Attention Deficit / Hyperactivity Disorder (ADHD)
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This information is not intended to replace qualified medical or professional advice. For further information about a condition or the treatments mentioned, please consult your health care provider.

Provided the source is acknowledged, the information contained may be freely used.
Introduction

The Mental Health Foundation’s mission is to improve the mental health of all people and communities in New Zealand. Mental health is a positive sense of emotional, psychological and spiritual wellbeing. We define mental health as being the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

People who have information can make informed choices. It is up to each person to decide what mental health is and what it means for them. We believe that providing accurate and helpful information is vital to the process of enabling people to gain control over and enhance their mental health and wellbeing. This includes considering factors that determine our mental health status such as age, gender, ethnicity, income, education, housing, sense of control over life circumstances and access to health services.

The aim of this Mental Health Information New Zealand (MHINZ) project is to provide people with a range of information that can be a starting point for ongoing learning and personal development. It is primarily designed to meet the needs of people working with the discovery that they or those close to them may have a mental health problem sufficiently distressing to warrant medical intervention. This may carry with it some of the stigma associated with mental illness and a loss of personal power in the face of medical labelling and control. So while for some, being given a diagnosis may be a relief, for others it may be upsetting.

We have developed this resource for a range of people including those who have been given a diagnosis, family, whanau, friends and others involved in support and treatment. The information provided is largely from a clinical perspective as it includes psychiatric diagnosis and information on current medical treatment options. We acknowledge that this is one perspective and that different cultures define mental health and wellbeing in a variety of different ways. We invite people to use the resources, references and contacts listed in these booklets to find further information.

Fact sheets summarising information from some of the booklets are available from the foundation’s resource centre or may be downloaded from the foundation's website.

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Attention Deficit / Hyperactivity Disorder

Children with attention deficit/hyperactivity disorder (ADHD) are constantly distractible, impulsive and unusually active. They may also have other serious behavioural, emotional and learning problems which can get them into an awful lot of trouble if ADHD is not recognised and treated.

Children with ADHD often have poor self-esteem as a result of being constantly criticised by families, whanau and teachers who have not recognised their behaviour as a health problem. It is heartbreaking to hear such children refer to themselves as dumb, stupid or naughty.

Since the 1940s, ADHD has been given several names, including Minimal Brain Damage. Researchers knew that these were otherwise normal children whose brains received and processed information differently from others and resulted in the behaviour associated with ADHD.

By 1980 they agreed on the name Attention Deficit Disorder (ADD). This emphasised that attention was the major problem. A few years later the name was again changed to include hyperactivity - recognising that as an equally significant problem.

Nowadays most people talk about attention deficit hyperactivity disorder or ADHD (although you will also hear it being called ADD). This can still be confusing, because some children with extreme attention problems, may not be hyperactive. They are the more dreamy types who seem often to be away with the fairies. In a classroom these children are in danger of being overlooked because the children who have the 'H' in ADHD cannot fail to get noticed!

There is no absolute test for ADHD. The diagnosis needs to be made by expert doctors or specialists, such as child psychiatrists or paediatricians (doctors who specialise in child health) who have experience in treating ADHD. A medical check-up should be part of any assessment for ADHD.

There has been a huge increase in interest in ADHD recently and a lot of conflicting information being reported. It is therefore important that you get advice from your GP or specialist child and family service if you are concerned that your child may have ADHD.

Parents and teachers may be asked to fill out separate questionnaires on the child's behaviour to see if there is overall agreement on the symptoms. Sometimes it may be suggested that the child do some psychological tests to find out if there are any specific problems with learning. There are two main errors in diagnosing ADHD: making the diagnosis too often, and missing it.

Signs of attention deficit / hyperactivity disorder

Children with ADHD have a characteristic pattern of development right from the time they are toddlers - this is one of the key indicators of the problem. Another clear sign of ADHD is that the child's behaviour patterns are similar at home, school (or pre-school) and in all other situations. In addition, the signs of ADHD must be severe enough to cause major problems for the child in all of these places.
A child with ADHD will have several or all of the following difficulties.

- As babies they may be colicky, restless, hard to cuddle or hold and poor sleepers.
- They may have crawled or walked earlier than other children.
- They talk a lot, interrupt others and can't seem to wait their turn.
- They have lots of energy and are constantly on the go. They seem unable to sit still even if they are enjoying doing something.
- They have a short attention span and often don't follow through what they set out to do.
- They may tune out or appear to be daydreaming, especially when being given instructions.
- At school they have trouble with the work and often give the impression they have not heard the teacher's instructions.
- They may frequently call out in class or a group and may be known as the class clown.
- They do dangerous and impulsive things, like jumping from heights or running out onto the road without looking out for traffic.
- They act before they think.
- They are often easily upset.
- They get angry and 'explode' quite easily.
- They find it hard to make and keep friends, usually because of their exuberance and bossiness rather than any nastiness.

