Across Scotland, individuals are currently waiting years to access neurodevelopmental assessments. In many cases, the inability to access the supports they need during this time directly contributes to them dropping out of work or education. Without timely intervention, people are left to struggle without adjustments or understanding - often leading to preventable disengagement and long-term disadvantage.

Nationally it is estimated that there are over 20,000 adults on waiting lists awaiting assessment for ADHD and ASD.[10] There is an urgent need to provide evidenced based self-help resources, support and reasonable adjustments for people on waiting lists based on need rather than waiting for diagnosis.

Interventions to move this area on to a more positive trajectory:

- Those who require support in the workplace, whilst studying or from the social security benefits system should be able to access this based on self-recognition of traits (and without the need for a formal diagnosis).
- National guidelines on working conditions and reasonable adjustments for those who self-identify as experiencing neurodivergent traits should be developed for employers and higher educational institutes.
- There is a need for clarity that legally, DWP benefits should be awarded according to needs, rather than requiring diagnosis.
- Where functional impairment remains significant despite initial adjustments having been made, then referral to clinical teams for a diagnostic assessment would be indicated.
- Once these interventions are in place they should be widely publicised across the population.

[10] Neurodevelopmental Pathways and Waiting Times in Scotland – SPICe Spotlight | Solas air SPICe

2. A public health informed approach to factors that worsen the public's ability to concentrate and focus on tasks

There have been major changes across society in recent years, which have adversely affected the ability of the population to focus on daily tasks. This may mimic or worsen the symptoms of neurodiversity.

Interventions that will move this area on to a more positive trajectory:

- A rapid review of the evidence concerning the factors that influence concentration and attention should be undertaken. National guidelines should then be issued in this area and promoted. Specific areas to be included should include:
    - Caffeine and other psychoactive substances, including alcohol.
    - Screen time and in particular social media use and online interactions via mobile phones.
    - Working practices & environmental modifications e.g. lack of regular scheduled (and honoured) breaks, study habits, irregular shift work and other disruptions to sleep.
- Public health guidance and self-help resources for these areas should be commissioned on a once for Scotland basis. This should include online resources housed on NHS Inform. Such resources need to be appropriately co-ordinated across the age range as well as across the country.

3. Medication for ADHD

Many people who meet diagnostic criteria for ADHD may benefit from medication (once environmental modifications have been made and if there continues to be significant ongoing impairment). Waiting lists mean that people often wait years for assessment and, even then, under the current guidance, may only take medication if it is prescribed and monitored by a specialist psychiatrist. These delays lead to unnecessary suffering, accidents, and disability. Many individuals come to harm through self-medicating with alcohol, nicotine, other harmful substances or medicines bought online. The current NICE guidelines for the use of ADHD medication[11] are out of date and do not adequately represent the changes in practice and evidence over the past 5 years. There is an urgent need to explore ways to expand access to medication for people who meet the diagnostic criteria for ADHD.

Interventions to move this area on to a more positive trajectory:

- A review of the safety and feasibility of increasing the access and availability of ADHD medication should be undertaken.
- Consideration should be given to expanding the involvement of primary care and non-medical prescribers (such as pharmacists and Advanced Nurse Practitioners)- similar to practice that occurs in other long-term conditions such as diabetes. (Any expansion of prescribing within primary care would need to be funded and appropriately remunerated with input from key stakeholders, especially GPs).
- Updated, evidence-based guidelines covering the initiation, prescription and longer-term monitoring of ADHD medication should be produced. (This could form part of a broader SIGN guidance).
- Collaboration, training and investment with primary care colleagues to support consistent access to shared care arrangements for ADHD medication prescribing should be developed. Shared care arrangements should be negotiated on a once for Scotland basis (including arrangements for individuals who have been diagnosed in the private sector. This needs to be alongside clear standards and regulation of practice- see section 6 below for more details).

[11] Recommendations | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE

4. The evidence base & commissioning decisions

Commissioning bodies across Scotland make their decisions based on the best evidence available to them at the time. There is currently a lack of up to date, evidence-based guidelines for NDCs, particularly regarding psychological and social (lifestyle) interventions. This is in contrast to almost every other area of mental health where such approaches are recommended as first line treatments.

There is currently no SIGN guideline for ADHD in adults, and the existing NICE guideline predates recent developments in evidence and service demand. The NICE guidance recommends environmental modifications as a first line intervention for ADHD, but provides little meaningful detail about what this should entail.

