

Interview with Paul Hutchins

Developmental Paediatrician The Children's Hospital at Westmead

Paul Hutchins – Developmental Paediatrician.

Paul has been with CHW for 34 years as a staff specialist. He trained in the UK. It was his experiences while training in the East End of London and the awareness of family adversity that led to a decision to work in developmental medicine. He came to Australia initially as part of an exchange programme and then took up a position with the CHW Child Protection team.

He describes the core of his work as the continued development of collaboration between health, education and families. This has included being involved in the establishment of the Children's Hospital Education Resource Institute (CHERI) and national and international work on ADHD and the NSW Stimulant Committee. He also has an interest in the development progress of 'gifted' children.

Q: What are the biggest changes you have seen in the field of ID?

"The biggest changes in the field of intellectual disability have come from an increasing awareness of the biological element of differences and their interaction with environment".

"The science such as twin studies, has led to knowledge and responses in management that can result in an improved quality of life for those with an ID".

"This knowledge and understanding of the biological influences is critical – 50% of adult mental health has its roots in childhood developmental differences, which emphasises the importance of early intervention and also helps parents to understand that they do not need to blame themselves". The field of genetics presents a constant flow of new knowledge emerging at incredible speed. The last two years have brought a huge change in what is known".

Q: What do you see as cause for optimism and caution?

"The move towards seeing things as being on a spectrum, rather than once size fits all, has lifted the potential for early intervention when at the milder end of the spectrum with better outcomes.

On the caution side – politicians and policy makers are still fixing labels- people are more than labels.

There is a critical need for more child psychiatrists to respond to the growing need".

Q: What are the favourite aspects of work?



"Working with the world class team at the Child Development Unit at CHW that uses evidence based knowledge and is linked to professionals here and worldwide - and it is a public service ensuring access for all children and families. (I do not do private)

Q: Is the term intellectually disabled now the common word or are there international differences?

In the UK, the term used now is 'learning disability', which I think, is creating some confusion. In the US they have moved to drop the term 'retarded' which had very negative connotations".

Q: What are your views on the outlook for Mental Health & Intellectual Disability?

We now know more about how to intervene early and improve quality of life but the competition for funding is problematic. The challenge is how to respond to an aging populations needs and those presenting in child health. If politicians and policymakers understand the value of early intervention, we can get better outcomes. The other aspect is that there are very few working in the field of ID & mental health so the skill resource is small.

Q: Current projects

I am heading to Vietnam in a week as part of supported professional exchange – which is a great way to be able to offer expertise that other countries cannot afford to access. It will be the first time to Vietnam but it is something I have done in a number of other countries.