These symptoms must have been present for at least the last six months, for a diagnosis of ADHD.

**Children who are affected by ADHD**

ADHD affects between three and five percent of school-aged children (one percent are affected quite severely). Some will have milder symptoms than others (about one in 20). ADHD is more common in boys than girls. Sometimes it is not diagnosed until the teenage years.

There is no cure for ADHD although there is a belief that many children seem to grow out of it before adolescence. Recently there has been an increasing awareness that ADHD can progress into adulthood. It is really important that children with ADHD get help early in life so that they can learn to manage their problems and develop the skills and confidence they will need to lead a successful adult life.
Myths

NOT TRUE  Children with ADHD are deliberately naughty or bad children.

NOT TRUE  ADHD is just youthful high spirits.

NOT TRUE  Every child who displays some symptoms of ADHD has it.

There may be other reasons for children having symptoms which mimic ADHD. For example, children who have been abused either sexually or physically, or whose parents have recently separated often display some of the above behaviour. That's why it is extremely important for the assessment and diagnosis to be thorough and done by qualified professionals who, as much as possible, try to rule out any other causes for a child's symptoms

NOT TRUE  Children with ADHD are incapable of concentrating at all.

Most children with ADHD are often able to concentrate for quite long periods of time on specific activities or hobbies - for example, watching videos they enjoy. In some, this ability to hyperfocus is extraordinary and has led some experts to comment that attention deficit might more accurately be called attention inconsistency.

NOT TRUE  Everything that is wrong with the child is ADHD (eg, all learning and behaviour problems are part of the ADHD).

NOT TRUE  If you have ADHD you are not responsible for your behaviour and therefore can be excused for it (ie, don't have to face the consequences).

Causes of ADHD

Even though a lot of research into ADHD has gone on around the world, its exact cause is still unknown. It is likely that there are not one, but several causes, which, when they occur together, become ADHD.

Studies of computerised tomography or CT brain scans show that children with ADHD seem to have brain circuits which are wired a little differently from other people's. This results in the brain having trouble processing the messages it receives - a little bit like a telephone exchange which gets overloaded with calls. This may happen to the infant's brain in pregnancy, in babyhood, or it may just be an individual variation which has received more notice in the last 40 years. It does not seem to be caused just by a poor diet, yeast infections, allergies or food colourings as some people have thought, although these may be factors in the overall ADHD picture. It is also not caused by bad parenting although often a child's behaviour will have earned plenty of negative attention in and outside of the family or whanau by the time ADHD is recognised.

Risks factors for developing ADHD

There is thought to be a genetic element to most ADHD, that is, it runs in families. Studies have shown that brothers or sisters of children with ADHD have two to three times the risk of having it as well.

ADHD often occurs with other child mental health problems. These may exist alongside or develop as a result of ADHD. For example, some children with ADHD will have Oppositional Defiant Disorder, Conduct Disorder or experience anxiety or depression.
Learning difficulties which are unrecognised also present a risk for serious mental health problems, as they affect progress at school and self-esteem.

ADHD and its associated problems are serious if untreated because they can put young people at risk for accidents, drug or alcohol abuse problems, or suicide.

**Living with Attention Deficit / Hyperactivity Disorder**

The most important thing to remember about having a child with ADHD is that, like all children, they need love, affection, nurturing and clear rules. Sometimes this is hard to remember when whole days of nagging seem to be the rule rather than the exception at home and everywhere else.

A child with ADHD may have chalked up quite a lot of frustrations and failures before his/her problem is recognised. Some parents worry about the label ADHD and wonder if they have caused it to happen, or failed their child in some way. They may feel anger that this has happened to their family or whanau, or upset that other family or whanau members have dismissed the child's behaviour as being normal. Others will be relieved that the problem they've lived with over a number of years finally has a name.

For the child, knowing he/she has ADHD can be a relief. Often though, children feel there is something really wrong with them. ADHD needs to be carefully explained to them in a way that they can understand and learn to handle. Brothers, sisters and friends, too, may need an explanation that can help them to stop teasing or provoking the child with ADHD.

Some children who have to take medicine to help their symptoms say it is like admitting that something scary is wrong with them and worry that they are retarded or crazy - labels they've probably heard before.

In two-parent homes it is important for parents to support each other with managing their child's behaviour. Consistency is essential. Often one parent will say that the child is "perfectly all right when he is with me." This can be infuriating for the other parent. For single parents, having a child with ADHD is even more difficult. Have at least one supportive friend outside the family or whanau that you can confide in.

