

**Cultural Perspectives on ADHD Diagnosis in Adolescents from Immigrant Families in
North America: Impact on Recognition, Treatment, and Management**

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Abstract

This capstone project investigates *Cultural Perspectives on ADHD Diagnosis in Adolescents from Immigrant Families in Canada* to address a significant gap in understanding how cultural factors impact the recognition, treatment, and management of attention-deficit/hyperactivity disorder (ADHD). Recent studies by Dong et al. (2020) and Koschorke et al. (2017) highlight the need for culturally sensitive assessment tools and the impact of cultural stigma on the acceptance of the universality of stigma related to mental illness (Anglin et al., 2020). Guided by a theoretical framework, the capstone research questions focus on understanding how cultural perspectives influence the recognition of ADHD symptoms, choice of treatment modalities, and adherence to treatment plans. The hypothesis is that cultural factors significantly shape these aspects, contributing to unique challenges and opportunities within immigrant families. This capstone project aims to contribute valuable insights into the cultural perspectives on ADHD within immigrant families in Canada or North America. Shedding light on these dynamics has the potential to inform the development of more inclusive and practical approaches to diagnosing and managing ADHD, fostering culturally competent healthcare practices.

Keywords: ADHD, cultural perspectives, immigrant families, children or adolescents, diagnosis, treatment, management, healthcare, cultural sensitivity, Canada, North America

Cultural Perspectives on ADHD Diagnosis in Adolescents from Immigrant Families in North America: Impact on Recognition, Treatment, and Management

According to the American Psychiatric Association [APA] (2013), attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by patterns of inattention, impulsivity, and hyperactivity that persist and are deemed inappropriate for the individual's age. It is critical to acknowledge that ADHD is a complex condition that can have a profound impact on the affected individual's life. Symptoms of ADHD can disrupt academic performance, professional responsibilities, and interpersonal connections (APA, 2013). Therefore, it is crucial to recognize the significance of an early diagnosis and implementation of appropriate interventions. ADHD is commonly diagnosed in children and adolescents worldwide, with a prevalence rate of about 5% (Arana Håkanson et al., 2020).

The impact of ADHD can be significant, affecting multiple aspects of an individual's life, including social, educational, and psychological functioning (APA, 2013). Undiagnosed or late diagnoses of ADHD can lead to adverse outcomes such as increased imprisonment, depression, and drug misuse (French et al., 2023). ADHD negatively affects social and occupational functioning and academic performance and is influenced by genetic, dietary, parenting, and environmental factors (Amnie, 2022). If left untreated, ADHD can have long-term consequences, persisting into adulthood and negatively affecting educational, occupational, and emotional aspects of life (Zheng & Su, 2023). ADHD is typically diagnosed based on parent and teacher reports of behavioural symptoms (Zhao et al., 2021).

Paidipati et al. (2017) noted that the diagnosis and management of ADHD within immigrant families in North America present unique cultural challenges that can impact the recognition, treatment, and management of the disorder. This paper explores the impact of cultural perspectives on ADHD recognition, treatment, and management among adolescents

from immigrant families in North America. Furthermore, this paper will review the cultural influences on symptom recognition, barriers to accessing appropriate care, and the implications for treatment interventions. It underscores the need for culturally sensitive approaches in healthcare to ensure accurate diagnosis and effective management of ADHD in this demographic.

Adolescent Development Stage and the Impact of ADHD

ADHD is a neurodevelopmental disorder that affects both children and adolescents, impacting their ability to sustain attention, control impulses, and regulate hyperactivity (APA, 2013). To diagnose ADHD, the APA (2013) requires that symptoms persist for at least six months and significantly impair functioning in academic, social, or occupational settings; this means that the disorder can significantly impact a person's daily life and ability to function effectively in multiple settings.

Adolescence is a critical stage of development marked by significant physical, emotional, and cognitive changes. This period is characterized by pursuing identity and autonomy and developing more complex social relationships (Steinberg, 2008). However, for adolescents with ADHD, these developmental tasks can be particularly challenging (Karatoprak et al., 2022). These adolescents often struggle with cognitive, behavioural, and emotional control, which can impact their ability to navigate these tasks successfully (Song et al., 2021). They may also experience peer victimization, which can further exacerbate their internalizing and externalizing behaviours, depression, and academic problems (van der Westhuizen & Botha, 2023). Additionally, ADHD symptoms, such as hyperactivity/impulsivity and social anxiety, can contribute to social impairments such as social withdrawal and physical aggression (Zendarski et al., 2021). It is vital to address these challenges and provide interventions that target symptom reduction and social anxiety to

improve the social impairments experienced by adolescents with ADHD (McKay et al., 2023).

Studies from McKay et al. (2023) and van der Westhuizen and Botha (2023) have reported that adolescents with ADHD encounter persistent difficulties in academic performance, exhibit higher rates of substance use, and are more likely to engage in delinquent behaviours compared to their peers without ADHD. These challenges stem from factors like issues with cognitive and behavioural control, emotional instability, and stigmatization (Song et al., 2021). Family resilience has the potential to mitigate behavioural problems and mental health issues in adolescents with ADHD because it provides emotional support and fosters communication and the ability to adapt to stress (Zendarski et al., 2021). Interventions targeting core ADHD symptoms can significantly improve social challenges for adolescents with ADHD. These interventions address social difficulties, peer relationships, and emotion regulation, offering a comprehensive approach to supporting academic and social success. They involve teaching social skills, emotion regulation, and strategies for managing ADHD symptoms, ultimately improving social and academic outcomes for these students. (Karatoprak et al., 2022). Therefore, early assessment and management of coexisting emotional and behavioural problems are crucial for enhancing academic achievement and fostering school engagement in adolescents with ADHD. In general, addressing the distinctive challenges these adolescents face, such as peer victimization, can contribute to alleviating the adverse outcomes associated with the disorder (McKay et al., 2023).

Rationale for the Research

The growing cultural diversity in Canada has brought attention to the unique challenges in diagnosing and treating ADHD in adolescents from immigrant families. APA (2013) states that cultural sensitivity is crucial when assessing ADHD because it helps

identify symptoms, reduce cultural biases and improve therapeutic relationships by considering the individual's background, experiences, and adaptive functioning within their community. Richardson et al. (2015) indicated that cases of ADHD diagnoses are increasing among school-age children. The findings from the Centers for Disease Control and Prevention [CDC] (2017) support this perspective that ADHD among school-age children had increased from 7.8% to 11% between 2003 and 2012.

In addition, several studies have reported findings that the increasing rate of ADHD is not influenced by race, ethnicity, gender, and age, especially among African-American children (immigrant children), however the diagnosis and management of ADHD are influenced by it (Liang et al., 2016; Tatlow-Golden et al., 2016). Alsalamah (2018) maintained that evidence abounds to show that children and adolescents of ethnic minorities receive fewer diagnoses and treatment services compared to non-minority children and adolescents because of factors such as socioeconomic barriers, access to health care provider, financial constraint and stigma . In addition, immigrant children rarely receive health and rehabilitation services compared to white children, even in similar clinical cases (Morgan et al., 2017). The diagnosis and management of ADHD within immigrant families in Canada present unique cultural challenges that can impact the recognition, treatment, and management of the disorder; therefore, the research aims to address the following questions:

- I. How do the cultural background and perspectives of immigrant families in North America influence the recognition, diagnosis, and management of ADHD in their adolescent children?
- II. What are the critical barriers to and potential strategies for implementing culturally sensitive interventions in addressing ADHD among adolescents within immigrant families in Canada or North America?

Self-positioning Statement

As a counselling master's student from an African cultural background, I believe it is crucial to recognize the diversity among immigrant families. Acknowledging that they come from different cultural backgrounds and possess unique values, beliefs, and practices is essential. The diversity of my research means I need to approach it with a neutral and unbiased perspective. This approach demonstrates respect for cultural differences, awareness of cultural biases, enhancement of understanding and inclusivity, assurance of validity and reliability, and ensures ethical responsibility. To achieve this, I will apply a culturally sensitive approach that recognizes the individuality of each immigrant family; this will help me understand the nuances of their experiences, providing me with a more profound insight into the phenomenon under investigation. By taking this approach, I can gain meaningful insights that can aid in developing culturally appropriate interventions essential to support the well-being of immigrant families.

In cases where my knowledge and experience may be limited, I will seek professional consultation from experts in the field; this will enable me to broaden my perspectives and ensure that I provide the most accurate and relevant information in my research. Also, as an African immigrant, an individual who grappled with ADHD symptoms during adolescent years in a foreign land, an international student, and presently, a parent navigating the challenges of raising a child with ADHD, my personal experiences shape the lens through which I approach this capstone project. I have lots of African friends who are also raising kids with ADHD and struggling with the challenges and understanding. Having faced the complexities of understanding and managing ADHD in personal and familial contexts, I bring a unique perspective to this research. My journey as an immigrant has exposed me to the intricate interplay of cultural factors influencing the recognition, treatment, and management of ADHD within the immigrant experience. I am intimately familiar with the

academic and familial dimensions of ADHD. These personal encounters inherently introduce biases, acknowledging that my understanding is not only shaped by academic literature but also by lived experiences. I will employ reflexive practices throughout the research process to mitigate potential biases. Regular self-reflection will be integral in acknowledging and critically assessing my assumptions and perspectives.

The Canadian Psychological Association's [CPA] (2017) *Ethical principles of psychologists and code of conduct* will serve as a foundation for ethical considerations in research. These principles will guide the design, implementation, and dissemination of the capstone project, ensuring a responsible and ethical exploration of cultural perspectives on ADHD within immigrant families in Canada.

My goal is to conduct inclusive, respectful, and culturally sensitive research. By doing so, I aim to contribute to developing interventions tailored to the unique needs of immigrant families, ultimately helping to improve their well-being and enrich their lives. Furthermore, my cultural background and personal experiences may influence my research, leading to potential biases. As such, I will remain self-aware, constantly examine my biases, and actively seek diverse perspectives; this will help me to conduct my research objectively and impartially.

Cultural Perspectives on ADHD Diagnoses in Immigrant Families

Walter (2021) reported that adolescents from immigrant families with ADHD face unique challenges compared to their non-immigrant peers. These challenges include cultural adjustment and identity struggles (A. Smith, 2018), language barriers and educational difficulties (Ghosh et al., 2017), limited access to mental health services (Lu et al., 2021), socioeconomic stressors, acculturation stress, and family dynamics (Paidipati et al., 2017), and limited cultural competence in mental health professionals (Tatlow-Golden et al., 2016). As adolescents navigate their dual cultural identities, cultural adjustment and identity

struggles arise (Ghosh et al., 2017). The clash between their parents' cultural expectations and the influence of the host culture may exacerbate the difficulties associated with ADHD (Kang & Harvey, 2020).

