**Access to ADHD Care for Children and Youth in Fraser Health Authority: A Wicked Problem**

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**Title of the Project:** Access to ADHD Care for Children and Youth in Fraser Health Authority: A Wicked Problem

**ADHD: A “Wicked” Problem**

Attention-Deficit/Hyperactivity Disorder (ADHD) is a complex neurodevelopmental disorder that involves biological, environmental, social, and psychological factors with no singular origin (Substance Use and Mental Health Administration, 2016; ADHD Advocacy Society of BC, 2024; Belanger et al., 2018). Primary care providers (PCPs) can diagnose and treat this condition; however, this often does not occur due to a lack of education and confidence among providers. Instead, referrals to mental health services and pediatricians occur (Centre for ADHD Awareness Canada, 2019). To complicate the situation further, multiple stakeholder groups are involved in care and treatment for those affected by ADHD (ADHD Advocacy Society of BC, 2024). Consequently, variations in care for children/youth with ADHD are neither linear nor concrete, making it difficult to understand and navigate.

Access to ADHD in children and youth is a complex and challenging problem, as it is a multi-layered issue to receive a diagnosis and then establish treatment and support services (Centre ADHD Awareness Canada, n.d). As one begins to dissect the issue within ADHD, new issues continue to arise. Diagnosis and treatment involve multiple assessment tools, care providers, and treatment regimens. Fragmentation within support services arises from constraints in specialist availability, persistent stigma, under-recognition of ADHD, and variable engagement across disciplines (Centre for ADHD Awareness Canada, 2025).

Numerous challenges exist when accessing ADHD support for children (Belanger et al., 2018). Families seeking guidance often encounter long wait times, with delays in diagnosis and intervention (Butt et al., 2023). Gaps in resources exist, and staff are often overburdened with large caseloads that limit adequate support (ADHD Advocacy Society of BC, 2024). Service delivery is not holistic, often focusing on parenting programs or basic mental health support rather than proactive strategies. The availability of services is inconsistent and not tailored to the unique needs of ADHD (ADHD Advocacy Society of BC, 2024). Some healthcare professionals are reluctant when making an ADHD diagnosis, with a focus on other mental health conditions such as anxiety and depression and may resist prescribing medication before starting Cognitive Behavior Training (CBT) (Butt et al., 2023; Belanger et al., 2018; ADHD Advocacy Society of BC, 2024). Within the school system, challenges stem from insufficient support and limited understanding among staff and administrators, who may dismiss concerns and may be reluctant to provide documentation for ADHD diagnosis (Belanger et al., 2018; Liu et al., 2024). Geographical barriers also contribute to inequities, with limited access to specialist and family physicians (ADHD Advocacy Society of BC, 2024).

**Population**

ADHD is the most common neurodevelopmental disorder diagnosed in childhood in Canada. The disorder is defined by developmentally inappropriate levels of inattention, hyperactivity, and/or impulsivity (Butt et al., 2024). ADHD affects approximately 5–7% of children and youth and 4–6% of adults (Centre for ADHD Awareness, Canada, n.d.). In British Columbia, ADHD impacts an estimated 50,000–70,000 children and youth, as well as their families and caregivers (ADHD Advocacy Society of BC, 2024b). Globally, the prevalence is similar, with estimates of 4% in adults and 5% in children (Centre for ADHD Awareness, Canada, n.d.).

The prevalence of ADHD is approximately twice as high amongst males compared to females (Espinet et al., 2022). However, this gender difference tends to decrease with age due to increasing recognition and diagnosis in females (Butt et al., 2024). Canadian data show rising rates of diagnosis in recent years, especially among girls and young adults (Butt et al., 2024). Overall, the prevalence of ADHD and prescription of ADHD medication have increased over time for all age groups and provinces (Espinet et al., 2022). The literature reported a range of risk factors for ADHD, including demographic factors such as family size, low socio-economic status, living rurally and lack of access to mental health care insurance (Liu et al., 2024; Espinet et al., 2022). Adults in the highest income bracket were less likely than those in other income brackets to receive a diagnosis of ADHD (Espinet et al., 2022). The literature also reports health risk factors such as asthma, early exposure to antibiotics, and prenatal maternal health (Liu et al., 2024).

