



Medicalization of Children's Difficulties: The Case of ADHD/ADD



Medicalization of youth's difficulties is growing, and the situation is worrisome. In the case of ADHD/ADD, school staff members play a role in this medicalization because they are often the first to notice the behaviours and mention the difficulties.

This infographic is intended to make them aware of the associated issues.

This infographic was created from the research of Marie-Christine Brault, PhD, professor at UQAC and researcher at the VISAJ Chair and the IUJD.

MEDICALIZATION

Medicalization occurs when the medical sphere takes charge of an everyday life situation or reaction (sadness, timidity, impulsivity, etc.). It is a collective action involving a diversity of actors (*health, school, family, media, etc.*).

ADHD/ADD

Attention deficit disorder with or without hyperactivity (ADHD) is a psychiatric diagnosis characterized by inattentive and/or hyperactive and/or impulsive behaviours of which the frequency and intensity are inappropriate for the person's age. Sometimes, inattention is predominant (ADD).

ITS PREVALENCE IS INCREASING

Since the 2000s, the prevalence of ADHD/ADD diagnoses among youth has been rising, in Québec as well as elsewhere in the world.

AND IS UNEVENLY DISTRIBUTED

The percentage of youth having been diagnosed with ADHD/ADD at some point in their lives is unevenly distributed by **gender, age, socio-economic status, as well as school and geographical context.**

The prevalence is higher



Among boys



Among the youngest in the class
(e.g., born in September in Québec)



In some regions of Québec and elsewhere in the world



In certain grades and school environments



Among children from socio-economically disadvantaged families

A FEW REALITIES



Of the causes

The causes of ADHD/ADD are still not clearly established. Nonetheless, the hypotheses lean towards **multiple causes** involving biological factors, but also environmental ones (*stress, parents' divorce, poverty, etc.*)



Of screening

There is **no infallible test** to ascertain the presence of a psychiatric disorder in a child. A diagnosis is made based on an **interpretation of the symptoms**. Given the multiple causes, this interpretation is sometimes difficult to make.



Of the treatment

Medication is the main treatment used, despite the fact that **psychological, educational and social interventions** may also improve the situation.

Several people are worried about the significant rise in the prevalence of the diagnosis and the use of medication.

When the increase in the prevalence of ADHD/ADD diagnoses cannot be explained solely by individual and biological factors, it is necessary to look at what is happening in the social environment.

The School's Role

The process leading to an ADHD/ADD diagnosis is complex, but it always involves adults' perceptions of a child's behaviours and difficulties.

What school staff members notice...

The child is constantly causing a disturbance in class.

The child is failing in school.

The child makes mouth noises and never keeps still!

The child is unable to make friends.

The child's head is always in the clouds!

In daycare, the child often forgets his/her belongings.

The child is often involved in fights in the school yard...



How can I help this child and the others in the class?



And how some school staff members interpret it through a medical lens...

The child must be hyperactive...

I'll ask the parents to go for a consultation.

The child has potential; I don't understand his/her failures. Might he/she have an attention deficit problem?

Might the child have a disorder that I didn't detect?

The child must have ADHD/ADD.

That is why we are talking about medicalization of difficulties.

THE USE OF A MEDICAL INTERPRETATION IS REINFORCED BY...

- ▶ The actors' adherence to the biomedical explanations for ADHD/ADD;
- ▶ A positive personal or professional experience with a diagnosis or with medication;
- ▶ A lack of knowledge of what ADHD/ADD really is, which sometimes leads to confusion between symptoms and disorder;
- ▶ A lack of time or of school services or difficult work conditions;
- ▶ An academic performance context;
- ▶ A feeling of powerlessness with respect to the child and his/her living conditions.



Why is this an issue?

An accurate diagnosis can have positive outcomes.
The problem arises when a child is wrongly diagnosed.

This is one of the aspects of medicalization!

A FEW CONSEQUENCES OF MEDICALIZATION

Careful! Medicalization is not synonymous with medication.

Medicalization of children may have the following consequences:

- ▶ Proposal of **inappropriate solutions** to the difficulties;
- ▶ Dismissal of the **real disorder** (*dyslexia, etc.*) or concealment of social problems and those relating to living conditions;
- ▶ **Unnecessary consumption of medication** and side effects (*growth delay, loss of appetite, sleep disorder, etc.*);
- ▶ Emphasis on the children's **deficits** rather than on their strengths;
- ▶ The children's identity being reduced to a **label** that is difficult to get rid of and that could lead to **stigmatization**, which can have various consequences (*loss of self-esteem, less positive school experiences, etc.*);
- ▶ **Long-term repercussions** that affect their personal, professional and relational progress.

