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Committee Secretary
House of Assembly Standing Committee on Government Administration B
Parliament House, Hobart
TAS, 7008

By email: assemblygab@parliament.tas.gov.au

Dear Committee Secretary,

Thank you for the opportunity to provide a submission to the House of Assembly Standing Committee on Government Administration B on this inquiry into the availability and efficiency of the assessment and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and support services for adults and children with ADHD in Tasmania.

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in Tasmania. As a national peak body representing over 47,000 members working in or towards a career in general practice, our core commitment is to support GPs address the primary healthcare needs of the Australian population. Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

GPs are the first point of contact and provide care for patients of all ages, genders, and cultures across all disease categories through all stages of life. Each year, almost nine in 10 Australians visit a GP[i]. This holistic, patient-centred, and relationship-based approach places GPs in an excellent position to aid in the diagnosis and management of patients with ADHD and connect patients and their families with other specialists and support as necessary[ii].

Our submission will provide comment on the relevant Inquiry terms of reference that impact on the availability and efficiency of the assessment and treatment of ADHD and support services for adults and children with ADHD in Tasmania.

Our key messages and recommendations, which are expanded on below, are:

- Multidisciplinary models of care should be the standard.
- Supporting shared care arrangements for stable community patients is key to enabling equitable access to assessment and care.
- In the short-term enabling GPs to continue stimulant medication prescription for stable patients with ADHD without requiring the cost and access barriers of frequent regular specialist review will significantly reduce the burden on specialist services and reduce costs for Tasmanian patients.
- In the medium to long term piloting credentialed GP led diagnostic pathways for ADHD in areas of high clinical need with assistance from paediatricians and psychiatrists is recommended. This will support localised future models of care built off primary care ADHD models being developed interstate and abroad.

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(a) Adequacy of access to ADHD diagnosis

The current access to ADHD management for many patients is inadequate. There are several barriers to patients receiving timely diagnosis, including difficulty in accessing specialists, costs to patients, and unclear referral pathways.

Globally ADHD rates are estimated to be between 6-8% of children and 2-4% of adults[iii]. In Tasmania we see 9% of Tasmanian school age children medicated for ADHD, and a further 9% waitlisted for assessment[iv]. This is a statistically significant difference in diagnosis when compared with the global ADHD rates. In our adult population while we have seen increases in prescribing rates, particularly for adult women, it is likely that we are not yet seeing diagnosis rates exceed prevalence rates for this cohort[v]. This results in substantial numbers of adults likely remaining undiagnosed.

In Tasmania we face unprecedented challenges in access to equitable assessment and support for ADHD. Private paediatric lists are largely closed to new referrals and public waiting times frequently exceed two years[vi]. Increasingly, there is no public option for young adults or adults. Private adult ADHD specialist costs are unaffordable for the majority of Tasmanians, and to date have largely been provided by interstate practitioners where continuity of care is limited. Receiving a diagnosis for adult patients with ADHD may be even more difficult as they don't have access to the paediatric services which can support children.

More generally, GPs referring patients for diagnosis report significant delays in appointments to see specialists including paediatricians, psychiatrists, and psychologists, and often several appointments are needed before diagnosis can be confirmed.

There are financial barriers to receiving a diagnosis, with patients often paying significant out-of-pocket costs, and many patients needing to travel long distances, sometimes interstate, to see a specialist with availability. This cost barrier means that people on low incomes are unable to access care and are disproportionately affected by poor access to care.

In Tasmania the lack of access to quality affordable assessment results in those with the means to self-fund often accessing telepsychiatry ADHD specific assessment services, some of which employ potentially questionable assessment processes where the diagnosis is a foregone conclusion obtained at substantial cost to the patient[vii]. In one such example, a GP reported to the RACGP that due to the minimal capacity for their patient to be seen publicly the patient paid over $700 for their telepsychiatry diagnosis.

