

ADHD Whisperer's Submission

Review of Disability Standards in Education 2020

"ADHD is a lifelong condition affecting 1.2 million Australians. For too long its diagnosis has been marred by negative attention that has failed to recognise the very serious lifetime outcomes for children, adolescents and adults living with ADHD. Early diagnosis and good treatment improves individual outcomes significantly and reduces the social and financial burden on society." - **Professor David Coghill, AADPA, Australian ADHD Professionals Association Board Member.**

"Early intervention and treatment of ADHD is the difference between night and day, failure and success." – **Selina Lee ADHD Whisperer.**

We (ADHDers) cannot produce enough of our own neurotransmitters to function as 'normal'. There are many adults who are only getting diagnosed now because their young school aged children are getting diagnosed, it is genetic and there is more understanding now.

ADHD is the most prevalent childhood disorder at 7.4% (Australian Bureau Statistics).

BBC News stated *Sussex Police, UK, are calling undiagnosed & untreated ADHD among adolescents "a national crisis" and the UK Royal College of Psychiatrists suggest 1 in 3 prisoners were undiagnosed and untreated. This is supported by ADHD Action. Experts advised many adolescents have never been tested, but advocate for early intervention that would cut re-offending rates.* Inspector Bartlett, Sussex Police also advocates for early intervention and screening for young children when entering school. 1.5 million adults in the UK have ADHD with only 120,000 adults diagnosed.¹

A recent survey of ADHD parents in Australia found that 1 in 4 ADHD kids had been suspended at school, often multiple times, due to uncontrollable behaviour, especially in the early years.²

Suspending an ADHD child because of their inability to self-regulate, and/or a child with "increased anxiety" because of their inability to 'listen and do as they are told' when in fight or flight mode, is like suspending a kid who hit someone while flailing in the middle of an epileptic seizure. It is discrimination.

The statistics above are further supported by the Australian Institute of Criminology who reported in 2017 that they have identified a 'school-to-prison-pipeline' where the foundational education institutions are failing in their ability to deal with children who have a neurological disability and instead they are being marginalised by indirectly discriminating against them. According to the Department's *Inclusive Education Policy* on page 3, at the bottom, **indirect discrimination is occurring** because **indirect discrimination occurs when everyone is treated in exactly the same way even though this unreasonably disadvantages someone because they, or their associate, have a characteristic of disability.**

These neurological disorders are '**invisible**' to people who do not know our children, and the statistics are that they will receive 20,000 more negative messages than those without these disabilities by age 12. (Dr William Dodson – ADHD Expert).

Professor Eileen Baldry (BA, DipEd, MWP, PhD, FASSA) is Deputy Vice-Chancellor Equity, Diversity and Inclusion and Professor of Criminology at UNSW Sydney. Professor Baldry has held senior positions in the Faculty of Arts and Social Sciences, serving as Interim Dean, Associate Dean Education and Deputy Dean and is appointed the first female Deputy Vice-Chancellor at UNSW.

Professor Baldry has taught social policy, social development and criminology over the past 30 years. Her research and publications focus on social justice and include mental health and cognitive disability in the criminal justice system; criminalised women and Indigenous Australian women and youth; education, training and employment for prisoners and ex-prisoners; homelessness and transition from prison; Indigenous justice; Indigenous social work; community development and social housing; and disability services.

Professor Baldry is a Chief Investigator on the Australian Research Council (ARC), NH&MRC, AHURI and other grants over the past 25 years. She has been involved in a voluntary capacity with a number of development and justice community organisations and is currently a Director on the Board of the Public Interest Advocacy Centre (PIAC).

Professor Baldry serves as Deputy Chair of the Disability Council NSW, whose role is to monitor the implementation of Government policy and advise the Minister and public authorities on emerging issues relating to people with disability.

The Division of Equity, Diversity and Inclusion at UNSW works with all staff and students across the organisation to achieve the 2025 strategy targets around gender equity, ensuring an inclusive environment for staff and students with disability, equity in student enrolments, providing a flexible inclusive workplace, ensuring that all campuses are safe and maintaining a culturally rich and diverse-inclusive University for all staff and students.