Cultural expectations surrounding academic achievement, discipline, and communication styles may also differ, creating additional stressors for adolescents trying to adapt to both cultural frameworks simultaneously (Shippen et al., 2022). In addition, Morgan et al. (2017) indicated that language barriers can impede effective communication between adolescents, parents, and educators, making it difficult for immigrant families to advocate for their children's educational needs, understand school policies, and participate in the unique education process. According to Young et al. (2020), these challenges can lead to delays in ADHD identification and intervention, with potential consequences for academic achievement and social development.

Immigrant families, when compared with non-immigrant families, may encounter barriers to accessing mental health services, including limited awareness of available services, cultural stigma surrounding mental health, and concerns related to immigration status (Lu et al., 2021). Consequently, adolescents with ADHD may face delays in receiving the appropriate assessment and treatment, thereby exacerbating the impact of the disorder on their daily lives. Paidipati et al. (2017) noted that socioeconomic stressors, such as financial constraints and limited access to resources, may compound the challenges of immigrant adolescents with ADHD; this could be in the areas of subscribing to educational support, engagement in extracurricular activities and access to mental health services, which further increases the vulnerability of adolescents with ADHD (Nguyen, 2020).

Acculturation stress from adapting to a new culture can affect family dynamics (Shippen et al., 2022). Adolescents may experience obvious challenges in balancing the expectations of their cultural heritage with those of the host culture, which can manifest as

behavioural issues, potentially confounding the diagnosis and management of ADHD symptoms (Chen & Lee, 2019). Additionally, family dynamics may be strained as parents and adolescents navigate cultural differences in parenting styles and expectations (Paidipati et al., 2017).

Tatlow-Golden et al. (2016) examined the challenges faced by immigrant families. They noted that the scarcity of mental health professionals with cultural competence in working with immigrant families could pose a significant challenge to the identification and treatment of ADHD. Misunderstandings and misinterpretations of cultural norms may lead to inaccurate assessments of ADHD symptoms or inappropriate interventions. Culturally sensitive mental health support is essential for providing adequate care for adolescents from immigrant families with ADHD (Dong et al., 2020). Recognizing and addressing these challenges requires a collaborative effort involving educators, healthcare professionals, and community support systems to ensure equitable care and support for all adolescents, regardless of their cultural background (Kappi & Martel, 2022).

Significance of Immigrant Families in Canada/North America

The role of immigrant families in Canada and North America is crucial and cannot be overlooked. Canada, known for its multicultural society, has a considerable immigrant population. According to Statista Research Department (2024), approximately one-fifth of the Canadian population was born outside the country. Canada's immigrant population is diverse and includes individuals from Asian, African, Caribbean, and Middle Eastern countries. The immigrant families in Canada have been growing in recent years, making significant contributions to the country's social, cultural, and economic fabric (Chen & Lee, 2019). However, these families also face multiple challenges, including acculturation stress, language barriers, and limited access to culturally appropriate resources and services (Ghosh et al., 2017; Lu et al., 2021; Paidipati et al., 2017; A. Smith, 2018; Tatlow-Golden et al.,

2016). The contribution of immigrant families to Canada's society is significant (Statista Research Department, 2024). Therefore, their challenges should not be overlooked.

Policymakers must create policies that address these challenges and ensure that immigrant families have access to the resources and services they need to thrive and integrate into Canadian society by enhancing access to cultural sensitivity services and supporting inclusive education (Dong et al., 2020).

Overview of Cultural Beliefs Surrounding Mental Health and ADHD

Cultural beliefs regarding ADHD can differ among immigrant communities due to factors such as cultural norms, religious practices, and societal attitudes. In many communities, mental health issues, including ADHD, may carry a stigma that affects diagnosis and treatment. Cultural beliefs can influence perceptions of ADHD symptoms, and language barriers can contribute to misunderstandings. Healthcare providers must comprehend these cultural nuances to offer practical and considerate care. Honouring cultural beliefs can enhance treatment outcomes and uphold the well-being of individuals from diverse backgrounds. (Alsalamah, 2018).

Stigma and Cultural Taboos

Many immigrant communities maintain a strong stigma surrounding mental health issues, often viewing them as taboo subjects. Mental health challenges, including ADHD, might be perceived as a source of shame, leading to the under-reporting of symptoms or reluctance to seek professional help (S. Sue & Chu, 2003). Immigrants may fear judgment from their community, family, or employers, hindering open discussions about mental health concerns (Kennedy & Kingsley, 2013). Edem-Enang (2021) noted that culturally-based social stigma involving mental health conditions is prevalent among the African immigrant population, thus making them vulnerable to social discrimination and assumptions of criminality, which impacts their willingness to explore and use mental healthcare services

(Dale & Daniel, 2013). For example, some African immigrant families may attribute a child's ADHD symptoms to spiritual or cultural beliefs, such as curses, evil spirits, or the influence of friends, rather than recognizing it as a neurodevelopmental disorder. This perspective can make them reluctant to seek professional mental health support, as they may view it as an admission of moral or spiritual shortcomings according to their cultural beliefs. (Aili et al., 2015). Quinn et al. (2015) reported that the stigma of mental-related illness in immigrant communities involves stereotyping, shaming, dishonouring, disrespecting, and humiliating the individual involved alongside the family. Quinn et al. (2015) further reported that the experience of stigma cannot be disconnected from the presence of mental health clinicians and researchers from other cultures and their lack of awareness as regards immigrants' sociocultural conceptions of what constitutes mental illness, the issues of language barriers and mistrust of treating mental illness with psychotherapy and pharmacotherapy. Clement et al. (2015) found that the issue of stigma is the fourth most ranked challenge to help-seeking among the immigrant population with ADHD. Link et al. (2015) also established that the immigrant community's cultural belief system equally built a structure of internalizing and anticipating stigmas as African cultures consider mental health issues as spiritual phenomena and persons involved as being possessed by a higher spiritual power, thus influencing the entire mental health care services.

The stigma of mental illness is consistent with the perception and beliefs of cultures worldwide (Monteiro, 2015). Therefore, to avoid stigma, immigrant communities seek help from immediate family members, medical practitioners, spiritual healers, and fortune-tellers to cure the displayed symptoms, thus complicating the mental illness and the entire mental care service (Lindinger-Sternart, 2015; Renner & Salem, 2014).

Holistic and Collective Approaches

Certain immigrant cultures embrace holistic and collective approaches to well-being, so mental health is often viewed in terms of overall health, including physical, emotional, and spiritual dimensions (Amuyunzu-Nyamongo, 2013). The family and community play integral roles in supporting and addressing mental health concerns (Kirmayer et al., 2011). A broader lens considering familial and community dynamics is vital in interpreting ADHD symptoms. Ross-Sheriff and Moss-Knight (2013) maintained that the provision of culturally relevant and functional mental health care services for African immigrants is haphazard and largely insufficient because culturally acceptable mental health practices are not readily available due to the prevailing issues of social inequality, stigma, racial discrimination, religious beliefs and prejudice to the mental health system by African immigrants.

Traditional Healing Practices

Immigrant communities often hold strong ties to traditional healing practices rooted in their cultural heritage (Link et al., 2015). These practices may involve rituals, ceremonies, or herbal remedies to restore balance and harmony to the individual's well-being, and some individuals may turn to traditional healers or religious leaders before seeking Western mental health services for ADHD-related issues (Alegría et al., 2012).

Anheyer et al. (2017) and Pellow et al. (2011) report a growing body of evidence on the use of Complementary or Alternative Medicines (CAMs) in treating different neuropsychiatric disorders. This body of evidence also reveals that the treatment of children with ADHD using CAMs is carried out either by parents or based on their recommendation. For instance, caffeine, a primary constituent of coffee and other herbal stimulants, has been used as an alternative in the treatment of ADD/ADHD (Anheyer et al., 2017). While some herbal practitioners use caffeine or caffeine-containing herbs alone, others use non-stimulant herbs (Akhondzadeh, 2018). Furthermore, though the administration of caffeine-stimulated

herbs has significant effects on children with attention deficit disorder (AD) and ADHD, the benefits come with their various side effects (Akhondzadeh, 2018).

In addition, Akhondzadeh (2018) documented some commonly used herbs in the treatment of ADHD, according to the American Botanical Council (ABC). One such is *Gingko biloba*, which has been found to increase circulation to the brain when administered and sometimes administered with Ginseng. Also, eleuthero, also called Siberian ginseng, has been found to boost alertness and enhance the brain's memory function. The American Stroke Association reported that eleuthero enhanced the memory of those administered with the herb when compared to a similar group of people who were not administered (Akhondzadeh, 2018).

Studies by Akhondzadeh (2018), Salardini et al. (2016), and Salehi et al. (2010) have found that traditional healers have been practiced frequently using, either independently or in combination, herbs such as brahmi (*Bacopa monniera*), gotu kola (*Centella asiatica*, also known as *hydrocotyle asiatica*), green oats (*Avena sativa*), rhodiola (*Rhodiola rosea*), passion flower (*Passiflora incarnata*) and maritime pine bark (*Pinus pinaster*) for the treatment of ADHD related issues. Akhondzadeh (2018), Salardini et al. (2016), and Salehi et al. (2010) also reported that though there were immigrant families who still preferred non-stimulant treatments for ADHD, these herbs were found to enhance cognition, reduce nervous disorders and vascular brain problems, attack fatigue and enhance memory, enhance sensitivity in the neurological and nervous region of the brain, flush out mood swings and increase concentration and repair and protect the body cells when administered on ADHD patients. However, family or parental influence is still the underlying factor in the use of this treatment approach, and as Akhondzadeh (2018) pointed out, not all immigrant families support the use of traditional alternatives.

Language and Communication Challenges

Language plays a significant role in expressing and understanding mental health concerns. Immigrants facing language barriers may struggle to articulate their experiences or comprehend mental health terminology; this can lead to miscommunication and misunderstandings between mental health professionals and individuals seeking assistance for ADHD-related challenges (Bhugra, 2004). Ghosh et al. (2017) noted that immigrant parents with deficits in English language proficiency would likely find it difficult to access mental health services or communicate effectively with healthcare workers of different language backgrounds. Both patients and their parents will find it challenging to describe their symptoms or answer questions asked during diagnosis. In addition, using translators may water down the intent of questions asked or answers provided (Ghosh et al., 2017).

Another challenge in the area of language is the dearth of mental health workers who understand the language and culture of these immigrant families (Slobodin & Masalha, 2020). These persons can translate clinical procedures with more accurate intent and meaning than translators because they have medical knowledge and understand the contextual meanings of the immigrant's way of life. Ryan (2013) posits that professional interpreters, however, can be used to bridge this language gap, though misinterpretation cannot be totally ruled out, and this still limits the ability of the clinician to gather accurate data needed for clinical procedures. Where the patient lacks proficiency, and the health care worker does not understand the immigrant's language, clinical procedures are thus verbally discussed using translators or professional interpreters, making the language barrier a potent force in assessing treatment (Ghosh et al., 2017).

