

Community Workshops on ADHD Improve Knowledge & Help- Seeking Behaviour. Sharon Burey MD. FRCPC, Tecla Burey B.A. B. Ed.

BACKGROUND

Attention Deficit/ Hyperactivity Disorder (ADHD) affects between 4-12% of school aged children^{1, 8}. At any one time approximately 380,000 children in Canada are diagnosed with ADHD^{3, 5}. The stigma associated with a diagnosis of ADHD and lack of proper information about ADHD results in underdiagnosis, poor compliance with treatment and poor outcomes for children and families with ADHD^{2, 4}. A multidisciplinary diverse community team with a shared vision was established in 2006 in Windsor Ontario. It was spearheaded, in this case, by a pediatrician. The team developed community based ADHD awareness campaign to raise awareness about ADHD.

METHODS

Conferences were organized by the members of the ADHD Awareness Committee between 2006-2009. September was designated ADHD Awareness month in Windsor and Essex County and each September a variety of speakers, and events were held. The full report for each year's activities may be found at

<http://www.adhdwindsor.com/>

In March 2011 an internet survey was sent to 69 of the participants who previously attended the workshops and who had signed up with email addresses. There were 10 surveys completed after the survey request was sent twice.

The results reported here are those from an internet survey given to ADHD Awareness Windsor workshop attendees in March 2011 about their knowledge, attitude, help-seeking behaviour, and patient service delivery preference.

RESULTS

There was a low response rate and therefore the results of the survey may not be accurate. The findings however are in tandem with the growing body of evidence that supports psychoeducation and health literacy, as means of improving knowledge, attitudes and behaviour with regard to mental health.

90% of responders strongly agreed or agreed that the workshops improved their understanding of ADHD.

100% of responders strongly agreed or agreed that there is stigma associated with ADHD.

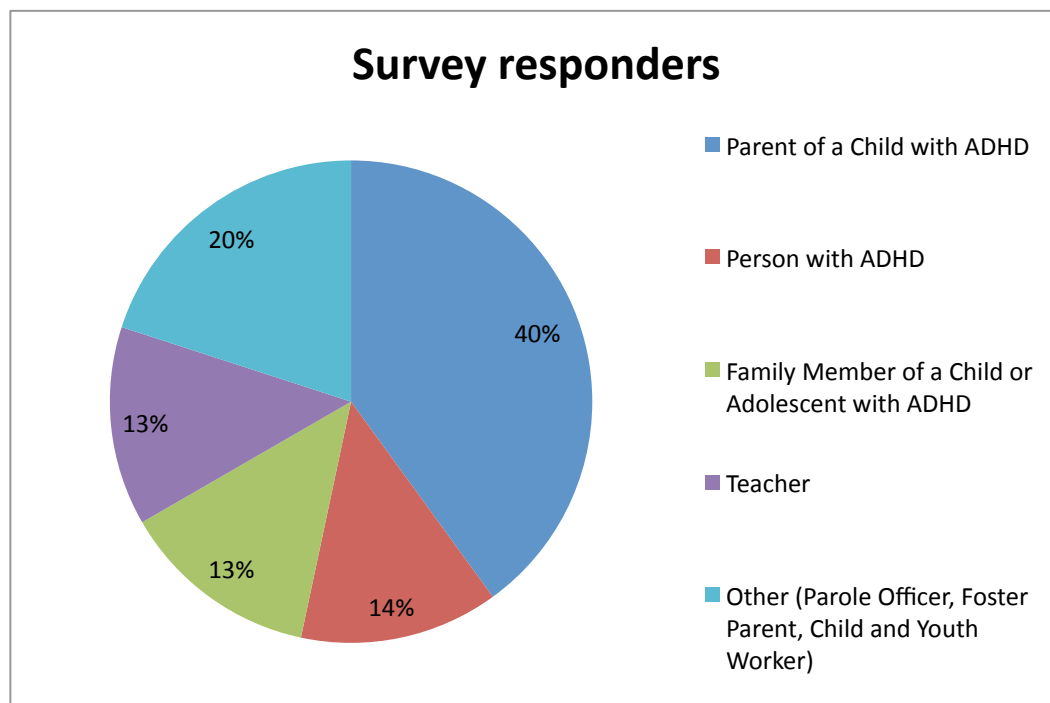
87% of responders agreed or strongly agreed that they felt more comfortable accessing ADHD services as a result of the workshops.

90% of responders strongly agreed or agreed with having ADHD services delivered at a school-based multidisciplinary clinic, or via the internet; 80% for physician's office; 70% for community health clinic and 60% for mental health agency.

