SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE:

INQUIRY INTO BARRIERS TO CONSISTENT, TIMELY AND BEST PRACTICE ASSESSMENT OF ADHD AND SUPPORT SERVICES FOR PEOPLE WITH ADHD

Hearing Details

Date: Thursday, 29 June 2023

Time: 4.30pm – 5.30pm AEST

Venue: Committee Room 2S1, Parliament House, Canberra

Webex link: https://aph.webex.com/aph/j.php?MTID=ma58dc83cab782b993f1db829a5c107dd
Meeting number: 2654 727 6771
Password: 7exMP2e9Vue

Connect 10 minutes before timeslot. Please mute your microphone when not speaking.

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Senate Inquiry: Barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD

On 28 March 2023, the Senate referred an inquiry into the Barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD to the Senate Community Affairs References Committee for inquiry and report by 27 September 2023.

Terms of Reference

Barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD, with particular reference to:

a. adequacy of access to ADHD diagnosis;

b. adequacy of access to supports after an ADHD assessment;

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

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

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

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

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;

h. the adequacy of Commonwealth funding allocated to ADHD research;

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

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

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

l. any other related matters

Senate Community Affairs References Committee

Committee Members attending Hearing	
Senator Janet Rice (Chair)	Australian Greens, VIC
Senator Marielle Smith (Deputy Chair)	Australian Labor Party, SA
Senator Wendy Askew	Liberal Party of Australia, TAS
Senator Kerrynne Liddle	Liberal Party of Australia, SA
Senator Jordon Steele-John	Australian Greens, WA

Committee Members (not listed above)	
Senator Maria Kovacic	Liberal Party of Australia, NSW
Senator Louise Pratt	Australian Labor Party, WA
Participating Members	
Penny Allman-Payne	Australian Greens, QLD
Alex Antic,	Liberal Party of Australia, SA
Ralph Babet	United Australia Party, VIC
Catryna Bilyk	Australian Labor Party, TAS
Simon Birmingham	Liberal Party of Australia, SA
Andrew Bragg	Liberal Party of Australia, NSW
Slade Brockman	Liberal Party of Australia, WA
Ross Cadell	The Nationals, NSW
Matthew Canavan	The Nationals, QLD
Michaelia Cash	Liberal Party of Australia, WA
Claire Chandler	Liberal Party of Australia, TAS
Raff Ciccone	Australian Labor Party, VIC
Richard Colbeck	Liberal Party of Australia, TAS
Dorinda Cox	Australian Greens, WA
Perin Davey	The Nationals, NSW
Patrick Dodson	Australian Labor Party, WA
Jonathon Duniam	Liberal Party of Australia, TAS
Mehreen Faruqi	Australian Greens, NSW
David Fawcett	Liberal Party of Australia, sA
Nita Green	Australian Labor Party, QLD
Karen Grogan	Australian Labor Party, SA
Pauline Hanson	Paulin Hansen's One Nation, QLD
Sarah Hanson-Young	Australian Greens, SA
Sarah Henderson	Liberal Party of Australia, VIC
Hollie Hughes	Liberal Party of Australia, NSW
Jane Hume	Liberal Party of Australia, VIC
Jacqui Lambie	Jacqui Lambie Network, TAS

Kerrynne Liddle	Liberal Party of Australia, SA
Susan McDonald	Liberal National Party of Qld, QLD
James McGrath	Liberal National Party of Qld, QLD
Bridget McKenzie	The Nationals, VIC
Nick McKim	The Greens, TAS
Andrew McLachlan	Liberal Party of Australia, SA
Jacinta Nampijinpa Price	Country Liberal Party, NT
Deborah O'Neill	Australian Labor Party, NSW
Matt O'Sullivan	Liberal Party of Australia, WA
James Paterson	Liberal Party of Australia, VIC
Fatima Payman	Australian Labor Party, WA
Marise Payne	Liberal Party of Australia, NSW
Barbara Pocock	Australian Greens, SA
David Pocock	Independent, ACT
Helen Polley	Australian Labor Party, TAS
Gerard Rennick,	Liberal National Party of Qld, QLD
Linda Reynolds	Liberal Party of Australia, WA
Malcolm Roberts	Pauline Hanson's One Nation, QLD
Anne Ruston	Liberal Party of Australia, SA
Paul Scarr	Liberal Party of Australia, QLD
Tony Sheldon	Australian Labor Party, NSW
David Shoebridge	Australian Greens, NSW
Dean Smith	Liberal Party of Australia, WA
Jordon Steele-John	*Australian Greens, WA*
Glenn Sterle	Australian Labor Party, WA
Jana Stewart	Australian Labor Party, VIC
Lidia Thorpe	Independent, VIC
Tammy Tyrrell	Jacqui Lambie Network, TAS
Anne Urquhart	Australian Labor Party, TAS
David Van	Independent, VIC
Jess Walsh	Australian Labor Party, VIC
Larissa Waters	Australian Greens, QLD
Peter Whish-Wilson	Australian Greens, TAS
Linda White	Australian Labor Party, VIC

The only member in the media on this issue is Senator Jordon Steele-John who is a youth and disability advocate and activist. Senator Steele-John called for the senate inquiry to advocate for an overhaul in how ADHD is treated. He wants Medicare and NDIS to include ADHD.

- 'We can change 500,000 lives': Jordon Steele-John's ADHD mission | The Monthly
- Trailblazing a community-led National Inquiry into ADHD with Senator Jordan Steele-John
- Senator Jordon Steele-john on adding ADHD to the NDIS

Attention Deficit Hyperactivity Disorder (ADHD)

Key points

- ADHD is the most common neurodevelopmental condition in children and adolescents[1] but can be diagnosed for the first time in adulthood. It requires a multifaceted approach to ensure the right supports and services are available for those impacted by ADHD and their families.
- A mental health professional (such a clinical psychologist) can assess for and diagnose ADHD. These professionals may also be involved in the ongoing treatment and management of patients with ADHD, including for co-existing mental health conditions.
- Where stimulant medication forms part of an ADHD treatment and management plan, a formal diagnosis from a psychiatrist or paediatrician is required, as stimulants are classified as Schedule 8 (S8) controlled medicines.

Barriers to accessing diagnosis and treatment

- Generally people with ADHD experience similar barriers in accessing diagnosis and treatment as people with other complex mental health conditions.
- Long wait times to access a paediatrician or psychiatrist for diagnosis and treatment.
- High out-of-pocket costs for diagnosis and treatment.
- There are strict legal requirements around the prescription of S8 medicines. The legislative requirements vary in each state and territory. Lack of consistency across state and territory prescribing guidelines, also impacts people who move interstate following initiation of treatment.

Parliamentary Inquiry into the Assessment and support services for people with ADHD

- Announced 28 March 2023 to review barriers to consistent, timely and best practice assessment of ADHD and support services for people with ADHD. Final report is due 27 September 2023.
- There is a Joint Standing Committee on NDIS which will include the role of the NDIS in supporting people with ADHD.

Key Data

- ADHD occurs in approximately 6-10% of Australian children and adolescents and 2-6% of adults.[2]
- The social and economic burden of ADHD in Australia is estimated at $20 billion per year.[3]
- The 2015 Second Australian Child and Adolescent Survey of Mental Health and Wellbeing found ADHD was the most common mental disorder in children and adolescents (4-17 years). It is more common in males than females.[4]
- Between 2013-2022 the number of prescriptions used in the management of ADHD has seen a yearly average growth rate of 16.7%. There has been a steep growth rate of 26.7% between 2020-2022.[5]

Current Government Funded Initiatives and Supports

Diagnosis and treatment supports:

- Some financial assistance is available through the **Medicare Better Access initiative and PBS** (refer Attachment A).
- There are effective non-pharmacological and pharmacological treatments which can reduce symptoms and improve function.

Government funded initiatives:

- Development of the Australian **evidence based clinical practice guideline for ADHD** (Guideline) – opportunities to consider policy recs included at Attachment A to draft submission
  - $1.5 million funding provided to the Australian ADHD Professionals Association (AADPA).
  - Launched in October 2022 and endorsed by the National Health and Medical Research Council.
  - Provides a national standard for the identification, diagnosis and treatment of people with ADHD.
  - Includes 132 recommendations, including 21 recommendations for Government in relation to service and policy considerations.
  - The Guideline has received widespread endorsement across the sector.
  - In April 2023 AADPA released a **Consumer Companion to the Guideline**, to help individuals and families to better understand how ADHD is diagnosed and treated, including pharmacological and non-pharmacological treatments.
- AADPA has also commenced development of a **National Prescribing Manual for ADHD Medication.**
- **Growing the mental health workforce:** by increasing the number of psychologists and psychiatrists and better supporting GPs to manage more complex patients, including those with ADHD (see also Attachment A).
- Creating a national network of **mental health and wellbeing centres**: Head to Health Kids Hubs, headspace services and Head to Health Adult Mental Health Centres providing free and low-cost support for individuals with a mental illness, including ADHD (see also Attachment A).
- Funding provisioned for mental health reform.
- Government will work with the sector and people with lived experience of mental illness to consider solutions to improve access to a range of mental health services across the stepped care continuum and created integrated system of supports, including for for people with ADHD.

