



ADHD

Attention Deficit Hyperactivity Disorder

Information For Parents & Professionals

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Summary

What This Booklet is About

This booklet examines the issue of problematic behaviour in young people and looks at the ever-increasing numbers who are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Did you know that over the past decade there has been a phenomenal increase in the use of medications for ADHD in England? The amount of prescription items is now nearing 1.1 million¹ every year and the number of boys diagnosed is three times that of girls. The cost of these drugs in England alone amounts to over £55million² annually

and more money is spent in Kent than anywhere else in the country.

This has resulted in health workers being warned by the Care Quality Commission to carefully monitor their use because of their potential to be abused.

Other key issues are also explored in this booklet, such as the facts and myths surrounding ADHD, and the vital areas of a young person's life and development. Emphasis is placed on the importance of a balanced diet and good nutrition, exercise,

a positive school and social environment, and a lifestyle that consists of routine, boundaries and functioning family dynamics.

This booklet is not a campaigning document. Its purpose is to serve as a new and fresh perspective on ADHD by considering the problematic behaviour in children and young people. It is hoped this will allow for wider discussion on the usage of psychotropic medication as well as looking at ways in which parents can be supported to gain more control over their children's behaviour.

¹ www.hscic.gov.uk/catalogue/PUB13887/pres-cost-anal-eng-2013-rep.pdf

² www.hscic.gov.uk/catalogue/PUB13887/pres-cost-anal-eng-2013-rep.pdf



ADHD was voted into existence as a mental disorder in the late 1980s by a group of American psychiatrists. It became the reason for behavioural problems in children and young people, despite the fact that it was not proven to be biological in nature. It has become a label that is quickly given to children and young people who display challenging and wayward behaviour, without doctors or parents investigating any underlying cause.

The following psychiatric criteria as outlined in The Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD), are used to diagnose ADHD. (Note how many of the criteria mirror normal childhood behaviour).

Background to ADHD

Inattentiveness

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty sustaining attention in tasks or play activities
- often does not seem to listen when spoken to directly
- often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions)
- often has difficulty organising tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- is often easily distracted by things that are irrelevant
- is often forgetful in daily activities

Hyperactivity and Impulsiveness

- often fidgets with hands or feet or squirms in seat
- often gets up from seat in the classroom or in other situations where remaining seated is expected
- often runs about or climbs excessively in inappropriate situations (adolescents maybe limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often “on the go” or often acts as if “driven by a motor”
- often talks excessively
- often blurts out answers before questions have been completed
- often has difficulty awaiting turn often interrupts or intrudes on others (e.g., butts into conversations or games)

Guidelines from the National Institute for Health and Care Excellence (NICE)³:

NICE - which is an executive non-departmental public body of the Department of Health - has the responsibility for developing guidance and quality standards around the administration of medicines.

NICE advises healthcare professionals to offer referrals to psychological services for children, and support and group-based training/education programmes for parents.

It is reasonable to question if these guidelines are adhered to, based on the annual increase of prescriptions and the fact that parents often complain they are left unsupported. Does a lack of resources in the Health System mean that medication is the first and only treatment option offered to children, instead of non-drug interventions being explored?

³ www.nice.org.uk/guidance/cg72/chapter/guidance#treatment-for-children-and-young-people

“There is no evidence after at least thirty years of searching by psychiatrists, for any totally biochemical or genetic explanation of a child's behaviour pattern”

Dave Traxson,
Chartered Educational
Psychologist

Facts & Myths

What Parents Need to Know

Some parents may be surprised to discover that ADHD is a psychiatric label rather than a proper medical/scientific diagnosis. Young people are diagnosed on the basis of opinion(s) - through the use of subjective assessments (interviews, observations and evaluations) - rather than by sound, proven medical testing and expertise.

Unlike other medical conditions, such as diabetes, a doctor cannot confirm that a young person has ADHD simply through laboratory tests.

Indeed, there is no specific medical test for diagnosing ADHD. There are no brain scans, blood tests, chemical imbalance checks or any other type of medical assessments.

Instead, the conclusion that a child has ADHD is based on interpretation and guesswork.

In this regard, there is no scientific evidence that can confirm if something is wrong with a young person's brain, because there are no tests to diagnose ADHD in a living person. Neither is there any scientific evidence that proves it is genetically linked, or that it is associated to neurodevelopment conditions – for example, autism or Asperger's Syndrome.

ADHD has become a label that is quickly given to young people who display challenging and wayward behaviour, without doctors or parents investigating the underlying cause.

