

Senate Standing Committee on Community Affairs References Committee
Inquiry into the assessment and support services for people with ADHD, Written Questions on
Notice

September 2023

Advocacy and collaboration to improve access and equity

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the assessment and support services for people with ADHD, Written Questions on Notice

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8000 members, including around 5800 qualified psychiatrists.

Purpose

To provide a response from the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to Questions on Notice from the Senate Standing Committee on Community Affairs' Inquiry into the Barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD.

Questions on notice

What does the RANZCP consider 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 [AADPA Guideline](#) is the best practice pathway for ADHD is for assessment, diagnosis, treatment and management to occur in a holistic, multi-disciplinary framework that incorporates the mental and physical health of the consumer. Care should be administered within a framework of trauma-informed and person-centred culturally appropriate care. Treatment and management plans should consider the consumer's personal circumstances, co-morbidities and wishes via co-production. [Information sharing](#) between care providers, the consumer and family and carers should be of the highest priority.

The best practice pathway is for a consumer to go through five distinct stages; Identification/Screening, Assessment, Diagnosis, Treatment and Management (please see the flow chart in Appendix 1 for a basic visual representation of this process).

In most cases consumers seek out assessment but clinicians may need to screen for ADHD based on symptomology. As per the [AADPA Guideline](#) people being assessed for ADHD need to undergo a comprehensive assessment of their mental and physical health, over a series of sessions, so that there can be a diagnosis of ADHD and/or any other, possibly co-morbid, health conditions.

The diagnostic framework for ADHD is contained in the Diagnostic Statistical Manual of Mental Disorders V. Throughout the diagnostic process, and afterwards, consumers should be provided with education and information on ADHD and any co-morbidities. This information should include, in addition to clinical and medical details about the condition and any co-morbidities, details of support groups, up-to-date consumer facing resources, eligibility for disability support and government benefits and allowances.

All treatment plans should be co-produced between clinicians, consumers and family and carers if appropriate. Any treatment should occur within a multidisciplinary team. The best method of treatment will depend on the clinical situation including the presence of co-morbid physical and mental health conditions and the desires of the consumer and any appropriate family or carer input. Management of ADHD is ongoing, and treatment requirements will change throughout the lifespan. See the [AADPA Guideline](#) for more details on treatment and management of ADHD.

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Considerations for children

As per the [AADPA Guideline](#), when undertaking clinical interviews with children and adolescents it is best practice to set time aside to see the child separately from their parents. Time may be allocated to speak with the parents without the presence of the child. Other informants may also provide important information or observations. Where co-occurring physical or mental health conditions are found or suspected referral to an appropriate specialist for assessment and treatment is best practice.

Government support for ADHD

As noted in the RANZCP [2023-2024 Federal Pre-Budget submission](#), a growing number of people are seeking assessment for possible ADHD, and health services across Australia are struggling to meet demand. To manage this demand, particularly from people unable to access psychiatric care through the private sector, reform is required to enhance the public sector's capacity to assess and treat patients as they transition across services. To increase access the RANZCP supports the [AADPA Guideline](#) recommendation to allow appropriately trained general practitioners to initiate psychostimulant medication. To reduce costs the RANZCP recommends that the MBS rebate for psychiatry services is increased to 100% of the schedule fee from the current 85% and increase the MBS billing provision for psychiatry trainees, so that they can bill at 60% of the consultant psychiatrist rate.

While many can manage their ADHD through appropriate treatment and medication, for others ADHD can be disabling. National Disability Insurance Scheme support would lower the burden of disease for disabling ADHD through the effective provision of support via a clear pathway. The RANZCP supports the [AADPA Guideline](#) recommendation of the inclusion of ADHD as a condition eligible for entry to the NDIS.

The RANZCP wishes to again thank the Standing Committee for being invited to attend and give evidence at the public hearing. For more information on the RANZCP position regarding ADHD see [Position Statement 55: ADHD across the lifespan](#). If you have any queries regarding this submission and/or this offer,

Appendix 1. Pathway Flow Chart

Created by the RANZCP based on information in the [AADPA Guideline](#)

