

Action Plan:

Creating Equitable Access to ADHD Care in Canada



Developed in partnership with:



Table of Contents

TABLE OF CONTENTS	2
OVERVIEW	3
IMPACT	4
COST OF UNMET CARE NEEDS	6
BENEFITS OF ACCESSING CARE	6
ACTION PLAN	9
Pillar 1:	10
Empower families and individuals with resources and knowledge to better recognize and understand ADHD and to access care	10
Pillar 2:	13
Educate Medical and Mental Health Practitioners (MMHPs) in an evidence-based approach to ADHD assessment, diagnosis and treatment across the lifespan	13
Pillar 3:	16
Support educators with knowledge to better understand and support students with ADHD	16
CONCLUSION	19
REFERENCES	20

Overview

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood psychiatric disorders in Canada and can lead to various negative impacts across the lifespan¹. Individuals with ADHD have greater difficulty in their academic and employment pursuits as well as their social and family relationships.

ADHD is a childhood-onset, neurodevelopmental disorder² characterized by deficits in the regulation of attention and behaviour,³ with an estimated prevalence of 5 - 9% for children and adolescents⁴ and 3 - 5% for adults worldwide⁵. ADHD is a chronic condition; only 15% of children with ADHD show remission of symptomatic and functional impairment in adulthood⁶.

The consequences of untreated ADHD are far too great to ignore. It is a serious mental health disorder contributing to marked impairment through a lifespan. However, it can be successfully treated with improvement in outcome and reduction of mental health consequences and costs.

Treatment for ADHD should consist of timely assessment and diagnosis, early intervention, and treatment tailored to individual needs. An emphasis should be placed on psychoeducation and skill-based programs to teach individuals coping strategies to help prevent further comorbid disorders such as generalized anxiety disorder, depression and substance use disorder.

We believe collaboration between government, educational institutions, professional associations, mental health and addictions organizations, individuals and their families are needed to support Canadians.

We are calling for the Government of Canada to create an expert advisory group to support this collaboration. The group would guide specific actions designed to improve the long-term outcomes of individuals with ADHD. These actions are organized according to three key pillars:

- The first pillar addresses the needs of families. Actions here include the creation of ADHD-specific resources along with improving access to ADHD-trained health care professionals.

