

**Title:** Evaluation of access to timely diagnosis for children and adolescents with ADHD at specialized mental health services in Mexico City

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**Abstract. Background:** This pioneering research was undertaken to evaluate the accessibility of timely diagnosis of Dyads [Children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) and their primary caregivers] at specialized mental health services. The study was conducted in two phases. The first phase involved designing an "Access Pathway" to identify barriers and facilitators for ADHD diagnosis; several barriers, with only the teacher being recognized as a facilitator. In the second phase, the study aimed to determine the time taken for dyads, to obtain a timely diagnosis at each stage of the Access Pathway. As well as identify any disparities based on gender and socioeconomic factors that might affect the age at which children can access a timely diagnosis. **Method.** In a retrospective cohort study, 177 dyads participated. The Acceda Survey was used to collect data, based on the robust Conceptual Model Levesque, 2013. The survey consisted of 48 questions that were both dichotomous and polytomous allowing the creation of an Access Pathway that included five stages: the age of perception, the age of search, the age of first contact with a mental health professional, the age of arrival at the host hospital, and the age of diagnosis. The data was meticulously analyzed using a comprehensive descriptive approach and a nonparametric multivariate approach by sex, followed by post-hoc Mann-Whitney's U tests. Demographic factors were evaluated using univariable and multivariable Cox regression analyses. **Results.** 71% of dyads experienced a late, significantly late, or highly late diagnosis of ADHD. Girls were detected one year later than boys. Both boys and girls took a year to seek specialized mental health care and an additional year to receive a formal specialized diagnosis. Children with more siblings had longer delays in



diagnosis, while caregivers with formal employment were found to help obtain timely diagnoses. **Conclusions.** Our findings suggest starting the Access Pathway where signs and symptoms of ADHD are detected, particularly at school, to prevent children from suffering consequences. Mental health school-based service models have been successfully tested in other latitudes, making them a viable option to shorten the time to obtain a timely diagnosis.

### **Key recommendations**

- Consider implementing a mental health literacy program in schools that focuses on educating the general population, including parents, teachers, students, and administrative staff. This program should provide information about the signs and symptoms of mental health issues in minors, with a special emphasis on early detection and intervention. The goal is to raise awareness about the importance of recognizing and addressing mental health concerns at an early age.
- It is imperative to recognize de facto education sector interventions through UDEEIS
- An alternate trajectory was identified, requiring intersectoral agreements with the education sector.
- Urgent drastic reorganizational change in current diagnostic services to prevent ADHD consequences of other mental health disorders:
- Include the optimal age to diagnose ADHD ( $\leq 4$  years of age) in criteria diagnostic.
- Implement a referral and counter-referral system, including UDEEIS, to identify and refer on time and with greater effectiveness.
- Guarantee training at the 1st level to deal with minor cases and refer severe cases to the third level.
- Test the effectiveness of instruments to diagnose girls and prevent their unequal access.

## **Biography:**

As a doctor in Sociomedical Sciences specializing in Health Policies and Management, I firmly believe that it's possible to transform the current care model, which is outdated, delayed, and ineffective, into a preventive care model that is current, timely, and effective. In emerging economies like Mexico, investing in preventive mental health is crucial. I have developed a methodology to evaluate access to timely care for ADHD, and I am certain it can be used to evaluate access to other psychopathologies present from early childhood. My main line of research is focused on developing models of access to preventive care for Attention Deficit Hyperactivity Disorder and Psychoactive Substance Abuse.

[https://www.scielo.org.mx/scielo.php?script=sci\\_arttext&pid=S0036-36342020000100080](https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0036-36342020000100080)

<https://pubmed.ncbi.nlm.nih.gov/38715039/>

In the Master of Sciences in Occupational Health, I have been investigating the psychosocial demands of Clinic Mental Health professionals. Our results indicate the existence of a harmful organizational environment in hospitals, which can be explained through the demand-control-social support model. Clinicians are exposed to high emotional demands, lack of control and autonomy at work, and low social support, posing significant risks to their health.

<https://www.redalyc.org/pdf/582/58224380005.pdf>

I graduated in Tourism Business Administration, gaining experience in organization. Development and Evaluation of Tourism Projects in the Mexican government. Outside of my academic life, I enjoy dancing to Latin rhythms, I do it three times a week.