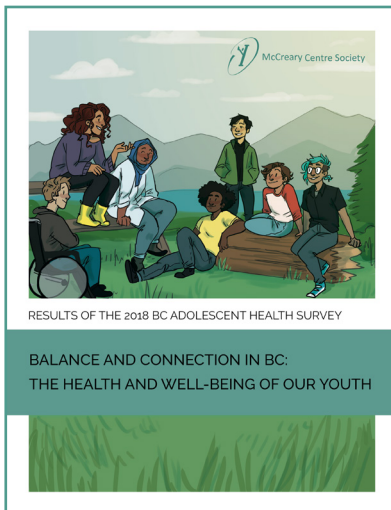


SUPPORTING BC YOUTH WITH ADHD

A 2018 BC ADOLESCENT HEALTH SURVEY FACT SHEET



This fact sheet uses data from McCreary Centre Society's 2018 BC Adolescent Health Survey (BC AHS). The 2018 BC AHS was completed by over 38,000 youth aged 12–19. For more information about the survey, please visit mcs.bc.ca/.

Attention-deficit/hyperactivity disorder (ADHD) is a mental health condition characterized by symptoms such as inattention, hyperactivity, and impulsivity (Kazdin, 2000). Young people with ADHD may be at increased risk of experiencing eating disorders, depression, and other mental health challenges (Becker et al., 2015; Bleck et al., 2015), as well as challenges at school (Langberg et al., 2011), with sleep (Becker et al., 2015), substance use (Elkins et al., 2018; Taurines et al., 2010), and risk-taking behaviours (Schoenfelder & Kollins, 2016).

Protective factors such as supportive parents and family connection (Dvorsky & Langberg, 2016; Schoenfelder et al., 2020), accepting social and community supports (Dvorsky & Langberg, 2016), prosocial peers (Elkins et al., 2018), and engaging in healthy behaviours (Muntaner-Mas et al., 2021) have been linked to a reduction in ADHD symptoms and more positive outcomes for youth with ADHD.

BC YOUTH WITH ADHD

"I would like to learn more about ADHD."

In 2018, 7% of BC students reported they had ADHD, a slight increase from 6% in 2013. Males were more likely than females to have ADHD (8% vs. 5%), and non-binary youth were the most likely (17%).

Mental health and well-being

"I would like to learn about how to deal with ADHD/ADD, Depression, and Anxiety."

BC youth with ADHD tended to report poorer mental health and well-being than their peers. For example, youth with ADHD were less likely than those without ADHD to rate their mental health as good or excellent (53% vs. 74%) and to be satisfied with their quality of life. They were more likely to have experienced extreme stress in the past month (22% vs. 11% without ADHD); and to have self-harmed (31% vs. 16%), considered suicide (34% vs. 16%), and attempted suicide (12% vs. 4%) in the past year.

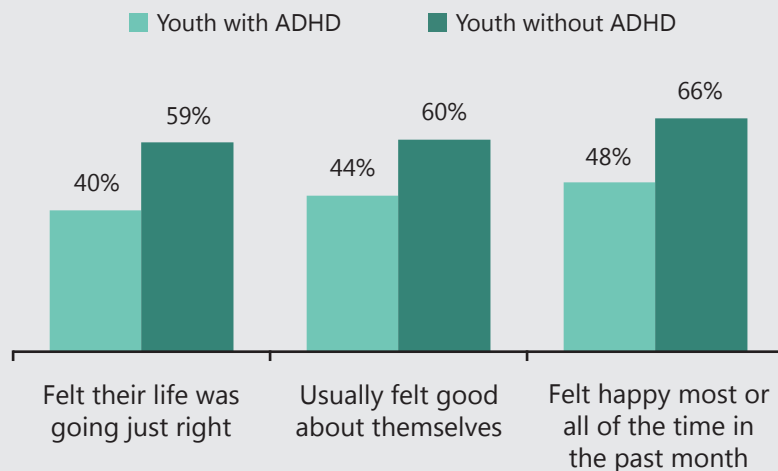
"I have really bad OCD, anxiety, depression, and ADHD."

Youth with ADHD were more likely than youth without ADHD to have an anxiety disorder (38% vs. 17%), depression (33% vs. 14%), and Asperger's or autism spectrum disorder (5% vs. 1%). They were also more likely than youth without ADHD to have vomited on purpose after eating in the past year (19% vs. 12%), and to have done so at least two or three times a month (7% vs. 3%).

