

# ADHD

How big is the problem? Nationally and locally what options are available?  
What is it like living with ADHD?

Phil Anderton

Director of Justice in Mind

# ADHD ...

- Is **THE** most researched childhood behavioural disorder
- And yet it is the most mis-understood
- It **is** hereditary
- And it one of the NHS's greatest failures

# What we will examine

- The strategic context of ADHD
- The tactical responses available
- Some operational responses that work, and some that don't

# How big is the problem?

Lets first define the 'problem'?

- In a recent example, Large city, we examined the scale of the provision of ADHD services in the NHS
- The CCG commission for adult ADHD services was for 100 patients treated per year
- Best estimates indicate a need for 5,300

# Intentions are good

- The CCG originally intended to commission services for an adult ADHD service of 2,564
- In their own words ‘but that was our intention, we cannot afford it now’
- So maybe the ‘problem’, lets call it the first problem, is lack of commissioned services

# The second 'problem'

- ADHD is prolific
- It effects 5% of the general population of children and adolescents
- And continues to effect 2-3% of adults
- If we look at Burnley (73,000) that could mean that 803 children and adolescents and 1,710 adults need an ADHD service (NB: c16k children & c56k over 18's)

# The third problem

- Is that we are not structured to associate the costs of treatment, or more importantly, none treatment across portfolios and agencies
- It costs £37k to keep a prisoner in the secure estate
- It costs, on average, £2000 to treat an adolescent with ADHD
- 25 % of the prison population have ADHD, the CJS could fund treatment and save millions.

# We have to ask ourselves...

*“are we set up to provide a service, an adequate service, for this many people with a recognised disorder?”*





# And this is NOT about 'naughty boys'

- It is not a disorder caused by bad parenting
- It is not a condition brought about by poor diet
- It is not something that boys grow out of

# Inattention

- Child – home work issues
  - Adolescent – concentration issues
  - **Adult** – overwhelmed by large projects
- 
- Child – forgetfulness
  - Adolescent – disorganised
  - **Adult** – late for appointments



# Impulsivity



- Child – interrupting others
- Adolescent – substance experimentation
- **Adult** – substance abuse
  
- Child – not waiting in turn
- Adolescent – many sexual partners
- **Adult** – extramarital affairs

Barkley (2010) ADHD in adults, the latest assessment and treatment strategies

# Hyperactivity



- Child – fidgeting
- Adolescent – feeling restless
- **Adult** – being restless
  
- Child – ‘driven by a motor’
- Adolescent – appears busy but gets little done
- **Adult** – self selecting active jobs

## Adult deficits in EF normally are:

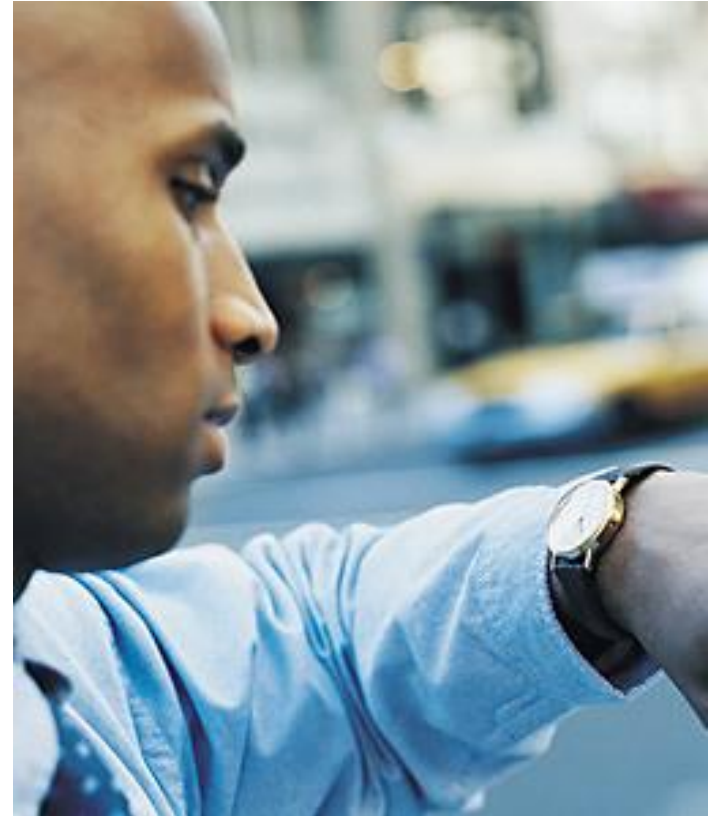


- Poor time management
- Tasks being forgotten
- Little advance planning
- Inability to multi task
- Impulsive decision making
- Commitment issues