Professor Baldry was awarded the NSW Justice Medal in 2009 and, in 2016, was named in the AFR/Westpac 100 most influential women in Australia.

Professor Eileen Baldry further supports the above information and has previously shown this in her report presentation - 'Young People with Mental Health Disorders and Cognitive Disability in Juvenile Justice', presented at Reintegration Puzzle Conference, Russell S; Baldry E, 2016, 20 June 2016 - 22 June 2016.

ADHD was re-categorised as a neurodevelopmental disability in 2013 and thus covered by the Disability Discrimination Act 1992. This also means that it should be accessible to having its own funding much like the other neurological disorder of ASD (Autism Spectrum Disorder), which has extra support funding under an EAP (Education Adjustment Program) or IEP (Individual Education Program). ASD is given its own category even though it falls under at least 2 of the standard categories of neurological and or social and emotional issues.

Somewhere, someone has left ADHD off the list. This needs to be remedied ASAP and it is inconceivable to forget about, as it is causing the most disruption to the classrooms. The statistics from the ABS show that there are 2 children with ADHD in every classroom. Therefore, to remedy this indirect discrimination, everyone would benefit. I cannot understand how anyone can justify not providing for extra funding for ADHD both for the educators with professional development and for the students with ADHD getting the extra resources needed.

UK Research by psychologists found young adolescent ADHDers vulnerable to certain types of criminality. Professor Susan Young of UK ADHD Partnership stated *high rates of mental health problems in street gangs included ADHD. The Minister of Justice said it takes duty of care seriously and every new prisoner is given an assessment to detect ADHD. Research indicates more support is needed. Psychologists estimated costs of untreated ADHD in prisons to be 12 million GBP year.*³

BBC News reports that *depression & suicidal thoughts are significant symptoms of ADHD & that some patients are waiting 2 years for diagnosis & treatment. Fewer than 8% of adults with ADHD have a diagnosis.* Louise Theodosiou, Royal College of Psychiatrists states *ADHD is connected with higher rates of suicide, depression and mental health needs.* UK Department of Health and Social Care states *early intervention is essential in supporting anyone with ADHD.* The National Institute of Clinical Excellence recently updated their guidance to *make it easier for doctors to diagnose the condition.* Michelle Beckett says *ADHD needs to be a priority.* Professor Marios Adamou of South West Yorks Partnership Foundation Trust states *GP's could be treating people for anxiety or depression, but the core condition of ADHD goes undiagnosed and untreated.*⁴

Michelle Beckett, advocate of ADHD Action, diagnosed at the age of 44 years, stated that *45% of youth offenders and 30% of adults in custody have ADHD, undiagnosed and untreated. 25% of people with alcohol/substance misuse have untreated and undiagnosed ADHD. Yet ADHD is one of the most treatable conditions that exist. New England School of Medicine study found if people in custody with untreated and undiagnosed ADHD were treated, it can reduce re-offending rates by 32% to 41%.*⁵

REFERENCES:

1. ADHD Action UK
2. <https://www.smh.com.au/education/caught-in-a-vice-why-one-in-four-students-with-adhd-has-been-suspended-20190429-p51i7p.html>
3. <https://youtu.be/ROusDCOEZpk>
4. <https://youtu.be/ciIXNxBQi-U>
5. <https://youtu.be/iRHBffKLGFE>

If this condition is left undiagnosed and untreated it can be deadly *(Andrew's Angels) <https://www.facebook.com/andrewsangels813/> and/ or <https://youtu.be/XblkThcUkFA>

EARLY INTERVENTION & PREVENTION, RECOMMENDATIONS & REPORTS

- World Health Organisation (WHO) (2017),
- UNICEF Australia & Australian Child Right's Taskforce reported to the United Nations Committee on the Rights of the Child in Australia (November 2018),
- KPMG for Mental Health Australia (May 2018),
- Child Development in QLD Hospital & Health Services – Act Now for a better tomorrow 2013 to 2020.
- Expert white paper on ADHD funded by Shire AG and European Brain Council (EBC)
- Australian Department of Health Annual Report 2017-2018
- Australian Department of Health Annual Report 2014-2015

The above significant bodies have all conducted reports and recommended that more early detection, screening and intervention programs need to be implemented to progress and develop better outcomes for young people in Australia today.