Bowen (2015) stated that language and communication barriers have often led to reduced access to mental health services, longer waiting times, and unwillingness to have a third party (the translator or professional interpreter) get involved in one's personal health

affairs, thus resulting in poorer health outcomes. In addition, Brisset et al. (2014) noted that language barriers affect mental health services right from the initial service access, which involves receiving telephone calls, answering machines, filling forms and screening processes, and differences in access based on language and culture are better observed in a country like Canada which has a universal health care system.

Cultural Syndromes and Expression of Distress

Cultural syndromes, unique patterns of symptoms associated with specific cultural groups, may influence the expression of distress. Immigrant individuals might manifest ADHD symptoms differently or attribute them to culturally specific stressors. For example, An immigrant child from a collectivist culture may experience pressure to conform, leading to symptoms similar to ADHD. The family might attribute these symptoms to cultural stress rather than recognizing them as ADHD. Similarly, immigrant adolescents facing discrimination may exhibit symptoms worsened by their experiences, which their families may attribute to the environment rather than a neurodevelopmental disorder. Cultural adjustment, identity, and social acceptance can shape the interpretation of ADHD symptoms within the individual's cultural background. Understanding cultural syndromes is essential for accurate assessments and effective interventions (Lewis-Fernández et al., 2014). Mason (2018) reported that cultural psychology shapes how mental health issues are expressed, making perceptions and attitudes differ widely across cultures. Mason (2018) added that the extent to which individuals perceive behaviours as being ADHD-related depends on a given cultural acceptance and expression. For instance, in the Korean culture, symptoms of ADHD are viewed as a failure of parents and teachers. Among the Chinese, it is viewed as a lack of discipline on the part of the child, while in Thailand, cases of ADHD are rarely reported as they have a culture that teaches children to speak quietly in public and respect public authority, so any display of ADHD symptoms could be viewed as willing disruptive

behaviour (Chan et al., 2021). Link et al. (2015) reported that among immigrant African communities, ADHD symptoms are culturally regarded as a spiritual condition whereby some spiritual powers have possessed the child.

Collectivism vs. Individualism

Cultural variations in individualism and collectivism tend to impact how mental health concerns, including ADHD, are perceived. Immigrant communities often emphasize collectivism, where the group's needs supersede those of the individual (Mason, 2018). This can influence the willingness of individuals to disclose personal struggles and seek help for mental health challenges (Triandis, 1995). Kendra (2024) posits that relationships and interconnections with other members of the community that operate collectivism play a significant role in an individual's identity. While individualism is focused on rights and concerns, collectivism ensures unity and selflessness. Kendra (2024) states further that collectivism influences many aspects of how the immigrant society functions, such as self-perception, family bond, conformity, and, obviously, perception of mental health issues. It, therefore, becomes quite difficult for an individual to seek mental health care or for even families to make such an attempt without their decision-making process being influenced by communal consultation. However, as positive as the principle of collectivism sounds, social anxiety has been identified as one of its significant pitfalls (Mason, 2018).

Immigrants' cultural beliefs surrounding mental health, including ADHD, are diverse and multifaceted. Recognizing and respecting these cultural perspectives is essential for providing culturally competent and inclusive mental health care. Mental health professionals should engage in culturally sensitive practices that consider the unique values, beliefs, and experiences of immigrant communities to ensure adequate support and intervention.

Impact of Cultural Perspectives on Recognition and Diagnosis

Recognizing that a problem exists is the first step to addressing such a problem (Dong et al., 2020). Smith A. B. (2018) indicated that varied cultural norms, such as differing views on acceptable behaviour or expectations of academic success, can impact the recognition of ADHD symptoms within immigrant demography. In other words, it is not guaranteed that a child's behavioural disorder will be recognized in the face of parental beliefs about psychopathology (Lu et al., 2021). Alsalamah (2018) reported that family knowledge, attitude, and belief system play a significant role in ADHD symptom recognition, as parents in some cultures cannot identify signs of ADHD because they think they are part of normal child development; this shows that most immigrant families, due to their cultural perspective, lack the requisite knowledge needed to identify ADHD symptoms. Smith. A. B. (2018) also pointed out that even where the knowledge to identify the symptom is present, the stigma surrounding mental health, language barriers, and differing parental beliefs still contributes to under-recognition or misinterpretation of ADHD symptoms in adolescents from immigrant families (Firmin & Phillips, 2009).

Cultural perspectives regarding ADHD can significantly impact how ADHD is recognized, treated, and managed in among African immigrant populations. For instance, some cultures may view ADHD symptoms as a sign of laziness, disobedience, or lack of motivation rather than a medical condition (Chan et al., 2021). As a result, parents may hesitate to seek medical help for their children, leading to delayed diagnosis and treatment. Moreover, some healthcare providers may not be familiar with these families' cultural norms and beliefs, which can lead to miscommunication, mistrust, and inappropriate treatment (Bowen, 2015).

Barriers to Treatment and Management

Cultural perspectives will most likely create barriers to accessing appropriate ADHD treatment among immigrant families. Lu et al. (2021) maintained, based on two different studies, that black adolescents are at greater risk of mental health disorders but are less likely to make themselves available for treatment and management. When they become available for treatment, they are more likely to halt such treatment prematurely due to a combination of stigma, mistrust, cultural disconnects, economic barriers, and reliance on informal support networks, which contributes to lower engagement and higher dropout rates from mental health treatment among Black adolescents. (Firmin & Phillips, 2009).. Paidipati et al. (2017) indicated that parent-related factors posed significant barriers to the treatment and management of ADHD among immigrant/minority children. Paidipati et al. (2017) found several obstacles that hinder immigrant families from obtaining available treatment services for their children with ADHD. These barriers range from parental perceptions and beliefs to family and parenting difficulties, to demographic factors, and even stigmatized attitudes such as a fear of healthcare professionals labelling their child as having mental health issues (Firmin & Phillips, 2009).

Nguyen (2020) indicated that mistrust in Western medicine, reliance on traditional healing methods, and language barriers were possible factors that hindered access to available healthcare services among immigrant families. Furthermore, ADHD management among immigrant adolescents is hindered by socioeconomic disparities and a shortage of culturally competent healthcare providers. Therefore, it is imperative to implement appropriate and effective interventions to encourage immigrant adolescents to seek and complete ADHD treatment. Additionally, socioeconomic disparities and a lack of culturally competent healthcare providers further impede proper ADHD management among these adolescents.

Cultural variations play a significant role in shaping the expression and interpretation of mental health symptoms, including those associated with conditions like ADHD. Cultural norms, expectations, and communication styles may influence the manifestation of ADHD symptoms. For example, some cultures may perceive hyperactivity as a sign of vitality rather than a symptom of ADHD, leading to potential underdiagnosis. Bussing et al. (2012) highlight the importance of cultural factors in assessing ADHD symptoms, as cultural differences can impact the recognition and interpretation of behavioural indicators.

Wong and Wong (2021) established that parents of children with ADHD face significant challenges and burdens while caring for their children. The study highlights that academic burdens are the primary challenge contributing to substantial parental stress. The research also illustrates how parents cope with these challenges and emphasizes the importance of medical diagnosis in prompting shifts in their coping strategies. The findings from this study can provide insights into how nurses can offer timely and suitable support to children with ADHD and their parents.

Shippen et al. (2022) identified two primary themes were identified that impact the experiences of African American high school students with ADHD, as well as their parents and school staff in low-income urban areas. The first theme focuses on the developmental changes that affect the expression of ADHD symptoms in this group, emphasizing the critical period of adolescence marked by significant physical, emotional, and cognitive changes. The heightened need for independence, increased complexity of social interactions, and greater academic demands in high school are influential factors. The second theme delves into the contextual factors, such as socio-economic challenges, limited access to quality educational resources, exposure to environmental stressors, potential bias or discrimination within the school system, cultural attitudes toward ADHD and mental health, and the availability of social support networks. The study emphasizes the importance of understanding these

developmental and contextual factors to support African American students with ADHD effectively. By addressing these themes, the study provides valuable insights into the unique challenges faced by this group and underscores the need for tailored approaches in interventions and support systems.

Stigma And Shame Surrounding Mental Health in Certain Cultures

Stigma and shame associated with mental health conditions, including ADHD, are prevalent in various cultures. In some cultural contexts, mental health issues may be perceived as a source of shame or dishonour, leading to a reluctance to seek help (Kennedy & Kingsley, 2013). This stigma can result in delayed diagnosis and intervention. Kirmayer et al. (2011) emphasize the impact of cultural stigma on mental health help-seeking behaviours. It underscores the need for culturally sensitive approaches to address mental health issues.

While most African-American parents display stigma-related concerns when it comes to mental disorders, the individual may also resort to self-stigma as a result of internalizing societal prejudice (Kang & Harvey, 2020). Paidipati et al. (2017) found that most immigrant families reported that ADHD would stigmatize their children if mental health services were sought, as it would label and damage their identity for the rest of their lives (Kennedy & Kingsley, 2013).

Challenges in Treatment and Management

It is crucial to recognize that certain immigrant parents adhere to rigid disciplinary practices, which may involve corporal punishment. Nevertheless, navigating the same parenting techniques utilized in their native lands with their children in North America poses a significant challenge for immigrants, which could result in allegations of mistreatment (Nguyen, 2020). According to Nguyen (2020), cultural differences in parenting practices can lead to misunderstandings, miscommunication, and even accusations of abuse or mistreatment. Additionally, Nguyen (2020) explores how the diagnosis of ADHD can be

influenced by cultural factors and the potential impact of this on the mental health and well-being of adolescent children of immigrant parents. Nguyen (2020) highlights the importance of cultural sensitivity and understanding in working with immigrant families. Parents may wish to maintain their cultural heritage in many households and pass it down to their children.

However, the challenge arises when adolescents want to assimilate into the dominant culture around them; this can lead to a clash between the two generations, as parents may feel that their cultural values and traditions are being eroded, while adolescents may feel that they do not fit in with their peers (Ghosh et al., 2017). Cultural acculturation versus assimilation is the struggle between preserving cultural identity and fitting in with the dominant culture. It is a complex issue that requires understanding and sensitivity from parents, adolescents, and mental health professionals who help navigate ADHD issues (Paidipati et al., 2017).

A recent systematic review conducted by Kappi and Martel (2022) involved seven countries: the United States, Australia, the United Kingdom, India, Greece, Taiwan, and Iran. Twenty-one studies were examined addressing the parental barriers to seeking mental healthcare under the three levels of the social-ecological model: individual, interpersonal, and community. The study found that raising parents' awareness of the process of seeking mental healthcare could potentially help identify children who are at risk of developing ADHD earlier. (Kappi and Martel 2022) Therefore, it is essential to develop psychoeducational interventions that can improve parents' seeking behaviour and reduce the barriers to seeking mental healthcare. Therefore, the treatment and management of ADHD among immigrant adolescents pose unique challenges, including the limited availability of culturally sensitive treatment options. Culturally competent care is essential for addressing the diverse needs of immigrant populations, but the existing disparities in treatment options can hinder effective intervention (Ghosh et al., 2017).

