

Strengthening the Frontline

Forging Collaborative Pathways between GPs and Psychologists in ADHD Care.

In recent years, there has been an increased awareness of the symptoms and impacts of Attention Deficit Hyperactivity Disorder (ADHD), driven largely by shifting societal stigmas and improved understanding. Sadly, the level of support and accessibility made available to those who have either been diagnosed or wish to be assessed has not kept up. As a result, Australia now has a fundamentally impaired mental health system that is simply not up to the task of supporting those struggling with ADHD.

In September, an Australian senate inquiry will explore the adequacy of assessment and support services for Australians struggling with ADHD. This Inquiry represents a rare and seminal opportunity to effect meaningful change in the Australian mental health landscape by comprehensively addressing the challenges faced by individuals with ADHD and their families.

Unbound Minds has tendered a submission to the Inquiry, with several key recommendations. Our submission to the Committee is composed of insights and recommendations across several domains, amalgamating research, lived experiences, and best practices. Below is a synopsis. We hope that our recommendations resonate with you and help to set the stage for

a collaborative approach to reform between General Practitioners (GPs) and psychologists. As GPs, you are critically important in helping to reduce the barriers to consistent, timely and best-practice ADHD diagnosis and treatment.

Access to ADHD Diagnosis

The financial burden of obtaining an ADHD diagnosis from a qualified mental health professional is often untenable for many. This is a product of the responsibility of diagnosing a potentially complex presentation such as ADHD, and the number of clinical hours required to effectively conduct, score and interpret an assessment, as well as produce an accurate, comprehensive and clinically responsible final report.

Currently, Medicare does not offer any rebates around the cost of obtaining an

ADHD assessment and restricts rebates to therapy. We submit that ADHD assessments should be rebated under Medicare.



Access to ADHD Medication

Accessing stimulant medication is incredibly time-consuming and complicated for many people. Individuals with ADHD are bounced between GPs, psychologists, and psychiatrists. While there is often the intent, in practice, the collaborative process between these health professionals is often rife with duplication, a lack of collaboration and unclear expectations. This has severe cost implications for people with ADHD and creates an undue delay in obtaining critically important medication.

We must streamline access to stimulant medication and improve the effectiveness and speech of the collaborative process between health professionals. We submit that stimulant medication should be prescribed through a collaborative effort between GPs and psychologists.

Post-diagnosis Support

Ongoing post-diagnosis support is incredibly important to ensuring positive clinical outcomes. Unfortunately, many people forgo adequate post-diagnosis support because of the associated cost and lack of support from Medicare. Sadly, Medicare caps the number of psychology sessions that are eligible for a rebate, to just 10 per calendar year (down from the temporarily increased limit of 20, introduced during the COVID-19 pandemic).

Post-diagnosis support is a long-term commitment and often requires more than 10 psychology sessions per calendar year. To alleviate the financial strain and improve accessibility to support, we recommend increasing

the number of Medicare-covered psychology sessions, enhancing rebates for Registered Psychologists, and introducing rebates for provisional psychologists.

Role of the National Disability Insurance Scheme (NDIS)

The NDIS currently does not recognise ADHD as a primary disability, thereby prohibiting individuals with ADHD from accessing NDIS support and funding and denying them a level of acknowledgment. An acknowledgment of this effect from the NDIS would fundamentally increase societal awareness, further validate individuals with ADHD and materially relieve much of the associated financial burden associated with post-diagnosis support.

We submit that the NDIS should recognise ADHD as a primary disability and establish clear guidelines regarding eligibility criteria for individuals with ADHD.

Addressing Gender Bias

The underdiagnosis and misdiagnosis of ADHD in females is alarming and almost at a crisis point. There are many factors that are contributing to this, including limitations in the current diagnostic tools, historically skewed research with disproportionate male populations and difficulties amongst mental healthcare practitioners in navigating common comorbidities.

Government funding is needed for further research, increased health practitioner training and public awareness campaigns focused on gender differences in ADHD. Funding should also be allocated toward the study and adoption of international best practices.

The Way Forward

Individuals with ADHD have long suffered from a severely convoluted, expensive and painfully slow mental health framework that is buckling under increasing pressure and demand. While schemes such as Medicare and the NDIS provide a limited level of support, they fall painfully short and are in need of urgent reform. There are also sizeable opportunities to reform the way that health professionals currently interact and collaborate to serve individuals with ADHD.

More funding, research and awareness is needed to improve access to diagnosis and post-diagnosis-support services and fund more research around better understanding gender biases relating to ADHD.



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Cnr. Parker St. & Barber Ave, Nepean, NSW, Australia 2742

Nepean Health Hub



unbound minds

Written by Justin Khoury
from Unbound Minds, Psychology,
Nepean Health Hub

Address
15/13 Digitaria Drive Gledswood Hills NSW 2557
202/13 Barber Avenue Kingswood NSW 2747
P | 1300 151 110
www.unboundminds.com.au