Meanwhile, Tasmanians without the means to self-fund are unable to access assessment and treatment due to both a lack of public psychiatric consultation services (with the possible exception of the Collins St Clinic model – discussed later) and a lack of training and experience of public psychiatry service staff in the diagnosis and assessment of ADHD.

Moreover, Tasmanians with a history of alcohol or substance use, forensic issues, mental illness and low socioeconomic status are both more likely to have co-occurring ADHD and are simultaneously less likely to be able to access assessment and treatment resulting in a manifestly inequitable access[viii ix].

Additionally, of significant concern is the quality of ADHD assessment and diagnosis and the equity of access to a good quality assessment that comprehensively considers differential diagnoses and co-occurring conditions. An over-reliance on screening tools and self-assessment checklists leads to overdiagnosis and is not best practice. The gold standard is a structured clinical interview undertaken by an appropriately trained professional[x].

The Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder (ADHD) (referred to throughout this submission as the ADHD Clinical Guideline) identifies that there can also be delays to patient diagnosis due to unclear referral pathways (for example, from GPs to other specialists and back again)[xi].

These barriers to diagnosis point to a significant need for Tasmanian GPs to be better supported to play a greater role in this area. While some GPs have already taken on expanded role in diagnosing and treating ADHD, there is a need for GPs to be supported through appropriate education and training, for regulatory change relating to stimulant prescribing, and for the development of shared care arrangements. More detail on these suggestions is provided in later sections of this submission.

(b) Adequacy of access to supports after an ADHD assessment

People living with ADHD require lifelong, individualised support. The support they need will depend on factors including any co-existing conditions and their external environment. GPs are well placed to provide the holistic care that tackles the biopsychosocial nature of ADHD.

More than two thirds of individuals with ADHD have at least one other co-existing condition[xii]. Common co-existing conditions include autism spectrum disorder, anxiety, behaviour disorders, Tourette Syndrome, sleep disorders, and depression. People living with ADHD require individualised care which also diagnoses and treats these conditions alongside the ADHD.

ADHD is a complex condition that requires multi-faceted supports. Most commonly a combination of medication, lifestyle changes and psychological support is required for best outcomes[xiii]. Due to the current demand on services in Tasmania access to supports beyond medication has been deprioritised which is negatively impacting a patient's ability to move towards effective self-management of their condition.

Given these factors it is essential that people living with ADHD have a comprehensive care plan with input from a GP led multidisciplinary team that is regularly reviewed. It is also important to recognise that once effective treatment for ADHD is deployed it is frequently a stable chronic condition that is well suited to primary care management and support. GPs are best placed to ensure effective treatment is maintained, to detect early any side effects of treatments and to ensure that controlled medications are used appropriately.

However, Tasmanian legislation supports a single prescriber for stimulant medication model that requires regular non-GP specialist review. If trained general practitioners were supported to provide longitudinal care (including prescribing) by extending or removing non-GP specialist review requirements beyond the currently typical 1-3 interval for stable patients with ADHD, the burden on existing diagnostic services in Tasmania would be eased and the balance of services doing diagnostic work vs regular reviews would shift toward GP longitudinal care[xiv]. A model such as this could be facilitated through a bulk-billed GP Management Plan (GPMP) thereby reducing the cost burden on Tasmanian families who require frequent and regular non-GP specialist review.

Increasingly, at a federal level, higher patient rebates for relevant Medicare-subsidised services would also go some way to improving access to supports after diagnosis in Tasmania by reducing costs for individual patients. Relevant Medicare Benefits Schedule (MBS) items include: Team Care Arrangements (items 723 and 732), GP Mental Health Treatment Plans (item 2700-2701, 2715 and 2717) and multidisciplinary case conferences (items 735-758).

Other treatment modalities should also be considered and promoted post ADHD diagnosis, or for children displaying early ADHD traits. For instance, there is strong evidence that early family / school support in children manifesting ADHD traits is highly effective. In particular, Parent-Child Interaction Therapy and it's variant Teacher-Child Interaction Therapy demonstrates response rates exceeding stimulant medication by more than double[xv].

