Government of **Western Australia**
Department of **Health**

Senate Inquiry into assessment and support services for people with attention deficit hyperactivity disorder (ADHD)

Response to Written Questions on Notice

Senate Community Affairs References Committee: Written Questions on Notice

The Committee seeks your organisation's 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 Committee would welcome receiving your organisation's response in the best way you see fit. The committee is aware that the process has been presented in other forums as a flow diagram, in support of accompanying text.[1] You may choose to respond in a similar way.

The Committee suggests that any proposed pathways should take a person-centred approach, with your response indicating your views on which body or organisation should be responsible for providing the service or support, and where government support should be provided (e.g. Medicare, PBS).

WA Health Response

The WA public health system (WA Health) is pleased to provide this response to the written questions on notice received from the Senate Community Affairs References Committee (Committee).

The WA Heath response outlines the current recommendations and considerations submitted by Health Service Providers in metropolitan and rural sectors in Western Australia that support public sector services for the assessment, diagnosis, and treatment processes for individuals with ADHD.

The WA Health response distinguishes the services for paediatrics (children and young people) from those provided for adults as it had in its original submission. The response also provides a glimpse of emerging and improved models of care being considered by WA Health for future resourcing. Anticipated changes in WA Medicines and Poisons Regulations will support changing models of care.

Children (Paediatric) Services

In WA, public services for children with ADHD who live in the metropolitan area are provided by Child and Adolescent Health Services (CAHS) by the Child Development Service (CDS). Furthermore, CDS is a tertiary service and provides for the initial assessment and management of patients referred from across the state, especially those with complex assessment and care needs.

Local services for patients living in rural WA are provided by WA Country Health Service (WACHS). WACHS provides an important resource to support general practitioners, our education providers and families in their home setting. WACHS refer complex patients to the tertiary services at CAHS if required.

[1] By way of example, a range of flow diagrams for ADHD assessment, diagnosis and support have been produced in other jurisdictions e.g. Effective management of attention-deficit/hyperactivity disorder (ADHD) through structured re-assessment: the Dundee ADHD Clinical Care Pathway | Child and Adolescent Psychiatry and Mental Health | Full Text (biomedcentral.com); Adult ADHD Algorithm (missouri.edu); ADHD Management Flowchart - Phoenix Mental Health Services (phoenix-mhs.com); Diagnosis and Management of ADHD in Children | AAFP; combinepdf.pdf (chadd.org).

Key recommendations and considerations in the assessment of ADHD for metropolitan service delivery

- Ensuring the quality and robustness of the assessment process is essential in assessment of developmental and behavioural problems in paediatrics, especially as there is no identifiable investigation to confirm ADHD.
- Diagnosis of ADHD requires extensive experience from multiple sources in assessment, including skills in history taking, observation, and qualitative and quantitative assessment. It requires training in interpretation of standardised child development scales and interpretation of allied health assessments, including cognitive assessments. These assessments take time, and the required skills are built on the background of training in general paediatrics, developmental paediatrics, and community child health specialist training.
- Understanding and assessing children with diverse developmental presentations requires considerable training in assessing children with a broad range of conditions such as autism spectrum disorder (ASD), developmental delay, isolated language and other developmental impairments, trauma, Foetal Alcohol Spectrum Disorder (FASD) and mental health issues, such as anxiety/depression, and differentiating these presentations from normal childhood development and behaviour.
- Best practice requires the above experience / training, which is not substituted by brief training (such as a weekend course in ADHD). Ongoing and engaged connection with, and supervision from, a community of practice working in developmental paediatrics is required.
- At present, best practice for ADHD diagnosis for children should rest with comprehensive paediatrician assessment.
- There is a role for General Practitioners (GPs) with a special interest (GPwSI) and relevant training to be involved in co-prescribing.
- In addition, further GP involvement in ADHD assessment could be considered if funding (Medicare and state contributions) was available to allow GPwSI to work in public paediatric development services for at least 1 day per week over a 6-month period to further their training in managing, screening and assessing ADHD and comorbidities.
- GPwSI would need to remain involved with specialist paediatric support, connected to such clinics with a community of practice oversight. In the absence of such training and oversight, there is risk of misdiagnosis, missed comorbid diagnosis and/or overmedication of children.
- Training in ADHD assessment and diagnosis should rest with state health department training programs under the supervision of the Royal Australasian College of Physicians (RACP) - Paediatric division (Community child health) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP).
- Training modules could be supported with input and collaboration from groups such as the Australasian Society for Developmental Paediatrics (ASDP – formerly NBPSA), the Australian ADHD Professionals Association (AADPA) and other specialist groups who do not accept pharmaceutical company funding.
- Access to allied health assessment (e.g. for comorbid language or motor skills assessment) is at times needed as part of an ADHD assessment. Children with ADHD are at higher risk of higher-level language difficulties or developmental coordination problems. Medicare funded allied health assessment with time limited management of such difficulties should be considered.
- For children with ADHD, continued 12 review with a paediatric specialist is required, even when GP co-management is in place. This is in view of the developing child and the risk of growth issues and emerging comorbidities.
- Medication initiation after diagnosis should rest with the specialist paediatrician/psychiatrist, with clinical nurse specialist or GP support for titration.

