



Neurodivergence in Children's Health: What is it, Symptoms, Where to get help.

Announcer:

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Host - Rebecca Griffin

Dr. Francoise Butel, welcome to HealthTech Talks. We're really thrilled to have you here today.

Guest - Francoise Butel:

Thanks a lot.

Host - Rebecca Griffin:

You're an experienced developmental pediatrician currently working within the Child Development Service for Gold Coast Health. You completed the majority of your pediatric training at Sydney Children's Hospital and started your career as a pediatrician in Auckland, New Zealand before relocating to the Gold Coast in 2011 to work at the Child Development Service. For the past six years, you've been the medical director of Community Child Health. I'd like to start by talking about your team and the move to the new premises in Lumina within the Gold Coast Health & Knowledge Precinct, which is close to the university and private hospitals, how does the new location enhance the care and support you provide to children and families?

Guest - Francoise Butel:

Yeah. So we're really excited about the opportunity to move into Proxima. I suppose as a wider service, we actually have locations across the whole of the Gold Coast. So from Palm Beach, Southport and Ormeau. But this location is actually, we're actually creating a dedicated space for our older age cohort. So we'll be seeing our children over the age of seven there that need multidisciplinary team assessment and then our adolescents that need ongoing developmental pediatric support.

Host - Rebecca Griffin:

So you work with a lot of young people who are neurodivergent. For those unfamiliar with the term, what does that actually mean?

Guest - Francoise Butel:

The term neurodivergence we use to describe that for people that are different, who think differently, feel differently, behave differently, not meaning that there's anything wrong, it's just different. So the



type of conditions that may fall within the neurodivergence are autism, ADHD, Tourette's. If you are an autistic person, then you are neurodivergent as opposed to neurodivergence. And that sits more broadly in the concept of neurodiversity, which then means, say, for everybody, we are all different and have different ways of thinking.

It's a concept that's been around for a while, but I think it's incredibly important from us in a medical space because we have to shift away from our old medical models. So when I first started, when we were diagnosing a child with autism, we are just looking at the deficits of that child has and then looking at how do we treat that child? How do we almost cure that child? And that is absolutely not the way that we need to be.

So this concept of neurodivergency, neurodivergence allows us to recognize that each of these kids have their own strength and we want to focus on that. So yes, they have challenges and we want to try and help with those, but we want to celebrate.

Host - Rebecca Griffin:

So how is neurodivergence typically diagnosed and can families come directly to your service for an assessment or would it be that they're diagnosed elsewhere and then come to you?

Guest - Francoise Butel:

Our service would accept to have children whether they're starting their journey and needing to explore a diagnosis or if they have already got a diagnosis. In terms of diagnosing neurodivergence, it usually requires a multidisciplinary team. And the idea of having a multidisciplinary team is that we are all looking at the child from a different perspective. And then normally we start that journey with gathering lots and lots of information and we want to get information from not only the parents and school or any other people that are involved with that child, but also particularly as the kids get older, we really want to focus on actually what the child thinks about themselves and how they interpret the world.

We want to look at not only the challenges that they're having, the difficulties that they're experiencing, but also their strengths and their interests because that ultimately is a thing that's going to make the difference the other end. And then we ask a lot of background history right back from the time the pregnancy was conceived, during the pregnancy, any complications that happened at that time, any health issues. And that helps us get a bigger picture of, I suppose from my end as the pediatrician, try and understand what's actually behind. Is there a reason for it? And we also ask about whether there's a family history.

After we've gathered that information, then as a team, we come together and determine whether we need any additional assessments. So if there are concerns around a child's learning, we might do a cognitive, sorry, an IQ test. If there's concerns around a child's language difficulties, we might do language. If there's questions around ADHD or autism, then there are specific testing that we might do. Once we have got all the assessments we need, we tend to come back together as a team because we



potentially haven't seen the child [inaudible 00:04:40] and we make sure that we're all on the same page.

And then we would then meet with the family and the young person to explain what we're seeing and why we're seeing it. And then we would then develop a pattern and say, "Okay, look, this is what we think is going on. This is what you are struggling with. We can understand based on what we've seen, why you are struggling with it." And then we develop a pattern. From my end, it could be ADHD medications, it could be speech and language therapy. It could be just having a conversation with the school and explaining to the school why the child is having difficulties attending at the moment and how do we help them.

Host - Rebecca Griffin:

How does your service specifically support children who are neurodivergent and their families?

