the Australian College of Mental Health Nurses Inc.

9 June 2023

Committee Secretary
Senate Standing Committee on Community Affairs
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Dear Committee Secretary

Thank you for the opportunity to provide a response to the assessment and support services for people with Attention Deficit Hyperactivity Disorder (ADHD). Submissions are sought by **9 June 2023**.

This submission is provided on behalf of, The Australian College of Mental Health Nurses (ACMHN), **National Nurse Practitioner – Mental Health, Special Interest Group.** The Australian College of Nurse Practitioners (ACNP) is a commendable College who I believe will also be providing a submission however their focus is more generalist, and it is left to a cohort of NP with MHN backgrounds that currently provide services in this specialist field unrepresented.

Nurse Practitioners – mental health (NP-MH) scope of practice (SOP) who specialize in ADHD have come from their core background as a Mental Health Nurse (MHN), all of whom specialize in psychosocial disability and many who have developmental psychiatry post graduate qualifications, or equivalent, who specialize in developmental disabilities. MHN have undergone rigorous credentialing (Credentialed Mental Health Nurses – CMHN) and ought to be differentiated from general Registered Nurses (RN) and NP-MH from generalist NPs.

NP-MH across Australia are advanced practice clinical mental health nurses educated at a master's degree level who provide an expanded and extended practice beyond that of a RN. "Nurse Practitioner" is a legislative title that only those endorsed by AHPRA can use, no other nursing scope of practice is authorized to use this title.

NP-MH offer clinical leadership and expertise within the mental mealth, developmental disorders, and psychiatry area of health care. They are endorsed against the NMBA Nurse Practitioner standards for practice, 1st January 2014. At the core of this role is a background of Mental Health Nurses (MHN) who are broadly located across areas including public health, community and primary care, disability, and private practice settings. MHN engage in Mental Health Nurse Practitioner Masters (Western Sydney University); many have already gained a Masters in Mental Health Nursing, completing skills development and 5000 hours in advanced practice, to apply through AHPRA pathway 2, to become Endorsed NP. The NP-MH extensions to practice, like all other Nurse Practitioners, are authorized to work within their SOP to provide advance clinical assessment, diagnosis, clinical investigations, prescribe medications, provide referrals to medical specialists, and write sick certificates.

The following responses are in context of "*NP with specialist developmental and MH SOP"* and listed as "NP-MH" in this document. Some of the generic extensions to practice can be offered by all NPs although the MH specific areas of assessment and treatment are NP-MH specialized area of practice

and require this to be detailed in National Guidelines to prevent restrictions to practice, confusion to health providers and the public.

The barriers to NPs providing consistent, timely and best practice assessment of attention ADHD and support services for people with ADHD, with particular reference to: (Terms of reference)

(a) adequacy of access to ADHD diagnosis;

- Access to ADHD diagnosis is limited due to low availability to specialised healthcare professionals. Medical specialists across the country have either very long waiting lists, up to 18 months, or are closed for new referrals. NPs who specialise in ADHD are currently offering advanced assessment and diagnosis. (*NOTE: due to inadequate funding and very low Medicare rebates and MBS rebates service timeframes are less than standard MH consultations of 60 – 90 minutes, services are limited to the public.*) There are few NPs who can currently work to their full SOP offering these services in private practice at a full fee offering the NP Medicare rebate although low rebate leads to high out of pocket cost to the public. Currently out of pocket fees are estimated for NP specialized ADHD service at $198 per consult (full fee $250) while most recent inquiries for Psychiatrist consults are being quoted up to $950 per consult, if available. There is a large workforce of 24,000 CMHN, who offer specialise assessment and therapy services (wide range of talk-based psychotherapies and MH coaching) and many who are ready to apply for NP endorsement to undertake the extended and expanded role of NP to confirm diagnosis and provide treatments including prescribing.

- NP-MHs have the qualifications and expertise to provide a thorough comprehensive assessment to determine if ADHD symptoms can be confirmed and meets the DSM V criteria for ADHD diagnosis. NPs provide a comprehensive mental health assessment to rule out other possible differential diagnosis. NPMHs can provide advanced biopsychosocial clinical investigations, clinical pathology in the process of ruling out other health pathology concerns or neurodevelopmental conditions, utilise a range of psychometric outcome measures while confirming an ADHD diagnosis. Only Medical Practitioners and Nurse Practitioners are authorised to provide clinical pathology and screening for physical health diagnosis, to rule out physical health illnesses, that other allied health professionals do not have included in their scope of practice.
  EG. Untreated diabetes can appear to have ADHD like symptoms.

