

CO-production of a Nature-based Intervention For children with ADHD Study

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Attention Deficit Hyperactivity Disorder

- Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by hyperactivity, impulsivity, and inattention
- ADHD can negatively affect functioning, quality of life, and parent/carer emotional health and time to meet their own needs.
- Frequently comorbid with conditions including autism, conduct disorder and intellectual delay, leading to worse health and wellbeing
- There are societal and individual imperatives to invest in early identification and treatment.
- ADHD is under-identified, under-diagnosed, and under-treated in the UK

Playful

Energetic

Important to highlight
strengths

Creative

Dynamic





Natural Potential



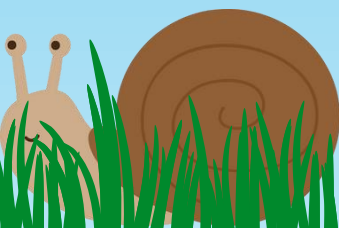
Increasingly, the health benefits of 'natural capital' such as parks, woodlands and fields are being recognised by government policy makers

Research shows that increased exposure to green and blue spaces can lead to:

- reduced ADHD diagnosis and symptoms
- Improvements in attention and memory
- reduced stress
- better academic scores
- reduced aggression
- reduced need for medication.

A 2017 study of the subjective wellbeing of children with ADHD found that when asked to draw what makes life "really good," they often drew themselves outdoors, often with friends.

Currently no well-evidenced interventions for ADHD in this area.



This study aimed to co-produce a nature-based intervention for children with Attention Deficit Hyperactivity Disorder (ADHD) and their families to help manage the impact of ADHD symptoms on their lives.

1. Create a co-production team of children and families with lived experience of ADHD, voluntary organisations working in green spaces, NHS professionals, clinicians and researchers (Phase 1)
2. Use aspects of existing campaigns (such as the five 'Ways to Wellbeing' and Wildlife Trust's 30 Days Wild) to produce a new intervention that is appropriate and acceptable for this population through discovery and co-production workshops (Phase 2)
3. Conduct user testing to refine the intervention measuring acceptability, usability and outcomes (in terms of symptoms being more manageable) (Phase 3)
4. Refine the intervention from the previous phases for further



1

DISCOVER

3 workshops

2

DEFINE

4 workshops

3

DEVELOP

At home testing

4

DELIVER

2 workshops

CO-PRODUCTION

USER-TESTING

REFINE CO-PRODUCTION



The 10 minute challenge has been motivating them to make more of an effort to go out, even when the weather is bad or the evenings are dark (but this is still seen as a barrier)

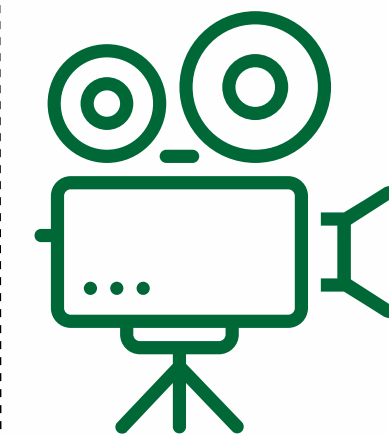
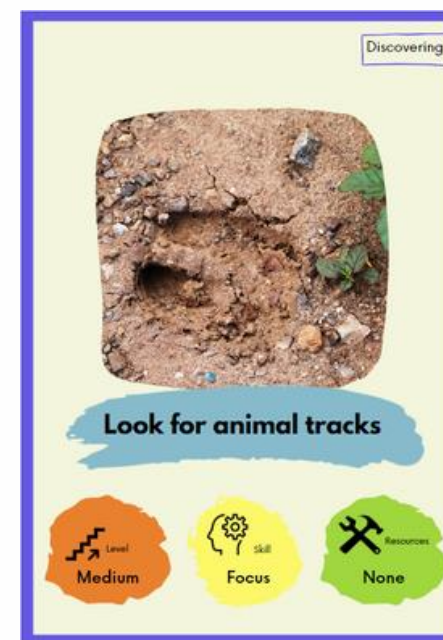


