

Neurodevelopmental Psychiatry Special Interest Group

Christmas 2023



Neurodevelopmental Psychiatry
Special Interest Group
Newsletter
Issue 1

CONTENTS

Editor's Welcome	3
From the Chair	5
Autism Champion Blog	7
The N.A.T.P.	9
Gap in services for ADHD in 16-18 year olds	11
Adult ADHD Services in Crisis	14
Where are we going?	15
The NDPSIG Executive	18

The new Chair of the Neurodevelopmental Psychiatry SIG

Nominations will close on 26
January 2024

Job description: <https://www.rcpsych.ac.uk/docs/default-source/members/sigs/sig-chair-id.docx>

To stand for election: <https://secure.cesvotes.com/V3-2-0/rcpsychnomsc2024/en/>

Contact chair.ndpsig@rcpsych.ac.uk if want to discuss or find out more.

Front image – Finland – private photo published with permission.

Editor's Welcome

Sana Fatima



Crafting a digital landscape

As we approach the close of 2023, it's impossible not to acknowledge the myriad of emotions that have characterised this year, both at an individual level and also for the world at large. Almost like a tapestry woven with threads of cheers and challenges, 2023 has been yet another year bearing testament to the resilience of the human spirit.

For me, 2023 held particular significance as it marked my formal and active involvement in the RCPsych NDP SIG community. Having a deep passion for Neurodevelopmental Psychiatry and the nuanced concept of neurodiversity, especially within medical education, made this journey and association particularly meaningful. More importantly, taking on the responsibility of progressing and optimising the media profile for RCPsych NDP SIG has been exciting but intimidating. My goal is to shape a dynamic online presence that not only imparts information but also nurtures connections and meaningful conversations.

The first bit of work involves a thorough review our website. We want our digital home to be not just informative but also a welcoming space where our community can easily access resources, stay updated on the latest events, learning material, and engage with the dynamic and developing domain of RCPsych neurodevelopmental psychiatry.

In the era of instant connection, the next step for us was to think about launching our own Twitter (X) page. By harnessing the power of social media, we hope our platform becomes more than just a space for sharing insights and news, and a conduit to connect with a broader audience, fostering discussions and amplifying the collective voice and values of our progressively diverse community. I am glad to inform you that the conversations around setting up a RCPsych NDP (X) page are currently well in progress. It has provided some challenges though as whilst the college supports the idea of us operating a SIG X page under their umbrella, we have to use a personal email and phone number to do so!

Last but certainly not least, welcome to the launch of our newsletter.

We hope to have a biannual newsletter but felt we needed to get something out immediately to start the ball rolling. As a result we are

putting out a short newsletter, highlighting the election for a new chair and to ask you to make this a newsletter that is useful to everyone.

We are hoping to make our newsletter more than just a collection of updates; but a canvas that paints the vibrant stories from unique voices, perspectives and experiences of our members and our readers. We cannot do this without your contributions and I ask you to help foster connections, and develop our learning through your thoughts, reflections, stories and news of projects. We would love to know more about any teams that are operating, about personal experiences, about what has enthused you and about any new conferences planned.

Neurodevelopmental psychiatry is not a stand alone topic and as a SIG we are about developing links within and outside the College. We would like to explore interconnected areas such as patients in general adult psychiatry clinics or the significance of rehabilitation psychiatry in neurodevelopmental disorders, particularly in view of developing awareness and services in these areas. As you reflect on the last year do think about sharing your thoughts with us. Any good books we should read?

This newsletter includes news from the Chair and the Autism Champion. We hope to have a ADHD Champion writing for us soon. The National Autism Training Programme will be running new courses in 2024 so we have an item on this. Drs Dheeraj Chaudhary and Mike Smith have written separately about the current ADHD crisis. I asked our Chair to think about the future and he has decided to challenge us with what he argues is an inevitable direction.

I look forward to getting the editorial committee running properly next year – any offers of help welcome.

Here's to a season of warmth, joy, peace and gratitude.

Wishing you all a Merry Christmas and a Happy New Year!

Dr Sana Fatima
ST6 General Adult Psychiatry

IT lead for RCPsych Neurodevelopmental Psychiatry SIG

From the Chair Peter Carpenter



A Christmas Letter

An end of year greeting from Bristol as a start to having a newsletter. I look forward to hearing from you in future newsletters.