**Important strategies to support someone with ADHD**

For family and whanau of someone with ADHD, the following strategies are important and have proved useful.

- Make sure there are everyday routines in the home. Most children respond to predictability and structure and it will be easier to handle your child with ADHD if he/she knows what the rules are around getting up, showering, meal times, homework, going to bed and playing.

- Your child may need a reminder list for some things. It is important to give instructions clearly and one at a time so your child knows exactly what is expected. It will be less time-consuming in the long run to look your child in the eye when you ask them to do something (you may need to catch them for this!) and ask them to repeat what you've said. Instructions such as "Please put these toys in your room" (a specific request) will work better than "Tidy your room" (a general and, to the child, confusing request).
Discipline needs to be firm, consistent, and fair. Focus on the child's behaviour. He/she needs to know when they've behaved well or badly. Parents need to decide which battles to fight and which to ignore. Use small rewards (not bribes) for goals achieved (small achievable goals) and time out or withdrawal of privileges for unacceptable behaviour. Above all, discipline without anger.

Encourage your child to talk about their life - the good things and the not so good. You may be able to help them with a problem, and it is really important to keep the communication going.

Build on your child's strengths. Find something the child is good at. It is vitally important for them to experience success. This may mean the whole family or whanau takes up rollerblading! Physical activities that can be done in short bursts may work out better than organised sports for the child with ADHD. Be positive about any successes, even if they can't complete a task. It is better for a child's self-esteem if you say that you noticed how hard they tried to do something, rather than to comment on how they didn't do it properly or finish it.

Try to work in partnership with the school and any other groups which your child is involved with.

Take care of other relationships. Often a child with ADHD demands so much time and attention, brothers and sisters can feel resentful or left out. Try and make sure that their needs are met and use all the help you can get from extended family or whanau and community for babysitting, time-out, a moan session or having fun. Marriages can be put under a lot of stress, so it may be helpful to consult a counsellor or family therapist to work out the best ways of living with a child with ADHD, keeping your partnership healthy and the rest of the family or whanau happy.

Take time out for you - go to a movie, meet a friend, listen to music, exercise, meditate or pray.

Support from others is essential in living with ADHD. Special ADHD support groups have been set up around the country to help parents, children and teenagers who are living with ADHD. Contact details are at the end of this booklet.

**The child with ADHD at school**

It is best to keep up with your child's school programme and inform the teacher of any changes in behaviour or treatment. A home-to-school notebook is a good idea. Some teachers know quite a lot about ADHD - others don't believe it exists, so as a parent you may have to help with the teacher's education! You may also need to get assistance from the Special Education Service for help with the child's classroom behaviour and learning needs.

In general, children with ADHD need a structured learning environment with as little distraction as possible. Having them sit beside a busy window or at the back of the classroom is not a good idea. Children with ADHD do well with lists, reminders and predictable schedules. And don't forget physical exercise. They generally need more motivation than others. Don't forget, too, that the children themselves are often able to tell adults what is most helpful to them.
Treatment of Attention Deficit / Hyperactivity Disorder

Summary of treatment options
There is no magic pill to make ADHD disappear, and medication should not be used as a substitute for other appropriate interventions, including educational and psychosocial. It is a complicated condition generally best managed by a mixed treatment programme which may include the following components.

Medication
The main kind of medication are used in the treatment of ADHD are stimulants; antidepressants are only very occasionally prescribed. The same medications are used for both children and adults. It is important that the progress of a child on medication for ADHD is checked and the treatment reviewed regularly with regular weight and height checks if stimulants are taken. You are entitled to know the names of any medicines prescribed; what symptoms they are supposed to treat; how long it will be before they take effect; how long they will have to be taken for and what their side effects (short and long-term) are.

Psychosocial treatments
Psychosocial treatments are non-medical treatments which look at the child or young person's thinking, behaviour, relationships and environment, including their culture. The main psychosocial treatments for ADHD include behaviour management and social skills training to ensure encouragement and support for the child at home and at school. Other psychosocial treatments may include individual psychological therapy or family therapy to help young people and their families and whanau understand the condition and to make positive changes in their lives and relationships.

All types of therapy/counselling should be provided to children, adolescents and their families and whanau in a manner which is respectful of them, and with which they feel comfortable and free to ask questions. It should be consistent with and incorporate their cultural beliefs and practices.

Complementary therapies
Complementary therapies that enhance the young person's life may be used in addition to psychosocial treatments and prescription medicines.