Limited Cultural Competence in Mental Health Services

One significant challenge is the scarcity of mental health professionals with cultural competence in treating immigrant populations (Slobodin & Masalha, 2020). The lack of understanding of cultural nuances, including beliefs, values, and communication styles, may result in misinterpretations of ADHD symptoms and inappropriate treatment recommendations. When individuals seeking treatment experience barriers to accessing treatment, such as a lack of culturally appropriate resources and personnel, they often turn towards more culturally and emotionally supportive methods of care (Edem-Enang, 2021). Immigrant adolescents and their families may, therefore, feel misunderstood and may be less likely to engage in treatment that does not align with their cultural perspectives. Paidipati et al. (2017) noted that greater care in communication is necessary in ADHD health systems and services, especially for the immigrant community, as there have been identified cases of mistrust in healthcare care professionals' services, thus increasing the tendency of immigrant families' refuse to access to ADHD health services. A potential future research suggestion is to investigate how practitioners can improve their understanding and response to different cultural needs. However, increasing the number of practitioners trained in immigrant communities and encouraging active listening and learning from the immigrant families they serve can help decrease misunderstandings and assumptions.

Cultural Mismatch in Treatment Approaches

Dong et al. (2020) noted that standard ADHD treatments may not always align with the cultural values and preferences of immigrant families. While Chen and Lee (2019) recommended culturally adapted screening tools, community-based outreach programs, and training healthcare professionals in cultural competence as steps to effective treatment approaches, Dong et al. (2020) recommended the multi-tiered system of support (MTSS) framework, which seeks to work with families of children with ADHD and school

professionals thereby reducing the differences recorded in mental health utilization among immigrant families. On the other hand, Paidipati et al. (2017) recommended a behavioural parent training (BPT) approach to addressing ADHD problems in children. However, the traditional approaches that emphasize collective decision-making, family involvement, or the use of CAMs may be more acceptable to specific immigrant communities (Anheyer et al., 2017). The mismatch between conventional treatments and cultural expectations can lead to resistance or non-compliance with prescribed interventions.

Lack of Culturally Tailored Educational Resources

Educational resources about ADHD may not be culturally tailored to immigrant communities, impacting awareness, understanding, and adherence to treatment plans. Culturally sensitive materials that consider language, literacy levels, and cultural norms are essential for informing immigrant families about ADHD, its treatment options, and strategies for managing symptoms. Ghosh et al. (2017) noted that most clinical materials are not readily translated into other languages, and healthcare workers who do not understand the immigrant's language rely on translators or professional interpreters, thereby making the language barrier a potent force in assessing treatment.

Financial Barriers and Access to Care

Many immigrant families face financial challenges, including limited access to health insurance and mental health services. The cost of ADHD assessments, therapy sessions, or medications may present significant barriers, leading to delays in diagnosis and treatment (Lu et al., 2021). Paidipati et al. (2017) reported that when accessing mental health care services, most immigrant families request social service needs such as disability funds, housing, and medical assistance, thus suggesting their need for financial assistance. Addressing financial disparities is thus crucial for ensuring equitable access to effective ADHD care.

Addressing the challenges in the treatment and management of ADHD among immigrant adolescents requires a concerted effort to enhance cultural competence in mental health services and develop culturally sensitive treatment options. Recent research underscores the importance of tailoring interventions to the unique needs of immigrant populations to reduce disparities in ADHD care.

Implications for Counselling Psychology

The statistics from the Centre for ADHD Awareness Canada [CADDAC] (n.d.) indicate that ADHD affects 4-6% of adults and 5-7% of children/adolescents, which is highly relevant to counselling psychology for several reasons. It helps counsellors understand the scope and significance of ADHD, tailor interventions, promote early identification and intervention, recognize comorbidities, enhance cultural competence, support advocacy efforts, and guide research and training. This information enables counsellors to serve their clients better and contribute to improving mental health outcomes for individuals with ADHD. Statista Research Department (2024) has also noted that the affected population is multicultural; this implies that one out of twenty-one individuals in the country has the disorder, with a majority being immigrants. In a location with a high immigrant population and diverse cultural perspectives, the educational and healthcare systems need to be culturally sensitive, inclusive, and culturally competent to ensure the well-being of individuals and society (Sahuric et al., 2021).

In their study on a Latino immigrant population, Araujo et al. (2017), conducted in three U.S. schools, reported that acculturation greatly influenced the recognition and diagnosis of ADHD among their children. In another study also conducted on an immigrant population in Europe, Slobodin and Masalha (2020) reported that cultural diversity in norms and attitudes to mental health issues is a critical factor that influences ADHD care among the immigrant population, especially at the recognition stage, and this makes immigrant children

less likely to be diagnosed. (Alvarado & Modesto-Lowe, 2016). In a study by Sahuric et al. (2021), it was observed that immigrant parents were less likely to report symptoms of ADHD in their children compared to non-immigrant parents. However, when clinical experts assessed the same sets of immigrant children using their teachers, symptoms of ADHD were found. Sahuric et al. (2021) suggested that cultural influences play a significant role in these differing reports.

Cultural Sensitivity

The findings of Slobodin and Masalha (2020) suggest that counselling psychologists should intensify cultural competency procedures in clinical communication sessions. Using culturally appropriate language for the client is essential, and translators should be used if necessary. It is also crucial to research and understand the client's cultural background and use counselling materials tailored to their cultural needs (Slobodin & Masalha, 2020).

Additionally, as a counselling psychologist, engaging in the use of multi-tiered systems of support in addressing ADHD. According to Dong et al. (2020), multi-tiered support systems for addressing ADHD among immigrant children can facilitate culturally responsive engagement and improve the quality of healthcare services; this is because immigrant families of children with ADHD tend to respond favourably to Western healthcare alternatives when the clinical procedures are culturally sensitive (Smith et al., 2010).

The finding on immigrant families responding positively to Western health care alternatives when the clinical procedures are culturally responsive, according to A. Smith (2018), brings up the case of psychologists being careful to provide proper accommodations (where necessary) that will cover the social, cultural, clinical and academic settings of immigrant children with ADHD. Accommodation here refers to individualized modifications or adjustments that reduce barriers and provide equal access to persons with one form of disability or the other, including ADHD (National Resource Center on ADHD [NRC], 2020).

Accommodations provided are reflected in areas such as education, healthcare and employment. The NRC (2020) highlights the importance of incorporating professional understanding and best practices when addressing individuals with ADHD from immigrant backgrounds, considering their diverse cultural perspectives.

In addressing ADHD among adolescents within the immigrant population, Yohani et al. (2020) reported that immigrant communities hold varied linguistic differences, cultural beliefs and life experiences. These beliefs and life experiences are deeply rooted in their traditional culture's perception of wellness, which may clash with the Western notion of mental health. Certain immigrant cultures prioritize holistic approaches to well-being that encompass physical, mental, and spiritual health, meaning these cultures often emphasize the importance of community support and collective welfare in promoting overall wellness. (Yohani et al., 2020). To this end, mental health is often viewed in terms of overall health, including physical, emotional, and spiritual dimensions. By implication, the immigrant family and community, therefore, play integral roles in supporting and addressing mental health concerns, as ADHD symptoms might be interpreted through a broader lens that considers familial and community dynamics (Amuyunzu-Nyamongo, 2013). For instance, Ghoshal (2022) reported that some immigrant families believe ADHD-related issues will be resolved on their own without treatment, as they view the condition as a temporary phase that will pass naturally. This belief stems from cultural perspectives that do not always align with Western medical models of ADHD, creating a barrier to seeking appropriate care and management of the disorder.

Integrating Social Factors into Cultural Assessment And Treatment

Improving culturally sensitive assessment tools and community collaboration can help deepen the understanding of the impact of various social determinants of health. These determinants, such as socioeconomic status (SES), gender, social location, and other

intersectional factors, shape the presentation, diagnosis, and treatment of ADHD and other mental health conditions among immigrant populations. Addressing these aspects not only contributes to a more equity, diversity, and inclusion-oriented approach to mental health care but also educates on the complex factors influencing mental health. (Derr, 2016).

Socioeconomic Status (SES) Impact on Diagnosis and Treatment

Low socioeconomic status is often associated with limited access to mental health care. Immigrant families with financial constraints may struggle to afford ADHD assessments or follow-up treatments, potentially resulting in underdiagnosis, misdiagnosis, and inadequate care. Recognizing socioeconomic status can help mental health providers develop assessment tools and interventions considering financial situations, ensuring that services are accessible and affordable for all clients (Santiago et al., 2012). Socioeconomic status (SES) can also influence how different cultures view mental health. People from low SES backgrounds may see mental health problems as shameful or think that taking care of their money is more important than taking care of their mental health. Understanding how SES and cultural beliefs intersect helps psychologists adjust their methods. This can make mental health care more accessible and acceptable for these groups (Slobodin & Masalha, 2020).

Gender and Intersectionality in ADHD Diagnosis

Boys with ADHD often show more noticeable disruptive behaviours, like being very active and acting without thinking. This is easier for teachers and parents to see. In contrast, girls with ADHD may not show these kinds of behaviours (Quinn & Madhoo, 2014). Instead, they may have trouble paying attention and managing their emotions. These symptoms are often missed or thought to be caused by other things like hormones. Because of this, it is essential to use tests that consider these different behaviours between boys and girls. This way, we can make sure to diagnose ADHD accurately in all kinds of people, especially in immigrant communities where traditional ideas about what boys and girls should be like

might affect how ADHD shows up (Quinn & Madhoo, 2014). It is vital to take into account different factors like gender, culture, and other social aspects when providing mental health care for everyone. (Slobodin & Masalha, 2020).

Addressing Stigma and Shame

The stigma surrounding mental health issues, such as ADHD, is prevalent in many immigrant communities. Cultural perspectives often influence attitudes towards mental health, leading to significant stigma and shame. Many immigrant families may view mental health conditions as a sign of personal or family weakness, causing them to be hesitant to seek help. The fear of discrimination and isolation within the broader community can exacerbate this stigma (Yang et al., 2020). Furthermore, the fear of stigmatization, cultural mistrust of Western healthcare providers, as well as cultural adjustment and identity struggles, are some of the viewpoints on ADHD held by immigrant communities (Slobodin & Masalha, 2020; A. Smith, 2018).

Ross-Sheriff and Moss-Knight (2013) also maintained that the provision of culturally relevant and functional mental health care services for African immigrants is haphazard and largely insufficient because culturally acceptable mental health practices are not readily available due to the prevailing issues of social inequality, stigma, racial discrimination, religious beliefs and prejudice to the mental health system by African immigrants (Ross-Sheriff & Moss-Knight, 2013).

