



6 October 2023

Senator Janet Rice, Chair
Senate Community Affairs References Committee
PO Box 6100,
Parliament House
Canberra ACT 2600

By email: community.affairs.sen@aph.gov.au

Dear Senator Rice

Inquiry into the assessment and support services for people with ADHD

The Royal Australian College of General Practitioners (RACGP) would like to thank you for the opportunity to comment to the Senate Community Affairs References Committee on the assessment and support services for people with attention deficit hyperactivity disorder (ADHD).

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 47,000 members working in or towards a career in general practice, our core commitment is to support GPs in addressing the primary healthcare needs of the Australian population. Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

GPs are the first point of contact and provide care for patients of all ages, genders, and cultures across all disease categories through all stages of life. Over 85% of the population see a GP at least once a year. This holistic, patient-centred, and relationship-based approach places GPs in an excellent position to aid in the diagnosis and management of patients with ADHD and connect patients and their families with other specialists and support, as necessary.

Our submission will outline the RACGP's position on best practice approach for all stages of ADHD – from assessment through to management. We will also discuss the needs of children suspected of having ADHD.

1. Best practice approach for all stages of ADHD

'Best practice' is defined through the [2022 National Guidelines for the Diagnosis and Treatment of ADHD](#), developed by Australian ADHD Professionals Association (AADPA), and endorsed by the RACGP. People living with ADHD require lifelong, individualised support – the level of this support will depend on factors such as any co-existing conditions and their external environment. GPs are in a perfect position to provide the holistic care that is needed to manage the biopsychosocial nature of ADHD.

More than two-thirds of individuals with ADHD have at least one other [co-existing condition](#). Common co-existing conditions include autism spectrum disorder, anxiety, behaviour disorders, Tourette syndrome, sleep disorders, and depression. People living with ADHD require individualised care which also diagnoses and treats these conditions alongside the ADHD.



With more patients presenting and seeking referrals to a specialist for ADHD diagnosis, access to specialised diagnostic services is increasingly difficult or impossible for many Australians. In a March 2023 poll undertaken by the RACGP, 78% respondents reported they had seen a substantial increase in the number of patient inquiries about referrals in the previous 12 months. Hence, diagnosing ADHD largely falls on two groups, sub-specialists (paediatricians and psychiatrists), and GPs with special interest in, and additional training, for the diagnosis and management of ADHD. Psychologists can also diagnose ADHD, but many ADHD individuals will require psychological assessment and support, both for their ADHD and other occurring common comorbidities. If psychologists become involved in diagnosis, the net effect will be to further reduce access to general psychological support services. There will always be a place for ADHD diagnosis by psychologists in complex clinical situations, but use of those valuable and limited resources for management would be the preferred option wherever possible.

Advice on 'what constitutes a good referral,' and how members of a patient's healthcare team collaborate effectively would help support best practice care. Government funding is needed to support the development of such resources.

It is essential that people living with ADHD have a comprehensive, regularly reviewed care plan which has input from a multidisciplinary care team. The financial cost for patients accessing primary care and allied health services is a barrier for many and this could be helped by a review of the Medicare rebates for items such as the:

- GP Management Plan (Items 721 and 732),
- Team Care Arrangements (Items 723 and 732),
- GP Mental Health Treatment Plans (Item 2700–2701, 2712, 2715 and 2717),
- mental health attendances (item 2713)
- multidisciplinary case conferences (items 735 – 758).

Approximately 50% of ADHD individuals can be managed effectively without stimulants but for those that would benefit, there are many barriers to accessing psychostimulant medication. Because of this, treatment is not optimal, and outcomes are frequently much worse than they might otherwise be with the right support. The [Deloitte Report of 2019](#) shows very clearly that the annual cost to Australia is estimated at \$20.4 billion

Patients would benefit from consistent prescribing rules across all states and territories, which clearly state the clinicians that are authorised to diagnose and prescribe stimulant medications. The prescription of psychostimulants is governed by eight different sets of regulations across Australia, (one for each state and territory). That occurs because they are classified as S8 medicines - drugs that are at high risk of misuse or addiction.

However, experts in the field do not regard psychostimulants as especially addictive. Furthermore, drugs of addiction, such as diazepam, are often only classified as S4, requiring only a prescription, either under the PBS or privately. That is a major regulatory inconsistency within Australia. The inquiry should consider how prescribing regulations should be changed to better reflect scientific evidence and best practice.

Reclassifying psychostimulants to S4 would enable a single national approach to be taken, as S4 requirements have been standardised between states and territories. Existing monitoring and quality systems such as the streamlined PBS Authority system and state based "real time monitoring" of drugs of addiction systems provide necessary safeguards.



2. Pathway needs of children

The needs of children, adolescents, and adults with ADHD vary considerably between the groups. Different approaches are needed for each group.

It can be easier to diagnose ADHD in children than in adults. The use of freely available validated questionnaires, such as Vanderbilt and Conners, are extremely useful. A detailed developmental history, coupled with targeted physical examination, will always be required, and must be conducted over a series of consultations. GPs with a specific interest in ADHD (that is, GPs that have equipped themselves with the necessary knowledge and skills) are perfectly capable of doing this. More complex patients are referred to paediatricians wherever possible, although access is an ongoing major problem in many parts of regional Australia.

Thank you again for the opportunity to provide a submission to the Senate Community Affairs References Committee on this inquiry into the assessment and support services for people with ADHD. For any queries regarding this submission, please contact Catherine Back, Manager RACGP Specific Interests at

Yours sincerely

Dr Nicole Higgins
RACGP President

References

Deloitte. (2019). *The social and economic costs of ADHD in Australia*. Deloitte Access Economics.

Economics, D. A. (2019). *The social and economic costs of ADHD in Australia*.