



Cheshire and Wirral Partnership
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The Estimated Prevalence of ADHD in Wirral's Young Adult Homeless Community



FORUM HOUSING
— it's all about you —



Experiential Observation

Forum Housing Association:

- Large proportion of young adults (16 – 25yrs) coming through from Child & Family Services who were chaotic, unengaged with staff, and failing to meet goals & responsibilities laid out in their coaching programme agreement.

Homelessness Service:

- BioPsychSocial Assessment revealed that a large number of these chaotic individuals exhibited signs of Executive dysfunction, and/or a previous childhood diagnosis of, or signs of, ADHD.

Adult ADHD Service:

- Between November 2010 and January 2012 they noted a significant annual increase in their caseload; 30% of referrals came from the new Homelessness Service.

Adult ADHD & Links to Homelessness

Core Symptoms:

- Hyperkinetic Disorder (F90.0) – ICD-10
 - Hyperactivity
 - Impulsivity
 - Inattention
- Poor control of Executive Functions: Working Memory, Self-regulation of Affect, Inhibitory Control, Planning, Reasoning and Problem Solving.

Adverse Outcomes:

- Poor schooling; truancy
- Poor socio-economic status
- Poorly modulated or risky behaviour
- Poor Relationship skills
- Criminality
- Entrenched Homelessness



Adult ADHD

Diagnosis in Adulthood:

- Uncertainty over diagnostic criteria
- Age
- Gender
- DSM-V includes a new entry on diagnosing adults with ADHD



Previous Studies

- Meta-analytic and Prevalence Studies within clinical populations
 - Estimate the prevalence of ADHD within adult community-based populations to be 1% - 2.5%
(Simon, V., Czobor, P., Balint, S., Meszaros, A., & Bitter, I. (2009))
- A search of EMBASE, MEDLINE, PsycLit for publications on ADHD in both young adults and older adults within homeless populations, revealed a dearth of research.
 - Lomas, B., & Gartside, P.S. (1997)
 - Unger, J.B., Kipke, M.D., Simon, T.R., Montgomery, S.B., & Johnson, C.J. (1997)



Questions Surrounding the Evaluation

- How can Forum's Coaching Staff and Health Engagement Workers best understand the needs of these chaotic individuals in order to specifically target appropriate intervention and life skills training to promote their independence and improve their future housing options?
- How can the current Adult ADHD Service's Diagnostic and Treatment Pathway effectively accommodate this particular cohort of people?
- Collaboratively, how can we best screen/assess, diagnose, treat and provide the required level of intervention needed by these young adults before they become older, entrenched homeless?



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Aims

- Effectively Assess, Diagnose and Treat within a faster time frame
- Assessment and Diagnosis by the Assistant Psychologist and Psychiatrist to be hostel based
- Establish the Prevalence of ADHD amongst Young Adults within Wirral's Homeless community



Methodology

➤ **Sampling Frame:**

- Male and Female residents of FHAs 'First-stage' & 'Second-stage Supported Living Accommodation'
- FHA is Wirral's largest supported housing providers for young adult homeless.
- Aged 16 – 25yrs

➤ **Primary Exclusions:**

- Those exhibiting signs of toxicity during screening period
- Those already in the Adult ADHD Service



Methodology

Crude Screening:

- Section A of the 'Adult Self-report Scale V1.1' (ASRS-V1.1)
- 2 additional questions

Psychometric Screening:

- Full ASRS-V1.1
- 'Wender Utah Rating Scale' (WURS)

Clinical Interview:

- Semi-structured Interview

Adult ADHD Self-Report Scale (ASRS-V1.1) Symptom Checklist

Patient Name: _____ Today's Date: _____

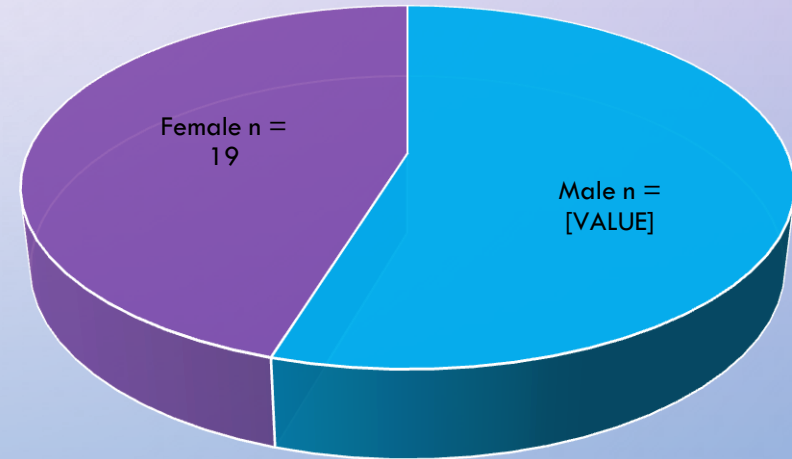
Please answer the questions below, using your best estimate of how often you have experienced each symptom during the last 6 months. Please also indicate whether the symptom is a problem for you.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble concentrating on the details of a project, task, or activity?					
2. How often do you have trouble getting things in order when you have to do a task that requires organization?					
3. How often do you have trouble remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you have trouble getting started?					
5. How often do you find it hard to remember what you have to do, or how to do it?					
6. How often do you feel overwhelmed by too many things to do, like you have too much to do?					
Part A					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have trouble keeping your attention when you are doing boring or repetitive work?					
9. How often do you have trouble concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you forget or have difficulty doing things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you have trouble sitting in meetings or other situations in which you are required to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty remaining still when you are sitting or standing?					
15. How often do you feel restless or fidgety when you are sitting or standing?					
16. When you're in a conversation, how often do you feel yourself feeling the conversation of the people you are talking to, rather than focus on what they are saying?					
17. How often do you have trouble getting your work done in situations when you're being interrupted?					
18. How often do you interrupt others when they are talking?					
Part B					