Medication
With correctly diagnosed ADHD, medication will be helpful to some degree in around 80 percent of cases. Finding the right dosage can be a matter of trial and error and may take several months.

The use of medicines which affect brain functioning (psychoactive medications) for children has been controversial and as a general principle such medicines should be used cautiously, on the lowest possible dosage for the shortest possible time. No-one is ever forced to use medication - you should not try it without wanting to do so and without a full understanding of the risks and benefits involved.
**Stimulants**

Stimulants are the most common medications used for treating ADHD. These were first used in 1937 and have been subject to a great deal of research. Methylphenidate (Ritalin) is currently the most commonly used stimulant drug in New Zealand. In Australia, and some other countries, the first choice of drug is dexamphetamine (there is a prescription part-charge for dexamphetamine in New Zealand). Pemoline is also prescribed in other countries (including the United States) but is not usually available in New Zealand. In New Zealand, dexamphetamine is sometimes prescribed for children who do not respond to methylphenidate.

The use of stimulant medications in ADHD has been controversial because no one knows exactly why a stimulant should work to help a hyperactive child to focus. They just know that, in over 30 years of research, it does. The effect of methylphenidate on attention has been compared to a person who has been short-sighted for years putting on their first pair of glasses.

Another reason for debate is that some people feel that pills may start to be prescribed simply to keep children and classrooms calm which is why it is important to make sure that treatment is provided by health professionals who have a good understanding about ADHD.

Stimulants, like all drugs used to treat mental health problems, work on the brain's chemistry by changing the patterns of neurotransmitters (chemicals which act as the messengers between brain cells). The effect is to focus brain function more efficiently. This improves the person's attention span, making them less easily distracted, less impulsive and more able to follow instructions and complete tasks. The medication paves the way for learning to take place. It often helps to improve the quality of relationships the person with ADHD has with parents, teachers and other children. It can also make behavioural management techniques and training more effective because the child is more responsive.

There is a lot of evidence of the short term benefits of using stimulant drugs, such as increasing the child's potential for learning. However, there is less evidence about the long-term benefits of staying on stimulant medication. It will be up to the family or whanau and prescribing health professional to weigh up the pros and cons, remembering that untreated ADHD can lead to educational underachievement and failure and is associated with severe conduct and emotional problems.

Methylphenidate comes in a 10mg tablet. The child's weight provides a rough guide to dosage. New Zealand doctors tend to be conservative, with children often starting off with a low dose. It may be increased depending on how effective they feel it is and whether there are side effects. The final dose should not usually be higher than 0.5 mg per kg of the child's weight. Methylphenidate acts quickly and does not last in the system for more than six hours. It is usually obvious within the first month whether or not methylphenidate will work for the person.

Historically, stimulants have been prescribed to be of greatest help while the child is at school, but often parents will give an after-school or weekend dose. There are no apparent ill-effects if a tablet is missed or stopped and started again.

**Short-term side effects of stimulants**

Side effects, if there are any, will tend to show up early and will often lessen or disappear completely over several weeks. Potential side effects include appetite loss, finding it hard to sleep, headaches, stomach aches, increased pulse and blood pressure,
tearfulness and irritability. Some children's ADHD symptoms seem to get worse on stimulants making them more disorganised and aggressive.

Some children have a drug rebound effect, their symptoms worsening as the level of the stimulant in their system is reduced later in the day. This can be managed by giving an extra half dose after school, taking care that this does not cause major problems with getting to sleep at night.

**Long-term side effects of stimulants**

There has been some concern about stimulants suppressing children's growth, either by lessening their appetites or possibly affecting the growth centre in the brain. Height and weight need to be closely monitored as part of the routine follow-up for children on stimulant medications. If the medication is stopped, children will grow normally and reach their expected adult height and weight. With the doses that are ordinarily prescribed in New Zealand weight loss is not often a problem.

Some children with ADHD develop muscle twitches or tics on stimulants. Previously it was thought that stimulants could cause tics, but more recent evidence shows they can be used safely and cautiously in such cases.

There is no evidence of addiction or withdrawal symptoms in childhood, but with increasing diagnosis of ADHD in adolescence and adulthood, much caution is needed as amphetamine-type drugs could be dangerous for those at risk of a substance abuse problem. There is also a theoretical risk of worsening psychotic symptoms or the development of a psychotic disorder such as schizophrenia in those taking stimulants, though in practice this is not often seen.

Stimulants need to be used cautiously by people with other health problems, particularly heart problems. They should not be combined with nasal decongestants in tablet form as a high pulse and high blood pressure can occur (although this problem is not common). Some children will respond badly to combining antihistamine drugs with stimulants, becoming overactive and irritable.