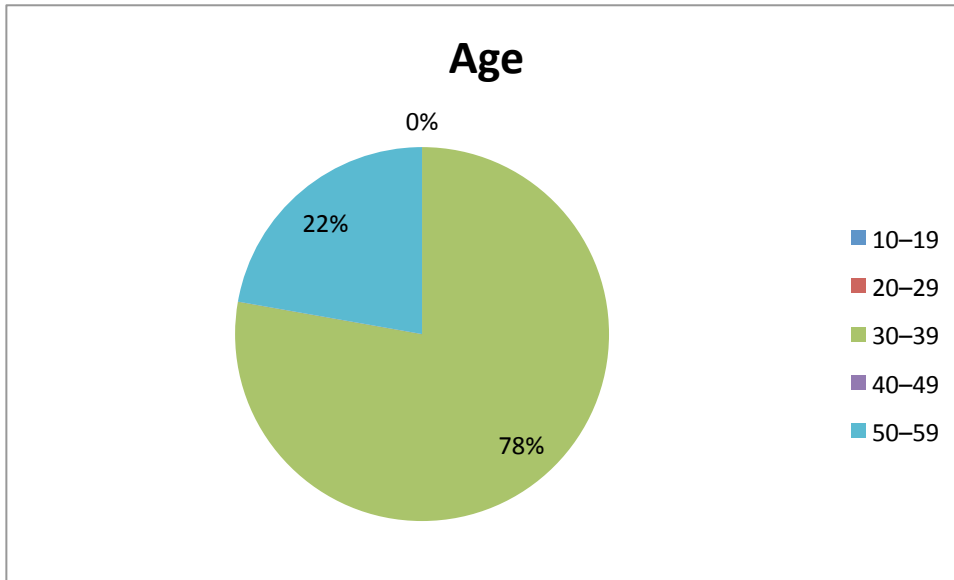
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Demographics: Parents of children or adolescents with ADHD comprised 40% of attendees; people who identified as a person with ADHD 14%; Family member of a child or adolescent with ADHD 13%; Teacher 13%; Others- Parole officer (also a grandparent), and child and youth worker-20%. 67 % of the people who attended the workshop were family members, parents of children with ADHD and persons with ADHD.

78% of people who responded were between 30-39 years of age; 22% between 50-59; 100 % of the respondents were female