We are now at the end of yet another year of the SIG developing - we are now 6 years old and have 3600 signed up with us - reflecting how much college members recognise the importance of neurodevelopmental conditions in our clinical practice. We seem to be established in the eyes of central college as a very active SIG.

With Sam Tromans as academic secretary we have had two successful conferences this year with the October meeting held in person at Leicester - it was good to meet in person all the people I have been seeing on a screen for the last few years! We hope next year to again have an online and a face-to-face meeting.

The SIG have been absorbed with several areas this year:

First has been the development of higher training in neurodevelopmental conditions. As part of this the Exec has spent a lot of time on the development of an advanced autism course for psychiatrists, the National Autism Training Programme, which is being led by Karen Quinton who helped put the MRCPsych exams online. She hopes to have the e-learning element of the course online by the end of January. We have learnt the hard way how much time it in fact takes to create 40 hours of online material!

Linked to this has been the development of more general higher training in Neurodevelopmental conditions - we are starting discussions about developing credentials for NDP higher training.

Alongside this, after discussions with the ID Faculty we have decided that at present there is little advantage to us merging as we are covering a greater range of areas of practice than does the ID Faculty.

As part of this discussion I have written a short note on the issues of merging - see later on in this newsletter.

Conor Davidson has been doing sterling work as the Autism Champion and has been busy presenting to various faculties and other parts of the College. A working group has been set up to produce a new College information resource on autism in adulthood. The first draft of the resource has been written and the full version is expected to be published in the

first half of 2024. In part due to Conor's work, the college has accepted that it needs to develop a position statement on Autism which should be out next year. Our work in promoting a national Community of Practice for all clinicians working with Autistic patients has now paid off and is now holding regular meetings, funded by NHSE-WTE.

ADHD services have been in the news all year, with waiting lists reaching levels that are impossible to clear along with Panorama leading the media in questioning the diagnostic process in many clinics. Now we have the shortage of stimulant medication that may go on well into the next year. Ulrich Muller-Sedgwick who is on our executive contributed to the national advice on medication that has just been released and it can be read here: <https://www.sps.nhs.uk/articles/continuing-management-of-the-adhd-medicines-shortage/> - scroll through the subpages for the official advice on what to do.

Having proved the worth of having an Autism Champion, the College has decided to appoint an ADHD champion. We are at the final stages with the job description and hope to have it advertised in the next month or so. Keep an eye out for it!

Raja Mukherjee, our efficient and ever active finance officer, has also been leading the development of a College statement on Foetal Alcohol Spectrum Disorder - it has taken a lot of time and effort but we hope to have it out during the first part of next year.

In addition, as you can see, we are trying to improve our communications with our members – Our attempt last year was not helped by my not being able to access my Chair's email account for over a year, and relaxing in the belief that all the emails were being forwarded to my working account. When I got in last month I discovered that many of the offers of help you made to me after my last letter had not been forwarded and seen by me. So please do not see my lack of response to your welcome offers a year ago as me ignoring you! As the offers are now so old I am reluctant to respond to them but would be delighted if you write to offer help.

Sana Fatima has volunteered to get our IT communications into action again and we hope to start an X page and some regular blogs and newsletters as well as update the Webpage. We are very keen for short articles, and items of news to feed into our newsletters and X accounts as well as offers of help in the editorial team. Watch our webpage for news on how to get involved.

And now for some bad news. Tom Berney who has been one of the main forces behind the creation of this SIG and was of course its first chair, has decided to stand down and retire from almost all his work with the college. He has been a fantastic agent for the SIG and in the College and has taught the Executive a lot about how to navigate the College and its politics alongside his practical and clinical wisdom. We will miss him greatly. I suspect he will not be able to completely say goodbye and will still keep tabs on us - but I fully understand that we all have a time when we

feel we must leave. We will see him at meetings but hope he has more time to enjoy that retirement he promised Chris.

Finally, I regret to announce that, due to various issues, I have decided to step down as Chair a year early in summer 2024. I have enjoyed the role and found it very stimulating and rewarding but I need to retire from this area now it is over 10 years since I stepped down from most clinical work. The post is now advertised on our webpage and I hope you will consider applying. Please see advert on our webpage and do contact me on chair.ndpsig@rcpsych.ac.uk if you want to know any more about the post.

I wish you well for the Christmas Holidays and New Year celebrations.

