

Submission into the Child Development Services 24.10.22
from: Dr Jacqueline Meredith Scurlock OAM, MB BS, MRCP (UK), FRACP, DCH.

I am a retired General Paediatrician, now 78 years old. I have worked in both the Public system and Private Practice as a Paediatrician since 1975 – I returned to work for 6 months from September 2021 – 2022 and found assessing children for ? ADHD, ADD more complex than those I had been involved with in previous years.

Child Development Services

These specialised support services were set up by Dr Trevor Parry in the late 1970s at Rheola Street.

Over the years it has been recognised that the early diagnosis of problems and the early interventions by the allied health professionals has meant less behaviour problems and better progress at home and at school.

Our services in the Public and Private practices are overwhelmed at present with long waiting lists and it may mean that the children may miss out on the early interventions that are so important for their progress mentally and physically.

I have worked in Esperance as a visiting paediatrician where I saw children with a variety of problems including ADHD and Autism. In the country we referred children for assessment of Autism to the Country Autism Service. Once they were referred and whilst they were waiting for an assessment they were able to access support for Autism at School. I never saw this happen in the city – the schools always were waiting for the Paediatrician, Speech therapist and Psychologist's assessments and therefore the diagnosis before they were able to access support in the classroom.

The reports, required before a diagnosis is made, are very long and I do wonder if they could be more concise. The paperwork required at times is onerous.

Child health nurses are able to do screening tests and this is important. Working parents may not have time to attend these appointments. Many children may miss out.

I am concerned re the early lives of the children. Some babies are being discharged very early on from maternity units home.

In the public system they are discharged at 24 hours after a normal vaginal delivery and 48 hours after a caesarean section. There is a special child health referral but we do not have enough child health nurses and our mothers sink or swim.

I have been told there is a high rate of readmission.

Lactation support is inadequate.

In the public system there is more social and perinatal support and we are fortunate at KEMH to have a dedicated Mother/Baby Unit. This is only 16 beds and really inadequate.

In the private system mothers are discharged at 3 days after a normal delivery and 4 days after a caesarean section. There is no social or perinatal support. It is not covered by the private system. We have reduced the number of child health nurses. Prof John Emery in Sheffield UK was a forensic pathologist. His interest was sudden unexpected death and he reduced the SIDS rate by having a health nurse visit the homes of mothers and babies. The health worker would undress, weigh and examine the baby and chat with the mother. This reduced the SIDS rate in Sheffield in the 1980s before the Red Nose, Safe sleeping campaigns.

We know there is a high rate of PTSD after birth of the baby and postnatal depression. GPs are overwhelmed and have long waiting lists.
We know that children exposed to Adverse Childhood Events (ACEs) early in their lives will affect them for the rest of their lives.

In both the public and private practices the waiting lists are very long.
A paediatric assessment is very expensive and only partly covered by Medicare.
As far as ADHD is concerned unless there is a diagnosis of severe general anxiety, there is no extra support in the classroom. Everyone seems to expect that medication will be the answer but there is a lot more required. Ongoing Psychological support is needed and the sessions for allied health allowed by Medicare are insufficient in many cases.

At the schools we were often told that the waiting list to see an educational psychologist also was months or a year or more away.

Again many parents have financial problems, housing problems and health problems themselves that will add to the children's Adverse Childhood Events. The more ACE's they have, the result will be long term behaviour and learning problems.

I suspect many GPs could do assessments for ADHD with extra training but the complex cases will need the paediatrician and allied health professionals input. The Colleges may be able to institute this.

I have been involved with Ngala, a private charity, which struggles to pay for the many families who are seeking support. Funding from Government is important in these areas. In the other States these support services have been set up by the State Governments.

I look forward to seeing your final report and recommendations.

Kind regards

Jacqueline M Scurlock OAM