Sector views

- Across professional groups, there are concerns that ADHD is both over and under diagnosed, and that there is both over and under prescribing of medication for ADHD.
  - Further data and research is needed.
  - The National Study of Mental Health and Wellbeing 2020-21 looked at the prevalence of mental health disorders but did not include ADHD.
- There have been concerns raised in the media and anecdotally around increasing diagnosis of ADHD particularly in adult women, attributing the increase in adult cases to historical under diagnosis in young girls and increased awareness.[6]
- See also NDIS eligibility at Attachment A

ADHD Organisations

There are several ADHD consumer organisations and peak bodies, including:

- **Australian ADHD Professionals Association** (AADPA) - represents professionals across Australia and New Zealand working with individuals with ADHD and their families through training and education, advocacy, policy development and research.
- **The ADHD Foundation -** provides supports and services through national projects (e.g. the ADHD Helpline), information and education and well as advocacy and awareness raising.
- **ADHD Australia -** has a mission to create systemic change for people living with ADHD through research, education and advocacy.
- **National ADHD Forum Ltd (refer section below)**

s47C

[redacted]

Media Coverage

ADHD clinics capitalise on diagnosis explosion, with some charging up to $3,000 and paying doctors up to $900,000 a year - ABC News (24 May 2023)

- Concerned stakeholders are calling for caps on gap fees, and for GPs to be given a greater role in ADHD diagnosis and management.

To

[2] Australian Evidence-Based ADHD Clinical Guideline (aadpa.com.au)

[3] *Deloitte Access Economics*, 2019, https://aadpa.com.au/wp-content/uploads/2019/07/Economic-Cost-of-ADHD-To-Australia.pdf

[5] Pharmaceutical Benefits Scheme data.

[6] What is ADHD? Symptoms, causes and treatments - why are more people being diagnosed? (smh.com.au)

Attention Deficit Hyperactivity Disorder (ADHD)

ATTACHMENT A

Medicare-subsidised services

- While there are no dedicated MBS items for assessment, diagnosis and treatment of ADHD, several MBS items can be used by practitioners to support people experiencing symptoms associated with ADHD.
    - This includes standard consult items for GPs to provide holistic, person-centred care and determine the best referral pathway, and MBS items subsidising diagnostic and treatment services provided by psychiatrists and paediatricians.
- People with ADHD, including where a co-existing mental health condition is present, may also be eligible for treatment under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) Initiative* (Better Access), which provides rebates for up to 10 individual and 10 group mental health services per calendar year.
    - Services can be delivered by psychologists and appropriately trained GPs, social workers and occupational therapists.
- investments in the 2023-24 Budget to strengthen Medicare will make it easier for people to see their GP for mental health support, including those experiencing ADHD symptoms.
    - Tripling the bulk billing incentive will make it more affordable for vulnerable and disadvantaged Australians to see their GP
    - longer consultations will allow GPs to spend time with patients to holistically assess their needs and determine the most appropriate referral and treatment pathway, as well as continue to coordinate and contribute to care for people after they receive an ADHD diagnosis

PBS and Medications

- ADHD medicines listed on the PBS are determined on advice from PBAC. This may differ to clinical guidelines as the PBAC considers a broad range of factors – including cost.
- Guideline encourages practitioners to consider both pharmacological and non-pharmacological treatments for ADHD, including lifestyle changes and training for family, carers and parents
- Pressure on the specialist medical practitioner workforce due to regulations around S8 prescribing– Guideline recommends upskilling broader workforce in prescribing, as in rural and regional settings.
- Variances in legislative requirements between each jurisdiction - must be considered by patients treated by specialists in another state or territory, including via telehealth.

Workforce

- In the 2023-24 Budget, the Government invested $586.9 million in the mental health and suicide prevention system to lay the groundwork for future reform. This includes:
    - $91.3 million to address acute bottlenecks in the psychology training pipeline, which will increase the availability of workforce to provide both assessments for ADHD and subsequent psychological treatment, if required
        - 500 additional postgraduate psychology places at universities
        - 500 one-year internships for provisional psychologists in the 5+1 pathway
        - provide 2,000 fully subsidised supervisor training places, including 1,000 refresher places, and
        - redesign psychology higher education pathways in partnership with the sector to support longer term reform.
    - $17.8 million to upskill the broader health workforce in mental health
        - Includes reviewing undergraduate curricula for nursing, midwifery and allied health students to ensure they get appropriate training in mental health.
- This investment builds on current initiatives to increase the number of psychiatrists and paediatricians through additional specialist training places and development of rural and regional training pathways.
- Guideline recommends upskilling workforce to reduce pressure on practitioners involved in ADHD.

Free and low-cost mental health services for people with ADHD

- The Government funds Primary Health Networks (PHNs) to plan and commission mental health and suicide prevention services at a regional level, at low or no cost where appropriate.
    - These services may assist people with an ADHD diagnosis experiencing financial barriers to treatment for co-occurring mental health conditions.
- The Government is delivering a national network of Head to Health Kids Hubs, headspace services and Head to Health Adult Mental Health Centres.
    - These provide free and low-cost support for people with mental illness, including those with an ADHD diagnosis.

Update on Head to Health Kids Hubs (see below for Background on service model)

- 17 Head to Health Kids Hubs are planned to be rolled out nationally by 30 June 2027.
    - In 2023, 3 Kids Hubs are due to be operational in Victoria, and a further 8 will be established in 2024 across New South Wales (2), Queensland (2) and Tasmania (3).
    - ACT, Northern Territory, Western Australia and South Australia will each establish one Kids Hub, which are due to be operational in 2024-25.
- The Head to Health Kids National Service Model outlines that core functions will include providing comprehensive assessment and treatment – these may include specialist assessment and treatment for neurodevelopmental disorders such as ADHD and Autism Spectrum Disorder.
- The Kids Hubs will target mild to moderate emerging complexity, where an integrated, multidisciplinary team will deliver a range of specialist medical and allied health services at no cost, and families will not require a diagnosis or formal referral to be eligible.
- The National Service Model is not prescriptive on the workforce, types of treatment and therapies and areas of specialist care for children, allowing flexibility across the Kids Hub's individual models of care based on co-design and local need.
- Lead providers will consider strategies to manage demand and access, recognising the current demand for services to provide assessment, diagnosis and treatment for ADHD and other neurodevelopmental disorders.
- The Kids Hubs will complement and integrate with existing state-funded maternal and child health services, including Child and Adolescent Mental Health Services, enabling families to access a range of supports and services including for behavioural and developmental concerns.

Digital services

- The Government also funds a range of free digital mental health supports. These include episodic crisis and counselling support, online treatment programs for co-occurring conditions such as anxiety and depression, and moderated peer support forums.

Psychosocial supports

- The Government funds PHNs to commission non-clinical psychosocial support services for people who are not supported by the National Disability Insurance Scheme (NDIS) through the Commonwealth Psychosocial Support Program (CPSP).
- The 2023-24 Budget includes $260.2 million over two years to continue current psychosocial services to 30 June 2025.
- For the period 1 July 2022 to 31 March 2023, more than 286,000 services under the CPSP were provided to nearly 18,000 clients.
    - Around 3% of these clients reported having a principal and/or additional diagnosis of ADHD.

Attention Deficit Hyperactivity Disorder (ADHD)

NDIS eligibility
• Joint Standing Committee on the NDIS which will consider the role of the NDIS in supporting people with ADHD. The current NDIS review will also consider its design, operations and sustainability, with a final report due October 2023. • Guideline recommends eligibility and access to NDIS support should be decided based on the functional needs of a person with ADHD, rather than solely on their ADHD diagnosis7. • People with an ADHD diagnosis that meet the other eligibility criteria can access supports through the NDIS. • Available data shows that as of 31 March 2023, a total of 4,864 NDIS participants listed ADHD as a primary or secondary disability[8].

[7] Guideline, recommendation 7.1.4.

[8] NDIS administrative data as at 31 March 2023.

ADHD Evidence Based Clinical Practice Guideline (Guideline) Recommendations and Potential Opportunities

- Policy recommendations in the Guideline can be pursued as relevant as part of the Australian Government's broader primary care and mental health reform program.
- Discussions with the sector and people with lived experience of mental illness following the delivery of the Better Access evaluation in December 2022 highlighted reforms to the health and mental health system cannot be progressed in isolation, given the structural barriers impacting access in each are the same.
- Accordingly, where possible, opportunities to incorporate specific solutions in line with the Guideline to support people with ADHD must be considered in the context of broader work.

- In the 2023-24 Budget, the Australian Government invested $586.9 million in the mental health and suicide prevention system to lay the groundwork for future reform. This includes $91.3 million to address acute bottlenecks in the psychology training pipeline and builds on current initiatives to increase the number of psychiatrists and paediatricians through additional specialist training places and development of rural and regional training pathways. Over time, these investments will increase the workforce available to provide assessments, diagnosis and treatment for ADHD and psychological services where required as part of a treatment plan.