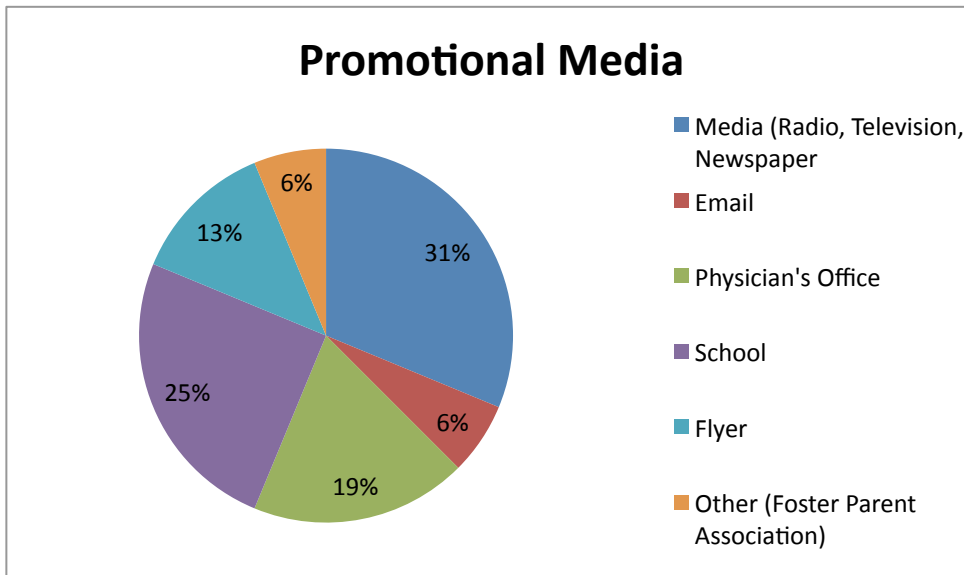


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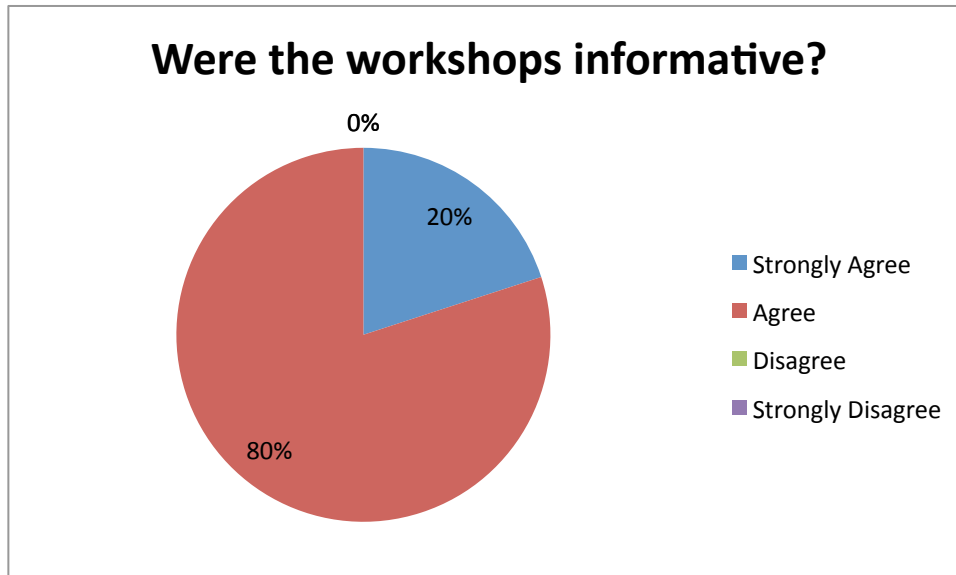
Advertising effectiveness:

Of the promotional media used, Television, Newspaper, Radio appeared to be the most effective, cited by 35% of respondents as how they were informed about the workshop: Schools 23%; Physician's offices 18%; Flyer 12%; Email 8%.

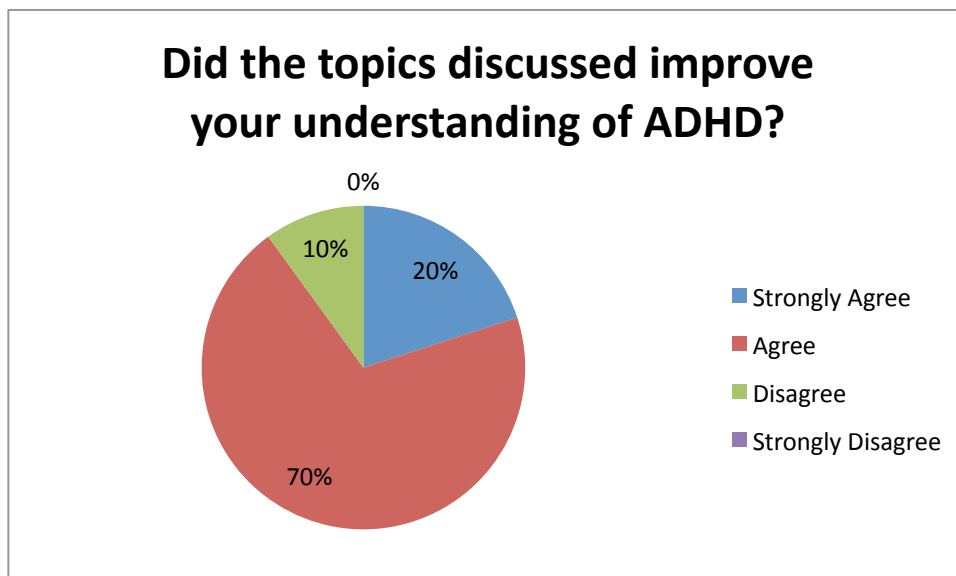


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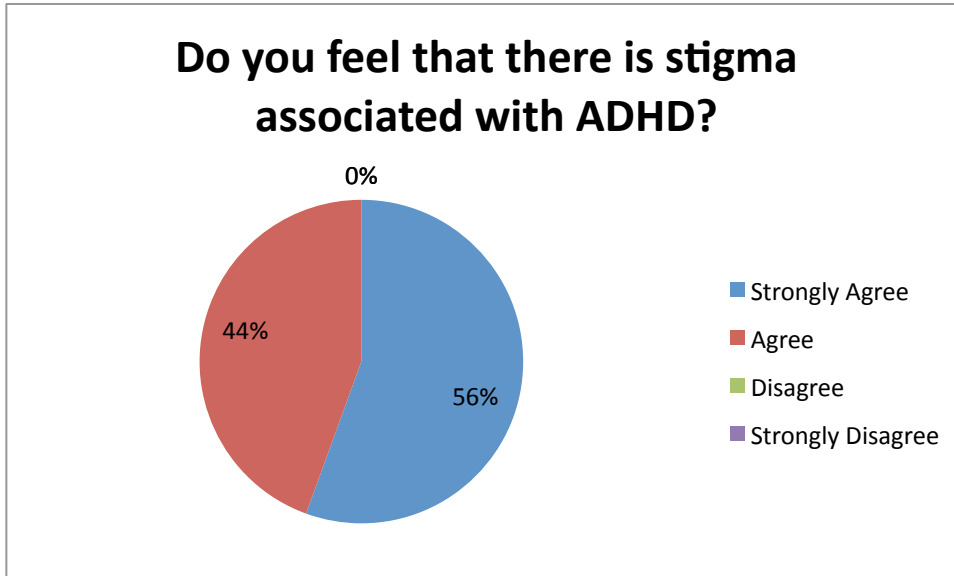
Were the workshops informative? 100% of respondents strongly agreed or agreed that they were informative.



