Inquiry into the assessment and support services for people with ADHD
Written question on notice

The Australian Association of Psychologists Inc (AAPi) are pleased to provide the Senate Committee with our expert advice on the best practice approach for all stages of the ADHD assessment and treatment process. We also provide our expert views on the separate pathway needs of children who are suspected of having ADHD.

Currently, there exists in Australia a very fragmented process for the assessment and treatment of ADHD, with differences seen across states and territories. AAPi recognises the significant challenges individuals face in accessing timely and accurate ADHD diagnoses and treatment. We recommend exploring strategies to improve the availability and affordability of diagnostic services, including greater integration of assessment and treatment within primary healthcare settings where this is appropriate, rather than relying on paediatricians and psychiatrists, who are experiencing significant workforce shortages and under resources, and are currently the gatekeepers of stimulant medication. Psychology is a much larger profession in Australia, with over 46,000 psychologists, compared to approximately 3,700 psychiatrists. AAPi recommends that a psychological assessment performed by a psychologist in partnership with a full physical review by a client's GP be sufficient to initiate a trial of stimulant medication where there are no other complicating medical or psychiatric factors. The safety of clients would be ensured by the thorough psychological and physical assessments conducted by this multidisciplinary team of psychologists and medical professionals.

Initial assessment

With regards to initial assessment, research indicates ADHD is much more prevalent in low SES populations. Given the current barriers to initial assessment, this means there are likely to be large numbers of children in disadvantaged populations who are not being diagnosed. In 2016 a national workforce data review[1] found 85% of paediatricians were in MM1 (Metropolitan) areas. Given paediatricians are the gatekeepers for medication - and given differences in state rules - this issue is further compounded. An initial assessment should be performed by the client's GP,

[1] factsheet-mdcl-paediatrics-child-health-2016.pdf

who would be able to refer directly to a psychologist to perform a psychological assessment. GPs have a greater distribution across Australia and are thus more accessible to consumers[2].

Items exist currently under Medicare for paediatricians and psychiatrists to refer directly to a psychologist to assess for complex neurodevelopmental disorders. These items must be expanded so that general practitioners who are working with people suspected of having ADHD can make direct referrals to psychologists, and clients can then access rebates for assessments conducted by psychologists. This will inform GPs about the appropriateness of initiating medication for the management of ADHD in cases where there are no other existing psychiatric or medical factors that indicate the need for specialist input from a paediatrician or psychiatrist. These existing items also need to be expanded so that the age cut-off is completely removed. Due to our increasing awareness of the diversity of presentation of ADHD, this condition is often diagnosed later in life, particularly for women and those assigned female at birth. Having a cut-off for access to assessment and treatment at age 25 results in inadequate support provided to those who have been well accommodated in their earlier lives and have noted an increase in distress as demand has exceeded their capacity to cope.

These Medicare assessment items could also be used in cases where there are complicating factors and a psychological assessment is indicated. Psychologists could have already conducted the necessary assessments so that when clients reach the top of a waiting list to see a specialist such as a paediatrician or psychiatrist, the specialist already has all the clinically relevant assessment results. Treatment can then be provided as soon as reasonably possible. This would also reduce the expense for consumers as they would not need to return to the specialist for another review appointment following assessment before treatment can be initiated.

Diagnosis

Diagnosis can be provided by psychologists, but best practice would be that diagnosis is performed by a multidisciplinary team comprising a psychologist, and a medical professional who could determine that there are no underlying physical conditions that could better explain or contribute to diagnosis. The availability of such services is significantly greater than the commonly experienced current system of assessment and treatment provided exclusively by psychiatrists and paediatricians, a system currently creating a significant delay in identification

[2] https://hwd.health.gov.au/resources/data/summary-mdcl.html

and treatment and associated with very high costs. Instead, these specialists would only be referred to where there is confusion or disagreement about diagnosis, reducing the strain on their services.

Even in areas with available healthcare services, long waiting times for assessments and specialist appointments can delay the diagnosis of ADHD. This can contribute to functional decline and poor educational or employment outcomes for individuals seeking support.

