

“Josh Frydenberg, Treasurer, pursuant to Parts 2 and 3 of the Productivity Commission Act 1998, hereby request that the Productivity Commission (the Commission) undertake an inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.”

The purpose of my submission is to provide information about ADHD, including its cost to the Australian community.

Additionally I provide some data from the US, which paints a picture of ADHD as a Public health, not just a Psychiatric , disorder.

I then submit that greater training , earlier diagnosis, and greater ability of appropriately trained professionals to treat, could make significant impacts on the suffering and impairments incurred by undiagnosed and untreated Australians., as well as potentially saving millions if not billions in costs (see Deloitte Access Economics Studies , see additional attachments).

I am a member of AADPA and a member of VAADHDIG (Victorian Adult ADHD Interest Group). I am a member of the RACGP and a practising GP in inner Melbourne.

An immediate response to the Frydenberg quote above, is to consider the Deloitte Access Economics study commissioned by AADPA (Australian Association of ADHD Professionals) and released at the AADPA annual conference in July 2019.

This document is in the public domain but is attached to this submission for your convenience of access.

This report concludes that the cost of ADHD to all of us Australians is \$20 Billion per annum.

In October 2019 I was invited to attend a US summit in Washington DC . This summit which I participated in, was convened by the CHADD Organisation (Children and Adults with Attention Deficit Hyperactivity Disorder).

Participants in the summit included world leaders in ADHD Including Dr Russ Barkely, Dr Peter Jensen, and others (please see detail below).

CHADD recently released a White paper on its proceedings and conclusions.

Summarised, they are that untreated, undiagnosed, unmanaged ADHD has disastrous consequences , including multiple physical health effects, in addition to major mental health concerns.

These include but are not ,limited to:

Demonstrably reduced life expectancy (ELE) of the order of 9-13, average 12 years.

Far worse outcomes in all chronic health conditions, e.g. diabetes, asthma, heart disease, obesity.

I have not reproduced in full the White Paper due to copyright reasons, but as a summit participant I can provide more detail if requested to do so.

The summit recommendations are that ADHD needs to be regarded as a Major Public Health issue, such are the ramifications of non-recognition and non-treatment.

Currently, there remain major misunderstanding of what ADHD is, and how it affects sufferers and their families and communities.

There is now a large body of evidence emerging, both clinically and research based, of an underlying physiological (Brain based) deficit of neural transmission to account for the major features of the disorder, which in turn cause great impairments in functionality.

Apart from recognition of the disorder, which needs to be far more widespread, appropriate training is essential .There are major shortages of health Professionals Australia- wide able to diagnose and treat the condition. This is further complicated by the wide variability in “Permits” to prescribe, with individual states showing great variance.

Limitation of permission to prescribe results in markedly reduced access as well as incurring higher costs.

Yours Sincerely

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