

**Australian College of Nurse Practitioners response to:**

**SENATE COMMUNITY AFFAIRS REFERENCES  
COMMITTEE**

- **ASSESSMENT AND SUPPORT SERVICES FOR  
PEOPLE WITH ADHD**

**Australian College of Nurse Practitioners**

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Committee Secretary  
Senate Standing Committees on Community Affairs  
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Submission through the Senate's website

Dear Committee Secretary

Thank you for the opportunity to provide a response to the Assessment and Support Services for People With ADHD.

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for Nurse Practitioners, advancing nursing practice and consumer access to health care. A key focus for the role and scope of practice development for Nurse Practitioners is on unmet needs within the community and increasing access to health care.

In this response I address various barriers to consistent, timely, and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for individuals with ADHD.

There are significant barriers to Nurse Practitioners providing comprehensive care for individuals with ADHD, resulting in delays in diagnosis, inadequate support, and limited access to appropriate healthcare. Current guidelines fail to address these gaps and do not include Nurse Practitioners, hindering the delivery of assessment and support for people living with ADHD.

**(a) Adequacy of access to ADHD diagnosis:**

- Access to ADHD diagnosis is hindered by limited availability of specialised healthcare professionals proficient in accurate ADHD diagnosis.
  - o Specialists with expertise in ADHD assessment, such as child and adolescent psychiatrists and paediatricians (for example in Brisbane, Melbourne and Perth), have either closed their books or have extensive waiting lists of over 12 months.
- Enhancing access to ADHD diagnosis necessitates increasing the number of clinicians with appropriate experience and training, as well as promoting collaboration between primary care providers and specialists, and implementing telehealth services in underserved areas.

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- Nurse Practitioners are authorised and legislated diagnosticians, with Masters level expertise in diagnosing health conditions within their scope of practice, including DSM-V conditions.
  - o Nurse Practitioners with appropriate training and experience can diagnose ADHD, utilising a comprehensive biopsychosocial model and in consideration of physical illnesses that may mimic neurodevelopmental conditions.
  - o These Nurse Practitioners offer biopsychosocial assessments, clinical investigations (pathology, urine drug screen testing, electrocardiogram, etc.), diagnostic evaluations, use of clinical assessment tools, differential diagnosis, prescribing, psychological therapies (including cognitive behaviour therapy), and medical follow-up, thereby alleviating the burden on the psychiatry workforce.
  
- However, Nurse Practitioners face challenges in ADHD diagnosis
  - o ADHD testing tools are not readily available to Nurse Practitioners through Australian organisations such as Psychological Assessments Australia or Australian Council for Educational Research because they are not recognised by those organisations as diagnosticians. This barrier requires them to purchase assessment tools from alternative US-based sources.
  - o Nurse Practitioners are not recognised by certain state Education Departments, such as in Queensland, impacting the ability of clients accessing Nurse Practitioner services to receive learning support through school until their diagnosis is confirmed by currently recognised professionals.

The resulting delay creates barriers to adequate education, potentially leading to disengagement from school, increased behavioural issues, and ongoing social and academic difficulties, which can contribute to further mental health issues as the young person matures.
  - o Patients currently bear private costs when Nurse Practitioners refer for a Urine Drug Screen (item 66623), and other relevant tests, which should ideally be covered under the Medicare Benefits Schedule, especially when working with ADHD, stimulants, and non-stimulant medications.

**(b) Adequacy of access to supports after an ADHD assessment:**

- Nurse Practitioners as diagnosticians would not only enhance initial assessment and diagnosis for individuals with ADHD, but also contribute to ongoing access to treatment, support, and monitoring. With their advanced training and expertise, Nurse Practitioners can provide comprehensive care, ensuring continuity and improved outcomes for patients throughout their ADHD journey. By leveraging their skills in assessment, prescribing medication, therapy, and patient education, Nurse Practitioners can play a vital role in delivering holistic and accessible care to individuals with ADHD, promoting long-term management and overall well-being.

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**(c) Availability, training, and attitudes of treating practitioners:**

- Limited availability of healthcare providers trained in ADHD management, especially in rural and remote areas, presents a significant barrier. Nurse Practitioners are more accessible in rural and remote areas of Australia, therefore likely to be involved in providing care to people with ADHD.

**e) Access to and cost of ADHD medication:**

- Access to ADHD medication is challenging due to factors such as cost, availability, and prescription regulations.
  - o Due to the absence of a regular General Practitioner for many individuals, requesting General Practitioners to prescribe stimulant medications for unfamiliar patients is not an optimal solution.
  - o Moreover, not all General Practitioners are actively involved in ADHD treatment or prescribing.
- Nurse Practitioners are restricted by the Pharmaceutical Benefits Scheme from initiating or maintaining prescriptions for ADHD medications like Guanfacine, Atomoxetine, and Clonidine.
  - o Consequently, patients bear private non-PBS expenses for these medications when prescribed by a Nurse Practitioner, amounting to over \$100 per month.
  - o An alternative option is for patients to rely on ongoing consultations with medical specialists to obtain prescriptions. This incurs substantial costs, exceeding \$400 per appointment, with some patients being required to attend twice yearly appointments. This also requires annual referrals from either the Nurse Practitioner or a General Practitioner.
  - o The inability of Nurse Practitioners to prescribe essential medications results in a significant fragmentation of care.
- Recommendation: Nurse practitioners should be granted the authority to prescribe these medications under the Pharmaceutical Benefits Scheme.
  - o In some states, Nurse Practitioners are authorised to prescribe stimulants following authority from a psychiatrist, in similar arrangements as those accessed by General Practitioners. The inclusion of Nurse Practitioners in these arrangements should be federally recognised, included on the Pharmaceutical Benefits Scheme and included in state-based legislation.

**(f) Role of the National Disability Insurance Scheme (NDIS):**

- The NDIS plays a vital role in supporting individuals with ADHD, but there are challenges in recognising ADHD as a primary disability.
- Barriers exist for Nurse Practitioners in relation to documentation requirements for Centrelink, NDIS, and Education Departments.

**(g) Adequacy of government services:**

- Consistency in legislation and regulations is required for coordinating and providing adequate government services to individuals with ADHD. By prioritising face-to-face services for assessment and support and maintaining consistent national regulations, the delivery of care to individuals with ADHD can be improved.

**(i) Social and economic cost of inadequate ADHD services:**

- Failing to provide adequate and appropriate ADHD services has significant social and economic implications. Individuals with untreated or poorly managed ADHD face difficulties in education, employment, relationships, and overall quality of life.
- Enabling Nurse Practitioners to prescribe necessary medications in collaboration with specialists will lead to decreased patient costs, minimised care fragmentation, and enhanced efficiency for both clients and the healthcare system.

Overall, while there are currently many unnecessary barriers to appropriately trained and experienced Nurse Practitioners providing assessment, diagnosis, treatment, support and monitoring, contributing to the known delays in care, delays in diagnosis, poor community outcomes, and lack of access to appropriate health care, these can all be addressed. ACNP has concerns that the current guidelines do not address services gaps, delays, or barriers to access to health care, and without the inclusion of Nurse Practitioners, will do nothing to improve the assessment and support of people living with ADHD.

Thank you again for the opportunity to participate in this important review.

Yours sincerely

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