

Improving ADHD Diagnosis In The CJSE: A Feasibility Study Using QbTest (FACT Study)

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Background

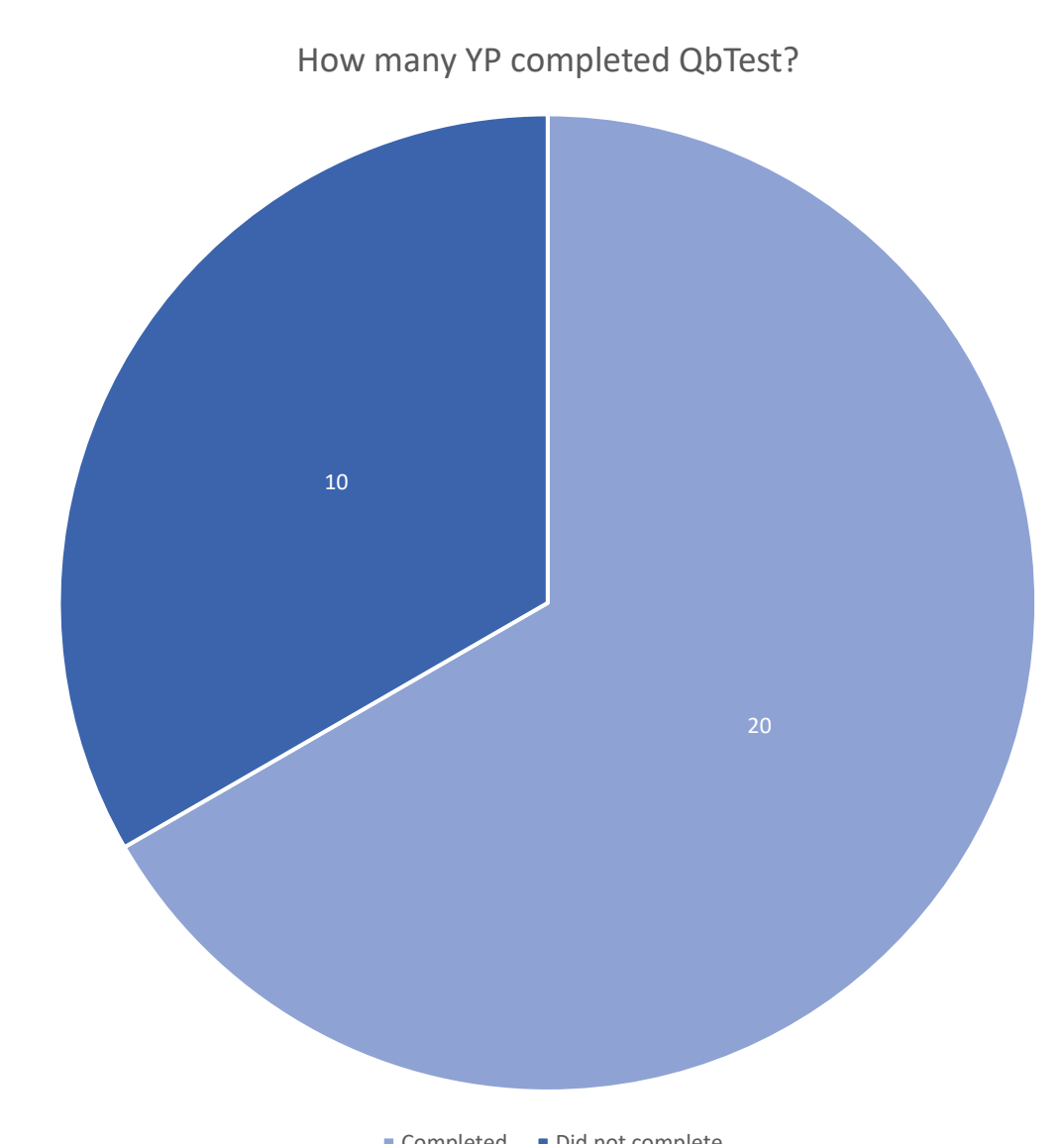
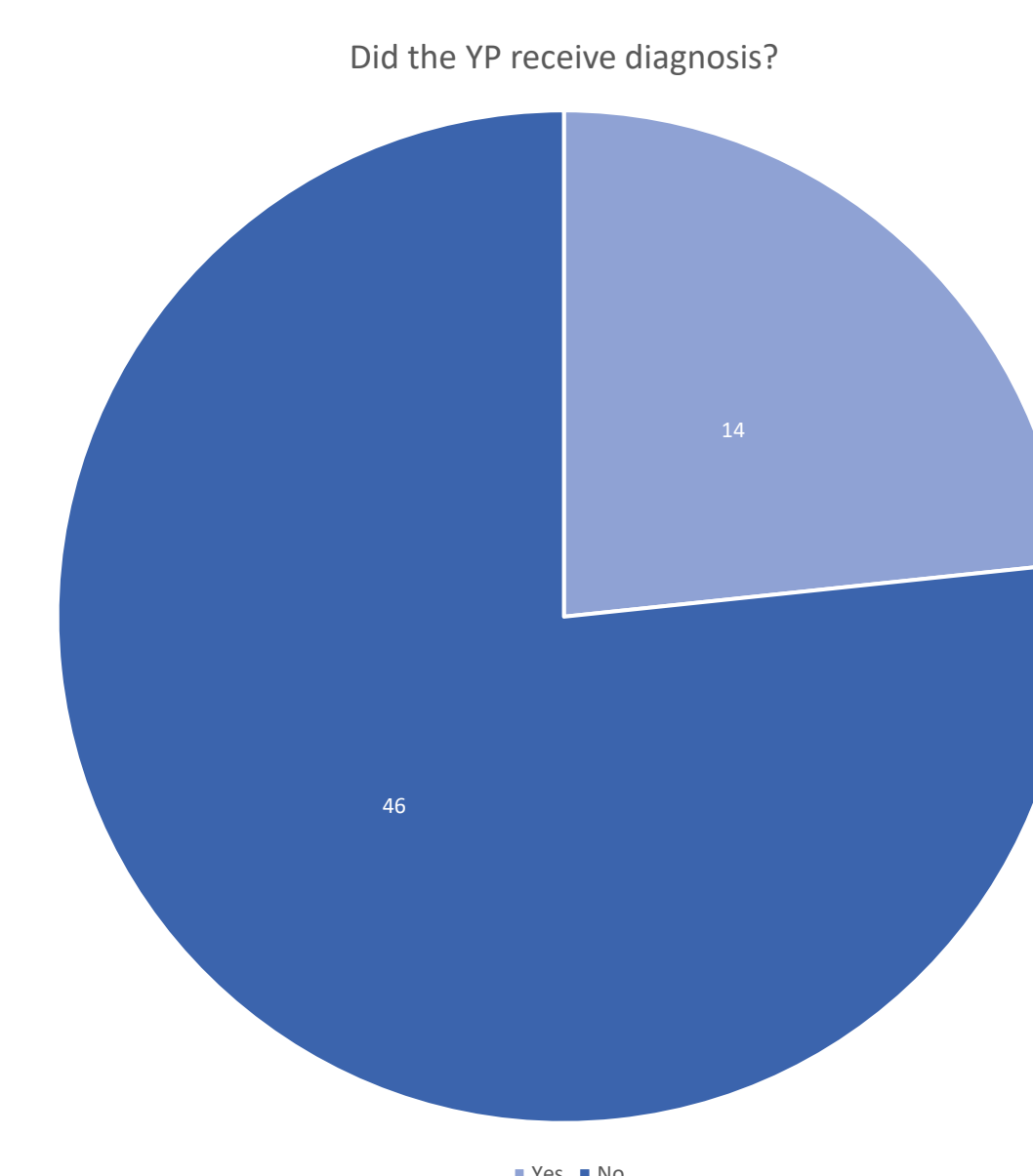
The prevalence rate of ADHD for young people in the criminal justice secure estate (CJSE) is approximately 12% which is significantly greater than the 5% seen in the general population. There are concerns that young people in the CJSE have undetected neurodisabilities due to a lack of appropriate screening and assessment processes. Young people with untreated ADHD have been found to have an eight-fold increased frequency of aggressive incidents in secure settings. QbTest is a computer task that measures three core aspects of ADHD including attention, impulsivity, and motor activity. There are several studies that demonstrate the clinical utility of QbTest in aiding the diagnosis of ADHD. While the use of QbTest in the community has been promising, there are a number of unknowns in relations to its use in the criminal justice secure estate (CJSE).