Sleep

Compared to their peers without ADHD, youth with ADHD were less likely to have slept for at least eight hours the night before taking the survey (38% vs. 49%), and to have woken up feeling like they got enough rest (42% vs. 48%). They were also more likely to be gaming after the time they were expected to be asleep (35% vs. 28%).

QUALITY OF LIFE RATINGS



School

"I have ADHD which has made it difficult in the past to focus on sports, but mostly school. Fortunately, I'm on the right medication to help."

"My teachers don't know how to help me with my ADHD."

Youth with ADHD experienced a range of school-related challenges, including being less likely to feel like part of their school (45% vs. 61% without ADHD), happy at school (44% vs. 61%), safe at school (59% vs. 74%); and that school staff treated them fairly (58% vs. 72%), expected them to do well (71% vs. 80%), and their teachers cared about them (56% vs. 67%). They were also less likely to plan on completing high school (79% vs. 88% without ADHD), and were more likely to have missed class in the past month.

Substance use and other potential health risk behaviours

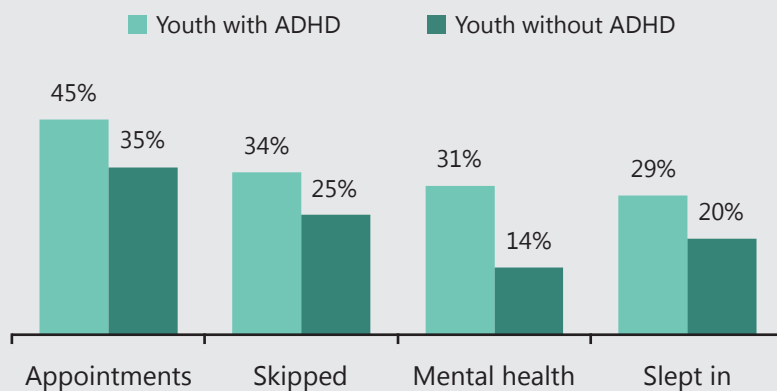
Youth with ADHD were generally more likely than youth without ADHD to have tried different substances, first used substances at a younger age, and used substances frequently. For example, youth with ADHD were more likely to have:

- Ever tried alcohol (60% vs. 43% without ADHD) and used alcohol on 10 or more days in the past month (9% vs. 4%; among youth who had tried alcohol).
- Ever smoked tobacco (35% vs. 17%), first smoked at age 12 or younger (28% vs. 19%; among youth who had smoked tobacco), and smoked every day in the past month (11% vs. 5%; among youth who had smoked tobacco).

- Ever used cannabis (44% vs. 24%), first used cannabis at age 12 or younger (23% vs. 12%; among youth who had used cannabis), and used cannabis on 20 or more days in the past month (18% vs. 9%; among youth who had used cannabis).
- Vaped in the past month (43% vs. 26%).
- Used substances before the last time they had intercourse (29% vs. 21%; among those who ever had sex).

Youth with ADHD were more likely than their peers without ADHD to take risks. For example, they were less likely to always wear a seat belt when in a motor vehicle (67% vs. 74%), and were more likely to participate in extreme sports at least weekly in the past year (15% vs. 9%).

REASONS YOUTH MISSED SCHOOL IN THE PAST MONTH



SUPPORTING YOUTH WITH ADHD

“Things like ADHD are normal and I can still have a 4.0 GPA with it.”

Having identified the challenges that young people with ADHD can experience, the remainder of this fact sheet shares examples of support which can be helpful to these young people.

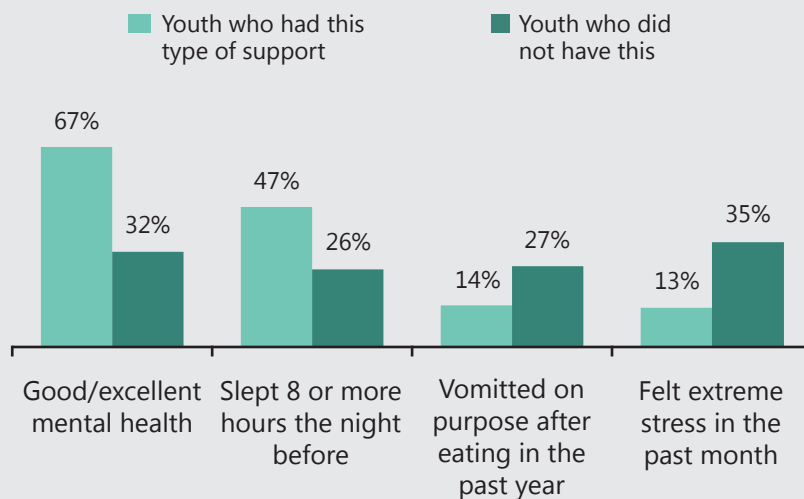
Family supports and connection

Youth with ADHD who could identify an adult in their family they could talk to if they were having a serious problem were more likely than those without such an adult in their life to report positive mental health.