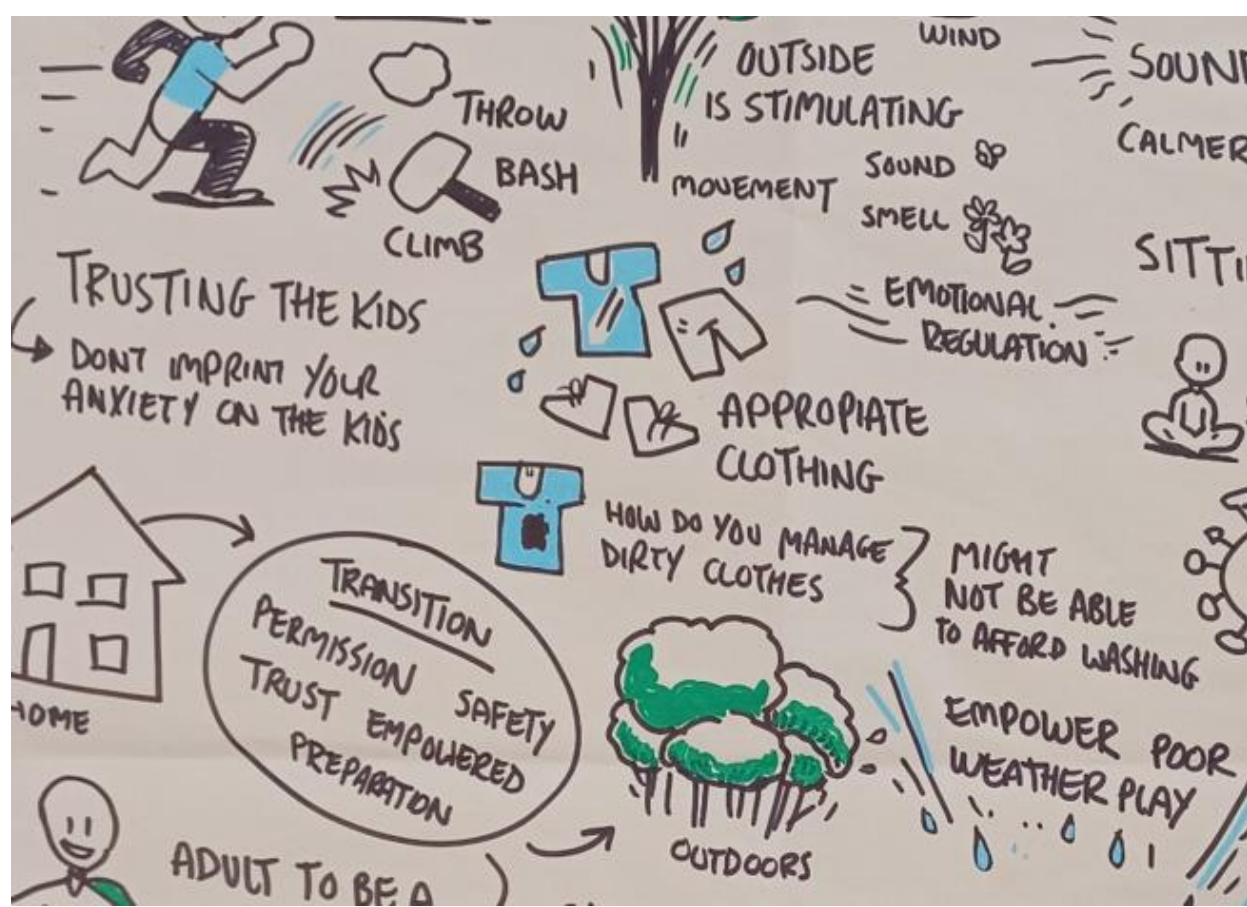
Easy to use, children took ownership and enjoyed picking activities. One parent noted that they had bought nature crafting books in the past but that these were packed full of too many activities and instructions and were overwhelming, whereas the cards felt easy and manageable.

Barriers:

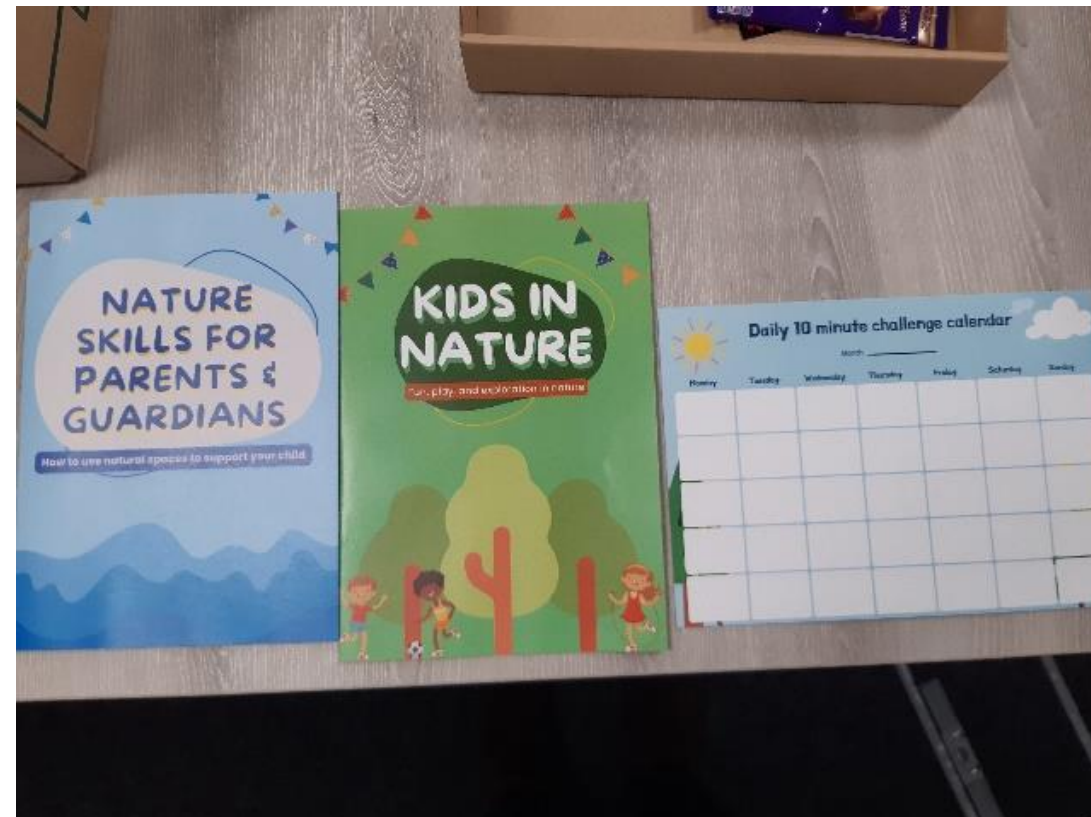
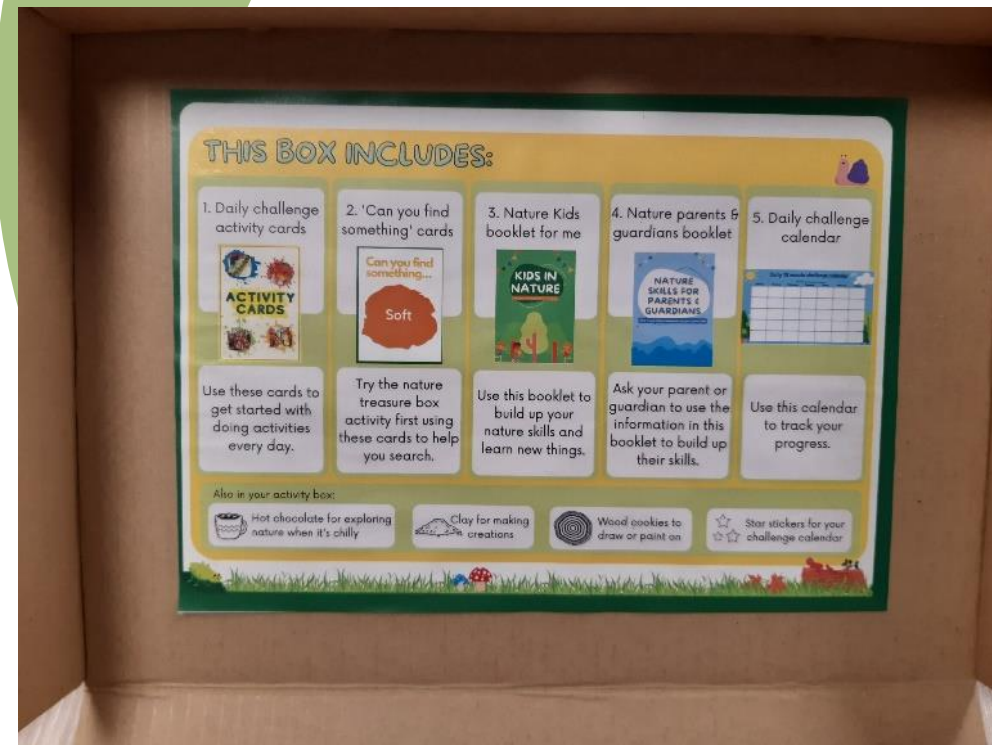


Some didn't read through the booklet until prompted - it was not initially engaging but when they did go through it they tended to find something helpful. Suggested we could cut it down and move all of the 'why nature' stuff onto another set of flip cards.





