

19 January 2020

Submission to Productivity Commission.

I am an Australian Consultant Neurodevelopmental Paediatrician. I have been a practice for 45 years and of this spent 23 years working in the UK. I have been very involved in establishing the importance of ADHD and related conditions as an essential component of the provision of adequate children's mental health and special educational needs. In the UK I for seven years chaired the Professional Subcommittee within the Royal College of Paediatrics related to ADHD and related conditions. <http://www.georgestillforum.co.uk/> . I returned to Australia seven years ago and am still in Consultant Practice. Since my return I have become increasingly concerned at the apparent ineffectiveness and lack of structure of the Australian mental health system generally but particularly related to the provision of ADHD services which are internationally recognised as an integral part of such services.

1. Service Provision

I would particularly wish to address the comments of the draft Mental Health Report, **Reform Area five: fundamental reform to care coordination, governance and funding arrangements.**

I agree that reforms are essential. It seems that the current way health services are set up is not conducive to this. In the UK the National Institute of Clinical Excellence (NICE) had guidelines on a wide range of conditions and diseases including ADHD <https://www.nice.org.uk/guidance/ng87/documents/short-version-of-draft-guideline> , ASD and bipolar disorder. These guidelines not only gave clear evidence-based clinical management but also link this to service provision. It was then expected that this would be audited and that practitioners would need to provide audit of the competence of their clinical activity both at their personal annual appraisals through the General Medical Council {the equivalent of APHRA}, and through the annual report that each practice had to give to the Care Quality Commission. Failure to do this resulted in disciplinary action. Possibly the Australian Clinical Practice Guidelines <https://www.clinicalguidelines.gov.au/> could be further developed in a similar way.

In Australia, as there is no NHS type system, having something like this would be difficult, however it is not impossible. I consider that if the National Mental Health Commission were to obtain statutory authority, that it might be possible to bring into place regulations such that practitioners working in a geographic area dealing with mental health issues had to be registered in some way, had to link Australian guidelines to the service provision and would be audited on this through their Royal College appraisal and through some overarching mechanism in the local area.

Tied in with this could be the possibility of the provision of contracts for services. For example, the private clinic I used to run in the UK had a contract for the provision of services to about 1/3 of

Manchester for adult ADHD and Autistic Spectrum Disorder <https://www.lanc.org.uk/north-east-manchester-nhs-service/> . There were clear service provision expectations with regular dialogue between the purchaser and the provider and penalties for provision of efficient service. The outcome data not only included numbers of patients seen and degree of clinical improvement but it also included social data such as re-entering of employment, provision of adequate housing, Justice involvement, decreased substance misuse etc.

It would be possible to have a similar system in Australia where one provider following a tender process, agreed to provide mental health services for specific conditions within a certain geographic area and could subcontract out to individual practitioners or clinics certain aspects of this. However the identify provider would have overall responsibility for service provision, and this provider could either be a private individual or clinic, or a government employee. In the UK most providers were in NHS organisations but as we found independent clinics were also able to do this.

In some way or other it seems that in Australia needs to be a mechanism for guaranteed service provision within geographic areas and the provision to audit such services and practitioners.

2. Youth Justice.

In the UK I was very involved in the recognition of the fact that a high percentage of youth entering the justice system had ADHD and related conditions. This contrasted markedly with previously held notions. Increasing evidence shows that in both adult and youth justice systems somewhere between 30 to 50% of those entering have ADHD related conditions. <https://bmcpneurology.biomedcentral.com/articles/10.1186/s12888-018-1858-9>. This is thus a preventable cause of crime. It links clearly into the fact that ADHD is a biological condition of impulsiveness or lack of self-control and that such people are more likely to do things without thinking of the consequences and also to therefore reoffend. This is particularly likely if there is associated substance misuse and conduct disorder.

The initial Bradley Report in the UK on the justice system mentioned ADHD very little, however the follow-up Bradley report clearly emphasised its importance.

http://www.mentalhealthchallenge.org.uk/library-files/MHC151-Bradley_report_five_years_on.pdf

At the time the group I was involved in had a lot of contact with Lord Bradley and anecdotally he very much acknowledged latterly the importance of ADHD and that it had been very much underestimated in his initial report. I find that in my involvement with youth justice authorities in Australia there is only an emerging awareness of the importance of these conditions.

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3. Screening of school exclusions.

This relates to Reform area 1. In the UK the Better Futures Group <https://www.ukadhd.com/what-is-the-better-futures-campaign.htm> , of which I was a member, lobbied the UK parliament to have any child had a second long suspension, legally have to be assessed for ADHD, ASD. It was felt that children with these conditions are much more likely to be suspended or excluded from school and that the earlier identification of this would likely minimise the subsequent risk of them entering the

youth justice system, as even at that stage they were still able to be effectively managed generally. Despite our good intentions and enormous amount of input, the politics eventually stopped this happening. However, having this sort of approach in Australia is something that would be very important, particularly as in my experience in the last seven years there is a patchy awareness of the importance and progression of ADHD through the school system.

<https://data.cese.nsw.gov.au/data/dataset/suspensions-and-expulsions-in-nsw-government-schools/resource/5dccdd60-9c6b-4e80-a4c8-d1d485c1f736>

4. ADHD in general

In the seven years I have been working back in Australia I have been quite surprised at being general lack of awareness and lack of effective service provision for children, adolescents and adults with ADHD. When I went to the UK in 1990, there was virtually no awareness there of ADHD. Over the last 30 years the UK has made enormous progress as is shown by the Nice reports. At that stage Australia was well ahead of the UK, however sadly I find that things have very much look back here.

I find that my medical colleagues accept ADHD generally is a valid condition, but the full impact and nature of the condition isn't always clear to them, nor is the long-term progression and the likelihood of significant disadvantage as has recently been confirmed in the recent report of the economic cost of ADHD in Australia. I think we find that teachers and School Counsellors do not understand the full implications of ADHD, particularly how it coexists with ASD, learning difficulties, and other mental health problems. I consider that it is completely unviable to run effective mental health services and special needs education services without a full understanding of how ADHD impacts and relates to these conditions.

Part of the problem is that there is not a full understanding of the nature of ADHD. It is a medical condition where there is a biological lack of self-control or increased level of impulsiveness. <https://www.guilford.com/books/ADHD-and-the-Nature-of-Self-Control/Russell-Barkley/9781593852313/reviews> This concept is if you got timetable of this is difficult for society to fully understand and bring into the effective provision of services. Society has long held the view that self-control is something that comes from good parenting, good environments and the like. ADHD runs counter to this. It is crucial that this commission have a good understanding of the nature of ADHD and how it impacts on all the other issues that it is dealing with. There clearly needs to be a great deal more professional training in education and medicine.