

Question 3 on notice: Can the government help set a direction to get the long-term research support right in the long-term.

Government funded research on ADHD should come with the proviso that the research project must be conducted using participatory principles. (That is, people with ADHD must be involved in the conceptualisation, development and implementation of the ADHD research project). Participatory research practices have been shown to enhance methodological sensitivity, data accuracy, validity of results, and the overall relevance to service users (Honey et al., 2020). In the ADHD arena, giving consideration to the perspectives of people with ADHD will likely lead to the development of research which results in gaining a more in depth and accurate understanding of ADHD and the development of more meaningful and effective treatment and support interventions.

The ADHD community would benefit if focus was placed on funding participatory research that aims to:

- Better understand the role interest and rewards have in influencing a person with ADHD's ability to exert self-control (as well as the influence of boredom, non-interest and delayed gratification).
- Better understand ADHD in girls and women, including the role hormone changes, pregnancy, breast feeding and menopause play in symptom presentation, so that treatment and care interventions can be appropriately customised to meet their need.
- Develop culturally sensitive and appropriate ADHD assessment and treatment intervention for Aboriginal and Torres Strait Islanders.
- Determine the markers for optimal treatment when a person with ADHD presents with a co-occurring substance use disorder.
- Gain insight from adults with ADHD on the factors they found protective growing up and the factors that they feel caused them harm. Parents are not accurate information providers when it comes to the experiences of children with ADHD.
- Determining the care paradigm that will best facilitate acceptance of disability and adaptation, and improve the long-term developmental outcomes of children and adults with ADHD.
- Determine how education about the use of stimulant medication can be provided so that it facilitates understanding and addresses the misconceptions and fear mongering that often surrounds its use.

Research that could possibly cause harm:

- Early intervention research aimed at preventing at risk genes being switched on and children developing ADHD. Not only are early interventions unlikely to prevent ADHD, implicit in this type of intervention is the message that ADHD is bad and need to be avoided. Imagine the message that gives children with ADHD and the psychological damage parents who participate in such a program will experience if their child/ren develop ADHD or another neurodevelopmental condition such as autism even though they participated in the project. Furthermore, while good parenting and a strong parent-child attachment relationship is protective, it can mask autistic symptoms until children with ADHD reach puberty and therefore delay diagnosis and prevent the use of early treatment interventions.
- Research focused solely on reducing the symptoms displayed by children with ADHD, changing children with ADHD, or gaining compliance. Focus should be placed on promoting healthy child development, adaptation and actualisation of potential.

- Research using outdated and judgmental data collection tools such as the Strengths and Difficulties Questionnaire (1997) and the Parent Cognition Scale (2009) – unless these tools are updated accordingly.

Research-related factors that have hampered progression towards a unified understanding of ADHD that need to be addressed, include the use of:

- Fragmented, varied and possibly flawed and inconsistent research methodology.
- Potentially highly engaging video game formats that may interfere with the accuracy of ADHD research findings, and impede the transferability of findings to everyday life. Video games (1) appear to evoke greater motivation, effort and arousal than the effort induced by traditional laboratory-based tasks (Shaw et al., 2005) or everyday real-world situations, and may significantly enhance the performance of children with ADHD, and (2) do not take into consideration the potential impact of task complexity (i.e., simple versus multifaceted), the environment, and the time of day or tiredness.
- Inappropriate treatment effectiveness markers. For examples, expecting non-pharmacological treatment interventions to resolve ADHD symptoms or pharmacological interventions to resolves challenges related to a delay in brain and cognitive development.