Dr Peter Carpenter
Retired Psychiatrist

Autism Champion Blog Dec 2023 Conor Davidson



2023 - A busy year

I first started noticing in autism back in 2012, when junior doctors were still called House Officers. Back then, autism was seen as the domain of CAMHS and Learning Disability services: general adult psychiatrists like me didn't take much of an interest. Over the intervening time there has been a real culture shift. I've presented at a number of College events this year, including the International Congress, and pretty much every psychiatrist I speak to now wants to learn more about Neurodevelopmental Psychiatry.

This year the College, with support from Health Education England, launched the National Autism Training Program for Psychiatrists. It has been massively popular, which underscores the high demand for Neurodevelopmental training amongst our members. We are hoping to continue running the NATP next year and open it up to members outside of England. We're also looking at the possibility of developing a GMC credential in Neurodevelopmental Psychiatry in future.

The NATP includes a talk from Dr Mary Doherty, the founder of [Autistic Doctors International](#). I continue to hear from many autistic College

members. They report that being aware of their own neurodivergence has enhanced their understanding and empathy for patients. However, some also describe challenges at work, including enduring stigma. The College has set up a working group to look at how we can better support neurodivergent members going forward.

In response to concerns raised by the autistic community, the College has revised the autism section of the Emergency Management of Eating Disorders guidance. The [updated guidance is here](#).

Given the financial constraints the NHS faces, 2024 looks set to be another challenging year for neurodevelopmental services. [NHS England just released figures](#) showing long wait times for autism assessments. The [wait times in ADHD services are even worse](#), compounded by the ADHD medication supply crisis. The College will use its influence to advocate for increased investment in neurodevelopmental services, in the absence of which waiting lists will only continue to grow.

Despite these challenges, working in Neurodevelopmental Psychiatry remain hugely rewarding. If you are interested in learning more, please join the [Neurodevelopmental Psychiatry Special Interest Group](#). The SIG meeting in Leicester this October was one of the highlights of my year. It was great to meet up with colleagues in person after so many zoom meetings! The SIG has more events planned for 2024 so keep an eye on the SIG webpages for details.

*Dr Conor Davidson
RCPsych Autism Champion
Consultant Psychiatrist
Clinical Lead, Leeds Autism Diagnostic Service*

The N.A.T.P. Karen Quinton



The National Autism Training Programme for Psychiatrists

At the end of 2022, HEE commissioned the College to develop this digital learning programme for psychiatrists, funding places on three cohorts for some 1800 psychiatrists in England. The programme is open to psychiatry trainees (ST4 and above), specialty doctors and consultant psychiatrists.

The programme comprises two separate courses, both designed to meet the needs of psychiatrists working with adults in community, in-patient, addiction, liaison and diversion and forensic services in England. Experts by experience have co-produced all learning resources and shared their experiences extensively in the courses.

The Foundation course starts with a full day webinar with presentations from Conor Davidson, the College's autism champion and renowned industry experts. Presentations addressed what autism is and its overlap with other neurodevelopmental conditions, aspects of diagnosis and making reasonable adjustments in the appropriate treatment of co-occurring mental health conditions. The webinar is supported by a comprehensive interactive e-learning module – study time approximately three hours – plus guided reading. This course is designed for psychiatrists who want to deepen their understanding of autism and better understand how to work with and help their autistic patients.

The Enhanced course starts with a full day face to face event at the College in London. This provides access to industry experts as well as the opportunity for delegates to begin to build a network of practitioners with a similar specialist interest in autism. This course is designed for psychiatrists who want to specialise in autism and who may go on to work in specialist autism teams. It requires 50 hours of study over a year, provides access to a community of practice where learners can share thoughts and experiences plus access to expert mentors (both consultant psychiatrists and members of the MDT). A comprehensive suite of 16 eLearning modules covers all aspects of autism from its features, the

neurodiversity context, interviewing and communicating, diagnosis, co-occurring conditions, assessment, risk, capacity, appropriate treatments for co-occurring conditions and reasonable adjustments, as well as a module on offending behaviour and a comprehensive summary of the publications shaping current autism strategy and policy.

The two courses run so far have filled all places in less than 48 hours. The final Foundation course webinar will run on 14 March 2024 with places for a further 600 attendees, with the final Enhanced course starting on 19 March. Both will be advertised on the College events page in early February.

Feedback has been overwhelmingly positive – with more than 95% of those attending all courses saying that they would recommend them to colleagues. They particularly appreciated the powerful and moving contributions from our invaluable experts by experience, who provided invaluable insight into what it is to be autistic.