7	Considerations – Service and Policy	s47C
7.1	**National services**	
7.1.1	Funding should be made available for an ADHD helpline, accessible to all Australians, consistent with those of other major mental health conditions. This could involve an expansion of the existing unfunded National ADHD Helpline.	
7.1.2	Laws and regulations for stimulant prescribing and shared care should be uniform between the states and territories in Australia and allow for cross-border dispensing. They should reflect best practice and evidence of safety and effectiveness.	
7.1.3	People with ADHD should have the same rights of access to the National Disability Insurance Scheme (NDIS) as those with a disability who do not have ADHD. To ensure optimisation of necessary and reasonable NDIS interventions and supports for people with ADHD, a shared understanding of the following are needed: • appropriate accommodations • value of suitably qualified ADHD coaches • the importance of a specialist in ADHD as a lead member of the care team.	
7.1.4	Eligibility and access to support from the NDIS should be decided based on the functional needs of the person with ADHD, and not based solely on diagnosis.	
7.1.5	Primary care and public mental health services should make diagnosis and treatment available to people of all ages with ADHD, as for other mental health conditions	
7.1.6	A system of ADHD-specific peer support should be established to ensure that this support is accessible throughout Australia. Peer-support programs already exist, providing opportunities to explore different models on which to base nationally available ADHD specific peer-support development. National ADHD specific peer support should ensure the peer support worker is embedded as part of a multidisciplinary team and works with clinicians to provide training, monitoring and support.	
7.2	**Education Settings**	
7.2.1	All education settings should identify a learning support coordinator with appropriate training to be the key point of contact for people with ADHD and their clinicians and parents/carers.	
7.2.2	Students with ADHD of all ages require reasonable adjustments to be made to maximise their inclusion and learning opportunities. Co-occurring neurodevelopmental disorders including specific learning disorders should be identified and supported. The types and number of adjustments should be decided as part of an individual learning support plan developed with the person with ADHD, their carers, education staff and other relevant clinicians.	
7.2.3	Education settings should be supported to implement learning support plans, host inter-agency meetings, and possibly host visiting clinicians to consult and provide intervention recommendations.	
7.3	**Service configuration and activities**	
7.3.1	Services for people with ADHD should be configured to ensure they are person- and family-centred.	
7.3.2	Agencies providing services for people with ADHD should collaborate with each other, the care coordinator, and the person with ADHD and/or their family, to provide integrated models of care that encompass recovery principles and with a focus on shared decision-making.	
7.3.3	Development of agreed pathways, to simplify navigating the healthcare system for both consumers and clinicians, are needed throughout the lifespan for people with ADHD to ensure seamless transition	

7.3.4	A readily available source of information for GPs about the referral pathways in their region is needed. For example, Primary Care Networks should identify ADHD specific local referral pathways and provide a directory of these to the general practices they serve.	
7.3.5	As part of the development of agreed referral and care pathways, all relevant agencies should be consulted and their roles clarified, and where possible, expanded. People with a lived experience of ADHD, including clinicians with ADHD, should be involved to inform the design of services, supports and care pathways.	
7.4	**Professional Training**	
7.4.1	Information about ADHD and its treatment and support options throughout the lifespan should be included in the curriculums of mental health/developmental disorder training for educators, medical, nursing, pharmacy, and allied health professionals and other relevant professions such as social work, justice system, and child protection.	s47C
7.4.2	Organisations that provide services to people with ADHD, including all public health services (child, adolescent, adult), should ensure staff receive appropriate ADHD training including, where appropriate, skills to identify, diagnose, treat and provide ongoing monitoring and support. This includes training and resources for those involved in transitioning people with ADHD from adolescents to adult services	
7.4.3	General practitioners and other specialist medical practitioners, paediatricians, psychiatrists, and geriatricians should be supported to increase their skills in identifying, diagnosing, and treating people with ADHD, including prescribing stimulants.	
7.4.4	An ADHD medication prescribing handbook should be developed to provide detailed guidance on treatment choice, initiation, side-effects, dosing, combination therapy and product information, relevant to the Australian context. Training for prescribers should be based on the handbook.	
7.4.5	Ongoing professional development for ADHD treatment and care options (both interdisciplinary and discipline-specific) should be made easily available.	
8	**Considerations – Research**	
8.1.1	A process for setting research priorities should be established, involving all key stakeholders, including people with a lived experience of ADHD, and following established participatory research methods.	
8.1.2	Research prioritisation should include individual and health service research and should consider cost effectiveness and new models of shared care.	

5. ADHD Medicines

Question - Cost of ADHD medicine

- The Australian Government is committed to ensuring Australians have access to affordable medicines through the Pharmaceutical Benefits Scheme (PBS).
- Recent PBS listings for attention deficit hyperactivity disorder (ADHD) include:
  - From 1 May 2023, the PBS listings of long-acting methylphenidate (Ritalin® LA, Rubifen LA) were expanded to include treatment of patients who have a retrospective diagnosis of ADHD and are commencing treatment after 18 years of age.
- Currently, there are five medicines listed on the PBS for the treatment of Attention Deficit Hyperactivity Disorder (dexamfetamine, methylphenidate, atomoxetine, guanfacine and lisdexamfetamine).
- In 2022, over **3** million PBS prescriptions were dispensed to more than **400,000** patients with a government cost exceeding **$150** million.
-

Some additional info in case the Department gets asked:

- The utilisation of these medicines has been steadily increasing in the last five years.
- Methylphenidate was the most prescribed medicine in 2022 with over **1.2** million prescriptions dispended followed by lisdexamfetamine.
- In 2022, the majority of prescription were disponed to males.

Note that 2022-23 data is not available yet, hence, the calendar year. If required, we can provide 2022-23 with a caveat.

Full figures for the last 5 CY for your reference:

Year	Government Expenditure	Patients	Prescriptions
2018	$59,200,552	186,423	1,357,859
2019	$76,241,214	215,720	1,628,649
2020	$97,132,843	254,957	1,952,514
2021	$120,064,947	327,065	2,489,217
2022	$151,963,750	413,747	3,171,241

Background

- The Pharmaceutical Benefits Advisory Committee (PBAC) is an independent expert body comprising doctors, other health professionals and consumer representatives, that makes recommendations to the Government about PBS listings.
- Under legislation, the Government cannot list a new medicine on the PBS unless the PBAC makes a recommendation in favour of its listing. Similarly, the Government relies on the advice of the PBAC for a change to the circumstances (e.g. the eligible patient population) of a PBS listing to be made.
- Consideration of a medicine for PBS listing is generally initiated by the sponsor making applications to the PBAC. Pharmaceutical companies have access to the scientific data and other information necessary to inform the PBAC's consideration.

Attachment A: ADHD Stimulant Prescribing Regulations and Authorities in Australia and New Zealand

ADHD Stimulant Prescribing Regulations & Authorities in Australia & New Zealand (aadpa.com.au)

Adult ADHD State Regulations Stimulant Prescribing Matrix

	Notification Form Type	GP Co-Prescribing Review	Is UDS Required?	Age Restriction	Stimulants Allowed For Other Dx?	Max Dose Specified?
ACT	As for all S8 forms, approval required beyond 2 months treatment. Checking with Canberra Script is currently voluntary.	Co-manage (only one prescriber at a time). Authority up to 3 years.	No	< 4	Yes	D40mg/MP60mg
NSW	Proceed with prior general approval. Specific stimulant form for each patient. Checking with Safe Script NSW is currently voluntary.	Yes (rarely under 18). Annual review.	No	< 4 Paed up to 25	Yes	D30mg/MP60mg
NT	Specific stimulant form, wait for approval. NTScript check voluntary currently.	Co-manage (only one prescriber at a time). Biennial review.	No	< 4	Unlikely. Check with Med & Poisons Control.	No
QLD	Psychiatrists and pediatricians can proceed without general approval. Check with QScript before prescribing.	GP review at discretion of psychiatrist, no specific interval.	No "Reminder"	< 4	Yes	D40mg/R80mg
SA	As for all S8 forms, specific approval required beyond 2 months treatment. Check with ScriptCheckSA before prescribing.	After specialist initial appt if deemed suitable. Review up to 3 years.	No	Paed up to 25	Yes	No, but second opinion for unusually high doses may be required
TAS	Specific stimulant form, phone or wait for approval.	Co-manage (only one prescriber at a time). 12 - 24 months review.	No "Encouraged"	< 4, > 70, Paed up to 25	Yes	D30mg/MP60mg
VIC	Check with SafeScrip before prescribing.	Co-manage (only one prescriber at a time). Biennial review.	No	No. "Clinical Discretion"	Yes	No
WA	Proceed with prior general approval. Specific stimulant form for each patient.	Yes, when stable. Annual review.	Yes "Should" (annual)	Paed up to 25	Yes	D60mg/MP120mg
NZ	Specific stimulant form, proceed with treatment, all specialists have auto approval. May be funding/Pharmac delay.	Co-manage, annual specialist review. In person not mandatory.	No	< 6 only paed or child psych	Yes	No

7. Summary of Witness Submission Recommendations

Witness	Sub	Submission summary	Sensitivities
ADHD Australia	11	- Medicare subsidies and additional funding for ADHD-related counselling, therapy and treatment - Make funding available for ADHD assessments - Additional training to frontline healthcare workers - Facilitate engagement with PHNs - Awareness among individuals, families and carers, teachers, professionals and public - Targeted funding for early intervention, research and national system coordination	
ADHD Foundation	12	- Include ADHD as a disability under NDIS - Develop national harmonised standards for prescribing - Support management by GPs including prescribing medication Ongoing non-medication support expanded to include appropriately qualified psychologists - Regulate private clinic diagnosis and treatment costs - Fully fund ADHD Foundation Helpline - Education/Training for GPs and other healthcare professionals - Government public awareness campaigns -	s47C
Consumer Health Forum Australia	3	- Increase the number of public sector professionals able/available to diagnose and prescribe medications for ADHD - Providing training for general practitioners and psychologists to start the diagnostic process and early intervention - Access to low-cost or free coaching or peer support - Funding for dedicated appointments through the Better Access initiative for people on low incomes - Psychoeducation for people with ADHD and family - Include training on neurodiversity in undergraduate medical degrees	