- The Pharmaceutical Benefits Scheme (PBS) should allow commencement on long-acting formulations such as Ritalin LA or Concerta as first line (similar to Lisdexamfetamine) for children aged over 8 years.
- As stated in relation to assessment, training GPwSI within public paediatric developmental services (such as the Child Development Service in WA) could be funded to facilitate training in co-prescribing, with access to developmental paediatric or specialist nursing support for further management of complexity or emerging comorbidity.
- Medicare funding should support longer consultation times for GP and private developmental paediatric practices to provide non-pharmacological reviews and supports for children with ADHD.
- There is evidence of efficacy for parent psychoeducation on ADHD, especially in young children. There should be Medicare funding for the provision of such services within the primary care and private sector, as well as adequate funding within state funded public paediatric developmental services to deliver such programs.
- Funded access to evidence-based parenting programs that target symptoms of ADHD (such as the New Forest parenting program) should be available.
- ADHD is a lifelong condition and publicly funded services for adults with ADHD need to be available to support a smooth and timely transition from paediatric services to adult services.

An improved model of care being proposed for metropolitan service delivery

- CAHS provides multidisciplinary services for children with developmental concerns (including ADHD) within the metropolitan area, and the CAHS Complex Attention and Hyperactivity Disorders Service (CAHDS), which is a multidisciplinary statewide service that works in partnership with specialist referrers to provide assessment and therapeutic input and recommendations for children with complex presentations of ADHD.
- These services have a critical role to play in paediatric ADHD management in WA given the scope and specialist expertise within these services, the unique role of CDS paediatricians in Community Child Health specialist training pathways, and the importance of public health service delivery in providing equity of access to services for the community.
- A potential model has been proposed that incorporates improved shared care and resourcing capacity in the assessment and treatment of ADHD (Attachment 1*).* The shared care pathway includes key aspects such as:
    - A Clinician Nurse Specialist (CNS), under the supervision of a developmental paediatrician, having a key role in gathering information in the pre-diagnostic assessment phase and in supporting the medication review process.
    - Partnerships with clients' GPs and/or general paediatricians to provide care across the life course through to adolescence and the transition to adult services. This may include shared care once a child or young person is stable.
    - Establishing training packages and a 'Community of Practice' for ongoing professional development in relation to the holistic management of ADHD.
    - Establishing online referral and information-gathering systems and online resources to assist families in managing the challenges associated with ADHD and provide educational information about the condition.
    - Additional support for families identifying as Aboriginal or culturally and/or linguistically diverse to ensure cultural safety of service provision.
    - Services for children with ADHD who have complex presentations, either on account of comorbid diagnoses or poor response to treatment, and there is need for further specialised and comprehensive assessment and advice.

Current recommended pathways for regional service delivery

- The WA Country Health Service (WACHS) guidelines recommend that ADHD is best managed as a multidisciplinary approach including paediatricians, GPs, psychiatrists, Clinical Nurse Specialists (CNS) and allied health and is similar to the process undertaken by CAHS in the metropolitan area.
- The approach for ADHD assessment in regional areas split into three distinct phases, with flow charts demonstrating which disciplines are involves at each phase (Attachment 2).
- The GPs involvement is important at all stages of the pathway, being responsible for the initial management of care, managing co-occurring conditions or side effects, co-prescribing with the paediatrician and managing small dose adjustments on stable patients.
- WACHS Child Development Service provides non-pharmacological interventions for children, primarily under 6, who are presenting with ADHD symptoms. Information on positive parenting approaches is provided to families including advice regarding management of behaviour prior to the child being assessed for ADHD. Allied health may also be able to provide information, from their assessments, to help the paediatrician determine if the child should follow an ADHD assessment pathway.
- Including a CNS in the process maximises paediatrician time and the CNS can provide support to the family prior to and following appointments. The CNS contacts families to discuss concerns and gathers necessary information about the child (including information such as school reports, observation information and questionnaires) to ensure that adequate information is available at the initial appointment with the paediatrician. Anecdotal evidence indicates that adding a CNS to the pathway capitalises on scarce paediatrician resources.
- The paediatrician completes an examination and investigation (including reviewing clinical history) and formulates the diagnosis including consideration of co-occurring conditions. Where ADHD is diagnosed, a discussion with parents with parents regarding medication (in children over 6) is complete. If parents consent, the medication is prescribed with regular follow ups and dose adjustments until the child becomes stable. At this point a co-prescribing model with a GP can be established.
- It is recommended that the paediatrician review the child at least every 12 months with the GP reviewing as needed in the intervening period.
- The treatment journey with the paediatrician ceases if the child chooses to cease medication or reaches the age of 18. Adequate transition of these patients to adult services also needs to be considered.
- A broadening of Medicare to increase the accessibility to allied health and mental health supports at the primary care level would be beneficial. This would allow families to access care prior to being assessed by the paediatrician.

