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Australian ADHD Professionals Association (AADPA) response to Submission 7 from the Critical Psychiatry Network Australasia. (CPNA)

In opening, we would like to declare that AADPA welcomes respectful and robust debate about policy and research. We encourage debate that is grounded in ethical, rigorous and evidence-based arguments and critical analysis.

This rebuttal submission focuses specifically on comments made by the CPNA that directly refer to the development of the **Australian Evidence Based Clinical Practice Guideline for ADHD** as they contain inaccuracies.

It is important to note that we agree and have always advocated about the importance of a full diagnostic assessment that considers the whole of a person's presentation and situation, and the recognition that people with ADHD present in different ways.

However, we find that most of the views expressed in the CPNA submission are misleading and that the statements contained therein misinterpret and misrepresent the views, assumptions, and beliefs of those with lived experience of ADHD and the clinicians working with them.

Turning to the points raised in the section that addresses the Guideline.

Statements that the Guideline's evidence framework is misleading are incorrect.

The description of the ADHD Guideline as evidence-based is not misleading

The process for developing evidence-based guidelines is internationally recognised and endorsed by the NHMRC in Australia. The description of an evidence-based guideline is a technical one. **It defines process and not outcomes**.

Put simply, the development of the ADHD Guideline followed a systematic, rigorous approach to the evaluation of evidence relating to each of the prioritised clinical questions. All evidence-review followed the. NHMRC recommended framework known as GRADE (Grading of Recommendations, Assessment, Development and Evaluation).

The GRADE process is intentionally transparent with respect to the quality of evidence, the strength of each recommendation, and the decision-making process. In its own submission to the Senate Inquiry, the NHMRC reinforced their support for ADHD Guideline and our appropriate use of the GRADE evidence framework, stating: **"the GRADE process helps developers make recommendations transparently and scientifically using best-available evidence, as has been done in this case".**

Statements that important and robust evidence was ignored are false.

The process for the development of the ADHD Guideline, and the prioritised clinical questions, is clearly articulated in the Guideline itself. A priority set of questions was generated via several rounds of broad stakeholder engagement. These clinical questions formed the scope of the Guideline and demarcated the parameters of the evidence synthesis and review.

An independent experienced methodologist conducted all the evidence review and synthesis. She had no vested interest in ADHD and no connection with AADPA or the Board.

The public consultation for the draft version of the Guideline was run through April and May 2022 and broadly advertised. The CPNA did not make a submission. **If it had, its comments would have been considered, as mandated by the NHMRC process.** Below we reiterate the details of the public consultation phase:

- Adverts in The Age and Sydney Morning Herald newspapers for 3 days from Feb 28 – March 2, 2022
- An article in The Conversation online national newspaper 15 March 2022 with link to the public consultation web portal
- Emails to all relevant organisations including AADPA, professional colleges, societies and associations and consumer organisations

Claims about significant conflicts of interest are incorrect.
In addition to the information above, AADPA can confirm:

1. The AADPA Board played no role in the development of the guideline or the formulation of the recommendations. The only exceptions were, the Guideline Lead Professor Mark Bellgrove and Dr Emma Sciberras as a clinical psychologist and researcher at Deakin University.

2. All conflicts were vetted and recorded by the Conflict Management Committee, that included an independent observer and ethicist who did not otherwise participate in the guideline development process.

3. The Guideline Development Group (GDG) comprised a broad range of people with experience of ADHD, including those with ADHD, family members, community members, professional groups, Aboriginal and Torres Strait Islander peoples, and health professionals.

4. The GDG developed the recommendations independently through the structured GRADE process as described above, with no involvement or influence from AADPA or other stakeholder interests.

5. Both GDG Clinical Co-Chairs had no interaction with the AADPA Board and have no vested interest in AADPA. In addition, one of the appointed Co-Chairs was chosen precisely because she has decades of experience as a paediatrician and because of her expertise in neurodiversity, evidence review and synthesis.

All the above information is in the public domain and easily accessible. Our thanks to the Committee for allowing AADPA the opportunity to respond directly to this submission and correct the record.

13 November 2023

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Australian ADHD Professionals Association (AADPA) response to testimony given by Professor John Jureidini to the Community Affairs Committee on 29 September 2023.

In opening, we would like to declare that AADPA welcomes respectful and robust debate about policy and research. We encourage debate that is grounded in ethical, rigorous evidence-based arguments and critical analysis.

In this additional rebuttal submission, we will focus on several statements made by Professor John Jureidini, during testimony given on 29 September 2023. These statements directly refer to our work leading the development of the **Australian Evidence Based Clinical Practice Guideline for ADHD.**

Professor Jureidini's testimony said in part:

"….there are significant conflicts of interest. The Guideline primarily reflects the collective opinions and biases of the AADPA, a guild group invested in the ADHD concept and its treatment. AADPA and its executive have significant engagement with the pharmaceutical industry and should not have been regarded as independent or suitable to develop guidelines, a task that should have been entrusted to an independent body."

