Minister for Children
and Families

Government of Jersey
Union Street | St Helier | Jersey | JE2 3DN

Deputy Catherine Curtis

Chair, Children, Education and Home Affairs Scrutiny Panel

**BY EMAIL**

11 June 2026

Dear Chair,

**Queries regarding potential changes to CAMHS policy for ADHD medication for children**

Thank you for your letter dated the 26th of May regarding the panel's concerns and request for further information regarding potential changes to Child and Adolescent Mental Health Service's (CAMHS) policy in relation to the provision of medication for children newly diagnosed with Attention-Deficit / Hyperactivity Disorder (ADHD).

1. **Any recent changes or updates to CAMHS policy regarding the prescribing and provision of medication to children diagnosed with ADHD.**

In 2020/2021, there was considerable work on stakeholder consultation, including with Education colleagues, on the development of a Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2025. This led to additional investment and a redesign of CAMHS Services. At this stage, the significant rise in demand for neurodevelopmental assessments was not predicted and has since presented a huge challenge for the service to address (and for services globally). Between 2021 and 2025, there were 2661 referrals made for either Autism or ADHD assessments to CAMHS (from just 130 in 2020). In this same period CAMHS received a significant 4617 new referrals. Even with new investment, this was such a rise in referrals and above what the service was designed and funded to manage in the 2022-2025 Strategy. Similarly, the NHS ADHD waiting list grew from 21000 in 2019 to 270000 in 2025 (Independent Review – Mental Health, Autism and ADHD). The NHS taskforce review (April 2025) describes waiting times for assessment in the UK of up to 8 years.

CAMHS now has 772 children and young people prescribed long term ADHD medication. The majority of these are controlled drugs and only allowed to be prescribed monthly. We have CAMHS medical staff completing several hours of repeat prescriptions daily. In 2025, CAMHS and Adult Mental Health made applications to the Pharmaceuticals Advisory Benefits Advisory Committee (PBAC) for shared prescribing of ADHD medications with GPs. Not only would this have improved capacity for prescribing, it would have made the process easier and more accessible for families. Unfortunately, this was rejected by PBAC, meaning that only CAMHS clinicians can continue to prescribe ADHD medication on a monthly basis. CAMHS remain disappointed by this decision.

Under NICE Guidance for the prescribing of ADHD medication, younger children, even those settled on medication, must be reviewed three monthly, or six monthly for older young people. In these appointments physical heath checks are made and impact assessed. This currently requires 3468 annual CAMHS appointments, in reality 64-67 appointments per week in CAMHS for ADHD medication reviews alone. CAMHS have concerns regarding over-prescribing, and the fact they are medicating children with controlled drugs to enable them, in many cases, to access and manage environments not designed to meet their needs. As has been seen over the last two weeks there is significant pressure on the service to respond to medication demands including in the local media and political environment. At the same time, CAMHS is supporting a significant number of children with mental ill health and risk, requiring considerable clinical support.

To ensure compliance with NICE Guidance and deliver the clinical volume for children already prescribed medication, a decision was made in late March 2026 to temporarily pause/delay new medication initiation appointments for the majority of newly diagnosed children and young people until a revised clinic model had been planned. This was discussed with the Jersey Care Commission at the time. Where risk presented (all children open to CAMHS have Care Plans and risk assessments in place), medication was initiated so this did not apply in all cases. For children and young people with initiation appointments already booked in for March, April and May these continued. Very few families were impacted and those that were continued to receive CAMHS input and support.

Given the significant side effects of controlled medication, and current volumes in receipt, with dangers of over prescribing, some pause to allow support adaptions ahead of medication treatment is also likely ethically appropriate and best practice (NHS Interim report 2026 echoes this).

2. **Clarification as to whether reports that CAMHS no longer supplies medication to newly diagnosed children with ADHD reflect a formal policy change, and if so, the rationale, scope, and implementation timeline.**

This was a temporary pause for a small number of children / young people to commence ADHD medication whilst additional capacity was sought and a new clinic model planned, to manage the safe prescribing of those children / young people on existing medications to be compliant with the NICE (National Institute for Health and Care Excellence) guidelines.

3. **Details of any alternative pathways or support arrangements in place for children affected by these changes, including how access to medication and ongoing care will be managed.**

Initiation of ADHD medication by CAMHS will commence again from June 2026 following a further additional £120k of funding to enable two additional locum neurodevelopmental nurses to be recruited until the end of 2026 to support demand. Given that caseload numbers will only rise as more children are assessed and diagnosed, and with no indication that PBAC will support a future change towards shared prescribing, ultimately more long term funding and resources will be required. In a climate of financial pressures and concerns over headcount in the public sector, this will need to be overcome.

4. **Any impact assessments or stakeholder engagement undertaken in relation to these changes, particularly with regard to children and families.**

There were 51 children and young people impacted who had recently received a diagnosis of ADHD and who wished to commence medication. All have care plans and risk assessments completed by CAMHS. All were written to on 18th March notifying them of a delay in commencing medication. All parents continued to access New Forest Paring Programmes; the weekly CAMHS Neurodevelopmental drop-in clinics continued for support and advice; all have active input from various CAMHS clinicians; and work continues with schools to support adaptions and accommodations.

In summary, CAMHS remains concerned over the continued high volume of requests for ADHD assessments and treatment, and limited staff resources. The diagnosed prevalence of ADHD among children and young people in the UK is approximately 1.4% to 1.8%, though global research estimates that the true underlying prevalence of the disorder in this demographic is closer to 3% to 5% (Popit S, Serod K, Locatelli I, Stuhec M. Prevalence of attention-deficit hyperactivity disorder (ADHD): systematic review and meta-analysis. European Psychiatry. 2024:67). Given the significant local referral rate, and effort of CAMHS to increase assessment capacity, we have much higher diagnostic rate locally.

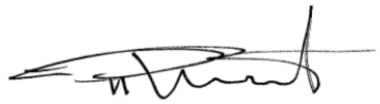
In Jersey we have 772 children and young people, of school age, in receipt of controlled ADHD medication treatment with this set to rise as medication initiation commences again. These medications are expensive for the taxpayer and have significant side effects for children and young people. The interim National Report (2026) recommends a shift toward alternative support pathways including (early intervention – in place here), adapted school support and environments, integrated youth services, and digital and community support ahead of medication. We must question, locally, the ethics of prescribing at such volume and the local reasons why medication demand is so high.

CAMHS has been placed under considerable pressure in Jersey by schools, the media, and politicians, to assess, diagnose and treat ADHD. We are in danger locally of over assessing and over prescribing. It is not ethical to medicate children and young people to

fit into schools and environments designed for neurotypical students. The onus should move to creating better neuroinclusive environments.

If the island demand for ADHD assessment, diagnosis and medication continues, then CAMHS will require considerable additional investment and resources to deliver from 2027 onwards.

Yours sincerely



**Constable Richard Vibert**
**Minister for Children and Families**