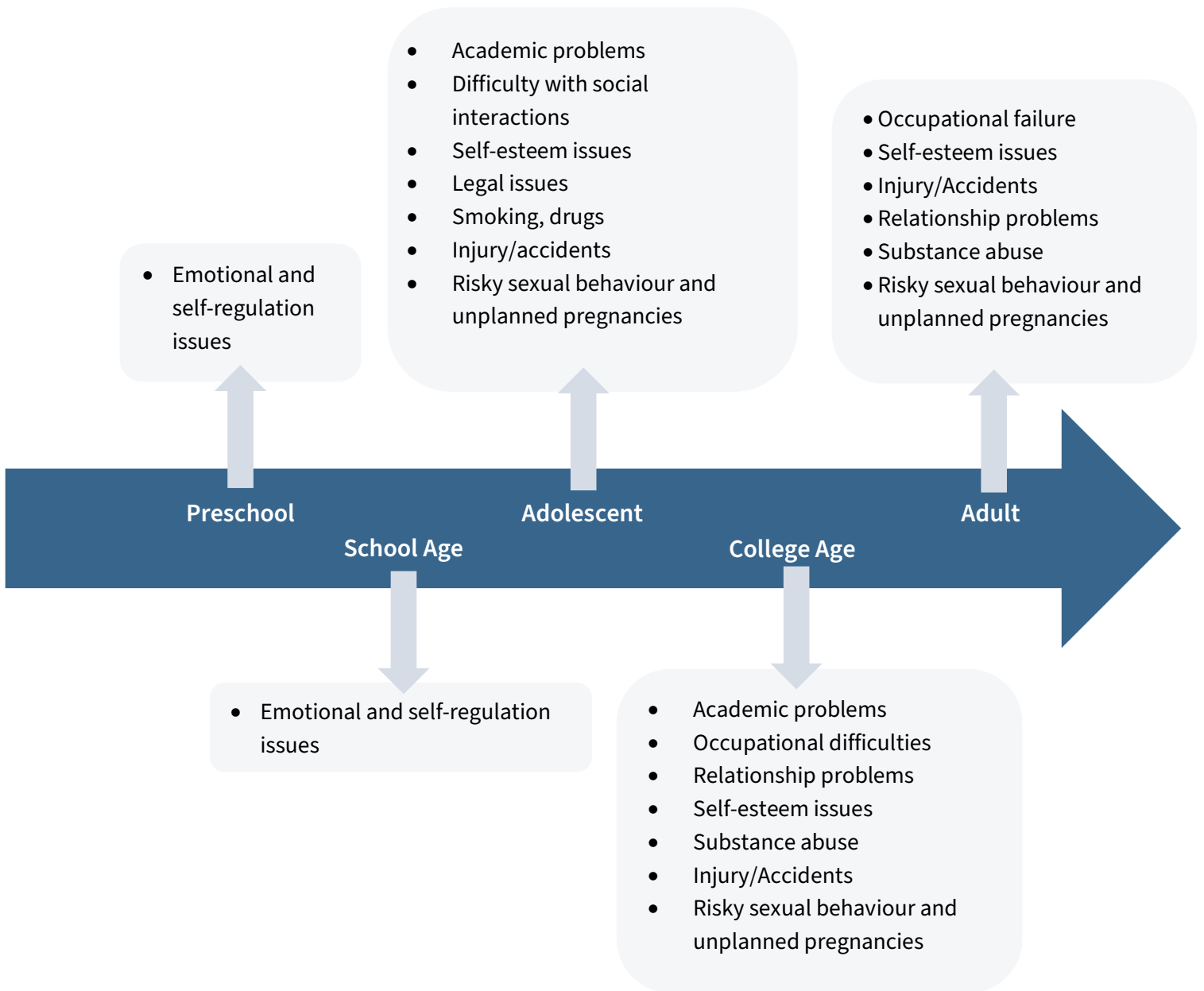
- The second pillar is focused on medical and mental health practitioners. As partners, we would seek to see ADHD made a clinical competency for practice licensure as well as improve access to training and ongoing support in evidence-based ADHD assessment and treatment.
- The third pillar is aimed at supporting educators. We call for ADHD specific curriculum in early childhood education and child and youth worker programs. The actions in this pillar would also support the implementation of workshops and resources to help teachers and better support students with ADHD.

Impact

Children with untreated ADHD are at risk for accidental injuries, educational underachievement, and difficulties with socializing⁷. Adolescents are at risk for early onset substance use, delinquency and teenage pregnancy⁸.

Many adults fail to reach their full potential with studies showing an increased risk for substance use disorders, accidental injuries, unemployment, gambling, low quality of life, suicide and premature death⁹. It is well documented that many individuals who are incarcerated have a diagnosis of ADHD¹⁰.

ADHD is also associated with significant morbidity and mortality. People with ADHD are at an increased risk for a range of health issues including obesity, asthma, allergies, diabetes, hypertension, sleep problems, psoriasis, epilepsy, sexually transmitted infections, abnormalities of the eye, immune disorders, and metabolic disorders¹¹.



Additionally, ADHD is associated with other comorbid psychiatric disorders. Research shows that approximately 44% of children and 80% of adults have at least one comorbid psychiatric disorder; the most common being anxiety, mood disorders, and substance use disorder¹². Individuals with ADHD also present with higher rates of additional neurodevelopmental disorders, such as Autism Spectrum Disorder, Dyslexia and Dyscalculia which can complicate life further¹³.

Cost of Unmet Care Needs

In Canada, and globally, ADHD is underrecognized, underdiagnosed¹⁴ and undertreated¹⁵. Adults with ADHD face difficulties obtaining assessment and treatment due to the lack of trained clinicians and the mistaken belief that this is a childhood disorder and/or requires specialty care.

