The Aboriginal Perspective on Attention Deficit Hyperactivity Disorder

Investigators: Pek Ru Loh, George Hayden, Jan Piek, David Vicary & Dawn Bassarab
ADHD

“A disorder characterised by the age-inappropriate symptoms of hyperactivity, inattentiveness and impulsivity with its onset before the age of seven years”

(DSM-IV, 1994)

2 major symptom: Inattention
Dimensions Hyperactivity-Impulsivity

3 subtypes: Predominantly Inattentive
Predominantly Hyperactive-Impulsive
Combined
ADHD research & Aboriginal community

1) General issues in ADHD:
Schooling, Employment, Relationship, Justice system, co-existence with other psychiatric disorders, e.g., other disruptive disorders, depression, anxiety, substance abuse etc.

2) Reported 1 in 7 young Aboriginal person (15%) in Australia were at high risk of having clinically significant hyperactivity (The Social and Emotional Wellbeing of Aboriginal Children and Young People, 2005)
ADHD research & Aboriginal community

3) Current means of diagnosing ADHD is based on Western Health Model- DSM-IV and ICD 10.

4) No definitive diagnostic tool for ADHD
   - Relies solely based on clinical interview.
   - No blood tests/Scan etc to confirm diagnosis
   -

5) Problem with current method
   - Interpretation of behaviour is influenced by culture.
ADHD research & Aboriginal community

Cultural influence and mental health:
- The extent to which behaviour is seen as problematic/abnormal varies across cultures (Wilcox et al., 2007).

- The way psychiatric disorders are accepted within the community also varies across cultures (Kleinman, 1977).

- Cultural explanation for causation must be assessed before diagnosis and treatment may be successful (Cawte, 1974)
ADHD research & Aboriginal community

6) Differing world views of cultural groups impacts on their construction of mental health, illness and physical health (Moldavsky, 2004; Yeh et al., 2004)

7) Aboriginal Australians have different worldview on health concept – holistic approach that encompasses the social, emotional, spiritual and culture (Swan & Raphael, 1995).

8) Differences in interpretation of behaviour impact on help seeking behaviour, acceptance of diagnosis and treatment compliance.
Aims of study:

- To explore Aboriginal Australians’ view on ADHD and its symptomatology.

- To understand their help-seeking behaviour and to elicit the facilitators and barriers for Aboriginal families to access mental health agencies.
Objectives of study:

- Gain an in-depth view of how Aboriginal Australians view ADHD

- Identify the factors that promote or deter Aboriginal families from seeking treatment for ADHD

- Findings can assist with designing a culturally more appropriate Health Care Delivery model for Aboriginal families with children affected by ADHD
Research design:

Research framework: A qualitative approach with focus groups and individual semi-structure interviews.

Ethics: Curtin Human Research Ethics Committee and the Western Australia Aboriginal Health and Information Ethics Committee

Criteria: Any Aboriginal person 18 years and above, and residing in Perth.
Participants:
- 19 females (mean age = 39.1); 8 males (mean age = 41.0)

- Ages ranged 22 to 53; mean age: 39.6

- Educational level: year 8 to University

- All have children of their own

- Either grandparent/parent of a child with ADHD (5) or knew someone with ADHD (8)
Procedure:
Formation of an Aboriginal Reference Group (6)

Assisted by a cultural consultant

Recruitment through words of mouth and Aboriginal agencies in Perth, Western Australia.

Semi-structured interviews: group or individual interview (ranged from 40 min to 2 hours)

Interviews were audio recorded
Procedure

Transcripts send to back participants for verification

Data analysis: Thematic analysis using Nvivo 9

Compensation: $20 shopping voucher per participant

Findings: to ensure cultural appropriateness of findings and presentation, discuss with participants and Aboriginal reference group prior to publication.
Results:

Dietary/lifestyle changes

Loss of Aboriginal way of living

Perception on ADHD

Cultural differences in perception of behaviour

Hyperactivity as dysfunctional behaviour

Psychological & Learning difficulties

Causes
Results:

Seek family support

Management of ADHD

Seek help from health services

Tolerate behaviour

Prefer Indigenous intervention

Accept child

Fear of medication treatment

Lack of information about ADHD

Lack of support from health services and community
Summary findings:
- Hyperactive behaviour seen as a problematic behaviour
- Mainly focus on cultural explanations for cause of ADHD
- Lack of information on disorder and access to health services for Aboriginal families
- For those families who accessed medical services, they felt unsupported by the system and their cultural needs were largely unmet.
- Suggest incorporating Aboriginal cultural activities in intervention rather than relying only on medication.
Future Direction:

- To replicate this study in regional Western Australia

- To compare findings between the Aboriginal communities in metropolitan and rural regional area.
Thank you

Contact detail:
Dr Pek Ru Loh
Research Fellow
Curtin University
618 9266 3437
P.loh@curtin.edu.au
How to find us:

http://bmw.curtin.edu.au

http://www.facebook.com/pages/Building-Mental-Wealth/152130671468063

http://twitter.com/BMW_group_WA

The story of our logo: The logo uses the central symbol of a head to represent the field of mental health. It is surrounded by large circles which symbolize the organisations and community groups which contribute to a combined effort to improve mental health in Australia. The smaller circles in between the larger circles represent the individuals affected by mental ill-health and their families. The roads in the outer section of the logo symbolize the many pathways that lead to mental ill-health and back to restored mental health. The logo was designed by Allison Bellottie, an Aboriginal artist belonging to the Malgana and Nanda tribal groups from the Shark Bay area of Western Australia.