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Adaptation and agreement analysis of an ADHD symptom observation instrument for adults with ASD in a specific residential setting

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doi: 10.1192/j.eurpsy.2025.665

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by attention problems, hyperactivity, and impulsivity that can persist into adulthood. Autism Spectrum Disorder (ASD) is also a neurodevelopmental disorder with deficits in communication and social interaction, as well as restricted interests and stereotyped behaviors. High comorbidity between ASD and ADHD suggests an overlap of the two disorders, which can exacerbate the severity of both conditions.

Objectives: Adapt and analyze the inter-rater reliability of a protocol for observing symptoms of ADHD and evaluate the presence of these symptoms in a sample of adults diagnosed with ASD.

Methods: The study was conducted at a residential center dedicated to the care of adults with ASD in Granada - Spain. The experimental procedure was approved by the Ethics Committee of the University of Granada. The adapted version of the protocol for observing symptoms of ADHD in adults with ASD, consisting of 19 items that evaluate three areas: inattention; hyperactivity, and impulsivity. The response options were: Never=1, Rarely=2, Sometimes=3, Often=4, Very Often=5. The questionnaire was translated into Spanish by experts. Items were adapted to better reflect the daily activities in the residential setting. Behavior of the participants was recorded by 2 observers, the Caregiver and Technical Staff (Psychologists or Occupational Therapists), who had known the participant for at least 6 months. Each professional received training on how to fill it out. Analyses consisted of a reliability test to evaluate the agreement and consistency of the observers' responses using the Intraclass Correlation Coefficient (ICC) through a two-factor Mixed Fixed-Effects Model. The presence of ADHD symptoms in the sample of 20 participants (14 men) diagnosed with ASD was tested descriptively.

Results: The results for agreement on ICC were: 9 items were below .5 (poor); 3 items between .5 and .75 (moderate); 7 items between .75 and .9 (good). For consistency, the results were: 7 items below .5; 5 items between .5 and .75; 7 items between .75. The ICC result for absolute agreement (ICC = 0.943; 95% CI = [0.900, 0.973]; $p < 0.001$) was .94, indicating reliability above 0.9 (excellent). The ICC result for consistency (ICC = 0.949; 95% CI = [0.911, 0.976]; $p < 0.001$) was .94, with reliability above 0.9. The mean scores for the presence of ADHD symptoms indicate that both Caregivers and Technicians most frequently rated the items as 2 (Rarely) and 3 (Sometimes).

Conclusions: In the overall instrument analysis, the results of interobserver agreement and response consistency reinforce that the adapted instrument is useful to identify ADHD behaviors in individuals with ASD. The need to continue developing and adapting instruments to identify comorbidities between profiles remains important.

Disclosure of Interest: None Declared

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Is the current UK guidance for treatment of co-occurring substance use and mental health problems being implemented in practice?

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doi: 10.1192/j.eurpsy.2025.666

Introduction: Substance use and mental health problems commonly co-occur. Yet, people experiencing both problems commonly face barriers to getting the support they need and experience increased physical morbidity and premature mortality, compared to those with only one problem. In the UK, current guidance on treatment of co-occurring alcohol and mental health problems exist which set out standards for ways of working with this population, and how and where treatments should be offered.

Objectives: Through a secondary qualitative analysis and a systematic review, we aimed to determine the extent to which the UK guidance for care for people with co-occurring problems is being implemented.

Methods: A secondary qualitative analysis was conducted of interview transcripts from people with co-occurring depression and hazardous/harmful alcohol (N = 39). In addition, a systematic review was conducted to identify studies published in the UK since 2017 which focused on treatment for adults with co-occurring substance use and mental health problems. For both data sources, a deductive coding framework was developed based upon the UK guidance and a thematic analysis was applied.

Results: The qualitative analysis identified four key themes from the service user perspective: Wrong doors and stigma; Responsibility and coordination of care; 'Don't discharge me' and Impacts of gaps between services. The review identified three main themes: Challenges to care for co-occurring conditions; Integration of care; and System and structural level barriers. Both studies showed that making initial contact with services was challenging, as was continued engagement with treatment. Staff attitudes and knowledge were important, because the therapeutic alliance had a significant impact on treatment outcomes and recovery. Stigma, both intrinsic and extrinsic, was identified as a barrier to accessing, engaging with, and delivering support. Both studies found evidence of inconsistent treatment offerings and conflicting advice or support, especially around the most appropriate way to treat co-occurring conditions. Barriers and facilitators were evident across individual, organisational and systems levels. Findings indicate that people are often not receiving the care they need in the ways in which guidance recommends.

Conclusions: The results suggest that despite existence of current guidance in the UK, implementation is inconsistent. This work has identified specific areas for improvement around access to treatment and a need for better coordination and integration of care. It highlights the need to explore how guidance can be better embedded in current practice to improve experiences and outcomes for this population.

Disclosure of Interest: None Declared