

Australian Association of Psychologists incorporated (AAPi)



Feedback regarding the inquiry into assessment
and support services for people with ADHD



Senate Community Affairs References Committee,

The Australian Association of Psychologists Inc (AAPI) is the leading not-for-profit peak body representing all psychologists in Australia. AAPI welcomes the opportunity to comment on the barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD.

In compiling our submission, we have sought the views of members who have shared their experiences with those with lived experience of ADHD, their families, schools, workplaces and communities. These perspectives have been incorporated into our submission.

AAPI notes significant barriers to timely assessment, treatment and support for individuals with ADHD. These range from a lack of providers, which is significantly worse in some geographical locations, administrative barriers such as the need for specialist medical practitioner diagnosis to start medication trials, to significant cost barriers due to a lack of Medicare coverage and disability supports. AAPI is committed to working collaboratively with the Government, higher education providers, lived experience groups and all stakeholders to achieve a modernised and accessible mental health care system that adequately supports those with ADHD and their families.

Sincerely,

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Australian Association of Psychologists Inc

The Australian Association of Psychologists (AAPi) welcomes the opportunity to submit our findings on the barriers to consistent, timely, and best practice assessment of ADHD and support services for individuals with ADHD. Our submission addresses the specific terms of reference outlined by the committee:

(a) adequacy of access to ADHD diagnosis;

AAPi recognises the significant challenges individuals face in accessing timely and accurate ADHD diagnoses. We recommend exploring strategies to improve the availability and affordability of diagnostic services, including greater integration of assessment within primary healthcare settings and the provision of training programs for healthcare professionals to enhance their ability to diagnose ADHD.

Some common barriers to ADHD diagnosis in Australia are:

1. **Lack of awareness:** Limited understanding and awareness about ADHD among the public, including parents, teachers, and healthcare professionals, can be a significant barrier to early diagnosis. Many clients present for assessment in adulthood because they did not show the typical or stigmatised signs of hyperactivity or were able to mask their symptoms. Many people may not recognise the symptoms of ADHD or attribute them to other causes, particularly in non-cis-male individuals.
2. **Stigma and misconceptions:** Stigma associated with mental health conditions, including ADHD, can discourage individuals and families from seeking a diagnosis. Misconceptions and stereotypes about ADHD can lead to scepticism or dismissal of the disorder's legitimacy. There is also a risk that the individual is labelled as lazy or unmotivated when they have educational difficulties due to their executive function challenges.
3. **Limited access to healthcare services:** Accessibility to healthcare services, especially in rural and remote areas, can be a significant barrier to ADHD diagnosis. The requirement to see a specialised medical professional, such as a paediatrician or psychiatrist, to be prescribed stimulant medication contributes to significant delays in diagnosis and treatment. AAPi proposes that a psychologist assessment, paired with a full physical review by a client's GP be sufficient to start a trial of stimulant medication where there are no other complicating medical or psychiatric factors. The safety of

clients would be ensured by the thorough psychological and physical assessments done by this assessment duo.