Currently stimulants can be prescribed by a child medical specialist such as a paediatrician or child psychiatrist, with ongoing prescriptions available from other medical practitioner, including general practitioners.

**Other medications**

Another medication, clonidine (Catapres), is starting to be used to treat children with ADHD. It was initially developed as a blood pressure pill for adults and was noted to cause sedation (sleepiness) as a side effect. Clonidine can help manage the hyperactivity and impulsivity features of ADHD, but does not appear to improve attention. It is sometimes used as a sole medication treatment in children who cannot take stimulants, but is more often used in combination with stimulants in children with severe ADHD and behavioural disturbance. There have been some cases of sudden death overseas with children on a combination of clonidine and stimulants in high doses and who had other health problems. This problem is currently being researched, but meantime extreme caution must be used in prescribing this combination. Clonidine's side effect of sleepiness can interfere with learning. It is not particularly helpful in ADHD treatment.

At present, there is no sufficiently robust data supporting the use of other medications such as fenfluramine, benzodiazepines, lithium carbonate, and carbemazepine. Antipsychotic medications such as thioridazine (Melleril) have also been used in the past, but this is no longer used due to safety concerns.
**Antidepressants**

Adult antidepressant drugs have also been shown to have some efficacy in treating ADHD in childhood, particularly when the ADHD is associated with depression and anxiety problems.

These are not commonly used in New Zealand because of concerns about side effects. There have been reports of sudden death in a couple of cases in the US of children taking high doses of an antidepressant called desipramine (Pertofran).

So-called second generation antidepressants - fluoxetine (Prozac, Lovan, Plinzine and Fluox) and moclobemide (Aurorix) are starting to be used to treat ADHD in some children. They appear to have some benefit, but are not a treatment of first choice. Fluoxetine is an example of the group of antidepressants called Selective Serotonin Re-uptake Inhibitors (SSRIs) (for further information on antidepressants refer to the medication section of the article on depression). Researchers have also begun to study bupropion and most recently tamoxetine, but the further work is still needed.

Medications for ADHD can:

- decrease activity level
- allow child to focus for longer periods
- decrease impulsivity
- decrease reactivity, e.g. aggression.

Medications for ADHD cannot:

- cure ADHD
- teach good behaviour (it doesn't help with behaviour problems such as bullying, lying and stealing) or help conduct disorder symptoms (e.g. aggression, lying, bullying, stealing).
- teach the child how to deal with feelings
- teach skills the child has missed
- motivate the child

**Second opinion**

Parents should consider seeking a second opinion if:

- a health professional refuses to consider medication
- drugs other than stimulants are recommended at first
- if the doctor wants to increase the stimulant dose above 0.5mg/kg and if the total daily dose exceed 1mg/kg
- the doctor wants to add other drugs to the stimulants
- traditional antidepressants are suggested
- side effects are a problem
- the doctor does not ask how the school finds the child's response to medication
- they receive conflicting advice.
Psychosocial treatments

Behaviour management

Children with ADHD can be very trying to parent effectively and manage at school. Researchers have developed a number of home-based and classroom behaviour management strategies and programmes. Some behavioural management techniques are outlined in the Living with ADHD section above, and there is a lot of information about behaviour management available from the support groups and books (see list at the end of this article).

Behavioural management strategies and programmes in general are well-researched and will work if applied accurately. Behavioural programmes concentrate on the actual behaviour of the child rather than trying to understand the reasons underneath it.

Most parenting courses are based on behaviour management. Programmes such as the STEP programme or Triple P are available in some centres and can be immensely helpful. Local community centres often run parenting classes which can be helpful and usually cost little to attend.

The keys to any successful behaviour management programme are consistency, patience, setting small and achievable goals for good behaviour and ensuring consequences for undesirable behaviour. In all behavioural programmes, rewards work better than punishments.

Social skills training

Because ADHD affects their ability to follow the normal social rules, children with ADHD often find it hard to make friends. They can be impulsive, aggressive and annoying in stressful situations. The so-called naughty children in a class often tend to group together and are at risk of getting into more serious trouble.

Social skills groups and sometimes individual programmes can be used to help such children. They can learn how to control their angry feelings, make requests appropriately, learn listening skills and generally learn more positive ways of relating to others. One aspect of social skills training which is still being researched is how well they generalise to different situations. A child may learn to behave more appropriately at school, but not be able to use the same skills in another situation. Social skills are often taught in schools, by the Special Education Service or by a child psychologist.