Methods

A RCT with 1:1 allocation was conducted between March 2019 to March 2020 in one large Youth Offender's Institute (YOI). Boys aged 15-18 with symptoms of ADHD identified on arrival were assessed for eligibility. Sixty were randomised, 30 to QbTest plus usual care and 30 to usual care alone. Participants completed a range of measures at baseline, 3-months, and 6-months post randomisation. A small parallel process evaluation assessed recruitment, along with implementation barriers and facilitators. Alongside clinical appointment and records data, staff and a small sub-sample of participants were interviewed.

Results

In Group A, only 6 young people received an outcome regarding possible diagnosis. In Group B, 8 young people received their outcome. In total, only 23% of the young people involved in the study received feedback regarding a possible diagnosis of ADHD.



There were 30 young people eligible to take QbTest and there were 20 young people who completed QbTest during the trial period. COVID-19 likely affected these numbers as the healthcare staff were not allowed in the prison for a prolonged period during the trial. There were also rigid prison protocols in place that can make it challenging for young people to attend appointments with the healthcare team.

Conclusions

Staff members were generally unanimous in their views that QbTest had a helpful role in the assessment of ADHD. However, they highlighted the challenges of the rigid prison regime in implementing the test although the same problems were also present in the usual care pathway. Young people had mixed views about QbTest including the cognitive demand the test requires to complete and whether they had received feedback about the QbTest result in order to understand the benefits.

Discussion

Aspects of this feasibility trial demonstrated that a larger trial within the CYPSE would be feasible. However, aspects of the intervention implementation were also mixed. A larger RCT of the effectiveness of QbTest would be feasible with time to decision (days) as the primary outcome measure, prior to additional work being undertaken. This would involve review of the usual care ADHD pathway and the development of a standardised care pathway across the CYPSE. This would enable a better estimate of a time to decision for usual care time.

Figure 1: QbTest Consort chart