ADHD is a lifelong condition; over 90% of children diagnosed will continue to struggle with symptoms as they transition into adulthood (Butt et al., 2024). A survey was conducted by the ADHD Advocacy Society of BC (2024) that included virtual and in-person sessions, plus an online survey designed to collect insight and feedback from families impacted by ADHD. The results of the survey highlighted the lack of support for ADHD individuals and families negatively affecting them in areas such as: employment (84%), education (90%), mental health (98%) and the justice system (26%). Approximately 80% of children with ADHD experience at least one comorbid psychiatric disorder, such as anxiety, mood disorders, or substance use disorders (Butt et al., 2024). ADHD can have significant impairments on academic, social, occupational, and mental functions as people with ADHD face higher risks for academic challenges, adverse behaviours, accidental injuries, and increased rates of suicide attempts and completed suicide (Butt et al., 2024). Individuals diagnosed with ADHD have a 13-year shorter estimated life expectancy due to psychiatric and medical comorbidity (Espinet et al., 2022). These challenges underscore the need for enhanced support services and highlight an urgent requirement for improved advocacy.

**Context**

The Fraser Health Authority (FHA) provides ADHD care for children and adolescents through a multifaceted system. This system includes provincially funded services from Children and Youth with Special Needs (CYSN) and Child and Youth Mental Health (CYMH), administered by the BC Ministry of Children and Family Development (MCFD), alongside primary care clinics and numerous school districts.

Geographically, the FHA serves 16 municipalities, including Abbotsford, Burnaby, and Surrey (FHA, 2025), catering to 1.9 million individuals, representing one in three British Columbians, with an annual budget of $5.37 billion (Salter, 2025; ADHD Advocacy Society of BC, 2024b). It is estimated that approximately 16,600 - 23,300 children and youth are affected by ADHD in FHA (Salter, 2025; ADHD Advocacy Society of BC, 2024). Its area encompasses 11 school districts (Ministry of Education, 2012) and two MCFD Service Delivery Areas (MCFD, 2023).

ADHD is recognized as a disability under both the Canadian Charter of Human Rights and the BC Human Rights Code (ADHD Advocacy Society of BC, 2024). Historically, CYSN has not extended services to children diagnosed with ADHD unless a co-occurring developmental disorder, such as autism spectrum disorder (ASD), is present (Government of BC, 2025). The 2013 release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders broadened the definition of ADHD, allowing for ASD and ADHD to coexist (American Psychiatric Association, 2013). This contributed to a rise in ADHD prevalence among children previously excluded due to the high comorbidity between ADHD and ASD (Abdelnour et al., 2022). Despite this, CYSN does not offer ADHD-specific resources.

Similarly, children presenting to CYMH with an ADHD diagnosis only receive services if they exhibit a comorbid mental health diagnosis, such as anxiety or depression, at a moderate to severe level. Both CYMH and CYSN typically redirect individuals with ADHD to their PCPs, school supports, and/or community resources, if available and affordable (G. Maio, personal communication, September 19, 2025). No single institution has the sole mandate for ADHD care for children; responsibility is distributed across multiple ministries, health services, and providers. This "grey-zone" and overlapping mandates contribute to confusion and lack of accountability, resulting in the absence of a centralized ADHD service and consequently, children and youth "falling between the cracks."

In addition to fragmented services, resource constraints also exist. In BC schools, ADHD is not a "funded code"; students with ADHD can receive individualized support such as accommodations and Individualized Education Plans. However, misconceptions of ADHD as a behavioural choice rather than a disability decrease the likelihood of support being implemented in the classroom (Centre for ADHD Awareness Canada, 2021). FHA regions lack dedicated ADHD services for children and youth, like a specialized clinic. The Fraser Health website refers users to BC Children's Hospital's Outpatient Psychiatry Clinic for assessment, diagnosis, and treatment recommendations. This provincial program offers limited direct treatment (online courses, reading materials, virtual groups) despite being geographically accessible to FHA residents.