Individual therapy

There are no specific therapies which treat the actual symptoms of ADHD. Most times it is a question of managing behaviour, rather than trying to understand where it comes from, which is the basis of much individual therapy. However, children with ADHD often have poor self-image and self-esteem. This may be helped by talking about their feelings and adjusting to ADHD with an understanding therapist (often a clinical psychologist) who knows about ADHD. The child may have depression or anxiety which can be helped by individual sessions, family therapy or a combination of these.

Therapists offering social skills training or individual therapy may work in community child and family mental health clinics attached to hospitals where services are free of charge. Other community agencies base fees on the person’s ability to pay. Private therapists fees range from $60 to $200 per session, but many also have a sliding scale of fees.
**Family therapy**

Family therapy is not a specific therapy for ADHD, but it can be useful in helping children and parents adjust to the demands of ADHD in a family or whanau member and help with any other family problems. In finding a family therapist it is important that he or she understands and accepts the existence of ADHD.

Family therapy looks at the whole family or whanau as a system. It acknowledges that when one member of the family or whanau has ADHD it will have an effect on other family or whanau members.

A family therapist may want to work with the child or adolescent on their own for some sessions, giving them the opportunity to talk without the family or whanau being present, as well as a number of regular sessions for the parents and other family or whanau members.

Some family therapists work singly, some with a co-therapist. Some use one-way mirrors with one therapist watching the session from an adjoining room, in order to get a better appreciation of the family or whanau interactions.

There are several schools of family therapy each with slightly different ideas on how family or whanau relationships can be helped to improve. Though widely used and helpful to many families and whanau, family therapy has not been scientifically validated.

Family therapists often work in community child and family mental health clinics attached to hospitals and do not charge for services. Many other community agencies also employ family therapists, with fees based on ability to pay. Private family therapists' fees may range from $80 to $200 per session but many also have a sliding scale of fees.

**Complementary Therapies**

Health, healing and healing practices are varied and differ according to how people view illness. Any health-related practice that increases an individual’s sense of wellbeing or wellness is likely to be of benefit. Talking things over with people you feel comfortable with can be useful and may help to define a problem and ways to begin to tackle it.

The term complementary therapy indicates therapies and treatments which differ from conventional western medicine and which may be used to complement, support or sometimes replace it. There is an ever-growing awareness that it is vital to treat the whole person and assist them to find ways to address the causes of mental health problems rather than merely alleviating symptoms. This is called an holistic approach. Complementary therapies often support an holistic approach, to address physical, nutritional, environmental, emotional, social, spiritual and lifestyle needs.

Many cultures have their own treatment and care practices which many people find helpful and which can often provide additional benefits to health and wellbeing. Rongoa Maori is the indigenous health and healing practice of New Zealand. Tohunga Puna Ora is a traditional healing practitioner. Traditional healing for many Pacific Islands' people involves massage, herbal remedies and spiritual healers.

In general, meditation, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and aromatherapy have all been shown to have some effect in alleviating mental distress,
although some of these may be difficult for children with ADHD.

Complementary therapies can include using a number of herbal and other medicinal preparations to treat particular conditions. It is recommended that care is taken as prescription medicines, herbal and medicinal preparations can interact with each other. When considering taking any supplement, herbal or medicinal preparation we recommend that you consult a doctor to make sure it is safe and will not harm your health.

Girls who may be pregnant or breastfeeding are advised to take extra care and to consult a doctor about any supplements, herbal or medicinal preparations they are considering using, to make sure they are safe and that they will not harm their own or their baby's health.

**Complementary therapies specific for ADHD**

The use of Omega 3 (essential fatty acids found in fish oils, pumpkin seed and walnuts) shows promising results. The Attention Deficit Disorder Hyperactivity Disorder Association of New Zealand can provide specific information on Complementary Therapies in the treatment of ADHD. See Further Information section of this booklet, or, for more information, see the MHINZ booklet *Complementary Therapies in Mental Health.*
Legislation

New Zealand has laws with specific implications for people who experience mental illness. The following information is a brief introduction to some of these Acts, and gives details on where to get specific information or assistance.

More information may be obtained from the local Community Law Centre or Citizen’s Advice Bureau – look in a telephone directory for details. The local library is a useful place to obtain information or books and resources on the law. Copies of New Zealand legislation are available from government bookshops and can be seen at most public libraries, or on the internet at www.rangi.knowledge-basket.co.nz/gpacts/actlists.html

Recommended publication


Government agencies can provide advice, information and publications in relation to mental health and the law.

