

Optimal service trajectory for children,  
adolescents and young adults with  
attention deficit disorder with or without  
hyperactivity (ADHD) or related  
problems

English summary

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This is the English summary of the guidance entitled Trajectoire optimale de services pour les enfants, adolescents et jeunes adultes ayant un trouble de déficit de l'attention avec ou sans hyperactivité (TDAH) ou des difficultés apparentées published in March 2018.

The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

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## SUMMARY

According to the DSM-5<sup>1</sup>, attention deficit disorder with or without hyperactivity (ADHD) is a neurodevelopmental disorder defined by impairing levels of inattention, disorganization and/or hyperactivity/impulsiveness. It is one of the most common childhood disorders. The diversity of the symptoms and comorbidities associated with ADHD makes it a complex condition, and the treatment options can vary according to the patient's clinical profile and the needs expressed by them and their family. Currently, the North American approach recommends, for school-age children with ADHD, multimodal interventions, with pharmacotherapy considered on a first-line basis in combination with psychosocial interventions<sup>2</sup>. The experts and literature consulted confirm the importance of using the multimodal approach, which encourages the involvement of various professionals and case workers, both in the health and social services sector and the school or community networks, to ensure an optimal response to the patient's and their family's different needs in a timely manner.

INESSS produced three states of practice in 2017<sup>3</sup> to address the Minister of Health and Social Services' concerns regarding the widespread use of psychostimulants in the treatment of ADHD in Québec. Its work led to the identification of certain deficiencies in the patient service trajectory in Québec, with regard both to pharmacological and psychosocial interventions. This report on the optimal service trajectory for children, adolescents and young adults with attention deficit disorder with or without hyperactivity (ADHD) or related problems proposes guiding principles and recommendations developed in light of the observations stemming from these states of practice.

Although the primary objective of the proposed trajectory is the management of ADHD, the trajectory also takes into consideration ADHD-related problems<sup>4</sup> in young persons<sup>5</sup> in the perspective of a service continuum in the health and social services system and in

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<sup>1</sup> American Psychiatric Association (APA). *DSM-5 : Manuel diagnostique et statistique des troubles mentaux*. Trans. of the 5<sup>th</sup> American edition of: *DSM-5 Diagnostic and statistical manual of mental disorders*. Issy-les-Moulineaux, France: Elsevier Masson; 2015.

<sup>2</sup> *Psychosocial intervention is a process for changing a difficult situation faced by a young person or a group of young persons. It is based on a rigorous evaluation by a case worker for the purpose of determining the appropriate services and support. The intervention strategies proposed consist in supporting the individual or individuals in their journey to help them solve the problem or problems at issue. Psychosocial intervention is also aimed at strengthening an individual's or a group of individuals' coping skills and at modifying, if necessary, the adverse environmental factors (INESSS, 2017a).*

<sup>3</sup> They are *Portrait de l'usage des médicaments spécifiques au trouble du déficit de l'attention avec ou sans hyperactivité chez les Québécois de 25 ans et moins* ([INESSS, 2017c]; *Prévalence de l'usage des médicaments spécifiques au TDAH chez les Canadiens de 25 ans et moins* [INESSS, 2017b]; and *Portrait des services psychosociaux utilisés dans le traitement du trouble du déficit de l'attention avec ou sans hyperactivité au Québec chez les Québécois de 25 ans et moins* [INESSS, 2017a].

<sup>4</sup> Problems that may be associated with the symptoms of inattention, hyperactivity and impulsiveness in ADHD, but which could also be associated with other childhood problems or disorders, such as oppositional behaviour problems or other exteriorized or interiorized problems or disorders.

<sup>5</sup> The term "young person" is used generically in this report to refer to a child, an adolescent or a young adult.

close collaboration with the school and community networks. Furthermore, INESSS's work led it and its partners to consider the application of the guiding principles and several of the recommendations concerning the proposed service trajectory for ADHD to other mental health problems, mental disorders or problems encountered in young persons.

