

School knocks down 120 000 children

Doctors warn against a new threat to public health

Today in Sweden neuropsychiatric problems are probably the greatest threat to public health. 120 000 children have this diagnosis. But the worst thing is not the dysfunction itself, but that the school and the society systematically knock down [i.e. ruin] children's self-esteem. From the first day in school, a daily humiliation and misunderstanding starts. The reason for this is the schools total ignorance about neuropsychiatric problems. This is the message given by the school doctor Sophie Ekman and Christopher Gillberg, professor in child and adolescent psychiatry.

Why are children ostracized in society and why do they become misfits? Why is school failing in regard to helping pupils to acquire basic knowledge? Why do more and more teenagers feel depressed before having started their working life? Why do we have more and more problems with mobbing, senseless violence, and criminality?

For us doctors who every day work with problems in social medicine, there is a new knowledge which comes under the name "neuropsychiatric conditions". If you have some knowledge of what this means, you can help many children to a good life and prevent the unjust burden of guilt—i.e. that it is the wrongdoings of the child and his or her parents that is causing the child's failure at school.

Instead it is the [fault of the] school, which has refused to understand that the child can have a medical diagnosis that makes normal tuition impossible in big classes and that comprise huge difficulties in regard to concentration and muscular coordination associated with misinterpretation of perceptions and problems with social interactions. The child will from the first day at school receive criticism and negative judgments in regard to himself/herself.

That the school and the society behave in such a wrong and humiliating way against the child of course does not depend on a conscious evil intent, but rather a total ignorance about DAMP and ADHD and other neuropsychiatric conditions.

But for all these children, 120 000 Swedish children [from Sweden's total population of 9 million people] between the age of 3 and 18, every day when they are not being seen "with the right eyes"—just an other day when their self esteem is being undermined and also the time when the basis of their mistrust toward adults and toward the norms of society gradually are laid down. These children are of normal intelligence or even smart. We are talking about a real waste of human resources.

Scientists all over the world have thoroughly studied the disabilities that go under the names of DAMP, ADHD, Aspergers, and Tourettes syndrome. These conditions are either hereditary or are caused as a consequence of a damage to the nervous system, which arose during pregnancy or during the first years of life.

These conditions are medical diagnoses, which only can be diagnosed by doctors. To get a clear picture of the problems of each individual child, moreover, you will need a team [of examiners] consisting of a psychologist and preferably also a specialist teacher, a physiotherapist, a work therapist, and a speech therapist.

DAMP (Deficits in Attention, Motor Control and Perception) stands for dysfunction in regard for activity control/attention, control of motor [i.e. muscular] movements, and perception. This means that the child has problems with concentration and that he or she is clumsy. Often you will also find a learning problem. The prevalence of DAMP is between 4–7 percent of all children.

Closely associated is ADHD (Attention Deficit/Hyperactivity/Disorder). Its prevalence is 3–5 percent. The combination of letters stands for lack of attention in association with hyperactivity.

In order to understand what DAMP and ADHD means, you must understand something about the human brain. Even the world's most rapid computer and the world's most complicated software program are like a whispers/feathers in comparison to the human brain's billions of neurons with their marvelous and elegant system of connections which make it possible for us to make up almost an unlimited number of connections [between the neurons].

Children with DAMP and ADHD have a high activity in certain parts of the brain and a low activity in other parts, which gives the possibility for increased creativity as well as increased impulsivity and with an increased risk for disconnections and misinterpretations of perceptions. Stimuli from the surroundings are sometimes perceived being too weak, sometimes being too strong, and rarely being at the right level. In order to make these children concentrate upon a task they must be placed in a calm environment, similar to the kind of environment that children with a hearing problem have the right to require. The school must be more alert [to children's needs] and more flexible, making small classes available for children with functional disabilities.

Aspergers syndrome occurs in about 0.5% of all children. This group of children is without chances if you do not recognize their disability. The problem is about children who are lacking in social and emotional mutuality. They have normal intelligence, sometimes they are smarter than normal within a narrow field. They can become super specialists in astronomy or in knowledge about dinosaurs, but they can also become interested in things that are not approved in society. Often they have the urge to repeat things.