Many recommendations came from these above reports and the overall consensus was to Act Now for a Better Tomorrow. Findings were, that investing in the early intervention and education of these issues would save lives. (and money).

The other significant findings were that by investing in the early detection and intervention of these mental health disorders and issues would also save investment in other areas of societal issues.

STATISTICS & REPORTED INFORMATION

- 6.4 million American children 4-17 years have been diagnosed with ADHD.
- Average age of ADHD diagnosis in America is 7 years old.
- Age when symptoms of ADHD typically first appear 3-6 years old.
- 6.1% of American children are being treated for ADHD with medication.
- 42% increase in diagnoses over the past 8 years. (Adults are in this region too)
- Males are 3 x more likely to be diagnosed than females.
- 12.9% of males in America will be diagnosed with ADHD.
- 4.9% of females in America will be diagnosed with ADHD.
- Increased risk of ADHD if living below the poverty line. (Cost of meds?)
- From 2001 to 2010, ADHD among non-Hispanic black girls increased by 90%.

American Psychiatric Association (APA) says 5% of American children have ADHD.
Centre for Disease Control (CDC) puts the number at 11% of children 4-17 years have ADHD.
That is an increase of 42% in 8 years. 2003: 7.8%, 2007: 9.5%, 2011: 11%

American cost:

\$14,576 of ADHD per person = yearly cost to Americans of \$42.5 billion.

Cost include:

- education including extra tuition or lost property, uniforms and books.
- loss of work due to looking after suspended child or medical appointments.
- juvenile justice costs.
- healthcare including allied healthcare like speech pathologist, counselling, psychology, occupational therapy, incontinence clinics, paediatrician appointments, medication, etc.

Comorbid conditions contribute to cost and suffering too.

Reference: 2005-2017 Healthline Media. from the ADD Resource Centre, Inc. USA.

WHO - Adolescent Mental Health Report (dated 18 September 2018)

- 1 in 6 people are aged 10-19 years.
- Mental health conditions account for 16% of global burden of disease & injury in people 10-19 years.
- 50% of all mental health conditions start by 14 years, but most go undetected and untreated.
- Globally, depression is one of the leading causes of illness & disability among adolescents.
- Suicide is the 3rd leading cause of death in 15-19 years olds. (19=adult)
- Mental health promotion and prevention are key to helping adolescents thrive.
- Worldwide, it is estimated 10-20% of adolescents experience mental health conditions, yet these remain underdiagnosed and undertreated.
- Childhood behavioural disorders are the 6th leading cause of disease burden among adolescents.
- ADHD is the most common childhood condition.
- It is estimated that 62,000 adolescents died in 2016 as a result of self-harm.
- Suicide attempts can be impulsive or associated with a feeling of helplessness.
- Worldwide, the prevalence of heavy episodic drinking among 15-19 year olds was 13.6% in 2016.
- It's estimated that 5.6% of 15-16 year olds had used cannabis at least once in preceding year of 2016.

WHO advocates and recommends promotion of mental health conditions and education as well as prevention activities including school based prevention programmes for mental health conditions and education of staff to assist in detection of mental health conditions. WHO emphasises the importance of early detection and provision of evidence-based interventions for mental health disorders in schools.

WHO's report aims to assist governments in responding to the health needs of adolescents in their countries, including mental health. It emphasises the benefits of actively including adolescents in developing national policies, programmes and plans.

Reference: The Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation published by WHO in 2017.

*** WHO's Mental Health Action Plan 2013-2020 is a commitment by all WHO member states to take specific actions to promote mental well-being, intervention or prevention of mental health disorders, provide care, enhance recovery, enhance treatment, promote human rights and reduce the mortality, morbidity and disability of persons with mental disorders, including adolescents.

