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A review of SENCo and GP attitudes towards ADHD

Within the general population in the UK, it still appears that some attitudes towards the actual existence of attention deficit hyperactivity disorder (ADHD) remain sceptical. The media often provide conflicting views that confuse and incite much disinformation regarding the issue.

A number of key professionals are involved in terms of ADHD detection, management and treatment. Two of the most influential and significant groups involved in the process are school special educational needs co-ordinators (SENcos) and family GPs. This article reports on a recent study of their approach to ADHD.

Aims of the study

To better understand the attitudes, referral pathways and response to management of ADHD by two groups of key professionals within the UK.

Methodology

A bespoke questionnaire was created for both SENcos and GPs to investigate attitudes and responses to ADHD management through the agency Cegedim Dendrite. In total 136 GPs and nearly 300 relevant SENcos responded after multiple waves of recruitment in the spring and summer of 2008.

SENCo results

SENcos who responded to the questionnaire represented 39 English regions, with Surrey (12) and Birmingham (11) having the highest number of responders, and Bolton and Bournemouth, with two apiece, providing the lowest. The term 'SENCo' does not exist in Scotland or Northern Ireland; specialist special educational needs (SEN) staff perform a similar role, but these areas were not included in the survey.

Understanding and attitudes

The questions about attitudes towards ADHD revealed that:

- 80% of SENcos believe that ADHD is a 'real' neurological condition
- 48% believe that their colleagues feel it is a result of environment
- 67% felt that other pupils in the school had a lack of understanding of the meaning or implications of ADHD

- SENcos generally felt that senior management and local education authorities had a very good or satisfactory understanding of ADHD, but were less positive about Ofsted
- 74% felt that parents of children with ADHD had a limited understanding of the treatments available and their implications
- 71% felt that other parents' primary concern was that children with ADHD may have a negative impact on their own child's education.

The range of school sizes varied, with the largest having up to 2,000 pupils; however, the interesting thing was that the average size of respondents' schools was 560 pupils, perhaps showing that the impact of children with ADHD appears to be felt more in smaller school communities. On average, at least eight pupils were likely to be diagnosed with ADHD, but the SENcos felt that at least a further nine or ten would be showing symptoms but remain undiagnosed.

It was clear that four-fifths of SENcos themselves had considered ADHD to be a real condition; however, they appeared to be working within the context of a lack of understanding and acceptance from a number of colleagues, the other children in the school community and the parents of those children. They largely felt supported by senior management, but, interestingly, they also felt that they had to provide quite a lot of support for the parents of those children with ADHD.

The most concerning figure, however, was that 20% of SENcos did not think that ADHD was a neurological condition, which would obviously have clear implications for children under their care and direction. The other main finding was that 65% of SENcos felt that ADHD was more of an issue in secondary schools. This would imply that within primary schools with the 'one teacher to one classroom' approach, children with ADHD can be managed more readily than in the secondary multiple teacher/classroom community.

Referral pathway

The survey asked SENcos about the referral pathway for ADHD, and found that:

- 84% felt that a clear referral pathway existed for children with ADHD
- 63% contact parents and healthcare professionals jointly; 36% contact parents directly

- Communication within the pathway is generally acceptable, but has room for improvement
- 50% said the average time for a suspected case of ADHD to be processed and diagnosed was six to 12 months
- 79% were not satisfied with the timescale for diagnosis
- 51% interacted with school nurses if there was a problem and 34% felt that they were very much part of the team.

The process for referral appears to be fairly clear in most cases; however, the timescale proves to be unsatisfactory (see Figure 1). This is not surprising, and suggests that with greater awareness of the ADHD condition, extra resources will need to be made available quickly to prevent even longer waiting lists for those families in need.

Training, education and management

On the subject of training in ADHD management, the results suggested that:

- SENCOs do not appear very satisfied with the current level of training or support provided for ADHD, with 59% rating their satisfaction as low
- 68% felt that ADHD education would be best delivered to them via group meetings
- 56% of SENCOs would prefer to set up meetings with external trainers to help educate colleagues
- SENCOs feel medication to be the least preferred way of supporting and managing ADHD, while parental direction and counselling were rated highest
- A flexible educational approach was rated as being the most potentially helpful skill or resource in terms of managing and supporting children with ADHD, although assistance from healthcare, further training and outside agencies also scored highly.