This is a false statement. Consider the following points:

1. The AADPA Board played no role in the development of the Guideline or the formulation of its recommendations. The only exceptions were, the Guideline Lead Professor Mark Bellgrove and Dr Emma Sciberras as a clinical psychologist and researcher at Deakin University.

2. All conflicts were vetted and recorded by the Conflict Management Committee, that included an independent observer and ethicist who did not otherwise participate in the guideline development process.

3. The Guideline Development Group (GDG) comprised a broad range of people with experience of ADHD, including those with ADHD, family members, community members, professional groups, Aboriginal and Torres Strait Islander peoples, and health professionals.

4. The GDG developed the recommendations independently through a structured consensus process known as GRADE, with no involvement or influence from AADPA or other stakeholder interests.

5. Both GDG Clinical Co-Chairs had no interaction with the AADPA Board and have no vested interest in AADPA. In addition, one of the appointed Co-Chairs was chosen precisely because she has decades of experience as a paediatrician and because of her expertise in neurodisability, evidence review and synthesis.

6. An experienced independent methodologist conducted all the evidence synthesis. She had no vested interest in ADHD and no connection with AADPA or the Board.

7. The GRADE process used by NHMRC to formulate Guideline recommendations requires expert interpretation of evidence. This, by definition, requires input from those with expertise in ADHD.

8. The public consultation for the draft version of the Guideline was run through April and May 2022. Neither the CPNA as a group nor Professor Jureidini made a submission. **If either had done so, their comments would have been considered, as mandated by the NHMRC process.**

   Below we reiterate the details of the public consultation phase:

   - Adverts in The Age and Sydney Morning Herald newspapers for 3 days from Feb 28 – March 2, 2022
   - An article in The Conversation online national newspaper 15 March 2022 with link to the public consultation web portal
   - Emails to all relevant organisations including AADPA, professional colleges, societies and associations and consumer organisations

We would like to draw the Committee's attention to the NHMRC's submission to the Inquiry that again supported our Guideline. It is also worth noting, that it was the former Coalition Government and Health Minister, Greg Hunt, who awarded the grant to AADPA that funded the Guideline's development. HERE

We would also like to specifically rebut the following testimony that was also given to the Committee on 29 September 2023, under privilege, by Professor Jureidini.

"The group that developed the guideline are all people for whom diagnosis of ADHD benefits them. Now, I'm not suggesting anything nefarious here—I'm sure that people are operating sincerely in what they're doing—but, if you're somebody whose profession consists of diagnosing and treating ADHD, you're an ADHD life coach, you're a carer of somebody with ADHD or you're somebody with ADHD who embraces the concept, it is more likely that you're going to see the evidence in a particular way. There was no attempt, as far as I can see, to collaborate with people like us who take a strong, scientifically based stance, who would have been happy to collaborate and cooperate and come to a consensus on these things but were never consulted in the process."

This testimony is untrue, and the inferences made therein might be considered defamatory.

Much of this statement infers this group is biased in favour of diagnosing ADHD. This assertion puts at risk the reputations of the people who contributed to this work on a pro bono basis.

The statement is clearly designed to undermine the veracity of a Guideline which was explicitly developed to promote rigorous, careful, safe, and expert diagnosis of ADHD and improve the quality of support offered to those receiving a diagnosis.

The statement's content also suggests that the group's bias is inherent in their personal experiences or professional interests. Whilst not explicit, part of this statement also suggests that clinical decisions made by professional members of the GDG may be unduly motivated by monetary gain. All these inferences are false and could be damaging to the reputations of members of the GDG.

Further, part of the statement suggests that the people on the GDG do not adhere to robust, evidence-based practice and review. Considering the academic and clinical reputations of the group along with their collective body of work, this phrase is clearly absurd.

The ADHD Guideline was approved by the NHMRC and endorsed by the APS, RACP, RACGP, Speech Pathology Australia, Occupational Therapy Australia, ACPA, AAPI, ADHD WA, ADHD Foundation, RANZCP, ADHD Australia and the World Federation of ADHD.

We trust there is no assertion that each of these groups is biased in their endorsement of the Guideline.

One of AADPA's goals is to prevent misinformation and dispel mistruths and falsehoods about ADHD. But Professor Jureidini's testimony is intended to cast doubt on the credibility of the Guideline, potentially reducing public trust and confidence in its recommendations, many of which were reflected on and supported in the main body of the Inquiry report.

This testimony also reinforces the stigma facing people with ADHD. This is particularly unfortunate given the thoughtful recommendations made by the Inquiry to promote awareness of ADHD to reduce stigma.

We thank the Committee for allowing AADPA to provide this rebuttal submission and for the opportunity to correct the record for not only AADPA, but the many eminent and hardworking members of the GDG.

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