ADHD Australia Submission for NSW Curriculum Review 2018

Synopsis

ADHD Australia is a voice at national level and represents the views of our members, subscribers and all Australians and their families affected by ADHD. As medical specialists, business professionals, parents and volunteers, we are passionate about making a difference for those affected by ADHD.

ADHD is a neurodevelopmental problem that is frequently misunderstood and underdiagnosed. Teacher training and education policy are yet to adequately address the needs of this group of young people with ADHD.

The purpose of this submission is to raise awareness of the issues facing children with ADHD and their families, to substantially improve their school experience, education, social interactions, careers and life outcomes. Our suggestions have broad application and benefits for all school children.

Introduction

The traditional approach to education needs significant changes to meet the needs of young people in relation to their capabilities and future vocations, and also to improve outcomes for those with disability from neurodevelopmental disorders.

We are living in an increasingly digital and virtual environment…and need to prepare our kids to manage, in what will be their real world, for jobs that don't even exist yet, to use technologies that may not have been created yet, to solve problems that we don't even know about.[1] In the midst of this digital revolution, the pace of change is not only very fast, but accelerating. Our offices are becoming agile workspaces or possibly cafes, our workforces are becoming more contingent, and the gig economy is a reality. All this is happening around us, yet we don't see our kids being taught the appropriate curriculum, skills and approaches for their future needs and success, and we don't see how those, who are most in need, being supported for their future well-being and success. We see the gap widening in outcomes and opportunities between those with neurotypical development and those with disorders such as ADHD.

We have discovered so much more about brain development, and how to assess and support young people in learning, in the last two decades. In particular there is greater awareness of the need to support young people that are not neurotypical in their development. We need student-centred approaches to best meet the needs of this group of 5-10% of students, which hasn't previously happened despite new knowledge and greater awareness of their needs.

ADHD is the most common of these neurodevelopmental disorders. ADHD affects around one in ten Australians and is a pattern of behaviour that begins in childhood and often continues throughout the person's lifespan. There are three subtypes of ADHD. The most common in

clinical diagnosis is the ADHD combined type of inattention, hyperactivity and/or impulsivity (ADHD-C), however the predominantly inattentive type (ADHD-I) accounts around 50% of all identified cases within community ascertained samples in the Children's Attention Project (CAP)[6], and there is also the predominantly hyperactive type (ADHD-H).

Key features of ADHD are inattention, distractibility, hyperactivity and impulsivity. This may present as defiant and aggressive behaviour, including refusing (more often than other children) to follow directions from teachers or parents, and some have emotional outbursts when asked to do things they find difficult or challenging. Children with ADHD may become defiant when asked to stop talking, sit down, stop playing a game, do homework, eat dinner or go to bed. In addition to paying attention or controlling their activity level, they may find it hard to tolerate a boring situation, control their impulses or transition from a fun activity.

ADHD often has learning and mental health comorbidities. ADHD is linked to a range of learning disorders, and one in seven young Australians between the ages of 4-17 with ADHD experience a mental health condition.[2] Data from the most recent Young Minds Matter survey found that ADHD was the most common disorder in this cohort (7.4%), followed by anxiety (6.9%), and almost one third of those with a disorder had experienced two or more disorders in the previous 12 months.[3] Children with ADHD are more likely than other children to have other mental health problems, and a recent study of children with ADHD from age 8 to adulthood, found those with ADHD are at greater risk for behavioural issues, learning issues, anxiety, depression, substance abuse and self-injury.[4]

During adolescence, children with ADHD are at most risk of developing other mental health issues.[5] One third of the 16-25 cohort with ADHD have or have had mental health issues, which is a frightening statistic for our future generations, as well as for us as parents, teachers, schools and universities, friends, employers, governments, and Australians in general. And it gets worse. It's estimated that almost half (45%) of Australians aged 16-85 years will experience a mental health disorder at some time in their life, and about 20% have experienced a common mental disorder in the past 12 months[6].

It is well recognised that children and adults learn best when they are interested in the topic and engaged. It is also a fact that our "always on" state of connectedness to our smart phones, social media platforms, google, emails, etc causes distraction, even for those of us without ADHD. Almost all of the suggestions in a recent KidsMatter article to help children with ADHD engage better in learning activities could equally benefit children who don't have ADHD.[7] These suggestions focus on ways to adapt instructions to improve the child's self-management and organisation in initiating activities, planning, prioritising, persisting, organising, doing complex tasks, inhibiting, monitoring, shifting and regulating emotions, and also provides a positive focus for playground behaviour and social interactions.

Why we need change

A substantial literature review by Sciberras et al (2013)[8] demonstrated that **both boys and girls with ADHD are at risk for a range of poorer outcomes in adolescence and adulthood**. In addition to behavioural issues, substance abuse, mood and anxiety disorders, **these include poor educational, social and occupational outcomes**. The parents of children with ADHD also

have poorer outcomes over time, including increased psychological stress and poorer family functioning than parents of non-ADHD children.

