

AD/HD:

Cultural Attitudes & Perceptions

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Attention-Deficit/Hyperactivity Disorder (AD/HD), a commonly diagnosed disorder in communities across the country, is controversial for many reasons. Many well-meaning individuals are against prescribing medication for AD/HD in childhood. Their concern stems from the perceived “drugging of children” and a fear of predisposing them to drug addictions later in life.

There is also evidence that African Americans may be more mistrusting of medical research and treatment than individuals from other ethnic groups. This mistrust may be due in part to a study known as the Tuskegee experiment, where 399 men were infected with syphilis and were denied treatment so that the natural history of the disease could be documented (Freimuth et. al., 2001). Gamble (1997) suggests that this mistrust began during slavery when slaves and free blacks were used as unwilling subjects in the most brutal types of medical experiments. African American parents may also resist a diagnosis of AD/HD, especially for young male children, because African American males make up 6 percent of the U.S. population, but represent 35 percent of the children in special education and 50 percent of the prison population in the United States (Kunjufu, 1982).

Given these issues, it was with great anticipation that we, a group of African American clinicians, reviewed the study done by Harris Interactive and funded by McNeil Consumer & Specialty Pharmaceuticals. *Cultural Attitudes & Perceptions about Attention-Deficit Hyperactivity Disorder* is one of a limited number

of studies about AD/HD and the race issues involving ethnicity (Samuel, V.J. et al., 1997), and the only one we have seen that specifically addresses the opinions of consumers of color.

The strengths of this study are that it is based on a large sample (3,346 adults) with a fairly equal representation of Hispanics (31 percent), African Americans (32 percent), and an “Other” category (37 percent) that consisted primarily of individuals who were not included in the first two groups. The study asked respondents not only about their knowledge of AD/HD, but also about their perceptions of the differences in the diagnosis and treatment of AD/HD among Hispanic and African American children.

Cultural Attitudes & Perceptions about Attention-Deficit Hyperactivity Disorder found that African Americans were twice as likely as the entire sample (39 percent vs. 19 percent) to believe that Hispanic children are “more likely than other children to be misdiagnosed with AD/HD.” African Americans are twice as likely as the entire sample (41 percent vs. 19 percent) to report that African Americans are “more likely than other children to be misdiagnosed with AD/HD.”

The impact of race and ethnicity are still yet to be well understood as they impact healthcare in general and mental health care in particular.





Across the groups there was concern that the label of AD/HD would be a barrier to treatment for children.

These figures clearly indicate the mistrust African Americans have for the diagnostic accuracy of this disorder along racial/ethnic lines for their children and other children of color. This mistrust exists even in the face of African American respondents indicating AD/HD is both a medical condition and a behavioral problem (total: 70 percent; Hispanics: 68 percent; African Americans: 71 percent; other: 70 percent) and is a serious or very serious condition (total: 89 percent; Hispanics: 88 percent; African Americans: 92 percent; other: 89 percent).

Despite these suspicions, the study also showed that blacks disagree that AD/HD occurs primarily in whites. This suggests that this educated and informed African American sample is no more likely to suspect the actual disorder as it applies to blacks, but is more skeptical of the accurate identification and diagnosis

of the disorder in African American children. Across the groups there was concern that the label of AD/HD would be a barrier to treatment for children. More African Americans than Hispanics and Others, however, indicated a concern that racial background could be a factor that might serve as a barrier to treatment.

While the data were weighted to represent the general population, the findings may not be fully representative of the Hispanic and African American populations. Approximately 70 percent of the African Americans in the sample were employed full time, as were 63 percent of the Hispanics and 61 percent of the Others. At least 66 percent of the Hispanic respondents had completed some college or beyond, as had 65 percent of the African Americans and 73 percent of the Others. The income figures for the three groups were similar as well (see FIGURE 1 below).

Based on our experience, this sample is likely to be more educated, have greater resources, and may be better informed about AD/HD than the families we see at our urban Chicago clinic. At the clinic, which is located in the Department of Psychiatry at the Institute for Juvenile Research, University of Illinois at Chicago, approximately 44 percent of the families are on public aid and less than 50 percent have more than a high school diploma. The families also come from diverse Chicago neighborhoods, including urban, suburban and rural areas.

The term attention-deficit/hyperactivity disorder often seems misleading to many of the urban parents with whom we work. Parents often point to their African American boys who can play video games for hours asking, “that’s not paying attention?”

Across the groups in the study, if a respondent’s child had AD/HD, the child was most likely receiving treatment (usually a combination of medication and behavioral therapy). However, African Americans in the study who had sons with AD/HD were less likely to have their sons in treatment (no treatment currently: total: 40 percent; Hispanics: 46 percent; African Americans: 56 percent; other: 38 percent). There was no corresponding inquiry that would help us to answer why African American boys would be less likely than Hispanic, Caucasian, and other boys to be in treatment. [Note: study fieldwork was done May–July 2002, when school may have been out for many of the respondents’ children.]

The landmark Multimodal Treatment Study article on treatment outcome moderators and mediators also cites some socioeconomic differences in attitudes toward treatment. “Most outcomes for families receiving

FIGURE 1 Income Levels of Survey Participants

| | \$50K or less | Above \$50K | Declined to respond |
|-------------------|---------------|-------------|---------------------|
| Hispanics | 56% | 34% | 10% |
| African Americans | 52% | 35% | 13% |
| Other | 36% | 54% | 12% |



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public assistance showed patterns of treatment response *similar* to those for families of higher socioeconomic strata, but we observed a tendency for families receiving public assistance (single-parent or dual-parent) assigned to medication management to show an unexpected decrease in parent-reported closeness and positive interactions with their child. The mechanisms underlying such an effect are speculative...Furthermore, for families receiving public assistance, *combined treatment methods* seemed to enhance teacher-reported

social skills relative to all other conditions. Both results are in need of replication.”

The national IMPACT (Investigating the Mindset of Parents about AD/HD & Children Today) study, conducted by the New York University Child Study Center in 2001 of 500 parents of children aged 6 to 14 years (and also funded by McNeil Consumer & Specialty Pharmaceuticals), revealed that parents of children with AD/HD spent three hours helping their **continued on page 45**

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child manage their daily routines (or 35 percent more time than parents of children without AD/HD). It is our suspicion that this time involvement by parents of children with AD/HD may have a different quality of engagement for the parents with greater financial and social stressors. They may not see themselves as necessary or valuable to their now better-functioning children with appropriately treated AD/HD, without help in restructuring the parent-child interaction.

Again, as African American behavioral health providers, we applaud the effort to better understand the acceptance and impact of knowledge and treatment of AD/HD in our communities. However, the study further emphasizes the need to understand the moderators and mediators of care across racial and ethnic lines, even when socioeconomic and educational statuses are similar. The impact of race and ethnicity are still yet to be well understood as they impact health-care in general and mental health care in particular. But if we as a nation are to stem the loss of human potential in our communities of color, this survey and other studies like it are needed and worth the investment. ■

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