In order to develop despite their dysfunction, many are dependent on a personal assistant or some other "individual" helper, who can teach and train these children in social skills and help them to find interests which are not dangerous, in order to make their compulsive actions less destructive.

A Tourettes syndrome occurs in about 0.5% of all children. This disability goes with a number of motor [i.e. muscular] tics and also with one or several vocal tics. This means that these children will have jerks in their faces, neck, or other body parts and that they utter [funny] words or noises. The majority of these children also have problems with compulsive symptoms of various kinds.

Associated with the neuropsychiatric problems, you also find dyslexia—specific reading and writing difficulties—which, if you do not attend to these problems correctly, can lead to psychiatric problems. Children with DAMP, ADHD, Aspergers syndrome, and Tourettes have in at least half of the cases also dyslexia.

DAMP, ADHD, Aspergers, and Tourettes syndrome are together in Sweden today probably the greatest threat to public health. Knowledge and competence about these conditions must be spread to all the levels of society.

These are lifelong disabilities, which if they are not recognized, if they are not diagnosed, and if the affected children do not get proper help, will make positive development impossible. These individuals will be misunderstood [by other people] and they will also themselves misunderstand the [good will] efforts from society. The feeling of helplessness that this will cause will be transferred to the next generation.

About 10 percent of all children have considerable neuropsychiatric problem. In order to assess what this means, we can make a comparison with other medical diagnoses. You will find diabetes in 3000 children in Sweden up to the age of 15, which corresponds to 0.2 percent for this age group. Epilepsy occurs in 0.5 percent of the whole population.

We claim that everybody in Sweden would have some knowledge about diabetes and epilepsy. Who knows what DAMP, ADHD, Tourettes, or Aspergers syndrome mean?

If these children are not seen and if their disability is not diagnosed, they are without a chance in the daily work at school. Sometimes starting school can be uneventful [i.e. satisfactory], but later will start daily humiliations, failures, and rebukes. What has happened with Sweden's supposed well-known tolerance in regard to people with other opinions and people with handicaps?

In school you will find a hard-working group of teachers, leisure time personnel, and head masters with good intentions. Yet they find themselves powerless when confronting the child's complicated problems, behavioral disorders, and the social situation for the family.

The whole problem of the society is mirrored very clearly in school. What you now need is an increased knowledge about the various causes of behavioral disturbances in children. We must give certain things their right name.

Children can have biologically-caused reading and writing difficulties and other children can have learning problems. They can have DAMP, ADHD, Aspergers, and Tourettes syndrome. The secondary consequences [of these conditions] can lead to a number of psychiatric problems such as depression, social behavioral disturbances, defiance, violence, mobbing, and addiction.

The psychiatric problems that follow these medical diagnoses are to a great part caused by the fact that the child in school, from the first day at school, has been exposed to criticism and has been misunderstood. The worst thing with having DAMP, ADHD, Aspergers, and Tourettes syndrome is not always the disability as such, but rather that the school and the society systematically knock down [i.e. ruin] the child's self esteem.

Most things in life you can as an adult compensate for, but a ruined self-esteem and a feeling of being useless can never be repaired completely. This scar will be a life-long suffering and lead to negative feelings both against your own self and also against society, a society that has never accepted the individual's unique personality and the various biological preconditions assigned to each individual.

We must never forget that a society with great social problems can elicit the brain's vulnerability, which otherwise would not have been noticed. The brain is in this respect no different from the stomach. If the stress is too big, dyspepsia can lead to a stomach ulcer.

In the same way the observed increased prevalence of neuropsychiatric problems reflect that society and school are lacking in their basic fields and that daily life has become too complicated for children with functional disabilities.

Children with neuropsychiatric handicaps need small, calm classes with a clear structure—places where you pay attention to the child's medical disability and also pay attention to the medical investigation which was performed and when the child was diagnosed.

Today many times the recommendations from the [neuropsychiatric] investigation ends up becoming just shelved writings, which no one bothers to look into. Imagine if the school behaved in the same way with a diabetic child needing insulin or a teenager who cannot walk [because of cerebral palsy] needing a wheelchair?

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Dagens Nyheter 1997-03-20**