Sciberras et al also noted that ADHD symptoms persist into adolescence and adulthood for approximately 50% of those diagnosed with ADHD. Although there may be a decline in ADHD symptoms as children progress into adolescence and adulthood, the impairments associated with the disorders tend to persist.

Feedback from parents and students with ADHD highlights the lack of understanding of ADHD by teachers and principals in NSW schools; the lack of resources, support, programs and special learning opportunities in many schools; limited and inconsistent funding of resources; the need for individualised approaches to students with ADHD; HSC exam issues; and overwhelmingly, the huge stigma attached to having ADHD. These issues are totally at odds with obligations under the *Disability Discrimination Act 1992* (DDA) and the *Disability Standards for Education 2015* (DSE), not to mention the fact that Australia espouses a culture of diversity and inclusion, which is embodied into various anti-discrimination and employment related legislation.

Untreated ADHD can cause lifetime impairment, however there are effective ways of managing ADHD…

Most of the parents we have dealt with are very committed to improving the educational, social and life outcomes for their children with ADHD. It is now the most common reason for paediatrician presentations in Australia, accounting for 18% of general consultations.[9] There are also various other medical and clinical specialists that parents can utilise, providing they have the means to do so, and numerous ADHD support groups, many of which are local.

However, the impact of what happens at school is incredibly far-reaching and definitive for every child, and even more so if they have ADHD.

Recent research by the Murdoch Children's Research Institute (MCRI) found that 40% of students with ADHD failed to meet the NAPLAN minimum standards in at least one academic area. In year seven, 73% of students with ADHD had problems with writing and almost 25% were below the minimum standard. In year nine, 54% had difficulties and 37.5% did not reach the minimum standard. The difficulty with writing was much more pronounced for boys than girls.[10] This research clearly illustrates the size of the gap for students with ADHD and how it is increasing.

Children with ADHD are more likely to be a target for bullying at school. While bullying is a worldwide health problem, it is typically the children who are "different" or have a "label" that are bullied. The consequences of bullying are very serious. Children who were physically victimised were found to be six to nine months behind their peers on NAPLAN measures of academic performance. Victims are at increased risk of mental health problems, including self-harm and suicide, as well as reduced success in education.[11]

In an ideal world, parents should identify their child's learning style and choose a school that matches it or caters for their specific needs, but this is not always possible. In the US, there are "ADHD friendly schools", however in Australia, we do not have the population to support this. Also, with the increased incidence of ADHD and mental health issues in young people, along with our culture of diversity and inclusion, shouldn't our school systems and curriculum support children with ADHD and other neurodevelopmental and mental health conditions?

The NHMRC 2012 clinical practice points relating to educational management suggest individually tailored modifications to the classroom and curriculum, as well as behaviourally based classroom interventions, academic interventions, social skills training, and individual education plans informed by the child's specific case, and may include modification to homework structure and timing.[12] While these points are no doubt relevant in general terms, the report failed to address the need to educate the educators to improve their understanding and support of children with ADHD.

An alarming statistic from the Parents for ADHD Advocacy Australia (PAAA) 2018 survey was one third of children have changed schools due to ADHD-related issues.[13]

What can be done now?

From recent surveys undertaken by Complispace, it is recognised that principals and teachers are aware of the increase incidence of mental health and learning problems in children diagnosed with ADHD, although some are unsure of how to adapt teaching approaches or curriculum to improve classroom outcomes or the future prospects for this group of students.

The CAP tips for managing ADHD in the classroom[14] have been circulated to Victorian schools by the Victorian government (but not apparently in NSW) and **highlight the importance of an optimistic, non-judgemental team approach**. It describes children with ADHD as curious, creative, energetic and entertaining, and notes that they are not trying to be disruptive, are often unaware of their disturbing behaviours, or may regret their behaviour but are unable to stop, and are not mounting a personal attack on the teacher. Children with ADHD work best under close monitoring and with minimal distraction.

Children with ADHD do best with teachers who are flexible, follow clear routines, are consistent, and provide a range of activities. The best teachers recognise and support individuality, maintain a positive teaching environment, present information and tasks in steps, and set firm limits on student behaviour. Helpful strategies for managing behaviour include clear rules and expectations, strategic praise, corrective feedback, and plenty of communication with parents, within the school, and with health professionals as appropriate. These tips have universal application for all school students.

We mentioned at the beginning of this submission that classrooms haven't really changed much. The ideal classroom for children with ADHD is informal but structured. The problem with a formal classroom setting is it presumes all children learn the same way, which is certainly not the case. **Often a child with ADHD needs more latitude in how versus what**

they accomplish. For example, they may need to stand up at their desk and work at their own pace.[15]

On another note, it is well documented that too much sitting, that is, our sedentary lifestyle, has been described as a global health hazard, and linked to an increased risk of everything from diabetes and cardiovascular disease to anxiety and depression.[16] Apparently a lot of people don't like working while standing, and feel awkward in the workplace. Perhaps this is because they have been forced to sit down when they were at school! There is a huge opportunity to improve the health and wellbeing of future generations by supplying stand-up desks, not just for children with ADHD but for the majority of school children.