The current SIGN guideline for Autism spectrum disorders[12] is out of date, being last updated in 2016.

Interventions to move this area on to a more positive trajectory:

- Support rapid research and investment to build an evidence base for psychological and social interventions for NDCs.
- Produce updated SIGN guidance for attention deficit hyperactivity disorder (ADHD) and autism across the lifespan. These updated guidelines should:
    - Incorporate evidence from those with lived experience together with expert opinion.
    - Be informed by the principles of realistic medicine, and take into account the rapid developments in evidence and service demand over the past 5 years.
    - Ensure transparency- with guideline contributors explicitly stating conflicts of interests (such as links to pharmaceutical companies and private healthcare companies).
    - Redefine and describe the role of specialist services, primary care and third sector in assessment, diagnosis and treatment.
- Develop a 'once for Scotland' approach to post diagnostic support and psychosocial interventions for NDCs. Ensure that these are also available digitally.
- Consultant Psychiatrists, as trained experts in evidenced based mental health medicine, should be key decision makers on all groups which design and commission services.

5. National strategy & resources

In recent years, there have been hugely positive steps to destigmatise mental health issues. This has been helped through the Scottish Government emphasising the importance of mental well-being in its national strategy.[13] However, the conflation of mental illness, mental wellbeing and mental health (and associated initiatives and budgetary streams) has, at times, caused a lack of clarity and focus. In a publicly funded health and social care system, where there may never be enough resources, focusing on mental well-being may have diverted resources away from those experiencing the most severe and disabling types of mental illness. The situation has become more serious in recent years due to the pressure on the public finances. Specialist mental health services across Scotland have been asked to maintain their services, with even less financial resources to do so, whilst at the same time attempting to meet the vastly increased demand for NDC assessments and interventions.

The Royal College of Psychiatrists in Scotland is concerned that the current situation disadvantages the most severely unwell and disabled individuals in our society (whether they have a NDC or any other condition). The inequality gap therefore continues to widen.

Interventions to move this area on to a more positive trajectory:

- Separate national strategies should be developed for mental illness and mental well-being.
- Ensure that the proportion of NHS budget committed to mental health services be ring-fenced for severe mental illness services, with a separate funding stream allocated for wider service development and increased capacity to address cross sector approaches for Autism and ADHD.

[13] Mental health and wellbeing strategy - gov.scot

6. Private providers, clinical standards & oversight

The inability of NHS mental health services to come anywhere close to meeting the demand for NDC assessments and treatment has led to a considerable expansion in the number of private healthcare providers who offer such services. The RCPsych in Scotland is concerned by reports from its members, and investigations such as the BBC Panorama documentary in 2023, which highlighted the lack of suitable regulation regarding the quality and safety of assessments.

There is a particular risk in NDCs relating to misdiagnosis. By definition, NDCs are lifelong conditions. If an individual is misdiagnosed there is the very real prospect that they will spend the rest of their life struggling with a missed condition which could potentially have been addressed. Many other psychiatric diagnoses can present with similar features as Autism or ADHD.

Single condition assessments undertaken by some providers do not holistically look at all these other possibilities or address an individual's wider needs. Many conditions (such as anxiety spectrum disorders) can present with many of the same features as NDCs. Social anxiety disorders are not lifelong or unchangeable. There are readily available, effective treatments for such conditions.

The work of private healthcare providers based physically in Scotland is overseen by Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission for Scotland. Our members tell us that they have concerns that these bodies have struggled to robustly scrutinise private healthcare providers who offer NDC assessments and treatments to an equivalent standard to services in the NHS. There is also a loophole in the current oversight mechanisms, meaning that private healthcare providers who operate online in Scotland, but who are not physically based in the country are not within the jurisdiction of HIS and therefore are not subject to any scrutiny.

Interventions that will move this area on to a more positive trajectory:

- National guidelines (such as any future potential SIGN guideline on adult ADHD) should specify what constitutes an adequate assessment. This should include the required level of training and supervision to qualify a clinician to make a diagnosis. In line with the recommendations of the Autism Strategy and consensus expert opinion on ADHD,[14] our members strongly suggest that, as with other mental health diagnoses, single condition or exclusively NDC assessments should no longer be undertaken. Human beings are complex, as are mental health issues. An accurate interpretation of an individual's difficulties can only be gained through a comprehensive, holistic assessment.

