

# Misunderstood and Neglected: The Educational Marginalization of Students with ADHD in China

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**Abstract.** Attention-Deficit Hyperactivity Disorder (ADHD) is a complex issue for students in China. They endure great academic pressure but the cultural stigma surrounding ADHD causes their symptoms to be traced back to their character, for example, laziness. This leads to further discrimination and marginalization in their education. This paper will analyze this problem by reviewing the available literature surrounding ADHD in China. 18 peer-reviewed English articles were reviewed, published from 2015-2025, from the Oberlin College database and ERIC. The literature shows that the marginalization is caused by widespread ignorance on the part of parents and teachers. They assign attributions to behaviors that students cannot control. This appears in the classroom as negative teacher attitudes and disruption with students. This is apparent at home as parental stress is exhibited with little or no help offered. There are some valuable interventions such as individualized teaching and family therapy, but they are not being put into use. This analysis shows a dire need for a global comprehensive solution, including policy changes, formal teacher training and public campaigns to battle stigma, and properly support students with ADHD.

**Keywords:** ADHD in China; Misunderstood and Neglected; Discrimination; Medical; Education.

## 1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is classified as part of the wider realm of neurodiversity [1]. In China, while the rate of seeking an ADHD diagnosis is on par with other countries [2], the stigma attached to the condition creates an environment in which students with ADHD might be discriminated against and ostracized. This highlights a contradiction within society, with the immense academic pressure epitomized in the Gaokao, co-existing within an environment of cultural ignorance where ADHD symptoms are attributed to moral failings such as being lazy [3]. Families in China often have ignorance of the condition. Furthermore, cultural attitudes lead to traits of ADHD (such as lack of attention, bad memory, and wandering concentration) being attributed to moral failings, such as laziness. This means that students are often blamed for their behaviors which are beyond their control.

The issue of marginalization of people with ADHD is currently relevant as the lack of proper care has consequences for children's academic futures. While much research has focused on the prevalence [2, 4] and medical diagnosis [5] of ADHD in China, less attention has been paid to the social and educational process of marginalization itself. This paper aims to help fill this gap by providing a broad overview of the issues surrounding ADHD in students within China to inform the need for appropriate interventions. Through a narrative review of recent literature, this paper maps the root causes and manifestations of this marginalization, evaluates evidence for effective interventions, and provides justification for policy changes that allocate funds for schools to be able to properly support students and teach parents about how to manage the condition.

## 2. Methodology

This study was conducted as a narrative review to synthesize existing knowledge regarding the educational marginalization of students with ADHD in China. To find relevant literature, the researcher searched the Oberlin College Database and ERIC (Education Resources Information Center) using carefully selected keywords including "ADHD," "Marginalization," "China," "School,"

“Misunderstood,” “Neglected,” “Discrimination,” “classroom,” “Medical” and “Education.” The researcher also reviewed the reference lists of other articles. The researcher consciously included literature that was published within the last ten years (2015–2025). In total, there were 18 peer reviewed articles that were reviewed and used which met the following inclusion criteria: (1) Article was peer-reviewed (2) appeared to be relevant to ADHD in China (n = 12 of 18 articles) and/or provided useful context of other countries (n = 6 of 18 articles), (3) Corresponded with policy approaches to treatment of elementary medically challenged Chinese children with ADHD, and (4) Articles were available through institutional databases or academic repositories. Literature was not included if it had insufficient academic rigor, was not peer-reviewed and/or failed substantively to address the core concept of interest of this research. These findings were synthesized using an analytical framework that addressed the socio-cultural, school and family levels.

### **3. Results and Discussion**

#### **3.1. The Roots of Misunderstanding: Cultural Stigma and Lack of Knowledge**

The literature suggests that ADHD is beset by misunderstanding, biases and discrimination as it is the case with many other neurodivergent disorders. In China, for example, parents may not know that their children have ADHD [3] and many attribute inappropriate personality and character traits to ADHD such as lower attention, tendencies for classroom disruption, and the lesser ability to concentrate [6]. As Fan et al. [3] found in a cross-sectional survey, many parents felt that ADHD is really due to bad habits and that their children acted badly in the classroom because of their faults, which is directly related to the all-encompassing discrimination children with ADHD suffer. This gap in thinking is an important cause of marginalization. Furthermore, many Chinese parents complain of being stressed because of their children with ADHD [7], while others complain of different elements of the so-called burden of the condition such as disagreements, disciplinary problems, social stigma, and other factors that affect the development of the children [8].