Jayden

Humorous, Insightful and Hard-working

I wasn't proper bad at school but I used to lose concentration easily. I was an inquisitive child. Other kids would be getting on with their lessons, but I'd be distracted by some activity that would be going on outside the classroom window. The teachers told my mum that I should get checked out for it.

I was prescribed Concerta but don't really take it. But being a naughty kid, I came up with an ideal way to get out of trouble at school. One day, when I was sent to the principal's office after playing up in class, I overheard one of the teachers say, 'He mustn't have taken his tablets.' From that moment onwards, I had the perfect excuse for anything I did wrong, 'Miss, I forgot to take my tablets today.' Cushdy!

I'm doing Level 1 in Construction Studies at college and love the course. I still have lots of energy

though and could go without sleep for days if I needed to.

When working during the summer holidays doing heavy labouring work, my mates would be really tired at the end of the day, but I'd say something to them like, 'Okay, what are we going to get up to tonight?'

I think everybody has got ADHD but they don't know it. People grow out of it without noticing. You shouldn't have to take tablets for the way you were born. Nobody should try and change you. You can change yourself. I go to the gym a couple of times a week and am trying to eat more healthily. I rarely go to McDonalds because I'm trying to cut out fast food. I eat pasta or chicken and protein drinks instead. But I still eat loads of crisps and am trying to cut down on energy drinks. I need to eat more fruit but the problem is I only like bananas!

“Giving names to conditions that are in effect just descriptions, which every child will have for their own unique combination of genetic, historical and social reasons, and calling them a diagnosis, is rationally absurd”

Mark O. Mathews.

Osteopath and Natural Health Practitioner



Energetic Young People

Normal or Abnormal Childhood Behaviour?

There is no denying some young people are boisterous, argumentative or disruptive. Some are constantly on the go and others fidget and talk excessively.

Young people often display a wide range of behaviours - they may have a short attention span or they may be impulsive and devoid of consequences and responsibility.

Some find it difficult to remain still for long periods and become bored, moody and restless. They can also

operate on little sleep - so great are their energy levels.

Poor diet and lack of exercise together with inadequate parental control, problems at school, negative peer influences, or substance misuse (in older adolescents), play a major part in the wrongful labelling of young people with ADHD.

These behaviours could also be symptoms of other underlying and undiagnosed physical medical problems⁴. For example, they could be symptoms of allergies, parasites, toxins, mineral

and vitamin deficiencies, or even poor eyesight.

Musculoskeletal imbalances may also cause unexpressed pain that can impact on behaviour.

While young people can sometimes present with testing and difficult behaviour, the question remains as to how much of this behaviour is normal or exuberant, and how much is just the harmless energetic traits associated with childhood. Remember, exuberant young people are never boring - rather they're often creative, exciting and energising.

⁴www.globalhealingcenter.com/natural-health/20-health-conditions-that-mimic-adhd

Medication & Side-Effects

The Risks and Dangers of Psychotropic Drugs

Prescriptions have quadrupled over the past number of years with younger people being labelled. It is time for parents to ask questions and explore what is really going on so they are fully informed before their child is labelled and prescribed potentially dangerous drugs.

The psychiatric medications prescribed for ADHD include Ritalin and Concerta (Methylphenidate Hydrochloride), which are

classified by the Home Office as Class B drugs.

These medications are amphetamine-based (stimulants)⁵, and are highly addictive. They also slow young people down into a nullifying state of being, due to the overwhelming effects they have on the development of vital organs, including the central nervous system.

The side-effects of these psychiatric medications⁶ are wide-ranging. Doctors

have a moral obligation to inform patients of all possible side-effects. Serious side-effects include: aggression and hostility, tiredness and insomnia, loss of appetite and weight loss, liver problems, restlessness, stunted growth, heart problems, depression and suicidal ideation.

In addition to being highly addictive, these medications can often lead on to illicit drug and alcohol misuse in adulthood.

Importance of a Balanced Diet

Young People are What They Eat

Diet is vitally important in the development of young people. Does your child live on fast food, frozen meals, crisps or Coca-Cola? If so, they are being deprived of good nutrition and could likely be experiencing vitamin and mineral deficiencies.

Young people function better on a balanced diet. Ensuring they eat fewer fatty foods such as chips, burgers and fried food and more meat, fruit and vegetables can also

be extremely beneficial. Eating regularly, especially breakfast, is also important. Cutting down on sweets, cakes and biscuits is also good.

For young people to develop healthy bodies and minds, parents need to be aware of the importance of vitamins⁷ and how these are acquired in fruit, vegetables and other non-junk food. Vitamin deficiencies and food intolerances⁸ can cause a host of problems, including

poor concentration and irritability.