- Healthcare Improvement Scotland should review the standards it measures services against. Standards should be high, and consistent

with the updated guidance that will be produced. HIS should ensure that the assessments and management of Autism/ ADHD is of consistently high standard in the private sector.

- Healthcare Improvement Scotland should have jurisdiction over private healthcare providers who operate online in Scotland, but who are not physically based in the country. If necessary, new legislation should be drafted so that this loophole is closed and safety standards are maintained.

[14] The adult ADHD assessment quality assurance standard - PMC

7. Thresholds for specialist general adult psychiatry (GAP) secondary care services & establishing their core business

Currently, each specialist GAP mental health service across Scotland has its own threshold for which individuals will be seen, and which will be signposted elsewhere. In some areas, thresholds have been agreed at an individual Health Board level, whilst in other locations this has not been achieved. There is therefore no standardised, national threshold. This situation has led to inequality across Scotland. Understandably, there is uncertainty amongst the public and those referring into specialist mental health services. This uncertainty has led to unprecedented levels of conflict and complaints. Responding to this is diverting vast amounts of clinical and managerial time away from delivering front-line patient care.

Our members report that trying to meet an impossible demand, and then spending large amounts of time responding to complaints about their failure to meet these demands is leading to them experiencing an acute sense of moral injury. Large numbers of psychiatrists are considering leaving or have already left NHS General Adult Psychiatry. Nationally, General Adult Psychiatry is now recognised as the speciality with the most concerning staffing levels across all of medicine. There has been a 22% decrease in permanent staff in just a decade (from 2014 to 2024).[15] This situation, and the low staffing resource within General Adult Psychiatry has further exacerbated the complete inability of our services to meet the demand for NDC assessment and treatment.

Interventions that will move this area on to a more positive trajectory:

- National service specifications or a target operating model should be developed for General Adult Psychiatry (GAP) Community Mental Health Teams. These should include clear thresholds for which cases will be seen by specialist GAP teams. These thresholds should be based on the level of risk and functional disability present. This would provide clarity to the public, referrers and staff working within these teams.

[15] NHS Scotland workforce | Turas Data Intelligence

8. A tiered service model for assessment and intervention

There remains a lack of meaningful services to assess and manage individuals with NDCs at a primary care level. This has contributed to the huge backlog of people nationally waiting to be seen by specialist secondary care services.

In response to the escalating crisis in neurodevelopmental care, the Royal College of Psychiatrists in Scotland published a four-tiered neurodevelopmental pathway proposal in November 2024 as an immediate intervention. The proposal builds on the findings of the National Autism Implementation Team (NAIT) and the 2021 feasibility report commissioned by the Scottish Government.[16] It is designed to support decision-makers in taking swift, practical steps toward a sustainable solution.

The RCPsychiS is clear that it is not appropriate to move the responsibility for managing NDCs onto any one sector (we would not support a move for such services to be entirely diverted into Primary Care, for instance). However, all tiers of the health services, including the Third Sector, Public Health, Specialist Mental Health services and Primary Care, need to be situated appropriately on well-linked pathways.

Interventions to move this area on to a more positive trajectory:

- The Feasibility Report for adult NDC pathways developed by the National Autism Implementation Team (NAIT) and the Royal College of Psychiatrists in Scotland should be rolled out. These new services should sit within a coordinated national pathway as follows:

Level 1: A national public health campaign promoting awareness and understanding of NDCs (see section 10 for more details).

Level 2: National self-help resources to be made available on a national digital platform.

Level 3: Specialist third sector commissioning for NDC support based on need and independent of diagnosis to be provided across Scotland.

Level 4: Adult mental health teams to expand capacity for assessment and treatments within primary care are developed.

All of these tiers would complement existing specialist mental health resources (which would continue to provide care for individuals with more complex needs and co-morbid mental disorders which require specialist care and treatment).

Many components of this pathway could be delivered nationally on a 'Once for Scotland' basis.

Investment in this proposed tier-based model is required to meet the needs of the thousands of individuals on waiting lists across the country. However, any proposed model of service provision is likely to be overwhelmed in a short space of time without the complementary societal approach recommended in the rest of this document.

[16] NAIT-Feasbility-Study-Report-2021-National-ADHD-Pathway.pdf

9. Digital innovation

The availability and promotion of digital innovations may be an additional element that could substantially improve several processes involved in the assessment and management of those with Autism or ADHD. The technology is currently not at a stage where there are reliable digital solutions available, and there are very significant barriers to be overcome before this could be used in day-to-day practice (for example multiple, incompatible IT systems being used across the various health & social care organisations in Scotland, data protection concerns, cybersecurity etc).