This model is low cost, well suited to both group and telehealth-based delivery and is suitable for blended funding using Federal Medicare Mental Health Care Plan item numbers to deliver bulk-billed/low-cost interventions.

(c) The availability, training and attitudes of treating practitioners, including workforce development options for increasing access to ADHD assessment and support services

Given the barriers to access described above, and the requirements for coordinated care over the patient's lifetime, patients would benefit from GPs taking on an expanded role in the diagnosis and management of patients with ADHD and acting as care coordinators. To take on this expanded role, GPs need access to appropriate education and training in Tasmania.

Shared care models

GPs are well-positioned to aid in the diagnosis and management of patients with attention deficit hyperactivity disorder (ADHD) and connect patients and their families with other specialists and support as necessary.

A collaborative approach to managing ADHD would help to upskill and support GPs taking on this expanded role. The development of shared care arrangements, for example in the form of clinical protocols and funding systems, would ensure that GPs can access timely assistance from other specialists and allied health professionals, to support diagnosis and management and mitigate risk of both over and under treatment. This is especially important for GPs in rural and remote areas where access to other specialists is limited.

The RACGP recommends Tasmania explores the ADHD care pilot model in NSW (Nepean Blue Mountains Local Health District ADHD Clinic)[xvi] and the proposed WA (West Australian GP ADHD Care Pilot), along with the Other Designated Prescriber (ODP) treating ADHD model currently in place in NSW[xvii], with a view to reviewing effectiveness, and relevance to the Tasmanian context.

Training

It is common for GPs to develop specific areas of interest throughout their career in order to support the needs of their local community. Examples of other areas of interest include dermatology, psychological medicine, addiction medicine, and sexual health.

The RACGP supports GPs to develop these areas of interest, to find education and training opportunities, and to network among peers with the same interests through our 37 Specific Interest groups. The ADHD, ASD, and Neurodiversity Specific Interest group has around 1400 members and there is significant interest from GPs in opportunities to upskill and develop in this area.

As previously mentioned, the Collins Street Clinic in Hobart currently provides publicly funded one off psychiatric assessment (and in some cases a limited number of reviews) for patients referred by their GP. This clinic could be funded to expand statewide and incorporate general practitioners with specific interest (GPwSI) in mental health including ADHD who could then be supported to complete further training (such as the Certificate of Psychiatry and /or other ADHD specific training). The Collins Street Clinic already embeds peer learning and supervision and over time could expand to GP registrar training placements and further capacity building activities across the mental health sector

Support for Tasmanian GPs to develop their expertise in this area through shared care models referenced above, or through more formal training pathways is needed.

(d) Regulations regarding access to ADHD medications, including the Tasmanian Poisons Act 1971 and related regulations, and administration by the Pharmaceutical Services Branch (PSB), including options to improve access to ADHD medications

The current restrictive and onerous prescribing regulations in Tasmania discourage GPs and psychiatrists alike from treating ADHD in a timely and equitable manner. The Pharmaceutical Services Branch (PSB) processes for approval of psychostimulant prescribing are more restrictive here than elsewhere in Australia.

Consideration of approval for psychostimulants as a class rather than as an individual drug or formulation should be considered in identified low risk cases. This would reduce the need for re-applications for dose alterations when not explicitly stated in the psychiatric or paediatric treatment plan and would bring Tasmania in line with some other jurisdictions (such as NSW). Suitably trained, skilled and accredited GPs should be empowered to make dose and formulation alterations without specialist review within an approved dose range.

Additionally, current processes restrict ADHD treatment access for patients with alcohol and substance use history. These patients need careful clinical assessment and decision making around treatment. Risk mitigation strategies (such as weekly dispensing, urine drug screening etc) may also be required.