Anything with too much sugar - which includes some cereals and smoothies - can produce abnormal levels of energy and create 'symptoms' erroneously assigned to ADHD.

The amount of fizzy drinks a young person has should be limited to curtail increased hyperactive behaviour. Orange juice should also be avoided as it has a similar effect.

Ricky

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Caring, Intelligent and Strong

“They say I have ADHD because I get up early, because they think if I don’t get up I feel I’m missing out on something. I sleep between midnight and 6am. I think it is the tablets that keep me awake so long.

I looked at them on the internet and know they are like taking Speed. The doctor must think that this is safe or else he wouldn’t be giving it to me, but I think I need to ask CAMHS for some sleeping tablets.

I am always getting into fights at school, especially if anybody tries to bully my sister. I have always looked out for her since Mum left

home. Once I picked up a chair and threw it across the room at a boy who was bullying her. On another occasion, when somebody else called her horrible names, I tripped him from behind so that he fell face down into the snow. I’ve always had a problem with my anger. One minute I can be laughing and joking and the next minute I can switch over the simplest thing and lose my temper.

I can only stay concentrated if I keep my headphones in – or if I like the work. I like history and listening to stories about the Spanish Armada. I like practical subjects where I can take

things apart and although I’m not as good at putting them back together, I do try. At other times, it’s not so much the subject; it’s actually what I’m being taught. I also find it difficult to sit still and do my work if I don’t know what to do.

My anger is better now since I started going to the gym. I go four times a week and really like doing mixed martial arts, kick-boxing and jujitsu. These help me to calm down, especially after I’ve had arguments with my dad and sister. After a session, I feel more relaxed and content.”

⁵and ⁶www.cchr.org.uk/downloads/psychostim-booklet.pdf

⁷www.foodforthebrain.org/nutrition-solutions/adhd-and-hyperactivity/about-adhdhyperactivity.aspx

⁸www.nhs.uk/conditions/food-additive-intolerance/Pages/Introduction.aspx



“In order to become good parents of the future, young people need to develop a set of skills that include how to make and sustain relationships, tolerate frustration, communicate effectively, manage conflict, and demonstrate empathy”

The Centre for Social Justice



School and Social Environment

Does This Allow for Differentiation and Mixed Learning Abilities?

A young person's problems are sometimes most visible at school. It is here that misbehaviour can often be seen in full flow. As a parent/carer, it is worth speaking to the teachers to find out what problems are occurring at school. Don't be misled into automatically believing, at the first sign of trouble, that your child has ADHD. It is worth making the time to investigate and if needed, seeking a second opinion.

Troublesome pupils are often removed from classes and placed on managed moves to Pupil Referral Units before being labelled with ADHD. This is done without any thorough assessment of their difficulties and no general medical examination

to see if an underlying physical problem exists. The physical health of a child is paramount, as is good nutrition, sleep and exercise.

Difficulties with speech and language, learning and literacy problems should also be investigated. Perhaps young people are being overstretched or understretched by the curriculum. These factors can lead to boredom and disobedient behaviour. To counteract this, the young person needs to be shown how to make the learning process more interesting and beneficial to them.

Many young people are kinaesthetic learners (like to learn by doing, by moving around and through hands-

on learning). They need to be given opportunities to participate in practical subjects as much as possible, because often it is here that they excel. This may also allow for opportunities to develop greater self-confidence and to take personal responsibility in real-life situations.

Exuberant young people should be encouraged to play sport. Imagine the adrenaline that is achieved by playing football and rugby or other physically enduring sports. Disaffected young people can often be overlooked in this area, and therefore need more encouragement to get involved. The sense of purpose and self-restraint achieved can overflow into other areas of their lives.



Questions for Parents/Carers

Exploring the Home Environment

Parents/carers should be encouraged to take full responsibility for stressful elements within the family home that may affect their children, including: parental arguments and domestic violence, sibling rivalry, abuse, neglect and drug and alcohol misuse.

Consideration should also be given to bereavement, death or significant loss within the family, including parental divorce.

Does your child watch (including late at night) a lot of violence on television and do they have access to inappropriate video games/pornography?

As a parent/carer, do you talk and give guidance to your child? Have you worked on getting everyone in the family to talk appropriately to each other and to resolve differences and problems through communication?

Do you instil a good moral reasoning into your children

which teaches them the difference between right and wrong? Is there a balance of love and discipline in equal measure in the way you discipline your children? Is praise given for accomplishments? Is encouragement given to do better? Is punishment appropriate and is it in proportion to the misdemeanour?