4. **Long waiting times:** Even in areas with available healthcare services, long waiting times for assessments and specialist appointments can delay the diagnosis of ADHD. This can contribute to functional decline and poor educational outcomes for individuals seeking support. There is a shortage of psychologists in most rural and remote areas of Australia, leading to long wait times and limited access to services. The McKell Institute¹ previously found that the supply of psychological services has not kept up with demand, ultimately making psychologists more difficult to access. While there is no conclusive measure of the demand for mental health services, several data series can serve as useful proxies. For example, the proportion of adults in NSW experiencing psychological distress increased by 72% between 2013 and 2021. However, the number of psychologists per 100,000 people increased by only 33 per cent over the same period¹. This situation is even more constrained for medical specialties such as psychiatry, where there are significantly fewer psychiatrists registered per capita than seen in psychology. Removing some of the barriers, such as requiring a psychiatrist or pediatrician assessment for medication or support, will assist early intervention to occur more frequently.
5. **Cost considerations:** Financial constraints can pose a barrier to seeking an ADHD diagnosis. Out-of-pocket expenses for assessments, consultations, and treatments can be a burden for many individuals and families, particularly if they do not have access to adequate healthcare coverage or funding. Currently, there is very limited financial support to cover the cost of assessment. Private Health insurance with particular extras cover may cover some of the costs, but this private health insurance is outside the realm of possibility for those on lower incomes or those already struggling with increased cost of living pressures. Outside of private health insurance, there is no formal scheme assisting with the funding of these costly assessments. A complicating factor is the number of co-occurring disorders that need to be assessed for, particularly when assessing children. There is a high rate of co-occurring learning disabilities that will impact on educational success if undetected. This can make assessments too costly for some families looking for support. There is a significant need for subsidised assessments to be available through Medicare rebates, as there are for some other disorders. Providing this financial assistance will ensure that more consumers who need assessment are able to afford assessment.
6. **Comorbidities and overlapping symptoms:** ADHD often coexists with other mental health conditions, such as anxiety or depression. The presence of

overlapping symptoms can complicate the diagnosis process, leading to misdiagnosis or delayed diagnosis. Untreated ADHD can also be the cause of significant depression and anxiety due to the individual needing to work so hard to accommodate their neurological challenges.

7. **Cultural factors:** Cultural beliefs and attitudes towards mental health and neurodevelopmental disorders can impact the recognition and acceptance of ADHD. Some cultures may have different perspectives on behaviours associated with ADHD, making it challenging to identify and diagnose the condition.
8. **Medical specialist diagnosis:** The need for psychiatrist or pediatrician evaluation to access some supports, particularly within some states or territories schooling systems is a significant barrier. Children should be able to access the educational support they need, regardless of specialist involvement in their care.

Addressing these barriers requires a broad approach involving education and awareness raising, improving access to and affordability of healthcare services, reducing stigma, and training health care professionals to recognise and diagnose ADHD accurately. By addressing these barriers, individuals with ADHD can receive timely support and access appropriate interventions.

(b) adequacy of access to supports after an ADHD assessment;

Following an ADHD diagnosis, individuals often encounter difficulties in accessing appropriate support services. AAPi strongly recommends the implementation of comprehensive and coordinated support systems, including specialised educational programs, counseling services, and parent training initiatives. Additionally, efforts should be made to bridge the gap between diagnosis and support by promoting effective communication between health care providers, educators, and families.

Access to supports after an ADHD assessment in Australia can vary depending on factors such as geographical location, available resources, and individual circumstances. While efforts have been made to improve access to support, there are still areas where the adequacy of services may be a concern. Here are some aspects to consider:

1. **Multidisciplinary support:** ADHD management often involves a multidisciplinary approach, including medical professionals, psychologists, educators, and other therapists. In larger cities and urban areas, there

may be better access to these professionals and a broader range of support services compared to rural or remote areas. In more remote regions, the limited availability of specialised professionals can result in a lack of comprehensive support.

2. **Waiting times:** After an ADHD assessment, there can be waiting periods for follow-up appointments and accessing specific services. These waiting times may vary depending on the region and the demand for services. Longer waiting times can delay the start of interventions and support, potentially affecting individuals' well-being and educational progress. Increasing the workforce that is available to provide services by providing Medicare rebates for the services provided by provisional psychologists will expand the workforce by several thousand. Provisional psychologists have completed a minimum of 4-5 years of university education and are currently being supervised in the community while providing services through other schemes or through private pay arrangements but remain unaffordable for those who are financially disadvantaged².
3. **Affordability:** The affordability of ADHD support can be a barrier for many individuals and families. While some services may be covered by public healthcare schemes or private insurance, out-of-pocket expenses for assessments, therapies, and medications can still be significant. Financial constraints can limit access to ongoing support, especially for those who may require long-term interventions. AAPi's Private Practice Survey, conducted in late 2022, found that over 80 per cent of psychologists who responded would bulk bill more if all psychologists' rebates were raised to \$150³. Addressing the cost barriers to psychological treatment is also evidenced in *Under Pressure: Australia's Mental Health Emergency*¹. In a study by Richardson et al., 2008, the impact of fee increases for mental health services on service utilisation and mental health outcomes in Australia is detailed. The fee increase led to a decrease in the number of services used by patients. A 10% increase in the rebate led to a 3.4% increase in service utilisation and a 1.3% increase in mental health outcomes⁴.
4. **Education system support:** Adequate support within the education system is crucial for individuals with ADHD. This includes access to special education programs, accommodations, and targeted interventions. However, the availability and quality of support can vary between schools and regions, potentially affecting the consistency and effectiveness of support provided to students with ADHD. There are also barriers to accessing this support due to restrictions in some state systems for diagnosis to be from a pediatrician or psychiatrist.