Financial constraints can pose a barrier to seeking an ADHD diagnosis. Out-of-pocket expenses for assessments, consultations, and treatments can be a burden for many individuals and families, particularly if they do not have access to adequate healthcare coverage or funding. Currently, there is very limited financial support to cover the cost of assessment. Private Health insurance with extras cover may extended to some of the costs, but private health insurance is outside the realm of possibility for those on lower incomes or those already struggling with increased cost of living pressures. Outside of private health insurance, there is no formal scheme assisting with the funding of these costly assessments. A complicating factor is the number of co-occurring disorders that need to be assessed for, particularly when assessing children. There is a high rate of co-occurring learning disabilities (those with ADHD are 40% more likely to have a diagnosis of specific learning disabilities in reading, writing or mathematics[3]) that will impact on educational success if undetected. This can make assessments too costly for some families looking for support. ADHD often coexists with other mental health conditions, such as anxiety or depression[4]. The presence of overlapping symptoms can complicate the diagnosis process, leading to misdiagnosis or delayed diagnosis. Untreated ADHD can also be the cause of significant depression and anxiety due to the individual needing to work so hard to accommodate their neurological challenges.

There is a significant need for subsidised assessments across the lifespan to be available through Medicare rebates, as there are for some other disorders. Providing this financial assistance will ensure that more consumers who need assessment are able to afford

[3] Schuchardt K, Fischbach A, Balke-Melcher C, Mähler C. Die Komorbidität von Lernschwierigkeiten mit ADHS-Symptomen im Grundschulalter [The comorbidity of learning difficulties and ADHD symptoms in primary-school-age children]. Z Kinder Jugendpsychiatr Psychother. 2015 May;43(3):185-93. German. doi: 10.1024/1422-4917/a000352. PMID: 26098006.

[4] ADHD and Comorbid Disorders in Childhood Psychiatric Problems, Medical Problems, Learning Disorders and Developmental Coordination Disorder | Insight Medical Publishing (imedpub.com)

assessment. Diagnosis can be delivered in a cost-effective way by psychologists if there are adequate rebates in place. If we operate on the assessment being able to be completed within approximately 3 hours or less by psychologists, using evidence-based psychometric tools such as Conners' Adult ADHD Rating Scales–Self-Report: Long Version and thorough clinical interview, current rebates are able to cover only about a third of the cost of assessment and only for those aged under 25. An approximately $90 rebate is inadequate when the recommended hourly rate is $300. AAPi recommends that the rebate be increased to $150 for a standard psychology session to allow for higher rates of bulk billing and increased affordability of sessions for assessment and treatment.

GP consultations are also significantly more affordable than specialist consultations. If psychiatrist or paediatric input is necessary, then from that point, a GP should also be involved for ease of access to health and pharmacotherapy services rather than, as in some states, the specialist needing to be consulted for every prescription. Where there are no complicating factors, this is unnecessary and a significant barrier to care. In straightforward cases, GPs can also be given the ability to monitor dose changes, with a review by a specialist if complications are present.

Medication

AAPi endorses the recommendations made by the AADPA[5] regarding medication. Affordability and accessibility of ADHD medications are critical factors influencing the well-being of individuals with ADHD. AAPi encourages exploring options to improve access to ADHD medications, including reviewing Medicare and Pharmaceutical Benefits Scheme coverage, considering generic alternatives, and implementing strategies to address shortages and availability issues.

Removing current restrictions and allowing GPs to prescribe ADHD medication rather than restricting initial prescribing to paediatricians and psychiatrists will reduce bottlenecks in diagnosis and treatment, and significantly reduce the cost of diagnosis for the Australian public. This change can be undertaken safely by requiring initial diagnosis assessment through Medicare rebated psychologist assessment, in partnership with medical review by a GP. This will ensure that other physical and health factors are appropriately assessed for and managed

[5] Australian Evidence-Based Clinical Practice ADHD Guideline (aadpa.com.au)

prior to stimulant trial. A referral route like that of Better Access or Chronic Disease Management to a psychologist for assessment and diagnosis is more cost-effective.

There are also significant costs to the individual diagnosed in adulthood, where long-acting stimulant medication is required, as these medications are not subsidised by the PBS to the same degree. This is problematic as many individuals with internalising/inattentive patterns of ADHD may not be identified early and present in adulthood when either hormonal influences have further impaired their executive function, or demands have exceeded their capacity to function without supporting medication.

Access to and the cost of ADHD medication in Australia can vary depending on several factors, including the type of medication, individual circumstances, and coverage under Medicare and the Pharmaceutical Benefits Scheme (PBS). By addressing these aspects, individuals with ADHD in Australia can have improved access to a variety of medications and receive appropriate treatment options based on their needs and circumstances.

Treatment

ADHD management often involves a multidisciplinary approach, including medical professionals, psychologists, educators, and other health professionals. In larger cities and urban areas, there is routinely better access to these professionals and a broader range of support services compared to rural or remote areas. In more remote regions, the limited availability of specialised professionals can result in a lack of comprehensive support.