Adult Services

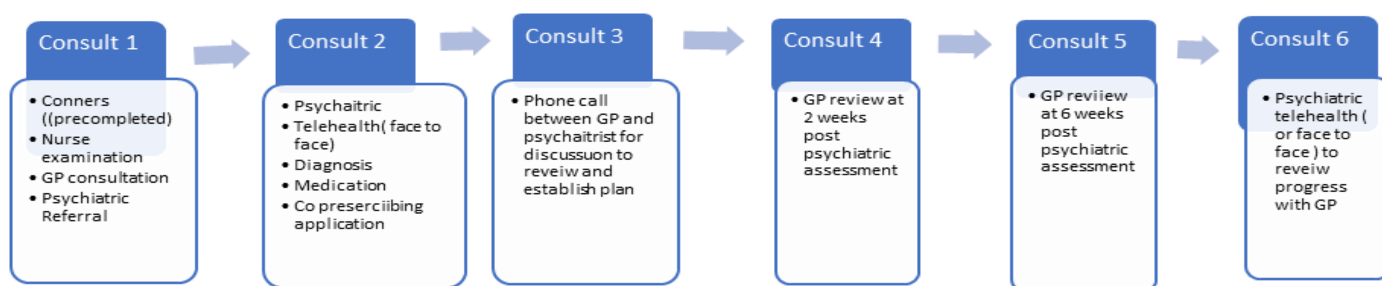
- No best practice pathways have been provided for adults as there are currently no public sector services for adults with ADHD. Adult services are provided in the private sector.
- This gap has been recognised by the broader health sector and calls to improve access and equity for adults continue to be heard formally and informally by WA Health.

An adult model of care being considered for support in Western Australia**.**

- Multidisciplinary and shared care pathways are now increasingly emerging to support improved access to ADHD care and management.

- In June 2023, the Department of Health (the Department) received a pilot proposal from the Royal Australasian College of General Practitioners (RACGP)[1] to financially support greater involvement of GPs in the diagnosis, care and treatment of ADHD for both children and adults. The Department is yet to make final recommendation on this proposal as the Commonwealth Department of Health and Aged Care has advised that no negotiations can be progressed until the report and recommendations of the Senate Inquiry into assessment and support to ADHD are handed down.
- This proposal seeks improved access by broadening the current scope of GPs in the ADHD care pathway, with GPs working alongside specialists (paediatricians/psychiatrists) to train and develop GP's skills in assessment, diagnosis, management and treatment of ADHD.
- This is envisaged as a more cost-effective pathway for the care of adults with ADHD, in comparison to current private model that is largely centred around specialist psychiatrists accompanied by long waitlists and high-cost care. A simplified representation of the proposed adult pathway is identified below in Figure 1.

Figure 1: GP led ADHD Care Pathway



- Notwithstanding any educational, training, and regulatory barriers (*see* Prescribing Code and Regulations) in considering the RACGP proposal, there are identified obstacles noted in supporting this.
- A key obstacle for a GP led shared care pathway is co-consultations between GPs and specialists are currently unsupported by Medicare, as funding will only be provided to one service provider for the consultation.
- WA Health considers increased support by Medicare for multidisciplinary involvement in an agreed ADHD care pathway could circumvent many of these issues.
- Increased opportunities to dialogue with the Commonwealth could also facilitate better outcomes.

WA Stimulant Prescribing Code and Regulations

Pharmacological management of ADHD involves the prescription of Schedule 8 stimulants, currently regulated at a jurisdictional level.