However, digital innovations could potentially greatly assist in automating administrative tasks required for an Autism or ADHD assessment (as they could in many other areas of healthcare). This has enormous potential to substantially increase clinical capacity.

Interventions to move this area on to a more positive trajectory:

- Digital Health and Care Scotland to prioritise investment and development of digital innovations for ADHD and Autism, with a focus on delivering improved efficiencies and outcomes.

Improved data collection and reporting on demand and capacity nationally to guide consistent service planning and investment decisions.

10. Media & public awareness of NDC

There remains a lack of clarity across society regarding what support & services exist for NDC, and what constitutes a reasonable level of care and support. This lack of clarity leads to conflict and complaints across the system - which in turn diverts managers and clinicians from serving the public.

Interventions to move this area on to a more positive trajectory:

- Enact the above interventions and communicate this through a national media strategy as part of the Scottish Governments realistic medicine agenda. NHS formal websites, third sector and Government material should be used and coordinated.

- A media strategy should include:

    - Engagement with public health to build on messaging to support optimal wellbeing, in particular to address the risks associated with excessive reliance on social media, and the highlight the importance of sleep, diet and exercise in promoting wellbeing.
    - A public health strategy to counter inaccurate information on social media about ADHD and Autism and to promote a more accurate understanding of them.
    - Promoting understanding of environmental modification approaches as first line interventions.
    - Promoting a society which accommodates those who are neurodivergent.

- Training for clinicians, educationalists, employers, policy makers and carers should be coordinated and resourced. Providing support for people with NDCs is everyone's business and there is an urgent need for greater awareness and training about this.

Conclusion

People with neurodevelopmental conditions in Scotland are currently being poorly served by systems that were never designed to meet their needs. Without a nationally agreed dedicated pathway for NDC support, thousands remain stuck on waiting lists for years, unable to access the support and adjustments that could prevent disengagement from education, employment, and society. This lack of appropriate care is not only harmful to individuals and families, but is also placing unprecedented and unsustainable pressure on Scotland's mental health services, exacerbating an already critical workforce crisis.

To address this, we must adopt a radically different, pan-societal approach - one that delivers timely, tailored support for people affected by both NDCs and mental illness.

We would recommend that alongside the delivery of the aforementioned four-tiered pathway published by RCPsychiS in November 2024, the Scottish Government implement the interventions proposed in this paper as part of a coordinated strategy. Interventions 1-3 would have the most powerful effects if pursued as immediate priorities.

Other references

Autistica. *Your research priorities*. Available at: https://www.autistica.org.uk/our-research/your-research-priorities

Chang, Z., Ghirardi, L., Quinn, P.D., Asherson, P., D'Onofrio, B.M., Larsson, H. (2019). Risks and benefits of attention-deficit/hyperactivity disorder medication on behavioral and neuropsychiatric outcomes: A qualitative review of pharmacoepidemiology studies using linked prescription databases. *Biological Psychiatry*, 86(5), pp.335–343. Available at: https://doi.org/10.1016/j.biopsych.2019.04.009

Cooper, K., Russell, A.J., Lei, J., et al. (2023). The impact of a positive autism identity and autistic community solidarity on social anxiety and mental health in young people. *Autism*, 27(3), pp.848–857. Available at: https://doi.org/10.1177/13623613221149638

Daley, D., Jacobsen, R.H., Lange, A.M., Sørensen, A. and Walldorf, J. (2019). The economic burden of adult attention deficit hyperactivity disorder: A sibling comparison cost analysis. *European Psychiatry*, 61, pp.41–48. Available at: https://doi.org/10.1016/j.eurpsy.2019.06.011

Eberhard, D., Billstedt, E. and Gillberg, C. (2022). Neurodevelopmental disorders and comorbidity in young adults attending a psychiatric outpatient clinic. *Psychiatry Research*, 313, 114638. Available at: https://doi.org/10.1016/j.psychres.2022.114638

Fitzgerald, C., Dalsgaard, S., Nordentoft, M. and Erlangsen, A. (2019). Suicidal behaviour among persons with attention-deficit hyperactivity disorder. *British Journal of Psychiatry*, 215(4), pp.615–620.