- There is a substantial risk of online telehealth brief assessment services i.e., one 30 minute consultation, exclusively offering ADHD only assessment. All services providing ADHD assessment should be demonstrating they have developmental psychiatry or equivalent qualifications. A through comprehensive assessment includes: assessing the individual's presentation, physical health screen, gathering assessment information from parents and family members and carers, schools and collecting collateral information to adequately assess and confirm an ADHD diagnosis. Social media promotion of this diagnosis has both provided greater awareness but also driven higher demand and risk of inadequate assessment and misdiagnosis. Stimulant medication is a highly sort after illicit drug and has a divergent street value if not adequately managed with minimum ID checking and safe drug monitoring should be expected.
  EG. In a clinical practice located in Frankston a NP-MH SIG member reports many ADHD specific referrals and direct contact requests per week, up to 5 per week, which all potential clients are provided with service information outlining – All requests for ADHD assessment are offered a minimum best practice approach of a comprehensive biopsychosocial assessment encompassing assessment of MH, developmental and physical health symptoms.

Barriers to NPs undertaking assessment and providing diagnosis:

NP are not consistently listed as AHPRA authorised diagnosticians despite a master's level qualifications and relevant post graduate qualifications in this specialist area.

- NP-MHs who have completed expected post graduate qualifications in developmental psychiatry and mental health can access psychological assessment tools and recognised as diagnosticians with organisation such as, ACER & Pearson's, although this is a difficult and lengthy process of having to apply for recognition. Extensive documentation to evidence qualifications because they don't list NPs equal to other health professionals ie. psychologist. In other countries NPs are able to order specific diagnostic testing tools easily, equal to MH colleagues in the UK and USA. Australian NP-MH can order diagnostic tests from overseas but not readily in Australia.

- Many diagnostic specialists' National guidelines do not list all CMHN or NP-MH health professionals who specialise in ADHD. Ie. Not all Psychiatrist, Paediatricians, Psychologist work with people who present with ADHD although they are all listed in the guidelines. It is surprising then that NPs who specialise in mental health and developmental disorder are not listed equally alongside all of these other health professionals.

- National guideline documents inform federal and state-based funding therefore if CMHN or NP-MHs are not listed then it restricts them from participating. They need to be recognised in many organisations including: Centrelink, Workcover, TAC, Vernerian Affairs, Primary care services and PHNs, education department, tertiary education system, NDIS and Medicare.

- Paediatricians and Child Psychiatrist who manage child and adolescent client's ADHD treatment must discontinue service once the individual turns 18 years old, although ADHD continues to be a disabling condition beyond this age. Many 18+ year old's must undergo re-assessment annually to be able to continue treatment. A a letter from a medical specialist, with an ADHD treatment plan, is sent a GP (or NP) to manage the prescribing, although many GPs do not specialise in this area. NPs can continue treatment without the barrier of age-related services. Many medical specialists are unaware of NP-MH SOP allowing them to manage stimulant medication schedule 8 permits therefore send the ADHD treatment plan to a GP who is often unfamiliar with the client or the disorder.

(b) adequacy of access to supports after an ADHD assessment;

- NPs are authorised to provide treatment with prescribing medications within their SOP. Currently NP – MH in Victoria are prescribing stimulant medication and managing permits for schedule 8 drugs and a range of psychotropic medications within NP-MH SOP that other NPs are not qualified to prescribe.

- NP-MH with this specialised area of practice can provide ongoing monitoring with Mental Status Examinations, mental health management and psychoeducation.

- NP-MHs can offer therapy (including systemic approaches, behavioural strategies, range of talk-based therapies (CBT, ACT, DBT, EMDR etc), family therapy and habit coaching) and a range of specialised treatments to people with ADHD.

- NP-MH can be accessed directly without convoluted referral pathways to make an appointment, likened to accessing a GP appointment, with an unlimited number of consultations to be accessed with Medicare rebates. Direct access reduces the number of health professionals required to be involved and the out-of-pocket cost to the community enabling early screening or comprehensive assessment, diagnosis, and treatment services. Engaging in multiple health services are often prohibitive cost to many people which restricts access to the right service and the right diagnosis.

- NP-MH provide comprehensive biopsychosocial assessment to ensure other health conditions are managed and NPs are authorised to make referrals to medical specialist allowing medical specialise MBS rebates for 12 months, equivalent to GP referral to a medical specialist.