The costs of untreated ADHD to the Canadian taxpayer are enormous when compared to the cost of providing proper treatment.

Studies of economic burden show that ADHD costs society hundreds of billions of dollars each year, worldwide. A systematic review of 19 U.S. studies of hundreds of thousands of people found that ADHD was associated with overall national annual costs from \$143 to \$266 billion, mostly associated with adults (\$105 to \$194 billion). Costs borne by family members of people with ADHD ranged from \$33 - \$43 billion¹⁶. While specific data is lacking on the impact of ADHD to the Canadian economy, extrapolation of American data suggests that Canada bears a sizable cost from a disorder that can be managed.

Benefits of Accessing Care

There are effective medication and psychosocial (e.g. lifestyle and parent training) treatments available for ADHD which markedly change the usual trajectory of illness and impairment. With appropriate treatment, it is never too late to address these challenges and effect changes that can reverse negative impacts¹⁷.

Treatment with ADHD medications reduces a range of negative outcomes, such as injuries from accidents, substance use, depression, suicide, and criminal activity¹⁸. Despite concerns about the use of stimulants in those affected by ADHD, studies show that adverse effects are mild and manageable with appropriate care¹⁹. Importantly, studies have shown that early medication treatment of ADHD, prior to puberty, markedly diminishes risk for substance use disorder²⁰.

Building medical²¹ and mental health practitioners (MMHPs) confidence and reducing stigma towards ADHD requires robust education to meet the assessment and treatment needs of

individuals with ADHD²². ADHD-specific education and training has been inadequately and inconsistently provided in Canadian health programs²³. There is a significant need for access to adequately trained MMHPs in rural and remote regions yet there are no programs seeking to fulfill this need²⁴. In addition, access to resources for individuals, families and educators enables them to navigate ADHD challenges that contribute to functional impairment and comorbid disorders.



I have recently been diagnosed with ADHD by a psychologist and we are trying to find a psychiatrist to help manage my medications. My primary care physician says there is no ADHD psychiatrist in my province and he doesn't know much about ADHD.

Patient in New Brunswick

Access to informed mental health care is challenging for many Canadians. It is particularly so for racialized and indigenous communities and those who dwell in remote regions. Provision of culturally sensitive and available services is needed for all Canadians to enable them to engage in a more meaningful and healthy life.

The [Action Plan to Create Equitable Access to ADHD Care](#) presented below addresses the needs of individuals with ADHD through the development of adequate education and training for families, medical and mental health practitioners, and educators. The goal is to better the long-term outcomes of individuals with ADHD. This will in turn reduce the incidence of comorbid psychiatric disorders that exacerbate impairment or disability, and result in significant cost to the individual and society. Successful treatment is attainable and life changing for those impacted by ADHD.

Three distinct yet interconnected **pillars** form this Action Plan:

Pillar 1:

Empower families and individuals with resources and education to better recognize, understand, and manage ADHD

Pillar 2:

Educate medical and mental health practitioners in an evidence-based approach to ADHD assessment, diagnosis and treatment across the lifespan

Pillar 3:




Support educators with knowledge to better understand and support their students with ADHD



Access to reliable, quality mental health care has never been more important, yet, too many Canadians are still unable to get the help they need when they need it most.