Gosti, V., Chen, Y. and Levin, F.R. (2011). Does Attention Deficit Hyperactivity Disorder increase the risk of suicide attempts? *Journal of Affective Disorders*, 133(3), pp.595–599. Available at: https://doi.org/10.1016/j.jad.2011.05.008

Kooij, J.J.S., Bijlenga, D., Salerno, L., Jaeschke, R., Bitter, I., Balázs, J., Thome, J., Dom, G., Kasper, S., Nunes Filipe, C., et al. (2019). Updated European Consensus Statement on diagnosis and treatment of adult ADHD. *European Psychiatry*, 56, pp.14–34. Available at: https://doi.org/10.1016/j.eurpsy.2018.11.001

Lai, M.C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P. and Ameis, S.H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet Psychiatry*, 6(10), pp.819–829. Available at: https://doi.org/10.1016/S2215-0366(19)30289-5

Li, L., Zhu, N., Zhang, L., Kuja-Halkola, R., D'Onofrio, B.M., Brikell, I., Lichtenstein, P., Cortese, S., Larsson, H. and Chang, Z. (2024). ADHD pharmacotherapy and mortality in individuals with ADHD. *JAMA*, 331(10), pp.850–860. Available at: https://doi.org/10.1001/jama.2024.0851

Newell, V., Phillips, L., Jones, C., et al. (2023). A systematic review and meta-analysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability. *Molecular Autism*, 14(12). Available at: https://doi.org/10.1186/s13229-023-00544-7

O'Nions, E., El Baou, C., John, A., et al. (2025). Life expectancy and years of life lost for adults with diagnosed ADHD in the UK: matched cohort study. *The British Journal of Psychiatry*, 226(5), pp.261–268. Available at: https://doi.org/10.1192/bjp.2024.199

O'Nions, E., Lewer, D., Petersen, I., Brown, J., Buckman, J.E.J., Charlton, R., Cooper, C., El Baou, C., Happé, F., Manthorpe, J., McKechnie, D.G.J., Richards, M., Saunders, R., Zanker, C., Mandy, W. and Stott, J. (2023). Estimating life expectancy and years of life lost for autistic people in the UK: a matched cohort study. *Lancet Regional Health – Europe*, 36, 100776. Available at: https://doi.org/10.1016/j.lanepe.2023.100776

Public Health Scotland. (2024). *Analysis reveals families and communities impacted by drug-related deaths in Scotland*. Available at: https://publichealthscotland.scot/news/2024/october/analysis-reveals-families-and-communities-impacted-by-drug-related-deaths-in-scotland/

Rong, Y., Yang, C.-J., Jin, Y., and Wang, Y. (2021). Prevalence of attention-deficit/hyperactivity disorder in individuals with autism spectrum disorder: A meta-analysis. *Research in Autism Spectrum Disorders*, 83, 101759. Available at: https://doi.org/10.1016/j.rasd.2021.101759

Royal College of Psychiatrists. (2024). *Autism and mental health*. Available at: https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/autism-and-mental-health

Russell, G., Rodgers, L.R., Ukoumunne, O.C. and Ford, T. (2014). Prevalence of parent-reported ASD and ADHD in the UK: findings from the Millennium Cohort Study. *Journal of Autism and Developmental Disorders*, 44(1), pp.31–40. Available at: https://doi.org/10.1007/s10803-013-1849-0

van der Meer, J.M., Oerlemans, A.M., van Steijn, D.J., Lappenschaar, M.G., de Sonneville, L.M., Buitelaar, J.K. and Rommelse, N.N. (2012). Are autism spectrum disorder and attention-deficit/hyperactivity disorder different manifestations of one overarching disorder? Cognitive and symptom evidence from a clinical and population-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(11), pp.1160–1172.e3. Available at: https://doi.org/10.1016/j.jaac.2012.08.024

Walhout, S.J., van Zanten, J., DeFuentes-Merillas, L., Sonneborn, C.K. and Bosma, M. (2022). Patients with autism spectrum disorder and co-occurring substance use disorder: A clinical intervention study. *Substance Abuse: Research and Treatment*, 16, 11782218221085599. Available at: https://doi.org/10.1177/11782218221085599

Wilens, T.E. (2004). Impact of ADHD and its treatment on substance abuse in adults. *Journal of Clinical Psychiatry*, 65(Suppl 3), pp.38–45. PMID: 15046534

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