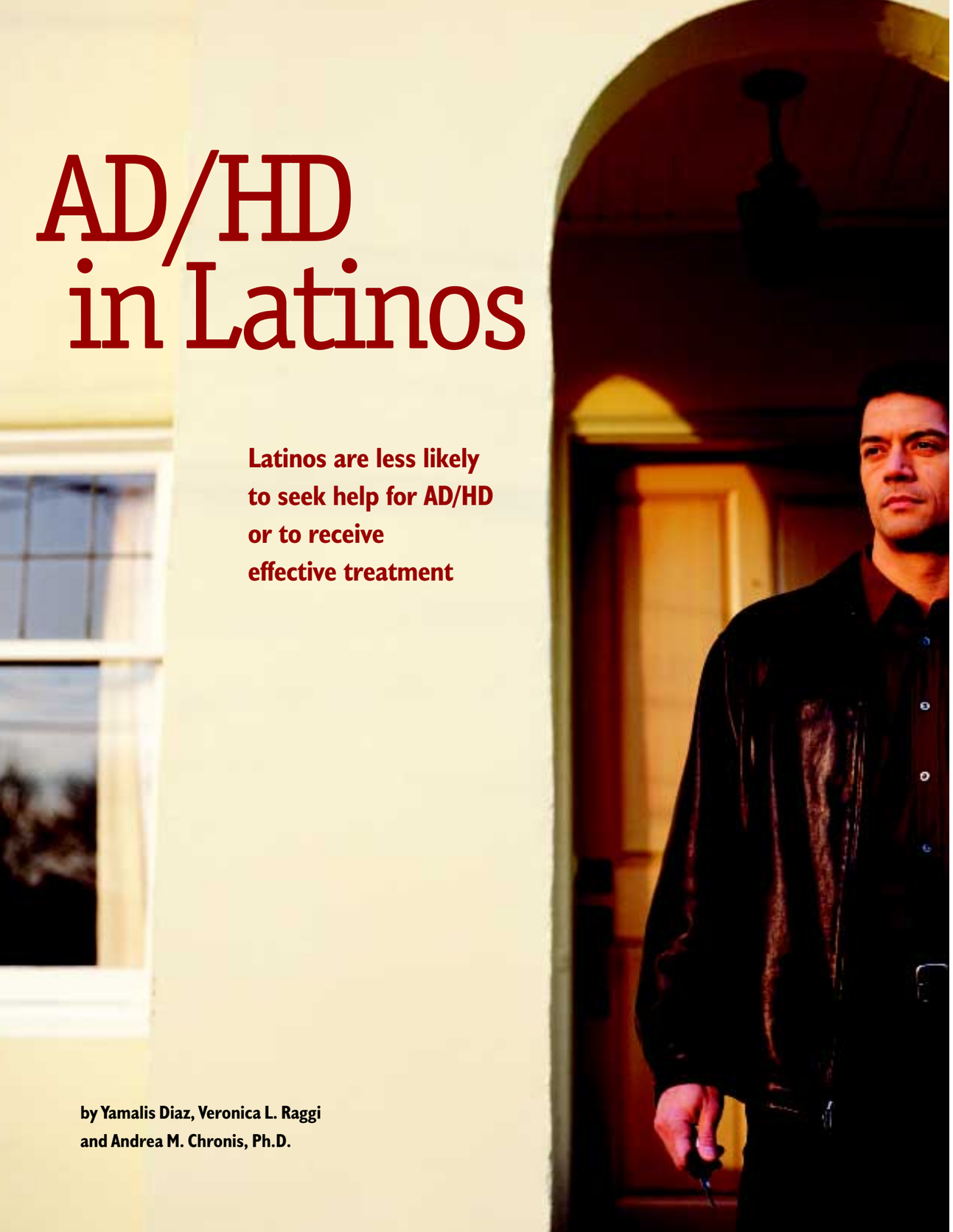
AD/HD in Latinos



Latinos are less likely to seek help for AD/HD or to receive effective treatment

by Yamalis Diaz, Veronica L. Raggi and Andrea M. Chronis, Ph.D.

Editor's Note: In August 2001, the Surgeon General of the United States released *Mental Health: Culture, Race and Ethnicity,*[1] a supplement to the 1999 *Mental Health: A Report of the Surgeon General.* Within this report, the Surgeon General outlined inequalities in obtaining mental health services faced by Hispanic Americans (Latinos). According to the Surgeon General, Hispanic Americans have limited access to mental health care providers since few of these providers speak Spanish, and as many as 40 percent of Latinos report limited proficiency in English.