5. **Parent and caregiver support:** Families and caregivers play a vital role in supporting individuals with ADHD. Access to parent education programs, support groups, and counseling services can be essential for understanding and managing the condition. However, the availability and accessibility of such resources vary greatly across different regions, leaving many families without adequate support networks.

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

AAPi emphasises the need for ongoing professional development programs to enhance the skills and knowledge of treating practitioners in the field of ADHD. Promoting neurodiversity affirming positive attitudes towards ADHD, and reducing stigma are of high importance, as are educational initiatives targeting healthcare professionals, educators, and the public.

The availability, training, and attitudes of treating practitioners are essential factors in ensuring access to ADHD assessment and support services in Australia. While progress has been made, there are ongoing challenges that need to be addressed to increase access and improve the quality of services:

1. **Availability of practitioners:** The availability of health care professionals, such as pediatricians, psychologists, and psychiatrists, is crucial for timely assessments and interventions. In larger cities, there may be more options and a greater concentration of practitioners. However, in rural and remote areas, there can be a shortage of professionals with expertise in ADHD. Efforts should focus on expanding services and ensuring equitable distribution of practitioners across regions.
2. **Training and expertise:** Adequate training for healthcare professionals is vital in accurately diagnosing and managing ADHD. Continuing education and professional development opportunities should be available to practitioners to enhance their knowledge and skills in ADHD assessment and evidence-based treatments. This includes staying up to date with research, best practices, and emerging interventions for ADHD.
3. **Attitudes and awareness:** The attitudes and beliefs of healthcare professionals can significantly impact the quality of ADHD assessment and support services. Promoting awareness, reducing stigma, and addressing misconceptions about ADHD among healthcare providers is crucial.

Encouraging a patient-centered and holistic approach, where individuals with ADHD are treated with empathy and understanding, can lead to better outcomes and support.

4. **Workforce development options:** Increasing access to ADHD assessment and support services can be facilitated through workforce development options. This includes strategies such as providing financial incentives or scholarships to encourage practitioners to work in underserved areas. Expanding training programs, including specialist ADHD courses, and offering ongoing supervision and mentorship can also help build a skilled workforce. AAPi can provide support and partnership to develop these training opportunities.
5. **Telehealth and digital solutions:** The use of telehealth and digital platforms has become more prominent, especially during the COVID-19 pandemic. Leveraging these technologies can help bridge geographical barriers and increase access to ADHD assessment and support services, particularly for individuals in remote areas. It also offers flexibility and convenience for both practitioners and patients.

To improve access to ADHD assessment and support services in Australia, a comprehensive and multi-faceted approach is needed. This involves addressing workforce shortages, enhancing training programs, fostering positive attitudes among practitioners, and embracing innovative solutions. Collaboration between government agencies, professional organisations, and community stakeholders is crucial to implementing effective strategies and ensuring that individuals with ADHD can access the support they need.

