Australian Evidence-Based Clinical Practice Guideline For ADHD FACTSHEET: ADHD IN THE CORRECTIONAL SYSTEM

ADHD prevalence in the correctional system

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition with onset typically before 12 years of age 1. Some people may not be diagnosed with ADHD until after this age, and often this is not until adulthood or later in adulthood. The symptoms include difficulties with paying attention and/or hyperactive and impulsive characteristics. These interfere significantly with many aspects of a person's life including their education, work, relationships, hobbies and their self-view. See FACTSHEET: What is ADHD.

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The prevalence of ADHD is much higher in people in the correctional system, than in the general population. ADHD is estimated to be 5 times higher among youth prisoners and 10 times higher among adult prisoners[2-6].

If ADHD symptoms are left untreated, the symptoms can create unnecessary challenges in prisons and juvenile facilities. It is important for clinicians working in correctional settings to be aware of the high prevalence of ADHD, including how to identify, diagnose and safely provide treatment and support to people in the correctional system who have ADHD. Given the high prevalence of ADHD in people in the correctional system, custodial staff and those within the criminal justice system (e.g. police, magistrates) should receive ADHD awareness training.

Screening

People in correctional facilities can be screened for ADHD using one of the common rating scales, such as the 6 item Adult ADHD Rating Scale (ASRS) Part A[3, 7, 8]. If a person screens positive, they should be provided with access to a diagnostic assessment. Given the high rate of co-occurring conditions in people in the correctional system, such as substance use disorders, conduct disorder and personality disorders, co-occurring conditions should be assessed as part of the screening process. See FACTSHEET: ADHD and substance use disorders.

Diagnosis

Diagnosis for ADHD in people in correctional facilities should follow best practice recommendations as outlined in the Evidence-based clinical practice Guideline for ADHD, by an appropriately qualified clinician.

Treatment and ongoing care of ADHD and substance use disorders

Prisoners with ADHD should have a comprehensive multi-agency integrated and coordinated care plan. This includes close coordination between criminal justice, mental health agencies and disability services. This is particularly important at all transition points, with appropriate identified care pathways into the community, so the person can continue to access treatment and support for ADHD symptoms.

Treatment for ADHD in custodial settings should include both pharmacological and non-pharmacological approaches, equivalent to the treatment available in the community. See FACTSHEET: ADHD Treatments.

Prisons should establish safe processes for administering long-acting stimulant medication to those with ADHD (similar to ways of administering other controlled medications and ensuring the safety of the person in prison receiving stimulant medication). Specific screening for co-occurring substance use disorders should be undertaken before administering stimulant medication.

Supporting people with ADHD in custodial settings can be challenging but offers many opportunities for positive outcomes. In prison there may an opportunity to provide interventions for people that may be lacking or not readily accessible to them in community settings. It will therefore be important that correctional facilities be resourced to enable identification and treatment of people with ADHD, to improve clinical and criminal justice outcomes.

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Resources

The guideline has several resources to support improvement in ADHD identification, diagnosis, treatment and care. You can access these resources here: https://adhdguideline.aadpa.com.au

Questions?

For more information please visit: https://aadpa.com.au/guideline

Or email the guideline team: guidelines@aadpa.com.au

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