Counselling psychologists address these implications by ensuring that before recognising, diagnosing, and treating ADHD, opportunities are created for shared community interactions with the elders/spiritual leaders of such immigrant communities to enhance clinical interactions. This approach has been found significant by Mainguy and Mehl-Madrona (2017), who reported that enhanced interactions with the elders/spiritual leaders of

immigrant communities resulted in an improved perception of mental health in Indigenous communities of Northern Canada.

Partnering with community organizations, religious groups, and cultural associations can facilitate the integration of stigma-reduction initiatives within trusted community spaces. These organizations can offer a supportive environment conducive to mental health education and open dialogues (Kirmayer et al., 2011). The Canadian Paediatric Society emphasized the importance of considering immigrant communities' cultural perspectives when providing psychological care. Psychologists can address these implications by integrating identity development, inquiring about strengths, upholding confidentiality, and establishing culturally relevant health coping behaviours such as positive peer and family connections, thus ensuring culturally and developmentally appropriate care in clinical procedures (Vo et al., 2021).

Enhancing Access to Care

Notably, it has also been found that the cultural perspectives immigrant families hold about ADHD diagnosis and treatment also significantly impact the management of ADHD among immigrant adolescents in several ways (Alvarado & Modesto-Lowe, 2016). For instance, immigrant families, when compared with non-immigrant families, may encounter barriers to accessing mental health services, including limited awareness of available services, cultural stigma surrounding mental health, and concerns related to immigration status (Lu et al., 2021). Consequently, adolescents with ADHD may face delays in receiving the appropriate assessment and treatment, thereby increasing the impact of the disorder on their daily lives. Ghoshal (2022) also reported that delayed diagnosis, subscription to alternate treatment approaches (conventional medication), stigma and shame, language barrier, health literacy, access to health care and lack of trust and communication between immigrants and health care providers are some of how cultural perspectives on ADHD diagnosis and treatment impact its management among immigrant adolescents.

Traditional Healing Versus Western Care Alternative

Similarly, immigrant communities often strongly tie to traditional healing practices rooted in their cultural heritage (Link et al., 2015). These practices may involve rituals, ceremonies, or herbal remedies to restore balance and harmony to the individual's well-being, and some individuals may turn to traditional healers or religious leaders before seeking Western mental health services for ADHD-related issues (Alegria et al., 2012). Anheyer et al. (2017) and Pellow et al. (2011) reported growing evidence of using CAMs to treat different neuropsychiatric disorders. This body of evidence also reveals that the treatment of children with ADHD using CAMs is carried out either by parents or based on their recommendation. For instance, caffeine, an essential constituent of coffee and other herbal stimulants, has been used as an alternative in the treatment of ADD/ADHD (Anheyer et al., 2017).

While some herbal practitioners use caffeine or caffeine-containing herbs alone, others use non-stimulant herbs (Akhondzadeh, 2018). Furthermore, though the administration of caffeine-stimulated herbs has significant effects on children with ADHD, the benefits come with side effects (Akhondzadeh, 2018). Clinical researchers and practitioners should develop culturally relevant treatment options (Ghoshal, 2022). Healthcare services should implement community cultural translators to ensure effective communication. Emphasis will be placed on considering the influence of family and community in healthcare decision-making.

School-Based Interventions

According to Alsalamah (2018), a thorough investigation is recommended to assess the effectiveness of school professional development programs in promoting cultural awareness. Psychologists should incorporate data and knowledge from various sources to reduce the impact of personal biases on their research findings. Therefore, reports from caregivers and educators beyond that of parents should be considered. Neutral assessments

that increase self-reflection and enhance multicultural education would also be explored alongside clinical interviews, cognitive tests and symptom validity tests in ADHD management (Vo et al., 2021). More importantly, Mainguy and Mehl-Madrona (2017) recommended that counselling psychologists engage in culturally relevant training to bridge these cultural gaps.

The development of culturally sensitive interventions to address ADHD among adolescents within immigrant families faces critical barriers. Baweja et al. (2021) reported that despite evidence-based pharmacological and psychosocial interventions for ADHD, such as psychoeducation, integration of behavioural services in general clinical settings, motivational interview sessions, shared decision-making, and extended engagement, these interventions are often inaccessible. When accessed, they frequently end abruptly due to barriers such as family structural and attitudinal beliefs, high healthcare costs and access, stigmatization, and issues of low self-esteem within immigrant communities that hinder change enforcement.

The Benefits of Culturally Sensitive Interventions

Artiga and Pham (2019) provided a detailed list of these critical barriers to culturally sensitive interventions in addressing ADHD among adolescents within immigrant communities. On the list are barriers such as reduced use of intervention programs and services due to fear of deportation or negative impression of immigration status, limited access to linguistically and culturally appropriate mental health services, stigma surrounding mental health issues, provider's limited knowledge of immigrant policies and their impact and provider's limited training in cultural competence with immigrant families (Kennedy & Kingsley, 2013). However, Baweja et al. (2021) reported that despite the barriers, culturally sensitive interventions have been found in conducted studies to increase access, reduce family structural and attitudinal barriers, and improve participation and satisfaction. By

implication, exploring these interventions in a gradual and controlled pattern in clinical procedures can be engaged in by psychologists. Additionally, familiarity with immigration policies should be regarded as a compulsory requirement for all psychologists so that in their choice of intervention, they do not impede the building of trust and communication lines. By extension, clinical procedures should be devoid of stigmatization, and counsellors should also be trained to acquire the requisite cultural competence. Counsellors must ensure that they talk with immigrants about different ADHD interventions so that the intervention settled for is not seen as imposed.

There are culturally sensitive intervention strategies psychologists could deploy in addressing ADHD among adolescents within immigrant families in Canada. For instance, cultural competence training for health care providers and the use of cultural interpreters/intermediaries as potential intervention strategies have been suggested by Dong et al. (2020). Dong et al. (2020) further indicated that this strategy will enable healthcare providers to deliver high-quality client-centred care by improving recognition of cultural differences in symptom presentation and developing more accurate culturally biased diagnostic criteria. In other words, cultural competence training for healthcare providers will help address the disparities in ADHD recognition and treatment among the immigrant population.

Engaging Culturally Sensitive Assessment Tools and Community Collaboration

Mainguy and Mehl-Madrona (2017) also recommended using culturally sensitive assessment tools by counsellors and collaboration with community-based groups or community elders/spiritual leaders as culturally sensitive interventions in addressing ADHD among adolescents within immigrant families. This strategy is closely related to the findings of Baweja et al. (2021) that using family-centered approaches, non-use of stigmatizing words in clinical procedures and providing education and support for families on ADHD

management is a potential culturally sensitive strategy in addressing ADHD. Using culturally sensitive assessment tools and collaborating with community-based groups or community elders/spiritual leaders allows psychologists to effectively address various critical aspects in the diagnosis and treatment of ADHD and other mental health issues among immigrant populations (Alvarado & Modesto-Lowe, 2016).

Culturally Adapted Questionnaires

Accurate diagnosis and assessment validity are crucial to accurate diagnoses using culturally adapted questionnaires. Implementing culturally adapted standardized ADHD assessment tools can significantly improve the accuracy of diagnoses (D. Sue et al., 2019). For example, modifying the ADHD FX Rating Scale to include culturally relevant behaviours and examples that resonate with specific immigrant communities can help ensure that the assessed behaviours are interpreted correctly within the cultural context; this, in turn, reduces the risk of misdiagnosis due to cultural misunderstandings (Haack & Gerdes, 2014; D. Sue et al., 2019).

Bilingual Psychometric Tools

Utilizing assessment tools with bilingual versions can enhance comprehension and responses from clients who are not fluent in English. Tools like the Bilingual Verbal Ability Tests (BVAT) can deliver more precise cognitive assessments (Kirmayer et al., 2011); this guarantees the accuracy of the assessment, as clients can communicate in their preferred language, leading to more reliable results (Kirmayer et al., 2011).

Cultural Bias and Trust in Communication

One way to address cultural bias and build trust in mental health services is for psychologists to collaborate with respected community elders. By working together, psychologists can explain the purpose of mental health assessments and treatments with the help of the elders, who can act as cultural brokers. This collaboration can help bridge the gap

between the psychologist and the community, and it is more likely to encourage community members to engage with mental health services when endorsed by trusted leaders (Yang et al., 2020).

Differentiating Cultural Perspectives from Psychopathology

Engaging in Community-Based Participatory Research (CBPR), which involves the active participation of community members in the research process, can help differentiate between culturally normative behaviours and symptoms of psychopathology. For instance, what may be perceived as inattentiveness in one culture could be a culturally acceptable way of showing respect, such as avoiding direct eye contact (Al-Krenawi & Graham, 2000). This collaborative approach ensures that cultural behaviours are not pathologized, ultimately leading to more precise diagnoses (Al-Krenawi & Graham, 2000).

The Inclusion of Cultural Formulation Interviews (CFI)

Cultural Formulation Interviews (CFI) is an example of utilizing the DSM-5 Cultural Formulation Interview. This interview is designed to explore cultural factors affecting mental health and can help differentiate between cultural expressions and actual psychopathology (Kirmayer et al., 2011). This approach ensures a holistic understanding of the client's symptoms within their cultural context, which helps prevent misdiagnosis (Kirmayer et al., 2011).

Compliance with Ethical Guidelines

In accordance with the Canadian Code of Ethics for Psychologists and the ethical guidelines of the CPA, psychologists are encouraged to respect their clients' cultural values and avoid imposing their cultural norms on them. For example, *Principle I: Respect for the Dignity of Persons and Peoples* highlights the importance of respecting cultural diversity (CPA, 2017). This ethical standard ensures that the assessment and treatment processes are respectful and culturally appropriate, promoting a more ethical practice (CPA, 2017).

Continuous Cultural Competence Training

Psychologists can use continuous cultural competence training to stay up-to-date on best practices for working with diverse populations. This training often involves learning about specific cultural health beliefs and practices, which can help assess and treat (D. Sue et al., 2019). Ongoing training ensures psychologists have the most recent knowledge and skills to offer culturally sensitive care, improving their practice's quality and ethical standards (D. Sue et al., 2019). Psychologists can gain insight into how culture impacts mental health by using culturally sensitive assessment tools and collaborating with community-based organizations or elders; this enables them to provide accurate diagnoses and culturally responsive care to immigrant populations. As a result, psychologists can better connect with clients by demonstrating proper cultural understanding, leading to improved treatment outcomes.

Enhancing Access to Care

Using telemedicine as a potential culturally sensitive strategy was recommended by Artiga and Pham (2019). In employing telemedicine, the psychologist can expand access to consultations in remote areas. Clients who feel more at ease in their environment are reached as open communication is facilitated. The psychologist can also conduct frequent check-ins and clinically tailored support without the client fearing stigmatization since privacy is highly ensured. Through telemedicine, as a counselling psychologist, the provision of flexible and client-centred care is facilitated, thus providing enhanced treatment outcomes. To better support immigrant families with children affected by ADHD, it is recommended that interventions be tailored to their unique needs and lived experiences.