(d) impact of gender bias in ADHD assessment, support services and research;

Gender bias in ADHD assessment, support services, and research is an area of concern. It can have a significant impact on individuals, particularly girls, women, and gender-diverse individuals who can face challenges in recognising and receiving appropriate care for their ADHD. Key considerations are:

1. **Underdiagnosis and misdiagnosis:** Historically, ADHD has been predominantly associated with boys and stereotyped as a "hyperactive little boy" disorder. This bias can lead to underdiagnosis or misdiagnosis of girls, women, and gender-diverse individuals with ADHD who may present with different symptoms or exhibit more internalising behaviours. Girls, women, and gender-diverse individuals with ADHD are more likely to display inattentiveness, daydreaming, and internalised distress, which are

often overlooked or attributed to other conditions such as anxiety or depression.

2. **Delayed diagnosis and treatment:** Due to the underdiagnosis or misdiagnosis of girls and women with ADHD, there can be delays in receiving appropriate assessment and treatment. This delay can negatively impact academic performance, social relationships, and overall well-being. It may also result in missed opportunities for early intervention and support.
3. **Support services and accommodations:** Gender bias can influence the availability and appropriateness of support services and accommodations for individuals with ADHD. Schools often focus disproportionately on addressing the needs of boys with hyperactive behaviours, leaving girls with ADHD without the necessary support. This can affect academic achievement, self-esteem, and overall functioning.
4. **Research gaps and limitations:** Gender bias extends to research on ADHD as studies have historically focused more on males. This gender imbalance limits our understanding of how ADHD manifests in females, the unique challenges they face, and the effectiveness of interventions tailored to their needs. It also means that treating health professionals are less likely to correctly identify the correct cause of distress demonstrated by girls, women, and gender-diverse individuals. It is important for research to address this gap and provide a more comprehensive understanding of ADHD across genders.

Addressing gender bias in ADHD assessment, support services, and research is crucial for ensuring equitable and effective care for all individuals. Steps to address this bias include:

- Increasing awareness and education about the unique presentation of ADHD in females and gender-diverse individuals among healthcare professionals, educators, and the public.
- Promoting gender-sensitive assessment tools that capture the diverse symptomatology of ADHD across genders.
- Developing guidelines and training programs that address the specific needs of girls, women, and gender-diverse individuals with ADHD.
- Funding research that focuses on the experiences of females and gender-diverse individuals with ADHD and the impact of hormonal influences to fill the gaps in knowledge and improve treatment approaches.

By addressing gender bias, we can enhance early identification, accurate diagnosis, and appropriate support for girls, women, and gender-diverse individuals with ADHD, leading to improved outcomes and quality of life.

(e) access to and cost of ADHD medication, including Medicare and Pharmaceutical Benefits Scheme coverage and options to improve access to ADHD medications;

Affordability and accessibility of ADHD medications are critical factors influencing the well-being of individuals with ADHD. AAPi encourages exploring options to improve access to ADHD medications, including reviewing Medicare and Pharmaceutical Benefits Scheme coverage, considering generic alternatives, and implementing strategies to address shortages and availability issues.

Removing current restrictions and allowing GPs to prescribe ADHD medication rather than restricting initial prescribing to pediatricians and psychiatrists will reduce bottlenecks in diagnosis and treatment, and significantly reduce the cost of diagnosis for the Australian public. This change can be undertaken safely by requiring initial diagnosis assessment through Medicare rebated psychologist assessment, in partnership with medical review by a GP. This will ensure that other physical and health factors are appropriately assessed for and managed prior to stimulant trial. A referral route like that of Better Access or Chronic Disease Management to a psychologist for assessment and diagnosis may be more cost-effective. The availability of such services is significantly greater than is the assessment and treatment provided exclusively by psychiatrists and pediatricians; a system currently creating a significant delay in identification and treatment and associated with very high costs.

There are also significant costs to the individual diagnosed in adulthood where long-acting stimulant medication is required, as these medications are not subsidised by the PBS to the same degree. This is problematic as many individuals with internalising/inattentive patterns of ADHD may not be identified early and present in adulthood when either hormonal influences have further impaired their executive function or demands have exceeded their capacity to function without supporting medication.