FHA encompasses a diverse community, with 48.7% of its population identifying as visible minorities (Salter, 2025). Ethnic minority children experience cultural disparities in ADHD care, leading to lower diagnosis rates and treatment adherence due to differing cultural norms, fear of social stigma, and limited healthcare access, while paradoxically also facing potential overidentification due to bias (Slobodin & Masalha, 2020). Access to culturally competent ADHD care is crucial for FHA residents. Increased media and social media coverage have led to greater public awareness of ADHD. This heightened awareness may lead more individuals to discuss their concerns with a PCP, potentially resulting in a rise in diagnoses and a subsequent need for ADHD services (Abdelnour et al., 2022).

**Solution: Create a Navigation Guide for ADHD Resources for Children and Youth in Fraser Health Presented by Eunice Lo**

Create a written navigation guide to ADHD resources for children and youth within the FHA regions. Such a guide will aid families in navigating the multiple systemic challenges in accessing ADHD care due to fragmented services. The proposed navigation guide, designed for youths and families, will detail treatment resources beyond medical and educational settings. It will encompass ADHD educational materials, services offered by CYMH and CYSN, disability tax credit information, provincial programs, community agencies, and private services. Crucially, the guide will provide practical information including service criteria, locations, contact details, and access procedures. This resource will also be available digitally online.

This initiative is grounded in the understanding that psychological and behavioral treatments are recommended for ADHD (CADDRA, 2020). The guide addresses the difficulty of accessing such services within FHA due to system fragmentation. By centralizing diverse treatment options, from free online educational resources to private in-person counseling, the tool will serve as a vital starting point for families navigating complex ADHD treatment pathways. Furthermore, given the highly individualized nature and required flexibility of ADHD treatment plans, this guide will provide families with a range of options, facilitating adjustments to care as needed.

**Solution: Centralizing Resource Materials for Teachers in the Fraser Health Region**

**Presented by Jennifer Hoang**

Create a user-friendly website specifically for teachers in Fraser Health, offering access to current ADHD educational materials, practical classroom strategies, research, and links to local support services. This site would be featured on school and district websites, ensuring that educators can easily find reliable information such as guides, evidence-based teaching modules, and local resources without having to search multiple sources.

Teachers are one of the most vital sources of intervention for students with ADHD. The literature states that teachers’ knowledge of ADHD correlates with their ability to effectively teach children with ADHD (Shelemy, 2019). School-based interventions for students with ADHD have a significant and positive effect on student academic and behavioural outcomes (Monteiro et al., 2022). In addition, diagnostic processes rely greatly on teachers as they are often the first to identify behavioral difficulties (Shelemy, 2019). Teachers need to have appropriate knowledge and timely access to resources for ADHD so they can recognize and act on symptoms early (Ward et al., 2020). Currently, educators must navigate a landscape of online and offline resources, which may be difficult to find or out-of-date.  There is a disparity between the knowledge educators possess regarding ADHD and their practical training (Monteiro et al., 2022). Many teachers report feeling underprepared to address the specific challenges of students with ADHD, with limited training, resources, and time constraints exacerbating the issue (Monteiro et al., 2022). Students with ADHD are increasingly present in schools as the prevalence continues to rise, placing significant demands on educators (Espinet et al., 2022). Centralizing and streamlining access reduces barriers to information and supports teachers in delivering consistent, timely and high-quality care for students with ADHD. This empowers teachers to act quickly when challenges arise, improving outcomes for children and youth across the region.

**Solution: Improve assessment of ADHD for Children and Youth in Fraser Heath Primary Care Clinics Presented by Nicole Cooke**

It falls within the scope of care for primary care providers to serve as the main point of contact for ADHD diagnosis and ongoing management (Butt et al, 2023). Diagnosis and treatment can be a lengthy process, making it unlikely to fit into the average primary care visits of 10-15 minutes (Centre for ADHD Awareness Canada, n.d.; Barata, 2016). A solution to this problem would be to allocate an hour appointment for children and youth presenting with concerns for ADHD, with a subsequent 30-minute time frame for ongoing care.

The prevalence of ADHD in children under age 18 years old is 7.2% (Liu et al., 2024). ADHD is associated with poor social relationships and cognitive skills, academic underachievement, risky sexual behavior, early pregnancy, and criminal activity (Liu et al., 2024). Research has found that early intervention for children through behaviour training and stimulant medication is effective in improving the negative consequences of untreated ADHD (Liu et al., 2024). Often, there is a delay in diagnosis for ADHD in children and youth (Liu et al., 2024; Belanger et al., 2018). Improving the length of visits with primary care providers can shorten the time to diagnosis. Longer appointments reduce the need for repeat visits and allow providers to gather comprehensive information earlier, which supports timely diagnosis and treatment  (Liu et al., 2024; Belanger et al., 2018; Canadian Paediatric Society, 2018).