BEYOND BLUE STATISTICS

Mental Health & Suicide Overall numbers

- 1 in 7 Australians will experience depression in their lifetime.
- Aboriginal & Torres Strait Islander people are twice as likely to die by suicide than non-indigenous Australians in 2016 with a rate of 23.8 per 100,000 compared to 12.3 per 100,000 non-indigenous people. 32.5% of Aboriginal & Torres Strait Islanders experience mental health issues.
- Culturally & Linguistically Diverse Communities were found to have a higher incidence of poorer mental health issues and early intervention was lacking.
- Youth – 50% of all lifelong mental health problems begin before the age of 14 years old.
- Suicide continues to be the biggest killer of young Australians.
- Over 75% of mental health problems occur before age 25.
- 1 in 7 young people aged 4-17 years experience a mental health condition in any given year.
- 13.9% of children 4-17 years met criteria for a diagnosis of mental health disorder in last 12 months.
- 1 in 10 12-17 year olds will self-harm, 1 in 13 will seriously consider a suicide attempt, 1 in 40 will actually attempt suicide.
- 6.9% of 4-17 year olds had suffered anxiety disorder in past 12 months.
- Young people are less likely than any other age group to seek help.
- 31% of young women & 13% young men with mental health problems sought help.
- Almost 1/5th of all young people aged 11-17 years experience high or very high levels of psychological distress.
- 1 in 10 of 12-17 year olds have engaged in self-harm.
- Suicide is responsible for 1/3 all deaths in 14-25 year olds. (young adults)
- Suicide rates among young people are at the highest they've been for over a decade.

Reference: Beyond Blue Website showing statistics they released early 2019.

CHILD DEVELOPMENT IN QLD HOSPITAL & HEALTH SERVICES

ACT NOW FOR A BETTER TOMORROW 2013-2020

page 10 – lists a spectrum of neurologically-based disability which includes ADHD and is based on the WHO's International Classification of Function.

Specifically, it states *“The timing of early experiences are important in shaping a child's development, & children are both vulnerable to risks & responsive to protective factors throughout the early years & into adulthood. The course of a child's development can be altered through effective interventions that change the balance between the risk factors and protective elements within a child's environment, thereby shifting the odds in favour of more adaptive outcomes.”*

The report goes on to state on **page 18** details about the Prevalence of Developmental Disability.

It states, *“Developmental Disability is a relatively high incidence disability category, with many sources citing rates about 15% (or 1 in 6) of the paediatric population.”...*

...“Impairments in 1 area of development are frequently accompanied by impairments across other developmental domains.”...“Comorbidity is the rule, not the exception. While there is evidence that there is growing demand for services for children with neurodevelopmental disorders, it is also recognised that paediatric care providers tend to under-identify children with developmental concerns.”

“The Australian Early Development Index (AEDI) is a population measure of children’s development as they enter school. It was rolled out by the Australian Government in 2009, and was repeated in 2012.”...

...“The AEDI data indicates that, while the majority of Queensland’s children are developmentally on-track, a significant proportion of children are identified by their teachers as developmentally vulnerable in the first year of formal schooling. Over 26% (26.2%) of Queensland’s children were identified in 2012 as vulnerable (>10th percentile) by their classroom teacher in one or more developmental domains, and nearly 14% (13.8%) were identified as vulnerable in 2 or more domains. This is in addition to the 4.9% of children already diagnosed with an intellectual or physical disability.”

page 20 – 8.3 Prognosis & impact on our community

It states *“Among all the social determinants of health, Early Childhood Development (ECD) is the easiest for societies’ economic leaders to understand because improved ECD not only means better health, but a more productive labour force, reduced criminal justice costs, and reductions in other strains on the social safety net. National and international fiscal and monetary institutions need to recognise that spending on ECD is an investment and incorporate it into policy accordingly (WHO)”*

THIS IS ESPECIALLY TRUE OF THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD AND MUST INCLUDE EXTRA SUPPORT AND FUNDING FOR THIS DISABILITY.

“Key health bodies across the world including the World Health Organisation (WHO), identify early child development as being a key social determinant of health & wellbeing across the lifespan. Early childhood is the time during which a child’s central nervous system can be shaped to ensure optimal life outcomes across all developmental domains (physical, language/cognition, social/emotional).”