Brown (2005) ADHD the unfocused mind in children and adults

# Which leads to startling outcomes

- Fired 2 – 4 times more
- Reported work based behaviour issues 19 times more
- 18 times more disciplinary actions at work
- Twice as likely to change jobs
- 22 days more absenteeism from work
- Average monthly income 20 – 40 % less



Barkley (2010) ADHD in adults, the latest assessment and treatment strategies

# With tragic consequences



- 2 to 4 times more likely to have been in a car crash
- 2 to 3 times more likely to have been caught speeding
- 2 to 4 times more likely to have been banned from driving

Barkley (2010) ADHD in adults, the latest assessment and treatment strategies

# And abuse substances



- 2 -3 times more likely to abuse tobacco, the biggest killer
- 3 – 8 times more likely to abuse alcohol
- Drug dependency is 3 – 8 times more likely

Barkley (2010) ADHD in adults, the latest assessment and treatment strategies

Biederman (1991)

Willens (2004)



# Or have sexual health issues



- Higher risk sexual activity
- 10 times at risk of unwanted pregnancy
- Four times more risk of STDs

Barkley (2010) ADHD in adults, the latest assessment and treatment strategies

# And struggle with education



- 56% ADHD adults required additional tutoring
- 30% retook exams
- 30 – 40% have SEN
- Lower reported grades (below C)

Barkley (2010) ADHD in adults, the latest assessment and treatment strategies

# And commit crime



- Twice as likely to be arrested
- Commit three times as many crimes
- Prolific, predictable and therefore preventable offenders

(Barkley, Secnik, Swenson, Buesching, Fisher and Fletcher)

# Suicide Rate

- For those with an ADHD diagnosis before the age of 6
- The suicide rate between ages 9 & 18 years is 3 times higher

# What does work...

- Clinical settings becoming more business like
- Why do we accept the capabilities of clinicians to run efficient and effective practices?
- They need more business skills and acumen to be successful...

# A recent example, NW England

- Clinician, very well thought of and extremely competent with adult ADHD
- A growing waiting list standing at 280 (about 1 year waiting time)
- Process analysis found at least 3 major opportunities for change that resulted in increases in his capacity by c25%, immediately without investment :
  - by better scheduling,
  - triage all patients paperwork before treatment could commence,
  - reduce duplication stopping him and his most experienced nurse were working as a pair to see patients.

# And there's more

- GP's refer into service
- But frequently refuse to accept patients back into shared care
- They lack the knowledge, confidence and understanding to feel able to prescribe and treat
- Train them! We have done, as police officers we trained GPs.

# Imagine...

- Running a factory producing 'widgets'
  - Every worker has a 'double' working alongside them
  - No one plans the production schedule
  - The supply chain of raw materials isn't working
  - When the widgets are produced you store them and maintain them as they've nowhere to go
  - You would be bankrupt in record time
- 
- As commissioners how confident are you that you are commissioning an efficient service? Could you get more for your money?



# What can work...

- Multi agency working, e.g. across the CJS for referrals
- GP and clinician training
- Strategic alliances with Commissioners of other agencies e.g. Police, shifting budgets to the point of need – we did this in 2004
- Commissioning effective services, not ineffective ones

# The role of support groups

- The National Autistic Society is simply brilliant, it's staff and committees are not overly burdened with the disorder themselves
- Our national ADHD organisations are run by (mainly) Mum's with ADHD
- We need to be tolerant and reach out more, because they can and do help. Local support groups themselves can take pressure off the NHS

# Effective medication regimes

- Medication isn't the panacea, well not quite
- Most medicated patients still show strong ADHD symptoms because...
- As commissioners do you know how competent the clinician is? Are they up to date? Could they be the reason the service is not as efficient as it might be?
- This needs CCG investment and support, would you tolerate this for diabetes?

# As a final note

- ADHD is 80% inheritable
- It is caused by two genetic issues
- The lack of effectiveness of the dopamine reuptake inhibitors and ...
- A lack of chemical production necessary for the synaptic processes to function fully
- ADHD will therefore continue to rise as a disorder that requires a set of solutions across the globe, it isn't going away and society will not grow out of it.

I fibbed, this is the final note...

‘Michael can’t sit still, Michael can’t be quiet, Michael can’t focus,’

"Your son will never be able to focus on anything."

