

A.D.H.D. Conference

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This report was written by an attending representative of SACP and is not an official minute of the event



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I attended the above multi-agency conference on behalf of the Scottish Association of Children's Panels. The conference, whilst very interesting, was definitely geared more towards teachers and health workers and a lot of what was said certainly went over my head. I was the only panel member there, although there was two reporters who I introduced myself to and who agreed they would like to have listened more to the affects that ADHD can have on offending behavior and school exclusions. However there was a lot of useful information (and free gifts from the drug companies) so I certainly felt it was a beneficial way to spend a Friday off work! I have detailed below some of this information which is largely extracted from the handouts supplied by the guest speakers.

Attention Deficit Hyperactivity Disorder is not a fancy label for naughty children or bad parents. We don't know what the cause is but we do know that ADHD tends to run in families.

The 3 key symptoms of ADHD are

Inattention – the child can't concentrate, skips from task to task, forgets instructions and is disorganised.

Hyperactivity – the child is restless, fidgety, always fiddling and touching things.

Impulsive behavior – the child speaks and acts without thinking and can't wait their turn. There may be outburst of temper.

Of course all children are sometimes inattentive, restless and impulsive, the point about ADHD is that these kinds of behavior are extreme. They cause significant problems at home and at school and these behaviors have been obvious from a young age.

As many as 1 in 20 children have ADHD (approximately 1 child per school class). Many of these have not seen a doctor and therefore have not been diagnosed. It is four times more common in boys than girls.

ADHD is a burden on the individual, family and society. It is complicated by additional problems in most cases. The most common age for diagnosis is 6 – 12 years.

ADHD has been linked to antisocial behavior in two ways

1. Research has shown that children with ADHD are more likely to exhibit antisocial behavior during childhood, adolescence and adulthood
2. The prognosis for persistence in antisocial behavior into adulthood is worse for youths that exhibit both ADHD and antisocial behavior during childhood.

Boys with ADHD showed more police contacts, a higher percentage of multiple offenders, a higher rate of offending, higher self-reported aggression and theft and more temper tantrums.

ADHD is an important risk factor for chronic and severe antisocial behavior. Once involved with the criminal justice system, the ADHD offender may be disadvantaged during legal process because of the symptoms associated with the disorder.

The advice offered at the conference as to how we should deal with children with ADHD at a hearing is consider Article 6 of the ECHR (fair hearing). “It is essential that a child charged with an offence is dealt with in a manner which takes full account of his age, level of maturity and **intellectual and emotional capacities, and that steps are taken to promote his ability to understand and participate in hearings.**” There is a risk of impulsive and unpredictable responses to questions and requests for information therefore we should ensure the child and relevant persons understand what is being said/asked and this could mean having to repeat for example statement of facts. It would also be beneficial if the reporter timed the hearing to ensure there was little or no chance that the family would have to wait about too long before coming into the hearing room, although there is not much we can do about this once the papers have been issued!

