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Dear Committee Secretariat,

Inquiry into the assessment and support services for people with ADHD – Response to written question on notice

The Australian Psychological Society (APS) is pleased to have the opportunity to respond to the written question on notice from the Senate Standing Committee on Community Affairs References Committee Inquiry into Assessment and Support Services for People with ADHD.

We provided a submission to the Inquiry on 9 June 2023 which was based on existing 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.

Within our submission, we highlighted that ADHD assessments are currently undertaken by multiple medical and/or allied health practitioners with the various referral pathways appearing to be associated with some complexity and confusion in terms of the most suitable avenue to access an ADHD assessment.

The APS encourages all psychologists to follow evidence-based processes to accurately assess, formulate and determine whether a diagnosis is suitable and subsequently develop an appropriate treatment plan. As such, our submission outlined the importance of psychologists' involvement in the assessment, diagnosis and treatment of ADHD.

Question on Notice

On 12 August 2023, the Committee invited the APS, through a written question on notice, to provide expert advice on "what it considers to be the best practice approach for all stages of the ADHD assessment and treatment process—from initial assessment and diagnosis, through to medication (as required) and other treatment, as well as ongoing support and treatment plans."

The APS understands that the Committee is currently investigating ways of improving existing ADHD assessment and support pathways. The Committee stated that consistent evidence had been provided to the Inquiry that multiple pathways currently exist for individuals to access assessment and treatment, and that the evidence suggests that these pathways are convoluted and difficult to understand and navigate.

The APS response to the Committee's question

In response to the Committee's question, we set out below a detailed outline and discussion of the approach the APS recommends from a best practice perspective in terms of referral pathways, assessment, diagnosis, and treatment of ADHD that applies to both children and adults. As affirmed in the Australian Evidence-Based Clinical Practice Guidelines for ADHD,¹ psychologists have an important role in the diagnosis of ADHD, as part of a multidisciplinary team. Appendix A provides a flowchart and summary of the recommended pathway for referral, assessment, diagnosis and treatment of ADHD.

1. Assessment and diagnosis

The main referral pathways for a psychologist to undertake an ADHD assessment for a client are via a referral from a medical practitioner, often a GP, or through a direct request from an existing or potential client.

Once a referral or request is received, the APS recommends the psychologist follows the process below to undertake the assessment.

Step 1: Intake form

Prior to attending the first assessment session, the client completes an intake form with detailed information that includes current life circumstances, current health, genetic history, physical and neurological health history, developmental history, mental health history, and mental health treatment experience.

This process aims to gather data important for an ADHD assessment or ADHD-specific psychological intervention, in a way that minimises the impact of ADHD symptoms on data quality and the time taken to procure data (for practitioner and client benefit).

Step 2: Session one/two – intake session

Prior to the first session, the psychologist will review the completed intake form and then work through the form in session together with the client while seeking any additional information required. This provides an opportunity for the psychologist to follow up on any risk indicators, build rapport and allows the client to 'tell their story'. It also assists to establish the outcomes the client is hoping to achieve as a result of the ADHD assessment.

The aim of this process is to determine that a comprehensive ADHD assessment is warranted, the need for a risk assessment/response, and the appropriateness of proceeding given the client's current capacity to engage in the assessment process. Another important aim is for the psychologist to screen for co-occurring conditions and/or a differential diagnosis, or for certain symptoms to be taken into account if a diagnosis of another condition already exists, as well as the potential for validity issues arising from the assessment process.

Step 3: Psychometric assessment and collateral data

Following the intake process, the psychologist requests any other relevant information from the client. This information may include school reports, psychology reports or any other data indicating current or past functioning and performance.

With the client's consent, the psychologist may also request additional information and perspectives from other informants or third parties, such as educators, parents, and partners. This includes requesting access to any prior reports from other health professionals, and educational reports (primary, secondary and/or tertiary as appropriate) to review for identification of symptoms and functional impacts at different developmental stages. This also involves requesting adults provide educational reports from childhood and adolescence if available.

The psychologist will administer standardised questionnaires about ADHD symptom occurrence and functionality difficulties both for the client and other informants.

