



ADHD: The Aboriginal Australians Perspective

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Co-investigators

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Why ADHD research in Aboriginal community?

1) Issues in ADHD:

Schooling, Employment, Relationship, Justice system, High level of 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)

Why ADHD research in 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.

- Diagnosis is solely based on clinical interview.

- Perception of behaviour is influenced by culture.

Cultural influence:

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)

Why ADHD research in Aboriginal community?

5) Differing world views of cultural groups impacts on their construction of mental health, illness and physical health

(Moldavsky, 2004; Yeh et al., 2004)

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



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 indepth 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:

A qualitative approach

Research framework: Grounded Theory

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

Criteria: Aboriginal person 18 years and above, residing in Perth (basically any Aboriginal community members and/or parents with children diagnosed with ADHD)

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:

Collaboration between community and researchers in all aspects of research (Vicary & Andrew, 2000).

Aboriginal Reference Group (6) & cultural consultant (1)

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)

Audio recording of interview



Procedure

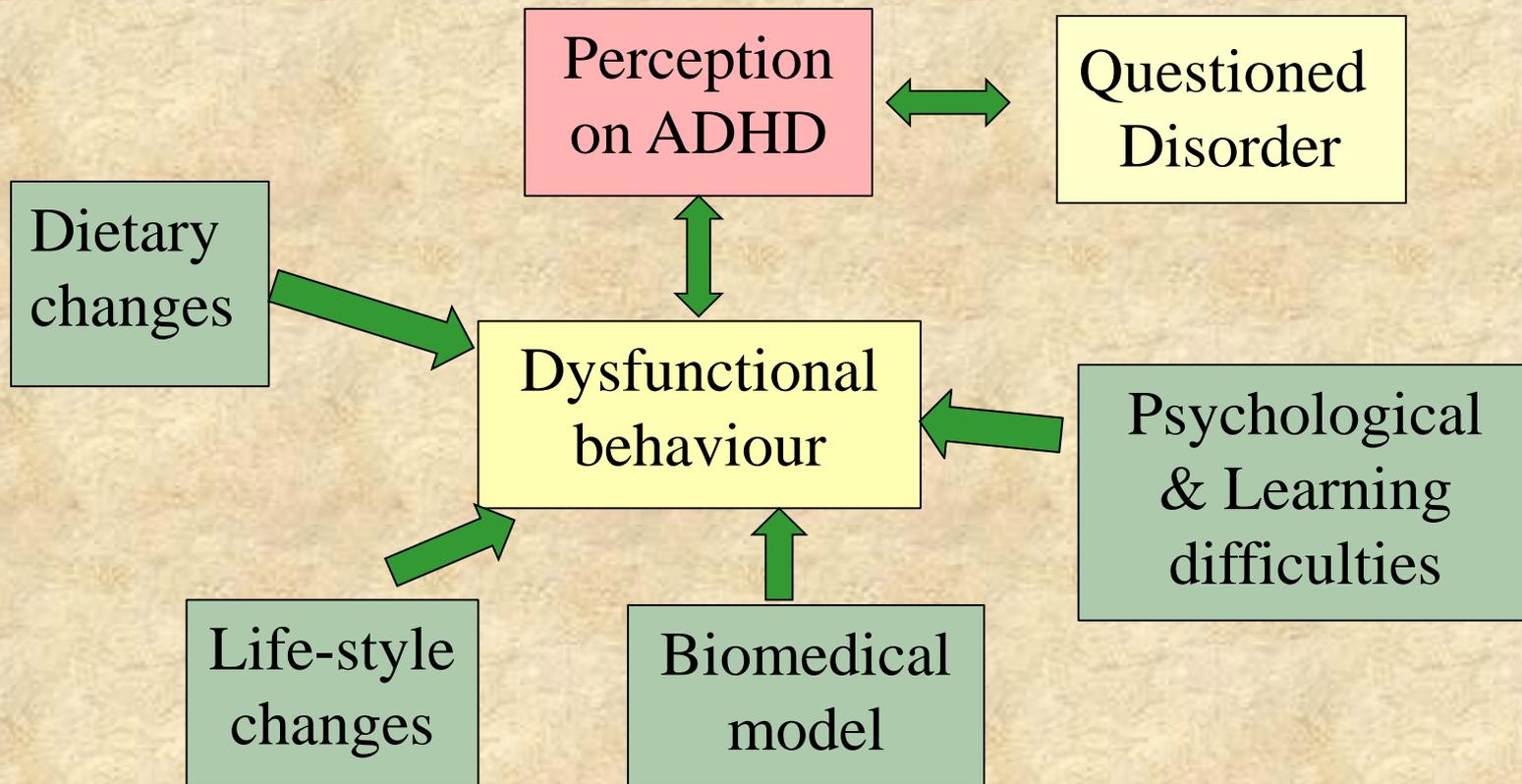
Compensation: \$20 shopping voucher per participant