Access to and the cost of ADHD medication in Australia can vary depending on several factors, including the type of medication, individual circumstances, and coverage under Medicare and the Pharmaceutical Benefits Scheme (PBS). By addressing these aspects, individuals with ADHD in Australia can have improved

access to a variety of medications and receive appropriate treatment options based on their needs and circumstances.

(f) the role of the National Disability Insurance Scheme in supporting people with ADHD, with particular emphasis on the scheme's responsibility to recognise ADHD as a primary disability;

AAPi believes the NDIS has a crucial role in supporting individuals with ADHD. We recommend that the scheme recognises ADHD as a primary disability and provides appropriate support, including access to diagnostic assessments, evidence-based interventions, and ongoing care throughout the lifespan.

In 2017, when the Productivity Commission⁵ reviewed the then-proposed National Disability Insurance Scheme, it stated that a well-funded, effective system of disability support would pay for itself by increasing workforce participation by both carers and people with disability. The same conclusion was reached by Victoria's Royal Commission into Family Violence. ADHD has a significant disease burden and is recognised as a disability under the Disability Discrimination Act 1992⁶ (DDA).

DDA disability definition criteria relevant to people with ADHD:

1. Total or partial loss of the person's bodily or mental functions;
2. A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
3. A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions, or judgement or that results in disturbed behaviour.

The objective of the DDA is to:

1. Eliminate, as far as possible, discrimination against persons on the ground of disability in the areas of:
 - (i) work, accommodation, education, access to premises, clubs, and sport; and
 - (ii) the provision of goods, facilities, services, and land; and
 - (iii) existing laws; and
 - (iv) the administration of Commonwealth laws and programs; and

2. To ensure, as far as practicable, that persons with disabilities have the same rights to equality before the law as the rest of the community; and
3. To promote recognition and acceptance within the community of the principle that persons with disabilities have the same fundamental rights as the rest of the community.

The National Disability Insurance Scheme (NDIS) in Australia plays a vital role in supporting people with disabilities, including those with ADHD. The scheme's responsibility to recognise ADHD as a primary disability is important in ensuring appropriate support and access to necessary services. A person's functioning or disability is a dynamic interaction between the person and environmental and personal factors⁷.

Consideration should be given to the level of disability an individual has when deciding whether support through the NDIS is appropriate. The NDIS provides support to individuals with a permanent and significant disability that substantially impacts their daily functioning. ADHD can be recognised as a primary disability under the NDIS if it meets the eligibility criteria, including demonstrating a substantial impact on a person's ability to participate in daily activities. Once eligible, individuals with ADHD work with the NDIS during initial planning to develop an individualised support plan based on their specific needs and goals. This would substantially reduce the impact of ADHD on various areas of life, such as education, employment, social participation, and daily living activities and improve individual functioning.

The NDIS needs to acknowledge and support the functional impairments in various domains, such as executive functioning, attention, organisation, and social interaction, that are experienced by those with ADHD.

**(g) the adequacy of, and interaction between,
Commonwealth, state, and local government services to
meet the needs of people with ADHD at all life stages;**

AAPi highlights the importance of a collaborative approach between Commonwealth, state, and local governments to ensure comprehensive and integrated services for individuals with ADHD. This includes early intervention programs, school-based support services, vocational training opportunities, and mental health services that cater to the specific needs of individuals with ADHD.

There are areas where improvements can be made:

1. **Healthcare services:** The interaction between the Commonwealth and state/territory governments is crucial in providing healthcare services for individuals with ADHD. While the Commonwealth government sets the overall health policy framework, state and local governments play a role in implementing and delivering services, including access to ADHD assessments, diagnostic services, and ongoing treatment options. There are currently significant gaps in services with limited funding provided by state or Commonwealth governments. These need to be addressed to ensure that assessment and treatment services are adequately provided.
2. **Education and schools:** There is inconsistency across states and territories with differences in support and accommodations available for students with ADHD in schools. This includes access to specialised education programs, teacher training, and tailored support services to address the academic, social, and behavioural challenges associated with ADHD.
3. **Disability support services:** The interaction between the Commonwealth government, state governments, and the NDIS is important to ensure that individuals with ADHD receive adequate support and access to necessary services.
4. **Mental health services:** The provision of mental health services for individuals with ADHD is somewhat limited in all states and territories. There needs to be an increase in funded mental health services in Australia - from assessment services to therapeutic services provided by psychologists.
5. **Research and policy development:** Collaboration between different levels of government is crucial in supporting research initiatives, developing evidence-based policies, and implementing best practices for ADHD. This includes funding research studies on ADHD, promoting awareness campaigns, and disseminating information to healthcare professionals, educators and the public.