Prime Minister Justin Trudeau, May 3, 2021

Action Plan

 <p>Pillar 1</p> <p>Empower families and individuals with resources and knowledge to better recognize and understand ADHD and to access care</p>	 <p>Pillar 2</p> <p>Educate medical and mental health practitioners (MMHPs) in an evidence-based approach to ADHD assessment, diagnosis and treatment across the lifespan</p>	 <p>Pillar 3</p> <p>Support educators with knowledge to better understand and support their students with ADHD</p>
<p>Action 1</p> <p>Develop ADHD resources to help manage ADHD for individuals with ADHD and family members.</p>	<p>Action 1</p> <p>Require medical schools and other MMHP educational institutions to include ADHD as a clinical competency for practice licensure.</p>	<p>Action 1</p> <p>Ensure ADHD education is a curriculum requirement for all teacher training programs.</p>
<p>Action 2</p> <p>Provide equitable access to ADHD-trained MMHPs.</p>	<p>Action 2</p> <p>Ensure all MMHPs can access training and ongoing support in ADHD assessment and treatment.</p>	<p>Action 2</p> <p>Equip educators with knowledge and resources to support students with ADHD and comorbid disorders.</p>



Pillar 1:

Empower families and individuals with resources and knowledge to better recognize and understand ADHD and to access care

Individuals and families need to know that ADHD is a common neurodevelopmental condition and be able to recognize the signs and symptoms. Families should be aware that ADHD can seriously impact a child or adolescent's education and social functioning. However, the right support, school accommodations and appropriate treatment, can change the life trajectory of an individual and prevent many of the consequences of unmanaged ADHD. Parents and individuals should not feel stigmatized by ADHD.

Action 1: Develop ADHD resources for individuals with ADHD and family members

Very few programs and services exist in Canada to address the needs of individuals with ADHD and their families. Individuals and families need access to credible ADHD information and resources so they can better understand and treat the disorder.

We recommend the immediate development of the following resources:

- **A toolkit (in various languages and formats)** to assist in early recognition of ADHD. Parents/caregivers, children, adolescents, and adults need access to information on signs, symptoms, assessment, and treatment. Understanding that ADHD can impair one's life trajectory would encourage many to engage in effective management.
- **Workshops** for families to learn about ADHD challenges and ADHD management skills. Gaining this knowledge would enable them to champion their family member's success and address challenges of their own.

- **Support groups** that provide a network for individuals and families to discuss shared concerns, seek answers, support, and tips on navigating the health care system.
- Robust **screening** for mental health and learning challenges must become routine at every periodic child visit to a medical or educational practitioner.

Note: The Centre for ADHD Awareness Canada (CADDAC), is a small, charitable organization that could champion efforts to create accessible ADHD-specific resources if given the funding to take on this mandate. CADDAC's mission is to improve the lives of Canadians affected by ADHD through awareness, education and advocacy.



*We are struggling with our current family doctor as he has told us he's not very experienced with ADHD and it is overwhelmingly difficult to get treatment from him. Based on my daughter's symptoms and psych-ed evals from school, he felt the diagnosis was clear, but has little to offer in way of support with medication and symptom management. **Parent of patient in British Columbia***

Action 2: Provide equitable access to ADHD-trained MMHPs

One of the biggest obstacles individuals and families affected by ADHD face is the inability to access an ADHD assessment and treatment. The lack of qualified health care professionals available to assess and treat ADHD has resulted in wait times of up to 1.5 years in certain parts of the country²⁵. Early intervention is recognized as a key element for reducing the risk of poor long-term outcomes²⁶. ADHD Practice Guidelines recommend a comprehensive, collaborative and multimodal approach to treating ADHD. Combining pharmacological with psychosocial interventions is recommended as the optimum approach to address the core symptoms of ADHD and teach the skills necessary to be successful in life²⁷.

We recommend rapid implementation of the following:

- **Access to timely assessments.** People with ADHD need access to trained MMHPs who can conduct affordable ADHD assessments, whether they live in urban centers or more remote regions.
- **Accessible and affordable ADHD treatment** for all Canadians. This should include not just medication but also evidence-based psychosocial support such as coaching, behavioural management and parent training.

Note: CADDRA - the Canadian ADHD Resource Alliance is a national non-profit association that endeavors to create equitable access to ADHD care through their mission to support health professionals in the assessment and treatment of ADHD through education, the Canadian ADHD Practice Guidelines, online assessment tools, advocacy and research.