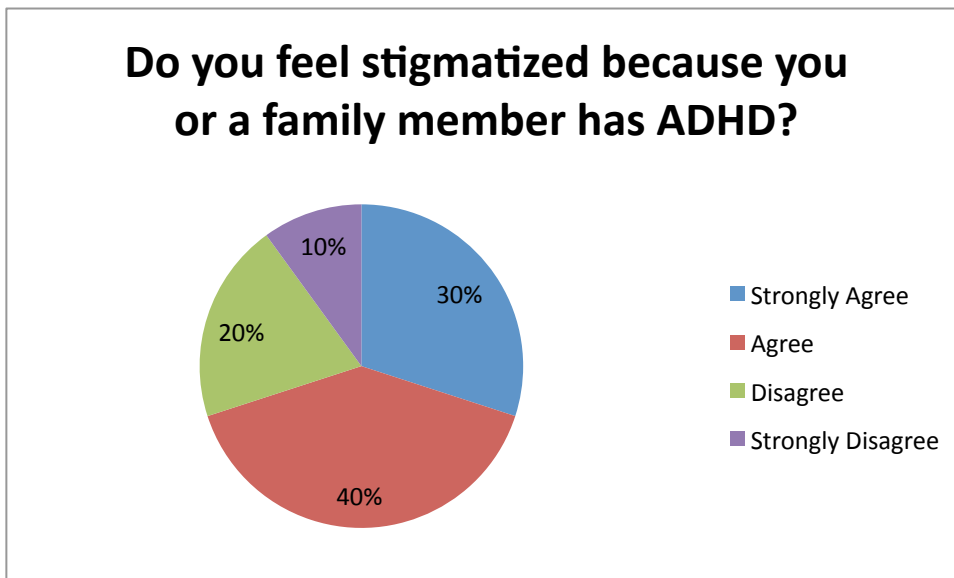
Did the topics discussed improve your understanding of ADHD? 90% of responders strongly agreed or agreed that the workshops improved their understanding of ADHD.



Do you feel that there is stigma associated with ADHD? 100% of responders strongly agreed or agreed that there is stigma associated with ADHD.

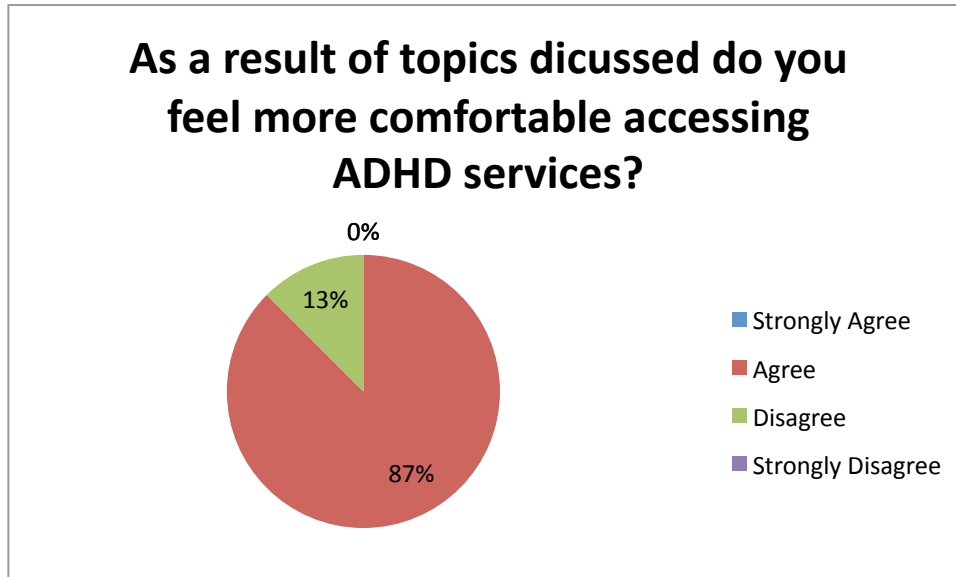


Do you feel stigmatized because you or a family member has ADHD? 70% of responders agreed or strongly agreed that they or a family member was stigmatized because they had ADHD. This correlates well with the responders whose were family members of children or adolescents with ADHD or had ADHD.

