Australian Evidence-Based Clinical Practice Guideline For ADHD FACTSHEET: ADHD and Aboriginal & Torres Strait Islander Peoples

ADHD and Aboriginal and Torres Strait Islander Peoples

There is currently a lack of research on understanding, identifying, assessing and treating Attention Deficit Hyperactivity Disorder (ADHD) in Aboriginal and Torres Strait Islander peoples[1]. There may also be a lack of knowledge and awareness about ADHD in some Aboriginal and Torres Strait Islander communities. This may result in over-diagnosis or under-diagnosis of ADHD, resulting in stigma or a lack of treatment.

For Aboriginal and Torres Strait Islander peoples, mental health interconnects with numerous domains including spiritual, environment, country, community, cultural, political, social emotional and physical health[2,3]. Different cultures can view the symptoms of mental health conditions differently. For example, there could be misidentification of symptoms that are otherwise considered as culturally appropriate. Culturally appropriate and competent care must be provided. When working with Aboriginal and Torres Strait Islander peoples, clinicians should consider how mental illness is framed, and how treatment (clinical and cultural) can be articulated as building on the already existing strengths, beliefs and practices held within Aboriginal and Torres Strait Islander cultures.

How common is ADHD in Aboriginal and Torres Strait Islander peoples?

Some studies have suggested there may be a slightly higher prevalence of ADHD in Aboriginal and Torres Strait Islander peoples. For example, the WA Aboriginal Child Health Survey reported that Aboriginal children had a higher risk of clinically significant hyperactivity difficulties (15.8%) compared with 9.7% for non-Aboriginal children[4]. However, the validity of rating scales used for screening and assessment of ADHD is generally not well established in most Aboriginal and Torres Strait Islander groups. Therefore, robust estimates of the prevalence of ADHD in Aboriginal and Torres Strait Islander peoples are lacking.

Are ADHD symptoms similar in Aboriginal and Torres Strait Islander peoples?

ADHD is present in almost all regions of the world[5], indicating that ADHD is not a culturally specific phenomenon. However, some symptoms of ADHD, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fifth edition (DSM-5), may not be considered problematic by Aboriginal and Torres Strait Islander peoples, and may be viewed as usual and appropriate responses to the context the person lives in. However, some studies based on Aboriginal and Torres Strait Islander people's perspectives on ADHD, have found that hyperactivity symptoms can be considered problematic and can negatively impact on community participation and everyday activities, such as shopping, and also on children's ability to learn at school[3]. High levels of activity can also be appropriate or viewed positively in some settings, such as in the playground, but not in other settings, such as when learning in class where there are expectations to sit still, focus and pay attention to instructions. Thus, symptoms of ADHD must be explored individually within the person's culture to understand whether any ADHD symptom results in negative impacts for the person in any areas of their functioning.

Identification of ADHD in Aboriginal and Torres Strait Islander peoples

The identification of ADHD in Aboriginal and Torres Strait Islander peoples can be difficult, due to the lack of valid screening tools. Aboriginal and Torres Strait Islander adolescents and adults may also have high levels of co-occurring conditions often found in people with ADHD, such as substance use disorders, trauma disorders and high levels of suicidal behaviour[6]. These co-occurring conditions can make differential diagnosis complex. Due to co-occurring conditions, and a lack of awareness, ADHD may not be recognised or considered, even when assessment and treatment for mental health difficulties are sought. It is likely that ADHD is commonly overlooked in Aboriginal and Torres Strait Islander peoples when presenting for other difficulties.

Clinicians should complete a cultural and social assessment of the meaning and significance of any ADHD symptoms in Aboriginal and Torres Strait Islander peoples. A strengths-based focus should be employed wherever possible. The assistance of a cultural interpreter or Aboriginal and Torres Strait Islander health worker should be sought if needed. Where symptoms of ADHD, as viewed through a cultural and social lens, are considered by the person and their family to be negatively impacting on the person's life, a culturally sensitive diagnostic assessment for ADHD should be undertaken.

Diagnosis of ADHD in Aboriginal and Torres Strait Islander peoples

Some Aboriginal and Torres Strait Islander people may fear and/or be reluctant to access services for assessment and treatment as a consequence of the practices of eugenics and the Stolen Generations where children were removed from families and institutionalised[3]. This occurred into the 1980s and is in living memory and may result in people with ADHD not accessing assessment and treatment. Discrimination, racism and ignorance likewise influence the experiences of Aboriginal and Torres Strait Islander people when accessing mental health supports[7].

The following general principles of assessment could be considered when completing a diagnostic assessment for ADHD[2]:

- Assessment needs to be holistic considering physical, mental, emotional, social, cultural, family and Country connections[2].
- Assessment should consider cultural identity, cultural explanations of ADHD symptoms, cultural factors associated with psychosocial and environmental functioning, cultural elements and power differentials in the relationship between the person and the practitioner, and an overall cultural assessment[2,8].
- A cultural understanding of the problem should consider psychosocial stressors, religion, spirituality, age groups and gender[2].