The recent report from the inquiry *Education of students with a disability or special needs in NSW* released earlier this year made 38 recommendations, of which ten had a direct impact on funding issues.[17] The report recognised that many staff in schools required significant additional training in how to best support children with a disability, inclusion in mainstream schooling is the best form of education for all learners, and very importantly, attitudes need to change. **It found that overall, leadership and attitudinal change can have the greatest impact.** Funding, training and processes will not be successful as solutions until those in leadership roles, at schools and at system level, place the emphasis on every child's ability to learn and feel safe, rather than protecting the system.[18]

Leadership? Attitude? Placing the emphasis on every child's ability to learn and feel safe? It all sounds so fundamental, don't you think? Bring it on!

We recommend the following points are implemented immediately:

Make learning interesting, relevant and fun. Like most of us, children with ADHD learn the best when they are interested, stimulated and engaged.

An accommodating, non-punitive approach is required. Punishment and suspensions have been proven to increase disability. In other words, focus on socialisation and collaboration, don't segregate.

Often a child with ADHD needs more latitude in how versus what they accomplish. Teachers need to have a flexible approach.

Classrooms should be informal but structured, ideally with stand-up desks and some quiet space areas. It's time for a major rethink of classroom design to support different ways of learning.

Many students with ADHD have difficulty with written expression, and require specific remedial support. This has been identified through NAPLAN as a significant issue, and should be a major priority.

Due to the different types and severities of ADHD, each child requires an individualised approach. This may include behaviour interventions, special support eg for writing or maths, social skills training, and an individual learning plan.

One on one support in schools is very effective and extremely important for managing ADHD. This should be a funding priority.

Appropriate levels of communication within the school, with teachers, parents, the child, and possibly also with medical professionals, are essential.

Leadership and attitudinal change in schools makes the biggest impact. This is especially the case in helping to reduce stigma. This includes implementing actions and culture change in schools to create an inclusive environment and stamp out major issues such as bullying. An inclusive environment at school is also essential for children with ADHD to optimise their learning, and will benefit all children.

While special training for educators in recognising, understanding and supporting children with ADHD is extremely important, leadership and attitudinal change are critical to achieving successful outcomes.

Schools also need increased numbers of counsellors, better post graduate teacher training (referencing ADHD and its impact on learning, as well as other mental health related issues), better support for teachers, and increased testing and evaluation for ADHD

An optimistic, non-judgemental team-based approach is critical.

Failure to act on the above points will severely disadvantage our youth of the future, as well as increase mental health problems for future generations. We cannot afford to let this happen.

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[1] https://www.youtube.com/watch?v=TwtS6Jy3ll8 *Did you know?* (officially updated for 2018)

[2] https://www.youthbeyondblue.com/footer/stats-and-facts

[3] https://www.youngmindsmatter.telethonkids.org.au *Young minds matter. The mental health of Australian children and adolescents. Overview*. 2017

[4] https://www.understood.org Brown T, *ADHD and co-occurring issues by the numbers*.

[5] https://www.understood.org Child Mind Institute, *Does ADHD raise the risk of mental health issues?*

[6] https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia *National survey of mental health and wellbeing*.

[7] https://www.kidsmatter.deu.au *ADHD: Suggestions for schools and early childhood services*.

[8] http://www.biomedcentral.com/1471-244X/13/18 Sciberras E, Effron D, Shilpzand EJ, Anderson V, Jongeling B, Hazel P, Ukoumunne OC and Nicholson JM, 2013, *The Children's Attention Project*, BMC Psychiatry, 13:18

[9] Sciberras et al (2013) op.cit.

[10] https://www.mcri.edu.au *Students with ADHD failing to meet minimum education standards*. 16 June 2017

[11] https://www.mcri.edu.au *Bullied primary school children are falling behind in learning*. 7 July 2017
[12] https:// National Health and Medical research Council 2012, *Clinical practice points on the diagnosis, assessment and management of ADHD in children and adolescents.*

[13] Parents for ADHD Advocacy Australia, 2018, *The ADHD & schools survey*. (Survey report currently in development)

[14] https://www.mcri.edu.au/cap The Children's Attention Project (CAP) *Tips for managing ADHD in the classroom* (ongoing project)

[15] https://www.familyeducation.com/school/classroom-modifications/best-classrooms-children-adhd *The best classrooms for children with ADHD*.

[16] https://www.hrmonline.com.au/workplace-health-and-safety/sitting-killing-us-standing-awkward/ Dorney G, *Sitting is killing us, but standing is awkward*. HRM Online, 2 August 2018

[17] https://theconversation.com/nsw-could-lead-the-way-in-educating-students-with-a-disability-80812, Roy D, 8 February 2018.

[18] Roy D (2018) op. cit.

All on-line material was accessed on various dates in November 2018