7. Summary of Witness Submission Recommendations

Witness	Sub	Submission summary	Sensitivities
		- Expand and incentivise more telehealth services to address long wait times/improve access in rural, remote, and regional areas - Develop integrated models of care in primary health care - Remove age restrictions on PBS access to some ADHD medications (currently limited to children) - Develop national guidelines for stimulant prescribing - Promote co-prescribing and work with states and territories to make nationally consistent - Recognise ADHD as a primary disability in cases where it results in significant functional impairment for NDIS	
Health Care Consumers Association	5	- Increase GP involvement in diagnosis and treatment of ADHD, including authorisation to prescribe ADHD medications - National approach/regulation for medication to support access to telehealth and interstate services - National real time prescription monitoring for safer inter-jurisdictional access	
Disability Advocacy NSW	4	- Medicare subsidises for Qualified ADHD coaching - Medicare subsidises for ADHD assessments - Better regulation and training of assessors - Better regulation of costs of assessments - Training and professional development in ADHD - The NDIA add ADHD to List B: conditions that are likely to result in a permanent impairment - The NDIS stipulates clear guidelines for health professionals to write reports for the purpose of a functional assessment - The NDIA works with professional registration bodies to develop training and tools that can equip allied health professional with the skills needed to write reports	

7. Summary of Witness Submission Recommendations

Witness	Sub	Submission summary	Sensitivities
Multicultural Disability Advocacy Association	25	- Stigma associated with ADHD diagnosis within CALD communities - Problems with the neuropsychological assessment for CALD people - Limited support services for adults from CALD communities - Only specialists such as a psychiatrist can prescribe such medications and a consultation would add to the overall expense - Non-Indigenous professionals should ensure that all care is based on the principles set out in Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice - Expertise in ADHD needs to be communicated effectively to communities whose members may struggle with the English language	
Ms Emma Sharman (Lived experience)	28	- Multimodal supports beyond medication - Increase GP ability to diagnose and prescribe - Expand funding options under Medicare - Support better transition of care for people who move between states - Expand eligibility criteria for NDIS to include ADHD as a primary disability - National ADHD strategy	
Canberra & Queanbeyan ADHD support group	19	- Make access affordable through the MBS - In coordination with PHNs, invest more in general practice and reinstating mental health nurses in general practice to bring ADHD back to primary health care - Upskill GPs and mental health nurses to assess, diagnose and manage ADHD and bypass specialist wait lists - Review and update national guidelines on assessment, diagnosis and treatment of ADHD every 2 years.	s47C

7. Summary of Witness Submission Recommendations

Witness	Sub	Submission summary	Sensitivities
		- Regulate growing trend of telehealth diagnosis aimed at promoting integrity and eliminating questionable practices and price gouging - Review C/W and S/T legislation re Schedule 8 medication - Independent ADHD consumer organisation and support consumer - C/W funding for National ADHD awareness campaign - Funding for research program	s47C
Australian ADHD Professionals Association	14	- Invest more in treatments that go beyond medication - Improve ADHD-related education/training - Improve access to clinical services - Improve access to and quality of multimodal care provision - Improve carer support and financial assistance - Conduct ongoing research - Incorporate recovery principles into care provision - Foster ADHD health literacy - Increase consumer participation in research, service development and education/training	s47C
Australian College of Mental Health Nurses	2	- Support Nurse Practitioners – Mental Health (advanced practice clinical mental health nurses educated at a masters degree level) to assess, diagnose, treat, prescribe, monitoring, - NDIS criteria should be based on degree of functional disability rather than exclusion of a diagnosis - Where people do not meet criteria for NDIS, PHNs should be offering services including the involvement of mental health nurses and NP-MH - Unique Medicare rebates for MHNs to provide advanced assessment, monitoring and management including focused psychological strategies equal to GPs (Better Access)	

7. Summary of Witness Submission Recommendations

Witness	Sub	Submission summary	Sensitivities
Royal Australian College of General Practitioners	8	- Higher patient rebates for relevant Medicare subsidised services would improve access by reducing costs for individual patients including GPMP, TCA, GP MHTP, mental health attendances, and multidisciplinary case conferences. - Address cost of allied health services (only 56% bulk bill) - Expand GPs role in diagnosis, management and care coordination of patients with ADHD – requires appropriate education, training and funding. - Commonwealth, S/T and local government coordination and funding which support shared care models and clear health pathways for patients. - Shared care models would also ensure GPs can access timely assistance from other specialists and allied health professionals to support diagnosis and management and mitigate both under and over treatment. - Fund longer consultations (does not support introduction of single-condition focused MBS item numbers) - Commonwealth funding for ADHD research	
Royal Australian College of Physicians	6	- Improving facilitated access to mental health services at time of diagnosis - Development innovative models of care for paediatricians to work with primary care health professionals - Review of regulations for prescribing ADHD stimulant medications - Eligibility for disability supports through the NDIS should be based on the level of functional impairment - Research into the identification and diagnosis of ADHD in First Nations families - Develop a robust, fully funded strategy for implementation of the Australian Evidence-Based Clinical Practice ADHD Guideline	

8. Workforce Scopes of Practice

- **Questions regarding scope of practice for different practitioners in providing assessment, diagnosis and treatment for ADHD**
- **Who determines the scopes of practice**
- **Who regulates scope of practice within professions**

In general, an individual practitioner determines their own scope of practice within the boundaries set by a range of regulatory mechanisms.

Under the National Registration and Accreditation Scheme (Scheme), registered health practitioners are obligated to work within their 'scope of practice', which means the professional role and services that an individual health practitioner is trained, qualified and competent to perform. Some training, qualifications and competencies are defined by registration standards for a profession, and others are informed by the type of role or services a practitioner performs and the health and care needs of their patients. A scope of practice is regulated under the Scheme by the relevant National Board and the Australian Health Practitioner Regulation Agency by setting and disseminated policies, guidelines and frameworks to help inform practitioners to define their scope of practice.

Scope of practice is also defined by:

- policies, guidelines and continuing professional development requirements of the relevant professional associations and specialist colleges (for medical practitioners)
- training developed and delivered by relevant professional associations and specialist colleges (for medical practitioners)
- state and territory legislation, such as medicines and poisons legislation, which provides authorisations to prescribe and administer medic nes
- credentialing, clinical guidelines and policies established by the employer or health service in which the practitioner works; and
- Medicare (both MBS and PBS) which al gns access to rebateable services with appropriate training, qualifications or competencies as specified by the Department of Health and Aged Care.

The relevant National Board through the National Health Practitioner Regulation Law monitors professional conduct of practitioners and regulatory action may be taken against a practitioner who is performing services outside their scope of practice. The obligation rests with the practitioner to provide evidence to the National Board of the skills, training, knowledge and experience that supports their scope of practice

For self-regulated professions, such as counsellors, scope of practice is defined in the same way as above by the relevant professional association in addition to relevant state and territory legislation, employer conditions and Medicare (where applicable).

- **The Commonwealth's ability to influence scope of practice amongst different professions**

The Commonwealth has no direct ability to influence scope of practice as regulated through the Scheme. Broadly however all Australian Health Ministers have oversight of the Scheme and approve the introduction of or amendment to standards, guidelines and codes that are used in the regulation of health practitioners under the Scheme. The Commonwealth is always invited to provide feedback to the relevant National Board on standards, codes and guidelines and whether they are appropriate and adapted for the relevant profession and align with Commonwealth regulatory mechanisms, such as Medicare.

The Commonwealth's primary ability to influence scope of practice is through Medicare. The Commonwealth determines the services each practitioner can provide under the MBS and any conditions or restrictions on the provision of that service. The Commonwealth has authority over prescribing rights under the PBS (noting the influence of state and territory medicines and poisons legislation).

- **Information about the Scope of Practice Review**

The Strengthening Medicare Taskforce Report set out a vision for Australia's future primary care system where multi-disciplinary teams of health care professionals work to their full scope of practice to provide quality person-centred care.

The report recommended that the barriers and incentives for all health care professionals to work to their full scope of practice be reviewed. In response, the 2023- 24 Federal Budget provided $3 million over two financial years to conduct a scope of practice review relating to primary care.

Despite the well documented benefits to health care professionals working to the r full scope of practice, there are barriers that discourage Australia's health care professionals from working to their full scope of practice. These differ by profession but include legislation and regulation including state and territory drugs and poisons acts, education and training, funding models, organisational policies and cultural factors. The Scope of Practice Review will identify:

- barriers to full scope of practice
- services gaps and the professionals that are skilled and experienced to fill those gaps
- opportunities for further upskilling or support to enable professionals to expand their scope of practice to meet the needs of the community, and
- opportunities for facilitation of long-term review and plann ng

The review is currently in the planning and design stage, including developing an implementation and stakeholder engagement plan and establishing governance arrangements, but will be underpinned by extensive stakeholder engagement and collaboration with the states and territories.

It is anticipated that the review will commence later in 2023, with a final report to be delivered in July/August 2024. Recommendations from this report will be put forward for government consideration in the second half of 2024.

The 2023-24 Federal Budget also provided funding to review and reform general practice and workforce ncentive programs. This work will complement the Scope of Practice review, including by examining how incentives are impacting multidisciplinary teams working to the full scope of practice. The incentives review is expected to report by the first quarter of 2024 and its findings will inform the Scope of Practice Review.

- **Anything obvious around GP and nurse practitioners about increasing their role in the health system**

On 16 May 2023, the Government released the Nurse Practitioner Workforce Plan (Plan). The aim of the Plan is to enhance the accessibility and delivery of person-centred care for all Australians through a well-distributed, culturally safe nurse practitioner (NP) workforce. You can read the full Plan at www.health.gov.au/np-plan

The Plan highlights the significant opportunity to increase utilisation of nurse practitioners meet consumer needs. It details how to remove the barriers currently facing the workforce and build the nurse practitioner workforce, while increasing access to care for all Australian communities.