A child's problem behaviour is usually the result of an accumulation of anxiety and mental distress which can be due to inner uncertainty about things that have happened - or is happening in their life

Dave Traxson, Chartered Educational Psychologist

Useful Tips for Parents

Ideas and Suggestions to Assist You in Managing Your Child's Behaviour

Exploring the Problem

Are you able to identify when this behaviour started and whether something else happened around that time too? This could also be worth exploring with your child and family members. Do certain situations tend to trigger your child's behaviour? Can your child control their behaviour at certain times and not at others? It might be worth considering reasons why this may be occurring.

Set Clear Boundaries

Develop a structure that consists of a daily routine governed by timing for meals, homework, recreation and bedtime. Break it down into structured steps, so they know exactly what they need to do.

Employ the support of family members who help to keep these structures in place during your absence.

Actions and Consequences

Make sure your child knows what behaviour is expected, and reinforce good behaviour with immediate

praise or rewards. Be clear about the consequences for breaking the rules. If a rule is broken or boundaries are overstepped, remember to stick to your word (such as taking away a privilege) and follow these through consistently. Likewise, an incentive to maintain good behaviour is also very important and could be reinforced with a small treat of some kind if they keep this up over a sustained period.

Electronic Equipment

Limit times for TV and avoid over-stimulation on the internet, laptops, iPads and other digital equipment including X-box. This might mean that your child should stop using them a couple of hours before bedtime, or only on certain days, or for an agreed number of hours per week.

Eating

Consider what your child is eating by monitoring acceptable foods and refreshments – avoiding additives and caffeine. Look towards organic foods rather

than fast or processed food. Reduce the amount of sugar and fat in the diet. How about a healthy exercise plan for older children? Talk to your child about the colours of different foods, fruit and vegetables and encourage them to eat healthy snacks.

Positive Activities

There are many activities (some at low cost) that parents/carers can engage in with their children depending on age and preferences, including reading and story-telling, board games, playing cards, a range of arts and crafts or a baking activity. You might also consider doing a sport together. Other activities could include joining a drama club or going fishing. Gardening, as well as being around animals, is also considered therapeutic.

Massage

Simple deep muscle massage (over clothing) can be applied with moderate pressure to a young person's head and shoulders or their back and legs to bring the body/mind into greater harmony.

Useful Tips for Parents

continued...

Exercise

Running activities provide good exercise for ensuring children and young people burn off their excess energy (activities such as relay races, football, rugby and hockey) where long periods of concentration are not needed but short bursts of high level energy are dispersed. Team sports are great because they encourage coordination, communication and concentration. Martial arts can also be beneficial and although this is a more individual sport, its entire focus is on discipline and personal growth and development. It encourages the use of high levels of energy for short bursts coupled with clear and consistent rules.

Bedtime and Sleep Patterns

Once again, routine is of great importance. Make sure your child goes to bed at the same time each night and gets up at the same time in the morning.

Avoid over stimulating activities, such as computer games or watching TV, in the hours before bedtime. Taking a bath at bedtime may help with relaxation and may aid sleep.

Help at School

If your child has ADHD but is not taking medication, consider speaking to the school's Special Educational Needs Co-Ordinator (SENCO) to explain the plans you have developed around boundaries, routine and exercise that assist your child to control any negative behaviour. Similar plans can be replicated in the school environment.

Parenting Support

Join a support group. You will no longer feel alone and you will be in an environment where you can speak confidentially, openly and proudly to others about your child. Consider doing a parenting course to help you understand the

development stages of childhood.

Homeopathy

Consider alternative and complementary therapies which offer a holistic and non- medical approach with a range of therapies that can help to address many of the symptoms associated with hyperactivity and behavioural problems, including nutrition and homoeopathy. For further information contact The Society of Homeopaths⁹ and The British Association for Applied Nutrition and Nutritional Therapy¹⁰ (BANT).

Reporting Side-Effects of Medication

Parents can report side-effects associated with ADHD medications to the Medicines and Healthcare Products Regulatory Agency (MHRA) using their Yellow Card Scheme. Further details can be obtained at: www.yellowcard.mhra.gov.uk

⁹ www.homeopathy-soh.org

¹⁰ www.bant.org.uk

George

Focused, Ambitious and Full of Life

When I'm interested in something, I have no problems with my concentration. But when I'm bored, my mind drifts off. I think I was about six when people started noticing that I had problems. I played up a lot at primary school, just general naughty behaviour. If the teacher said 'no' to me doing something, I'd do it anyway for the buzz. I carried this cheeky behaviour through to secondary school where I was hyperactive and full of adrenaline, which resulted in regular detention before permanent exclusion.