In terms of training, SENCOs said that better educational and behavioural management in partnership with parents was their preferred approach and that they wanted more strategies themselves to provide this. Despite the fact that 80% believe ADHD to be a neurobiological condition, SENCOs still appear to be somewhat suspicious about the medication option. The encouraging thing is that they believe a flexible approach in working with outside agencies including healthcare is required, not just in thinking, but in practice.

A SENCO's response

A current secondary school SENCO, Pat Porter, commented: 'I think the fact that 20% of SENCOs do not have a clear idea of the root of ADHD is pretty appalling. It is probably a reflection of certain schools – highly selective grammars et cetera – that are always able to avoid taking these

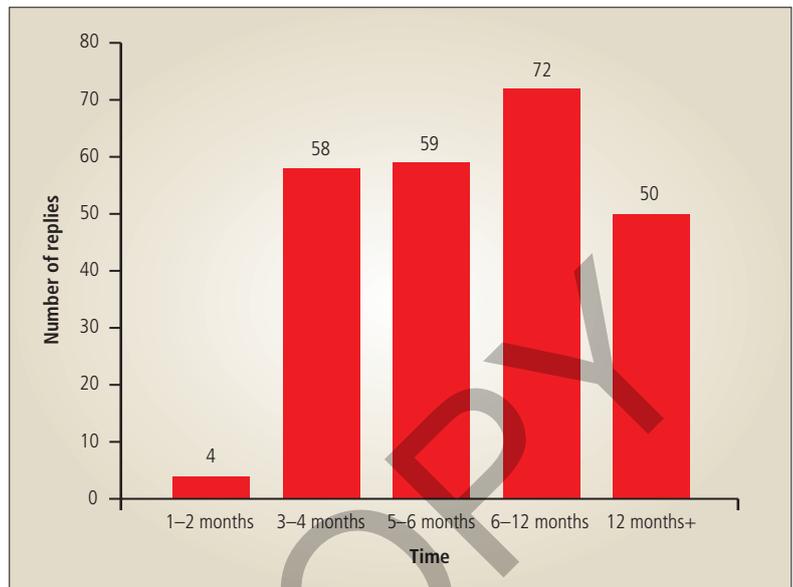


Figure 1. Average timescale for a child with attention deficit hyperactivity disorder to be processed and diagnosed, according to SENCO respondents

students, and of the lack of understanding of the SEN staff therein. The reference to environment is probably due to the inherited aspect of ADHD. A family with generations of ADHD people within it are probably more likely to be at the lower end of the economic scale'.

In terms of the differences in primary and secondary education, Pat Porter made some interesting points. 'Whilst I agree that primary age children being more easily managed in a one teacher, one class setting, I have a lot of anecdotal evidence and experience that suggests secondary age sufferers enjoy the change of lesson and movement that can provide a change of activity and focus. Many students who have been described as being very poorly behaved in primary can show a radical change on entering the secondary phase. However, I think there is an issue of identification and diagnosis in primaries, especially in the early years. As a secondary SENCO, I have spent a lot of time picking up on diagnosis and identification that primary schools have missed or misdiagnosed. There must be a lot of kids at primary who are just considered odd or going through the process of becoming acclimatised to school who have ADHD.'

GP results

Of the 136 GPs who responded, 104 were from England, four from Northern Ireland, 14 from Scotland, 13 from Wales and one from the Channel Islands. Very significantly, when asked whether children with ADHD have a real neurological condition or if their behaviour is related to environmental issues, the GPs surveyed appeared to be split 50:50 on this issue, with approximately 3% believing that it is not even a real condition