Implementation of the Plan is to begin immediately, with the Government committing at Budget 2023-24 to:

- Increase Medicare rebates by 30% for care provided by nurse practitioners.
- Expand the eligibility for MBS case conferencing items to enable nurse practitioners to participate in allied health multidisciplinary case conferences.
- Allow nurse practitioners to prescribe PBS medicines and provide services under Medicare without the legislated requirement for a collaborative arrangement.
- Expand the future nursing and midwifery workforce through a new Primary Care Nurse and Midwifery Scholarship program, offering a total of 1,850 post-graduate scholarships for nurses and midwives over the next four years.
- Facilitating more nurse practitioners training and working in primary care by encouraging primary care services to facilitate the completion of supervised practice requirements.

Further information with regard to GP's scope of practice:

- 'The National Medical Workforce Strategy 2021-2031 will guide long-term collaborative medical workforce planning across Australia. It identifies achievable, practical actions to build a sustainable, highly trained medical workforce.
- An effective and efficient medical workforce requires a balance of doctors with broad and narrow scopes of practice across primary, secondary and tertiary care.
- The NMWS includes a range of actions that address imbalances in the scope of practice of some medical practitioners that currently favours subspecialisation.
- General practitioners (GP) and generalist non-GP specialists who operate across the full scope of practice within their specialty are vital to the delivery of high-quality care, especially in rural and remote areas. '

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Senate Inquiry into barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD

Submission from the Department of Health and Aged Care
to the Senate Community Affairs References Committee

Australian Government
Department of Health and Aged Care

TBC June 2023

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Department of Health and Aged Care

1. Introduction

The Department of Health and Aged Care (Department) welcomes the opportunity to make a submission to the Senate Community Affairs References Committee *Inquiry into barriers to consistent, timely and best practice assessment of attention deficit hyperactivity disorder (ADHD) and support services for people with ADHD* (Inquiry). This submission has been prepared by the department with input from the Department of Social Services on the National Disability Insurance Scheme (NDIS).

The Department of Health and Aged Care recognise that people with ADHD need to be able to access high-quality, best practice and evidence-based assessment, diagnostic, treatment and support services. To achieve this, a clear understanding of the specific needs of people with ADHD and their families, carers and kin is required. This can inform robust and appropriate policy responses to support the delivery of clinically appropriate, targeted health care to this cohort.

This submission provides an overview of reforms which have implemented over a number of years which support people with ADHD to have access to the support they need where and when they need it. The submission recognises, however access and equity issues are still being experienced for people with ADHD. Long wait times and rising gap fees for services are barriers to people obtaining a timely assessment, diagnosis and treatment for ADHD. [1]

2. Evidence

ADHD is the most common neurodevelopmental condition in children and adolescents but can be diagnosed for the first time in adulthood. It occurs in approximately 6-10% of Australian children and adolescents and 2-6% of adults,[2] and is more commonly diagnosed in males than females.[3]

The social and economic burden of ADHD in Australia is estimated at $20 billion per year.[4] Without appropriate support, ADHD can have lifelong impacts on the education and employment outcomes of individuals and increases their likelihood of interaction with the criminal justice system[5]. Parents, carers and kin routinely caring for children and adolescents with ADHD may also have unique needs and require targeted assistance to effectively carry out their caring responsibilities[6].

Public awareness and acceptance of ADHD and neurodiversity has reportedly led to more people seeking support in recent years[7]. However, long wait times and rising gap fees for services are barriers to people obtaining a timely assessment, diagnosis and treatment for ADHD. [8] The evidence shows people living outside major cities and of low socio-economic status are disproportionately impacted[9].

[1] ADHD clinics capitalise on diagnosis explosion, with some charging up to $3,000 and paying doctors up to $900,000 a year - ABC News
[2] Australian ADHD Professionals Association (2022) 'Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD)' [Guideline], p. 36, https://aadpa.com.au/guideline/.
[3] Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley J & Zubrick SR (2015) p.51. *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Canberra, Department of Health and Aged Care. Accessed 23 June 2023.
[4] *Deloitte Access Economics*, 2019, https://aadpa.com.au/wp-content/uploads/2019/07/Economic-Cost-of-ADHD-To-Australia.pdf
[5] Ibid.
[6] See for example Exploring the Needs of Family Caregivers of Children with Attention Deficit Hyperactivity Disorder: A Qualitative Study - PMC (nih.gov) and Guideline, recommendations 4.2.1 to 4.2.7.
[7] See example: Monash Health, 20 December 2021, 'Pandemic triggers rise in ADHD referrals' https://monashhealth.org/latest-news/2021/12/20/pandemic-triggers-rise-in-adhd-referrals/; The Age, 25 September 2022, 'More support needed for those with ADHD', https://www.theage.com.au/national/more-support-needed-for-those-with-adhd-20220924-p5bkov.html.
[8] ADHD clinics capitalise on diagnosis explosion, with some charging up to $3,000 and paying doctors up to $900,000 a year - ABC News
[9] Guideline, p. 85. See also Better Access Evaluation, Main report, p. 15: www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report.

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These barriers are common across the health and mental health system and are driven by deep, structural issues such as critical shortages and maldistribution of professions providing assessment, diagnostic, treatment and management services for ADHD. This includes clinical psychologists, paediatricians and psychiatrists.

To address this evidence and to support clinicians providing assessment, diagnosis, treatment and management services for people with ADHD, $1.5 million was provided to the Australian ADHD Professionals Association (AADPA) to develop the *Australian Evidence-Based Clinical Practice Guideline for ADHD* (Guideline)[10]. The Guideline makes 132 recommendations regarding ADHD, including 21 recommendations for Government in relation to service and policy considerations, summarised at Attachment A.

The Guideline was launched by the Minister for Health and Aged Care, the Hon Mark Butler MP, on 5 October 2022 and has been endorsed by the National Health and Medical Research Council. This submission examines opportunities to explore relevant Guideline recommendations in the context of the Government's broader primary care and mental health reform program[11].

3. Reforms to improve access and equity into the health system

In the 2023-24 Budget, the Australian Government provided funding to address critical workforce shortages and gaps in services, while starting reforms to the Australian health and mental health systems. These reforms will build a stronger primary care and mental health system to address the pressing challenges facing the health system.

Key initiatives which will support people with ADHD to have greater access to the health care include:

- The Medicare Benefit Schedule (MBS) bulk billing incentives will be tripled which will support those who are under 16, pensioners and other Commonwealth concession card holders to see their GP.
- People with chronic conditions and complex needs will benefit from rebates for longer consultations of 60 minutes or more, to give doctors support to provide high quality care to those who need more time, such as people with ADHD seeking support from their GP for ADHD.
- Reforms to better use the skills of the entire workforce including nurses, midwives, allied health professionals and psychologists.

The Government also invested $91.3 million to address acute bottlenecks in the psychology training pipeline and $17.8 million to upskill the broader health workforce in mental health. This builds on current initiatives to increase the number of psychiatrists and paediatricians through additional specialist training places and development of rural and regional training pathways.

Over time, these reforms across the primary care system and workforce investments will increase access to health services and the workforce available to provide assessments, diagnosis and treatment for ADHD and psychological services where required as part of a treatment plan.

[10] In April 2023 AADPA subsequently released a *Consumer Companion to the Guideline*, to help individuals and families to better understand how ADHD is diagnosed and treated. AADPA has also commenced development of a National Prescribing Manual for ADHD Medication.

[11] See for example recommendations 7.3.1 to 7.3.5 of the Guideline.

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2. The role of the Commonwealth, state and territory governments

The provision of mental health services is the responsibility of all governments. The *National Mental Health and Suicide Prevention Agreement 2022-2026* (National Agreement) was signed by all jurisdictions in March 2022.

Under these arrangements, the Commonwealth is responsible for funding and system management of primary mental healthcare, as well as physical and mental health services subsidised through the MBS and medicines subsidised through the Pharmaceutical Benefits Schedule (PBS). The Commonwealth is also responsible for the provision of mental health and suicide prevention services commissioned through Australia's 31 Primary Health Networks (PHNs).[12]

State and territory governments are generally responsible for providing health and emergency services through the public hospital system. This includes public hospital mental health services for people with severe and persistent mental illness, as well as specialist community-based mental health services and responding to people in suicidal distress.[13]

These align with the roles and responsibilities for managing the health system, which are outlined in the *Addendum to the National Health Reform Agreement 2020-2025*.

The National Agreement also recognises that collaboration is required across sectors, jurisdictions and governments to deliver services that meet the needs of different groups. All governments have committed to working together to reduce system fragmentation, gaps and duplication across prevention, primary and secondary care specialist settings with an increased focus on prevention, early intervention and effective management of severe and enduring conditions in the community and tertiary settings.

3. Commonwealth-funded services for people with ADHD

People seeking ADHD assessment and/or treatment may require access to a range of services, including for a co-existing mental health condition or other comorbidity, if present. The services for ADHD are delivered in a range of settings, from primary care and general practice, through to ongoing specialist care from a psychiatrist or paediatrician.

Through the MBS and PBS the Australian Government subsidises some costs associated with diagnosis, treatment and management of ADHD and co-existing conditions, including medications. PHN commissioned mental health and suicide prevention services based on regional need are also available for free or low-cost services for people that may be experiencing financial barriers to engaging with the primary care and mental health system.

Medicare Benefit Schedule

Several MBS items can be used by practitioners to support people experiencing symptoms associated with ADHD, however there are no dedicated MBS items for assessment, diagnosis and treatment of ADHD. This includes standard consult items for GPs to provide holistic, person-centred care and determine the best referral pathway. Items subsidising diagnostic and treatment services provided by psychiatrists and paediatricians also help people with ADHD access the care they need.