Tailored interventions can be achieved by incorporating culturally complementary and alternative interventions, promoting cultural humility and self-reflection (Slobodin & Masalha, 2020), and providing resources in relevant languages (Ghoshal, 2022). Therefore,

engagement, adherence and effectiveness will be enhanced in clinical procedures. The psychologist will be able to practice shared cultural understanding, and there will be reduced disparity in ADHD diagnosis and treatment. Cultural humility and self-reflection will also be promoted as the psychologist will be conscious of their biases and voluntarily seek cultural competence.

Language Barriers in Communication with Healthcare Providers

In providing language-relevant resources, the psychologist is empowered to display improved understanding as accurate language use helps to comprehend the client's symptoms and experiences in clinical procedures. The psychologist can also develop better treatment plans tailored to the client's language and cultural needs. Deductively, the use of language-relevant resources also increases patient engagement. In other words, the patient feels more comfortable and engrossed in the clinical process, thus building a solid therapeutic bond between the client and the psychologist; this is obtainable because using language-relevant resources ensures the psychologist engages the principles of trust, empathy and effective communication (Alvarado & Modesto-Lowe, 2016).

Counselling psychologists must stay updated with professional requirements to address cultural differences without resistance to new knowledge. Clinical procedures must be reviewed in line with existing cultural differences before use since these interventions enhance not only treatment outcomes but also improve professional growth, enhance the reputation of clinical practitioners, and ensure reduced errors in the process of clinical procedures and compliance with ethical guidelines. In compliance with ethical guidelines, the counselling ethics and principles of confidentiality, informed consent, respect for individuality, empathy, effective communication, avoidance of emotional involvement, non-maleficence and justice, among others, must be ensured (Caldwell et al., 2016; Edwards, 2000).

Recommendations for Practice

Counselling psychology seeks to improve individuals' well-being by addressing their psychological, emotional, and behavioural concerns. Examining the treatment and management of ADHD among immigrant adolescents reveals several implications for the field of counselling psychology (Edwards, 2000). These implications stem from this population's unique challenges, including cultural sensitivity, stigma, language barriers, and access to care. The following sections outline recommendations, incorporating recent research findings and practical considerations for counselling psychologists.

Cultural Competence Training

Cultural competence training for health care providers and using cultural interpreters/intermediaries is essential to culturally sensitive practice. Using culturally sensitive assessment tools by counsellors and collaborating with community-based groups or community elders/spiritual leaders is beneficial because it facilitates trust in the healthcare system and enhances communication with the healthcare provider without fear of community backlash. Family-centred approaches, the non-use of stigmatizing words in clinical procedures and the provision of education and support for families on ADHD management are also recommended (Kennedy & Kingsley, 2013; Dong et al., 2020).

Applying these strategies to clinical practice will involve intensive cultural competence training for healthcare providers and practitioners (Dong et al., 2020). Healthcare providers and clinical practitioners gain valuable insight into the experiences of immigrant communities with ADHD through this exposure. Also, culturally sensitive assessment tools and diagnostic criteria should be used in clinical procedures to ensure trust in communication, accurate diagnosis and treatment (Mainguy & Mehl-Madrona, 2017).

Family Members and Caregiver's Involvement in Clinical Procedures

Clinical procedures that involve individualized treatment plans should also incorporate cultural values, beliefs and practices (Mainguy & Mehl-Madrona, 2017). Similarly, as reported by Baweja et al. (2021), family members' and caregivers' involvement in ADHD clinical procedures, especially at the recognition and diagnosis stages, cannot be overlooked to address family structural dynamics and attitudinal beliefs; this should encompass actively engaging with a wide array of community resources such as educational institutions, healthcare facilities, and non-profit organizations and leveraging support services, including counselling, employment assistance, and wellness programs.

Healthcare professionals can actively engage community resources by building relationships with local organizations to coordinate care and access resources, refer clients to relevant support services, raise awareness through workshops and community events, and integrate community resources into individualized treatment plans for comprehensive support (Dong et al., 2020). The reason to actively engage community resources is to have a comprehensive approach involving community resources that provides extensive support for various aspects of the client's life, ultimately improving outcomes and quality of life. Incorporating cultural practices shows respect and inclusivity and builds trust, enabling more personalized and effective interventions. Utilizing community resources helps establish strong support networks, reduce isolation, and empower clients and their families. Actively involving families and caregivers addresses family dynamics and beliefs, which is crucial for effectively managing ADHD and promoting lasting change (Dong et al., 2020).

Additionally, it involves fostering partnerships with local organizations dedicated to addressing various community needs such as housing, food security, and youth development. Baweja et al. (2021) also identified that the non-use of stigmatizing words in clinical procedures and family-centred approaches were critical strategies in ADHD management

within immigrant communities. By implication, language access through interpreters, multi-lingual providers, or access to translated diagnostic and assessment materials is essential in clinical practices. Also, family-centered approaches should solicit feedback to evaluate the treatment's effectiveness and improve care (Edwards, 2000).

Cultural Humility

Cultural humility is an approach and process that can help foster strong working alliances between therapists and diverse clients, ultimately leading to improved therapy outcomes (Mosher et al., 2017). It encompasses critical self-examination and self-awareness, establishing the therapeutic alliance, addressing cultural ruptures, and navigating value differences (Mosher et al., 2017). Counselling psychologists must practice cultural humility when addressing ADHD, as it acknowledges the significance of cultural differences and promotes culturally sensitive and effective care (Morgan, 2020).

Slobodin and Masalha (2020) and Vo et al. (2021) have underscored the essential role of cultural humility and self-reflection in recognizing, diagnosing, and treating ADHD among adolescents in immigrant communities. Cultural humility assists clinical practitioners in recognizing their limitations, engaging in self-reflection, continuous learning, or referring counselling cases to more competent practitioners. It also enables clinical procedures to advocate for policies supporting culturally sensitive care and addressing system barriers. Additionally, it guides clinical practitioners to avoid cultural stereotypes and biases in diagnosis and treatment and fosters better collaboration with families from diverse backgrounds to develop personalized treatment plans. Ultimately, counselling psychologists can engage with immigrant communities through outreach, education, and support services (Baweja et al., 2021).

Usage of Technology to Increase Access to ADHD Care

The role of technology in addressing ADHD treatment is multifaceted and impactful. Dupaul and Kern (2020) state that integrating technology into ADHD treatment can improve accessibility, engagement, and personalized care. These factors are particularly crucial for immigrant communities, who often face challenges in accessing ADHD diagnosis and recognition. By utilizing technology to increase access to care for immigrant communities, clinical practices can involve the community in treatment planning and decision-making and offer ADHD awareness, education, and support to a broader range of communities (Artiga & Pham, 2019). This approach can foster trust and rapport between healthcare providers and immigrant communities by considering their cultural beliefs and values.

In addition, technological devices can support the work of cultural brokers or interpreters by translating materials and resources into culturally sensitive content. By incorporating technology in ADHD treatment, the healthcare system can offer convenience and flexibility tailored to providing the appropriate healthcare support needed for immigrant communities. Telemedicine for treatment should include culturally complementary and alternative interventions. Telemedicine is advantageous due to its flexibility, cost-effectiveness, reduced stigma, and ability to customize services to accommodate the cultural perspectives and convenience of the client (Artiga & Pham, 2019).

Integrating Complementary and Alternative Treatment

It is also recommended for practice that clinical procedures consider integrating complementary and alternative treatments (Slobodin & Masalha, 2020). There are several evidence-based pharmacological and psycho-social treatments for ADHD, such as psycho-education, integration of behavioural services in general clinical settings, motivational interview sessions, shared decision making and extended engagement. These treatment plans have been found to encourage collaboration with alternative practitioners, enhance clients'

education, consider cultural sensitivity in selected treatment plans, seek informed consent from clients, and improve the effectiveness of healthcare providers () (Vo et al., 2021).

Clinical practitioners are, therefore, should not ballow themselves to be limited to the interventions they already know but should be open to updating their knowledge to alternative treatment plans that are culturally relevant to immigrant communities. Applying this recommendation to clinical practice will help clinical practitioners implement approaches that provide culturally sensitive care to immigrant communities with adolescents affected by ADHD; this will, in turn, ensure increased client engagement, address multiple aspects of cultural perspectives, enhance collaboration among conventional and alternative healthcare providers, and improve healthcare outcomes (Slobodin & Masalha, 2020).

Fundamental Next Steps for Research

The cultural background of immigrant families in North America influences the recognition and diagnosis of ADHD in their adolescent children through acculturation and diverse cultural norms and attitudes toward mental health issues (Slobodin & Masalha, 2020). Immigrant families in Canada hold varied cultural perspectives and beliefs about ADHD, which are deeply rooted in their traditional culture's perception of wellness, which clashes with the Western notion of mental health (Yohani et al., 2020). These beliefs intensify cultural mistrust for Western healthcare providers, thus necessitating a cultural and identity adjustment (Slobodin & Masalha, 2020). Furthermore, varied cultural perspectives on ADHD diagnosis and treatment impact the management of ADHD among immigrant adolescents in several ways, such as limited awareness of available healthcare services and concerns related to immigration status (Lu et al., 2021). For instance, the relationship between cultural perspective and Western notions of mental health should be explored. The readiness of clinical practitioners for cultural competence training can also be examined alongside the interplay of immigration status/policy on ADHD recognition, treatment and management.

Despite the existence of culturally sensitive interventions in addressing ADHD among adolescents within immigrant families in Canada or North America, there are critical barriers to these interventions. Baweja et al. (2021) identified some barriers as family structural and attitudinal beliefs, high cost and access to health care, stigmatization and issues of low self-esteem by immigrant communities to enforce change. Notwithstanding, there are potential strategies for culturally sensitive interventions in addressing ADHD among adolescents within immigrant families in Canada that can be explored, as presented by several studies.

Therefore, issues of ADHD among immigrant communities cannot be over-emphasized. There is room for further research to address this neurodevelopmental disorder thoroughly in the area of identifying gaps in current knowledge and practice and synthesizing such with existing research on ADHD within immigrant communities. For instance, future research on ADHD among immigrants should consider aligning cultural and Western healthcare for ADHD, studying the impact of immigration policies, exploring innovative culturally sensitive approaches, developing culturally-based digital tools for managing ADHD, and translating findings into culturally sensitive clinical practice (Slobodin & Masalha, 2020); this ensures that the policies and procedures developed are consistent with the realities of the current immigrant populace. Research should also be conducted to develop a conceptual framework that will integrate cultural competence in ADHD recognition, diagnosis and management; this would guide the development of culturally sensitive interventions.

Another area in which further research should be carried out is using mixed methods to investigate the feasibility and effectiveness of culturally sensitive interventions. ADHD, being a complex condition, requires a multifaceted methodology to capture the cognitive, behavioural, cultural and social aspects involved; this is because, while quantitative methods

address research questions, qualitative methods explore experiences, perspectives and cultural interpretations.