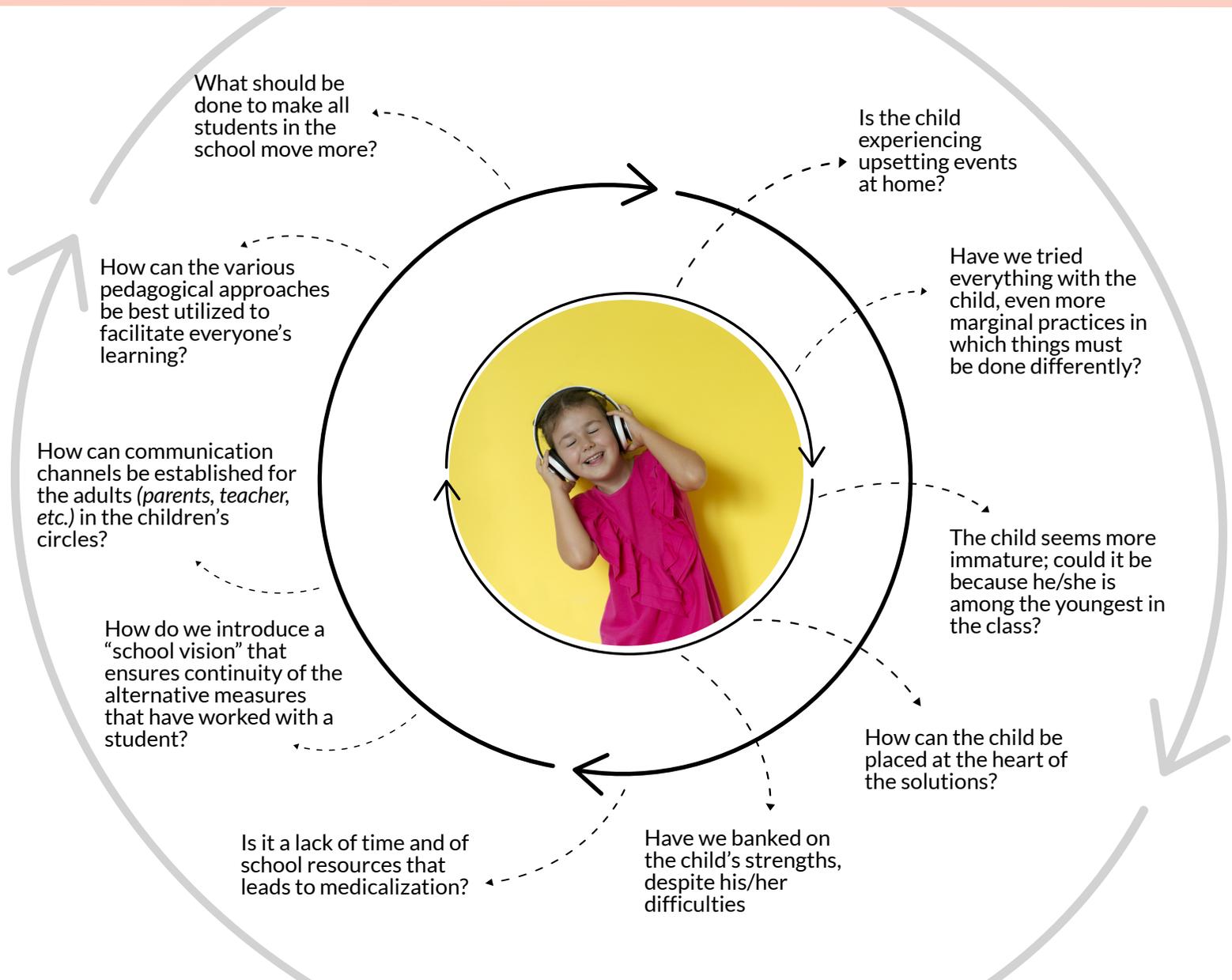


AND WHAT IF WE BROADENED OUR FOCUS INSTEAD?

“Reflecting on medicalization means broadening the focus, looking away for a moment from the individual who is calling for help, to examine his/her environment and living conditions.”

(Anne-Marie Boucher, La Presse, October 12, 2020)

There would thus be multiple other ways to reflect on the children’s difficulties



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DESIGN

Marie-Christine Brault, Université du Québec à Chicoutimi (UQAC) and
Marie-France Blais, Institut universitaire Jeunes en difficulté (IUJD)

In collaboration with:

Marie-Eve Blackburn, ÉCOBES, research and transfer, Cégep de Jonquière;

Camélia Dubois-Bouchard, ÉCOBES, research and transfer, Cégep de Jonquière;

and the participants of the workshops for co-creating tools to build awareness of the ADHD/ADD social issue

Contact: marie-christine_brault@uqac.ca



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