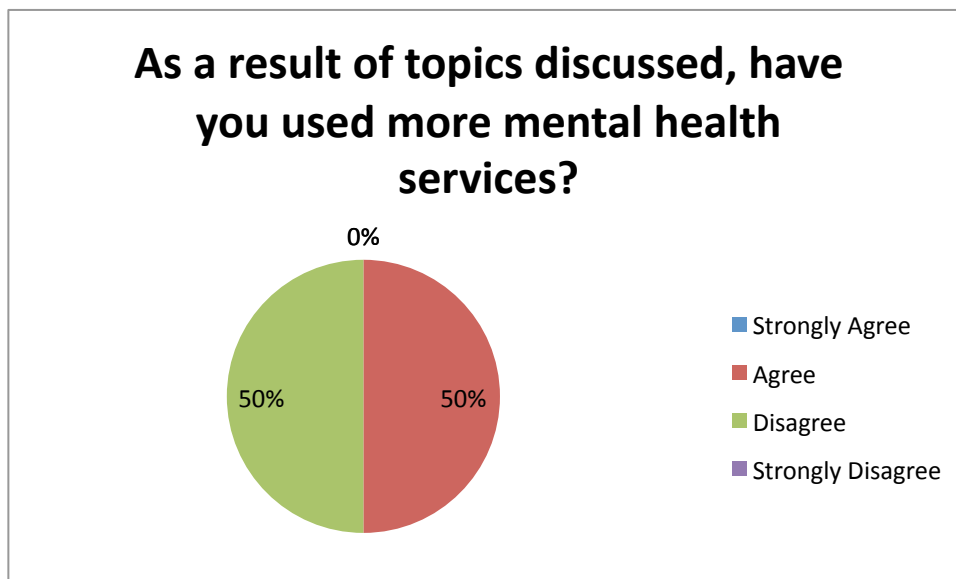


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As a result of topics discussed do you feel more comfortable accessing ADHD services? 87% of responders agreed or strongly agreed that they felt more comfortable accessing ADHD services as a result of the workshop.



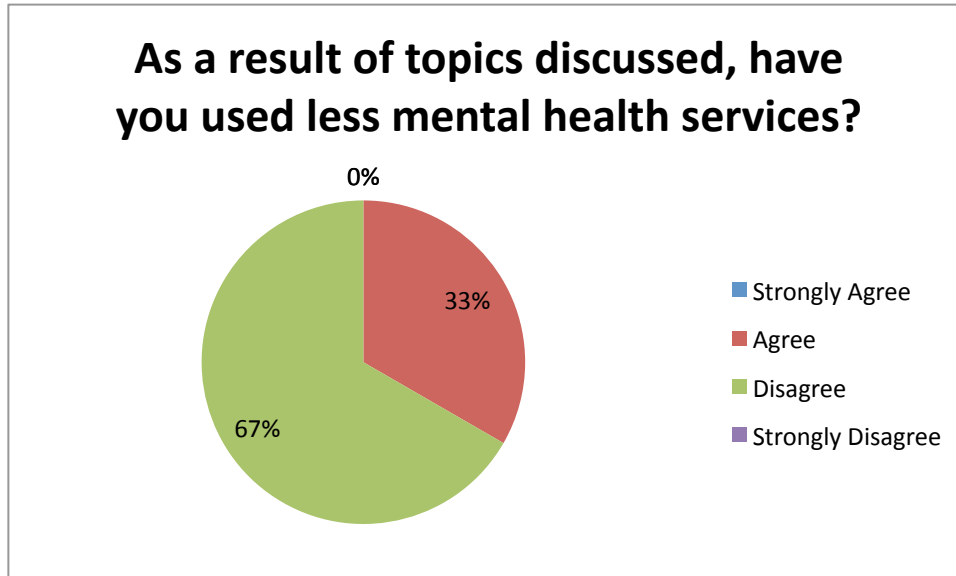
As a result of the topics discussed, have you used more mental health services? 50% agreed while 50% disagreed that they have used more mental health services as a result of the workshop.