[12] Australian Government (2021) p.10-11. National Mental Health and Suicide Prevention Agreement. Accessed 23 June 2023.
[13] Australian Government (2021) p.11-12. National Mental Health and Suicide Prevention Agreement. Accessed 23 June 2023.

There are also specific items supporting GPs to manage and provide patients with psychological treatment under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative[14].

The Better Access initiative provides Medicare rebates to eligible people so they can access the mental health services they need – support is available from GPs and other medical practitioners, psychologists, social workers and occupational therapists. In 2021, the Australian Government initiated an evaluation of Better Access to assesses whether the scheme improves patient outcomes and increases access to mental health care.

The evaluation made 16 recommendations that seek to improve the targeting of the Better Access program, whilst also considering how better access integrates with other elements of the mental health system and the role of complementary service delivery models. The evaluation's recommendations target the issues of workforce capacity and distribution, referral pathways and outcome measurements, and cites options to increase affordability of services as critical to increasing equitable access to mental health care.

The Australian Government has provisioned funding in the 2023-24 Budget for future mental health reform priorities in response to the Better Access evaluation and will work with the mental health sector and people with lived experience of mental illness and suicidality to consider solutions to improve access and equity to mental health care.

This will include consideration of Medicare-subsidised services as well as a range of services across the system, from low intensity through to wrap-around and multidisciplinary care for people with severe and complex needs.

New family and carers items

The Guideline acknowledges ADHD symptoms can interfere with a person's family life[15], and that non-pharmacological interventions can improve broader aspects of functioning for people with ADHD and their families, such as parent/family training[16]. People with ADHD may be eligible for rebates for investigative interviews carried out by a psychiatrist with family members in the course of diagnostic evaluation[17]. This recognises family members often hold relevant information about the patient which can assist with forming a diagnosis.

In response to the Better Access evaluation, MBS items to support the involvement of family, carers and kin in Better Access treatment were also introduced. From 1 March 2023 rebates have been available for up to two services delivered to family members of people treated through this initiative (recommendation 15). This includes rebates for services that may assist people caring for someone with ADHD, such as parent-management training.

As at 31 May 2023, these items have supported the family members, carers and kin of 2,847 patients to access 3,299 sessions as part of the patient's Better Access treatment[18].

Help for out of pocket costs

It is recognised that out-of-pocket costs for people with ADHD continue to be a barrier for people to obtain timely assessment, diagnosis and treatment for ADHD. As MBS is a rebate system, GPs and

[14] MBS items supporting case conferencing to facilitate coordinated, multidisciplinary care for people receiving treatment under Better Access or an Eating Disorder Treatment and Management Plan commence on 1 July 2023.
[15] Guideline, p. 7.
[16] Guideline, p. 6.
[17] For example, MBS items 348, 350 and 352. See further http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=AN.0.32
[18] Extracted from Department of Health Enterprise Data Warehouse on 14/06/2023.

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other clinicians are able to set their own fees, which can be higher than the rebates available to individuals under MBS.

The Australian Government is introducing increased incentives into the primary care system to enable GPs to provide bulk billed services to eligible Australians and also to allow GPs to spend more time with their patients with complex health care needs, including people with ADHD. Further, Australians have access to the Medicare safety net, which will fully cover a person's out of pocket costs once they reach an annual threshold. There are different thresholds set depending on whether a person is an individual, a family or an individual who is a concession card holder or families eligible for Family Tax Benefit Part A.

Free or low cost services commissioned by PHNs based on local needs and these services may also assist people experiencing difficulties meeting the cost of their health care.

Pharmaceutical Benefits Schedule

The PBS provides timely, reliable and affordable access to necessary medicines for Australians. Under the PBS the Australian Government subsidises the cost of medicine (co-payment) for most medical conditions, including ADHD (Attachment B).[19]

The PBS co-payment is the amount a person pays towards the cost of their PBS-subsidised medicine. From 1 January 2023, the maximum PBS co-payment per script was changed to $30 for general patients and $7.30 for concessional patients.

Once a patient or their family spends a certain amount on PBS medicines, they reach PBS safety net thresholds. From 1 January 2023, these thresholds were also changed ($1,563.50 for general patients, and $262.80 for concessional patients). Once these thresholds are reached, PBS medicines are free for concession card holders, and cost up to $7.30 for general patients. Where there are two or more brands of the same medicine, they may have different prices. If a patient chooses a more expensive brand, it may cost more. More information is available on the Services Australia website.

Over recent years the PBS has undergone changes in relation to age restrictions on subsidised ADHD medications to recognise increased diagnosis rates in adulthood[20].

The current PBS listings of medicines for the treatment of ADHD reflect the evidence that has been considered by the Pharmaceutical Benefits Advisory Committee (PBAC) to date. The PBAC is an independent, expert body, comprising doctors, health professionals, health economists and consumer representatives, which advises the Australian Government about PBS matters. The Government cannot list a medicine on the PBS unless the PBAC makes a recommendation in favour of listing. Similarly, the Government relies on advice from the PBAC before changing the circumstances of an existing PBS listing.

The number of prescriptions for medications used in the management of ADHD has seen a yearly average growth rate of 16.7% between 2013-2022, with a growth rate of 26.7% between 2020-2022[21] (see Attachment C for a detailed breakdown). This has prompted concerns about the overuse of pharmacological options for ADHD treatment and management[22]. The Guideline encourages practitioners to consider the role of both pharmacological and non-pharmacological treatments for ADHD. It directs practitioners to consider such as lifestyle changes and training for family, carers and

[19] Department of Health and Aged Care (2023) About the PBS. Accessed 23 June 2023.
[20] Public Summary Document available at: www.pbs.gov.au/industry/listing/elements/pbac-meetings/psd/2020-03/files/lisdexamfetamine-psd-march-2020.pdf.
[21] Pharmaceutical Benefits Scheme data.
[22] Vukasin, F. (10 November 2022) 'Is the soaring use of ADHD stimulants a cause for concern?', https://www1.racgp.org.au/newsgp/clinical/is-the-soaring-use-of-adhd-stimulants-a-cause-for.

parents and states that generally, both will be required as part of the treatment and management of ADHD.

Where stimulant medications form part of an ADHD treatment and management plan, a formal diagnosis and prescription from a psychiatrist or paediatrician is required, as stimulants are classified as Schedule 8 (S8) controlled medicines and are tightly regulated by states and territories. This places pressure on the specialist medical practitioner workforce involved in treating and managing ADHD, exacerbating existing access issues regarding specialist care.

The Guideline recognises this and specifically recommends a range of medical practitioners be supported to increase their skills in identifying, diagnosing and treating people with ADHD, including prescribing stimulants (see also *Optimising the workforce supporting people with ADHD* below).

Additionally, there are variances in legislative requirements between each jurisdiction, which must be considered by patients treated by specialists in another state or territory, including via telehealth, to ensure they understand any potential impacts on their access to medications.

The Guideline makes several recommendations to support uniformity between states and territories on stimulant prescribing. Further consideration of a potential role for the Commonwealth in leading further examination of options to address this may be warranted.

Primary Health Networks

PHNs are funded by the Government to commission regionally appropriate mental health and suicide prevention services, some of which may form part of the treatment and management plans of people with ADHD. These services are provided at no cost or low cost, support people with ADHD to access the support they need if out of pockets costs is a barrier to accessing care.

Non-clinical psychosocial supports through the Commonwealth Psychosocial Support Program may also support people with ADHD and severe mental illness who need short-term help to function day to day, including to strengthen social skills, friendships and relationships with family and increase educational vocational and training skills for people with severe mental illness, including those with ADHD[23]. For the period 1 July 2022 to 31 March 2023, more than 286,000 services under the CPSP were provided to nearly 18,000 clients. Around 3% of these clients reported having a principal and/or additional diagnosis of ADHD.

The Guideline indicates PHNs should identify ADHD specific local referral pathways and provide a directory to GPs[24]. It also identified the need for mechanisms to simplify navigating the health system for people with ADHD[25]. PHNs have established a range of central intake services which support people to connect with a phone service which provide advice concerning what services are available in a local area, and in some PHNs this includes online ADHD service directories.

Opportunities to further explore the role of PHNs in commissioning services can be examined in the context of mental health system reforms.

Other free and low-cost mental health services available to people with ADHD

People who experience ADHD are able to access a range of government-funded digital mental health supports. These include episodic crisis and counselling support, online treatment programs for co-occurring conditions such as anxiety and depression, and moderated peer support forums where people can connect and share experiences with individuals who have a similar lived or living

[23] The Commonwealth Psychosocial Support Program (CPSP) is available to people not eligible for the National Disability Insurance Scheme. The 2023-24 Budget includes $260.2 million over two years to continue current psychosocial services to 30 June 2025.
[24] Guideline, recommendation 7.3.4.
[25] Guideline, recommendation 7.3.3.

experience of ADHD. Digital service offering also includes the SANE digital pilot[26], which seeks to improve access to mental health support for people with complex needs that may find mainstream services challenging. This service may specifically assist people with ADHD looking for alternative treatment options.

Under the National Agreement and its accompanying bilateral schedules, the Commonwealth also jointly funds a range of services with states and territories providing free and low-cost support for people with mental illness, including those with an ADHD diagnosis.

A national network of Head to Health Kids Hubs (0-12 years) and Head to Health Adult Mental Health Centres and being implemented in partnership with states and territories. The Head to Health adult centres is a network of community-based adult mental health services which are delivered by multidisciplinary teams who will provide holistic, collaborative care.