- NDIS does not recognise ADHD as a chronic and enduring condition while many psychosocial NDIS participants have it as a comorbid condition that is a significant compounding factor in the complexity of their mental illness and exacerbates daily functioning. NP-MHs are regularly providing comprehensive biopsychosocial assessment reports to apply for NDIS funding, many which include the diagnosis of ADHD as a comorbid chronic MH condition contributing to the disability.

- A primary diagnosis of ADHD should be determined by the level of functioning and impact it has on the individual's daily life.

- Australia is far behind the rest of the developed counties with assessment, diagnosis and treatment of ADHD therefore limiting access to funding and programs to provide supports. CMHN & NP-MHs are well known for providing these comprehensive assessments and treatments in many other countries accept Australia. CMHN & NP-MHs doing this work exists in Australia but there is limited understanding and acknowledgement, currently restricting the practice of those who offer this service. This causes confusion with service providers and can undermines the assessment and treatment provided by a NP-MH (eg. *NP-MH SIG quote…"I have had many clients present to emergency department and told a "nurse" cannot prescribe, therefore the client has taken themselves off their medications and fully relapsed with their mental illness"*)

(c) the availability, training and attitudes of treating practitioners, including workforce development options for increasing access to ADHD assessment and support services;

- MHN who work in child and adolescent psychiatry are expected to gain a Graduate Diploma in developmental psychiatry (in Victoria) alongside child psychiatry registrars working towards their consultancy endorsement and MH allied health professionals. These specialist MHN become highly specialised professionals in developmental psychiatry, and many have worked toward NP endorsement allowing management of schedule 8 permits and prescribing of stimulant medications. This expertise is unrecognised and unacknowledged limiting the workforce growth.

- NP-MHs are not included in National Guidelines as advanced practice assessors, diagnosticians or prescribers therefore not included in training programs to improve workforce literacy.

- Adult Psychiatrists are not required to undertake developmental psychiatry qualifications and the diagnosis criteria has specific developmental diagnostic markers to confirm an ADHD diagnosis. It seems reasonable and necessary that NP-MH SOP with authorisation to provide advanced assessment and diagnoses should be included throughout the guidelines as specialist in ADHD assessment, diagnosis and treatment. Many NP-MHs who specialise in ADHD have a range of certifications to expand their prescribing practices for schedule 8 drugs
  EG. I and many of my colleagues specialise in AOD and are trained and certified prescribers for medicated assisted treatment for opiate dependency disorder where a schedule 8 permit is required. We assess, diagnosis and commence treatment without a letter or referral from a medical specialist. We have gained appropriate certification to provide this service equal to GPs or addiction medicine specialists. It seems unreasonable to expect different rules for the treatment of ADHD given the NP-MH is working within their scope of practice. This requires review of PBS and state policy.

(d) impact of gender bias in ADHD assessment, support services and research;

- ADHD criteria (similar to ASD criteria) is based on male model of diagnostic research and is greatly impacted by cultural and gender biases. This often leads to misdiagnosis with other mental health disorders and incorrectly treated. NP-MH who specialise in this area have extensive experience in ADHD before becoming endorsed as a NP and are acutely aware of the diagnostic and gender bias. Other health professional groups ie. GPs, are requesting to be able to assess, diagnose and commence treatments with a short certification course. They cannot claim to have the same level of experience of a NP-MH who has specialised in this area as listed above. If such a Certification course will be offered to GPs then all generic NPs should be able to participate in this training to be certified and NP-MH who specialise in MH and developmental disorders should automatically be able to qualify and be awarded certification.

(e) access to and cost of ADHD medication, including Medicare and Pharmaceutical Benefits Scheme coverage and options to improve access to ADHD medications;

- It is a prohibitive cost to many people in the public to able to access expensive paediatrician or psychiatry specialist services to access an ADHD treatment plan/letter. It is a difficult referral pathway - GP consult is the initial expense, the patient is then referred to a medical specialist with long wait, to be seen on an annual basis for re-assessment and AHDH treatment plan/letter to the GP allowing them to prescribe stimulant medication. NP-MH have specialist skills beyond a GP in this area who can provide the ongoing monitoring and prescribing and/or letter to their GP confirming ongoing symptoms and the need for continuing treatment. Currently the wait for a medical specialist in our local area of South-Eastern Melbourne is up to 18 months (leads to having discontinued treatment) and many medical specialists have closed their books. The most recently quotes for psychiatry services is $950 – this is no less than extortion of a disadvantaged group.

