Attention-Deficit/Hyperactivity Disorder (ADHD) and Its Undertreatment in Hispanic/Latinx Youth

Overview

According to the Centers for Disease Control, attention-deficit/hyperactivity disorder (ADHD) is a developmental disability and one of the most common neurodevelopmental disorders in children. Although ADHD is commonly associated with children, it often continues into adulthood. Over 75% of children with ADHD continue experiencing significant symptoms as adults. Untreated ADHD can cause functional impairments in a person’s work, school, home, and social life. In addition to quality of life, Dr. Russell Barkley, a renowned ADHD expert, says ADHD affects a person’s life expectancy too. His research showed that ADHD treatment has the potential to add 9 to 13 years to an individual’s lifespan. This finding could be related to how undiagnosed ADHD is associated with a higher risk of substance use, trouble with the law, and even car accidents. Parents’ cultural values and expectations can affect if they notice a child’s ADHD symptoms and what services they use. The H/L population is diverse, and it is important to remember that cultural differences exist among people of different descents. In addition to cultural differences, factors such as availability of Spanish-speaking professionals, medical translators, and whether diagnostic tools are culturally sensitive also affect ADHD identification and treatment.

ADHD is often pictured a certain way despite how it affects individuals differently. This limited knowledge can lead to misconceptions and later diagnoses. For example, a teacher may not consider that a student has ADHD because they associate it with a hyperactive child who cannot sit still. Although this is true in some cases, it does not describe everyone with ADHD. Hyperactivity is not required for an ADHD diagnosis, because ADHD can be a consistent pattern of inattention and/or hyperactivity-impulsivity. When someone meets enough criteria for inattention but not hyperactivity-impulsivity, it is known as a predominantly inattentive presentation.

In general, people with an inattentive presentation are often diagnosed later or remain untreated because their symptoms are not easily recognized by others. Hyperactivity-impulsivity symptoms often impact other people and the environment in a more direct and visible way. These symptoms can include interrupting others, talking excessively, and fidgeting (tapping feet or desk). Whereas many
inattentive symptoms are not as outwardly noticeable. Symptoms of inattentive ADHD can be poor time management, problems with organization, and trouble with processing information as quickly as others. However, in a small study with H/L parents, the majority of parents described symptoms related to inattention. Researchers believe this to be because symptoms reported the most (generally inattentive, easily distracted, not focusing) went against parents’ collectivistic values of familismo (importance of family connectedness and loyalty). Differences in views about ADHD symptoms contribute to inconsistencies between teacher and parent reports of a child’s symptoms. H/L parents may report either hyperactive or inattentive symptoms as purposeful defiance which can lead to a diagnosis of Oppositional Defiant Disorder instead of ADHD. When ADHD is mistaken by others as laziness or intentional defiance it can lead to a child being treated as a problem instead of as a student who needs supports. For example, an individual who was undiagnosed as a child recalls being frequently transferred out of his classes in both Colombia and the United States. You can hear more about his experience by listening to Andy’s digital storytelling episode.

Recommendations and Resources

Due to how cultural values can affect a parent’s view of symptoms and ADHD assessments rely on parents’ reports, it is recommended that clinicians do a thorough interview with parents. Instead of only asking yes-or-no questions, clinicians should get an idea of what parents’ underlying beliefs are about the child’s behaviors. Possible questions can ask why some behaviors are rated more problematically than others, and why they think their child does not complete tasks. Interviews can help to understand the severity of symptoms and parents’ values which can be incorporated into treatment, if appropriate. Furthermore, clinicians should not assume that parents already know about ADHD and recognize that hearing this diagnosis can affect them greatly. Professionals can learn more about how to better serve H/L children by watching Dr. Alyson Gerdes’ webinar on Culturally Adapted ADHD Treatment for Spanish-Speaking Latino Families.

Psychoeducation groups, usually delivered as parent education classes, can help parents learn about what ADHD is and is not. These groups can provide hope to parents, especially to those unaware of ADHD before their child was diagnosed. Lastly, increasing teacher knowledge about different types of ADHD (hyperactive-impulsive, inattentive, or combined type) can help with earlier recognition.

If a parent is not familiar with ADHD, they can feel overwhelmed when a doctor tells them the diagnosis. This was the case for Mecha. She did not know what ADHD was, how it was different from autism, and felt the pediatrician only gave her negative information. To hear more about her experience, you can listen to Mecha’s digital storytelling episode.

Response to Diagnosis and Mental Health

After ADHD is recognized, a person’s response can still vary based on what is believed to be the cause. In general, H/L parents who believe their child is experiencing difficulties due to a physical health cause are more likely to follow up with mental health services than those who believe it is brought on by non-physical causes. While social and environmental factors can make symptoms more apparent, they are not considered to be a cause. At this time, an exact cause is unknown but research most strongly supports the role of genetics on ADHD. Data also shows that many people with ADHD have mental health concerns. About 1 in 3 people with ADHD have anxiety and about 1 in 6 have depression. Furthermore, ADHD can affect significant areas of life for children and adolescents like peer relationships, school performance, and acceptance. As a result, early assessment and treatment are strongly recommended to reduce the negative effect ADHD can have on self-esteem.

Adults, parents, and educators can find information about ADHD on the CHADD website (Children and Adults with Attention-Deficit/Hyperactivity Disorder). CHADD also has a national hotline, 1-866-200-8098, people can call to speak with an ADHD Specialist in English or Spanish. You can also find ADHD factsheets in Spanish on their website. Another helpful tool is the ADHD Centers Directory. Hospital and university ADHD centers offer evaluations, referrals, and other services.
Contributors

Tatiana Perilla, MSW
Eduardo A. Ortiz, PhD, JD

References

Check us out on Social Media!

Facebook: @MHDDcenter

Instagram: @MHDDcenter

Twitter: @MHDDcenter

LinkedIn: MHDD National Training Center