While there are existing frameworks for collaboration between different levels of government, there is room for improvement in terms of consistency and coordination. Efforts to enhance communication, share best practices, and streamline service delivery can help ensure a more cohesive approach to meeting the needs of people with ADHD at all life stages. A collaborative and integrated approach between Commonwealth, state, and local governments is essential to ensure that individuals with ADHD receive comprehensive support and services throughout their lives.

(h) the adequacy of Commonwealth funding allocated to ADHD research;

Investment in ADHD research is vital to advance our understanding of the disorder and develop evidence-based interventions. AAPi calls for increased Commonwealth funding allocated to ADHD research, enabling the exploration of new treatment modalities, early identification strategies, and effective support interventions. Funding for ADHD research is crucial to advance our understanding of the condition, develop effective treatments and interventions, and improve the lives of individuals with ADHD. It is important for governments and funding bodies to consider the potential societal benefits, economic impacts, and long-term outcomes associated with investing in ADHD research.

By allocating adequate resources, governments can support researchers in making significant contributions to the field, leading to improved outcomes for individuals with ADHD and their families.

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

Failing to provide adequate and appropriate ADHD services has substantial social and economic costs. AAPi highlights the long-term benefits of investing in early intervention, accurate diagnosis, and comprehensive support services for individuals with ADHD.

Failure to provide adequate and appropriate ADHD services can have significant social and economic costs for individuals, families, and society. Here are some key points regarding the social and economic impacts of this failure:

1. **Academic and occupational challenges:** Individuals with untreated or poorly managed ADHD may struggle academically, experience difficulties in maintaining employment, and face challenges in reaching their full potential. This can lead to lower educational attainment, reduced job opportunities, lower income levels, underemployment, and decreased career prospects, with resulting long-term economic consequences for both individuals and society.
2. **Mental health and well-being:** ADHD is often associated with co-occurring mental health conditions such as anxiety, depression, and substance abuse. Without appropriate services and support, individuals with ADHD may be at a higher risk of developing or exacerbating these conditions,

leading to increased healthcare costs, decreased quality of life, and higher societal burdens.

3. **Family dynamics and relationships:** ADHD can have a significant impact on family dynamics and relationships, leading to increased stress, conflict, and decreased parental well-being. These family stressors can result in negative social and emotional outcomes for all family members.
4. **Increased healthcare utilisation:** Untreated or poorly managed ADHD may result in higher healthcare utilisation, including emergency room visits, psychiatric hospitalisations, and outpatient visits. The costs associated with these healthcare services place an economic burden on individuals, families, and the healthcare system.
5. **Criminal justice system involvement:** There is evidence to suggest that individuals with untreated or poorly managed ADHD are at an increased risk of involvement in the criminal justice system. Impulsivity, poor impulse control, and difficulties with adherence to rules and regulations can contribute to behavioural challenges and potential legal issues. The economic impact of incarceration, legal proceedings, and rehabilitation programs further highlights the costs associated with inadequate ADHD services.

Addressing these social and economic costs requires a comprehensive approach that includes early identification, accurate diagnosis, appropriate interventions, and ongoing support for individuals with ADHD. By providing access to timely and effective ADHD services, such as assessments, counselling, therapy, medication, and educational support, the potential long-term social and economic consequences can be mitigated.

