

ADHD in the Black Community: Unmet Needs from Childhood through Adulthood

Napoleon B. Higgins, Jr., MD
Executive Director, Black Psychiatrists of America

October 27, 2022



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

MHTTC Network

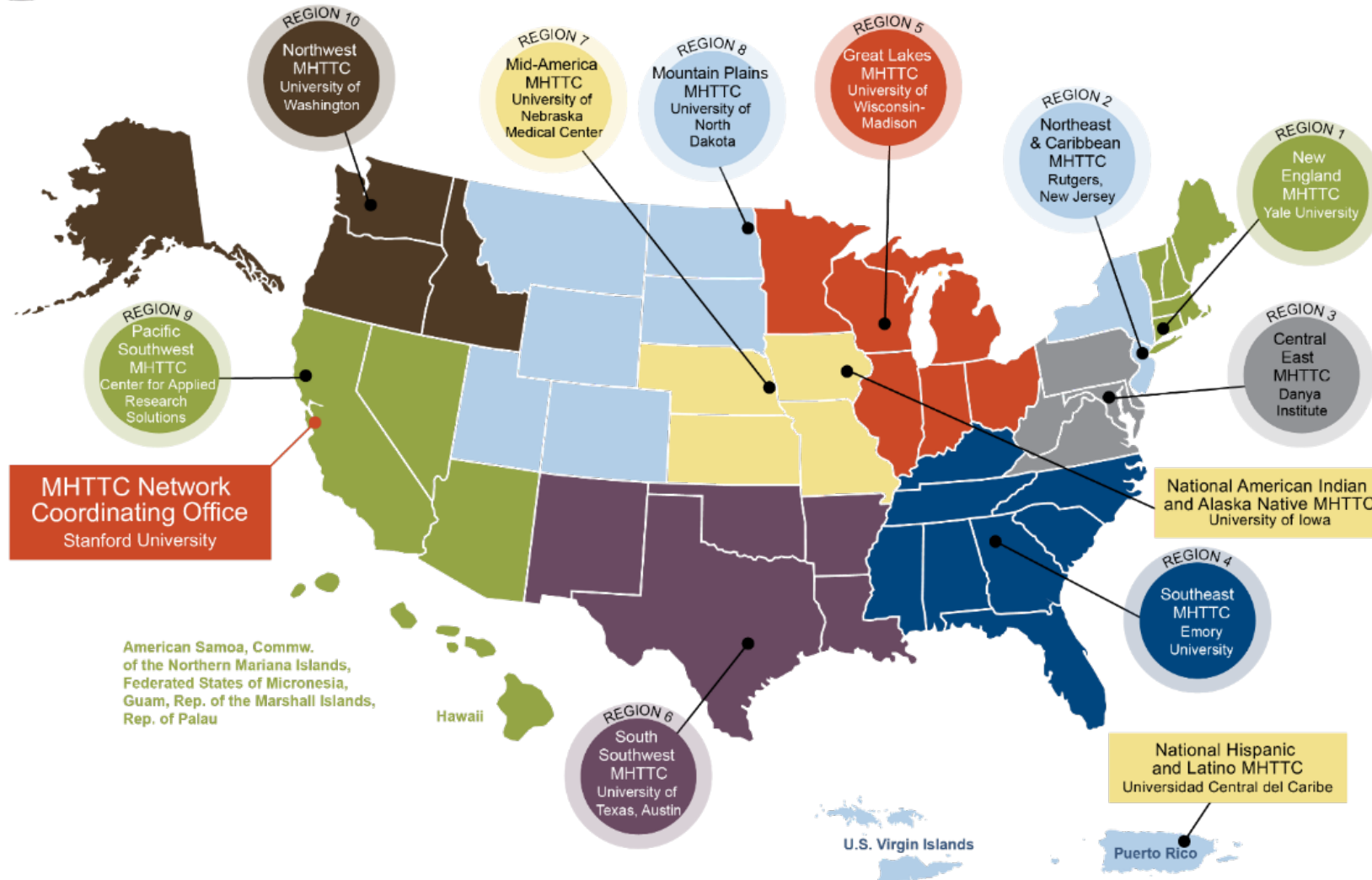


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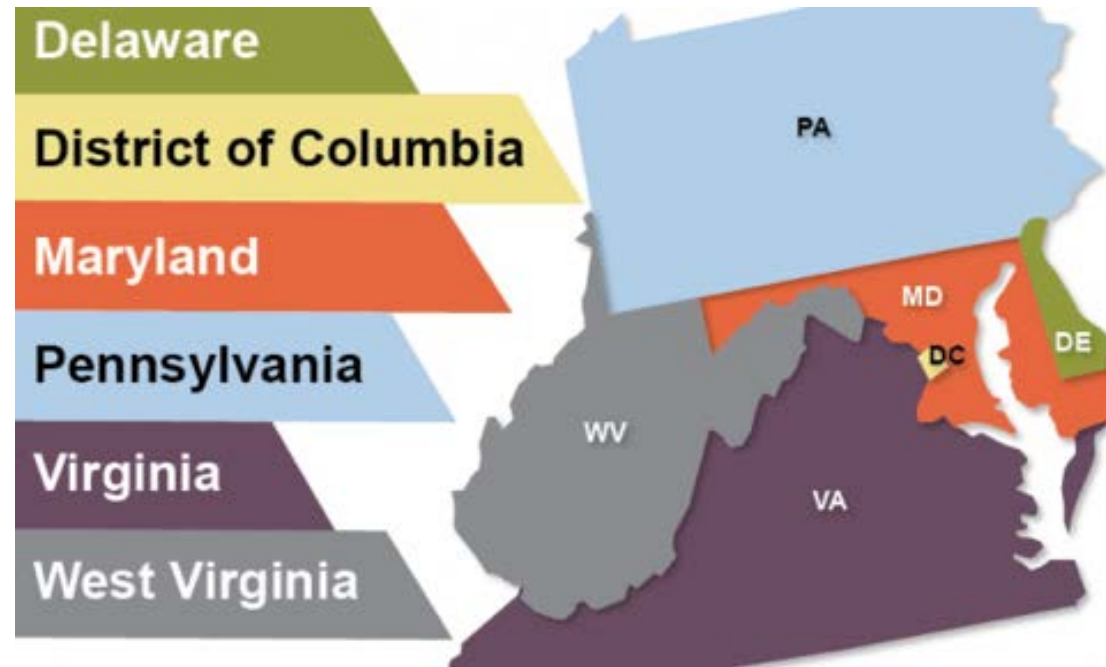
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MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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This work is supported by grant SM081785 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022

ADHD in the Black Community: Unmet Needs from Childhood through Adulthood

**Presenter: Napoleon B. Higgins, Jr., MD
Executive Director, Black Psychiatrists of America**

**Moderator: Anelle B. Primm, MD, MPH
Council of Elders, Black Psychiatrists of America**

October 27, 2022

ADHD in the Black Community: Unmet Needs from Childhood through Adulthood

- ADHD occurs across the life span from childhood into adulthood and African Americans are no exception
- This condition can have an impact on academic and occupational functioning
- Many thanks to CE-MHTTC for their partnership on the BPA Health Equity Webinar series
- Relevant to the Central East region, and the whole nation
- Featured speaker, Napoleon Higgins, MD

Learning objectives

- Discuss issues with populations impacted by ADHD and missed opportunities that occur in clinical practice
- Look at ways to improve patient-centered delivery of services for untreated and under-treated ADHD
