



Investigating Familiarity with and Attitudes in Attention Deficit/Hyperactivity Disorder



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Abstract

This mixed methods study investigated familiarity with and attitudes to ADHD and mental illness through a cross sectional design incorporating correlational analysis. Qualitative design used the semi-structured interview method. Disclosure concerns of their child's ADHD was not found among parents. In contrast disclosure provides support and an explanation for their child's impulsivity and hyperactive behaviour. Furthermore contact as a stigma reducing strategy was not supported however Negative Self-Image significantly predicted disclosure concerns of ADHD.

Introduction

Attention Deficit/Hyperactivity (ADHD) is a neurological developmental disorder estimated to affect over 5 % of children and 2.5% of adults worldwide. The ICD-10 considers ADHD as a Hyperkinetic disorder involving inattention, hyperactivity and impulsivity which develops within the first five years of life. Concerns exist regarding validity with high comorbidity making it difficult to differentiate between normal and pathological symptoms. Mental illness is one of the most stigmatised conditions in Western society (Alexander & Link, 2003). The World Health Organisation recognises stigma as the single most important barrier to recovery (Datta, & Frewen, 2010). Stigma undermine opportunities for recovery with individuals internalising these negative beliefs expecting to be rejected by others (Corrigan & Shapiro, 2010). While mothers of children with ADHD feel stigmatised and at greater risk of depression, anxiety, and social isolation (Norvilitis, et al. 2002).

Rationale

Conflicting evidence challenges the validity of ADHD as disorder while fear of stigma and discrimination prevents people with mental illness from engaging in help-seeking behaviour. This study attempts to investigate societal perceptions of ADHD and whether attitudes towards mental illness inhibit the support networks for mental illness suffers.

Methods

A total of 201 participants (male, n= 40, female, n = 161) with a mean age of 41.3 years were recruited using a non-probability snowball sample of the population and a purposeful sample among the ADHD Society of Ireland. An online Google forms questionnaire was posted on Facebook, LinkedIn and the researchers WhatsApp groups. The ADHD Society posted a link in their electronic newsletter and website. The Perceived Discrimination scale (Link, 1987) and the ADHD Stigma Scale (Kellison, et al., 2010) were used to test the two main hypothesis and analysed using SPSS. The qualitative study recruited 3 parents of children who had ADHD through purposeful sampling. Interviews were conducted in the parent's homes using 12 semi-structured questions specifically developed for the study. The inductive method of thematic analysis revealed 3 master themes using NVivo (Figure 3).

Discussion/Conclusions

The study found no significant evidence that parents of children with ADHD or their children perceived any stigmatisation from teachers, family or friends following diagnosis. In contrast parents responses revealed disclosure provided an explanation for the child's behaviour as a disorder and something outside the child's ability to control. Perception about what ADHD varied, just over 10% considering it a mental illness while a majority considered it a Behavioural Disorder. Study limitations include the non-representative nature of the population sample while ethnicity and age were not controlled for. The data collection method did not segment responses between the sampled groups therefore between group comparisons on the two variables and "What is ADHD" were not facilitated. Finally the contact hypothesis was not supported, a possible reason for this could be the age maturity of the sample.

Hypothesis 1:

There will be a significant between group's difference among those who had personal contact and no contact with someone suffering from Mental Illness.

Hypothesis 2:

Negative self-image is a significant predictor of an individual's concerns with public disclosure of ADHD

Research Question: Do parents of children with ADHD perceive themselves or their children as being stigmatised by the general population and teaching professionals following diagnosis?

