

# An Overview of Youth Health in Montreal

UNDERSTAND, MOBILIZE, TAKE ACTION

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## Attention-Deficit/Hyperactivity Disorder in Young People



### HIGHLIGHTS

#### A common condition with real-world impacts

Attention-deficit disorder with or without hyperactivity (ADD/ADHD) is characterized by various symptoms, such as inattention, hyperactivity, and/or impulsiveness. The first signs are often noticed in school-age children when they begin to struggle with their schoolwork or exhibit behavioural issues in class (1). It is one of the most commonly diagnosed disorders in children and adolescents, and in most cases persists into adulthood (2,3).

Prevalence of the diagnosis is rising across Canada. In fact, in Québec prevalence is among the highest in the country for children aged 1 to 17 (4). Furthermore, since the 2000s, it has quadrupled among young people aged 1 to 24 (5).

Young people living with ADD/ADHD may experience challenges in their educational pathways, interpersonal relationships, and daily functioning (1). In Montréal (QSHSS, 2022–2023), students diagnosed with ADD/ADHD are less likely to demonstrate a high level of academic engagement than those without a diagnosis.

Furthermore, the data show that high school students' habits, such as electronic cigarette use and drug use, are associated with a diagnosis of ADD/ADHD. The same applies to recreational screen time of four hours or more per day. Lower levels of personal and social skills are also associated with the diagnosis.

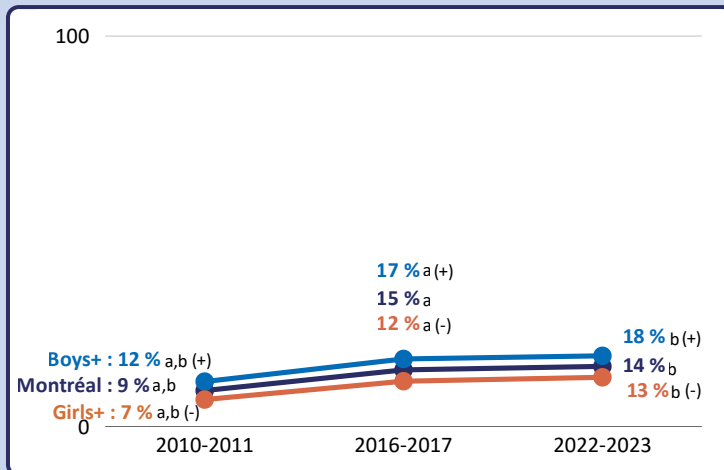
#### Indicator

In the QSHSS survey, ADD/ADHD is assessed using a question that asks students whether they have been diagnosed with ADD/ADHD by a healthcare professional (e.g. doctor, nurse practitioner). This self-reported diagnostic indicator is based on a student's perception and may overestimate the actual prevalence. It remains relevant, however, insofar as it takes into account information not included in the Québec Integrated Chronic Disease Surveillance System (QICDSS). For example, QICDSS excludes diagnoses made in private clinics and CLSC (5).



## Overview of the situation in Montréal

Percentage of high school students who reported a diagnosis of ADD/ADHD, Montreal, 2010–2011, 2016–2017, and 2022–2023



The same letter (a, b, c, etc.) indicates a significant difference (at a significance level of  $p \leq 0.05$ ) between survey cycles.

(+)/(-) indicates a significantly higher or lower proportion among girls+ and boys+.

The categories "boys+" and "girls+" refer to a person's gender identity, rather than their biological sex.



### Increase in diagnoses reported by

**young people:** Between the first cycle of the QSHSS, in 2010–2011, and the most recent cycle, in 2022–2023, the proportion of students in Montréal reporting that they had been diagnosed with ADD/ADHD increased significantly. However, the proportions do not differ between the last two survey cycles.



**More diagnoses among boys:** In every cycle of the survey, boys are more likely to report a diagnosis of ADD/ADHD than girls.



### A marked difference between Montréal and

**the rest of Québec:** Students in Montréal are less likely to report a diagnosis than those in the rest of Québec, across all survey cycles (2010-2011 : Mtl : 9 % c. RdQ : 14 %; 2016-2017 : Mtl : 14 % c. RdQ : 26 %; 2022-2023 : Mtl : 15 % c. R du Qc : 28 %).

## ADD/ADHD and socioeconomic conditions: a nuanced reality

Several studies show that ADD/ADHD is not solely due to genetic factors and that the social and economic environment in which children grow up can increase their exposure to risk factors or influence the manifestation and detection of symptoms (6,8). In Montréal, according to the 2022–2023 QSHSS survey, **there are significant differences in the prevalence of ADD/ADHD associated with family structure: 13% among students from two-parent families, compared with 25% in shared custody arrangements and 19% in single-parent families.**

**In addition, students attending disadvantaged schools are more likely to report a diagnosis of ADD/ADHD (20%) than those attending non-disadvantaged schools (14%).** However, based on QICDSS data, the report of Montréal's Director of Public Health on child development highlighted that certain more disadvantaged CLSC areas have lower proportions of children diagnosed with ADD/ADHD. She recommended gathering more data on access to diagnosis and parental help-seeking behaviour to explain these discrepancies (9).



## Understanding the diagnosis from a multidimensional perspective

The rise in ADD/ADHD diagnoses, combined with the disparities revealed by QSHSS data and the literature, must be examined in light of the social context and the systems that can influence diagnosis: access to services, procedures for making diagnoses, age at which children start school, or mismatch between academic expectations and children's development. Furthermore, the data reveal disparities based on gender, family structure, socioeconomic status, and place of residence. To understand these differences, it is essential to delve deeper into the actual influence of socioeconomic and family factors so as to better identify the most effective levers for action. A more complete understanding of these dynamics would make it possible to tailor support measures, both within educational and community settings, as well as in diagnostic pathways. Finally, ADD/ADHD must be recognized as an issue whose scope and impact require a multidimensional understanding and the implementation of coordinated actions to meet the needs of young people and their families.

To learn more about QSHSS methodology: Institut de la statistique du Québec (ISQ) website: [La santé des jeunes du secondaire en 2022-2023](#) ; Montreal public health website: <http://drspmtl.ca/pro-EQSJS>

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