

## S0040

**The importance of involving healthcare professionals in the production of neurodiversity healthcare training**

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**Abstract:** Attention deficit hyperactivity disorder (ADHD) is under-diagnosed in the UK and the assessment and diagnosis pathway involves multiple healthcare professionals, often starting with a general practitioner (GP) referral to specialist services. GPs' levels of knowledge and understanding about ADHD is often a significant barrier in patients accessing care. Better understanding of ADHD is needed.

**Method:** A step wise, co-production approach towards developing an online ADHD education intervention for GPs was followed. Preparatory work highlighted the relevant topics to be included in the intervention and workshops were then conducted with GPs, leading to further refinement of the content and the final intervention. A pilot usability study (n= 10 GPs) was conducted to assess the intervention's acceptability and feasibility, followed by a randomised controlled trial (n= 221 GPs) to assess its efficacy and impact on knowledge and practice.

**Results:** The development of the online intervention was greatly facilitated by the involvement of GPs. Having a co-production development process ensured the consistent adaptation of the intervention to meet GPs' needs. The usability study showed that the content of the intervention was suitable, easily accessible, engaging and delivered at an acceptable level of intensity, validating the development approach taken. The knowledge ( $P < .001$ ) and confidence ( $P < .001$ ) of the GPs increased after the intervention, whereas misconceptions decreased ( $P = .04$ ); this was maintained at the 2-week follow-up. Interviews and surveys also confirmed a change in practice over time

**Conclusion:** This project highlights the importance of co-development in developing educational program that addresses specific needs for GPs. Involving end-users in co-creating interventions enhances their clinical utility and impacts routine clinical practice

**Disclosure of Interest:** None Declared

## S0041

**Working collaboratively with people with lived experience to map and co-create guidance on improving health services for people with attention deficit hyperactivity disorder (ADHD)**

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**Abstract: Background:** Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in children and adolescents, with an average worldwide prevalence of 5%. Young people with ADHD experience poorer outcomes than their peers across multiple domains, with treatment shown to reduce these risks. Evidence shows that young people with ADHD can experience multiple challenges when seeking access to healthcare. Debates over how to tackle a 'failure of healthcare' for ADHD

often include reorganisation of services, including better provision of adult ADHD services, and an expanded role for primary care. However, adult services remain patchy and primary care practitioners feel unsure about how to support young people at this vulnerable stage in their lives, reporting needs for more evidence-based guidance. There is also a lack of national level understanding of the different models, and pathways of care for young people with ADHD aged 16 to 25, hindering efforts to improve access to care and optimise outcomes for this underserved group. Research into this area needs to be guided by people with lived experience of ADHD and informed by perspectives from a range of stakeholders.

**Aim:** To use collaborative research methods to provide an evidence-base by mapping current services. Then co-produce guidance to improve and better co-ordinate healthcare for young people aged 16-25 with ADHD.

**Methods:** A national survey about mental health service provision for adults with ADHD (informed by people with lived experience) was developed and distributed. Evidence from this survey stimulated research into primary care service provision, consisting of three interlinked studies guided by research advisory groups of people with lived experience and healthcare professionals

**Disclosure of Interest:** None Declared

## S0042

**How co-production helped to facilitate the development and implementation of the New Forest Parenting Programme in Denmark**

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**Abstract:** Evidence-based parent training is a widely recommended in the treatment of ADHD. However, most studies have not tested parent training with clinically referred children and practising clinicians in real-life clinical settings. In this presentation I will present findings from a randomised controlled trial funded by TrygFonden that evaluated the implementation of NFPP in hospital based child psychiatry clinics in the Denmark. The presentation will focus on the many implementation challenges that arose in translating a behavioural intervention from English into Danish. These include cultural adaptations and changes to mode of delivery that were required to ensure Danish parents would be able to engage with and access the intervention. Changes and adaptations were deeply informed by co-production with Danish parents and health care providers to ensure the successful development of NFPP in Denmark, appropriate evaluation, and widespread implementation within secondary care services in Denmark. The presentation will conclude with some preliminary findings from a second study funded by Trygfonden which is seeking to explore barriers to implementation of NFPP within Danish community based child and family services. Again, co-production has been invaluable in guiding the development of NFPP within Danish community care services. Identifying and overcoming barriers in implementation through co-production are essential parts of research needed to close the gap between intervention research and clinical practice

**Disclosure of Interest:** None Declared