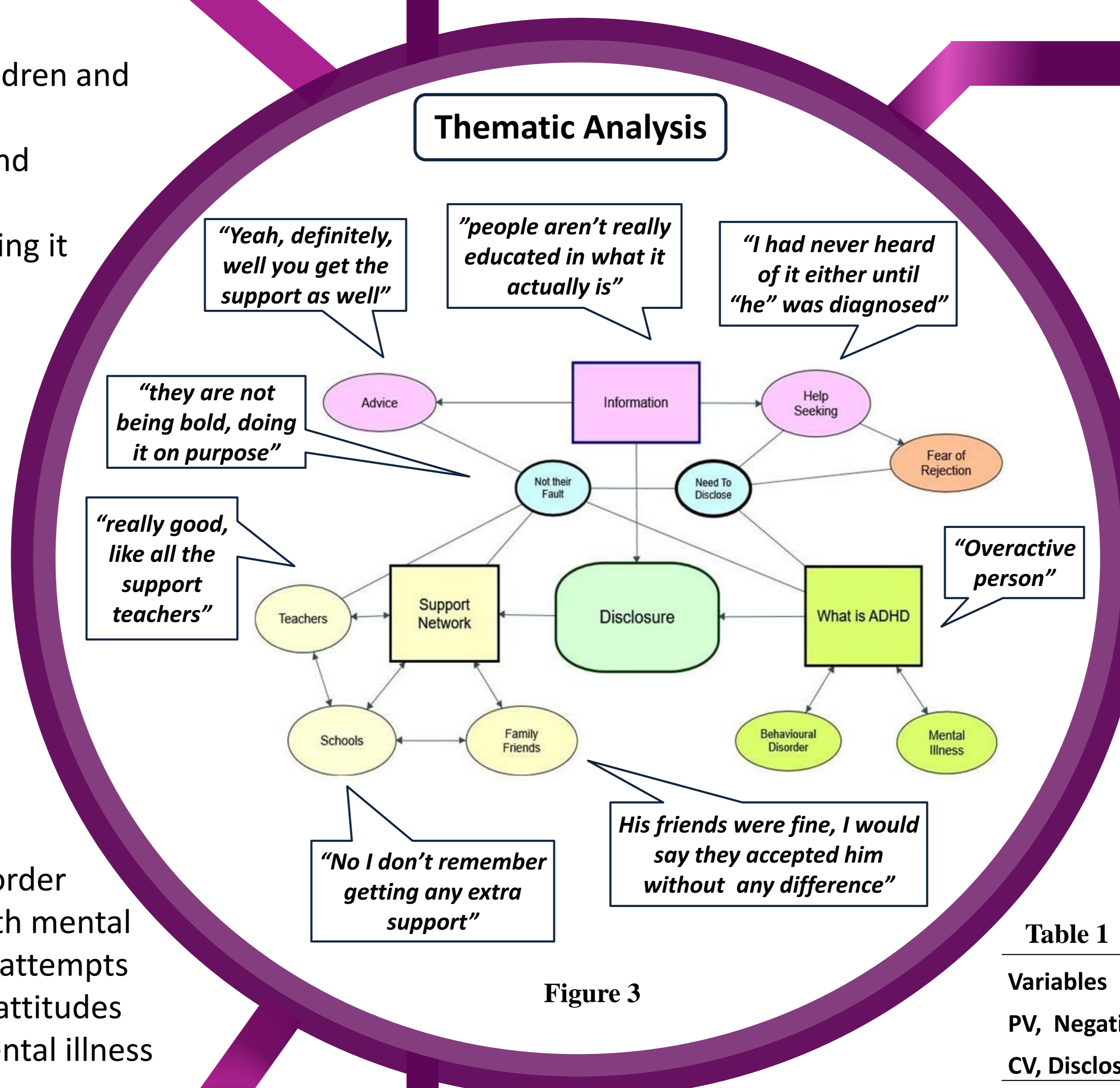


Figure 3

Results

An independent tTest found no significant differences between groups who had contact with a mental illness sufferer and those who don't on levels of perceived discrimination, (mean = 24.60, SD = 7.48) ($t(199) = -0.77, p = .938, [95\% \text{ CI } -3.27 \text{ and } 3.02.]$). The null hypothesis is accepted. Regression analysis found Negative Self-Image significantly predicted Disclosure Concerns. Furthermore the Beta value shows that for every one point Negative Self-Image increases Disclosure Concerns increase by .737. (Table 1). The null Hypothesis is rejected.