Courses have been mapped to the Tier 3 Autism Framework so that clinicians can see how this training dovetails with other mandatory training. It has completion of the Oliver McGowan Level 1 training as a prerequisite.

The College appreciates the funding from NHSE (HEE) to develop and run this programme and the huge amount of time and expertise contributed by the content development team of expert autism practitioners.

To find out more, please contact autismtraining@rcpsych.ac.uk.

*Karen Quinton
Transformation Consultant
Royal College of Psychiatrist*



AUTISM
NATIONAL
TRAINING FOR
PSYCHIATRISTS



Gap in services for ADHD in 16-18 year olds

Dheeraj Chaudhary



Gap in services for ADHD and related disorders in 16-18 year olds - An Unmet Need

Adequate and effective transitional services for 16-18 year old age group remain deficient, and the situation is even worse for individuals with Neurodevelopmental Psychiatric disorders. As per news media, there are waiting lists of up to 7 years in certain places.

ADHD is a highly treatable disorder, and timely and effective treatments can alter entire life trajectories. 16-18 are formative years that prepare individuals for adulthood, representing a crucial period for education and skills development. Without such assessments/treatments, productive years are lost, and the risk of other psychiatric disorders, substance abuse, and criminality increases.

I believe health delayed is health denied. Through this article, I am advocating for better service provision for this age group, which is underrepresented in services. Access to the vital support and care they require must be made easier and obstacle free. This unmet need needs to be highlighted and addressed.

Challenges in Accessing Services

For adolescents aged 16-18 living with ADHD and related disorders, finding appropriate support can pose insurmountable challenges. Various obstacles exist, beginning from the initial point of contact with General Practitioners (GPs) for referrals to services that are both equipped to provide help and accepting of referrals.

This process is frequently influenced by a geographic lottery, where service availability varies based on location. Unfortunately, even when services are reachable, extensive waiting lists further complicate matters, with some reports suggesting wait times of 5-7 years.

There is a scarcity of resources within both the public and private sectors. A deficiency in specialists and expertise further complicates the situation. These individuals are not simply 'mini adults' who can be assessed and treated by mainstream adult services. They possess distinct pharmacokinetic and pharmacodynamics profiles.

In today's world, their phenomenology and social pressures differ and are not easy to comprehend. Adequate training in ADHD and related disorders is lacking. There is a shortage of professionals who are equipped to manage the unique needs of this age group.

NHS Care Provision

The National Health Service (NHS) stands as a cornerstone of healthcare delivery in the UK. However, the sheer demand for services within the NHS poses challenges. With the increasing awareness of ADHD, there are high numbers of referrals to services. Often, there is no dedicated service for the 16-18 age group. This phase of their lives is critical for academic, vocational, and personal development. The waiting times delay the provision of necessary interventions that would significantly contribute to their academic achievements and mental well-being.

NHS provision requires active commissioning with substantial resourcing and streamlining of processes with active planning of how cases will be managed once diagnosed. Increasing the sensitivity of GPs to ADHD as a disorder and ensuring timely referrals to the appropriate services remains important. The need for more cohesive and patient-centred services is evident.

Private Care Options

For those who can afford private care, it is a viable option. Private care often offers quicker access to specialists and a more personalised approach. However, cost of diagnostic assessment / treatment prescriptions and a lack of standardisation are common obstacles.

However, returning into the NHS can be a further hurdle as NHS services might not accept the private diagnosis and treatment plans, directing the patient to re-join their waiting lists. This situation can be seen as a kind of farcical tragedy as the patients had to go private in the first place due to the excessively long waiting lists.

Addressing the issues

These are some suggestions; readers of the newsletter might have more ideas to contribute:

We all need to seek more resources from the government, earmarked specifically for addressing the gaps in service provisions. Commissioners

and ICBs (Integrated Care Boards have replaced CCGs) need to have a strategic approach to support necessary infrastructure to cater to the unique needs of this age group.

NHS and private services collaboration needs to be explored. We can collectively create a more comprehensive and effective services network. Through open cooperation, and information sharing, we can bridge gaps and enhance the quality of care provision.

We need to develop a nationally agreed clinical standard for diagnostic assessments that Commissioners can require and which stops diagnoses by one service being rejected by others.

Patient advocacy groups can make a significant difference. By forming a collective voice, they can demand enhanced services provision.

Educators play a vital role. More can be done for early identification of problems, advise assessments, accommodate diverse learning styles and address challenges due to ADHD and related disorders.