**Ministry of Health**
133 Molesworth Street
PO Box 5013
WELLINGTON

Ph 04 496 2000
Fax 04 496 2340
Email EmailMOH@moh.govt.nz
Web www.moh.govt.nz

**Mental Health Commission**
PO Box 12479
Thorndon
WELLINGTON

Ph 04 474 8900
Fax 04 474 8901
Email info@mhc.govt.nz
Web www.mhc.govt.nz

**Department for Courts**
PO Box 2750
WELLINGTON

Ph 04 918 8800
Fax 04 918 8820
Email family@courts.govt.nz
Web www.courts.govt.nz/family

More contact details for government agencies are listed in the following sections.
The Health and Disability Commissioner Act 1994

This Act governs all actions taken by the Health and Disability Commissioner, the office and advocacy services. It is the legal document which gives the authority to ensure the rights are delivered. The purpose of the Act is

“To promote and protect the rights of health consumers and disability services consumers, and, to that end, to facilitate the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights” (Section 6).

The Act’s objective is achieved through

- the implementation of a Code of Rights (see below)
- a complaints process to ensure enforcement of those rights, and
- ongoing education of providers and consumers.

Code of Health and Disability Services Consumers’ Rights

There are ten rights set out in the code and these rights apply to all health and disability support services in New Zealand, both public and private services. The code gives rights to all people who use health and disability services and describes the obligations of all providers of health and disability services. The Health and Disability Commissioner contracts advocates in each region to ensure the code is upheld.

To make a complaint to the advocate in your region, contact the office of the Health and Disability Commissioner.

The Health and Disability Commissioner
Freephone 0800 11 22 33
E-mail hdc@hdc.org.nz
Web www.hdc.org.nz

AUCKLAND
Level 10, Tower Centre
45 Queen Street
PO Box 1791
Auckland
Ph 09 373 1060
Fax 09 373 1061

WELLINGTON
Level 13, Vogel Building
Aitken Street
PO Box 12 299
Wellington
Ph 04 494 7900
Fax 04 494 7901
The Human Rights Act 1993

Discrimination on the basis of disability is illegal under the Human Rights Act. If you feel you have been discriminated against you can make a complaint to the Human Rights Commission.

Human Rights Commissioner
Freephone 0800 496 877
TTY (teletypewriter) access number 0800 150 111
Email infoline@hrc.co.nz
Web www.hrc.co.nz

AUCKLAND
4th Floor, Tower Centre
Corner Queen & Custom Streets
PO Box 6751, Wellesley Street
Auckland
Ph 09 309 0874
Fax 09 377 3593

WELLINGTON
Level 8, Vogel Building
8 Aitken Street
PO Box 12411, Thorndon
Wellington
Ph 04 473 9981
Fax 04 471 0858

CHRISTCHURCH
7th Floor, State Insurance Building
116 Worcester Street
PO Box 1578
Christchurch
Ph 03 379 2015
Fax 03 379 2019
The Privacy Act 1993

The Privacy Act sets out general rules about the protection of our personal information. Extra rules have been developed to protect health information. These rules are set out in the Health Information Privacy Code, which is contained within the Privacy Act.

The Health Information Privacy Code sets out 12 rules that agencies must follow when dealing with health information. These rules cover the collection, storage, use and disclosure of health information, and give you the right to access and correct your health information.

The code applies to you whether you are receiving health services voluntarily or under the Mental Health Act.

Under the code, health services can develop their own policies for dealing with health information. You are advised to ask for a copy of their policies. Health services must appoint a Privacy Officer, so find out who that person is in the service you are dealing with. You may request information from or make a complaint to the service’s Privacy Officer.

The Privacy Commissioner.
Freephone 0800 803 909

Office of the Privacy Commissioner
PO Box 466
AUCKLAND
Ph 09 302 8655
Email privacy@iprolink.co.nz (Auckland)
    privacy@actrix.gen.nz (Wellington)
Web www.privacy.org.nz

Further information


The Mental Health (Compulsory Assessment and Treatment) Act 1992

For a person to be compulsorily assessed and treated it must first be determined that they have a mental disorder. The definition of ‘mental disorder’ is described in the Act.

The Act sets out clear procedures that must be followed when a person is compulsorily assessed and treated. People under the Act lose their right to choose and consent to assessment and treatment. All other rights as described in the Health and Disability Commission’s Code of Rights remain.

To ensure a person’s rights are upheld and correct procedures are followed the Minister of Health appoints District Inspectors for each area. They are lawyers and you may request information from or make a complaint to them. You can find out who the District Inspector for your area is by contacting the Ministry of Health or your local community law centre. (Contact details are at the front of this section)

In general, the Act gives young people (16-19 years) the same rights as adults. For people under 16 there are additional protections.

The Ministry of Health publishes helpful user information guidelines on the Mental Health Act. Contact details for the Ministry are at the front of this section.

