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Time for rethink on ADHD

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WHEN even the top child health experts cannot agree on how best to control children's behaviour problems or mood disturbance, what are parents supposed to do?

Are such children "naughty", "ill" or simply being themselves? These questions are asked by increasing numbers of Australian parents. The answers they hear leave them justifiably frustrated; the divergent, sometimes diametrically opposed, professional opinions on how to best treat these children need to be resolved. The WA Parliament's recent report into Attention Deficit Hyperactivity Disorder offers much hope with its firm, very precise and achievable recommendations on contentious policy and treatment issues.

The report is of great interest nationwide. A Victorian newspaper reported this week that an internal audit at Melbourne's Royal Children's Hospital revealed an alarming number of patients actually were being troubled by social issues and not medical conditions. The audit, which has led to a review of services, showed that a quarter of all children who attended the emergency department and other outpatient services for medical help were diagnosed with non-medical problems, such as learning difficulties and behaviour problems. This is consistent with recent comments by Ken Rowe, the newly appointed head of the Federal Government's inquiry into literacy, who says many children with ADHD symptoms simply have literacy problems.

Leading child health experts have for some time been calling for urgent attention to the crisis in psycho-social problems in children. This tragic situation is not new. It has continued despite a decade of parliamentary inquiries in some states, each expressing serious concerns regarding the national crisis. It seems that policy makers also suffer from a form of attention deficit. More and more children have continued to receive inappropriate psycho-active medication; in the case of WA, four times the national average. The report spells out the reasons for this unacceptable situation.

New statistics show the rate of prescriptions has dropped dramatically in WA to about 2 per cent. Committee members says this is because of public scrutiny and accountability through the Government's new prescription notification system.

Against this background, is there any hope that WA's ADHD report can make a difference throughout the nation, where there is certainly a crisis in treating children for psycho-social problems? Labor backbencher Paul Andrews said in parliament: "We in this state will not proceed on the basis of putting drugs into children simply because they are cheap and effective."

The report does not attack any particular medical groups. What it does is expose serious systemic flaws in WA's treatment of children with behaviour problems. The firm recommendations at both clinical and policy levels are welcomed by many professionals and parents as it adds a new dimension to the complex ADHD debate.

The report found that the rate of psycho-stimulant prescriptions were "disproportionately high in comparison with other Australian and international jurisdictions". Further, that the high rate of prescriptions of "kiddie speed" in WA was attributed to a small group of doctors. At the heart of the report is the argument that the connection between the high rate of prescriptions of psycho-stimulants and the nature of the clinical prescribing practised in that state can not possibly be dismissed as coincidence. A critical finding was that a small group of doctors accounted for 26 per cent of all ADHD notifications.

State AMA president Paul Skerritt suggested that it would be appropriate for those high-prescribing doctors to have peer reviews of their clinical practices. Other key findings of the WA report emphasised that use of psycho-stimulants should be a last-case scenario rather than a first case, as was often found. It also endorsed the Victorian model of multidisciplinary teams for management of children and expressed the need for more clinicians specialising in the child and adolescent mental health area. It concluded that the high use of drugs to treat ADHD was, to a large extent, due to the shortage of adequate public health system options and the prohibitive cost of private treatment.

The WA report could have far-reaching implications elsewhere. For example, could disproportionately high prescription rates for ADHD found in other states arise from underlying conditions similar to those in WA? It comes as no surprise that the recommendations called for careful assessment of children before prescribing any drugs. What is surprising is that so much time has passed before these problems were identified. Parents and professionals must welcome this addition to the ADHD debate after years of trying to make sense of what to do with so many opinions. Some parents have described that hearing often conflicting points of view left them feeling like being on a merry-go-round, bewildered, angry and unable to help their children.

Finally, the WA report makes clear recommendations to reverse the unacceptable processes that result in so many children being inappropriately treated. What remains to be seen is whether those recommendations can be translated into policy. On that depends the future wellbeing of many children.

Health Minister Jim McGinty's message was: first, the small number of high-prescribing doctors needed to reconsider their practices; second, some parents might need to get a second opinion for their children's treatment. This report has the power of a potent antidote to the manufactured ADHD epidemic. To become really effective, the Government needs to remain committed to implement the recommendations.

A planned national ADHD summit would result in wide-ranging benefits, bringing relief to parents, children and the health professionals.

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