Conclusion

The challenges faced by this age group with ADHD and related disorders in accessing support are multifactorial. The gaps in service provision negatively affect their education, occupational and social achievements, and overall well-being.

By acknowledging the shared hurdles within both the NHS and private care sectors, we can promote a more comprehensive and compassionate approach to care provision. Collaborative efforts between these sectors can lead to innovations that enhance the quality and accessibility of care.

Government must empower the private sector to aid assessment and treatment. Ultimately, everyone's goal is to improve timely access to assessment, treatment and support this age group truly deserves.

Dr Dheeraj Chaudhary is a Consultant Forensic Psychiatrist working for Priory Healthcare.

He manages a private clinic for Neurodevelopmental Psychiatric Disorders.

He is an executive committee member of NDPSIG.

Adult ADHD Services in Crisis

Mike Smith



The lengthy waiting lists for adult ADHD services have become a source of significant attention over the past year. Despite strides in awareness and advancements in treatment over the last two decades, the demand for these services has continued to outstrip supply.

Back in the 90s, we were working with a limited number of specialist ADHD services across the UK. Post-2008, after the NICE guidelines came into play, we saw significant growth in these services. But it's become apparent that the expansion hasn't kept pace with the burgeoning need, leaving many patients in a long queue for help.

Stepping into my new role as Clinical Lead for the Leeds Adult ADHD service, the magnitude of the backlog was stark, and it was clear that we needed to take stock and address this head-on. Alongside colleagues, we've put together a paper that we hope will serve as both a resource and a conversation starter for managing similar challenges within your services.

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/uk-adult-adhd-services-in-crisis/937AED1FBA8B93362D5A6B15BC1BC960>

Our investigation highlights that the issue of waiting times isn't just a number game. For a patient at the back of the line, the wait for an assessment can be dauntingly long. Our analysis suggests that, without intervention, a new referral could be looking at a wait of over 10 years.

In the spirit of collaboration and with an eye towards practical solutions, we've outlined several approaches in our paper:

Maintaining Current Services: An option that would likely lead to an unsustainable increase in wait times.

Boosting Funding: While straightforward, the current economic climate may render this option challenging.

Enhancing Efficiency: Streamlining processes and adopting new technologies could offer some reprieve.

Rethinking the Model: Could we integrate ADHD care more seamlessly into primary or secondary care to alleviate the strain on specialist services?

Prioritising Based on Severity: This raises a host of ethical questions and could potentially create more barriers to care.

Our preferred path forward includes a robust national strategy, well-defined standards for assessments, and clear targets for waiting times. This

is more than a fiscal issue; it's about quality care and making ADHD a health policy priority.

As you read this, I hope you'll consider joining us in advocating for a system that can better support our patients. More funding, a strategic approach, and defined targets are all steps that could help facilitate a better service.

Dr Michael C.F. Smith

Consultant Psychiatrist ADHD Services, Leeds & York Partnership NHS Foundation Trust.

Where are we going?

Peter Carpenter



What is in a name?

Thirty years ago there was no recognised specialty of Neurodevelopmental Psychiatry. There were a few specialist autism services but it was never clear if the appropriate training was that of a Paediatrician, Child Psychiatrist, Learning Disability Psychiatrist or General Psychiatrist. The college Faculty that had most experience and training in Neurodevelopmental work was of course the Learning Disability Faculty, and this was where most people trained who later worked with autistic adults of normal ability but the faculty did not see itself as having any need to recognise this Non-ID part of the skills of its higher qualification. As the old hospitals closed and people with Intellectual disability moved into the community where few needed involvement with psychiatry, the LD-Faculty debated if it should look to declare what wider skills its psychiatrists had and expand into being a faculty for Neurodevelopmental Psychiatry. An article I wrote in 2002¹ was part of the debate of the time.

Things have moved on since then. The members of the Learning Disability Faculty decided to move to being a Faculty for the Psychiatry of Intellectual Disability [PID] and a Neuropsychiatry SIG developed and

¹ Carpenter, P. K. (2002). "Should there be a Faculty of Learning Disability Psychiatry?" *Psychiatric Bulletin* **26**(3): 83-84.

became a Faculty in its own right. Changes of classification and recognition meant that the view that most people with a Neurodevelopmental Disorder were seen by Learning Disability Psychiatrists had to change with the realisation that most people with a NDD are likely to be seen by a General Adult Psychiatrist, albeit for treatment of traditional psychiatric illnesses.