The Surgeon General concluded the report by calling for culturally, linguistically and geographically accessible mental health services to meet the needs of underserved populations, including Hispanic Americans. "The time is right for a commitment to expand or redirect resources to support evidence-based, affordable and culturally appropriate mental health services for racial and ethnic minorities." He then emphasized the need for state-of-the-art, evidenced-based interventions that are culturally competent and appropriately used by clinicians.

In July 2003, the President's New Freedom Commission on Mental Health released a report[2] that echoed the concerns of the Surgeon General's report regarding the difficulties faced by Hispanic Americans in receiving mental health services. The report stated, "Unfortunately, the mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them. Specifically, the system has neglected to incorporate respect or understanding of the histories, traditions, beliefs, languages and value systems of culturally diverse groups."

The following article highlights the scientific research on AD/HD in Hispanic/Latino populations from a literature review conducted in 2004 by Andrea Chronis, Ph.D., and colleagues and funded by the National Research Center on AD/HD. ■

The Spanish translation of this article begins on page 44.

Despite the fact that children of all races have attention-deficit/hyperactivity disorder (AD/HD), factors associated with AD/HD among ethnic and racial minorities in the United States are poorly understood. For example, very few research studies have examined the incidence rates, assessment and treatment of AD/HD in the U.S. Hispanic/Latino population.

Recent census data indicates that the U.S. Hispanic/Latino population has increased by 58 percent in the last decade, and that 36 percent of Latinos are children and adolescents under the age of 18,[3] making Latinos the largest minority group in the United States today. Therefore, it is vital to identify culturally sensitive assessment and treatment techniques for Hispanic/Latino children with AD/HD. Also, it is necessary to identify barriers that may exist when applying treatments to Hispanic/Latino children that were developed and studied on children from the majority group. This article will review what is known about mental health service use among Latinos, as well as cultural values that may influence their participation in evidence-based mental health treatments for AD/HD.

Children of all races have AD/HD, but few research studies have examined the incidence rates, assessment and treatment of AD/HD in the U.S. Hispanic/ Latino population.

There are two primary evidence-based treatments for AD/HD—stimulant medication and behavior intervention.[4] Stimulant medications are helpful in improving AD/HD symptoms, disruptive classroom behavior and social relationships for approximately 80 percent of children for whom they are prescribed.[5] A large number of research studies have shown substantial beneficial effects of behavior intervention, including both behavioral parent training and classroom interventions.[4] Behavior intervention strategies involve teaching parents and teachers to provide clear and consistent structure, routines and expectations and to consistently follow through with positive and negative consequences for behavior.

Including *both* medication and behavior intervention in treatment appears to be most effective in improving the behavior and functioning of children with AD/HD across home, school and recreational settings.[6, 7] Moreover, since AD/HD is a chronic and pervasive disorder, treatment must be implemented *consistently* over the *long-term* in each setting in which the child is having difficulty.[8] Such long-term, consistent application of these treatments requires a great deal of investment and dedication on the part of parents.[9]

A parent's decision to seek effective treatments for AD/HD may be influenced by several factors. Their knowledge of and exposure to accurate information about AD/HD may play a key role in whether they recognize AD/HD symptoms and decide to seek treatment. People of color may receive less information about AD/HD and may have fewer resources available in order to seek effective treatments.

Cultural attitudes and values may also influence the ability of parents to recognize and accept that their children may have AD/HD and, therefore, may affect whether they seek treatment for their children. For example, people of color are more likely than Caucasians to be "very concerned" about what others might think if their child was diagnosed with AD/HD. Perhaps, as a result of their lack of information and the stigma associated with AD/HD, Latinos are also less likely to either seek help for AD/HD or to receive effective treatments for AD/HD.[10]

General Mental Health Service Use Among Latinos

Research studies have consistently found very low rates of use of mental health service among Latinos in the United States, in some cases half the rates found for Caucasians.[11, 12, 13, 14] Additionally, Latinos are more likely to use general or "informal" medical providers, like pediatricians, social workers and religious officials, rather than specialty mental health services to address their mental health needs.[15, 16] Seeking treatment from general practitioners or informal sources, who may not have specialized training in AD/HD, may make it more likely that Latinos will receive *non*-evidence-based treatments.

Some barriers to mental health care among Latinos that have been studied include:

Service-related factors

- Lack of culturally competent services
- Dissimilarity between Hispanic/Latino patients and treatment providers in their understanding of mental illness and treatment
- Lack of awareness of available mental health services

Instrumental barriers

- Language barriers
- Lack of transportation
- Financial difficulties and lack of insurance

Socio-demographic factors

- Low income within households
- Lack of education
- Unemployment
- Community-level factors
- Hispanic/Latino values and beliefs
- Stigma of mental illness

As might be expected, research shows that when these language and cultural barriers are removed, service use among Latinos is similar to that of Caucasians.[14] Hispanic/Latino females and those with more education, stable jobs, smaller households and children with more severe problems are more likely to seek mental health services.[13, 17, 18, 19] Thus, Hispanic/Latino parents who are most likely to seek treatment for their children with AD/HD are those that have more resources. Unfortunately, this also means that Hispanic/Latino parents with fewer resources are *least* likely to receive treatment.