The aim is to obtain self-report and informant/observer data about ADHD symptom occurrence, that can be interpreted in the context of population norms and is provided at a different day/time than other data collected. It also allows the psychologist to obtain data about functionality impacts that may result from ADHD symptoms, from self-report and informant/observer report, and from collateral sources.

Step 4: Session two/three – semi-structured interview

This step involves conducting a semi-structured interview specific to DSM-5-TR ADHD criteria in session, following a published interview schedule or the best available research evidence. This aims to gather qualitative clinical data to be reviewed alongside quantitative data to determine symptom presence and impairment in multiple settings.

It also allows the psychologist to gather qualitative data to be reviewed alongside collateral data to determine age of onset. As well as the gathering of qualitative data to assist with determining that a differential diagnosis does not better explain the symptoms.

Step 5: Assessment review

Following the completion of steps one to four, a review all data obtained can be undertaken. This involves the psychologist mapping the data against the criteria with brief notes and clinical judgement, considering the argument for and against ADHD, noting any gaps in the data, contradictory data or lack of clarity in being able to determine whether a criterion is met or not, and planning how to obtain any additional data required to finalise the assessment.

The aim is to determine what is needed during or before the next session and enables easy communication and consultation with another clinician if needed.

Step 6: Session three/four - finalise assessment and provide feedback

The final step involves conducting relevant in-session activities to address any remaining data needs. The psychologist will also communicate the outcome of the assessment to the client, going through the criteria and how the conclusion was reached. This allows the psychologist to advise the client about what will be provided in terms of documentation and how that may be used (i.e., reports provided to other health/medical practitioners).

This also involves providing an opportunity for the client to debrief the assessment experience and the outcome and discussion regarding options for moving forward, e.g., recommended treatment plan, intervention and/or any follow up assessments.

Additional information to note:

Undertaking the clinical interview process detailed above (i.e., Steps 2 and 4) using an evidence-based assessment approach will usually require a minimum of two to three sessions. However, depending on the full range of information provided by the client and required by the psychologist, additional sessions may be needed. For example, for children and/or adolescents, it may be necessary to undertake separate sessions with the client and a parent or carer. Additional sessions may also be required if there is a need for further assessments to determine co-occurring or differential diagnosis.

As detailed, specifically in Steps 3 and 5, it is also important to recognise the significant amount of work that is required outside of sessions by the psychologist. For example, the time taken to request, receive, analyse and interpret school reports and other qualitative information from informants, and the administration, scoring, and interpreting of psychometric tests.

- **Recommendation:** The APS recommends that Medicare-subsidised ADHD assessments be made available where psychologists receive referrals directly from other health practitioners or receive requests from parents, which is particularly relevant for children and adolescents.

2. Treatment and intervention

The APS supports the position in the *Australian Evidence-Based Clinical Practice Guideline for ADHD* that upon receiving a diagnosis of ADHD, best practice treatment is likely to require both pharmacological and non-pharmacological interventions concurrently.¹ This recommendation is based on an evidence review contained within the Guidelines (p. 94):

“Pharmacological treatment was more effective than nonpharmacological treatment in reducing core ADHD symptoms. Combined pharmacological and non-pharmacological treatment was better than either alone. Each mode was more effective than the other in targeting specific aspects of ADHD: pharmacological treatments were more effective for reducing core ADHD symptoms, and nonpharmacological treatments were more effective for improving functional outcomes for people with ADHD.”

Pharmacological treatment

When considering clients that meet the criteria for a diagnosis of ADHD, a psychologist report will often recommend that the client will benefit from a double-blind trial of psychostimulant medication. The current pathway for this to be organised is through the client attending a GP appointment for review and receiving a referral to a paediatrician or psychiatrist to begin the trial. Psychologists have a role in supporting clients and their parents in understanding and resolving any psychological barriers to pharmacological treatment and medication adherence, as well as identifying and managing psychological effects of medication within the multidisciplinary team.²

Non-pharmacological treatment

People with ADHD are likely to benefit from psychological intervention to provide strategies to manage concerns with behaviour and executive functioning. For example, psychologists can assist children and adolescents with ADHD who often have difficulties with executive functions related to working memory, planning and organisation and inhibitory control. Psychologists may also recommend further achievement and diagnostic assessments to identify and address any other underlying issues, such as educational problems.