## **Methodology**

Scientific, contextual and experiential data were collected for triangulation and to answer the following four assessment questions:

- What is the optimal service trajectory within the health and social services system and the school and community networks for detecting and evaluating ADHD and for the referral, intervention and follow-up of children, adolescents and young adults diagnosed with ADHD or related problems?
- What are the winning conditions for and the organizational obstacles to creating an integrated service continuum for children, adolescents and young adults diagnosed with ADHD or related problems?
- What are the most effective psychosocial practices and interventions<sup>6</sup> for reducing the symptoms of ADHD and ADHD-related problems in children, adolescents and young adults diagnosed with ADHD or related problems?
- What are the issues regarding the conditions for accessing ADHD-specific drugs?

Two committees supported INESSS in its work:

- A follow-up committee consisting of CISSS/CIUSSS administrators working in youth directorates and mental health and dependency directorates; physicians; researchers; persons representing patients, the school sector and professional orders; and representatives from the MSSS and the MEES;
- A committee of institutional experts from six regions represented by middle management personnel and a CISSS/CIUSSS professional who had successfully experimented with putting ADHD-related trajectories and mechanisms in place. Partners from the school and community networks participated in the committee's meetings.

As well, the professional orders closely associated with the offer of services for young persons with ADHD in the public system were consulted at different stages to ensure compliance with Québec's professional system. In addition, we performed searches in the grey and scientific literature and a rigorous assessment of the evidence used to evaluate the efficacy of psychosocial interventions. Pooling the data from the different consultations and literature sources enabled us to answer the four assessment questions above in order to enlighten the Ministère de la Santé et des Services sociaux with regard to the task given to INESSS.

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<sup>6</sup> See the glossary on page vii for the definition of this term.

## Results

Triangulation of the scientific, experiential and contextual data led INESSS to set out four guiding principles and 18 recommendations, which were endorsed by the members of the working committee. The guiding principles are cross-disciplinary. They apply to the entire trajectory and involve objectives regarding access to services, shared responsibility between the systems and networks concerned (health and social services system, school network and partners) and optimal communication between the players. These principles make addressing the young person's and their family's needs the focus of the intervention. As for the report's recommendations, they pertain to the different stages of the trajectory, which are detection, evaluation, intervention and follow-up. They cover aspects aimed at improving practices for young persons and their families, identify the key players to involve, determine the inputs or actions that should be carried out and how to accomplish this, and recommend psychosocial interventions at the different stages of the trajectory. Lastly, two recommendations concern pharmacological interventions: 1) the integration of ADHD-specific pharmacological therapy into a personalized approach in connection with the targets in the individualized treatment plan, and 2) the conditions for accessing ADHD-specific drugs. Thus, the trajectory is characterized by the following, in particular:

- It is focused on the patient's needs more than on the importance of concluding on the presence of a mental disorder.
- It calls for psychosocial interventions at each of its stages to meet the person's needs and take action on any problems identified.
- It provides for a liaison function with an administrative component and a clinical component to ensure coordination of the necessary linkages, specifically, between the health and social services system and the school network.
- It involves a framework and parameters that can be applied to other common mental health issues or mental disorders in young persons served by different service providers in the public system.

## Conclusion

ADHD has been the subject of numerous scientific studies that provide information on effective interventions, both pharmacological and psychosocial, for treating affected individuals. Also, there is considerable discussion in the literature of the optimal conditions for organizing services to ensure these individuals' evaluation and treatment, although the discussion does not address the different stages of a service trajectory. This report proposes an optimal service trajectory for children, adolescents and young adults with ADHD or related problems. The trajectory is based on the gathered data regarding ADHD and on the contextual and experiential data collected as part of INESSS's work. It proposes targets for improving practices and fosters the active involvement of the different players in the public system and of its partners. It should be borne in mind that the guiding principles and several of the recommendations regarding the implementation of this service trajectory can be applied to other mental health issues or mental disorders affecting the lives of young persons and their families.

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