



learn about

attention-deficit/hyperactivity disorder in children and youth

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It's normal for children to want to run around or play loudly, but with ADHD, these behaviours interfere a lot with the child's life. There are times when children just can't seem to concentrate. This isn't a huge problem for most kids—they can regain their focus and get back on task fairly easily. But it's a serious problem for others. Attention-deficit/hyperactivity disorder (ADHD) is a real illness that makes it difficult for children to sit still, concentrate and complete their work correctly and on time. Of course, it's normal for children to want to run around or play loudly on occasion, and no one would expect a young child to sit quietly for a long time. But with ADHD, these behaviours happen often for a long time and in different environments (for example, at home and at school), and interfere a lot with the child's life.

What is it?

ADHD is a mental illness that affects the way a child behaves or acts. ADHD starts to cause a lot of problems before a child is seven years old.

If your child is living with this illness, they might have a hard time paying attention to what's going on around them. Or they might make careless mistakes at school or struggle to organize things. This group of symptoms is called inattention. Your child may also find it impossible to sit

still. They may fidget often or look very restless. This group of symptoms is called hyperactivity. Your child might also have a hard time waiting in line or waiting for their turn. This group of symptoms is called impulsivity.

There are different types of ADHD based on the group of symptoms that causes the most problems. But most children have at least some symptoms from all of the groups.

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could my child have adhd?

- ☐ My child has a hard time following instructions
- ☐ My child often loses things like toys or homework
- ☐ My child is easily distracted, even when they're doing something fun
- ☐ My child can't seem to sit still
- ☐ My child has a hard time playing quietly
- □ My child often seems impatient
- ☐ My child often interrupts people or blurts out answers when they shouldn't
- ☐ My child often misses details and makes careless mistakes

It's normal for any child to sometime get distracted, restless or disorganized. But if you feel that many of the above concerns apply to your school-aged child and they've been happening often for a long time and causing a lot of problems, talk to your doctor.

Who does it affect?

ADHD affects about 5% of school-age children. It's usually diagnosed during elementary school years because it's normal for younger children to have a lot of energy and less ability to pay attention.

- Boys—ADHD, particularly the hyperactivity type, affects boys more often than girls
- Family members—ADHD seems to run in families, so a child is more likely to have ADHD if a close biological relative has it
- Other mental illnesses—About half of children diagnosed with ADHD also have another behavior disorder. They may also experience a mood disorder or anxiety disorder
- Other disorders or conditions—ADHD may be associated with learning problems or communication problems. In a few cases, ADHD may occur with Tourette's Disorder

Different illnesses and medical conditions can look like ADHD. Some of these include learning disabilities, vision or hearing problems, fetal alcohol syndrome and mental illnesses like bipolar disorder. That's why it's so important for a doctor to rule out other problems before they diagnose a child with ADHD.

What causes ADHD?

Researchers aren't sure what causes ADHD. Like other mental illnesses, it's likely caused or influenced by many different things. A few examples include your genes, the environment you live in, and your life experiences. We do know that researchers haven't found a concrete link between ADHD and factors like parenting style or watching TV. ADHD also seems to happen more often in children of women who smoked cigarettes while they were pregnant.

What can I do about it?

When a child is diagnosed with ADHD, the child and their family members should first learn about ADHD. This reinforces that the illness is a difficulty that the child can overcome and helps the entire family understand the illness.

A combination of counselling, changes at home, changes at school and medication help children living with ADHD. Counselling, changes at home and changes at school may be the best first-line treatments and supports for mild to moderate ADHD symptoms. Medication may be needed if symptoms are severe or don't improve with other treatments or supports.

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Counselling—The most common type of counselling for children living with ADHD is training to help them learn and understand positive behaviours. This is called behaviour skills training. It also helps children make positive choices that help them reach their goals, and it helps them work well with the people around them.

Other kinds of counselling might also be helpful. Counselling may include the child, their parents and the entire family. Common types of counselling include:

- Cognitive-behavioural therapy (CBT). It has been adapted to help children understand the thoughts behind their urges
- Parenting skills training. It teaches parents how to cope with their child's ADHD symptoms and how to guide a child living with ADHD. This may include learning how to predict problem situations, solve problems, enforce rules and give constructive
- Family counselling and support. This helps all family members, including siblings, learn how to cope with disruptive behaviour and encourage positive behaviour

Changes at home—Changes at home can help a child cope with ADHD symptoms. Helpful changes may include:

- · Maintaining a consistent daily schedule, including a regular bedtime
- · Using lists, charts, schedules or notes to help your child remember important tasks or information

- Making sure your child is getting exercise
- Helping your child try structured social activities. Sports, dance or community volunteer work may help improve social skills, demonstrate the child's strengths and boost self-esteem

Your mental health clinician can suggest changes at home to help your child's specific problems.

Changes at school—A child's school may provide changes to classroom activities and learning material. For example, the school may allow a child to move their desk to a quieter, less distracting area. These small changes help many children living with ADHD. But if your child still struggles, the school may make bigger changes, like providing different kinds of learning materials. It's best if parents and schools work together to help a child living with ADHD.

Medication - There are two different types of ADHD medication: stimulant and non-stimulant medication. It may seem odd to treat a hyperactive child with a stimulant, but they are very effective for children who have been properly screened and diagnosed with ADHD. There is also a non-stimulant medication for ADHD. Children may be prescribed other types of medication, such as antidepressants, if they can't take ADHD medication. However, the kind of medication your child is prescribed will depend on many factors, such as the type of ADHD and any other medical or mental health problems.

Medication can help manage ADHD symptoms and improve your child's quality of life, but it won't solve all behaviour problems or social skills problems. That's why it's important to include counselling and changes at home or school in the treatment plan.



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where do I go from here?

In addition to talking to your family doctor, check out the resources below for more information about attention-deficit/hyperactivity disorder:

FORCE Society for Kids' Mental Health

Visit.www.forcesociety.com or call 1-855-887-8004 (toll-free in BC) or 604-878-3400 (in the Lower Mainland) for information and resources that support parents of a young person with mental illness.

Kelty Mental Health

Contact Kelty Mental Health at www.keltymentalhealth.ca or 1-800-665-1822 (toll-free in BC) or 604-875-2084 (in Greater Vancouver) for information, referrals and support for children, youth and their families in all areas of mental health and addictions.

BC Partners for Mental Health and Addictions Information

Visit www.heretohelp.bc.ca for the Managing Mental Illness series of info sheets, which is full of information, tips and self-tests to help you understand mental illnesses. The website also has many publications for family members, including parents of younger children. The Family Toolkit and info sheets can help parents work better with mental health services and the school system.

Centre for ADHD Awareness, Canada (CADDAC)

Visit www.caddac.ca for information and resources, tips for working with your doctor and child's school, information for educators, parenting strategies, support groups, and more.

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

Resources available in many languages: *For each service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

HealthLink BC

Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk with a pharmacist about medication questions.



This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.