Australian states and territories including WA have varying stimulant prescribing codes and associated regulations. The current operating model in WA, based on regulations is:

- A GP refers a patient to a trained specialist for confirmation of diagnosis, assessment of any comorbidities, and creation of a treatment plan which may include prescribing stimulant medicines.
- The specialist can decide to refer to the GP (co-prescriber) for ongoing management.

[1] Please note the proposal from the RACGP was provided in confidence to WA Health. If specific information regarding the proposal is required, please contact the RACGP.

- The Schedule 8 Medicines Prescribing Code recommends that the patient is reviewed annually by a specialist, however the format of this review is not specified.
- Dose changes are determined by the specialist.
- Only a very small percentage (less than 1%) are required to be referred to the Stimulant Assessment Panel. These are highly complex patients due to significant substance abuse or comorbidities and benefit from a second opinion. The Stimulant Assessment Panel is a more streamlined process than requiring a specialist to on refer for a second opinion.

In response to the introduction of real time prescription monitoring, the WA Medicines and Poisons Regulations are being reviewed with a view to amendments that will enhance prescribing for ADHD. These Regulations govern the prescribing and supply of schedule 8 medicines in WA and lay out requirements in relation to stimulant medicines. Amendments currently under consideration include:

- Removing specialist prescriber requirements to be individually approved by the Department of Health in favour of endorsing a class of specialists as approved prescribers.
- Removing barriers to specialists from other states being able to prescribe for WA patients.
- Reducing administrative burden around nomination of GP co-prescribers, to facilitate easier primary care involvement, in collaboration with specialists.
- Arrangements to allow increased involvement of GP or other non-specialist practitioners subject to future decisions around any additional training and credentialling required.

Schedule 8 Stimulants will continue to have some restrictions into the future due to the potential misuse of these medicines.

Suggestions for the Senate Committee's consideration

In addition to the recommendations and considerations already provided in the context of assessment and treatment, WA Health is pleased to propose the following suggestions to the Senate Committee.

Current, new, and emerging pathways all note that allied health and psychiatric nursing professionals can provide important supports in the ADHD care pathway. The broadening of the Medicare Benefits Schedule (Medicare) to support such involvement at the primary care level could assist families in gaining support while awaiting specialist appointments and with ongoing assessment of treatment.

Suggestion: Broadening Medicare to facilitate allied health and mental health supports.

New and emerging care pathways propose the development and training of GPs who have a special interest in ADHD to play a greater role in prescribing. This could be better supported by greater Medicare and government funding.

Suggestion: Additional funds from government and Medicare to support training and development to facilitate increased shared care including co-prescribing involvement of GPs.

In the absence of any agreed local pathway for adults in WA and taking into consideration new shared care arrangements being proposed, more flexible Medicare arrangements would support better ADHD care and management for adults (and children). Such flexible arrangements would also support upskilling of GPs and a range health practitioners involved in ADHD.

Suggestion: More flexible Medicare funding including support for mutli-professional fee arrangements would allow for shared consultations that include general practitioners and specialists, with consideration to extending this approach to other multi-disciplinary models.

Fee arrangements could also be considered by the Commonwealth to facilitate better access and support to ADHD care and management and underpin greater telehealth support across WA.

Training and Professional Development to undertake assessment and diagnosis of ADHD

Current best practice notes that diagnosis of ADHD requires extensive assessment by a specialist paediatrician and or psychiatrist. New and emerging models suggest that GPs and other health practitioners if adequately trained, can be supported to take on an expanded role.

However there appears to be a lack of agreement of what constitutes sufficient or adequate accredited training for a health practitioner to be competent to undertake assessment and diagnosis of ADHD. Any new shared care models offering improved and cost-effective access for individuals will be challenging for jurisdictions to implement with confidence in the absence of this clarity.

It is imperative that robust dialogue occurs between various specialist, medical and Nurse Practitioner colleges to agree on what best practice requires in terms of education and training across various stages of the ADHD care pathways of the future. Commonwealth Government support is vital in influencing such changes as a way of supporting innovation and change in an area of emergent need.

Suggestion: Seek Commonwealth support to facilitate dialogue between relevant colleges to agree on best practice training requirements to support new and innovative models of care.

Training and development in assessment and diagnosis of ADHD should be government funded and remain under the supervision of the colleges of physicians and psychiatrists to minimise risks of misdiagnosis or missed comorbid conditions.

If greater harmonisation of prescribing regulations is sought, then joint funding between state governments and the Commonwealth should be considered.

Suggestion: Appropriate funding should be considered for training and development of relevant health professionals involved in assessment and diagnosis of ADHD.