After an ADHD assessment, there can be waiting periods for follow-up appointments and accessing specific services. These waiting times may vary depending on the region and the demand for services. Longer waiting times can delay the start of interventions and support, potentially affecting individuals' well-being, educational and employment progress.

Increasing the workforce that is available to provide services by providing Medicare rebates for the services provided by provisional psychologists will expand the workforce by several thousand. Provisional psychologists have completed a minimum of 4-5 years of university education and are currently being supervised in the community while providing services through other schemes or through private pay arrangements but remain unaffordable for those who are financially disadvantaged.

The affordability of ADHD support can be a barrier for many individuals and families. While some services may be covered by public healthcare schemes or private insurance, out-of-pocket expenses for assessments, therapies, and medications can still be significant. Financial constraints can limit access to ongoing support, especially for those who may require long-term interventions. AAPi's Private Practice Survey[6], conducted in late 2022, found that over 80 per cent of psychologists who responded would bulk bill more if all psychologists' rebates were raised to $150. Addressing the cost barriers to psychological treatment is also evidenced in Under Pressure: Australia's Mental Health Emergency[7]. In a study by Richardson et al.[8] the impact of fee increases for mental health services on service utilisation and mental health outcomes in Australia is detailed. The fee increase led to a decrease in the number of services used by patients. A 10% increase in the rebate led to an increase in service utilisation and improvements in mental health outcomes.

Ongoing support

Following an ADHD diagnosis, individuals often encounter difficulties in accessing appropriate support services. AAPi strongly recommends the implementation of comprehensive and coordinated support systems, including specialised educational programs, counselling services, and parent training initiatives. Additionally, efforts should be made to bridge the gap between diagnosis and support by promoting effective communication between health care providers, educators, and families.

Access to supports after an ADHD assessment in Australia can vary depending on factors such as geographical location, available resources, and individual circumstances. While efforts have been made to improve access to support, there are still areas where the adequacy of services remain a concern.

[6] Australian Association of Psychologists (2022) Private Practice Survey, Accessed online: https://aapi.org.au/Web/Web/News/Articles/privatepracticesurveryresults2022.aspx

[7] The McKell Institute (2023): *Under Pressure: Australia's Mental Health Emergency.*

[8] Richardson, J., Peacock, S., & Lezzi, A. (2008). The Impact of Fee Changes on the Utilization of Mental Health Services. Journal of Health Economics, 27(4), 1146-1157.

Adequate support within the education system is crucial for individuals with ADHD[9]. This includes access to special education programs, accommodations, and targeted interventions. However, the availability and quality of support can vary between schools and regions, potentially affecting the consistency and effectiveness of support provided to students with ADHD. There are also barriers to accessing this support due to restrictions in some state systems requiring diagnosis from a paediatrician or psychiatrist. In the state system, ADHD is not recognised as a condition that can attract funding and support to implement accommodations at school. In addition, there is very little ADHD specific training that is available for teachers to learn how to support their ADHD students.

Families and caregivers play a vital role in supporting individuals with ADHD. Access to parent education programs, support groups, in home support, and counselling services can be essential for understanding and managing the condition[10]. However, the availability and accessibility of such resources vary greatly across different regions, leaving many families without adequate support networks.

Services such as JobAccess[11] are crucial in addressing the under employment and unstable employment of those with ADHD. This service is not widely known to the general public, but advice should be provided to all those with a diagnosis of ADHD following diagnosis so that supports can be put into place within the workplace and enable them to meet their goals related to employment.

Treatment plans

As discussed earlier, Items exist currently under Medicare for paediatricians and psychiatrists to refer directly to a psychologist to assess for complex neurodevelopmental disorders. These items for assessment as well as the accompanying items relevant for treatment need to be expanded so that GPs that are working with people suspected of having ADHD can refer them to psychologists and they are able to access rebates for assessments and treatment provided by

[9] Understanding and Supporting Attention Deficit Hyperactivity Disorder (ADHD) in the Primary School Classroom: Perspectives of Children with ADHD and their Teachers | Journal of Autism and Developmental Disorders (springer.com)
[10] PAAA-survey-1.pdf (dss.gov.au)

[11] Available Support | Job Access

psychologists. These items also need to be expanded to cover all ages, not just for individuals under the aged of 25. This will inform GPs about the appropriateness of initiating medication for the management of ADHD in cases where there are no other existing psychiatric or medical factors that indicate the need for specialist input of a paediatrician or psychiatrist.