Table 1

| Variables | F | Dfs | P | Beta |
|-------------------------|--------|-------|------|------|
| PV, Negative Self Image | 236.81 | 1,199 | .001 | .737 |
| CV, Disclosure Concerns | | | | |

A majority of respondents believe ADHD is a Behavioural Disorder (n= 94) with just 22 referring to it as a mental illness (figure 1). Of the fifteen people who have ADHD, 11 describe it as Psychological Disorder/Mental illness with no one referring to it as a Behavioural Disorder (figure 2)

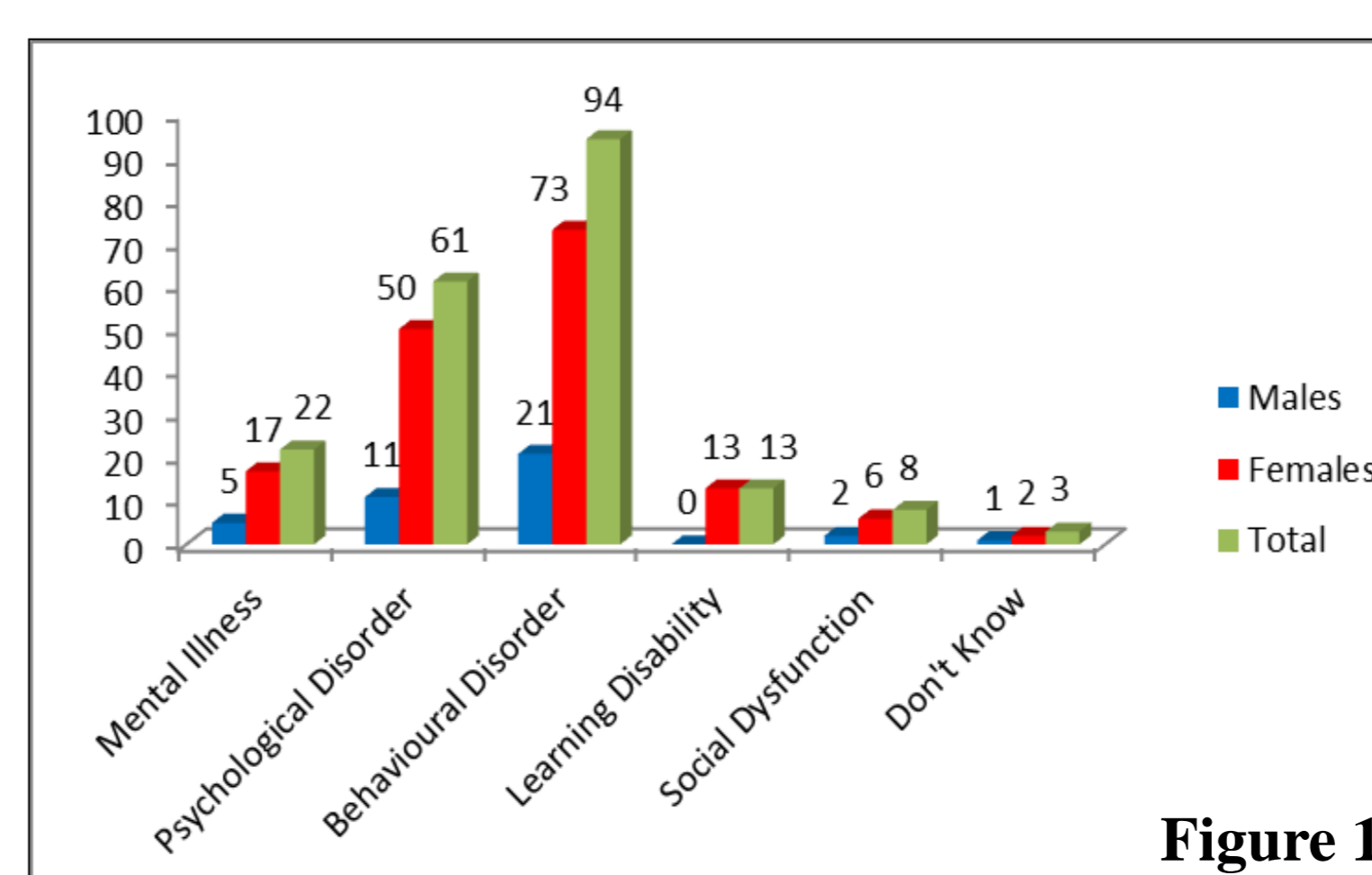


Figure 1

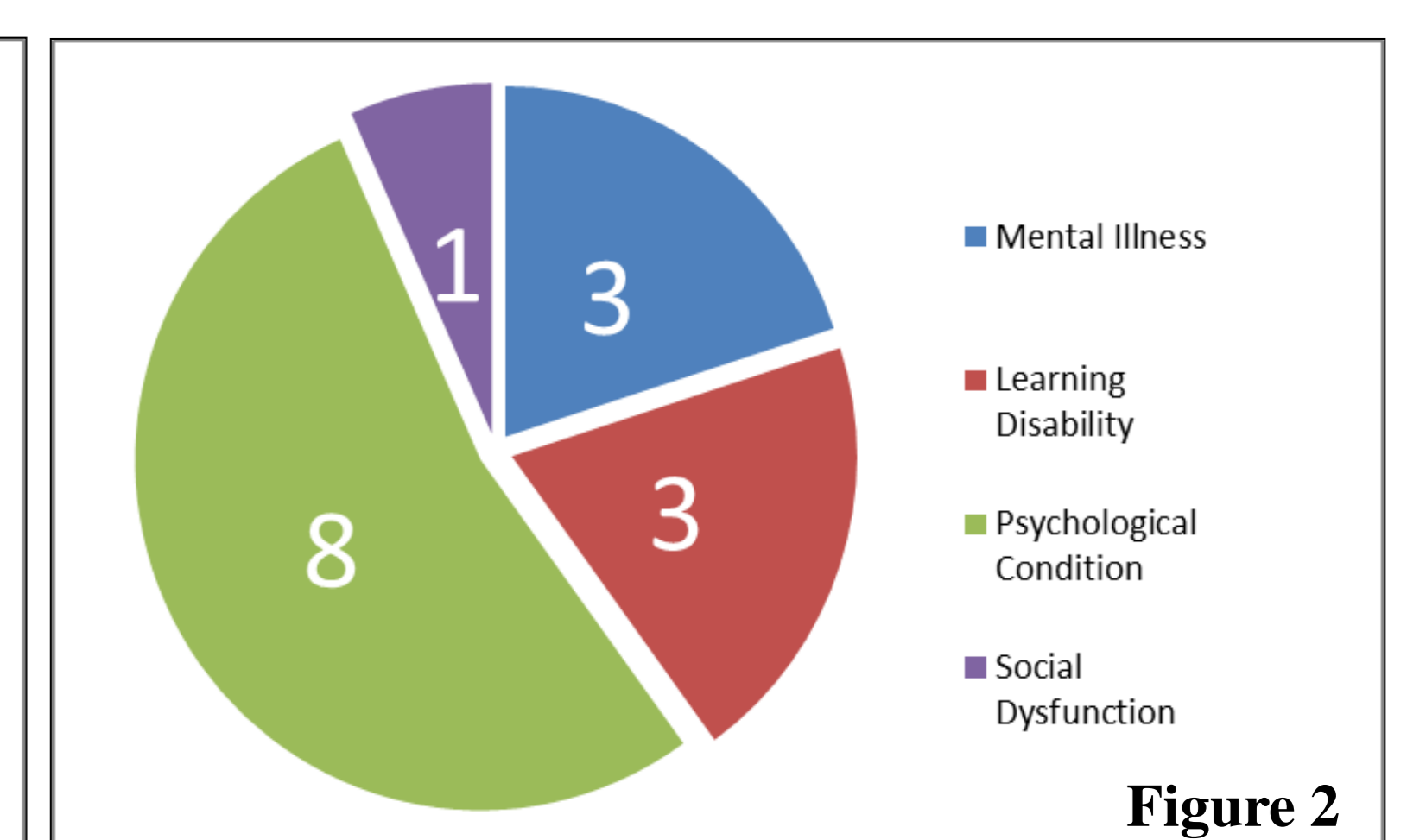


Figure 2

20 % of the sample were male with the mean age for respondents 41.3 years. The Central Statistics data 2017 reported 50% of the population are male. Under 25's account for 30% of the population with over 60 % below the age of 44.

| | Male | Female | Total |
|---|-----------|------------|------------|
| Number | 40 | 161 | 201 |
| Age | | | |
| Mean | 44.1 | 40.6 | 41.3 |
| Min | 20 | 21 | 20 |
| Max | 68 | 70 | 70 |
| SD | 12.80 | 10.70 | 11.20 |
| Do you work in Healthcare | 2 | 29 | 31 |
| Suffered from a Mental illness | 10 | 41 | 51 |
| Know someone with a Mental Illness | 34 | 142 | 176 |

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