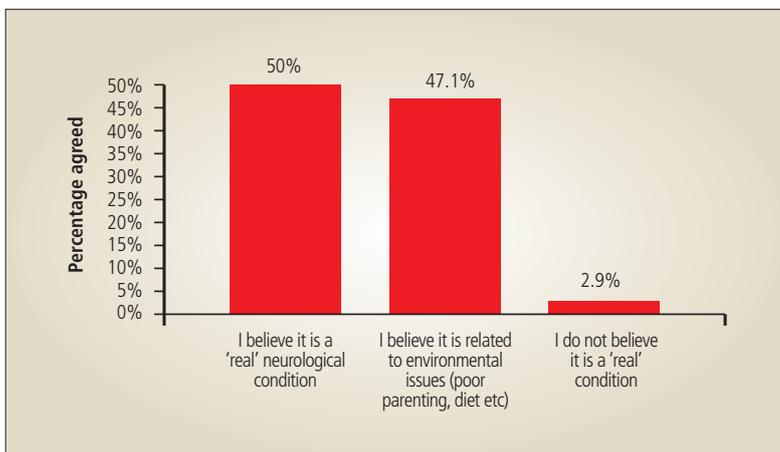


Figure 2. GPs' views on attention deficit hyperactivity disorder

(see Figure 2). Clearly, this is highly significant, as attitudes of primary care professionals will have a massive effect on acceptance, understanding and available treatment options.

Caseload and referral pathway

The questions on GPs' ADHD caseload and referral pathway found that:

- GPs see one or two new suspected ADHD patients per month, most likely children aged six to 12
- 96% of GPs said the most common reason for seeing new child ADHD patients was parents requesting appointments
- GPs will refer 86% of new suspected child ADHD patients
- When GPs do refer, it is most likely to be to secondary care specialists, although some mention community paediatricians and educational psychologists
- A diagnosis being in doubt is the most common reason for referral, closely followed by increasing impact on quality of life/education and parent/patient request
- 70% of child ADHD patients referred by GPs will be initiated on a new therapy before being returned to their care
- 91% of GPs said they would be provided with ongoing treatment recommendations
- GPs were unlikely to make changes to treatment recommendations
- 45% of GPs said that an ADHD referral guideline existed in their practice or primary care trust (PCT)
- GPs were satisfied with the level of communication in the referral pathway.

GPs appeared to be somewhat passive on the issue of ADHD and willing to pass on mental health issues to secondary care, then support secondary care in delivery of treatment options. For those who make changes to treatment options, this would mainly be to the dosage of the

prescribed drug regimen, as opposed to the drug itself or other alternative treatment forms.

The low numbers involved (one or two new potential patients per month) seem to indicate that ADHD is a low priority in most practices; however, in terms of a referral pathway it is worrying that only 45% reported that this existed within their practice/PCT.

Treatment and management

In terms of GPs' treatment and management of ADHD, the survey reported that:

- GPs do not generally appear to get very involved in the treatment and management of children with ADHD, and especially not in the diagnosis
- 95% of GPs will either always or frequently refer children with suspected ADHD for diagnosis
- 79% will frequently or always refer patients for changes to their therapy
- Personal observation is clearly the most widely used form of assessment for GPs when seeing a child with suspected ADHD (93%)
- Children diagnosed with ADHD are most likely to be treated with drug therapy only (36%) or simultaneous drug and non-drug therapy (33%). The other 31% receive a combination of mainly non-drug related approaches, including behavioural, home management and dietary advice, counselling and exercise therapies
- 14% of children with ADHD will not receive drug therapy at any point
- GPs felt parental direction was the most useful way of supporting and managing children with ADHD, closely followed by medication, counselling and cognitive therapy
- Secondary care specialists make the final decision to prescribe
- GPs felt that the majority of child ADHD management was performed in secondary care (67%).

Again, the issue of passive involvement is most strongly indicated by these findings, with very few GPs actively using any of the diagnostic tools available (see Figure 3, opposite). However, GPs did appear to believe that providing parental direction on management is one of the best options available.

Care, support and education

The survey also questioned GPs on the topics of care and support and found that:

- 41% said that their PCT had a shared care scheme in operation, although this response appears to be geographically subjective in that some regions were more proactive with regards to ADHD management, and had better multi-agency approaches, than others

- The majority of GPs (>80%) did not believe there were ADHD support groups or services available in their local area
- While some appeared interested in receiving additional support to improve patient care, the overall picture was fairly average in terms of ratings
- They felt that a web-based approach was the best method of delivering ADHD education to healthcare professionals, while one-to-one was best for parents and patients. They had mixed views regarding the education of teachers
- They were generally not interested in taking a more active role in education or communication to improve the care of patients with ADHD, although a small group (25%) was.