**References**

Abdelnour, E., Jansen, M. O., & Gold, J. A. (2022). ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis? *Missouri Medicine*, *119*(5), 467–473. [https://pmc.ncbi.nlm.nih.gov/articles/ PMC9616454/](https://pmc.ncbi.nlm.nih.gov/articles/PMC9616454/)

ADHD Advocacy Society of BC. (2024a, November 22). *Appendix of stakeholder feedback for MCFD 2024: Part B*. [https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with- support-needs/adhd\_advocacy\_society\_of\_bc\_appendix\_of\_stakeholder\_feedback\_for\_mcfd\_ 2024\_part\_b.pdf](https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-%20support-needs/adhd_advocacy_society_of_bc_appendix_of_stakeholder_feedback_for_mcfd_%202024_part_b.pdf)

ADHD Advocacy Society of BC. (2024b, November 22). *Stakeholder Engagement Report 2024 Prepared for the Ministry of Family Development.* [https://www2.gov.bc.ca/assets/gov/family-and-social- supports/children-teens-with-support-needs/adhd\_advocacy\_societys\_report\_2024\_part\_a.pdf](https://www2.gov.bc.ca/assets/gov/family-and-social-%20supports/children-teens-with-support-needs/adhd_advocacy_societys_report_2024_part_a.pdf)

Barata, A. N. (2016). Working as a family physician in Canada and Portugal: How different is it? *Journal of Family Medicine & Primary Care*, *5*(3), 518–522.<https://doi.org/10.4103/2249-4863.197255>

Bélanger, S. A., Andrews, D., Gray, C., & Korczak, D. (2018). ADHD in children and youth: Part 1—Etiology, diagnosis, and comorbidity. *Paediatrics & Child Health (1205-7088)*, *23*(7), 447–453. <https://doi.org/10.1093/pch/pxy109>

Butt, D. A., Jaakkimainen, L., & Tu, K. (2024). Prevalence and Incidence Trends of Attention Deficit/Hyperactivity Disorder in Children and Youth Aged 1-24 Years in Ontario, Canada: A Validation Study of Health Administrative Data Algorithms. *Canadian Journal Of Psychiatry-Revue Canadienne de Psychiatrie* *69*(5), 326–336. <https://doi.org/10.1177/07067437231213553>

Butt, D. A., Stephenson, E., Kalia, S., Moineddin, R., & Tu, K. (2023). Patient visits and prescriptions for attention-deficit/hyperactivity disorder from 2017–2021: Impacts of COVID-19 pandemic in primary care. *PLoS ONE*, *18*(3), 1–16. <https://doi.org/10.1371/journal.pone.0281307>

Canadian ADHD Resource Alliance (CADDRA). (2020). *Canadian ADHD practice guidelines* (4.1 ed.). CADDRA.<https://www.caddra.ca/wp-content/uploads/Canadian-ADHD-Practice-Guidelines-4.1-> [January-6-2021.pdf](https://www.caddra.ca/wp-content/uploads/Canadian-ADHD-Practice-Guidelines-4.1-January-6-2021.pdf)

Canadian Paediatric Society. (2018, October) New ADHD statement aimed at helping primary care providers improve diagnosis and treatment.<https://cps.ca/en/blog-blogue/new-adhd-statements-> [aimed-at-helping-primary-care-providers-improve-diagnosis-and-treatment](https://cps.ca/en/blog-blogue/new-adhd-statements-aimed-at-helping-primary-care-providers-improve-diagnosis-and-treatment)

Centre for ADHD Awareness Canada. (2021). *2021 report card: ADHD in the school system*. CADDAC. <https://caddac.ca/wp-content/uploads/ADHDReportCardCompleteENGrev2021-final-1.pdf>

Centre for ADHD Awareness Canada. (n.d.). *About ADHD*. CADDAC. [https://caddac.ca/about-adhd/](https://caddac.ca/about-adhd/?utm_source=chatgpt.com)