The Head to Health Kids Hubs will complement and integrate with existing state-funded maternal and child health services, including Child and Adolescent Mental Health Services, enabling families to access a range of supports and services including for behavioural and developmental concerns.

The Head to Health Kids Hubs National Service Model outlines that core functions will include providing comprehensive assessment and treatment, these may include specialist assessment and treatment for neurodevelopmental disorders such as ADHD and Autism Spectrum Disorder. These services will target mild to moderate emerging complexity, where an integrated, multidisciplinary team will deliver a range of specialist medical and allied health services at no cost, and families will not require a diagnosis or formal referral to be eligible.

Through their models of care, lead providers will consider strategies to manage demand and access, recognising the current demand for services to provide assessment, diagnosis and treatment for ADHD and other neurodevelopmental disorders.

3. Optimising the workforce supporting people with ADHD

Solutions to improve access to services for people experiencing symptoms of ADHD must be practical and take account of the current health and mental health system landscape – one in which pronounced workforce shortages and maldistribution coupled with high gap fees are severely impacting peoples' ability to access health and mental health care they need.

The Guideline notes the reliance on a small group of professions – including psychiatrists, paediatricians and clinical psychologists – to undertake assessments, diagnosis and treatment of ADHD is resulting in bottlenecks, compounding access issues for people seeking support for ADHD[27].

While confirming medical specialists are best placed to treat people with ADHD, the Guideline also recognises other professionals can assist in monitoring patients to decrease the frequency of specialist appointments[28]. This would reduce the pressure on these limited workforces.

In this context, the Guideline acknowledges the enhanced role of appropriately trained and authorised GPs in initiating psychostimulant medication in regional or rural settings, where access to medical specialists is significantly limited. The Guideline supports consideration of the role GPs and other primary care practitioners can play in supporting specialist care for people with ADHD[29].

[26] Currently available in 13 PHN regions
[27] Guideline, p. 169.
[28] Guideline, p. 130.
[29] See for example Guideline, recommendation 7.4.3.

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Recommendations 7.4.1 to 7.4.5 specifically suggest training and development is made available for a wide range of medical professionals to assist with identifying, diagnosing and treating people with ADHD.

4. Workforce training and development initiatives

The Government is investing in a range of measures to grow the health and mental health workforce, including initiatives to increase the number of psychologists and psychiatrists, upskill the broader health workforce to deliver high-quality mental health treatment and support GPs to manage more complex patients, including those with ADHD.

The Government acknowledges that, while the number of health professionals in Australia is growing, there are still significant shortages in some areas and some disciplines. To enable workforce planning and to identify training priorities for professions with shortages, it is critical to collect nationally consistent health workforce data to be able to undertake supply and demand modelling.[30] States and territories are a key partner to enhance data collection.

The National Medical Workforce Strategy 2022 and the National Mental Health Workforce Strategy have been agreed by all governments. The National Mental Health Workforce Strategy will be published shortly. Both these strategies consider structural issues and consider how to address maldistribution in specialities and location. They consider training pathways and how to attract, train and retrain the workforce required.

General Practice

GPs are often the first port of call for people commencing and or seeking assessment and diagnosis for ADHD, and it is important that GPs are well trained and understand providing care for people with ADHD.

GPs already receive training and education in ADHD as part of their studies[31]. There is work currently underway to evaluate GP mental health training, develop a nationally recognised Diploma in Psychiatry for medical practitioners, and implement a free national support line for GPs to access clinical advice from psychiatrists also provide opportunities to better support GPs to manage and monitor patients with ADHD, including where a co-existing mental health condition is present.

Current settings for GPs under the MBS could further facilitate this enhanced role for people with ADHD such as arrangements around Psychiatrist Assessment and Management Plans (see further *MBS* above).

The Department will continue to examine opportunities to optimise the role of GPs in managing and supporting people with ADHD in primary care, consistent with the Guidelines.

Medical specialists

The Australian Government continues to work with states and territories and the medical specialist colleagues to appropriately plan for and train medical specialities. Two medical specialists who are critical for people who have ADHD, are psychiatrists and paediatricians.

[30] Allied health professionals are health professionals that are not part of the medical, dental or nursing professionals. They are university qualified practitioners with specialised expertise in preventing, diagnosing, and treating a range of conditions and illnesses. Allied Health Professions Australia (2023) What is allied health. Accessed 23 June 2023.

[31] The Royal Australian College of General Practitioner's Curriculum and Syllabus for Australian General Practice includes diagnosis and care for patients with ADHD within their Disability Care unit. The Australian College of Rural and Remote Medicine's Rural Generalist Curriculum includes diagnosis and care of mental health disorders including ADHD.

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The *National Medical Workforce Strategy* 2022 helps steer decisions on allocation of training posts based on national medical workforce data to support better distribution of specialists. This includes those specialities that are in short supply and/or experiencing maldistribution.[32]

The allocation of specialty training posts under the STP is determined by Medical Specialist Colleges, in line with workforce demand (informed by the National Medicare Workforce Strategy) and the capacity of the health sector to support training and supervision requirements for trainees.

Psychiatry

Anecdotal feedback indicates individuals, particularly those in rural areas, report that they continue to experience lengthy waiting times for ADHD assessments.

In recognition of the psychiatry workforce shortages in Australia, the Australian Government has committed over $40.5m over four years (2021-22 to 2025-26) to increase the psychiatry workforce, particularly in rural Australia. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has been funded to implement the Psychiatry Workforce Program (PWP), which includes four key activities:

- encourage more medical graduates to pursue psychiatry through early engagement with medical students via RANZCP's Psychiatry Interest Forum (PIF)
- develop a rural psychiatry training pathway and network
- develop a nationally recognised Diploma in Psychiatry for medical practitioners, including GPs and emergency medicine specialists that aims to broaden the skill set of practitioners, enhancing patient care and access to mental health care in under supplied areas
- fund an additional 20 psychiatry training posts and 20 supervisors in the 2022 training year, and 30 training posts and 30 supervisors from 2023 through the first half of 2026 to address workforce maldistribution and shortages.

This investment is in addition to investment RANZCP will receive under the Specialist Training Program (STP) to increase training places and rural training pipelines.

These measures aim to improve access to diagnosis, assessment and medicine for ADHD, however it is important to note that a psychiatrist must still meet the state-based requirements in order to be able to prescribe medicine for ADHD.

Paediatricians

Investment has also been provided to RANZCP will receive under the Specialist Training Program (STP) to increase training places and rural training pipelines for paediatricians. Royal Australian College of Physicians (RACP) RACP are responsible for the training of paediatricians.

Psychologists

The Australian Government announced $91.3 million over four years in the 2023-24 Budget to address acute bottlenecks in the psychology training pipeline, while longer term reforms to improve training pathways are progressed. Funding will:

- create 500 additional postgraduate psychology places at universities
- provide 500 one-year internships for provisional psychologists in the 5+1 pathway

[32] Department of Health and Aged Care (2022). National Medical Workforce Strategy 2021-2031. Accessed 23 June 2023.

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- provide 2,000 fully subsidised supervisor training places, including 1,000 refresher places, and
- redesign psychology higher education pathways in partnership with the sector to support longer term reform.

Broader health workforce

The broader health workforce will benefit from initiatives to upskill staff to recognise and respond to distress, deliver high-quality mental health treatment, protect the mental health of early-career health practitioners, and continue providing vital support to health workers.

5. Commonwealth funding allocated to ADHD research

Research plays a critical role in contributing to a world-class health system. The department funded the *Australian Evidence-Based Clinical Guidelines for ADHD* (2022), and the associated *ADHD Guideline Consumer Companion*, (2023):

- $1.5 million was provided between 2018-19 to 2022-23 to facilitate the evidence-based development of both *Guidelines.*
- Endorsed by the National Health and Medical Research Council (NHMRC), the Guideline, 2022, provide a national standard for the identification, diagnosis and treatment of people with ADHD. The Guideline has received widespread endorsement across the sector.
- In April 2023, the Australian ADHD Professionals Association (AADPA) released a *Consumer Companion to the Guideline*, to help individuals and families to better understand how ADHD is diagnosed and treated, including pharmacological and non-pharmacological treatments.
- AADPA has also commenced development of a National Prescribing Manual for ADHD Medication. This is being funded by the AADPA.

There are two distinct but complementary funds available to support health and medical research in Australia: the Medical Research Future Fund (MRFF), and the National Health and Medical Research Council (NHMRC).

The NHMRC is a statutory agency within the portfolio of the Australian Government Minister for Health and Aged Care operating under the *National Health and Medicare Research Council Act 1992* (NHMRC Act).

Between 2000 and 2022, NHMRC has expended $30.1 million towards research relevant to ADHD.

Since inception in 2015 and to 31 March 2023, the MRFF has invested $173.73 million through 98 grants towards research focussed on mental health. This includes $4.04 million for ADHD research through two grants:

- $2.50 million awarded to Monash University for Autism Spectrum Disorders and Comorbid Disorders: Diagnosis and Treatment aims to identify biomarkers across the Autism Spectrum Disorder-ADHD spectrum that may aid differential diagnosis or lead to the identification of novel treatment options.
- $1.54 million awarded under the Clinician Researchers Initiative (CIA) 2019 Investigator Grants: Medical Research Future Fund Priority Round, to CIA Associate Professor Emma Sciberras at the Deakin University for a 5-year research project into improving outcomes for children and adolescents with ADHD and their carers.