Findings from studies that employed mixed methods provide clinical practitioners with a comprehensive understanding of ADHD. Mixed methods allow for cross-validation of findings, thus increasing the validity and reliability of a result obtained from the diverse nature of immigrant communities. Furthermore, future research should focus more on recruiting diverse samples of immigrant families and healthcare providers to ensure adequate representation from diverse cultural backgrounds and capture a wide range of experiences and perspectives.

Moreover, most of the findings in this capstone pointed to counselling psychologists and healthcare providers engaging in cultural competence training (Dong et al., 2020; Slobodin & Masalha, 2020; Vo et al., 2021). Researchers can focus on developing training templates that align with culturally sensitive interventions. Also, culturally sensitive assessment tools and interventions that address immigrant families' unique needs and experiences can be developed and experimented with. The efficacy and effectiveness of culturally sensitive interventions are also areas for further research. This evaluation can be done using randomized controlled trials and analyzed using the appropriate statistical tools.

Randomized controlled trials (RCTs) are considered part of the core standards in ADHD research and have provided empirical evidence for treatment efficacy (Nigg & Holton, 2019). Higgins and Green (2019), for instance, stated that RCTs ensure internal validity by randomly assigning participants to treatment or control groups, thus minimizing confounding variables. Though the external validity of RCTs may be limited due to its strict inclusion criteria, clearly reducing generalizability to real-world settings (Miller & Chapman, 2018), the focus on a specific population (immigrant adolescents with ADHD) makes RCTs a suitable choice as the generalizability of findings will be limited to the specified age group

(Caye et al., 2019). Additionally, predictors and moderators of culturally sensitive interventions should be included. They should be identified in research, and their outcomes should be clinically evaluated.

Lastly, areas of further research can include collaborating with community partners and stakeholders to ensure the translation of research findings to practice, sustain developed interventions, and continuously evaluate and modify developed culturally sensitive interventions based on emerging trends, community feedback and needs assessment. When future researchers focus on these areas, healthcare providers can have an authoritative channel to test interventions that address the peculiar needs of adolescents with ADHD in immigrant communities (Alsalamah, 2018; Slobodin & Masalha, 2020).

Reflexive Self-Statement

As a student from an African cultural background and an immigrant studying counselling psychology, I find it crucial to recognize the diversity among immigrant families. Acknowledging that they come from different cultural backgrounds and possess unique values, beliefs, and practices is essential. This diversity shapes my role in clinical procedures as a co-collaborator guiding therapeutic sessions to allay any fears of immigrant clients and promote connection with their immigrant community.

A primary principle guiding this study revolves around the importance of cultural competence. According to Wise (2023), clinical training should focus on learning from individuals from diverse cultural backgrounds, emphasizing understanding from their real-life experiences. This principle, therefore, encourages an understanding of diverse attitudes and values within immigrant communities and recognizes behavioural differences and processing styles as crucial to the client's identity (Dallman et al., 2022). Culturally sensitive approaches that recognize each immigrant family's individuality were thus considered through clinical procedures; this helped me understand the nuances of their experiences, providing me with a

more profound insight into the phenomenon under investigation. By taking this approach, I am better positioned to gain meaningful insights that can aid in developing culturally appropriate interventions essential to support the well-being of immigrant families (Edwards, 2000).

As a counselling student and immigrant in Canada, addressing ADHD among immigrant populations presents unique ethical challenges and opportunities for personal growth. This reflexive self-statement explores my commitment to ethical principles, guided by the Canadian Counselling and Psychotherapy Association [CCPA] (2020) code of ethics, alongside relevant research and literature.

Ethical Considerations

Respect for Client Autonomy

Therapists are committed to respecting clients' independence and acknowledging their right to make decisions and lead their own lives; this means giving clients all the information they need to make informed choices and supporting their independence even when their decisions differ from the therapist's perspectives. As an immigrant, I understand the significance of respecting cultural differences in understanding and valuing independence (Corey et al., 2014).

Cultural Competence and Sensitivity

Counsellors should be dedicated to enhancing their cultural competence to serve clients from diverse backgrounds better; this involves learning about different cultures, being mindful of biases, and adapting their approaches to be culturally sensitive and respectful. Drawing from my experience as an immigrant, I bring a unique understanding and empathy for clients from diverse cultural backgrounds, particularly in addressing ADHD in immigrant populations (D. Sue et al., 2019).

Confidentiality and Privacy

Maintaining the confidentiality and privacy of clients is a paramount ethical duty. Counsellors are committed to protecting all client information and sharing it only with the client's consent or as required by law; this is particularly crucial for immigrant families with valid concerns about privacy and the potential consequences of sharing personal information. My experience navigating privacy concerns in a new country has heightened my sensitivity to these issues (Remley & Herlihy, 2019).

Avoiding Harm and Ensuring Beneficence

The primary duty of a therapist is to prevent harm and consistently act in the best interest of my clients; this involves remaining vigilant about potential risks and taking proactive measures to minimize harm. Ensuring beneficence requires a continuous assessment of intervention effectiveness and necessary adjustments to support the client's well-being. When working with immigrant populations, it is essential to be mindful of potential misunderstandings and the stigma associated with ADHD (Corey et al., 2014).

Professional Integrity and Accountability

Counsellors should be dedicated to maintaining professional integrity and accountability by following ethical guidelines and standards; this means seeking supervision and consultation when dealing with ethical issues and continuously improving my skills and ethical practice. Accountability also involves being open with clients about the counselling process and my qualifications. As an immigrant, I am especially aware of the need for honesty in building trust within culturally diverse communities (Remley & Herlihy, 2019).

Ethical Considerations in Practice

Informed Consent

Informed consent is a crucial ethical practice that guarantees clients have a complete understanding of counselling, including its possible advantages and disadvantages. Therapists

must provide clear and thorough details about the counselling process, privacy, and their role as counsellors. This approach encourages openness and enables clients to make well-informed choices about their involvement in counselling. When dealing with immigrant communities, obtaining informed consent may demand extra measures to ensure comprehension, such as utilizing interpreters or translated resources (Fisher & Oransky, 2008).

Managing Dual Relationships

Balancing dual relationships can be challenging, but avoiding connections that could influence professional judgment or jeopardize clients' well-being is crucial. When confronted with unavoidable dual relationships, the counsellor must uphold clear boundaries and seek supervision, prioritizing the client's welfare; this is particularly important in tightly-knit immigrant communities, where such relationships may be more common (Remley & Herlihy, 2019).

Ethical Decision-Making

Ethical dilemmas are an unavoidable aspect of counselling practice. Counsellors use a structured approach to ethical decision-making, which involves identifying ethical issues, consulting relevant ethical codes and literature, seeking supervision, and considering the potential impact of decisions on all stakeholders. This process guarantees that ethical decisions are well-informed and aligned with professional standards (Corey et al., 2014).

Self-Care and Professional Boundaries

Counsellors should prioritize personal well-being to ensure effective and ethical practice. Regular self-care activities help prevent burnout, allowing counsellors to offer the best possible care to their clients. Setting and maintaining professional boundaries is also crucial for protecting my well-being and the therapeutic relationship. As an immigrant, I

understand the additional stressors of adjusting to a new culture and balancing professional responsibilities (Barnett et al., 2007).

Continuous Professional Development

Counsellors should commit to staying updated with the latest research, theories, and practices in the evolving counselling field. Continuous professional development includes attending workshops, training, and conferences and staying informed about advancements in counselling ethics and cultural competence. As an immigrant, I view professional development as a means to bridge cultural gaps and improve my ability to effectively serve diverse populations (Remley & Herlihy, 2019).

As an immigrant and a counselling student, I am deeply committed to upholding the highest ethical standards outlined in the CCPA (2020) code of ethics. Through ongoing self-reflection and a dedication to professional development, I strive to deliver culturally competent, respectful, and effective care to my clients. By maintaining these ethical principles, I aim to cultivate a therapeutic environment that promotes trust, autonomy, and well-being, particularly when addressing ADHD among immigrant populations. My journey as an immigrant has thus exposed me to the intricate interplay of cultural factors influencing the recognition, treatment, and management of ADHD within the immigrant experience. I have, therefore, become intimately familiar with the academic and familial dimensions of ADHD. These personal encounters have inherently introduced biases, acknowledging that my understanding is shaped by academic literature and lived experiences. Regular self-reflection was integral in acknowledging and critically assessing my assumptions and perspectives.

The principles of informed consent involve ensuring the immigrant client understands his rights and the counselling process; confidentiality, which entails maintaining the client's trust and privacy; empathy, which deals with understanding and sharing in the client's feelings; congruence, which sees the counsellor display authentic genuineness in therapeutic

relationship; cultural sensitivity which promotes respecting diverse cultural perspectives and beliefs and the over-all well-being of participants, as noted in peer-reviewed articles, were keenly considered. Adhering to ethical guidelines in clinical procedures will ensure that the narratives shared by participants are treated with sensitivity and respect, recognizing the potential vulnerability associated with discussing cultural perspectives on ADHD.

Upholding these principles in addressing ADHD cases among adolescents within an immigrant population becomes imperative for me as the counselling psychologist because it promotes a supportive and non-judgmental environment that fosters understanding right from the recognition and diagnosis stages of ADHD. Connors et al. (2013) affirmed that empathy is essential in building trust. Antshel et al. (2016) also pointed out that when a counsellor upholds the ethics of being non-judgmental, individuals with ADHD are freed from the fear of stigma and shame and become more open to healthcare providers. In addition, Caye et al. (2019) reported that respect for cultural diversity provides the clinician with a better understanding of the cultural factors that impact immigrant ADHD clients.

The CPA (2017) *Ethical Principles of Psychologists and Code of Conduct* and CCPA (2020) *Standards of Practice and Code of Ethics*, alongside other relevant codes of ethics for Counseling Psychologists in North America and Canada, serve as guides in ethical considerations, design, implementation, and dissemination of mental health professional practice, ensuring a responsible and ethical exploration of cultural perspectives on ADHD within immigrant families in Canada.

My goal is to conduct inclusive, respectful, and culturally sensitive research so that I can contribute to developing interventions tailored to the unique needs of immigrant families, ultimately helping to improve their well-being and enrich their lives. Furthermore, based on my cultural background and personal experiences, which may influence my research, thus leading to potential biases, my self-awareness is heightened, constantly examining my biases

and actively seeking diverse perspectives; this helped in conducting the study as objectively and impartially as possible while still acknowledging the implicit biases I may hold.

Conclusion

This paper emphasizes the importance of understanding how cultural factors impact the recognition, treatment, and management of ADHD within immigrant communities in Canada. It addresses the critical role cultural perspectives play in shaping the experiences of adolescents affected. Research revealed that, undoubtedly, there is an interplay of cultural beliefs, values and experiences in the recognition, treatment, and management of ADHD within immigrant communities. The counselling psychologist is responsible for implementing counselling principles in line with culturally developed strategies.