Key Partners to Succeed

- Centre for ADHD Awareness Canada (CADDAC) - to support families and individuals
- CADDRA - Canadian ADHD Resource Alliance - to support health care professionals
- Canadian Research and Education for the Advancement of Child Health (CanREACH) – to support health care professionals
- Individuals with ADHD and supporting family members

Note: CanREACH is a non-profit Canadian organization dedicated to the evidence-based education and training of Canadian Health Care Professionals in pediatric mental health. It is recognized by several provincial Colleges of Physician and Surgeons.



Pillar 2:

Educate Medical and Mental Health Practitioners (MMHPs) in an evidence-based approach to ADHD assessment, diagnosis and treatment across the lifespan

Mental health literacy is a key clinical competency for primary care clinicians and specialists. A review of studies across Australia, Europe, the United States and Canada found that general practitioners may be reluctant to provide ADHD assessment, treatment and referral due to controversy around medicalization, stigma, and labeling.



I have done some research and am positive I have ADHD, but I would like to have a professional assessment done. However, I am not sure where to go or what to do as it is not covered under OHIP and I do not have the resources to pay \$500 or more for an assessment.
Patient in Ontario

A Canadian study found that nearly twice as many practitioners cited low comfort and skill for diagnosing ADHD compared to diagnosing mood disorders. Levels of comfort and skill for ADHD diagnosis or treatment were positively associated with specialist training, continuing medical training and negatively related to beliefs that ADHD is connected with family stress, and that ADHD assessment is difficult and subjective²⁸.

Early recognition of childhood mental health disorders and timely intervention reduce the impact on our most vulnerable citizens. Given the high costs of ADHD to both the health care system and society at large, it is paramount that we prioritize the training of primary care

clinicians to manage ADHD. Robust screening for mental health and learning challenges must become routine at every periodic child visit.

Clinicians trained in pediatric mental health provide cost savings in the form of fewer emergency room visits²⁹, reduced admissions to hospital and decreased length of hospital stays and lower hospital wait times³⁰.

Action 1: Require medical schools and other MMHP educational institutions to include ADHD as a clinical competency for practice licensure

While ADHD is taught in the Canadian medical curriculum, it is not given sufficient emphasis³¹. A robust education in the functional and psychiatric impairments of ADHD with a proportionate number of examination questions to ensure that students are accountable for this knowledge would be a giant step towards MMHP awareness. ADHD should be afforded equal weight with depression, schizophrenia and similarly impairing mental health challenges.

We recommend implementation of the following:

- Significantly **expand** education in the functional and psychiatric impairments of ADHD, its assessment and treatment in MMHP training institutions to ensure, ADHD receives equal emphasis in the curriculum as other mental health conditions
- **Mandate** questions on ADHD in final licensing examinations for MMHPs.

Action 2: Ensure all MMHPs can access training and ongoing support in evidence-based ADHD assessment and treatment

ADHD needs to be recognized as a real and impairing disorder that can be successfully managed in primary care. Easily accessible and accredited programs could educate clinicians in managing this very treatable disorder while new technology and tools could assist in the process. Access to expert opinions via all access points i.e. telemedicine, e-consults, family health teams or office consultations would be reassuring to primary care clinicians when managing ongoing care through the lifespan.

We recommend immediate allocation of funding for:

- Ongoing medical education of ADHD addressing the needs of different groups of MMHPs
- New tools and technology to assist in the assessment process
- Expert support through e-consults or telemedicine for frontline clinicians
- Psychosocial supports (e.g. psychologists, therapists, social workers) that complement medical care and support individuals and families

Key Partners to Succeed

- CADDRA - Canadian ADHD Resource Alliance
- CanREACH - Canadian Research and Education for the Advancement of Child Health
- Association of Faculties of Medicine of Canada
- College of Physicians and Surgeons of Canada
- College of Family Physicians of Canada
- Canadian Nurses Association
- Canadian Association of Social Workers



I was referred to an ADHD clinic in Niagara which is no longer accepting referrals. Is there a list of trusted specialists? Are there any such directories for adult ADHD in Canada, or should I just google to find someone? Patient in Ontario



