

# ADHD IN BIPOC COMMUNITIES

*Diagnosis, treatment, and the impact of disparities*

---

## OVERVIEW

ADHD does not discriminate by race or ethnicity. Research consistently demonstrates that ADHD occurs across all racial and ethnic groups at comparable underlying rates. Yet Black, Hispanic, Asian, and Indigenous communities in the United States face persistent and well-documented disparities in ADHD diagnosis, access to treatment, and quality of care. These gaps are not the result of biology, they are the result of systemic, structural, and sociocultural factors that shape who gets identified, who gets help, and who gets left behind.

---

## DIAGNOSIS BY RACE & ETHNICITY: WHAT THE DATA SHOWS

The following statistics reflect CDC and peer-reviewed data from 2020–2022 (NCHS Data Brief No. 499, March 2024) for children ages 5–17, and from the 2022 National Survey of Children’s Health (Danielson et al., 2024).

### Ever diagnosed with ADHD, children ages 5–17:

**13.4%** White non-Hispanic children

**10.8%** Black non-Hispanic children

**8.9%** Hispanic children

**4%** Asian children (2022 NSCH)

**10%** American Indian/Alaska Native children (2022 NSCH)

**6%** Native Hawaiian/Pacific Islander children (2022 NSCH)

### Important context:

- These figures reflect diagnosed ADHD, not actual prevalence. Lower diagnosis rates in BIPOC communities are not evidence of lower rates of the condition; they reflect reduced access to identification and evaluation.
  - Research controlling for symptom severity consistently finds that Black and Hispanic children show ADHD symptomatology at rates comparable to White children, yet are diagnosed less frequently (Coker et al., 2016; Morgan et al., 2013).
  - By eighth grade, Black children were 69% less likely, and Hispanic children 50% less likely, to have received an ADHD diagnosis than their White peers, even after controlling for socioeconomic and clinical factors (Morgan et al., 2013).
- 

## TREATMENT DISPARITIES

Receiving a diagnosis does not guarantee receiving care. Among children who have been diagnosed with ADHD, significant treatment gaps persist across racial and ethnic lines.

### Treatment access gaps (Yang et al., 2022; Psychiatric Services):

- White children with ADHD have approximately a 1 in 2 chance of receiving treatment in a given year.
  - For Black children, that probability is 15% lower. For Hispanic children, 12% lower. For Asian children, 21% lower.
  - Black, Hispanic, and Asian children with ADHD were significantly less likely than White children to access any ADHD treatment visit, ADHD medication, or mental health services for any psychiatric diagnosis.
  - Research indicates these treatment gaps are driven primarily by barriers to access, getting in the door, rather than by a lack of engagement once care is received (Yang et al., 2022).
-

- Black parents have been shown to receive less information from physicians about their child's ADHD diagnosis than White parents, compounding barriers to informed treatment decisions (Coker et al., 2016).
- 

## WHY THESE DISPARITIES EXIST

The gaps in ADHD diagnosis and treatment within BIPOC communities reflect a complex interplay of systemic, clinical, and sociocultural factors. No single cause explains the full picture.

### 01 Implicit Bias in Clinical Settings

Research shows that clinicians may interpret the same behaviors differently based on a child's race. Behaviors recognized as ADHD symptoms in White children may be labeled as conduct problems, disruptive behavior, or poor discipline in Black and Brown children. This pattern has been documented in studies examining both clinician decision-making and diagnostic outcomes (Fadus et al., 2020; Shi et al., 2021). The result is that BIPOC children are more likely to receive conduct disorder or ODD diagnoses in place of, or alongside, an ADHD diagnosis they also warrant.

### 02 Limited Access to Healthcare

Rates of health insurance coverage are significantly lower among people of color than for White Americans. Uninsured or under-insured children are less likely to receive the comprehensive evaluations needed for an ADHD diagnosis. Additional access barriers include: shortage of mental health providers in underserved communities; transportation limitations; language barriers; and lack of school-based mental health resources. Disparities in access, not willingness to engage, are the primary driver of treatment gaps (Yang et al., 2022).