#### **3.2. Marginalization in Practice: Classroom "Entropy" and Teacher Stress**

In the classroom, these misconstructions translate into actual marginalization. Disruptive behavior becomes “entropy” [4, 5, 9]. Teachers frequently do not respond well to the presence of a child suffering from ADHD in the classroom, mainly due to the other ailments with which ADHD frequently coexists (for example, obsessive compulsive disorder (OCD)), which deepens the behavioral tendency, making the teaching of children who have it more difficult [5]. Fabio et al., [9] found out specifically that the symptoms of ADHD tended to increase the perception of entropy in the classroom, which affected teacher stress manifestations, and this, in consequence led to discrimination and marginalization in China and elsewhere. Teachers also possess some of these preconceived ideas, which leads them frequently to be prejudicial against students suffering from ADHD, due to a combination of ignorance and disinclination to deal with the interactive relationships in the classroom, in which certain children have educational needs which are special [9]. The foregoing leads to a self-perpetuating and vicious cycle. As a consequence, many Chinese children suffer from marginalization and stigmatization, and come to internalize the fact that they have been “bad students,” especially in areas where only a limited amount of knowledge exists concerning the disorder [10].

#### **3.3. The Rupture of Support: Family Function and School Gaps**

Often, both the family and the classroom are needed to provide the necessary support [11, 12], although the literature shows that significant gaps exist in this support network. For example, Ma [11] presents a case for the effectiveness of family-based interventions, such as structural family therapy (SFT) in Hong Kong, which shows that good family support equates to better classroom engagement, which is relevant to the topic because it shows the tangled web of intervention that must be attempted if students are to yield good outcomes. However, much of this support is not available, being

circumscribed by an essential lack of parental knowledge of the condition and the influencing factors involved [3, 13]. This gap means that even when schools are attempting interventions, these may be ineffective without supplementation from home.

### **3.4. Exploring Solutions: Effective Intervention Strategies in the Literature**

Despite these obstacles, the literature documents some good practice. Successful interventions have been piloted in various Chinese schools, allowing lessons learned for larger-scale future projects. Wen [14] describes how teachers in a Hong Kong primary school planned with a view to help Greg, a 7-year-old pupil at a state primary whose parents were worried about his “abnormal” behavior and low level of achievement at school. The intervention was concerned with tailoring rules to fit in with Greg in order to ensure that he found the activities stimulating while allowing for a degree of control. The teacher employed a token economy of stars of different colors awarded for good behavior and for obeying four simple rules.

In group tasks, rather than letting group dynamics dictate activity allocation, Greg was given specific instructions along with other members of his team. This focused him, since his ADHD often made choosing a task difficult. Furthermore, Greg’s limitations of not being able to work for more than 20 minutes at a time on a task were integrated, with the teacher purposefully asking Greg to help at other brief tasks every 20 minutes before asking him to return to his group. The results were very positive: Greg was able to achieve most of the tasks his other classmates were doing. This case study is an example of how teaching practice can be adapted with minimal effort to having a student with ADHD in the classroom. It is not about ostracizing or singling them out, but rather about tweaking existing practice to individual needs.

A second example of potentially scalable practice which nevertheless requires a significant amount of money involves an effort as described by Zou [15] at a Hong Kong International Baccalaureate (IB), a type of school in which students learn English as the language of instruction, speak Cantonese with each other as a native language, but in which they also learn Chinese (Mandarin) as a third language. Zou describes an effective strategy for teaching practice, in which two students from a year-4 class, student F and student N, were chosen, with their parents’ permission, for a pull-out strategy by which the students had private sessions with a speech therapist with the stated goal of helping both students to structure sentences of greater complexity with logic and use grade-appropriate vocabulary. There were two weekly sessions over a course of two weeks, each 45 minutes long, after which both students showed remarkable improvement in writing, spelling, and written expression more generally. The therapist used behaviorist approaches, was receptive to student feedback, and planned sessions beforehand. Even with such a short intervention window, the very positive results inform the need for a school-wide policy that can help students with ADHD. However, the cost is a strong limiting factor: full-time staff who could perform these interventions is unavailable, even at an IB of high standing in Hong Kong, and the frameworks needed to teach parents how to monitor student performance and encourage more practice after the sessions are missing. Funding is also limited for the schools, who have to justify the interventions according to student administrative classifications. For instance, Hong Kong students in the Special Education Management Information System (SEMIS) system are eligible for a Hong Kong Education Bureau stipend, but not others. This introduces additional administrative complexity.