Again, suitably trained, skilled and accredited GPs can effectively and safely assess these risks, with an additional layer of scrutiny employed by the PSB where significant risks are identified. However, current processes give disproportionate decision-making capacity to the regulatory body, compared to the treating clinician. While it is appropriate that PSB retains capacity to impose risk mitigation strategies, care needs to be taken not to further stigmatise and obstruct access to effective treatment for this cohort. The evidence suggests that not only are there high rates of co-occurring substance use in people with ADHD, but also that treating ADHD reduces substance use and associated risks[xviii].

The requirement to provide full psychiatric assessment details to the PSB for the purpose of approval of S8 medications results in the unnecessary disclosure of patient information (for example these assessments may detail histories of sexual abuse or other clinical or contextual issues which have no material impact on the decision as to risk of psychostimulant prescribing). This is also not comparable to information requested for opioid approvals. While there needs to be oversight as to risk assessment, we suggest that there is consideration of models that allow the assessing clinician to make a determination of risk and relay this decision to PSB, and thus limit the sharing of irrelevant patient information with a third party not directly involved in their care as a routine measure.

(e) The adequacy of, and interaction between the State Government and Commonwealth services to meet the needs of people with ADHD at all life stages

The regulatory issues described in section d) above should be addressed in order to better facilitate the timely and safe diagnosis and prescription of ADHD in Tasmania, which should include general practitioners.

Tasmania's strategic plan for mental health (Rethink 2020) identifies 10 key reform priorities to improve mental health outcomes for Tasmanians, all of which are relevant to improving the management of ADHD[xix]. Future iterations of state mental health plans should specifically consider ADHD as a condition which requires a coordinated approach between state and commonwealth mental health services. ADHD inclusive mental health policy is a key enabler of coordinated funding for shared models of care and clear health pathways for patients.

RACGP Tasmania supports coordination between Commonwealth, state and local governments in funding models of care which support shared care models and clear health pathways for patients.

(f) the social and economic cost of failing to provide adequate and appropriate ADHD services

ADHD is one of the most common neurodevelopmental disorders impacting childhood. It is a chronic condition that may continue into adulthood especially if inadequate childhood supports are provided. ADHD can have lifelong impacts on educational achievement, occupational attainment, and the increased likelihood of crime and interaction with the criminal justice system, placing significant pressure on society.

The total cost of ADHD in Australia is estimated to be $20.4 billion, comprising $12.8 billion in financial costs and $7.6 billion in wellbeing costs. Productivity costs resulting from reduced workforce participation, absences from work and reduced productivity while at work make up 81% of total financial costs. The remaining financial costs include deadweight losses (11%), health system costs (6%) and other costs (e.g. justice system costs or education costs)[xx].

Children who live with undiagnosed ADHD are at higher risk of mental health issues in adulthood including an increased risk of anxiety, depression, personality disorders and antisocial behaviour. We know that children with ADHD frequently require enhanced educational supports to thrive and achieve in education, yet currently, educational supports are tied to diagnosis. With long wait times for assessment the impact on a child's wellbeing and engagement with education often deteriorates.

Consideration of re-working school-based funding for educational supports to take into account the degree of impairment of engagement in learning pending a formal diagnostic assessment is essential for supporting the health and wellbeing of children in Tasmanian schools.

As previously outlined, there is a critical need for policy interventions that increase access to ADHD assessment and treatment in order to reduce the health impacts and socioeconomic burden of ADHD in society.

(g) Other related matters

More research into ADHD is needed, with potential areas for further research including screening tools, shared care models, effective non-pharmacological therapies, and development of culturally appropriate assessment tools for Aboriginal and Torres Strait Islander peoples, and those from culturally and linguistically diverse groups.

A detailed summary of areas for future research is included in the ADHD Clinical Guideline and the RACGP encourages Tasmanian decision makers to implement policy changes that align with the guideline.

Thank you again for the opportunity to provide a submission to the House of Assembly Standing Committee on Government Administration B on the inquiry into the availability and efficiency of the assessment and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and support services for adults and children with ADHD in Tasmania. For any queries regarding this submission please contact Emma Travers, State Manager, RACGP at [redacted]

Yours sincerely,

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