Pathway 1:

The APS is concerned that the current pathways for the assessment and diagnosis of ADHD described above may create barriers for clients who require pharmacological treatment. The APS has received feedback that clients find it difficult to access psychiatrists and paediatricians for assessment, review, and medication. Currently, a psychologist can undertake the assessment and diagnosis process, however, the client will still be required to attend their GP for a referral to a psychiatrist or paediatrician for the prescription of medication and ongoing management. In addition, psychiatrists and paediatricians may reject the diagnosis made by the psychologist, and subsequently undertake their own assessment and diagnostic procedures and charge the client again for a similar process – impacting on the efficiency of the process and adding to the cost for the client.

To cater for current workforce shortages and to improve equitable access and reduce cost, an alternative option is for GPs to have the ability to prescribe and manage psychostimulant medication for people with ADHD. This would remove the need, upon diagnosis, for the client to attend a GP appointment with the intent of receiving a referral to a paediatrician or psychiatrist. This option would greatly reduce the inconvenience, cost, and wait times for clients to receive treatment.

Allowing GPs to prescribe and subsequently manage ADHD medications would be a shift in their current scope of practice. Training requirements and/or an accreditation process would need to be put in place to ensure appropriate knowledge, competency and support for GPs to undertake this work.

While the APS recommends this change from the perspective that it would help to streamline the treatment process for clients, we recommend the Committee consult with GPs, paediatricians and psychiatrists to determine the appropriateness of such measures from the perspective of each profession. We also recommend that the Committee (and government generally) engage with psychologists together with medical practitioners to design, streamline and evaluate these pathways.

Pathway 2:

A second pathway is for psychologists to have the right to refer a client directly to a psychiatrist or paediatrician for pharmacological treatment following diagnosis, where required. Pathway 2 has practical validity and in certain circumstances would be more appropriate than pathway 1. It would also help to streamline the process for clients.

However, the concerns raised in pathway 1 remain, in terms of the barriers to access psychiatrist and/or paediatrician appointments. That is, this pathway would continue to require clients to potentially be on lengthy waitlists for appointments and would likely increase costs for clients.

- **Recommendation:** Pathways 1 and 2 should be available to psychologists and their clients with ADHD. Both pathways have validity depending on the specific circumstances of the client and landscape of the various professional workforces (e.g., availability of psychiatrists and paediatricians in rural and remote areas).
- **Recommendation:** Where severe functional disability is present due to ADHD, therapeutic support from a psychologist under a NDIS plan should be an option, without the requirement for an additional diagnosis, such as Autism Spectrum Disorder (ASD).

3. Medicare Benefits Schedule (MBS)

As outlined in our submission to the Inquiry, currently ADHD interventions may be accessed and partly funded under the 10 sessions of Better Access psychological services available through the MBS. However, the assessment of ADHD is not recognised or funded through Medicare. This results in a significant gap and disconnect between assessment and intervention for ADHD within the MBS.

Our recommended best practice assessment process for ADHD is likely to require at least three to four sessions for a standard psychological assessment. However, complexities in the presenting condition may emerge and additional assessments to identify co-occurring conditions or differential diagnosis may be required (i.e., administration of screening tools for the purpose of autism spectrum disorder assessment).

As a preference, the APS recommends developing separate MBS item numbers for ADHD assessments by psychologists, psychiatrists and paediatricians. While we note this would be a deviation from our position in the initial submission which was to include ADHD assessments under the *complex neurodevelopmental disorder* MBS item, there are advantages to billing ADHD assessment and treatment under separate item numbers in the MBS. For example, we note that *complex neurodevelopmental disorders* MBS items may be accessed by a variety of allied health practitioners, not just psychologists. Therefore, if a client is already using these items for other services (i.e., speech pathologist or occupational therapy), this may impact on the availability of sessions for a psychologist to undertake an ADHD assessment, particularly in the event of a complex presentation.

In the event that an ADHD diagnosis is provided, and non-pharmacological treatment is considered appropriate, a referral may be made under a mental health treatment plan to enable the client to use the maximum of 10 sessions of psychological services through Better Access for appropriate psychological treatment and intervention.

In addition, direct/non-GP referrals (i.e., from other health practitioners and parents) could be enabled to allow Medicare rebates for clients to streamline the process of assessment and treatment.