Centre for ADHD Awareness Canada. (n.d.) Getting an ADHD Assessment.<https://caddac.ca/>

[about-adhd/in-general/](https://caddac.ca/about-adhd/in-general/)

Espinet, S. D., Graziosi, G., Toplak, M. E., Hesson, J., & Minhas, P. (2022). A Review of Canadian Diagnosed ADHD Prevalence and Incidence Estimates Published in the Past Decade. *Brain Sciences, 12*(8), 1051. <https://doi.org/10.3390/brainsci1208105>

Fraser Health Authority. (2025). *Care in your community*.<https://www.fraserhealth.ca/your-community>

Government of British Columbia. (2025, March 12). *Children and youth with support needs*.

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs>

Liu, Y. S., Talarico, F., Metes, D., Song, Y., Wang, M., Kiyang, L., Wearmouth, D., Vik, S., Wei, Y., Zhang, Y., Hayward, J., Ahmed, G., Gaskin, A., Greiner, R., Greenshaw, A., Alexander, A., Janus, M., & Cao, B. (2024). Early identification of children with Attention-Deficit/Hyperactivity Disorder (ADHD). *PLoS Digital Health*, *3*(11), 1–16. <https://doi.org/10.1371/journal.pdig.0000620>

Ministry of Children and Family Development. (2023, July). *MCFD office locations*. Government of

British Columbia. [https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data- monitoring-](https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring-)[quality-assurance/service-delivery-area-search/map\_office\_locations.pdf](https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring-quality-assurance/service-delivery-area-search/map_office_locations.pdf)

Ministry of Education. (2012, September). *British Columbia school districts*. Government of British

Columbia.<https://www2.gov.bc.ca/assets/gov/data/geographic/land-use/administrative-> [boundaries/school-district-boundaries/map\_-*wall*-\_school\_districts.pdf](https://www2.gov.bc.ca/assets/gov/data/geographic/land-use/administrative-boundaries/school-district-boundaries/map_-_wall_-_school_districts.pdf)

Monteiro, E., Donham, A., & Klaib, M. (2022). Teacher characteristics and ADHD intervention outcomes in schools. *Educational Research, 64*(3), 257–276. https://doi.org/10.1080/00131881.2022.2087711

Provincial Health Services Authority. (2025). *Mental health and substance use outpatient services: BC Children’s Hospital*. BC Children's Hospital.<https://www.bcchildrens.ca/clinics-services/mental-> [health-and-substance-use-outpatient-services](https://www.bcchildrens.ca/clinics-services/mental-health-and-substance-use-outpatient-services)

Salter, C. (2025, April). *Population and public health in Fraser Health*. City of Abbotsford. [https://](https://www.abbotsford.ca/sites/default/files/2025-04/2025%2004%2016%20PPT4%20FHPH.pdf)

[www.abbotsford.ca/sites/default/files/2025-04/2025%2004%2016%20PPT4%20FHPH.pdf](http://www.abbotsford.ca/sites/default/files/2025-04/2025%2004%2016%20PPT4%20FHPH.pdf)

Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students’ mental health in schools: What do

teachers want and need? *Emotional and Behavioural Difficulties*, *24*(1), 100–116. <https://doi.org/10.1080/13632752.2019.1582742>

Slobodin, O., & Masalha, R. (2020). Challenges in ADHD care for ethnic minority children: A review of the current literature. *Transcultural Psychiatry*, *57*(3), 468–483.<https://doi.org/> [10.1177/1363461520902885](https://doi.org/10.1177/1363461520902885)

Substance Use and Mental Health Service Administration. (2016, June). *DSM-5 changes: Implications for child serious emotional disturbance.* [https://www.ncbi.nlm.nih.gov/books/NBK519708 /pdf/Bookshelf\_NBK519708.pdf](https://www.ncbi.nlm.nih.gov/books/NBK519708/pdf/Bookshelf_NBK519708.pdf)

Ward, R. J., Bristow, S. J., Kovshoff, H., Cortese, S., & Kreppner, J. (2020). The effects of ADHD teacher training programs on teachers and pupils: A systematic review and meta‑analysis. *Journal of Attention Disorders, 26*(2), 225–244. <https://doi.org/10.1177/1087054720972801>