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In the 2021-22 Budget, funding was allocated over four years (2022-23 to 2025-26) to conduct a child and youth mental health and wellbeing study. The study will measure mental health of Australian children and adolescents, as recommended in the National Children's Mental Health and Wellbeing Strategy. It will be designed with child and youth mental health experts, with study design commencing in 2023-2024. The aims and scope of the study are yet to be decided, but given ADHD was the most common mental disorder found in the previous Child and Adolescent Mental Health Study, it is being considered as an area of interest in the upcoming study.

5. Interface with the National Disability Insurance Scheme (NDIS)

The NDIS provides support to people with a disability, their family and carers. This can include people with ADHD who experience disability. Section 24(1) of the *National Disability Insurance Scheme Act 2013* (NDIS Act) sets out the disability requirements for entry to the NDIS. A prospective participant must meet each of the five criteria to satisfy the disability requirements.

The person must have an impairment(s) that are, or likely to be, permanent, and result in a substantial reduction in their functional capacity to undertake one or more of the following activities: communication; social interaction; learning; mobility; self-care; or self-management. Fundamentally, eligibility for access to the NDIS is not based on the type of disability or on the presence of an underlying condition, illness or injury.

People with ADHD can become NDIS participants if they meet the requirements in the NDIS Act. Some NDIS participants list list ADHD as their sole disability in their application to the Scheme. There may be other participants where ADHD is their secondary disability. Not all people with ADHD will meet the access requirements under the NDIS Act.

One of the most common requests from individuals affected by specific conditions including ADHD, is for it to be included on List A (conditions that are likely to meet the disability requirements). Access lists for the NDIS were introduced as a mechanism during the transition phase of the Scheme, to expedite consideration of access for specific cohorts. These lists do not override the provisions of the NDIS Act, and people whose disabilities are not listed, such as people with ADHD, can still become NDIS participants if they meet the requirements.

On 18 October 2022, the Australian Government announced an independent review of the National Disability Insurance Scheme. The NDIS review will look at the design, operations and sustainability of the NDIS. As well as ways to make the market and workforce more responsive, supportive and sustainable. A final report is to be provided by the Independent Review Panel to Disability Reform Ministers by October 2023. The government will consider this Report and its recommendations and findings.33

[33] Australian Government (2022) Terms of Reference: Building a strong, effective NDIS. Accessed 23 June 2023.

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ATTACHMENT A

Summary of the Guideline recommendations regarding service and policy considerations.

7	Considerations – Service and Policy
7.1	**National services**
7.1.1	Funding should be made available for an ADHD helpline, accessible to all Australians, consistent with those of other major mental health conditions. This could involve an expansion of the existing unfunded National ADHD Helpline.
7.1.2	Laws and regulations for stimulant prescribing and shared care should be uniform between the states and territories in Australia and allow for cross-border dispensing. They should reflect best practice and evidence of safety and effectiveness.
7.1.3	People with ADHD should have the same rights of access to the National Disability Insurance Scheme (NDIS) as those with a disability who do not have ADHD. To ensure optimisation of necessary and reasonable NDIS interventions and supports for people with ADHD, a shared understanding of the following are needed: • appropriate accommodations • value of suitably qualified ADHD coaches • the importance of a specialist in ADHD as a lead member of the care team.
7.1.4	Eligibility and access to support from the NDIS should be decided based on the functional needs of the person with ADHD, and not based solely on diagnosis.
7.1.5	Primary care and public mental health services should make diagnosis and treatment available to people of all ages with ADHD, as for other mental health conditions
7.1.6	A system of ADHD-specific peer support should be established to ensure that this support is accessible throughout Australia. Peer-support programs already exist, providing opportunities to explore different models on which to base nationally available ADHD specific peer-support development. National ADHD specific peer support should ensure the peer support worker is embedded as part of a multidisciplinary team and works with clinicians to provide training, monitoring and support.
7.2	**Education Settings**
7.2.1	All education settings should identify a learning support coordinator with appropriate training to be the key point of contact for people with ADHD and their clinicians and parents/carers.
7.2.2	Students with ADHD of all ages require reasonable adjustments to be made to maximise their inclusion and learning opportunities. Co-occurring neurodevelopmental disorders including specific learning disorders should be identified and supported.

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	The types and number of adjustments should be decided as part of an individual learning support plan developed with the person with ADHD, their carers, education staff and other relevant clinicians.
7.2.3	Education settings should be supported to implement learning support plans, host inter-agency meetings, and possibly host visiting clinicians to consult and provide intervention recommendations.
7.3	**Service configuration and activities**
7.3.1	Services for people with ADHD should be configured to ensure they are person- and family-centred.
7.3.2	Agencies providing services for people with ADHD should collaborate with each other, the care coordinator, and the person with ADHD and/or their family, to provide integrated models of care that encompass recovery principles and with a focus on shared decision-making.
7.3.3	Development of agreed pathways, to simplify navigating the healthcare system for both consumers and clinicians, are needed throughout the lifespan for people with ADHD to ensure seamless transition
7.3.4	A readily available source of information for GPs about the referral pathways in their region is needed. For example, Primary Care Networks should identify ADHD specific local referral pathways and provide a directory of these to the general practices they serve.
7.3.5	As part of the development of agreed referral and care pathways, all relevant agencies should be consulted and their roles clarified, and where possible, expanded. People with a lived experience of ADHD, including clinicians with ADHD, should be involved to inform the design of services, supports and care pathways.
7.4	**Professional Training**
7.4.1	Information about ADHD and its treatment and support options throughout the lifespan should be included in the curriculums of mental health/developmental disorder training for educators, medical, nursing, pharmacy, and allied health professionals and other relevant professions such as social work, justice system, and child protection.
7.4.2	Organisations that provide services to people with ADHD, including all public health services (child, adolescent, adult), should ensure staff receive appropriate ADHD training including, where appropriate, skills to identify, diagnose, treat and provide ongoing monitoring and support. This includes training and resources for those involved in transitioning people with ADHD from adolescents to adult services
7.4.3	General practitioners and other specialist medical practitioners, paediatricians, psychiatrists, and geriatricians should be supported to increase their skills in identifying, diagnosing, and treating people with ADHD, including prescribing stimulants.

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7.4.4	An ADHD medication prescribing handbook should be developed to provide detailed guidance on treatment choice, initiation, side-effects, dosing, combination therapy and product information, relevant to the Australian context. Training for prescribers should be based on the handbook.
7.4.5	Ongoing professional development for ADHD treatment and care options (both interdisciplinary and discipline-specific) should be made easily available.
8	**Considerations – Research**
8.1.1	A process for setting research priorities should be established, involving all key stakeholders, including people with a lived experience of ADHD, and following established participatory research methods.
8.1.2	Research prioritisation should include individual and health service research and should consider cost effectiveness and new models of shared care.

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ATTACHMENT B

PBS listings for the treatment of ADHD (as at 1 May 2023)

Medicine	Brand name	Available strengths (mg)	PBS Restricted Uses (abridged)
Methylphenidate*	Artige Ritalin 10	10	ADHD
Methylphenidate* modified release capsule	Ritalin LA Rubifen LA	10, 20, 30, 40	ADHD in a patient diagnosed between ages 6 to 18, who require continuous coverage and has demonstrated a response to IR methylphenidate.
Methylphenidate* modified release tablet	Multiple	18, 27, 36, 54, 60	ADHD in a patient diagnosed between ages 6 to 18, who require continuous coverage and has demonstrated a response to IR methylphenidate.
Dexamfetamine*	Aspen Pharmacare	5	ADHD Narcolepsy
Lisdexamfetamine*	Vyvanse	20, 30, 40, 50, 60, 70	ADHD in a patient diagnosed between ages 6 to 18, who require continuous coverage over 12 hours.
Atomoxetine	APO-Atomoxetine Atomoxetine Sandoz	10, 18, 25, 40, 60, 80, 100	ADHD as defined by the DSM-V criteria, diagnosed by a paediatrician or psychiatrist, in patients diagnosed between ages 6 to 18, who are contraindicated to or intolerant of stimulant treatment.
Guanfacine	Intuniv	1, 2, 3, 4	ADHD as defined by the DSM-V criteria, diagnosed by a paediatrician or psychiatrist, in patients diagnosed between ages 6 to 17, who are contraindicated to or intolerant of stimulant treatment.

*Schedule 8 controlled drugs[34]

[34] Therapeutic Goods (Poisons Standard -June 2023) Instrument 2023

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ATTACHMENT C

Number of PBS prescriptions by medicine type and year

Year	Methylphenidate modified release	Dexamfetamine	Lisdexamfetamine	Methylphenidate immediate release	Guanfacine	Atomoxetine	Total prescriptions	Annual growth in prescriptions
2013	407,798	215,548	-	145,479	-	38,010	806,835	-
2014	438,178	220,287	-	158,092	-	39,169	855,726	6.1%
2015	472,911	233,804	17,635	172,920	-	43,404	940,674	9.9%
2016	492,519	241,625	111,442	182,412	-	46,817	1,074,815	14.3%
2017	515,291	255,219	178,853	194,836	-	51,697	1,195,896	11.3%
2018	548,959	277,246	243,491	217,798	10,490	54,779	1,352,763	13.1%
2019	595,720	305,918	303,278	245,911	117,408	55,526	1,623,761	20.0%
2020	667,771	354,158	378,209	286,712	201,198	59,647	1,947,695	19.9%
2021	762,162	417,702	623,856	338,507	276,694	67,240	2,486,161	27.6%
2022	857,935	518,813	960,338	402,002	359,852	74,569	3,173,509	27.6%