These Medicare assessment items could also be used in cases where there are complicating factors, and a psychological assessment is indicated. Psychologists could have already conducted the necessary assessments so that when clients reach the top of a waiting list to see a specialist such as a paediatrician or psychiatrist, the specialist already has all of the clinically relevant assessment results. Treatment can then be provided as soon as reasonably possible. This would also reduce the expense for consumers as they would not need to return to the specialist for another review appointment following assessment before treatment can be initiated.

The current Medicare Complex neurodevelopmental disorder and disability services ASSESSMENT - aged under 25 years 50+ mins item numbers are 80200, 93032, and 93040. Complex neurodevelopmental disorder and disability services TREATMENT - aged under 25 years 30+ mins item numbers are 82015, 93035, and 93043. See further information on our website here - https://aapi.org.au/Web/News/Articles/MedicareComplexNeurodevelopmentalDisabilityGuide.aspx.

Separate Pathway Needs of Children Who Are Suspected of Having ADHD.

There is a significant co-occurrence of learning disabilities and educational concerns in those who are diagnosed with ADHD. There is a need for comprehensive assessment in school-aged children so that they can receive support from evidence-based programs within the school system.

Children from low socioeconomic backgrounds are more likely to have ADHD and are less likely to receive adequate assessment and treatment. ADHD is the most prevalent mental disorder among those aged 4–17-years in Australia. Children with ADHD in an Australian sample[12], are:

- Less likely to participate in Naplan (84% by Year 9 compared to 93.5% with no diagnosis).
- Have lower Naplan scores across all year levels and all areas of learning. There is no significant difference between those with and without other diagnoses such as anxiety, depression or conduct disorder.
- By Year 9, ADHDers are 2.5 years behind in reading, 3 years in numeracy and 4.5 years in writing. This gap gets bigger between Year 3 and Year 9. This gap is slightly smaller for higher socioeconomic families, but still large.
- The trajectory through to adulthood continues with lower levels of education, career attainment and higher levels of drug use.

Outcomes in adulthood are significantly better for those who are from higher SES populations, those that have clear educational goals, have higher cognitive skills and have better reading skills[13]. Social functioning worsens over time and is only attenuated for by higher IQ.

A meta-analysis of interventions[14] indicates that there is inconsistency in the effectiveness of interventions but broadly the message from this and other studies relates to the need for improved teacher training around ADHD, reducing stigma and focusing on metacognitive and involving peers and parents in strategies.

[12] Lawrence, D., Houghton, S., Dawson, V., Sawyer, M., & Carroll, A. (2020) Trajectories of academic achievement for students with attention deficit hyperactivity disorder. *British Journal of Educaitonal Psychology* 91(2) 755-774

[13] Ramos-Olazagasti, M., Castellanos, F., Mannuzza, S., Klein, R. (2018) Predicting the Adult Functional Outcomes of Boys with ADHD 33 Years Later. *Journal of the American Academy of Child and Adolescent Psychiatry.* 57(8). 571-582

[14] Richardson M, Moore DA, Gwernan-Jones R, Thompson-Coon J, Ukoumunne O, Rogers M, Whear R, Newlove-Delgado TV, Logan S, Morris C, Taylor E, Cooper P, Stein K, Garside R, Ford TJ. Non-pharmacological interventions for attention-deficit/hyperactivity disorder (ADHD) delivered in school settings: systematic reviews of quantitative and qualitative research. Health Technol Assess. 2015 Jun;19(45):1-470.

There are significant academic, social and career impacts of ADHD that can be mediated by what we already know is best practice (goal setting on an individual basis, improving reading skills, upskilling teachers and metacognitive skills[15]). Access to these supports requires early diagnosis before children are so significantly behind that they cannot catch up easily. Medicare rebate items to provide financial assistance for assessment from a psychologist at an acceptable level of $150 would assist with accessing timely and cost-effective assessment in partnership with GPs would significantly improve access to assessment. Maintaining psychiatrists and paediatricians as the gatekeepers of diagnosis and medication prescription will mean that access continues to be restricted, and there will be delays in the identification and treatment of children and individuals with ADHD.

Thank you for the opportunity to provide this additional information to the Committee. We remain open to further discussions and collaboration to ensure the best possible outcomes for Australians living with and suspected of having ADHD.

Sincerely,

Amanda Curran
Chief Services Officer
Australian Association of Psychologists Inc

Postal Address
12-16 Parker Street Williamstown Vic 3016

[15] Varrasi, S., Boccaccio, F., Guerrera, C., Platania, G., Pirrone, C., Castellano, S. (2022) Schooling and occupational outcomes in adults with ADHD: predictors of success and support strategies for effective learning. *Education Sciences*. 13(1). 37