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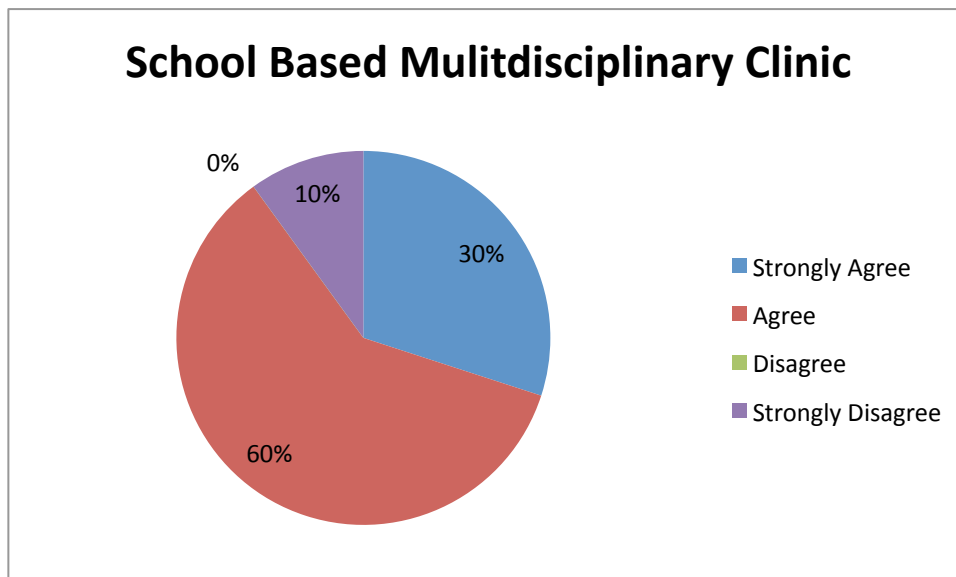
As a result of the topics discussed have you used less mental health services?

67% disagreed while 33% agreed that they used less mental health services as a result of the workshop.



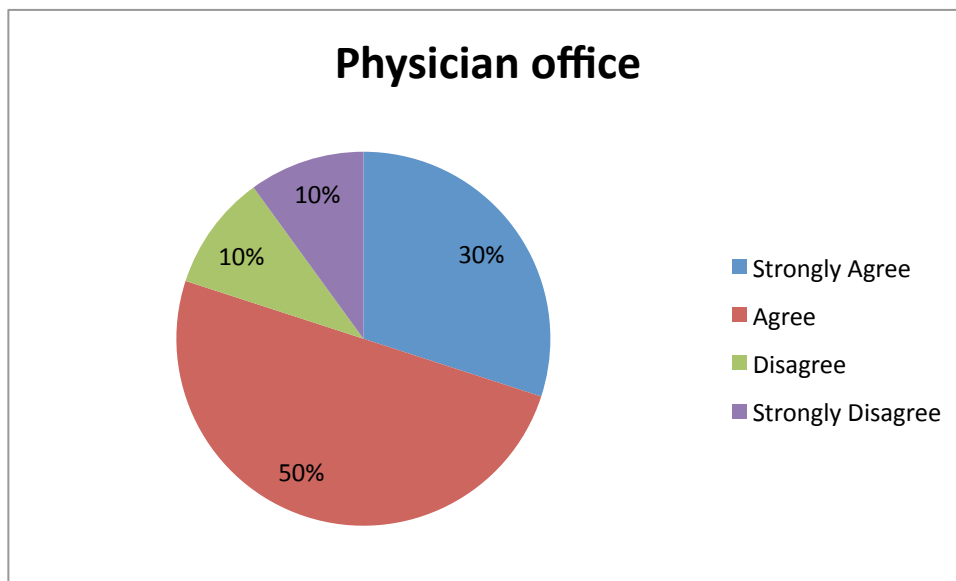
Please rate the way you feel about receiving services for ADHD in the following ways.

School based multidisciplinary clinic: 90% of responders agreed or strongly agreed with this type of service.

