

# Tackling Myths and Misinformation

Gina Pera interviews Rahn Bailey, MD, FAPA

**RAHN KENNEDY BAILEY'S TRAINING AND PRACTICE** as a forensic psychiatrist introduced him to the real-world costs of undiagnosed ADHD.

Forensic psychiatry refers to using one's medical training or knowledge in psychiatry to solve a legal question. Such specialists might write a report about an employee who is disabled, deal with a family that is challenging a loved one's mental competency, or testify in court as to someone's mental condition. Bailey, however, also worked and served in settings where children were in trouble, such as juvenile detention centers and school systems. As he grasped the extent of the problem with underdiagnosed ADHD not only with children but also adults, he devoted his energies to advocacy.

The forty-five-year-old physician currently serves as chair and executive director of the department of psychiatry and behavioral sciences at the School of Medicine of Meharry Medical College in Nashville, Tennessee. A member of the administrative council of the American Academy of Psychiatry and Law and of the professional advisory board of CHADD, Bailey is also a recognized leader in the National Medical Association. The NMA's mission is to "advance the art and science of medicine for people of African descent through education, advocacy, and health policy to promote health and wellness, eliminate health disparities, and sustain physician viability."

Between sessions at a conference, Bailey found time to talk with us about his work and, in particular, his interest in ADHD.

**When you were a child, did you ever imagine growing up to be a psychiatrist?**

I always wanted to be a doctor. But I was a little afraid to say it [while I was] growing up. There was always a risk of being teased, and it's such a long-term project. But I'm happy I stayed with it because I definitely enjoy my job.

**What do you find is the most rewarding aspect of your work?**

No doubt about it: Treating ADHD is one of the better things we do in psychiatry, because you can see results fast. With children who have been sanctioned at school and are skating on thin ice, you can definitely help them turn their lives around.

Sometimes it does require the skills of a

good courtroom attorney, though—it's as though you're arguing your case to some parents. They might be skeptical and unsure, but if you can make a solid case about therapy and medication management and the child does better, then you win friends for life. It's extremely rewarding.

**Both your parents were teachers. Can you describe their influence on you?**

Being a teacher is one thing. Being an *elementary* school teacher, you really have your job cut out for you in helping to mold a child's future. Moreover, when your schoolteacher parents are regularly seeing children who are doing the right thing or the wrong thing, they are geared towards reminding you of the right path on a regular basis.

**When did you first learn about ADHD—during your training as a psychiatrist?**

Actually, I didn't learn about ADHD until December 2004, years after my medical residency.

I was involved in the National Medical Association as chairman of psychiatry, and I frequently spoke on psychiatric issues that deal with the African-American community. In 2004, I was asked to speak on what the research told us about African Americans and ADHD. When I reviewed the literature, I was surprised to see how little data existed. That ignited my intense interest, and I started speaking on this topic to national organizations such as the Urban League and various psychiatric organizations nationwide.

**Through your forensic work, you saw the connection between untreated ADHD and children who found themselves in juvenile detention centers and later even in prisons or jails. From there, you saw the larger issue with psychiatric illnesses among the incarcerated in this country?**

Exactly. Most of us are aware that a record number of Americans are incarcerated today. It's a nightmare from a public-policy perspective. Clinicians don't see it moving in the right direction, either, because many of these people continue to suffer from untreated psychiatric conditions.

It often happens in this country that we try to handle clinical issues with non-clinical solutions. We are increasingly incarcerating persons with mental illness; often these are people who just don't have a good ability to handle themselves. That's a prime reason why our criminal-justice system is not working.

When it comes to ADHD in particular, one of the chief diagnostic criteria is impulsivity, and impulsivity can manifest

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Rahn Kennedy Bailey, MD, FAPA, is chairman of the department of psychiatry and behavioral sciences at Meharry Medical College.

in many ways that will land a person in trouble. For example, there is the urge to shoplift or break into a store but little or no tendency to think of consequences.

**Despite the well-documented risks of undiagnosed ADHD, misinformation persists. Have you encountered this in your practice and your advocacy work?**

Yes, there's quite a bit of propaganda around ADHD, particularly the myth that ADHD is overdiagnosed and many children are placed on medication unnecessarily.

If I had a nickel for every parent who comes to my office and says, "The school won't let my child come back without a diagnosis, but there's nothing wrong with my child. This ADHD is overdiagnosed! I had the same problems at that age." Then I ask a few questions and I learn that there were lapses in some of these parents' own academic progression, attributable at least in part to their own ADHD.

It's hard, though, to tell someone who is forty or fifty years old that "maybe you

### **"Stigma and propaganda hit some communities harder than others."**

had some form of cognitive disorder when you were in school and it *did* have some impact on you, but you never knew it because it was *underdiagnosed*." It's difficult to say this to someone who's had some setbacks in life—perhaps dropping out of school or doing time in jail.

**Research indicates that African-American children are less likely to be diagnosed with and treated for ADHD than are white children with similar levels of symptoms. Yet, some believe the exact opposite: that African-American children are disproportionately diagnosed with ADHD. How do you explain this misperception?**

Stigma and propaganda hit some communities harder

than others. One reason I spend a good deal of time educating in the African-American community about ADHD is that I was surprised to see the sheer number of people affected by it as well as the variety of settings where this is evident.

For example, African-American children are over-represented in remedial education as well as in jails and prisons. Clearly, unless you want to accept that African-American children in general simply don't do as well in school, it's important to consider untreated cognitive disorders.

Of course some simply don't want to hear about ADHD or any other diagnosis. They might say, "I'd rather be bad than mad." That is, some people see less stigma in the legal option than in the psychiatric one. Of course, this is true not only in the African-American community.

Another factor is that [anti-psychiatry groups] have been geared to destroy psychiatry, and the groups have set a stronghold in the African-American community. [They] find one person who dramatically tells about his or her one bad experience with psychiatry, whereas clinicians and scientists refer to peer-review studies, based on dozens and hundreds of patients and the structure of the data set.

Think about it: If someone stands before a group of people and rants about cancer being a hoax to people who've lost a loved one to cancer, that speaker will not be given the time of day. But when it's ADHD, many people don't *think* they know anyone who has it. And certainly they don't associate anyone's death to it, even though ADHD is associated with higher risk of injury from car accidents and so on. ●