- **Recommendation:** The development of separate MBS item numbers for the assessment of ADHD (and broader neurodevelopmental conditions where indicated) for children and adults by psychologists, psychiatrists and paediatricians.
- **Recommendation:** Non-GP referrals enabling Medicare rebates to streamline the assessment and treatment process.
- **Recommendation:** Consider introducing a safety net for low-income earners (i.e., income tested).

4. Fees for session and additional work

There are a significant number of tasks performed by psychologists outside of sessions with clients when undertaking ADHD assessments. Many of these activities are outlined in Steps 3 and 5 detailed above and include the time taken to request, receive, analyse and interpret reports and other qualitative information from informants, and the administration, scoring, and interpreting of psychometric tests and data gathered from the semi-structured interview, communication with other clinicians, and report writing. There are also other significant costs incurred by psychologists to undertake the assessment process, including the those associated with acquiring tests, undergoing training and ongoing test usage and administration.

Depending on the complexity of the presenting condition and depth of information provided, this process can take a number of hours which are effectively unbillable for the psychologist or add to the cost for the client.

- **Recommendation:** Ensure that MBS rebates reflect the additional time for psychologists to undertake out of session tasks and activities associated with the assessment of ADHD.
- **Recommendation:** Ensure that MBS items allow for additional sessions for consultations with families or carers (on top of the maximum of 10 individual sessions), and for multidisciplinary case conferencing which can be initiated by psychologists and without the current requirement that at least 3 professionals are involved.

5. Separate pathway needs of children who are suspected of having ADHD

Children who are suspected of having ADHD should have access to the same referral, assessment and treatment pathways under the MBS – as outlined above. Access to psychologists, psychiatrists and paediatricians through Medicare should be an alternative to public state and territory-based Child Development Services, where the latter are focussed on, and prioritise, children from vulnerable communities and lower socio-economic backgrounds.

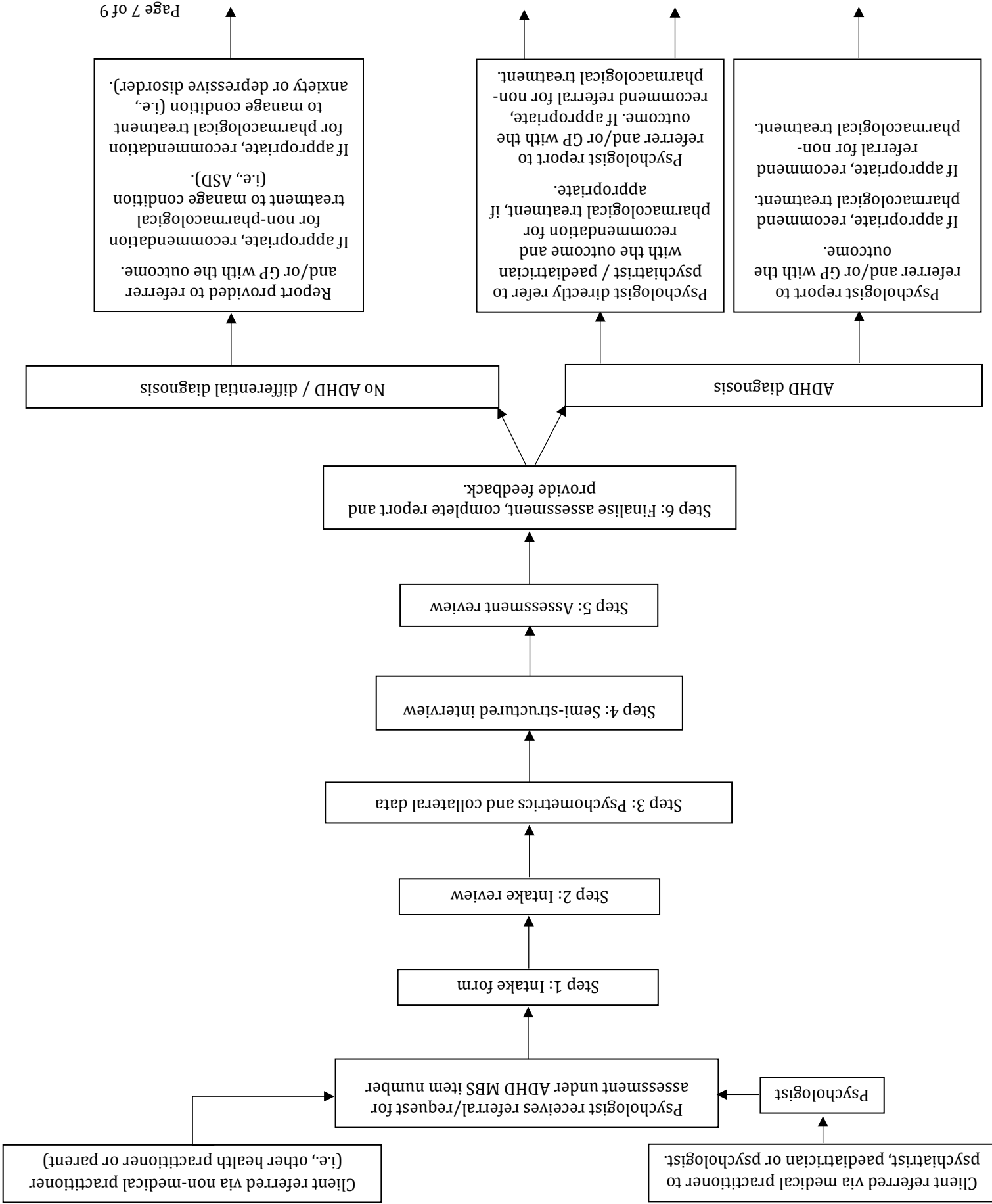
Recommendation: Enable children to access timely assessments and treatment for ADHD through Medicare, to free up state-run Child Development Services for children from vulnerable communities and lower socio-economic backgrounds.

