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

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

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

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

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

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

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

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

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

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

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

Statements that important and robust evidence was ignored are false.

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

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

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

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

Claims about significant conflicts of interest are incorrect.

In addition to the information above, AADPA can confirm:

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

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

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

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

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

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

13 November 2023