The most significant issue from here is that GPs were not aware of the access to local parent support groups for families with ADHD. These support groups provide a vital lifeline for many families with children with ADHD in terms of support, respite and information about local services and resources. It is also worrying that only 25% of GPs are interested in taking a more active role in the continuation of care and support.

A GP's response

Karen Davies, a GP from the South East of England with over 25 years' experience, comments on the findings: 'I am surprised that only half the GP responders believe that ADHD is a "real" neurological condition. It is possible that the age of the GP responders is key here. The condition is currently taught as part of the medical student curriculum, but certainly when I qualified there was no formal teaching about ADHD and learning about the condition has been very much self-directed.

'There has been increased awareness of the condition and recognition of treatment, both drug-related and behavioural, for some years now. NICE [The National Institute for Health and Clinical Excellence] took up the challenge and produced clinical guidelines which cover the care, treatment and support that children, young people and adults with ADHD should be offered and how families and carers can support people with ADHD, in September 2008, so the information about all aspects of the condition is out there and accessible on line and in paper form.

'As a practising GP, I am very aware that I now have young patients presenting with symptoms who almost certainly have a parent who also suffered with the condition but was not formally diagnosed or treated.

'It is usually expected that initiation of drug treatment for ADHD occurs in secondary care and

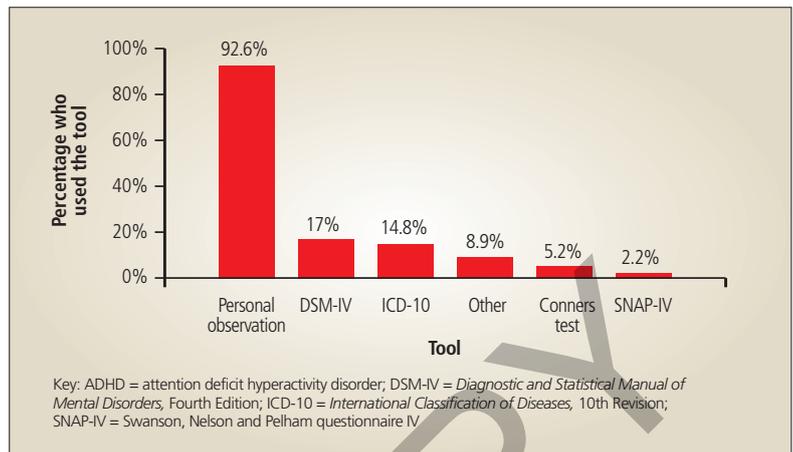


Figure 3. Diagnostic tools/tests for ADHD used by GPs

GPs see their role mainly as continuing to prescribe medication according to a shared care protocol that would exist between the practice and the consultant. Support of both parents and child is also seen as our remit.

'I agree that the vast majority of GPs will refer to secondary care with suspected ADHD. Lack of time in a GP consultation that varies between seven and 15 minutes and unfamiliarity with the diagnostic tools I would see as significant reasons for this. I am also surprised that a large majority of GPs were unaware of local ADHD support groups or services. I suspect this reflects the GPs' interests and the lack of priority the condition engenders'.

Summary of findings

Clearly, there remains much to do in terms of education and understanding of ADHD, with almost 50% of GPs and 20% of SENCOs believing that the condition appears to be nothing more than a fabrication to explain a host of environmental and lack-of-nurture issues.

GPs and SENCOs have a great deal of power and influence in our society, and their lack of understanding and the effect this may have on the general population cannot be underestimated.

The key appears to be better training and education. Ideally, every practitioner, new or old, should be included in this programme, with every school and surgery linked to local support groups so that support for families is accessible to all ■

Key points

- Of 136 GPs surveyed, 50% believed that attention deficit hyperactivity disorder (ADHD) was environmental and not a 'real' neurological condition.
- The survey found that 79% of school special educational needs co-ordinators were not satisfied with the timescale for diagnosis of ADHD.