Identification and Treatment of AD/HD Among Hispanic/Latino Children

Cross-cultural differences may influence the way parents and teachers evaluate acceptable and problematic child behavior,[20, 21, 22] as well as their expectations about treatment approaches. Therefore, AD/HD behaviors and treatments must be viewed within the context of the cultural environment in which children are reared.[23, 24] For example, in the National Institute of Mental Health Multimodal Treatment Study of Children with AD/HD (MTA),[25] parents of Hispanic/Latino children reported less improvement among their children after treatment than both Caucasian and African American parents, even though the teachers reported similar levels of improvement among Hispanic/Latino and African American children.[26] Thus, cultural differences among Latina mothers may also be an important consideration in understanding their perceptions of child behavior and improvement of that behavior following treatment.[23]

As discussed, stimulant medication and behavioral interventions are research-supported AD/HD treatments. Unfortunately, a recent survey found that, compared to Caucasians, non-Caucasians in the United States are less satisfied overall with AD/HD medications, less likely to recommend AD/HD medications to others, more likely to expect negative side effects from medications, more likely to believe that AD/HD medications may lead to drug abuse and more likely to prefer psychosocial treatments than medication.[27]

Also, despite increases in overall AD/HD medication prescriptions in the United States, Latinos are less likely to be treated with AD/HD medications.[28] This may also be true for Latinos living in their home countries. For example, a study on Puerto Rican children living in Puerto Rico found that only 7 percent of children with AD/HD were medicated and that when medication was used, it was often discontinued because parents were dissatisfied or disagreed about the appropriateness of the medication treatment.[29] However, MTA Study results showed that Hispanic/

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Hispanic/Latino females and those with more education, stable jobs, smaller households and children with more severe problems are more likely to seek mental health services.

Latino and Caucasian children benefited equally from medication. Yet, at the end of the study, Hispanic/Latino children were prescribed lower doses based on parent and teacher ratings of child behavior and side effects. This may be due to Hispanic/Latino parents reporting either fewer positive effects or more side effects of medication as the doses increased.[26] Thus, cultural attitudes may influence the acceptability and continued use of medication treatments for AD/HD.

Behavioral interventions, such as parent training, must also be examined in light of cultural factors.[30] Research examining cultural beliefs and family values among Latinos in the United States has identified several important factors that may influence parents' acceptance of treatment approaches and perceptions of effectiveness. For example, *respeto (respect)* is a common family value held among Latinos which reflects the level of conformity, obedience and respect that a child is expected to display toward authority figures (especially parents) and across situations.[31] Therefore, providing parent training to Hispanic/Latino parents requires sensitivity to cultural views of child behavior and beliefs about appropriate parenting techniques.

Behavioral techniques must be presented in a manner that will be accepted by members of a child's cultural environment and that take into account the family structure. For example, since the extended family is often involved in socializing and disciplining children within Hispanic/Latino families,[32] it may be appropriate to involve all of the child's caretakers in parent training programs. Likewise, it may be useful to present behavioral techniques, such as giving effective commands and utilizing discipline techniques with the goal of gaining *respeto* rather than child compliance. Unfortunately, there are currently no published research studies of specific interventions to current AD/HD parent training programs for Latinos or Spanish-language parent training programs.[30] Such studies are sorely needed.

Conclusion

The identification and treatment of AD/HD in Latinos is a major public health concern in the United States today and should therefore be a priority within current research agendas. The limited amount of research that currently exists suggests that Latinos receive less information about AD/HD and are less likely to receive evidence-based AD/HD treatments than Caucasians, despite similar beneficial effects when such treatments are delivered.

Future research must be directed toward understanding how problematic child behavior may be viewed differently among Hispanic/Latino parents and how this influences whether they seek treatment. In order to meet this goal, efforts must first be directed at the development and testing of Spanish-language evaluation tools for AD/HD. Researchers need to examine the acceptability of evidence-based treatments among Hispanic/Latino parents to gain a better understanding of how issues related to medication and behavioral techniques can be presented to Hispanic/Latino parents in a way that may increase their acceptance of treatment strategies. Scientists and clinicians can then use this information to modify and test existing evidence-based treatments in a culturally sensitive manner. ■

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