Also, youth with ADHD who felt that they and their family had fun together were less likely to have seriously considered suicide (22% vs. 57% who did not feel their family had fun together) or attempted suicide in the past year (8% vs. 25%), or used substances frequently (e.g., 8% drank alcohol on 10 or more days in the past month vs. 15%; among youth who had tried alcohol).

Youth with ADHD whose parents knew what the youth were doing in their free time were more likely to have slept eight or more hours the night before (45% vs. 23% whose parents did not know), and were less likely to have skipped class in the past month (27% vs. 50%), and to have used some substances recently (e.g., 36% vaped in the past month vs. 62% whose parents rarely or never knew).

HAVING AN ADULT IN THE FAMILY YOUTH COULD TALK TO IF THEY WERE HAVING A SERIOUS PROBLEM (among youth with ADHD)



Supportive teachers

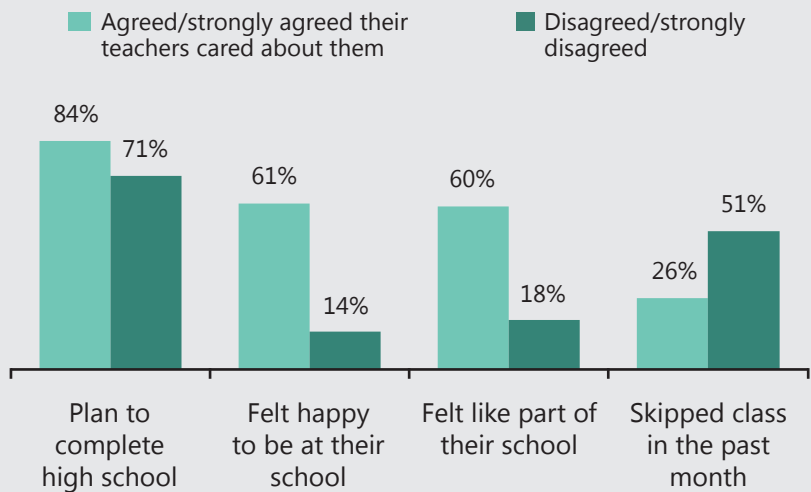
Compared to youth with ADHD who did not feel their teacher cared about them, those who felt their teacher cared were less likely to have skipped class in the past month, and were more likely to be happy at school, feel like part of their school, and plan to complete high school.

Other supportive adults

Among youth with ADHD who asked a school counsellor for help in the past year, those who found their counsellor helpful were more likely to feel safe at school (62% vs. 42% who did not find them helpful), feel that school staff other than teachers cared about them (61% vs. 31%), and feel like a part of their school (53% vs. 27%).

Youth with ADHD who felt like there was an adult in their neighbourhood or community who really cared about them were more likely than youth with ADHD who did not have this type of adult in their life to report good or excellent mental health (58% vs. 44%), and were less likely to have ever self-harmed (33% vs. 42%) or considered suicide in the past year (29% vs. 41%).

HAVING A TEACHER WHO CARED ABOUT THEM (among youth with ADHD)



Supportive friends

Youth with ADHD whose friends would be upset with them if they used cannabis were less likely to have tried cannabis (15% vs. 66% whose friends would not be upset) or used cannabis in the past month (45% vs. 72%; among youth who had tried cannabis). Similarly, youth with ADHD whose friends would be upset with them if they dropped out of school were more likely to plan to complete high school (83% vs. 69%).

Healthy behaviours

Youth who exercised for at least an hour a day for the past week were more likely to have slept at least eight hours the night before (46% vs. 36%) and to rate their mental health as good or excellent (64% vs. 49%).

SUMMARY

Despite the challenges experienced by BC youth with ADHD, having protective factors, such as a supportive school and family, can promote more positive mental health and well-being.

RESOURCES FOR YOUTH WITH ADHD

Centre for ADHD Awareness, Canada: www.caddac.ca

Kelty Mental Health Centre, BC: www.keltymentalhealth.ca

BC Ministry of Mental Health and Addictions:

www.wellbeing.gov.bc.ca/youth-mental-health-and-wellbeing

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