- Discuss transitioning and improving patient adherence to ADHD treatment and understanding treatment goals

ADHD Comorbidity is the RULE, not the exception

- More than 50% of ADHD has comorbid disorders
- Often noticed at the initial evaluation in the differential
- The ADHD is treated, and other issues are noticed
- ADHD medication management may exacerbate other issues
- May require other medications and/or specific interventions

The secondary issue persists despite adequate treatment for the primary ADHD diagnosis

Childhood ADHD Comorbidities

- Learning and language disabilities
- Mood disorders: depression and mania
- Anxiety
- Anger and impulse control disorders
- Tic disorders

Episodic versus persistent display of problems

ADHD and Early Childhood Development

- Nutrition
- Poverty
- Poor mental health education
- Substance abuse

Brain development

ADHD and Comorbid Learning Disabilities: The Differential Diagnosis

- Comorbid learning disabilities
- Either or/or both?
- Recognize
- Treat at the same time

Special services

ADHD in the Classroom Setting

- Most often diagnosed at school age
- Needing accommodations
- Teachers help identify
- Other professionals and school services
- Allocation of monies and resources
- Classroom strategies and school interventions

Keys to success

Adult ADHD Comorbidities

- Substance abuse
- Mood disorders (depression, mania, mixed states)
- Anxiety
- Borderline PD
- Overworked, overstressed
- Unrealistic expectations in life
- Stress

WHERE DO YOU START?