Guest - Francoise Butel:

I think with a diagnosis of understanding who you are. Again, both the challenges and also your strengths, then it allows for other people to actually modify the environment that you're in. So I think a lot of it is about understanding. We are continuing to learn how to make sure that our service is neurodivergent friendly.

Host - Rebecca Griffin:

And so I guess treatment and the care that you provide is very dependent on the child and what they have been diagnosed with.

Guest - Francoise Butel:

A hundred percent every child is different. So we would work with the family and the young person to try and work out, "Okay, what do you need?" And then it changes as well. We talk about a life course. So what you need at five is different to what you need in your middle school versus when you're actually transitioning to high school. And what they need then when they're leaving school. It's very different to what they needed at five.

Host - Rebecca Griffin:

Yes. So lots of different stages. So who is part of your treating team?

Guest - Francoise Butel:

We're incredibly proud, I suppose, and privileged on the Gold Coast. We've done lots of mapping compared to other child development services across the country, and we probably have one of the



largest variation of discipline teams. So we have pediatricians, we have what we call gypsies, which are GPs with a special interest. We have pharmacists. We have psychologists, neuropsychologists, social workers, speech therapists, occupational therapists, physiotherapists, and then our admin support. I mean, the important thing is that not every child needs all of those assessments, and whilst we all have our own different lens on what we're looking at, we use the term interdisciplinary.

So it doesn't matter whether you see myself or the speech language therapist. We are all doing the same jobs, so it doesn't matter who you see. And then we might then go, "Okay. Look, I need this person." So we need the psychologist or the neuropsychologist to do the formal IQ testing.

Host - Rebecca Griffin:

What I love about it is that a patient and a family can come to your service and everybody that they might need is there.

Guest - Francoise Butel:

They have a saying in the service around no wrong door. So often you don't know what the child needs at their intake process. So the initial referral suggests that maybe they just need a pediatrician. But we would see and then go look, "Actually, I think that there's more here."

Host - Rebecca Griffin:

Looking ahead, what are your future goals for the service?

Guest - Francoise Butel:

Specifically for Proxima is that we want to really create a adolescent young person-friendly space. So historically and rightly so, the focus of child development service, our service and across the state has all been around those early years. And that's further highlighted with an amazing initiative at the moment called Putting Queensland Kids First, which is really focusing on those early years. But we know that children don't end and in fact, adolescents have just as much significant changes.

I'm a parent of adolescents and I'm sure if you talk to any adolescent parent or adolescent child, it's a challenging time. And then if you throw on neurodivergence in that mix, it's really challenging for everybody. So we want to create a space that actually recognizes that. And so that's what we hope the Proxima site will do. So at the moment, it's our service and we'll continue to try and advocate for more resources as opportunities come up for our staff.

But we are also working in collaboration with our adolescent young adult service within the hospital. We are hoping at some point that they'll also be able to run their outpatients out there because our neurodivergent kids also have adolescent issues. And likewise, many of the adolescents that get seen in the Adolescent Health Service are also neurodivergent. So we think that combination of working

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together will be a really fantastic location. The other key thing for me is continuing to look at how we improve our models of care and efficiencies, etc.

So we are certainly trying to bring in any artificial intelligence, anything that helps streamline the service from gathering the information to us doing our clinics now are all ambient listening, so they will help us write our notes. We've brought in models where our pharmacists will also help followup our children, so that allows the pediatrician time to actually then see the next child that needs to come in. And I think our old way of diagnosing neurodivergence is very old school with blocks and patterns. And kids don't play with [inaudible 00:09:50] anymore, so I'm not going... There must be a way for virtual reality or cartoons or games to be able to look at either the assessment or even monitoring that progress. So that's what I'm keen to explore.

Announcer:

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Host - Rebecca Griffin:

Dr. Butel, many parents and young people on the Gold Coast are seeking help and may be unsure where to turn, who is eligible to access your service and what's the best way for families to get in touch?

Guest - Francoise Butel:

Anybody who lives on the Gold Coast and has a eligible Medicare card is actually eligible to be referred to the service, obviously with age requirements. So from zero up to 18 years. But it's typically 16 years. But if you're still at formal schooling, then we would see you up to 18. In terms of how you come to see us, then that's usually a referral by either your GP or an Allied Health specialist. And I think that the key thing to note is we're a public service, and so yes, I do acknowledge that we do have waiting lists for our service. We are a free service, so there will be no cost to The family.

Host - Rebecca Griffin:

Now, October is mental health month, which is a timely reminder of how important our mental health is, especially for neurodivergent children. What signs should parents or caregivers look out for that might indicate a child is struggling with their mental health?