Further information

*The Mental Health Act: Information for Families and Whanau, Schizophrenia Fellowship.*

**The Schizophrenia Fellowship (SF)**

Freephone 0800 500 363

National Office
PO Box 593
Christchurch
Ph 03 366 1909
Fax 03 379 2322
Web [www.sfnat.org.nz](http://www.sfnat.org.nz)
Email [office@sfnat.org.nz](mailto:office@sfnat.org.nz)

Look in your telephone directory for the local Schizophrenia Fellowship.
The Children, Young Persons and Their Families Act 1989

This Act applies in two situations.

- When it is decided that children and young people are defined as needing care or protection and,
- where children or young people offend against the law.

This Act defines a child as someone under the age of 14, and a young person as someone who is 14 or over but under 17 years of age. If concerns have been raised about a child or young person’s care or protection in the first instance, an informal meeting is usually called with the family and a social worker.

Formal options available through this Act are:

- family group conference
- application to the Family Court
- removal of the child or young person.

Care and protection issues may mean the involvement of The Child Youth and Family Service (CYFS). Look in your telephone directory under Government Agencies for contact details for your local CYFS.

For more information, it may be helpful to contact:

**The Office of the Commissioner for Children**
PO Box 5610
WELLINGTON
Ph 04 471 1410
Fax 04 471 1418
Email children@occ.org.nz
Web www.occ.org.nz

**Youthlaw Tino Rangatiratanga Taitamariki**
Provides free, confidential legal information and advocacy for young people under 25, anywhere in Aotearoa New Zealand.
PO Box 7657
Wellesley Street
AUCKLAND
Ph 09 309 6967
Fax 09 307 5243
Email youthlaw@ihug.co.nz
Web www.youthlaw.co.nz
**The Criminal Justice Act 1985**

This Act sets out rules that apply to people who have been charged with, or found guilty of committing some kind of criminal act.

One part of the Act applies to situations where a person is experiencing a mental illness AND has been charged with or found guilty of committing some kind of criminal act. A person in this situation can become a ‘special patient’ under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

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**The Protection of Personal Property Rights Act 1988**

This Act describes what can happen legally when a person is unable to make all or some of their own decisions about their personal and property matters. This is called a lack of capacity. The Family Court decides if a person lacks capacity.

In some cases, the Family Court may appoint a welfare guardian for someone who is unable to make these decisions. A welfare guardian has the power to make a wide range of decisions, such as where a person lives and how they should be cared for. A welfare guardian can act and consent to treatment on that person’s behalf.

Family Court contact details are listed at the front of this section.
Further Information

Groups and organisations

ADDvocate
Support and information for those with, or living with someone with, ADHD.
756 New North Road
Mt. Albert
AUCKLAND
Ph 09 846 4128
Fax 09 846 4218
Email addburns@ihug.co.nz

ADHD Association Inc.
National ADHD support and information group with contacts for support groups and people throughout the country.
PO Box 51675
Pakuranga
AUCKLAND
Ph 09 623 5380
Fax 09 623 4051
Email adhd@xtra.co.nz

Websites
The Mental Health Foundation's website has information about the mental health sector and mental health promotion, news of upcoming conferences both here and overseas, links to other sites of interest and the Foundation's on-line bookstore. It also contains the full text of all the MHINZ booklets which can be downloaded as pdf or Word files.
www.mentalhealth.org.nz

New Zealand's ADHD Online Support Group
www.adhd.org.nz

ADDNet UK
www.web-tv.co.uk/

CHADD: Children and Adults with Attention Deficit/Hyper-activity Disorder
www.CHADD.org.
Books


You Mean I'm Not Lazy, Stupid or Crazy? by Kate Kelly and Peggy Ramundo. Simon & Schuster, 1996.
Mental Health Foundation Resource & Information Centre

The Mental Health Foundation Resource and Information Centre is at the Foundation's Auckland offices and is open to the public. Information and resources are available in a range of formats including pamphlets, books, journals videos, research papers and directories. Anyone living in Auckland may borrow books and videos are lent throughout New Zealand. The extensive collection includes resources on

- Mental Health
- Mental Illness
- Mental Health Services
- Depression
- Discrimination
- Workplace Wellbeing
- Stress
- Maori Mental Health
- Support Groups
- Recovery
- Relaxation
- Self-Help
- Older People's Mental Health
- Young People’s Mental Health

The centre is open Monday to Friday, 9am to 4.30pm.

Mental Health Foundation of New Zealand
PO Box 10051
Dominion Road
Auckland

81 New North Road
Eden Terrace
Auckland

Ph 0064 9 300 7010
Fax 0064 9 300 7020
Email resource@mentalhealth.org.nz
Web www.mentalhealth.org.nz

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