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Committee Secretary
Senate Standing Committees on Community Affairs
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Submitted via: community.affairs.sen@aph.gov.au

Dear Committee Secretariat,

APS Response to the Senate Community Affairs References Committee Inquiry into Assessment and support services for people with ADHD

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Senate Inquiry into assessment and support services for people with attention deficit/hyperactivity disorder (ADHD).

The APS promotes evidence-informed policies and practice for psychological assessments and interventions for a range of mental health and neurodevelopmental disorders, including ADHD. Our response to this Inquiry draws on APS policies, evidence-based practice and guidelines, psychological research, and consultation with APS members who are highly experienced and qualified in the assessment, diagnosis, and treatment of people with ADHD. A summary of recommendations is presented at the end of our submission.

As with all APS work, we consider our response to this Inquiry in light of the Sustainable Development Goals (SDGs).[1] Of relevance to the current Senate Inquiry is SDG 3: Good health and well-being that is focused on ensuring healthy lives and well-being for all at all ages.[2]

In addition to this submission, the APS would be pleased to have the opportunity to provide further information and evidence to support this Inquiry at a public hearing. Please do not hesitate to contact me on (03) 8662 3300 or at z.burgess@psychology.org.au.

Yours sincerely,

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APS Response to the Senate Inquiry into the Assessment and Support Services for People with ADHD

Introduction

Attention deficit/hyperactivity disorder (ADHD) is broadly characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity which negatively impacts on a person's day-to-day life. ADHD begins in childhood and the symptoms must be present prior to age 12.[3] While symptoms of ADHD are typically reported to improve as children get older, it can continue to impact well into adulthood and as such, adults can also be diagnosed with ADHD. The disorder has a prevalence of approximately 6-10% in children and 2-6% of adults,[4 5 6 7] however, the APS believes that the prevalence may be higher as symptoms can often go unrecognised, undiagnosed, or misdiagnosed.[8 9 10]

Depending on the difficulties being experienced, there are three types of ADHD that can be diagnosed; inattentive, hyperactive-impulsive or combined (i.e., both inattention and hyperactivity-impulsivity). Inattentive behaviours may include drifting off or not finishing tasks, difficulties sustaining focus or concentration, and disorganisation not attributable to defiance or a lack of comprehension. Hyperactivity typically presents as excessive motor activity, such as inappropriately running around, excessive fidgeting, tapping, or talkativeness. Hyperactivity in adults may also be demonstrated by extreme restlessness. Examples of impulsivity may involve swift actions that occur without much thought which can increase the risk of harm to the individual. Impulsivity may also manifest as social intrusiveness (e.g., interrupting) or decision making without consideration of consequences.[3 11 12]

Children with ADHD can have problems keeping up in class and making and keeping friends.[11] Adults with ADHD can have difficulty concentrating for lengthy periods of time, be easily distracted, or might act or speak before thinking things through first. While many people experience these challenges from time to time, people with ADHD have significant and ongoing difficulties in these areas which often affects their broader lives, particularly with study, work, and relationships.[12] An ADHD diagnosis can only be made when symptoms present significant challenges in most areas of a person's life.[3]

Treatment and interventions for ADHD vary according to the specific needs of the person. People with milder ADHD symptoms without other developmental or mental health issues generally do well with a range of psychological strategies. Those with more difficult to manage symptoms, or other mental health concerns often benefit from a combination of medication and psychological support.[13 14]

There appears to be significant variation in how ADHD is assessed, diagnosed, and treated along with inadequacies in support and funding limitations available to people who experience this disorder. As this submission will discuss, the APS believes there is room for improvement with the current structure around the assessment and diagnosis of ADHD.

Assessment and diagnosis of ADHD

Evidence-based assessment

There are various referral pathways to access an ADHD assessment and subsequently multiple medical and/or allied health practitioners who can provide a diagnosis, including paediatricians, psychiatrists and psychologists. There is no specific diagnostic test or consistency in processes used within or between these medical and health professionals to assess and diagnose ADHD. Rather, a variety of different tools, scales and information is available to assess whether a person's presenting symptoms align with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) diagnostic criteria for ADHD.[3 15 16 17]

Psychologists are encouraged to follow evidence based and best practice assessment and intervention for ADHD as outlined in the *Australian Evidence-Based Clinical Practice Guideline For ADHD*.[13] Appropriately assessing ADHD is critical given the high rates of co-occurring mental health and learning difficulties, with comorbidity occurring in more than two-thirds of people with the disorder.[18 19 20 21 22 23 24 25 26 27] Psychologists are well placed through their training and scope of practice to competently perform thorough assessments that consider the variety of factors that contribute to presenting problems associated with ADHD. Psychologists follow evidence-based guidelines and are able to accurately assess, formulate and determine whether a diagnosis is suitable and subsequently develop an appropriate treatment plan.