These case studies show the efficacy of personalized intervention in Chinese classrooms. However, both require training, teacher time, and funding, which is often limited or unavailable. Policy is the next step that needs to be taken so schools are empowered to request aid, train staff, set up support mechanisms, contact parents, train parents, and actually perform the interventions. The spectacularly effective results are a strong motivator for this approach [14, 15], and other studies confirm the value of inclusive, adaptive teaching strategies [16].

#### **4. Implications for Policy**

The actual work of composing policy is a hard job, though, requiring that it be backed by evidence. It is for this reason, therefore, that such interventions as showed by Zou [15] and Wen [14], showing the success of interventions, must be quantified and documented so that they can be condensed for policymakers. The notion in particular that early effective intervention can prevent later in life much more costly conditions such as addiction, depression, and chronic ostracism [17] can be made use of to present an economic argument justifying expenditure on training teachers and giving power to schools. Furthermore, the fact that students with ADHD may, when assisted, accomplish great things even in the very intensive environments of medical school [18] points to the possibility of meaningful pecuniary benefits resulting from this expense. Policy then can aim not only at the allotting of funds, but also at modifying adaptive methods by which effective interventions may be provided by local economic conditions. In this light, considering the statistical evidence of the probability that in any given K-12 classroom in Chinese schools, there would be at most one or two students suffering from ADHD [2], it makes it feasible for effective policy to see that there would be sufficient funds for training of teachers and showing them how to keep in communication with parents and how to alter their class-room teaching to the personalized needs.

At the present time, however, the educational establishment in China does not by any means have a comprehensive set of policies particularly aimed at the necessity for a variety of inclusive practices that, amongst other medical conditions, need to be made relevant in terms of certain kinds of neurodivergent conditions especially ADHD [2]. However, such policies are imperative. Without them, it is difficult to implement the intended systemic changes in educational environments. These changes are necessary to enable proper diagnoses [19], develop interventions, and provide the necessary funding and training. Such support would equip professionals with the tools to effectively address the problem. Any attempts that are therefore made to deal with the matters of discrimination that students in China have to suffer from if they indeed have ADHD affect so many systems generally such as the medical ones and the educational ones and legislative bodies of the whole country that it is felt that, certainly, there is no easy or quick solution to the problem. All interventions therefore have to be regarded in the light of the actual management that has to be affected on the scene of the social, medical or educational systems that indeed already exist.

#### **5. Limitations and Suggestions for Future Research**

Conducted as a narrative review, this research provides a broad perspective on the scientific consensus on the issue of ADHD and the marginalization of those diagnosed with it within the context of China, however, it has certain limitations to keep in mind. One of the chief limitations is that the research which is found in the reference list was confined to peer-reviewed articles published in English. Such articles were largely available through the Oberlin College Library databases, and having been written in English it is possible that research written in Chinese and other languages has been omitted from inclusion in this article. This represents a possible language and publication bias. Another limitation is that the research spans a period of ten years (2015-2025). While this period ensures some currency, older research which may provide important historical context is omitted.

In light of the emerging themes, three key ideas for future research emerge. The first is that research must include students with ADHD, but also their families, in order to appreciate the Chinese cultural background that has led to their situation of marginalization. This research must focus on family dynamics, sex differences amongst parents, the effect of income and education on the manner in which marginalization occurs, and each aspect must be thoroughly examined through qualitative interviews and large-scale quantitative studies of the population. The second type of research must be on the effects of discrimination on the Chinese students with ADHD. The majority of current research is on the description and diagnosis and treatment of the syndrome, but little research has been done into the effects of ADHD and the resultant discrimination on the Chinese students. The emotional effects and social dynamics must all be fully researched to give a greater insight into the

manner in which marginalization affects the emotional and academic growth of such students in order to evaluate how they might be assisted more. Thirdly the methods of discrimination must be researched in the Chinese context. Marginalization in rural versus urban environments must be explored, and also discrimination at the time of Gaokao, an important examination which largely prescribes the academic future of many. Thus, there must be an extensive documentation to properly indicate the extent of the problem.

## 6. Conclusion

In conclusion, this review affirms that ADHD-affected students in China are disadvantaged in educational situations through discrimination, marginalization, and negative bias stemming from a general lack of knowledge of the condition, complex social phenomena, and the burden of the condition placed on students, teachers, and parents. The evidence synthesized from 18 studies suggests a clear and urgent need to change the national social construct away from the personal deficit and laziness perspective and instead develop a socially normative base from which support may be offered that is openly available, scientifically based, and is systemic in nature. Efforts to break this cycle of marginalization should be systematic in approach through support systems for policy, teacher training, and family education.