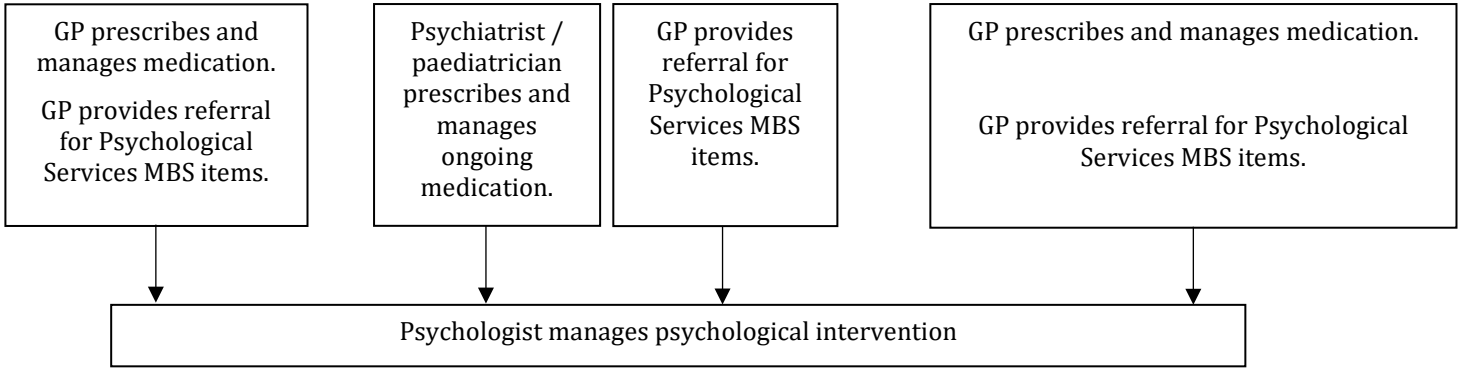
We thank the Committee for the opportunity to respond to the written question on notice. In addition to this response, the APS would be pleased to have the opportunity to provide further information and evidence as needed. Please do not hesitate to contact me on _____ or at _____

Yours sincerely,

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

Appendix A – Recommended referral and assessment process for ADHD assessments under the separate ADHD MBS item number.





References

- ¹ Australian ADHD Professionals Association. (2022). Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD) 1st edition.
- ² Kamimura-Nishimura, K. I., Brinkman, W. B., & Froehlich, T. E. (2019). Strategies for improving ADHD medication adherence. *Current psychiatry*, 18(8), 25.