Understanding how to adequately address these cultural beliefs, values and experiences in their cultural and value-laden context is crucial to recognizing and providing culturally sensitive diagnosis, treatment and management. Otherwise, uninformed perspectives may impact perceptions of ADHD symptoms and hinder help-seeking behaviours and interactions with healthcare providers, potentially leading to delays in diagnosis and management (Hamed et al., 2015).

The cultural context of immigrant communities in Canada comes with its attendant challenges manifested in the diverse cultural perspectives. These varied perspectives affect the notion immigrant communities hold about Western alternatives to treating ADHD and have given room for barriers to accessing existing healthcare providers. These barriers are multi-faceted and compounded, covering issues of language and communication complexities, cultural and religious disparities, and issues of stigmatization and shame coupled with a lack of cultural competence among clinical practitioners. However, addressing these barriers by giving prominence to cultural sensitivity and humility in research and clinical practice creates room for inclusive and practical solutions that regard the existent

diversity in immigrant families; this supports their overall well-being and culturally relevant training among clinical practitioners.

Moreover, while some immigrants culturally view ADHD as a personal failing that will remedy itself and not a medical condition, others recognize it but give priority to traditional remedies because of the wrong cultural notion held about Western medicine. These perspectives prove that the cultural context of immigrant communities in Canada significantly shapes their response to ADHD treatment, preferences, adherence, and management, and they substantiate the position of researchers on the importance of cultural competence training. Therefore, clinical practitioners must acknowledge and respect these cultural differences when working with immigrant families and develop treatment plans that align with these cultural sensitivities.

This paper aims to contribute to the ongoing dialogue concerning the cultural perspectives of immigrant communities on ADHD. It underscores the necessity to adapt Western treatment interventions and prioritize culturally sensitive treatment approaches to address the distinct needs and autonomy of adolescent individuals from immigrant communities grappling with ADHD. To attend to the specific needs of immigrant communities about ADHD, clinical practitioners need to engage in the development of culturally sensitive interventions that can effectively bridge the gap between cultural diversity and equitable healthcare services in Canada.

To enhance the efficacy of healthcare for immigrant communities, it is imperative to furnish language-appropriate resources, engage cultural interpreters, and institute policies designed to mitigate systemic barriers. This undertaking is essential for advancing more effective and accessible healthcare, ultimately augmenting the mental well-being of the vulnerable immigrant population. It is incumbent upon clinical practitioners to embrace a commitment to cultural humility and perpetuate a regimen of continued learning. This stance

reflects an acknowledgment of the intricate and steadily evolving nature of cultural viewpoints pertinent to the recognition, treatment, and management of ADHD within immigrant communities.

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Appendix - Annotated bibliography

Dong, Q., Garcia, B., Pham, A.V & Cumming, M. (2020). Culturally responsive approaches for addressing ADHD within multi-tiered systems of support. *Current Psychiatry Reports*, 22 (27), 1–11. <https://doi.org/10.1007/s11920-020-01154-3>

This article provides a primer for mental health professionals on implementing culturally responsive practices within a multi-tiered system of support (MTSS) framework when working with families and children with ADHD from diverse backgrounds. The authors discuss the importance of universal screening, caregiver psychoeducation, cultural adaptation of existing evidence-based interventions, and provision of targeted supports that are culturally relevant. They also emphasize the need for collaboration between psychiatrists, psychologists, school personnel, and families to evaluate outcomes for children with ADHD.

Kang, S., & Harvey, E. A. (2019). Racial differences between black parents' and white teachers' perceptions of attention-deficit/hyperactivity disorder behaviour. *Journal of Abnormal Child Psychology*, 48(5), 661–672. <https://doi.org/10.1007/s10802-019-00600-y>

This study examines the racial differences in how Black parents and White teachers perceive and rate children's ADHD behaviours. The study also explores four factors that may underlie racial differences in perceptions of ADHD behaviour: ADHD stigma beliefs, nerve, experiences with racial discrimination, and racial attitudes. The results reveal significant differences in the ways that Black parents and White teachers rate Black boys' ADHD behaviours and ADHD likelihood. The study highlights the potential implications of these differences for the diagnosis of Black children with ADHD.

Morgan, P. L., Farkas, G., Cook, M., Strassfeld, N. M., Hillemeier, M. M., Pun, W. H., & Schussler, D. L. (2016). Are black children disproportionately overrepresented in special education? A best-evidence synthesis. *Exceptional Children*, 83(2), 181-198. <https://doi.org/10.1177/0014402916664042>

This study examines teacher expectations for the discretionary effort of students across ethnic and racial groups. The study found that teachers had lower expectations for the discretionary effort of Black and Hispanic students compared to White and Asian students. The study highlights the potential impact of teacher expectations on student outcomes and the need for interventions to address racial and ethnic disparities in teacher expectations.

Paidipati, C.P., Brawner, B., Eiraldi, R. & Deatrick, J.A. (2017). Parent and family processes Related to ADHD management in ethnically diverse youth. *Journal of the American Psychiatric Nurses Association*, 1–23. <https://doi.org/10.1177/1078390316687023>

This article provides an integrative review of 32 articles to explore parent and family processes related to managing ADHD in ethnically diverse youth. The authors identify nine themes about the identification, care-seeking approaches, treatment preferences, and engagement with care systems and services for youth with ADHD. The article highlights the importance of understanding the unique perspectives of families from diverse backgrounds and developing ecologically appropriate and family-based interventions for youth with ADHD.

Shippen, N., Horn, S. R., Triece, P., Chronis-Tuscano, A., & Meinzer, M. C. (2021).

Understanding ADHD in black adolescents in urban schools: A qualitative examination of factors that influence ADHD presentation, coping strategies, and access to care. *Evidence-Based Practice in Child and Adolescent Mental Health*, 7(2), 213–229.

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This article presents a qualitative investigation into the experiences of Black high school students with ADHD, their caregivers, teachers, and school mental health providers. Through focus group interviews, the authors identify themes related to developmental changes observed in ADHD presentation in high school students and contextual factors that influence the experiences of Black adolescents with ADHD in under-resourced urban public high schools. The authors suggest that interventions should be tailored to the specific needs of Black adolescents with ADHD in these settings, such as addressing mood difficulties that manifest during high school and providing support for adolescents' coping strategies.

Slobodin, O., & Masalha, R. (2018). Challenges in ADHD care for ethnic minority children:

A review of the current literature. *Journal of Child Neurology*, 33(1), 63-72.

This article provides a selective review of research that explores social and cultural influences on help-seeking behaviour in ethnic minority children with ADHD. The authors examine studies that address cultural diversity in three areas of ADHD help-seeking: problem recognition, access to mental health services, and treatment. The article highlights the cultural disparities in ADHD care among ethnic minority children that occur in the early stages of problem recognition, through service selection, and in the quality of treatment. The authors suggest that interventions that address cultural factors in ADHD care, such as culturally sensitive assessment and treatment, may improve the quality of care for ethnic minority children with ADHD. Overall, this article provides a comprehensive overview of the challenges in ADHD care for ethnic minority children and highlights the need for culturally sensitive interventions to improve the quality of care for this population.

Appendix: Methodology Chart

Authors Year	Title	Sample Size	Selection/recruitment	Data collection process	Data analysis process	Qual/quant/mixed/case	Notes on finding
Dong, Q., Garcia, B., Pham, A.V & Cumming, M. 2020	Culturally responsive approaches for addressing ADHD within multi-tiered systems of support.	(Literature Review)	Studies were selected based on inclusion/exclusion criteria from academic databases (e.g., PubMed, PsycINFO, Google Scholar)	Review and synthesis of existing literature on culturally responsive practices within MTSS for ADHD	Thematic analysis of selected studies to identify key themes and patterns	Qualitative (Literature Review)	Culturally responsive practices improve outcomes for students with ADHD; gaps identified in current research; recommendations for integrating cultural competence into MTSS frameworks.
Kang, S., & Harvey, E. A. 2019	Racial differences between black parents' and white teachers' perceptions of attention-deficit/hyperactivity disorder behaviour	148 parent-teacher dyads	Participants were recruited from public schools in the northeastern United States. Black parents and White teachers were specifically targeted for the study.	Data was collected through questionnaires completed by Black parents and White teachers, focusing on perceptions of ADHD behaviours.	Statistical analyses, including t-tests and regression analyses, were used to compare perceptions and identify significant differences.	Quantitative	The study found significant racial differences between Black parents' and White teachers' perceptions of ADHD behaviours, with Black parents less likely to perceive behaviours as problematic. This highlights potential biases in the identification and treatment of ADHD in Black children, suggesting the need for culturally sensitive assessment practices.
Morgan, P. L., Farkas, G., Cook, M., Strassfeld, N. M., Hillemeier, M. M., Pun, W. H., & Schussler, D. L. 2016	Are black children disproportionately overrepresented in special education? A best-evidence synthesis	22 studies reviewed	Studies were selected based on stringent inclusion criteria, including relevance, methodological rigour, and focus on racial representation in special education.	Data was gathered by reviewing empirical studies and government reports on the representation of Black children in special education.	The best-evidence synthesis method was used, combining qualitative synthesis with quantitative meta-analytic techniques to evaluate study findings.	Mixed	The synthesis revealed that Black children are not consistently overrepresented in special education when compared to similarly situated White children. The findings challenge the commonly held belief of disproportionate overrepresentation and emphasize the importance of controlling for confounding variables like socioeconomic status.
Paidipati, C.P., Brawner, B., Eiraldi, R., & Deatrick, J.A. 2017	Parent and family processes related to ADHD management in ethnically diverse youth	24 families	Families were recruited from clinics and community organizations serving ethnically diverse populations.	Data was collected through in-depth interviews with parents and caregivers, focusing on their experiences and strategies for managing ADHD.	Thematic analysis was used to identify and interpret patterns related to family processes and ADHD management across different ethnic groups.	Qualitative	The study found that family processes, including communication, support systems, and coping strategies, significantly impact ADHD management in ethnically diverse youth. Variations in these processes were observed across different ethnic groups, highlighting the need for culturally tailored interventions to support effective ADHD management in diverse families.
Slobodin, O., & Masalha, R. 2018	Challenges in ADHD care for ethnic minority children: A review of the current literature	(Literature Review)	Selection based on inclusion criteria from peer-reviewed journals and relevant sources focusing on ADHD care for ethnic minority children.	Data was collected through a comprehensive review of existing literature on ADHD care challenges among ethnic minority populations.	Systematic review methodology was used, including critical appraisal and synthesis of findings from various studies.	Qualitative (Literature Review)	The review identified several challenges in ADHD care for ethnic minority children, including disparities in diagnosis, cultural biases, and barriers to accessing appropriate care. It highlighted the need for improved cultural competence in ADHD assessment and intervention and the importance of addressing systemic inequities in healthcare.