“The outcomes for children identified as having developmental difficulties are variable and depend on a range of factors, including: the quality of their immediate & wider social & physical environments; the quality & accessibility of evidence-based early intervention services; and the specific characteristics of the developmental difficulties experienced by that child.”

KPMG & MENTAL HEALTH AUSTRALIA REPORT – INVESTING TO SAVE

Mental Health Australia <https://mhaustralia.org> released an 80-page report in May 2018.

The first part of Executive Summary reads *“This report presents the economic case for continued mental health reform. It highlights opportunities for governments and employers to generate more significant returns on their investment in mental health, focussing on a small number of targeted, practical interventions where the evidence base on “what works” is strong”.* **THIS MUST INCLUDE THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD.**

Stimulant medication is one of the most tested and reliable medications and has been proven to work and has been used for over 80 years. Yet it is unable to be prescribed and help our young students in education with ADHD if they cannot get the extra support and help, as all it does is keep the myth and stigma going when people with disability cannot get the help they need.

THE ECONOMIC BENEFITS FOR AUSTRALIA OF INVESTMENT IN MENTAL HEALTH REFORM.

This report produced numerous recommendations.

Recommendation 3 – invest in promotion, prevention & early intervention.

“There is widespread recognition across the health and social services sector that investment needs to shift away from the acute or crisis responses & towards prevention and early intervention.” THIS MUST INCLUDE THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD.

THE CHILDREN’S REPORT TO THE UNITED NATIONS COMMITTEE ON THE RIGHTS OF THE CHILD BY AUSTRALIAN CHILD RIGHT’S TASKFORCE AND UNICEF AUSTRALIA. – NOVEMBER 2018

Chapter 7 – page 41 – Disability, health and welfare

It states.... *“As discussed throughout this report, children with disability and their families face entrenched rights abuses, including structural barriers to inclusion, high risks of violence and abuse, high rates of removal from families, poorer educational outcomes, and high risk of contact with the youth justice system. This situation is both amplified and facilitated by barriers to receiving adequate disability services and mainstream support. During the national consultation, a child living with chronic illness and disability said:*

“Every child is supposed to be able to have the same opportunities as every other child. And if for some reason they can’t, maybe because they have a special condition, then it is the job of the government to support that child so that they can still have the same opportunities.” THIS MUST INCLUDE THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD.

“However, access to early intervention for children with disability and developmental delay is being compromised in the transition to the National Disability Insurance Scheme (NDIS); with particular concerns regarding the limited capacity and funding for outreach and early intervention supports for already vulnerable cohorts of children.”

Recommendation:

“That the Australian Government:

62. *Allocate funding for information and support for families of children with disability and developmental delay to connect with early intervention services;” THIS MUST INCLUDE THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD.*

70. *ensure the availability of diagnosis and support services for children with suspected or actual cognitive and/or mental health impairments,..... through early referrals via government-provided services (i.e., schools, health care, child protection services, youth justice).”*

Chapter 8 – page 51 – Education

“The Centre for Policy Development has identified that the current framework of Australian schooling, including the way schools are provided, resourced and regulated, is showing serious signs of dysfunction. School funding has lacked transparency and coherence, and expenditure on educational institutions as a percentage of GDP, of all levels combined, is below the OECD average. Australia is drifting from an ambition to provide high quality and accessible education for all children.”

Recommendations:

That the Australian Government:

80. *ensure the right to quality and inclusive education for all children is legally protected across all Australian jurisdictions;*

81. *Resource a national study to better understand the drivers of student disengagement and how it can be effectively and systematically measured in schools.” THIS IS BECAUSE ADHD IS DISMISSED, UNDIAGNOSED, UNTREATED AND THEY ARE PUSHED THROUGH TO THE SCHOOL-TO-PRISON-PIPELINE.*

8.3 INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITY

According to the Australian Bureau of Statistics, 7.7% of all children and young people aged 0–24 years in Australia have an identified disability. There is evidence of a rise in segregated delivery of education, including specialist schools and specialist classes where children with disability are isolated from their peers. From 1999 to 2013, the number of schools in Australia increased by 3%, while the number of special schools increased by 17% over the same period. This is contrary to international practice, where there is a clear shift in favour of mainstreaming education, and against the recommendations of the Children’s Committee; the Committee on Economic, Social and Cultural Rights; and the Committee on the Rights of People with Disabilities. During the national consultation, a high school student in Mount Gambier, regional South Australia, reflected:

“When it comes to people who do have disabilities, they’re put in whole different entire classes. They’re not with any of us other students. And they get bullied for it, because of the fact that they’re now away from us, and that they can’t be in the same rooms as us, and they’re now being shifted to another part of the school. A whole area to themselves where they can’t be with us. “

While states and territories have developed policies that support inclusive practices, there is no single nationally accepted definition of inclusive education. Inconsistent practices between systems, sectors and individual schools impede the ability to track the academic progress of students with disabilities; in particular, those with intellectual or cognitive disabilities. The education system has been described as ‘awash with low expectations and standards’ that limit opportunities for students with disabilities.’ **THIS INCLUDES THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD BEING IGNORED, DISMISSED AND NOT SUPPORTED THEREFORE INDIRECTLY DISCRIMINATING AGAINST THOSE WITH THIS DISORDER.**

Recommendations: That the Australian Government:

87. Ensure the adoption of a standard definition of inclusive education and develop a system for consistently measuring and reporting academic progress and outcomes for students with special educational needs across all Australian jurisdictions; **THIS MUST INCLUDE THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD.**

88. Develop a National Inclusive Education Action Plan that specifically identifies current inadequacies in funding, allocates sufficient funding, sets appropriate benchmarks, targets and goals, and increases school accountability for the academic progress of children with disabilities. **THIS MUST INCLUDE THE DEBILITATING AND SIGNIFICANT NEUROLOGICAL DISORDER OF ADHD.**

I am aware that the Education Department's Procedure for student discipline states that natural justice must be provided **prior** to a decision to suspend, and this natural justice opportunity includes showing the relevant evidence under consideration to the student and parent, and providing an opportunity to both the student and parent to respond, prior to making a disciplinary decision. This opportunity for natural justice is rarely provided prior to notice of the suspension in most cases I have witnessed in my group of 4000 members.

The Procedures are also clear that a Principal should "apply a school disciplinary absence, such as suspension or exclusion, as a strategy of **last resort**." (This emphasis is included in the procedure.) Possible in-school adjustments (reasonable actions) are included in the Departmental document *Everybody's Business Student Engagement and Re-engagement*. Although this document relates to re-engaging students prior to enrolment in Special Assistance Schools, the list of adjustments/actions also appears to be appropriate for consideration prior to suspension.

- Assess risks regarding disciplinary consequences. *Note the increased risk a child's mental health is clear and documented by experts;
- Take into account a student's individual circumstances, such as behaviour history, disability, mental health and wellbeing, religious and cultural considerations, home environment and care arrangements when responding to inappropriate behaviour and applying any disciplinary consequence;
- Take reasonable steps to arrange for the student to continue to access their educational program for the duration of their school disciplinary absence;
- Are mindful of their obligations under the Disability Standards for Education 2005.

My understanding is that '**every day counts**' is a significant and valued education policy and I would not want for a student with ADHD, who already struggles, to be hindered or prevented from accessing their right to education like their peers. ADHD is also a disability of time blindness therefore they struggle with hindsight and foresight and this means extended disciplinary consequences do not have the impact or benefit intended.

8.6 EARLY CHILDHOOD EDUCATION AND CARE

Australia is rapidly falling behind the rest of the developed world in the provision of early childhood education and care (ECEC) & ranks below the OECD average in terms of access and participation, affordability and investment in ECEC. Australian children are not being adequately supported to have the best possible start in their first five years, when 85–90% of brain development occurs. More than one in five (22%) Australian children are starting school developmentally vulnerable; experiencing difficulties in social competence, emotional maturity, language and cognitive skills, or communication skills and general knowledge. These figures are worse for children living in areas of socio-economic disadvantage.

People with ADHD are at 30% more risk than their non-ADHD peers, of self-harm and possible suicide due to extreme remorse after their impulsive actions, and their inner struggle with themselves has again led them to an unwanted outcome. (Dr Russell Barkley – ADHD Expert).