For this reason, it is essential for a psychologist to assess and diagnose children and young people prior to referral to a paediatrician or paediatric psychiatrist.

Time and financial barriers

A key issue with the assessment of ADHD is the time and cost associated with this process. Clients are required to attend multiple appointments to complete the process, and psychologists are often required to undertake a significant amount of work in addition to assessment appointments (i.e., consulting with parents, schoolteachers, medical/health practitioners, partners, reviewing reports, interpreting results, research, developing strategies, writing reports etc).

In addition, if a diagnosis is formally made, there may be recommendations to attend further appointments with a psychologist for intervention, or with a psychiatrist or paediatrician if the treatment plan includes a recommendation for medication. All of which are likely to result in additional time and financial costs.

Unfortunately, ongoing and systemic workforce issues have led to a chronic undersupply of psychologists nation-wide.[28] A consequence of this is significant wait times for appointments. This issue has been well documented by the APS.[29] Our member-based data shows that many clients are having to wait up to three to six months before they can get in to see a psychologist for assessment. Further, some psychologists have closed their books and are not taking new referrals at all. The APS also understands that waitlist times for psychiatrists are similar, if not worse, which presents a key barrier in terms of access to treatment and support for ADHD, particularly where a psychologist recommends referral to a psychiatrist for treatment.

Funding limitations

The APS notes that while ADHD interventions may be accessed and partly funded under the 10 sessions of psychological services available through the Medicare Benefits Schedule (MBS), the assessment of ADHD does not appear to be specifically recognised or funded through Medicare. This results in a significant gap and disconnect between assessment and intervention for ADHD within the MBS.

The inclusion of ADHD under the MBS items for *complex neurodevelopmental disorders* may help to address this issue. Currently, these items require evidence of a diagnosis of impairment across two or more neurodevelopmental domains; with complexity characterised by multi-domain cognitive and functional disabilities[30] and can be accessed when a medical practitioner refers a patient to a psychologist for assessment to help formulate a diagnosis or assist with the development of a management plan. The APS understands that these items can be used for the assessment of certain neurodevelopmental disorders classified under the DSM-5-TR, such as autism spectrum disorder (ASD), but not for ADHD.

The APS supports the recent positive changes to the *complex neurodevelopmental disorders* items, including the extension of session numbers from four to eight, and expanding the age of eligibility from under 13 to under 25. However, we recommend these items be further amended to include ADHD assessments across the lifespan. Without appropriate funding support through the MBS, assessment affordability and the disconnect between assessment and intervention will remain a barrier for many people. This may be particularly relevant for those from a lower socio-economic background, or those in rural and remote areas and marginalised communities.

Psychological workforce

The APS was pleased that the Federal Budget for 2023/24 has committed to invest $91.3 million into growing the psychology workforce, which is a step in the right direction to begin to address issues associated with waitlist times and the shortage of psychologists available to meet the current demand for services. While this is a positive result for the profession of psychology and the communities we serve, it is important to note that these benefits are only likely to be realised in the longer term.

Currently, there are approximately 45,000 registered psychologists in Australia,[31] however not all psychologists undertake ADHD assessments. Primarily, ADHD assessments take place in private practices and are less likely to be undertaken by psychologists working in public settings (i.e., due to limited funding, time and/or appropriate resources to undertake a comprehensive assessment).

As such, ADHD assessment referrals to psychologists are most appropriate when made to those working within an appropriate setting and who have a relevant area of practice endorsement, and/or competence in the assessment and diagnosis of neurodevelopmental conditions as demonstrated by appropriate qualifications, training, and experience.

Given the work they do, it is important for all psychologists to have knowledge about ADHD presentations and assessments, as symptoms may emerge and be identified during treatment for other issues.

In response to this, the APS offers substantial evidence-based training and information to psychologists to equip them with the necessary knowledge and competencies to perform ADHD assessments and diagnoses. We recommend all psychologists undertake appropriate training to familiarise themselves with the evidence-based practice guidelines.[13]

Key components of competency involve understanding and identifying when it is appropriate to undertake an assessment, ensuring an accurate diagnosis, and understanding limitations of the process and how to address challenges that may arise. For example, it is important to be able to identify and understand the need for differential diagnosis to ensure accurate diagnostic practices.

Access to support for people with ADHD

Variation in support

Support and the availability of information following an ADHD diagnosis appears varied and, in many cases, may be inadequate. There is a high volume of information, resources, strategies, and tips about managing ADHD available online. The APS has information and resources about ADHD available to the public on our website.[11] [12] Understanding what information to access, from where, and what strategies are suitable to integrate into their lives can be challenging for many people. It is important to note that while individuals with ADHD may have similar characteristics, everyone's situation is unique, and their lives are often impacted differently.