Pillar 3:

Support educators with knowledge to better understand and support students with ADHD

School can be challenging for students with ADHD and executive function impairments. It is well documented that children diagnosed with ADHD suffer from problems in daily life as well as difficulties in school³². Classroom challenges include academic underperformance and behavioural dysregulation which often persist into middle and high school. Adolescents with ADHD have lower grades, are more likely to be suspended or expelled, fail a class, and have higher rates of absenteeism³³. Studies show 26% of students with ADHD have failed or repeated a grade and 32.2% do not graduate high school³⁴. Because of the difficulties in high school, only 30% of students with ADHD go on to university with only 15% completing a four-year degree³⁵.

Many educators still believe that ADHD is a disorder of “bad behaviour”, when in fact it is a complex neurodevelopmental disorder that significantly impacts learning. Many parents and medical professionals strongly believe this lack of understanding of ADHD in the school system directly impacts the mental health and well-being of students with ADHD. Many students with ADHD are repeatedly ridiculed and judged through childhood. This in turn contributes to low self-esteem and high rates of anxiety, depression, and substance use disorder as adults.

To reduce stigma and misconceptions about ADHD, educators need access to up-to-date research on ADHD and how it impacts learning. A UK study reported substantial behavioral and academic benefits from simply providing teachers with brochures containing information about ADHD and advice on effective teaching strategies³⁶. Educators play an important role in shaping a child’s life, therefore it is imperative educators recognize the signs and symptoms of a child struggling academically to keep up with their peers.

Action 1: Ensure ADHD education is a curriculum requirement for all teacher training programs

We recommend that:

- Faculties of Education champion a robust mental health curriculum incorporating ADHD as a required competency for teachers.
- Colleges update their curriculum to incorporate ADHD education into Early Childhood Education (ECE) and Child and Youth Worker (CYW) programs. Early recognition of symptoms, understanding impairments, and implementing strategies to support children will create an environment where children can reach their full potential.



I'm hoping to get some information on what resources are available for my son (4) who has severe ADHD. He's essentially only been offered medications and at this point which have either had adverse or limited effect. We are having to pick him up early from school daily because of his aggression. Parent of patient in Ontario

Action 2: Equip educators with knowledge and resources to support students with ADHD and comorbid disorders

We recommend the introduction or expansion of the following:

- Ongoing educator workshops to learn strategies, approaches, and best practices in engaging and teaching children with ADHD.

- ADHD specialists available in all school boards to help schools implement strategies and accommodations in the classroom.
- Assistive technology tools and software to help children with ADHD excel in school.

Key Partners to Succeed

- Canadian School Board Association
- Association of Canadian Deans of Education
- Ministries of Education
- Faculties of Education
- Canadian Teachers Federation
- Canadian Union of Public Employees

Conclusion

There are currently many barriers for an individual or family to effectively manage ADHD or support their child or loved one with ADHD. Lack of public information, the paucity of trained clinicians and insufficient support in our schools are all obstacles for those impacted by ADHD every day. We believe collaboration between Government, educational institutions, professional associations, mental health and addiction facilities, individuals and their families will be the catalyst to effect successful outcomes.

We are asking the Government of Canada to create an expert advisory group to implement these initiatives. The diminished burden of disease will reduce health care costs: result in fewer emergency visits, fewer hospital admissions, less impulsive behaviour leading to traumatic consequences, reduced substance abuse and dependency.

ADHD is a serious mental health disorder contributing to marked impairment through the lifespan. However, it can be successfully treated with marked improvement in outcome and reduction of mental health consequences and costs.

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- Volition, planning, and purposive, goal-directed, or intentional action
 - Inhibition and resistance to distraction
 - Problem-solving and strategy development, selection, and
 - Monitoring
 - Flexible shifting of actions to meet task demands
 - Maintenance of persistence toward attaining a goal
 - Self-awareness across time
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