Findings

PREVALENCE:

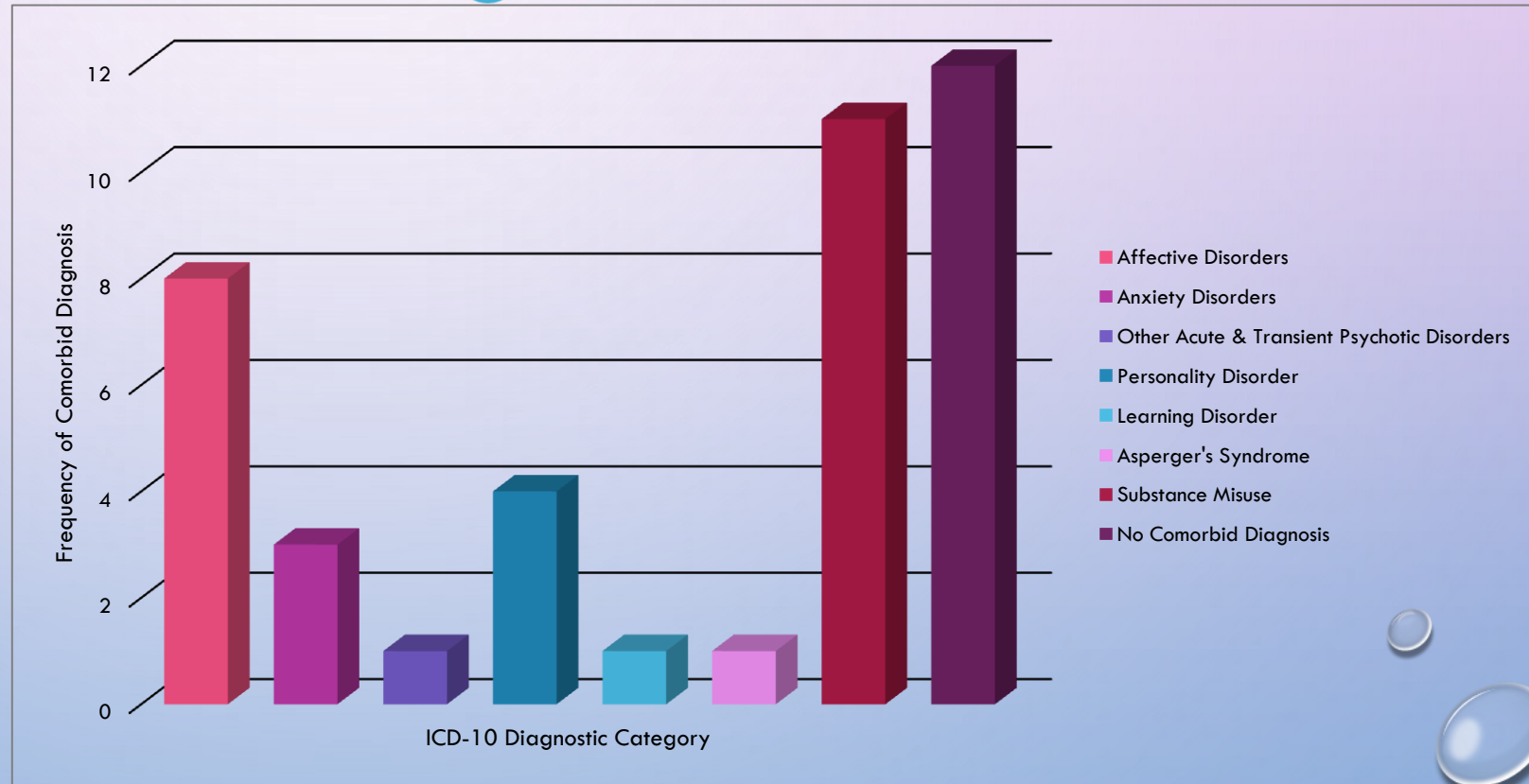
- Estimate the prevalence of ADHD within the Young Adult Homeless population to be at least 22%.
- Young Homeless Adults at least 11x more likely to be diagnosed with ADHD (95% CI 4.26 – 28.4, $p < 0.0001$)



Findings

Comorbidity:

- Affective Disorders (F30 – F39)
- Disorder of Adult Personality & Behaviour (F60 – F69)
- Mental & Behavioural Disorders due to Psychoactive Substance Misuse (F10 – F19)





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Conclusions

- Level of need within this young adult population:
- Barriers to the Evaluation:
- Engagement problems:
- Clinic Style:
- High Attrition Rate:



Successful Outcomes

- *D was diagnosed with ADHD and medicated and from this he has re-gained access to his daughter, now having regular contact and he has moved successfully into the community and went on to obtain employment and although calls in occasionally has maintained his accommodation.*
- *J was diagnosed with ADHD and anxiety and was medicated for his ADHD but on meeting with the consultant who wanted to focus on J's anxiety due to it limiting J's quality of life and at times stopping J from leaving his flat, differing medication was tried alongside counselling at J's local surgery and such was the improvement that the consultant could medicate at a lesser level for J's ADHD. J has maintained his accommodation and is now employed as a carer in the community.*





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Further Research

- Qualitative research to look at problems with service engagement
- Older adult (>25yrs) homeless population