The specific support required can be further complicated due to high rates of co-occurring mental health and learning disorders and a lack of understanding about the intersectional impacts for people with ADHD who potentially already experience stigma as a result of this diagnosis. This can result in difficulties drawing direct cause and effect relationships between ADHD symptoms and the impacts of these problems on an individual's life. Additionally, the potential of misdiagnosis of ADHD may further complicate a person's attempt to integrate appropriate and effective strategies into their day to day lives without support from a psychologist.

This again highlights the importance of the assessment process undertaken by trained psychologists to ensure that a diagnosis of ADHD is appropriate, to assess whether there is any other mental health or learning difficulties apparent, and to recommend suitable psychological intervention and support that specifically addresses the needs of the individual. For example, a psychologist can develop individual strategies to help people improve relationships and be more effective in other areas of their life that are impacted. Ideally, psychological support is likely to be more effective when it integrates the entire context and environment of a person's life, both in the short and long term. This includes considering appropriate supports from childhood to adulthood, which may require involvement from schools, teachers, parents, partners, other medical professionals, workplaces, cultural support, and medication.

Continuity of care

APS members report that there is a large gap in continuation of services for clients when a diagnosis of ADHD is provided, and that there is often a lack of smooth transition between assessment, potential referral to other professionals for treatment (i.e., a psychiatrist or paediatrician), and ongoing support through psychological intervention. Indeed, APS members expressed concern that once a diagnosis is provided clients often choose not to return for ongoing support services, despite this being a key recommendation for treatment.

It is therefore not surprising that research demonstrates a gap between consumer knowledge about ADHD and its treatment.[32] The dissemination of accurate information through appropriate channels and avenues is critical to ensure people can access evidence-based, tailored, reliable, concise, and relevant support.

Medicare Benefit Schedule

The APS recognises the recent changes to MBS items that aim to better facilitate family and carer participation in treatment, which could include a parent attending a session with a psychologist to learn how to better support a child with ADHD. However, the APS notes that there are only two sessions available per calendar year and that they are included in the patient's (i.e., the child's) allocation of 10 sessions.

While the APS strongly agrees with the need to provide support to facilitate family and carer participation in treatment, the current structure of these sessions is inadequate. These sessions should be separate to the patient's allocation.

Schools

The APS believes that schools require additional assistance and funding to better support children with ADHD, particularly as they often experience comorbid mental health issues. As outlined in our Position Statement on Psychologists in Schools:[33]

"Children and young people with good mental health are more likely to be resilient in the face of challenges and realise their potential, live fulfilling lives and become productive members of society. Poor mental health significantly impacts the ability of children and young people to thrive in school, at home and in life. The increasing rates of mental ill-health in our young people and the challenges associated with accessing timely and high-quality mental health support risks the health, wellbeing and futures of Australia's young people."

Investing in a comprehensive, evidence-based approach to early intervention for ADHD that is led by a highly trained and skilled psychology workforce embedded within all schools will better support the education system, as well as children and families, to manage school based difficulties associated with ADHD. This can be achieved through the development of a comprehensive national plan for the school psychology workforce. In particular, we recommend:

- Schools have access to evidence-based school programs and a dedicated and highly skilled national psychology workforce that can lead, coordinate and support the management of ADHD.
- Schools receive funding to achieve a minimum ratio of one full-time equivalent school psychologist for every 500 students. With just over 4 million students in Australian schools, at least 8,000 school psychologists are needed now.
- Dedicated training places and scholarships in rural and remote areas to increase Aboriginal and Torres Strait Islander representation in school psychologist roles.

Gender bias and emerging evidence and research

The APS believes that there is a general lack of understanding regarding ADHD presentations for females across the lifespan. Traditionally, research has been based on male presentations of ADHD, although we are encouraged by the more recent focus on ADHD in females.[9] [10] The emergence of this literature will likely continue to positively increase awareness and evolve the importance of considering the potential of ADHD to explain presenting issues within this cohort.

Indeed, APS members report concern that ADHD symptoms in females can often be misdiagnosed (i.e., as an anxiety disorder), particularly for younger females. Specifically, research suggests that there is a male-to-female ratio of ADHD diagnosis of approximately 3:1, that is, when diagnosed in childhood. In adulthood, the male-to-female ratio is reportedly at an approximate ratio of 1:1.[8] [10] The reasons for the variety in male-female ratio for children remain unclear, although it may be due to a combination of factors, including females being underdiagnosed,[8] misdiagnosed,[9] ADHD symptoms persisting less into adolescence and adulthood, or more females being diagnosed as adults.[26] Further investment and research is needed to better understand these issues, along with the presentation of ADHD symptoms in other at risk or marginalised groups (e.g., First Nations Peoples, those from the LGBTIQ+ community and from culturally and linguistically diverse backgrounds).