Intervention design





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Lots of parents picked up on the information about going out in the evening to help with sleep. One family in particular got a lot out of the positive risk taking and language around risk information. They felt this has really helped their relationship with their child and their ability to play outdoors more and for longer.



Children seem to feel more calm, focused, and less fidgety after an activity. Child: "I felt relaxed and in the zone".



One child who is demand-avoidant has used the intervention well as they've been able to take ownership.



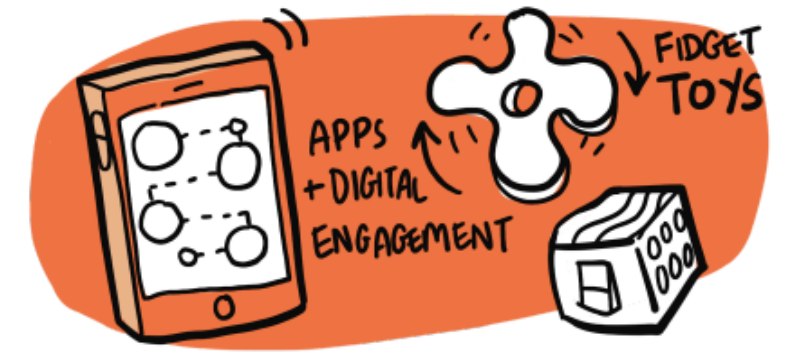
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Barriers:

This has been hit and miss, but families are able to catch up with longer activities on weekends. Barriers include busy schedules, weather, dark evenings, and children's motivation. Some children were very drained by their school day and mental health needs and found it tiring to fit into every day.



How can we make it more immediately engaging?



Barriers:

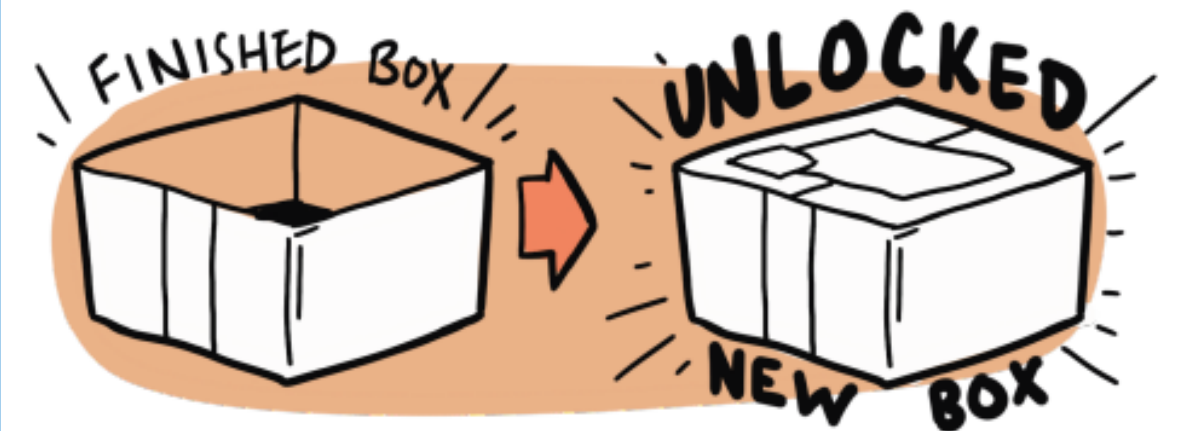


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Too hard to read for some and felt like schoolwork and not engaging enough for others.

How can we make this engaging over a longer period of time?



Accessibility



Participant payment vouchers and travel reimbursement



Hybrid working methods and accessible in-person location



Food and drink provided and breaks as needed



Graphic designer as live scribe for discussions and notes



Close contact and sharing written and graphic notes

Empowering Children

Reward systems

Valuing any type of participation

Flexible activities



Goodie bags

Valuing thoughts and opinions

Use of fun and play

Learning

Plan, but be flexible

We first approached the workshops with too much structure and quickly learned we needed to be much more flexible.

Define scope early on

The Discovery workshops highlighted so much need, it was tricky to pull discussions back to within remit.

One size won't fit all

Neurodivergent children are all different, be prepared with a broad range of methods and materials.

Learn by doing

Some of the best information gathered came from trying things out rather than just asking questions.



Next steps...



Is it feasible to deliver CONIFAS in routine practice?

Assess the feasibility and acceptability of delivering the CONIFAS intervention in clinical ADHD services

Explore CYP experiences of receiving and staff experiences of delivering the intervention to understand mechanisms

Explore how the intervention is embedded into practice, to understand how context affects implementation and outcomes



Thank you

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