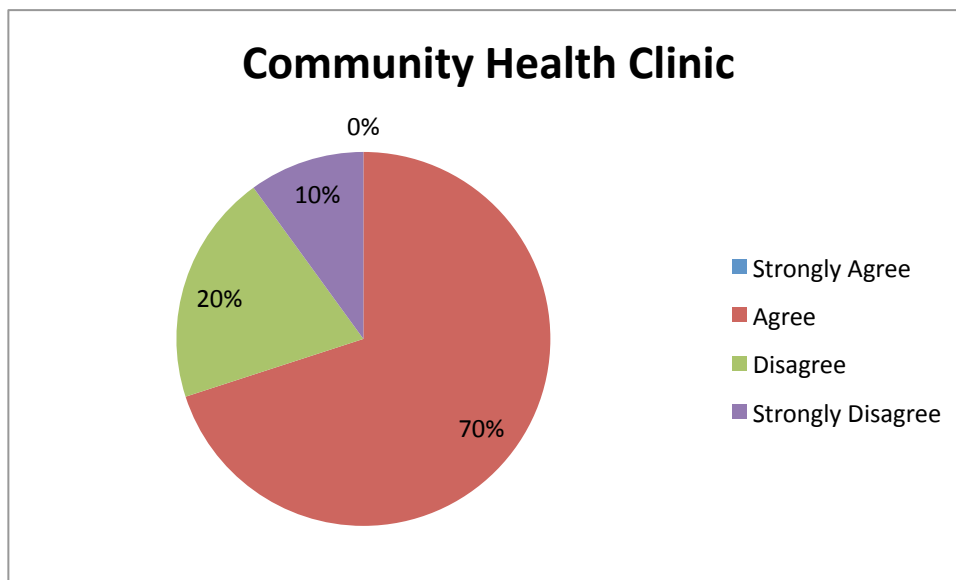


Community Workshops on ADHD Improve Knowledge & Help- Seeking Behaviour. Sharon Burey MD. FRCPC, Tecla Burey B.A. B. Ed.

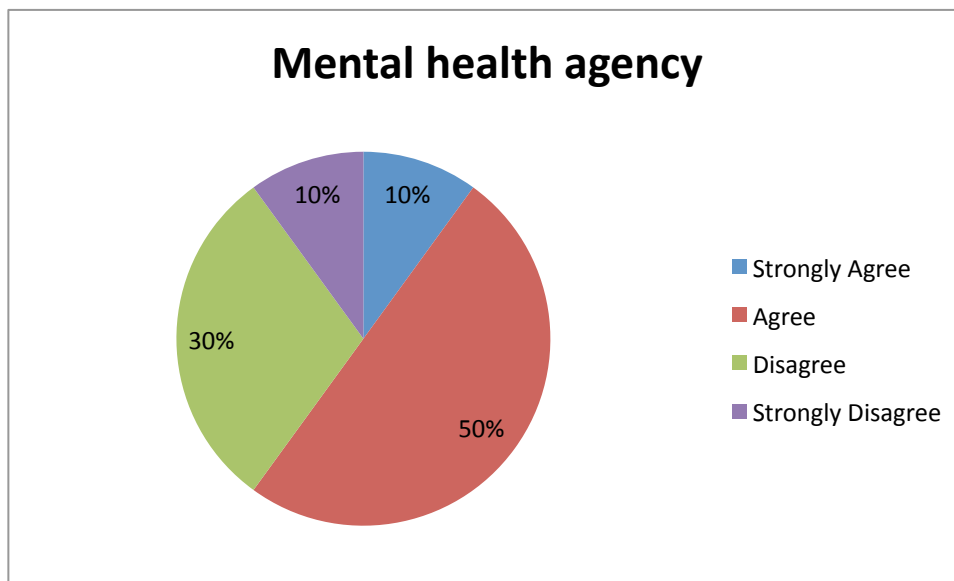
Physician office: 80% of responders agreed or strongly agreed with this type of service.



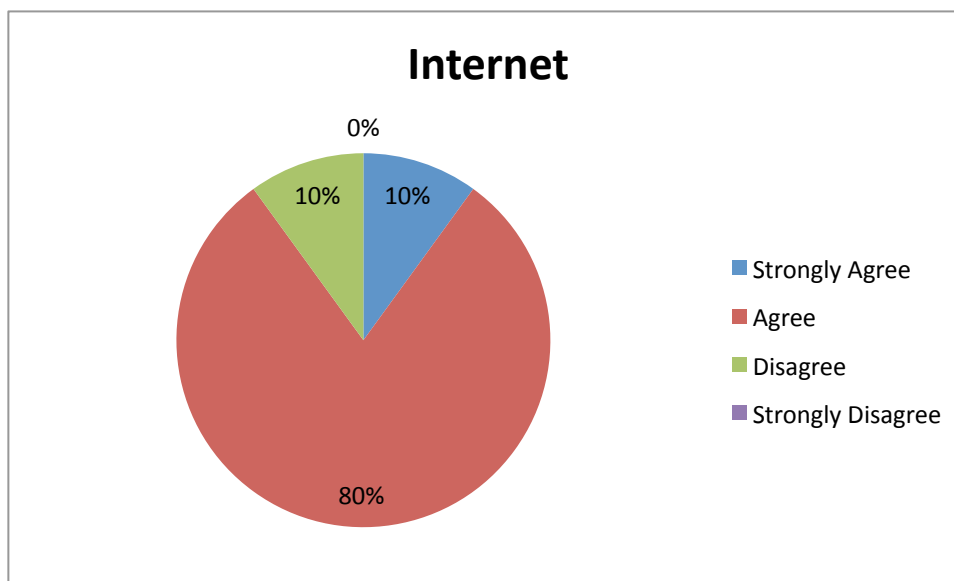
Community health clinic: 70% agreed with this type of service.