Investing in ADHD services can lead to improved academic and occupational outcomes, enhanced mental health and well-being, strengthened family relationships, reduced healthcare utilisation, and a decreased burden on the criminal justice system. Recognising the importance of providing adequate and appropriate ADHD services is crucial for the well-being of individuals, families, and society.

(j) the viability of recommendations from the Australian ADHD Professionals Association's Australian evidence-based clinical practice guideline for ADHD;

AAPi acknowledges the significance of the Australian ADHD Professionals Association's evidence-based clinical practice guideline for ADHD. We endorse the implementation of these recommendations, which encompass accurate diagnosis, multidisciplinary interventions, and a coordinated approach among healthcare providers, educators, and families.

(k) international best practice for ADHD diagnosis, support services, practitioner education, and cost; and

International best practices for ADHD diagnosis, support services, practitioner education, and cost can vary across countries. However, there are some common principles and approaches that are widely recognised as effective:

1. **Diagnosis:** International best practice for ADHD diagnosis involves a comprehensive and multi-modal assessment process. This typically includes gathering information from multiple sources such as parents, teachers and the individual, using standardised rating scales and structured interviews. Best practice guidelines emphasise the importance of considering developmental history, symptom presentation across settings, and ruling out other potential causes for the symptoms. Australia's guidelines as developed by AADPA are in line with international standards and are tailored to the Australian population.
2. **Support Services:** Best practices for ADHD support services emphasise a multi-disciplinary and individualised approach. This may include a combination of interventions such as therapies, psychoeducation, parent training, academic accommodations, and medication management. Providing support and accommodations in educational settings is crucial to address the academic and social challenges associated with ADHD and improving outcomes for children.
3. **Practitioner Education:** International best practices highlight the need for ongoing education and training for healthcare professionals, educators, and other practitioners involved in ADHD care. This includes staying up to date with the latest research, evidence-based practices, and treatment options. Training programs and continuing education opportunities help practitioners develop the knowledge and skills necessary to provide

comprehensive and effective care. AAPi has the capacity to contribute to the development of educational offerings for all professionals who are likely to be involved in the management of clients who have ADHD.

4. **Cost Considerations:** The cost of ADHD diagnosis and support services can vary across countries depending on factors such as healthcare systems, insurance coverage, and public funding. International best practices recognise the importance of accessible and affordable services for individuals with ADHD and their families. This includes supplying subsidised assessments, treatments, and medications and public funding to ensure equitable access to services.
5. **Holistic Approach:** Best practices for ADHD emphasise a holistic approach that addresses not only the core symptoms of ADHD but also the associated impairments and comorbidities. This includes considering the individual's mental health, social and emotional well-being, educational needs, and overall quality of life.

Ultimately, international best practices aim to ensure that individuals with ADHD receive timely and appropriate support, resulting in improved outcomes and a better quality of life for those affected by the condition.

(l) any other related matters.

There are long-term workforce issues that need to be addressed within the psychology field so that those with ADHD can access the treatment that they need.

We urge the Government to provide a minimum number of Commonwealth-supported places for students studying psychology. This would mean places with no or reduced fees would be earmarked for those wanting to train as psychologists. The number of these places would align with and be determined by workforce demands and job vacancies as outlined in the report, *Under Pressure: Australia's Mental Health Emergency*¹. Bottlenecks within the training of psychologists also need to be urgently addressed, and an increase to Masters degrees be increased significantly so that workforce growth can be delivered to the required level *Under Pressure: Australia's Mental Health Emergency*¹.

Another issue that needs to be highlighted to adequately address the workforce shortage in psychology is the high level of burnout turnover among psychologists. This can impact the sustainability of the workforce and lead to further shortages. AAPi has previously approached the government for funding support for a mental health service for healthcare professionals as is currently

funded within the medical field. We propose that this be instituted as a matter of priority.

Conclusion

AAPi is committed to working collaboratively with the Government, higher education providers, lived experience groups and all stakeholders to achieve a modernised and accessible mental health care system that adequately supports those with ADHD and their families.

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