Guest - Francoise Butel:

Every child is different, but I think for me, loss of things that they used to find enjoyable and don't want to do anymore. Often school refusal. So not wanting to go to school. So kids will either externally express, so that might be yelling, swearing, saying that they hate you, and kicking, fighting. But I think if



you dig behind that, and especially if there's a significant change, you may actually see that actually it's a barrier or a defense mechanism. And then you'll have other kids that, as I said, are actually more withdrawn. They're quieter.

So I think it depends on the child, the temperament. So any changes in personality, anything that they used to enjoy doing or were willing to do and they stopped doing, they would be the concerns.

Host - Rebecca Griffin:

And what should a parent do?

Guest - Francoise Butel:

I think the first thing is to listen to your child. So I think if your child is slamming doors or saying that they hate you is not to regulate up. You can be calm as a parent to be able to get past the fact that the child is potentially angry at you or saying they don't want to go to school and be there to listen to them because they're potentially more likely to even give you a hint of what is going on.

And then I think it's about reaching out. Is there someone else? So you talk to the school. Is there a counselor school or the wellbeing team? Go to the GP. It's also an absolutely fantastic starting point. There are other services around, particularly around mental health. So we've been part of a collaboration, what's called Head to Health Kids, which has just started up. So that's again a free service. There's a 1-800 number families could find for children under the age of 12. And over the age of 12, there's a similar service called Headspace. So there's growing recognition of the need for mental health support for kids.

Host - Rebecca Griffin:

In addition to neurodivergence, your service supports children with a variety of conditions. Can you share more about the other areas of health and health challenges that you address?

Guest - Francoise Butel:

So we are a child development service. So if you have health issues, then you would be seen at the pediatric outpatient clinic up at the hospital. So things like asthma, epilepsy. But for us beyond neurodivergence, we would see children with underlying genetic syndromes and often they sort of come in with developmental concerns and then we identify that they have genetic syndromes as potentially a reason for that. Our service also does assessments for fetal alcohol spectrum disorders. So children who have been exposed to alcohol during their pregnancy.



Host - Rebecca Griffin:

As you referred to earlier in our discussion, you are now based in the Proxima building, which is here at Lumina. Could you tell us a bit more about the space itself?

Guest - Francoise Butel:

So we wanted to make the space, I feel like a safe place. I have adolescents and then also they're neurodivergent. So there's a lot of thought around lighting and colors, but we also have say rules about what we need from a health perspective to make it clinically. So we've got a really lovely beautiful foundation, so it looks beautiful with the right colors and plants, and now we're in the process of hopefully adding an additional art either designed by our young people to actually make it really youth-friendly.

So many of our kids are incredibly talented, particularly in the art space. So if we can get actually art done by the kids that we see and then look at displaying that, that would be absolutely perfect. We certainly made sure that there's lots of charging stations and things like that, and then look places that the kids can go if they needed to that's a little bit quieter and calmer.

Host - Rebecca Griffin:

Being located so close to the university hospital seems like a great advantage. How does this proximity benefit both patients and families?

Guest - Francoise Butel:

The location of it is mainly around where the health knowledge precinct is so sort of essential to everything. So it's close to tram lines. It's fantastic to be close to the hospital, but not in the hospital setting. So a lot of the children that we see often struggle to go into a big hospital.

Host - Rebecca Griffin:

A bit overwhelming.

Guest - Francoise Butel:

A bit overwhelming, but if they needed to. And again, not all the time, but there are some children that we do need to send up to the hospital for blood tests and other investigations. So it does mean that they can potentially walk up there after the clinic.



Host - Rebecca Griffin:

For anybody interested in learning a little bit more about your service, is there a website that they can go to?

Guest - Francoise Butel:

Yeah, there absolutely is. So if you just Google, Child Development Service Gold Coast and that will take you through to our website. There is a plethora of information on there both in terms of the services that we provide, things to do while you are waiting, and then also potentially links to other things that you might find helpful. So I'm thinking whether it's options for education, our speech therapists have done, talk with me and speak with me. Younger child and you're concerned around their language, you could go on to that website and learn some while you're waiting, some strategies around language.

Host - Rebecca Griffin:

Yeah. Wonderful. Well, thank you so much for talking with me today and thank you so much for all that you do for the families and children who need your support.

Guest - Francoise Butel:

And I want to thank them because I love my job so much.

Host - Rebecca Griffin:

Thank you so much.

Guest - Francoise Butel:

That's right. Thank you.

Host - Rebecca Griffin:

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