Mental health agency: 60% agreed or strongly agreed with this service.



Internet: 90% of responders agreed or strongly agreed with this type of service.



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Would you attend another workshop? 100% agreed or strongly agreed that they would attend another workshop.

Responders wanted to hear such topics as,

- Latest brain research on ADHD
- Treatment of ADHD with medicine
- Treatment of ADHD with lifestyle changes
- Treatment of ADHD with complementary medicine
- Academic strategies for children and adolescents with ADHD
- Access to ADHD services in your community
- Foetal Alcohol Spectrum
- How to manage ADHD in your child or adolescent when one or both parents have ADHD as well

DISCUSSION

Attention Deficit/ Hyperactivity Disorder (ADHD) affects between 4-12% of school aged children^{1, 8}. The stigma associated with a diagnosis of ADHD and lack of proper information about ADHD results in underdiagnosis, poor compliance with treatment and poor outcomes for children and families with ADHD^{2, 4, 8}.

- Untreated ADHD may lead to substance abuse.
- Untreated ADHD may lead to school failure, early sexual activity, and increased driving accidents.
- Most children and adults with ADHD have other co-associated conditions, like Learning Disability, ODD, CD, Anxiety or Depression.
- There are effective psychological, educational, and medical treatments available for ADHD.

According to Offord^{3, 5}, et al., the prevalence of ADHD children in Ontario is 6.1%. The prevalence of any mental health disorder is 18.1% and only 16 % report service use of specialized mental health services. Over 50 % if these children received ambulatory care medical services however. The human resource needs to provide these services by child and adolescent psychiatrists and indeed traditional mental health agencies are woefully inadequate given the present and projected pediatric population in Ontario. Pediatricians, family doctors and other allied mental health workers need to be trained and marshaled to deliver services that are patient centered and determined. Jenkins^{6, 4}, reported that “a multifaceted approach involving community-based programs and services, including schools, should focus on mental health promotion and prevention, while primary care practitioners should handle most basic mental health problems, and specialists should focus on supporting primary care and providing services to those with the highest need.” Indeed patients want to be more engaged, educated

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and empowered with regards to their own health. The responses to the ADHD Awareness events in Windsor, of over 600 attendees speak to the desire of families and patients with ADHD to have health information delivered in this manner. On site evaluation forms noted that the workshops were rated an average of 3.5/4 and above for speaker relevance, and information received⁷.

The response rate to the survey was low 10 responders out of 69 surveys sent out. The responders were only women, indicating the tradition of women to be more engaged in the health of their families. We have to do more to engage men in responding to surveys. This may be achieved at the point of delivery of service and incentivized.

Waddell³ et al, notes that, "policy makers must come to terms with the high numbers of children involved in Canada, given that 1.1 million children (14%) have clinically important mental disorders", of which ADHD is the most prevalent. Also that "human resource and training issues preclude reaching all children in need of clinical services. A multifaceted approach which includes investments in population or public health strategies, in addition to clinical services is required to tackle the burden of human suffering"³.

Community based awareness campaigns such as described here can be very effective in improving knowledge about ADHD, reducing stigma and improving help seeking behaviour. According to FINIS (Framework Integrating Normative Influences on Stigma), "It is the quality and nature of the interaction that matters. Only programs where social network ties are sustained, meaningful, interactive and positive are likely to have an influence that is not ephemeral"⁴. Mukolo, et al., note that "Among families of children with serious emotional disorders, stigma has been documented as a potential barrier to receiving mental health services primarily because of the influence of stigma on parents"². Furthermore, "children rarely seek professional help on their own; parents or other caregivers act as their agents and thus play a unique role that must be acknowledged and examined"^{2,9}

87% of responders reported that they felt more comfortable accessing ADHD services as a result of the workshop. 90 % of responders felt that their understanding of ADHD improved as a result of attending the workshops. 100% felt that there is stigma associated with ADHD. As a result of the workshops 50% responders used more ADHD services.

CONCLUSION

Community workshops can improve knowledge and affect ADHD help-seeking behaviour. Responders preferred overwhelmingly (90%) to receive ADHD health services in school-based clinics or via the internet. In an era where patient-centered care is now the new standard, we have to move away from old models of care delivery to ones which have at their center the patient and family. At the very least new funding models and partnerships for physicians and other health providers need to be supported, so that children can receive more school-based ADHD health-related services and services in primary care settings. Local community awareness workshops lead by local physicians or health care partners who are able to sustain social network ties may be very important in reducing stigma, improving knowledge and help-seeking behaviors of ADHD families.

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Implications- Further funding of community awareness workshops and research into their effectiveness in reducing stigma, improving knowledge and help seeking behaviour as well as health outcomes is warranted.

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