Assessment should include consideration of whether the person's presentation is worsened due to discrimination based on race/ethnicity or sexual orientation. A careful assessment of physical health is also required given high levels of physical health issues in some Aboriginal and Torres Strait Islander peoples including hearing problems which may present similarly to ADHD inattentive symptoms[9].

Treatment of ADHD in Aboriginal and Torres Strait Islander peoples

There are a number of different treatment options for ADHD recommended by the Australian ADHD evidence based clinical-practice guideline. These treatments can improve the core symptoms of ADHD and improve functioning and wellbeing. Treatments can improve the long-term outcomes of people with ADHD helping them to live full and happy lives. Treatments include non-pharmacological and pharmacological approaches. For Aboriginal and Torres Strait Islander peoples, there is a lack of research on treatment for ADHD. There is also evidence that even when ADHD is identified in a Aboriginal children and adolescents they are less likely to receive pharmacological treatment[10].

Research on parent-training programs that have been culturally tailored to Aboriginal and Torres Strait Islander communities (for example, a variation of the Group Triple P Parenting Program) suggests that they can be culturally acceptable and have positive outcomes in terms of reducing children's symptoms[11].

Consideration of cultural, pharmacological and non-pharmacological interventions should occur[2]. The wishes of parents, families and people with ADHD regarding treatment options (for example, cultural, pharmacological versus non-pharmacological treatments and their combination) should be prioritised[3].

Non-pharmacological interventions need to be culturally sensitive and appropriately tailored and localised for Aboriginal and Torres Strait Islander people, families and communities being treated[3]. Interventions should include parents/families, Elders and kinship networks where appropriate to maximise treatment effectiveness given strong family values in Aboriginal and Torres Strait Islander culture[3].

Pharmacological interventions should be explained carefully with an awareness of potential cultural issues. Pharmacological options may be more acceptable if offered as part of a broad package aimed at helping a person reach their potential.

References

1. Loh P, Hayden G, Vicary D, et al. Australian Aboriginal perspectives of attention deficit hyperactivity disorder. Australian & New Zealand Journal of Psychiatry 2016; 50: 309-310.

2. Dudgeon P, Milroy H and Walker R. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice 2nd Edition. ACT: Commonwealth of Australia, 2014.

3. Loh P-R, Hayden G, Vicary D, et al. Attention Deficit Hyperactivity Disorder: an Aboriginal perspective on diagnosis and intervention. Journal of Tropical Psychology 2017; 7.

4. Zubrick S, Lawrence D, Silburn S, et al. The Western Australian Aboriginal child health survey: The health of Aboriginal children and young people. Telethon Institute for Child Health Research, 2004.

5. Polanczyk G, De Lima MS, Horta BL, et al. The worldwide prevalence of ADHD: a systematic review and metaregression analysis. American journal of psychiatry 2007; 164: 942-948.

6. Azzopardi PS, Sawyer SM, Carlin JB, et al. Health and wellbeing of Indigenous adolescents in Australia: a systematic synthesis of population data. The Lancet 2018; 391: 766-782.

7. Murrup-Stewart C, Searle AK, Jobson L, et al. Aboriginal perceptions of social and emotional wellbeing programs: A systematic review of literature assessing social and emotional wellbeing programs for Aboriginal and Torres Strait Islander Australians perspectives. Australian Psychologist 2019; 54: 171-186.

8. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition. Washington DC: American Psychiatric Association, 2013.

9. Vos T, Barker B, Begg S, et al. Burden of disease and injury in Aboriginal and Torres Strait Islander Peoples: the Indigenous health gap. International journal of epidemiology 2009; 38: 470-477.

10. Ghosh M, Holman CAJ and Preen DB. Use of prescription stimulant for Attention Deficit Hyperactivity Disorder in Aboriginal children and adolescents: a linked data cohort study. BMC Pharmacology and Toxicology 2015; 16: 1-8.

11. Andersson E, McIlduff C, Turner K, et al. Jandu Yani U 'For All Families' Triple P—positive parenting program in remote Australian Aboriginal communities: a study protocol for a community intervention trial. BMJ open 2019; 9: e032559.

Resources

The guideline has several resources to support improvement in ADHD identification, diagnosis, treatment and care. You can access these resources here: https://adhdguideline.aadpa.com.au

Questions?

For more information please visit: https://aadpa.com.au/guideline

Or email the guideline team: guidelines@aadpa.com.au

Disclaimer

AADPA has produced this clinical practice guideline to support the delivery of appropriate care for a defined condition. The clinical practice guideline is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual client, in consultation with the client and/or their carer or guardian, when applying information contained within the clinical practice guideline. People with a lived experience should use the information in the clinical practice guideline as a guide to inform discussions with their healthcare professional about the applicability of the clinical recommendations to their individual situation.