Additionally, APS members report concern about the likelihood of an increase in rates of ADHD, particularly in generations exposed to dopamine-driven (inattention driving) technology during critical developmental periods, as well as the current trend towards self-diagnosis and diagnosis-seeking in young people (i.e., due to social media misinformation). This has societal implications, such as influencing cultural perspectives of ADHD, impacts on the education system, an increase in demand for services, and obfuscating diagnostic and conceptualisations of ADHD. Further research is needed to better understand these emerging trends.

Medication

The prescription of medication is outside psychologists' professional scope of practice in Australia however, the APS understands that there is an inconsistency between jurisdictions in terms of access to and cost of ADHD medication, which presents a barrier for people seeking appropriate treatment. The APS recommends further work be undertaken to ensure national consistency in the legislation and regulation around access to ADHD medication.

The National Disability Insurance Scheme

The APS has concerns regarding the National Disability Insurance Scheme's (NDIS) ability to provide meaningful support to people with ADHD. APS members report that within the Scheme, ADHD is not assessed as having a substantial impairment in functional capacity and hence people with this disorder are often ineligible for support.

It appears that a person with ADHD can receive support through the NDIS, but only in the presence of a comorbidity. For example, ADHD and ASD are considered independent disorders, although a substantial minority of young people with ADHD also demonstrate ASD symptoms. As such, some people receive a dual diagnosis of ASD and ADHD, while others may only receive a diagnosis of ASD or ADHD (i.e., depending on the impact of presenting symptoms).[26] [27] However, APS members express concern that people with ADHD only appear to become eligible for NDIS funding when the co-occurring, or primary disorder or disability, is assessed as having a substantial impairment on their functional capacity. This can be problematic as the impact of co-occurring symptoms on functional capacity can be difficult to disentangle.

The APS is not suggesting that all people with ADHD should categorically receive, nor do they always require, support through the NDIS (i.e., those with milder symptoms may not present with significant impairment and hence do not require such support). However, if a person has symptoms that are difficult to manage, likely to be permanent and substantially reduce psychosocial functioning, and require ongoing and possibly lifetime treatment, then it may be appropriate for them to seek support through the NDIS.

The APS suggests that ADHD should be included in the NDIS' '*List B: Conditions that are likely to result in a permanent impairment*'.[34] While we understand that List B is not inclusive of all disorders, we consider that adding ADHD to this list will increase awareness to individuals as well as medical and health professionals that the functional limitations of this disorder could be considered by the NDIS.

Social and economic issues

The APS is aware of the variety of costs associated with ADHD that impact on the health system (i.e., hospital, out of hospital, medical and health practitioner, medication, research), productivity (i.e., absenteeism, presenteeism, reduced workforce participation and productivity), and other key economic and social areas (i.e., education, drug and alcohol, crime and justice system). We understand that the overall burden of ADHD in Australia is estimated at approximately $20 billion per year.[35] We believe that these costs could be addressed through providing more adequate and appropriate services and support to people with ADHD, as detailed within this submission.

Concluding comments

The APS thanks the Senate Community Affairs References Committee for the opportunity to address the Terms of Reference of this Inquiry and outline our key positions on ADHD. As detailed in this submission, the profession of psychology is well placed to provide evidence-based best practice assessment and support services to people with ADHD. However, we believe that further investment is required to address key barriers and limitations associated with the professions ability to provide adequate ADHD assessment and intervention services, as well as our ability to better support the impact of ADHD within the school system. Future research into emerging trends associated with ADHD would also assist the profession and community to continue developing and understanding evolving issues. We believe that addressing the issues detailed in this submission would go some way to reduce the significant individual, social and economic burden associated with the disorder.

Summary of recommendations

- Include ADHD assessments under the MBS items for *complex neurodevelopmental disorders*.
- All psychologists undertake appropriate professional development to ensure they are familiar with the evidence-based practice guidelines for ADHD assessment and intervention.
- MBS items that allow for a parent/carer of a patient to attend a session with a psychologist be separated from the patient's allocation.
- Schools have access to evidence-based programs and a dedicated and highly skilled national psychology workforce that can lead, coordinate and support the management of ADHD.
- Schools receive funding to achieve a minimum ratio of one full-time equivalent school psychologist for every 500 students.
- Dedicated training places and scholarships in rural and remote areas to increase Aboriginal and Torres Strait Islander representation in school psychologist roles.
- Investment in research to better understand emerging trends associated with ADHD.
- National consistency in legislation and regulation regarding access to ADHD medication.
- ADHD be included in the NDIS' '*List B: Conditions that are likely to result in a permanent impairment*'.
- Social and economic costs be addressed through the provision of more adequate and appropriate ADHD services and support.

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