I left school without any qualifications but have now been in my job for the past eighteen months. I am training to be a test engineer and am currently studying for an NVQ diploma in engineering. I love my job, love the challenge and like the fact that I am constantly on the go. I work hard

and have gained a better understanding of life. I appreciate the value of money since I now earn it. I stopped taking Concerta a few months ago because it affected my appetite and switched to Strattera, which didn't agree with me either. I have misused Ecstasy in the past and can only describe the way my new medications make me feel is to say it feels like I am on drugs. The feeling is exactly the same in the way it makes me feel spaced out.

I love motocross. It's the adrenaline that is required for this that makes it so thrilling and is something I could never achieve when playing football. My girlfriend doesn't like me taking risks, especially if I tell her about some of my antics on the track, but I take necessary precautions by wearing the proper safety equipment, including a neck brace. Doing a skydive is my next ambition.





Being Fully Informed

Parents have a right to be given the full picture

Consent primarily lies in the hands of the parent or the corporate parent (in relation to Looked After Children in care) unless the young person can prove they are Gillick Competent¹¹ by having the understanding and maturity to make their own decisions without needing parental consent. In the prescribing of ADHD medications, it is of paramount importance that a parent is fully informed, so they may be able to make a fully informed choice about their child's welfare. The bottom line is that parents must always have the final word.

“Patients need sufficient information before they can decide whether to give their consent, e.g. information about the benefits and risks of the proposed treatment, and alternative treatments. If the patient is not

offered as much information as they reasonably need to make their decision, and in a form they can understand, their consent may not be valid.”

General Medical Practice: Consent to treatment

We live in the digital age. Parents/carers need to do their own research into ADHD, rather than rely on the opinion of a psychiatrist or other adult involved in the young person's life. They need to ask for second or third opinions if they are dissatisfied with the information, or the lack of information, given to them. Their child needs to be offered tests to determine any underlying physical conditions.

Parents/carers must not be hurried into anything. The easiest solution is not always

the best one. Beware that a diagnosis of an unscientific unproven disorder, coupled with medication, may worsen a child's behaviour and could stigmatise him/her for life, denying them certain advantages in later years (like joining the armed forces or the police force).

Is it unlikely that any young person who has been given psychotropic drugs in childhood, will return to their parents/carers in adulthood and thank them for allowing them to be medicated? Do you, as a parent/carer, now knowing the facts about ADHD as outlined in this booklet, feel you could justify allowing your child to be given medication that is amphetamine-based without exploring other alternatives to medication?

¹¹ www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines

Recommended Reading

Guides to Better Understanding of ADHD

Early Intervention: Good Parents, Great Kids, Better Citizens (2008)

The Centre for Social Justice/The Smith Institute - Graham Allen and Iain Duncan-Smith

The ADHD Fraud: How Psychiatry Makes 'Patients' out of Normal Children (2006)

Trafford Publishing - Fred A. Baughman Jr MD and Craig Hovey

No more ADHD (2001)

Block Books - Dr. Mary Ann Block

Attention Deficit Hyperactivity Disorder: The NICE Guideline on

Diagnosis and Management of ADHD in Children, Young People and Adults (2009)

National Collaborating Centre

The Brain's Way of Healing (2014)

Allen Lane - Norman Doidge

ADHD does not exist (The Truth about Attention Deficit and Hyperactivity Disorder) (2014)

Harper Wave - Richard Saul MD

Speed Up & Sit Still (The Controversies of ADHD Diagnosis and Treatment) (2010)

UWA Publishing - Martin Whitely

Dangers and Consequences of the Misdiagnosis and Prescription
of Addictive Drugs to Children for ADHD (2010)

Citizens Commission on Human Rights UK

Healthy Lives, Healthy People (2011)

Her Majesty's Government

ADHD

Attention Deficit Hyperactivity Disorder

Information For Parents & Professionals

Declan Henry, Youth Justice Practitioner

It's never easy being a parent.

There are constant daily challenges and demands on your time and energy. It can be particularly hard if you feel stressed, tired and judged because your child is behaving poorly.

If you are a parent or carer, it's worth asking yourself:

Would you like tips on how to better manage your child's high energy levels?

Would you like your child to do well at school and make a success of their life?

Would you like your child to be happy, healthy and well-functioning without having to take potentially harmful medication?

If you can answer yes to any or all of these questions, then this booklet will help you achieve these goals.