Seven years ago the Neurodevelopmental Psychiatry Special interest Group was launched to meet a gap within the College. It now has over 3600 members within the College and is approaching the size of the PID Faculty. By way of perspective there are under 450 Consultant Learning Disability Psychiatrists in the country.

Now that most people with a NDD are seen by non-ID psychiatrists; and most people with a Neurodevelopmental Condition do not see themselves as having a Disorder of Intellectual Development, it would be difficult for the PID Faculty to change itself by being a Faculty for Neurodevelopmental Psychiatry in all abilities even though Disorders of Intellectual Development are one of the neurodevelopmental conditions and no other faculty claims the other NDDs. The PID Faculty carries too much stigmatising baggage and would need a massive change in its direction of focus.

Section 22 of the College regulations does not limit the number of faculties to the present number. It states that

A Faculty shall normally only be established where a specific branch of psychiatry can be identified with a cadre of practising specialists who shall have acquired higher training in that recognised specialty and where, in the Council's opinion, there exists a substantial body of experience which the College needs to consult.

At present the College is heavily relying on the Autism Champion and is developing the role of ADHD Champion as well as consulting members of the NDPSIG due to their need to consult a body of experience around this. But at present the SIG relies on the enthusiasm of its members and especially its Executive committee and gets relatively low levels of support from the College compared with that provided to a Faculty.

Work with people with neurodevelopmental conditions of all abilities and ages needs a psychiatrist to develop a set of skills that are different to but not unrelated to their conventional training in traditional psychiatric medicine. Unfortunately those different skills, though developed in child development psychiatry and in intellectual disability psychiatry, do not rate highly within the crowded MRCPsych curriculum.

One of the thrusts of the NDPSIG now, partially powered by the workforce needs of NHSE-WTE, is to develop some form of model curriculum and certification in higher training in NDD, much like that in Eating Disorders or Rehabilitation. A form of higher training in Autism has been developed in the present National Autism Training Programme, but a more general

curriculum will need to be developed taking advantage of the experience of the content of the higher training in Intellectual Disability but it will need to be more wide ranging. Like credentialing in Eating Disorders or Rehabilitation it will probably need the SIG to become a Faculty if it is to have the status to develop the skills of all psychiatrists in this area of work.

So what is in a name? A new Neurodevelopmental Psychiatry Faculty in the next 5 years would change the college and show that names do matter.

Dr Peter Carpenter

Retired I. D. Psychiatrist

Hon Lecturer University of Bristol

The NDPSIG Executive

The SIG executive comprises 2 elected officers – the Chair and Finance Officer. Each has a term of office of 4 years

The Chair then co-opts any number of additional executive members. These officers have to have their co-option onto the executive formally renewed each year by the Chair.

The College provides the sterling services of Catriona Grant to provide admin support for all the SIGs – this means that the support has to be targeted – for example minutes of executive meetings have to be done by Exec Members.

Executive members can be contacted through their published emails but also through three ‘SIG’ emails:

Catriona’s email: Sigs@rcpsych.ac.uk

The Chair’s email: Chair.NDPSIG@rcpsych.ac.uk

The X account email: rcpsychneurodevelopmental@outlook.com

Peter Carpenter	Chair
Raja Mukherjee	Financial Officer& ID Faculty Rep
Conor Davidson -	Autism Champion
Sam Tromans	academic sec
Dietmar Hank	ADHD SIG lead
Amanda Brickstock	PTC Rep
Bhathika Perera	Chair of ID in ADHD CoP
Jenny Bryden	Chair of Autism CoP
Sana Fatima	Online lead
Jenny Parker	CAP faculty Rep
Tim Alnuamaani	GA faculty rep
Ken Courtenay	Forensic faculty rep
Quinton Deeley	Neuropsychiatry rep
Premal Shah	Scotland co-rep
Sharon Brown	Scotland co-rep
Helen Matthews	Wales rep
Saleen Tareen	Northern Ireland rep
Marie Boilson	Ireland and ADHD links
Marios Adamou	ADHD & ASD interests
Terry Brugha	Academic interest
Dheeraj Chadhary	- private forensic Neurodiversity
Ashok Roy	DHSC and NHSE-WTE link
Mike Smith	ADHD interest
Mark Lovell	CAP interest
Ulrich Muller-Sedgwick	ADHD UKAAN
Alison Lennox	ASD services
Anna Sri	Neurodiverse Trainee