Adults and Comorbid Medical Issues

- Diagnosis of exclusion
 - ROS
 - Medical and familial medical history
- ALL MEDICAL ISSUES CAUSE FOCUS AND ATTENTION ISSUES
- Must screen and do an adequate history

ADHD Comorbidities and Comparisons

CHILDREN

- Developmental Disorders
- Anxiety
- Depression
- Mania
- Psychotic disorders
- Medical
- Trauma
- Sleep
- COVID

ADULTS

- Developmental Disorders
- Anxiety
- Depression
- Mania
- Psychotic disorders
- Medical
- Trauma
- Sleep
- COVID
- Substance abuse
- Cognitive issues and aging

ADHD and Transitioning to Adulthood

- Making sure the child takes ownership of their treatment
 - Allow the child to direct the interview
 - Affirmative statements
- Assisting in finding a mental health provider
- Transitioning from a child to an adult psychiatrist
- Screening for substance abuse
- Schedule follow-ups during breaks in college
- Focus is needed outside of educational settings
- ADHD important in “adulting” and responsibilities

Transitioning from High School to College and Educational Challenges in Late Adolescence

- Children are no longer being in the home
- Adult like responsibilities
- Child never understood the diagnosis or the treatment
- Desire to fit in and not be different
- Selling or misusing the medication
- Lack of authoritative or authoritarian figure
- Increased responsibilities and parents no longer managing schedule

Adulthood

Girls and Women: Discriminatory practices in delayed diagnosis and treatment of ADHD

- Delay in diagnosis
- Criteria based on males and hyperactivity
- Inattentiveness is noticed later
- Less aggressive and rambunctious behavior

ADHD and Executive Functioning in Adulthood: Can you grow out of it?

- ADHD is typically not presenting with hyperactivity as a symptom even though it may be present
- Issues of Executive Functioning
 - Difficulty planning
 - Prioritizing
 - Organizing
 - Procrastinating
- Increased responsibilities
- Symptoms often do not go away
- Difficulty parenting and meeting expectations at home and work

Myths, Misconceptions and Incarceration: ADHD in the African-American and Minority Communities

- Are these actually illness
- Fear of mind control
- Fear of labels
- Mistrust of the medical community
- Access to quality care
- Misdiagnoses of ODD and CD

Disparities in care

To Treat or Not to Treat ADHD: Treatment options beyond medications

- Dietary and behavioral interventions
- Behavioral training
- Parental training
- Expectations are clear
- Children who can not tolerate medications
 - Side effects
 - Other medical issues
- Either/or vs. both/and
- Patient, parental and families wishes

ADHD and the differential diagnosis: Life Consequences and Missed Opportunities

- Treatment helps and is effective
- Not making the grade
- Limited opportunities
- Need to focus well beyond school ages
- Impacts careers, income, incarceration, substance abuse, divorce

Missed opportunities

ADHD and the School-to-Prison Pipeline

- Pushing our kids from the classroom to prison
- Prioritizing punishment over rehabilitation and education
- Increased law enforcement impact and decreased funding for counselors
- Decreased funding for special education services

ADHD and Alternative Schools

- Often do not have the same requirements of the public school
- Students who return to regular system are often unprepared and fall further behind
- Increased likelihood of school-based arrest
- Increased reliance on law enforcement rather than teachers, counselors, and administrative staff
- Childhood non-violent disruptive behavior is resulting in arrest and incarceration

Increases in incarceration rates and decreases in graduation rates

Closing the Gap While Transitioning

- Making sure the child takes ownership of their treatment
 - Allow the child to direct the interview
 - Affirmative statements
- Assisting in finding a mental health provider
- Transitioning from a child to an adult psychiatrist
- Screening for substance use disorders
- Schedule follow ups during breaks in college
- Focus is needed outside of educational settings
- ADHD important in “adulting” and responsibilities

The Oversimplification of Medication Management

- Stimulants
 - Long acting
 - Short acting
 - Methylphenidates
 - Amphetamines
 - Delivery systems
- Non-stimulants
 - Alpha 2 agonist
 - NRI
 - DNRI
 - NDRI

Picking the Right Med and Treatment

Medication factors

- Drug
- Form of administration
- Duration of action
- Delivery system
- Dosing
- Genetics (Pharmacokinetics/dynamics)
- Age, weight
- Side effects
- Medical/Family History
- FDA Approved/Legal issues

