

Attention Deficit Hyperactivity Disorder

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ADHD stands for attention deficit hyperactivity disorder and is a neuro-developmental disorder, it is described by Meerman, *et al* (2017), Sinfield (2021) and NHS GOSH (2016) as a persistent behavioural pattern of inattentiveness and the inability to regulate emotions, resulting in hyperactivity and impulsivity which are proved to be uncharacteristic for the developmental age of the child.

Symptoms of ADHD

A national study noted that 11% of school aged children are being diagnosed with ADHD. Three main symptoms define ADHD, which are inattention, hyperactivity and impulsivity (Davis, 2021). These symptoms must be prevalent for 6 months before seeking a diagnosis.

Inattention is the tendency to become easily distracted, it may show in children with ADHD as:

- A short attention span - being easily distracted
- Constantly changing activities – due to being bored and unable to stick to time consuming tasks.
- Unable to complete tasks as they are finding it hard to focus,
- Not listening to others, but unable to ignore outside stimulation – such as noise, lights, etc.

Hyperactivity is characterised by an excess of physical energy and overactivity. Children with ADHD may:

- Have trouble sitting still – meaning they fidget a lot,
- Excessive physical movement, which may result in them running around and climbing on objects at inappropriate times,
- Be very talkative.

Impulsivity is acting without regard to consequences. ADHD children may:

- Interrupt others,
- Struggle to take turns.
- Have little or no sense of danger.
- Be unable to control their emotions – resulting in angry outbursts or temper tantrums.

(NHS Wales, 2021; NHS GOSH 2016; Davis, 2021).

Steps to an ADHD diagnosis

Class teacher: Once you have noted that a child is displaying symptoms of ADHD in more than one setting (Meerman, *et al.* 2017) concerns need to be discussed with the child's teacher before seeing the GP (NHS Wales, 2021). The teachers are often the first ones to suggest the diagnosis of ADHD, according to studies by Philips (2006) and Sax and Kautz (2003).

If a teacher believes a child is displaying symptoms of ADHD, observations should be carried out alongside children of similar developmental age. Upon detection, concerns should be discussed with the Head Teacher, the Additional Learning Needs Coordinator and the child's parents (Lee, 2021).

GP: The teacher cannot make a formal diagnosis of ADHD, however they will play an important part in the diagnosis process by sharing their observations (Lee, 2021). The parent should inform their GP, according to NHS Wales (2021) The GP will ask:

- about symptoms (when they started, where they occur, do they affect the child's daily life)
- if there have been any recent significant events in your child's life,
- if there ADHD in the family and about any other different health conditions you or your child may have.

A GP may suggest a period of 'watchful waiting' to see how the child's symptoms improve or manifest (NHS Wales, 2021) during this time a GP may suggest ADHD-focused parent training or education programme. If the child's behaviour does not improve then a formal assessment will be carried out.

Professional: A qualified professional, such as a psychiatrist, paediatrician, psychologist or counsellor would make an ADHD diagnosis based on assessments and reports from teachers and parents, a detailed developmental and psychosocial history, observations and standardised questionnaires, taking into account the impact the symptoms have on the child's daily life (NHS GOSH, 2016; Lee, 2021; Andres, no date).

Barriers Children with ADHD face

A barrier for children who have ADHD is the structure of a mainstream school. 90% of children with ADHD will experience difficulty in school. Research by Dr. Russel Barkley shows that although children with ADHD may be intellectually clever, they will fall behind their peers developmentally by as much as 30% (cited by Croft, 2019).

Amaven (2019) states that the issue is that ADHD symptoms are in direct opposition to traditional classroom regulations which focus on stillness and memorisation. Therefore, children with ADHD are achieving lower academically, but not because they aren't clever, but because tradition learning methods and ways of teaching are not suited to the way their brain works. Lessons in mainstream schools are usually taught formally, and when a child has issues with inattentiveness, impulsivity, and hyperactivity this can be a nightmare for them. A child with ADHD

- cannot sit for prolonged periods of time, and finds it difficult to pay attention (Croft, 2019).
- will find it hard to listen in class with so many distractions around them.
- may daydream or space out and miss important information regarding their lessons and homework.

ADHD children may also have language deficits, which means they are slow at processing information – so they may read, write and respond more slowly (Croft, 2019), also they may flit from one uncompleted task to another due to poor organisational skills – this also results in them losing homework, difficulty getting started on tasks with an impaired sense of time.

Strategy

A strategy that can be put in place to help children with ADHD and their symptoms is allowing more frequent breaks between lesson and work time, allowing for time in the outdoors as exposure to nature has a calming effect on children, it helps to reduce hyperactivity, especially in children with ADHD (Homan, 2018). It is also proved that time in the outdoors is believed to help relieve stress and anxiety by reducing the levels of the hormone cortisol in the brain, and by breaking up the school day taking regular exercise breaks this can help alleviate restlessness and fidgety behaviour associated with ADHD (Homan, 2018; Lee, 2021).

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