### 03 Provider Workforce Homogeneity

As of 2023, 79% of the U.S. psychology workforce is White, with Black and Hispanic providers comprising only 5% and 8% respectively (American Psychological Association, 2023). The absence of racially and culturally concordant providers can reduce trust, limit cultural competency in evaluation, and result in assessments that fail to account for cultural context in interpreting behavior.

### 04 Cultural Stigma and Medical Mistrust

In many BIPOC communities, mental health conditions carry significant stigma, sometimes framed as a sign of weakness, a family failure, or a spiritual deficit. Compounding this, a 2024 Pew Research Center report found that 55% of Black Americans reported negative experiences with doctors, and the CDC found that nearly 1 in 5 Hispanic Americans avoid medical care due to fear of poor treatment or discrimination. Generations of documented medical mistreatment, including experimentation, forced sterilization, and racialized pathologizing, form a documented historical basis for this mistrust.

### 05 Underrepresentation in Research

Many foundational ADHD studies have been conducted primarily with White, English-speaking, middle-class populations. This has produced diagnostic tools, clinical presentations, and symptom descriptions that may not adequately capture how ADHD presents across cultural contexts. A 2024 review of 2,791 conduct disorder manuscripts published from 2013–2023 found that only 136 contained original research with diagnostic data, and only 13 included any racial or ethnic data at all (Brown et al., 2024).

### 06 Fear of the School-to-Prison Pipeline

Black and Latino parents may resist an ADHD diagnosis out of legitimate concern that it could trigger special education placement, disciplinary action, or involvement in systems with a documented history of disparate outcomes for children of color. These fears are not unfounded: Black children are more likely to face disciplinary action in school for the same behaviors for which White children receive therapeutic support (Coker et al., 2016).

---

## THE IMPACT OF UNDIAGNOSED AND UNTREATED ADHD

When ADHD goes unrecognized and untreated, the consequences accumulate across an individual's lifespan. For BIPOC individuals, these outcomes are compounded by the structural inequities they already navigate.

### Academic & Educational Impact

- The high school dropout rate among children with ADHD is approximately 35%. Black children diagnosed with ADHD are often diagnosed two or more years later than White children, representing lost years of academic support and intervention (CHADD, 2022).
-

- Undiagnosed ADHD is associated with significant academic underachievement, disengagement from school, and reduced likelihood of post-secondary education (Arnold et al., 2020).

### Mental Health Impact

- Undiagnosed ADHD is strongly associated with elevated rates of depression, anxiety, low self-esteem, and substance use disorders, all of which may go untreated when the underlying ADHD is not identified (Able et al., 2007).
- Living with undiagnosed ADHD while simultaneously navigating racism and discrimination compounds risk for co-occurring mental and physical health conditions (McAllister, cited in ADDitude, 2022).

### Criminal Justice Involvement

- ADHD prevalence in incarcerated youth ranges from 17–30%, compared to approximately 11% in the general youth population. In adult prison populations, the prevalence is estimated at 26%, roughly ten times the general adult rate (Young et al., 2015).
- Untreated ADHD contributes to the school-to-prison pipeline through its effects on self-regulation, academic failure, and peer relationships. For BIPOC youth already subject to harsher disciplinary practices, undiagnosed ADHD significantly elevates this risk (ScienceDirect, 2025).

### Employment & Economic Impact

- Adults with undiagnosed ADHD experience lower educational attainment, lower earnings, greater job instability, and higher rates of workplace conflict than those who have received a diagnosis and appropriate support (Able et al., 2007; ASPE/HHS, 2024).

---

**The Society for ADHD and Co-Occurring Conditions** serves as a bridge between faith communities and the evidence-based resources families need. We are here to equip you.

For resources, training, or speaking inquiries: [info@societyforadhd.org](mailto:info@societyforadhd.org) | [www.societyforadhd.org](http://www.societyforadhd.org)

*References available upon request. All content is science-backed and evidence-based.*