- PBS and state bases policy needs to be updated to include NP-MH who specialise SOP in this area. Ie. Adult psychiatrists do not as routinely undertake developmental psychiatry qualifications yet are able to diagnose and prescribe for ADHD. In our experience, many adult psychiatrists state they "*do not believe in adult ADHD*". This is not contemporary practice or understanding of ADHD disorder across different age groups or genders.

- Most young people who have been managed throughout their childhood by a Paediatrician or Child Psychiatrist suddenly must discontinue their treatment as soon as they turn 18 years old. The limited and restricted services for adults often leave these people without services beyond 18 years old. NP-MH can bridge this gap and provide access of specialised services to these age group and maintain treatment.

- NP-MH can prescribe ADHD medications with a medical specialist letter, under PBS. Given NP-MH specialise in this area is beyond a GPs SOP, they should be able to continue treatment without a medical specialist letter.

(f) the role of the National Disability Insurance Scheme in supporting people with ADHD, with particular emphasis on the scheme's responsibility to recognise ADHD as a primary disability;

- ADHD is often a comorbid condition that is life long and not recognised, and often misdiagnosed with other severe conditions.

- ADHD ought to be determined by the degree of functional disability rather than exclusion of a diagnosis. A severity rating scale would allow for determining the impact on the individual as a primary disability. There would need to be well researched and accepted outcome measures to enable a severity rating (similar to ASD).

- If not able to meet criteria for NDIS then PHNs should be offering services including the involvement of MHN and NP-MH.

- MHN require unique Medicare rebates that allow them to provide advanced assessment, MH monitoring and management. MHN currently specialise in this area but are not eligible for MBS Better Access. MHN have MBS items to provide non-directive pregnancy support and chronic disease management plan mental health services and also require Medicare rebates items for focused psychological strategies, equal to other mental health professionals. NPs should have Medicare items to provide focused psychological strategies equal to GPs (Generic NP can do the 20-hour GP MHTP course and NP-MH should automatically qualify).

- Nurses make up the largest health workforce across Australia and those who specialise in MH (24,000 MHN across Australia) should be funded to provide specialist ADHD assessment, monitoring, support and treatment.

- NP-MH further extended and expanded range of skills with authorisations to undertake advanced assessment, confirm diagnosis are not recognised by NDIS guidelines due to National Guidelines documents for developmental conditions, including ASD & ADHD, do not adequately outlining their AHPRA endorsed SOP. This needs to change and be updated to prevent restriction of practice.

(g) the adequacy of, and interaction between, Commonwealth, state and local government services to meet the needs of people with ADHD at all life stages;

- Inconsistencies exist across states regarding NP-MH SOP policy, despite nationally approved legislation and authorisations. NP-MH can provide continuing treatment of stimulant medications, but it needs to be under a medical specialist treatment plan. NP-MH in Victoria can manage a schedule 8 permit for stimulant medication. The Victorian state health department list NPs as "Nurses" and do not specify the correct legislative title which should be listed as *"Nurse Practitioner"*. No other nurse can prescribe and this needs to be differentiated, otherwise it causes confusion to other health professionals and the public that all nurses can prescribe, particularly schedule 8 drugs outlined in state policy.

- PBS is inconsistent with NP prescribing allowances and requires urgent review. NPs can provide private prescriptions (non PBS) within their scope of practice, equivalent to GP. Medications such as NARIs, Atomoxetine is Medical Specialist only while other NARIs include NP prescribing ie. Roboxetine, and SNRI are continuing medication prescribing for NPs.

(h) the adequacy of Commonwealth funding allocated to ADHD research;

- Inadequacy of including NPs in commonwealth funded allocated research across all mental health and developmental disorders.

(i) the social and economic cost of failing to provide adequate and appropriate ADHD services;

- Significant disruption to academic performance for children, family disruption, relationship disruption and employment disruption.

- Frequent misdiagnosis and high cost of primary care, acute care services and medications costs that are not adequately treating the symptoms.

- Prolonged untreated MH condition contributes to exacerbation of other related comorbid MH conditions ie. anxiety and depression that can have long term health consequences.