Transcripts send to back participants for verification

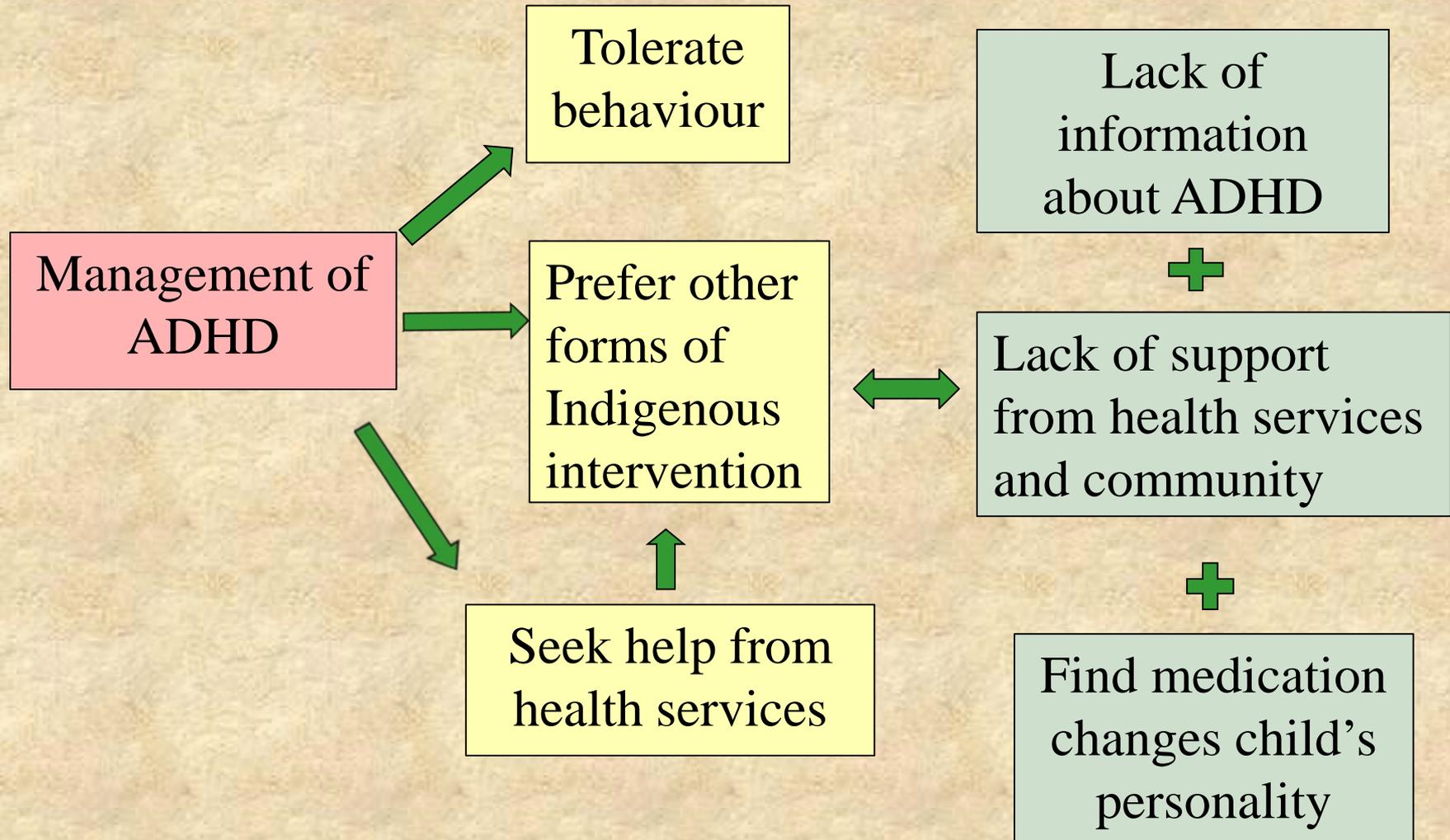
Data analysis: Content and thematically analysed using
Nvivo 8

Study stage: data analysis

Preliminary Results:



Preliminary Results:





Summary:

- Spilt views on ADHD as a disorder
- Hyperactive behaviour was seen as a problem
- Different explanations for ADHD
- Different approach to managing ADHD
- Lack of information on disorder and access to health services for families
- For families who accessed medical services, these families felt unsupported and their needs were largely unmet.



Future Direction:

- To replicate this study in regional Western Australia
- To compare findings between the Aboriginal communities in metropolitan area and regional area.



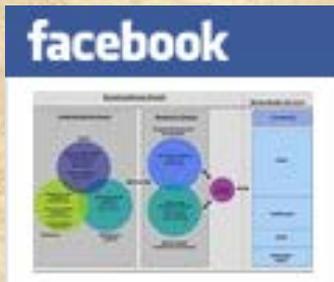
Thank you

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How to find us:



<http://bmw.curtin.edu.au>



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



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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.