

# ADHD Across Socioeconomic Statuses

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Previously, ADHD has been researched as a single demographic population. This research technique looks past the disparities among the different subgroups of people diagnosed. Young people who have been diagnosed with ADHD come from varying sociodemographic categories. Socioeconomic status crosses all other sociodemographic boundaries and has a significant effect on the academic and social success of young people. In an attempt to shine a light on the importance of these disparities, this paper explores the socioeconomic disproportionality of young people who have been diagnosed with an Attention Disorder. Furthermore, this paper addresses the likelihood that, if not addressed, the drastic influence socioeconomic status has on people diagnosed with ADHD will continue to trickle from one generation to the next.

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In the current state of education, students with ADHD and similar learning disabilities continue to fall behind both socially and academically. This is due largely to the fact that currently used interventions are not addressing the diverse socioeconomic statuses (SES) that influence diagnosis and quality of life of learning disabled students. People from all backgrounds are diagnosed with ADHD. However, among the spectrum of characteristics associated with disparities in students with ADHD, socioeconomic status has the biggest impact on the individual's success through life.

Understanding that socioeconomic status has a significant impact on the diagnosis of students with ADHD is a step towards improving the quality of their life from diagnosis through adulthood. In comparisons of the causes of ADHD and other learning disabilities, a 2012 study concluded that household income and maternal education are two major contributors to the diagnosis of children with ADHD (Sagiv et al.). An increase in the prevalence of learning disability rates among children in lower socioeconomic status suggests two conclusions. First, families from lower SES households are more likely to look into a diagnosis for less than usual student behaviors. Second, it suggests that a combination of factors associated with low SES actually increases the likelihood a childhood will present the symptoms of a learning disability such as ADHD. In a study by Clearfield and Jedd, they concluded that "less educated mothers are less likely to use family money to promote good nutrition in their babies" (Clearfield and Jedd, 63). This decision leads to malnutrition. Mineral deficiencies have a direct effect on infants ability to focus. Iron deficiencies lead to a decrease in focused attention, learning, and memory. This will increase the likelihood that that student is diagnosed with an attention based learning disability such as ADHD (Clearfield and Jedd).

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ADHD is diagnosed in people of all ages and affects people of all ages differently. In a study surrounding the attention spans of infants, Clearfield and Jedd discovered that low SES has a drastic influence on infants' ability to pay attention to different stimuli. Ability to pay attention is a significant characteristic considered when diagnosing ADHD. This study found that infants from low SES households struggled to develop attention skills as they grew older. Infants from high SES households developed an ability to focus longer based on the complexity of the stimuli put in front of them. In addition, a primary example of despairing attention spans is the introduction of a human into the environment. When a human was introduced into the experiment, students from high SES households paid far more attention to the person than students from low SES households. This blatant variance in attention ability among infants of varying SES demonstrates that students with low SES are more likely to have characteristics that increase the likelihood of an ADHD diagnosis (Clearfield and Jedd). In addition to an increase in diagnosis, low SES students are more likely to be perceived as unusual in social interactions as a result of their inability to focus on people as long as their high SES counterparts.

Socioeconomic status has a significant impact on all the social lives of all students; however, its effect on learning disabled students is significant from a very early age. The results from the infants' attention study stretch beyond the age boundaries of infants. From infants through adolescence and into adulthood, social encounters are a strong contributor to the success of each individual. Being able to collaborate on school papers or make plans for after school are basic necessities in the lives of students. However, every day students diagnosed with ADHD and similar learning disabilities struggle with the development of meaningful social relationships. In a 2004 study, researchers called on students from differing socioeconomic backgrounds to demonstrate the difference in the way they perceive social situations as well as

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the way they are perceived in social situations. They concluded that learning disabled students with higher socioeconomic statuses were chosen more often by their peers as best friends than their lower SES peers. In addition, this study acknowledged that students with lower socioeconomic status reported that they were more likely to treat non-friends with disrespect (Meadan and Halle). This combination of negative social situations is unique to learning disabled students from low socioeconomic status and drastically reduces the likelihood that they will succeed in a traditional academic setting.

In most cases, ADHD does not end after adolescence. Instead, it follows the individual through adulthood. When socioeconomic status is introduced into the equation, the lifetime cost of ADHD only increases the likelihood that the next generation in the family will also be diagnosed with an attention disorder. In a 2007 study, Bernfort, Nordfeldt, and Persson analyzed the lifetime costs of ADHD. In addition to the understood costs of medication, they also introduced non-expected costs to the individual and the community they live in. For example, students diagnosed with ADHD are more likely to engage in risky behavior frequently. This will increase the expenses the individual undergoes and place a stress on the medical infrastructure of a community. In addition, individuals with ADHD are "over represented among criminals, have lower educational level, and more often have lower-status employments" (Bemfort, Nordfeldt, & Persson, 2007, 243). These factors reduce the income flowing into the household and therefore contribute in large proportions to the likelihood that future generations of children raised in this household are more likely to be diagnosed with an attention disorder.

When compared with other often disproportionate sociodemographic characteristics of students with learning disabilities, class and socioeconomic status continue to have the strongest influence on students. In fact, in a 2010 study conducted by Callahan, Muller, and Shifrer they

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tested the sociodemographic factors that contribute to learning disabilities and concluded that lower SES in families completely accounts for the disproportional diagnosis of African American and Hispanic students. Socioeconomic Status remains the only characteristic that crosses the boundaries of sociodemographic characteristics. Because of this, disparities in socioeconomic status account for the diagnosis disparities among children living with ADHD.

Research reveals that students diagnosed with ADHD from low SES households have a much harder time engaging in what would be considered "normal" social interactions. Healthy, peer focused social lives continue to be a fundamental part of child development, yet the current focus of ADHD interventions is placed strictly on the academic success of the student. In addition, interventions do not currently look at subgroups of students diagnosed with ADHD. In response, the current state of academia will benefit from an increase in the amount of focus placed on improving social interactions as a solution to the social disparities among ADHD diagnosed students from varying socioeconomic backgrounds.

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## References

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