- All of the above has significant impact on the cost of care, treatment and long-term burden to our health care system. The cost to the individual can lead to far more complicated mental illness and the burden on families, cost to the education system and the cost to employers. Total economic costs estimated at $15,747 per person, AIHW provides an estimate of $12.8 million in 2015 - 16 - Ref: https://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-economics-social-costs-adhd-australia-270819.pdf

(j) the viability of recommendations from the Australian ADHD Professionals Association's Australian evidence-based clinical practice guideline for ADHD;

- Overall lack of recognition and acknowledgement of NP authorisations – The social and economic cost of ADHD in Australia AAPA National Guidelines p. 6. 1.2 Diagnosis of *"ADHD is typically diagnosed by a paediatrician, psychiatrist or psychologist"*
  Lack of recognition leads to unauthorised restrictions to practice for NPs which is against the health professionals' regulations act to restrict any health professional's practice. Fines apply to individuals and organisations who are found to be restricting another health professionals practice. It occurs regularly without consequence. ACCC highlights the "unfair business practice and anti-competitive conduct" ref: https://www.accc.gov.au/business/competition-and-exemptions/associations-and-professional-services/medical-professionals

- NP are regularly accused of "holding out" to be a doctor, paediatrician or other medical specialist. AHPRA receives many vexatious complaints regarding NPs "holding out" with the majority are dismissed accusations. This is a huge cost to the individual NP to access legal representation and significantly hinders or even suspends registration and blocks continuing to practice until investigated. This can cost some NP their career and seriously damage reputation. This is often due to lack of recognition and acknowledgement of NP SOP and reports made to AHPRA due to ignorance.

(k) international best practice for ADHD diagnosis, support services, practitioner education and cost; and

- NP led clinics are run in UK. https://www.adhd-360.com/staff/
- Other countries support ADHD with NHS

(l) any other related matters.

- Family therapy is a significant requirement in systems based approach family therapy. This should be offered because an attachment based or systemic approach acknowledges the impact of ADHD on the family systems and the capacity for the child/adolescent and family to participate in treatment interventions. MHN and NP-MH provide family based interventions and many are qualified family therapists.
  ..."young children do not function without their caregivers, and as such, dyadic therapies aim to effectively address the parent, the child, and their relationship. The latter is particularly important as young children function and grow only within the context of their relationship with caregivers"..... **Evidence Based Dyadic Therapies for 0- to 5-Year-Old Children With Emotional and Behavioral Difficulties** Reem M. A. Shafi, Ewa D. Bieber, Julia Shekunov, Paul E. Croarkin, and Magdalena Romanowicz *
  ....."Family therapy for ADHD focuses on the ADHD family, with the ADHD patient being a part of the family system with dysfunctional interactional patterns"..... **ADHD: Current Concepts and Treatments in Children and Adolescents** Renate Drechsler,[1] Silvia Brem,[1,2] Daniel Brandeis,[1,2,3,4] Edna Grünblatt,[1,2,4] Gregor Berger,[1] and Susanne Walitza

- The current National ADHD guidelines, "The social and economic costs of ADHD in Australia, Report prepared for the Australian ADHD Professionals Association", July 2019 make assumptions regarding the scope of practice of "nurses" to group them together in this document. Not all nurses have specialised education, qualification, and experience in this area, but MHN & NP-MH have a very high level of expertise in mental health, developmental disorders and more specifically ADHD therefore needs to be identified separately, not just listed as "nurses".

There are many barriers to NP-MH who specialise in ADHD and currently practicing in this area. The barriers lead to misinformed National Guidelines, lack of necessary consultation with appropriate leaders in this clinical area and lack of consultation with the right national peak bodies. High demands on services have grown significantly over the COVID pandemic for many reasons ie. many families were home schooling and began to realise their children were struggling with ADHD type symptoms, social media with some famous people have been promoting their ADHD diagnosis which has a significant influence on the public, and other countries have far more advanced clinical assessment and treatment processes which has pushed Australia to review and integrate best practice and evidence-based practice. An already overwhelmed mental health system is not prepared for this tsunami of increased awareness and demand for services.

When an individual is concerned about ADHD symptoms, there needs to be mechanisms to allow for easy access to effective, safe and efficient screening in the first health care contact, with improved health professional literacy before referral is required. In many situations it may simply warrant psychoeducation and reassurance. Any diagnosis of a severe and chronic mental illness requires comprehensive assessment and early detection and treatment. NPs have a significant role in preventative health care, psychoeducation screening to providing more advanced assessment, diagnosis and treatment where necessary. The ACMHN NP-MH SIG has previously provided expert submission to the AAPD in April 2022 and looking forward to ongoing collaborative consultation to establish effective and judicious services for people with ADHD.

Our organisation greatly appreciates the opportunity to participate in this review.

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