## References

- [1] Keilow M, Holm A, Fallesen P. Medical treatment of Attention Deficit/Hyperactivity Disorder (ADHD) and children's academic performance. *PLoS One*, 2018, 13(11): 1-17.
- [2] Wang T, Liu K, Li Z, et al. Prevalence of attention deficit/hyperactivity disorder among children and adolescents in China: A systematic review and meta-analysis. *BMC Psychiatry*, 2017, 17(32): 1-11.
- [3] Fan X, Ma Y, Cai J, et al. Do parents of children with ADHD know the disease? Results from a cross-sectional survey in Zhejiang, China. *Children*, 2022, 9: 1-12.
- [4] Huang Y, Zheng S, Xu C, et al. attention deficit hyperactivity disorder in elementary school students in Shantou, China: prevalence, subtypes, and influencing factors. *Neuropsychiatric Disease and Treatment*, 2017, 13: 785-792.
- [5] Liu J, Jiang Z, Li F, et al. Prevalence and comorbidity of attention deficit hyperactivity disorder in Chinese school-attending students aged 6–16: A national survey. *Annals of General Psychiatry*, 2025, 24(23): 1-11.
- [6] McDougal E, Tai C, Stewart T M, et al. Understanding and supporting attention deficit hyperactivity disorder (ADHD) in the primary school classroom: Perspectives of children with ADHD and their teachers. *Journal of Autism and Developmental Disorders*, 2023, 53(9): 3406-3421.
- [7] Mo K Y H, Chan S T M. Parenting stress and coping strategies among parents of children with ADHD in China. *Journal of Child and Family Studies*, 2024, 33: 3826-3839.
- [8] Li N, Zhao J, Zhou F. The burden of attention deficit hyperactivity disorder and incidence rate forecast in China from 1990 to 2021. *Frontiers in Psychiatry*, 2025, 16: 1-9.
- [9] Fabio R A, Mento C, Gangemi A, et al. ADHD symptoms increase perception of classroom entropy and impact teacher stress levels. *Children*, 2023, 10: 1-11.
- [10] Pang X, Wang H, Dill S, et al. attention deficit hyperactivity disorder (ADHD) among elementary students in rural China: Prevalence, correlates, and consequences. *Journal of Affective Disorders*, 2021, 293: 484-491.
- [11] Ma J L C. Family-based intervention for Chinese families of children with attention deficit hyperactivity disorder (ADHD) in Hong Kong, China. *Australian and New Zealand Journal of Family Therapy*, 2021, 42: 402-413.
- [12] Zheng Q, Hui B, Li J, et al. Adaptive functioning in school: A multidimensional questionnaire for assessing functional challenges beyond symptoms in students with ADHD. *Child Psychiatry & Human Development*, 2025.

- [13] Li H H, Wang T T, Dong Y H, et al. Screening of ADHD symptoms in primary school students and investigation of parental awareness of ADHD and its influencing factors: A cross-sectional study. *Frontiers in Psychology*, 2022, 13: 1-11.
- [14] Wen Z. A case study on teaching ADHD student. *International Journal of Social Science and Education Research*, 2022, 5(9): 57-69.
- [15] Zou Y. A case study of a one-to-one SEN TA and Speech Therapist led pull-out Chinese learning intervention for Year 4 pupils with ADHD in a Hong Kong IB school. *Sunderland Reflective Action in Education*, 2023, 2(2): 12-21.
- [16] Agustin A. Inclusive teaching for ADHD: Challenges and strategies in mainstream schools. *Divine Word International Journal of Management and Humanities*, 2025, 4(2): 1634-1649.
- [17] Tong L, Shi H, Zhang H, et al. Mediating effect of anxiety and depression on the relationship between Attention-deficit/hyperactivity disorder symptoms and smoking/drinking. *Scientific Reports*, 2016, 6: 1-8.
- [18] Shen Y, Chan B S M, Liu J, et al. Estimated prevalence and associated risk factors of attention deficit hyperactivity disorder (ADHD) among medical college students in a Chinese population. *Journal of Affective Disorders*, 2018, 241: 291-296.
- [19] Su Y, Wang H, Geng Y-G, et al. Parent ratings of ADHD symptoms in Chinese urban schoolchildren: Assessment with the Chinese ADHD Rating Scale–IV: Home version. *Journal of Attention Disorders*, 2015, 19(12): 1022-1033.