Sharing experiences

• The goal of the program is to provide diagnosis and treatment services to children with Attention Deficit Hyperactivity Disorder (ADHD) following the Chinese guidelines and a shared care model.

• The program is based on the Chinese guidelines and will be re-designed to address the needs of the families in China.

• The new ADHD program is a collaboration between the Institute of Mental Health psychiatric team (Dr. Li Yang), the Xinhua Hospital pediatric team (Dr. Fei Li), and a Canadian team that has developed similar programs in Ontario (Dr. Philippe Robaey).
Service gap

- ADHD is easy to treat but difficult to treat well
- The prevalence of ADHD in China is 6.5% ([95% CI]: 5.7% - 7.3%): 15 millions children with ADHD.
- Lack of ADHD awareness in parents and teachers: self-referral to physician is about 2%.
- Lack of specialists: Less than 500 specialists for more than 200 million children, thus a ratio of 1:400,000 (100 times less than the recommended ratio)
- Lack of training for general practitioners (GPs): 20 hours of clinical psychiatry and two weeks of practical training in psychiatry wards, no child psychiatry. Diagnosis rate: 40-60%
Service gap

• High-level services are concentrated in tertiary university hospital
• Lack of referral system: Patients can also see any physician in upper-level hospitals directly.
• Lack of access to treatment: Policy of a maximum of 2 weeks for any methylphenidate prescriptions.
• Ineffective alternative approaches, e.g. courses, etc.
• The role of Traditional Chinese Medicine has to be defined but also compete with medication as primary treatment of ADHD.
• Stigma: In Chinese culture, children must conform to the norms. Chinese teachers are likely to endorse the personal responsibility of the parents. It is their responsibility to instill discipline when the parents have failed.
• Pharmaceutical companies are installed and develop program awareness at a large scale, together with training (ADHD market size worth $24.9 billion by 2025 ).
Five principles

• **Shared care:** care is shared not separated.
• **Stepped care:** the level of care is matched to the complexity
• **Standardization:** standardizing exchange of information, data base system
• **Training:** core program, ADHD e-clinic
• **Care pathway:** set of discrete but related interventions for a well-defined group of patients during a well-defined period
**Referral and Pre-assessment Screening**
Standardized questionnaires to screen to assess ADHD, learning problems, mood and anxiety problems, functional impact and quality of life.

**Assessment/Care Management Level**
An assessment will be performed using an ADHD semi-structured interview, general structured assessment, and a physical examination.

**Initiating Treatment**
Both pharmacological and non-pharmacological interventions will be offered.

**Continuing Care and Monitoring**
Monitoring growth and cardiac measures, following the algorithm to control side-effects, and changing medication.
Routine Care
- Use guidelines and tools within the primary care

Collaborative Care
- Clarify diagnosis
- Prioritize treatments
- Follow-up

Collaborative Care & Referral
- Help stabilize patients and family and guide care.

Reversed Shared Care
- Tertiary mental health system

Specialized care
Primary care

Severity levels:
- Mild severity complexity
- Moderate severity complexity
- High severity complexity
- Very high severity complexity
Project implementation

- **Design:** hybrid type 2 in which we test the clinical intervention (no loss in effectiveness) and the implementation strategy
- **Focus on adaptation** from the Ontario experience
- Developing **assessment and follow-up tools** (questionnaires, automated reports) and adapting them to the Chinese context with Oceanus Plus Medical Technology
- **Focus groups:** mixed specialist-generalist (Xinhua), generalists (Chongming), specialists (Haidan), generalists and managers (Haidan community health services)
- Training in **responsive interviewing** in Shanghai and Beijing: general practitioners
- Training in **qualitative analyses** in Shanghai and Beijing
- **Challenges:** linguistic barriers especially in mental health for the material, the training
  - Translation protocols according to the type of material,
  - An international team of translators and
  - Search for bilingual content experts
- Qualitative data analyses ongoing in Beijing/Shanghai
- Cost of illness as a first step toward a cost-effectiveness assessment
- **Engagement** through the focus groups and the adaptation process