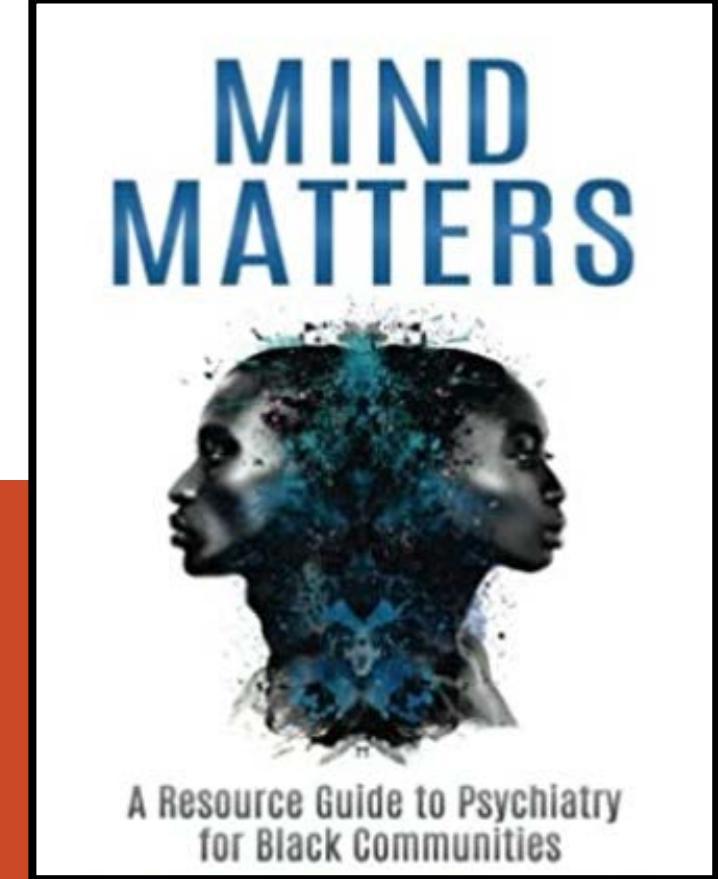
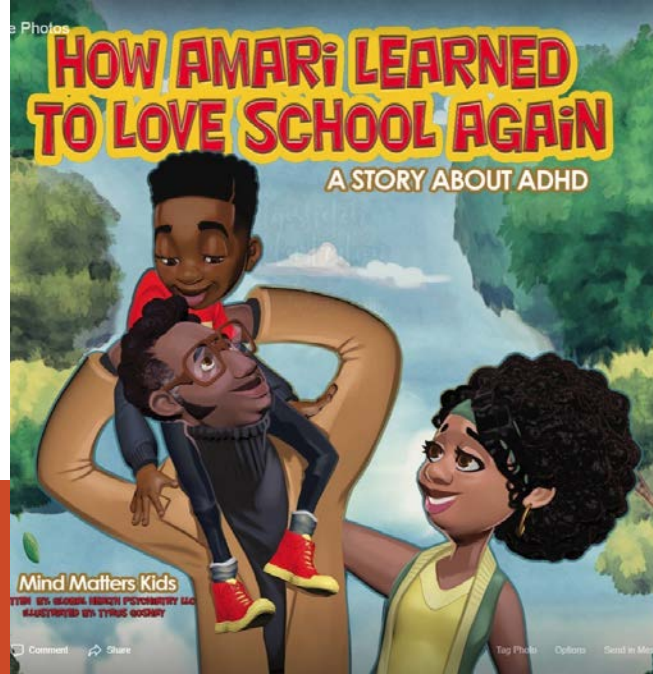
Life factors beyond medication

- Patient preference
- Compliance
- Lifestyle
- Abuse potential, misuse, diversion
- Race/Ethnicity
- Socioeconomics
- Copay cost, insurance allowances, prior authorizations
- Availability
- Patient/Parental expectations
- Ancillary services
- Selling the treatment/Buy in

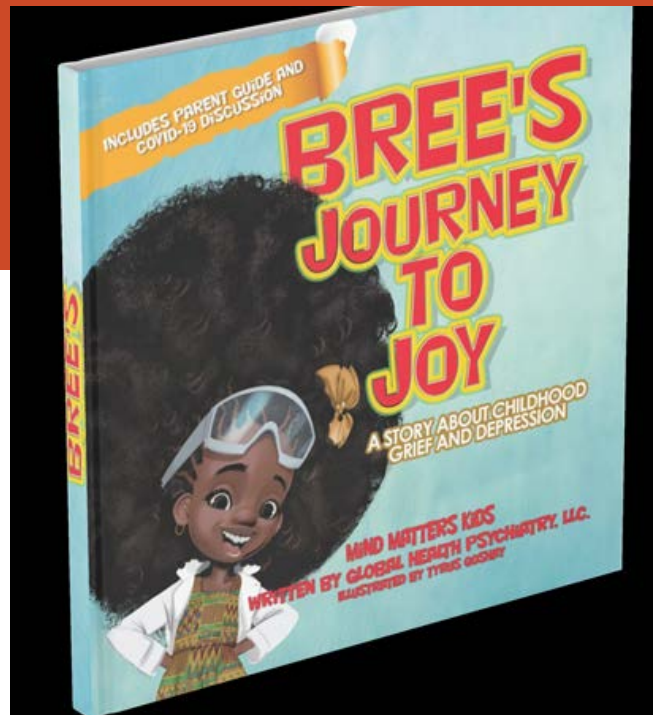
Napoleon B. Higgins, Jr. MD

[Email address](#)

FB, LinkedIn, IG: @NapoleonHiggins



Thank you!



Questions



Appreciation



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[Central East MHTTC website](#)

[Oscar Morgan](#), Project Director

[Danya Institute website](#)

[Email](#)

240-645-1145

Let's connect:

