Australian Government

Australian Government response to the Senate Community Affairs References Committee report:

Assessment and support services for people with Attention Deficit Hyperactivity Disorder (ADHD)

December 2024

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1. Overview

The Australian Government welcomes the report by the Senate Community Affairs References Committee on the 'Assessment and support services for people with ADHD'.

The Government acknowledges the generosity and openness of more than 700 individuals and organisations across Australia who shared detailed and extremely valuable expertise and personal experiences through written submissions. The Government also acknowledges the many hours of verbal feedback given at the committee's public hearings, which were valuable in considering the Government's response.

The Government recognises that people with or experiencing symptoms of ADHD should be able to access high-quality and evidence-based assessment, diagnosis, treatment and support. The health and mental health systems in Australia continue to need reform to ensure the specific needs of people with ADHD and their families, carers and kin are provided clinically appropriate and targeted health care and support. The Senate Inquiry report also clearly articulates the difficulties Australians with ADHD are experiencing in navigating a fragmented system and that this area of health care is complex.

The recommendations of the Senate Inquiry are delivered at a time of significant reform, including consideration of the National Disability Insurance Scheme (NDIS) Review recommendations, the Government's Strengthening Medicare reforms, and continued consideration of reforms to improve the mental health system. This provides opportunities to identify interdependencies and determine gaps across the existing health, social services, disability and mental health landscape, including for those with ADHD.

It also comes at a time when all governments are committed to acting with common purpose, in the interests of all Australians. The commitments made at National Cabinet on 6 December 2023 to progress key reforms will strengthen our health system through further investment into the primary care and public hospital systems and securing the future of the NDIS. This includes agreement from all governments to jointly design and commission additional foundational supports as an initial response to the NDIS Review, to be delivered through existing government service settings where appropriate (including childcare and schools).

In Australia, there are separate and shared roles and responsibilities across all governments, and the sector more broadly. Collaboration across all levels of government and the sector will be necessary if we are to succeed in forging new and innovative approaches to diagnosis, supports and treatment for Australians with ADHD. It is also recognised that there are opposing views about the best way to address these issues, something that must be comprehensively explored to ensure the best outcome for all.

The Government thanks the committee, and all the contributors to the Senate Inquiry, for their efforts in producing this thoughtful and highly valuable report.

ADHD in Australia

The evidence shows that ADHD is the most common neurodevelopmental condition in children and adolescents but can also be diagnosed later in adulthood, with women most often being diagnosed in their late 30s or early 40s[1]. ADHD occurs in approximately 7-8% of Australian

[1] ADHD in women, 2023, www.webmd.com/add-adhd/adhd-in-women

children[2] and adolescents and 2-6% of adults[3], and is more commonly diagnosed in males than females.

Analysis of 2021 Pharmaceutical Benefits Scheme (PBS) data linked with Census and taxation data in the Multi-Agency Data Integration Project (now known as the Personal Level Integrated Data Asset) confirms that rates of ADHD medication use were similar across major cities, inner regional and outer regional/remote areas. It also showed that more than double the rate of First Nations people accessed a prescription for ADHD medication, compared with non-Indigenous people (28 people per 1,000 population, compared with 13 people per 1,000 population).

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

Government's response to the Senate Inquiry recommendations

The Senate Inquiry report makes 15 broad reaching recommendations to the Australian Government that aim to strengthen existing supports and highlight opportunities for reform. This includes development of a National Framework for ADHD; improved access to, and awareness raising of, available ADHD healthcare, support and medication; and proposed uniformity of prescribing rules between state and territory governments.

This response indicates what the Australian Government is doing and will do in the future regarding the 15 recommendations the committee has made, as well as where primary responsibility lies for taking action. It is recognised that girls, women, gender diverse and First Nations people experience particular complexity in navigating ADHD presentations, diagnosis and support needs. As such, all actions being progressed in response to the committee's recommendations will consider the different needs across all cohorts, including women, girls, men, boys and gender diverse people. Additionally, consistent with the Government's responsibilities under Closing the Gap, any actions undertaken in response to the committee's recommendations that are relevant to First Nations people will be developed in partnership with First Nations peak bodies and advocacy organisations.

The Department of Health and Aged Care has prepared this Australian Government response in consultation with a range of agencies, including: Attorney-General's Department; Australian Institute of Health and Welfare; Department of Education; Department of Employment and Workplace Relations; Department of the Prime Minister and Cabinet; Department of Social Services; National Disability Insurance Agency; National Health and Medical Research Council; and the National Indigenous Australians Agency.

A summary of the Recommendations and the Government response is outlined in the table below:

[2] Young Minds Matter Survey

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

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

[5] See for example Exploring the Needs of Family Caregivers of Children with Attention Deficit Hyperactivity Disorder: A Qualitative Study - PubMed (nih.gov) and Guideline, recommendations 4.2.1 to 4.2.7.

	Committee Recommendation	Government response
1	The committee recommends the Australian Government considers funding and co-designing a National Framework for ADHD, together with people with ADHD as well as ADHD advocacy and community organisations.	Supported-in-principle
2	The committee recommends the Australian Government consult with people with lived experience of ADHD, healthcare colleges and organisations to identify additional supports to improve access to ADHD healthcare and support. This should encompass reviewing bulk billing incentives to reduce out-of-pocket expenses for diagnosis and ongoing support, shared care models, telehealth, and improving access in rural, regional and remote areas.	Supported-in-principle
3	The committee recommends the Australian Government review the Medicare Benefits Schedule (MBS) with a view to improving the accessibility of assessment, diagnosis and support services for people with ADHD.	Supported-in-principle
4	The committee recommends the Australian Government review the Pharmaceutical Benefits Scheme (PBS) to improve the safe and quality use of medications by people with ADHD. This review should give consideration to the requirements for a diagnosis to access some medications, age restrictions, dosage restrictions and the scope of practice for clinicians prescribing medications.	Supported-in-principle
5	The committee recommends that the Commonwealth expedite the development of uniform prescribing rules to ensure consistency between state and territory jurisdictions, through the Ministerial Council on Health.	Supported
6	The committee recommends the Australian Government, in collaboration with people with ADHD and ADHD advocacy and community organisations, develop a dedicated government ADHD information portal.	Supported-in-principle
7	The committee recommends the Australian Government implement, through the Department of Health and Aged Care, a neurodiversity-affirming public health campaign to shift social attitudes and stigma associated with ADHD and to improve public awareness and promote education.	Supported-in-principle
8	The committee recommends the National Disability Insurance Agency improve the accessibility and quality of information around the eligibility of ADHD as a condition under the National Disability Insurance Scheme (NDIS).	Noted
9	The committee recommends that the Department of Social Services provide ongoing funding for disability advocacy organisations, including ADHD advocacy organisations, to support people with ADHD.	Noted
10	The committee recommends the Australian Government works to improve training on recognising and meeting the needs of ADHD people in a variety of settings, such as in education, institutional settings and the workplace, including considering setting minimum standards for neurodiversity training.	Supported-in-principle
11	The committee recommends that the Australian Government work towards improving specialised health services in institutionalised settings, including for people with ADHD.	Noted

	Committee Recommendation	Government response
12	The committee recommends the Australian Government, through the current 'Scope of practice review' and in collaboration with healthcare colleges, develop pathways which could include an expansion of the range of healthcare professionals who are able to provide ADHD assessment and support services, particularly General Practitioners and Nurse Practitioners, and improve the skills of all healthcare professionals who interact with people with ADHD.	Supported-in-principle
13	The committee recommends all levels of government consider investing in the implementation of the Australian ADHD Professionals Association's *Australian evidence-based clinical practice guideline for ADHD*, along with funding to promote the guideline to healthcare professionals and healthcare policy-makers.	Noted
14	The committee recommends that the Australian Government consider investing in ADHD lived experience non-profit support, disability and advocacy organisations. Such funding would enable these organisations to provide community-based and targeted services to people with ADHD, such as an advice and support helplines, legal aid, financial counselling and assistance in finding assessment, treatment and support pathways.	Noted
15	The committee recommends the Australian Government support further research, through the Australian Government's Medical Research Endowment Account (administered by the National Health and Medical Research Council) and the Medical Research Future Fund (administered by the Department of Health and Aged Care), to better understand ADHD, and ways to address stigma. The committee suggests that further research is needed into: • support available to people with ADHD, including evidence-informed clinical care and peer support; • addressing the stigma that people with ADHD experience including in healthcare, education and the community; • non-hyperactive presentations of ADHD and gender bias; • ADHD in First Nations, culturally and linguistically diverse and LGBTQIA+ communities; and • ADHD co-occurrence with other forms of neurodivergence.	Supported-in-principle

2. Background

On 28 March 2023, the Senate referred an Inquiry into the assessment of ADHD and support services for people with ADHD to the Senate Community Affairs References Committee for inquiry and report.

The Terms of Reference for the Committee were to consider the barriers to consistent, timely and best practice assessment of 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 the Pharmaceutical Benefits Scheme coverage and options to improve access to ADHD medications;
f) the role of the National Disability Insurance Scheme in supporting people with ADHD, with particular emphasis on the scheme's responsibility to recognise ADHD as a primary disability;
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.

The committee reported to the Australian Parliament on 6 November 2023 after reviewing submissions from more than 700 individuals and organisations and holding three public hearings in Canberra, Perth and Melbourne.

3. The Australian Government's response to committee recommendations

3.1 Recommendation one

The committee recommends the Australian Government considers funding and co-designing a National Framework for ADHD, together with people with ADHD as well as ADHD advocacy and community organisations.

Government response – Supported-in-principle

The Australian Government supports in principle the recommendation to co-design a National ADHD Framework, together with people with ADHD as well as ADHD advocacy and community organisations.

The Government has provided an initial investment of $1.5 million to the Australian ADHD Professionals Association (AADPA) to develop the Australian Evidence-Based Clinical Guideline for ADHD (the Guideline). Officially launched in October 2022, the Guideline aims to promote accurate and timely diagnosis, and provide guidance on optimal and consistent assessment and treatment of ADHD. The Guideline outlines a roadmap for ADHD clinical practice, research and policy, now and in the future, with a focus on everyday functioning and quality of life for care based on the age, gender, culture, setting and geography of people who are living with ADHD, and those who support them.

Consideration of whether additional investments in line with this recommendation are appropriate would need to be considered as part of broader reforms to both the mental health system and the NDIS.

3.2 Recommendation two

The committee recommends the Australian Government consult with people with lived experience of ADHD, healthcare colleges and organisations to identify additional supports to improve access to ADHD healthcare and support. This should encompass reviewing bulk billing incentives to reduce out-of-pocket expenses for diagnosis and ongoing support, shared care models, telehealth, and improving access in rural, regional and remote areas.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and is committed to keeping all Australians healthy and well in the community and delivering care that meets the needs of everyone, including those with ADHD. The Government also recognises the significant investments made in recent Budgets to improve access to mental health and suicide prevention services and to building a stronger Medicare.

The 2024-25 Budget announced $361 million over four years for the New Mental Health Services in a Stronger Medicare package to ensure Australians get the right level of care for their needs, shifting away from a one-size-fits-all approach to mental health care. This investment responds to the Better Access Evaluation and the advice of the Mental Health Reform Advisory Committee, whose membership provides extensive knowledge and lived experience of the health and mental health system.

As part of this, the Government is investing $163.9 million over four years for a new national early intervention service to ensure people can access support before their distress escalates to needing higher intensity mental health services. This aims to relieve pressure on the Better Access initiative and will support psychologists to work to their full scope of practice and spend more time treating people with moderate and high needs, including those with ADHD.

Additionally, the Government is working with the states and territories to roll out a national network of 61 Medicare Mental Health Centres by 30 June 2026. Building on the existing Head to Health centres, $29.9 million over four years from 2024-25 is being provided to strengthen the

clinical capacity of the Centres to appropriately support consumers with moderate to complex needs. Medicare Mental Health Centres will have strengthened clinical support through free telehealth access to psychologists and psychiatrists as part of a multidisciplinary team. These services will ensure that cost is not a barrier to receiving care from a psychologist or psychiatrist. A person presenting with ADHD symptoms will also be able to access peer support, and if necessary, referral to an appropriate ongoing service provider.

The Government is also working collaboratively with jurisdictions to create a national network of 17 Head to Health Kids Hubs by 30 June 2026, a commitment originating in the 2021-22 Budget. The Hubs aim to improve early intervention outcomes for children's mental health and wellbeing by providing comprehensive, multidisciplinary care for children and their families, including those with ADHD.

A further $71.7 million was also committed in the 2024-25 Budget to establish multidisciplinary teams in general practice to provide wrap around care for people with complex mental health needs. Primary Health Networks will be funded to commission mental health nurses, counsellors, social workers and peer workers in general practice. These teams will provide care coordination for people with high needs, including ADHD, in between their GP and specialist appointments.

The Government remains committed to working with people with lived experience of mental health, including those with ADHD, more broadly. On 2 July 2024, the Government announced two independent national mental health lived experience peak bodies, one representing consumers and the other representing families, carers and kin. These peak bodies will assist the Government to shape the future of the mental health and suicide prevention system that meets the needs of consumers. The Government is also investing $7.1 million over four years from 2024-25 to establish a new national peer workforce association to mobilise, professionalise, and unlock the potential of peer mental health workers.

Improving access to care for Australians, regardless of geographic location, continues to be a priority for Government. The Government has made significant investment to strengthen Medicare through the 2022-23, 2023-24 and 2024-25 Budgets, including to triple certain Bulk Billing Incentives, implement MyMedicare and establish Medicare Urgent Care Clinics. These investments aim to meet the urgent healthcare needs of today, while starting reforms to build a stronger Medicare for future generations in response to the 2023 Strengthening Medicare Taskforce report. The report recommended four key areas of reform: increasing access to primary care; encouraging multidisciplinary team-based care; modernising primary care; and supporting change management and cultural change.

Telehealth services, which were introduced permanently from January 2022, allow greater flexibility for patients to access all types of care when and where they need it. The independent clinician-led MBS Review Advisory Committee (MRAC) completed a post implementation review of telehealth, which considered the services efficacy, safety and potential access issues. The MRAC provided its recommendations to the Government in May 2024.

3.3 Recommendation three

The committee recommends the Australian Government review the Medicare Benefits Schedule with a view to improving the accessibility of assessment, diagnosis and support services for people with ADHD.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and recognises that ongoing rigorous, comprehensive review and analysis of the MBS is essential for a consistent, clear, and evidence-based MBS that works for patients and health professionals alike.

Review of the MBS was undertaken between 2015 and 2020, with the MBS Review Taskforce (the Taskforce) looking at more than 5,700 MBS items to see if they needed to be amended, updated or removed. It identified services that were obsolete, outdated or potentially unsafe. The Taskforce also recommended adding new items where needed, along with broader structural changes to the MBS, including establishment of a continuous review mechanism of the MBS on an ongoing basis.

The Government established the MBS Continuous Review, which is supported by the MRAC, an independent and clinician-led non statutory committee. MRAC undertakes reviews that examine how the MBS is used in practice and recommends improvements to ensure the MBS is contemporary, evidence-based, and supports universal access to high value care for all Australians.

Through this mechanism, the Government ensures the MBS is reviewed, updated and remains contemporary and reflective of the needs of all Australian patients. Ensuring the accessibility to appropriate services for all Australians remains a priority for the Government, including those with ADHD.

Inequities in MBS access due to out-of-pocket costs has also been considered by the Mental Health Reform Advisory Committee, as part of its focus on the distributional equity of mental health care.

3.4 Recommendation four

The committee recommends the Australian Government review the Pharmaceutical Benefits Scheme (PBS) to improve the safe and quality use of medications by people with ADHD. This review should give consideration to the requirements for a diagnosis to access some medications, age restrictions, dosage restrictions and the scope of practice for clinicians prescribing medications.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and is committed to ensuring safe and quality use of medications for all Australians, including those with ADHD.

The PBS supports timely, reliable and affordable access to necessary medicines for Australians by subsidising the costs of medicines listed on the PBS. The PBS subsidises the cost of medicine for most medical conditions, including psychostimulant medications used to treat ADHD such as dexamphetamine, methylphenidate and lisdexamfetamine.

Over recent years, the PBS has undergone changes in relation to age restrictions on subsidised ADHD medications to recognise increased diagnosis rates in adulthood. The PBS criteria reflects

the circumstances in which a medicine is determined to be comparatively safe, clinically effective and cost effective for an eligible population.

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) has conducted four utilisation reviews for ADHD medicines, most recently in September 2023. In its most recent review, the DUSC noted that the prevalence of ADHD medicine use is approaching prevalence of ADHD in people under 18 years of age, and that the adult prescribing rate is below prevalence estimates for this population. DUSC raised concerns in relation to inequitable healthcare for some patients who are unable to access a psychiatrist and the different prescribing rules between each jurisdiction. DUSC further noted the potential for illicit use of ADHD medicines. The September 2023 report was provided to the PBAC for consideration at its November 2023 meeting.

The PBAC noted the high demand for ADHD treatment, in particular lisdexamfetamine in the adult population. The PBAC considered the variation in utilisation between jurisdictions may partly reflect higher level of prescribing to children in some states, and that these children are now supplied ADHD medicines as adults. The PBAC noted the DUSC advice on the prevalence of ADHD medicine in adults and people under 18 years of age and that the adult prescribing rate was still below prevalence estimates for the adult population.

Consideration of options that would increase access to appropriate medications for the treatment of ADHD will need to consider how to maintain high-quality safety standards. It is also recognised that there may be adverse effects when pharmaceutical treatment for ADHD is prescribed without adequate assessment or regular review.

The Government would consider a recommendation from the PBAC to undertake a review of the safe and quality use of PBS-subsidised ADHD medicines, including appropriateness of the requirements for diagnosis and age restrictions and review.

3.5 Recommendation five

The committee recommends that the Commonwealth expedite the development of uniform prescribing rules to ensure consistency between state and territory jurisdictions, through the Ministerial Council on Health.

Government response – Supported

The Australian Government supports this recommendation and is aware of the national inconsistency in prescribing arrangements for some ADHD medications between jurisdictions, and the complexity this creates for those with ADHD. Psychostimulants often used as treatments for ADHD are Schedule 8 ‘controlled drugs’ under the Commonwealth Poisons Standard.

Scheduling is a national classification system that is intended to promote uniform access controls for how medicines and chemicals are made available to the public. However, the Poisons Standard is implemented under state and territory legislation. Establishment of specific access controls, including prescribing arrangements, is a matter for state and territory governments. Likewise the prescribing practice requirements of health professionals is controlled under state and territory legislation.

However, the Government is committed to pursuing greater consistency across all jurisdictions and will commit to raising this issue through a Health Ministers' Meeting for its consideration.

3.6 Recommendation six

The committee recommends the Australian Government, in collaboration with people with ADHD and ADHD advocacy and community organisations, develop a dedicated government ADHD information portal.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and notes the committee's advice in relation to the difficulties people with ADHD face in navigating the available government resources online.

There are a range of publicly available online ADHD support resources across governments. An example is the recently released resources that support awareness and knowledge of students and families about the *Disability Standards for Education 2005* (Standards), and new resources to support teachers and school leaders to better understand and enact their obligations under the Standards.

The Government will consider opportunities to better leverage the use of existing government platforms to ensure they are fit for purpose for those with ADHD, including the Head to Health digital mental health platform.

Any dedicated government ADHD information portal would require collaboration across sectors, jurisdictions and governments to deliver services that meet the needs of those with, those who support people with, and those who treat people with ADHD.

3.7 Recommendation seven

The committee recommends the Australian Government implement, through the Department of Health and Aged Care, a neurodiversity-affirming public health campaign to shift social attitudes and stigma associated with ADHD and to improve public awareness and promote education.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and recognises public awareness and acceptance of ADHD and neurodiversity has reportedly led to more people seeking support in recent years[6], but notes that barriers to accessing services and support remain. The Australian Government is committed to helping ensure that all Australians, including those with ADHD, can access support when and where they need it.

[6] See example: Monash Health, 20 December 2021, 'Pandemic triggers rise in ADHD referrals' www.monashhealth/latestnews/pandemic_triggers_rise_in_ADHD_referrals;
The Age, 25 September 2022, 'More support needed for those with ADHD' www.theage.com.au/national/more-support-needed-for-those-with-ADHD

The Department of Health and Aged Care has undertaken communication activities to educate and inform Australians of key initiatives that will support people to have greater access to health care, including those with ADHD. This includes the MBS triple bulk billing incentive; access to rebates for longer consultations for people with chronic conditions and complex needs; and the increase in national Medicare Mental Health Centres and Head to Health Kids Hubs by 30 June 2026.

The Government's communication activities will continue to support the implementation of reforms and initiatives to support the mental health and wellbeing of Australians, including those experiencing ADHD.

3.8 Recommendation eight

The committee recommends the National Disability Insurance Agency improve the accessibility and quality of information around the eligibility of ADHD as a condition under the National Disability Insurance Scheme (NDIS).

Government response – Noted

The Australian Government notes this recommendation.

The Independent Review into the NDIS (NDIS Review) report was publicly released on 7 December 2023, which makes recommendations for consideration by governments about accessibility and eligibility in the NDIS. In response to the NDIS Review, the Australian Government passed legislation in 2024 to reform the NDIS. The amended NDIS Act includes new rules to enable the introduction of a new planning framework where funding will be allocated based on a needs assessment and expanded rule-making power to clarify the requirements for gaining access and remove reference to diagnosis as a basis for access. This will provide a more consistent and fairer approach to access and planning that is subject to further design work to be contained in new rules.

3.9 Recommendation nine

The committee recommends that the Department of Social Services provide ongoing funding for disability advocacy organisations, including ADHD advocacy organisations, to support people with ADHD.

Government response – Noted

The Australian Government notes this recommendation and acknowledges the important role disability advocacy services play in supporting people with disability to ensure their rights are maintained, promoted and protected.

On 21 April 2023, Disability Ministers endorsed the new National Disability Advocacy Framework 2023-2025 (NDAF) and associated Disability Advocacy Work Plan (Work Plan). The NDAF commits governments to work together to improve national consistency and access to advocacy services for people with disability across Australia. The NDAF and Work Plan were developed by the Australian and state and territory governments, in consultation with people with disability, families, carers, disability advocacy providers and disability representative organisations.

Additionally, as part of its initial response to the Disability Royal Commission, the Government is committing $39.7 million in additional funding over 4 years to establish a new individual disability advocacy program. The new program will bring together current services to establish a streamlined and cohesive delivery model of ongoing individual disability advocacy supports. This will deliver better outcomes for individuals with disability who are at high risk of harm by addressing unmet demand and provide better support capability for the most vulnerable cohorts. It will be informed by and align with work already progressing under the NDAF.

The Department of Social Services also provides ongoing disability advocacy funding, including through the National Disability Advocacy Program (NDAP), which provides people with disability access to effective advocacy support to promote and protect the rights of people with disability by helping to remove barriers to their full and equal participation in the community. The disability advocacy services and supports offered through the NDAP are available to all people with disability.

3.10 Recommendation ten

The committee recommends the Australian Government works to improve training on recognising and meeting the needs of ADHD people in a variety of settings, such as in education, institutional settings and the workplace, including considering setting minimum standards for neurodiversity training.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and is committed to upskilling health professionals in mental health, including on topics related to ADHD.

In the 2023-24 Budget, the Government has invested $17.8 million to upskill the broader health workforce to recognise and respond to distress, deliver high-quality mental health treatment and continue providing vital support to health workers. This includes further investment in the Mental Health Professionals Network and the Mental Health Professional Online Development Program who will continue to make available resources to support health professionals increase their knowledge and understanding of various mental health issues, including ADHD, and engage in professional multidisciplinary and intraprofessional networks in their region with an interest in ADHD.

This builds on the $40.5 million Government investment to the Royal Australian and New Zealand College of Psychiatrists to develop a nationally recognised Certificate of Postgraduate Training in Clinical Psychiatry for medical practitioners, including GPs and emergency medicine specialists. The Certificate curriculum includes ADHD as a specific focus and was launched on 2 September 2024. The first cohort of trainees are currently in their first term of training.

Additionally, the five-year National Skills Agreement (the Agreement) recognises that vocational education and training is a critical enabler of inclusion and economic equality, with a focus on supporting groups that have traditionally faced barriers to education, training and work. The Agreement reflects a commitment by all governments to ensure that no Australian is left behind as the economy transitions and adapts to structural change, by providing opportunities for life-long learning and foundation skills development.

The Agreement supports access for all to the vocational education, training and assistance they need to obtain the skills to participate and prosper in the modern economy. A long-term National Skills Plan to meet national targets and deliver on national priorities has been endorsed by all governments and was released in September 2024. Every jurisdiction, including the Commonwealth, will also publish an action plan that outlines jurisdiction-specific actions, outputs and outcome targets that contribute to the Plan by late 2024.

The Government has also established ten Jobs and Skills Councils (JSCs) to provide industry with a stronger voice to ensure Australia's VET sector delivers better outcomes for learners and employers. The Government will work with HumanAbility, the JSC for the early educators, health and human services sectors, to ensure the skills needs of workers in relation to recognising and meeting the needs of people with ADHD are considered in future training package updates.

The Government notes that professional learning for teachers is primarily a state, territory and sector responsibility involving teacher regulatory authorities, government and non-government education departments, schools and their teaching staff. However, all education providers are required to comply with the *Disability Standards for Education 2005* and make reasonable adjustments to allow students with disability, including those with ADHD, to access and participate in education on the same basis as students without disability.

3.11 Recommendation eleven

The committee recommends that the Australian Government work towards improving specialised health services in institutionalised settings, including for people with ADHD.

Government response – Noted

The Australian Government notes that the committee has framed this recommendation around improving specialised health services for those who interact with the justice system, particularly correctional facilities, throughout their lifetime, including those that have ADHD. The committee's advice that this particularly applies to First Nations peoples and children is further noted.

Police services, courts and correctional services are primarily the responsibility of state and territory governments. State and territory governments may deliver corrective services directly, purchase them through contractual arrangements or operate a combination of both arrangements[7].

In response to Priority Reform One of the National Agreement on Closing the Gap, the Justice Policy Partnership (JPP) has been established to consider Aboriginal and Torres Strait Islander justice policy. In line with the JPP Strategic Framework, the JPP is working with the Department of Health and Aged Care on their efforts to improve access to healthcare in places of incarceration.

Additionally, the *Disability Discrimination Act 1992* (Cth) (the Act) provides that direct and indirect discrimination on the basis of disability is unlawful in a broad range of areas of public

[7] 8 Corrective services - Report on Government Services 2022 - Productivity Commission (pc.gov.au)

life, including access to goods, services and facilities. This includes the provision of healthcare services for adults and children with ADHD. The Act requires reasonable adjustments to be made available to people with disability when providing goods, service and facilities, including in justice settings, unless doing so would cause unjustifiable hardship. A reasonable adjustment is a measure or action taken to assist a person with disability to participate on the same basis as others.

3.12 Recommendation twelve

The committee recommends the Australian Government, through the current 'Scope of practice review' and in collaboration with healthcare colleges, develop pathways which could include an expansion of the range of healthcare professionals who are able to provide ADHD assessment and support services, particularly General Practitioners and Nurse Practitioners, and improve the skills of all healthcare professionals who interact with people with ADHD.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and is aware of the barriers to accessing ADHD diagnosis and supports, including long wait times to access specialist practitioners including paediatricians and psychiatrists, as well as geographical disparity of available health supports.

On 28 April 2023, the National Cabinet endorsed the Strengthening Medicare Taskforce's recommendation to review the barriers and incentives for all health professionals to be able to work to their full scope of practice (the review). The *Unleashing the Potential of our Health Workforce,* Scope of Practice Review's Final Report was released on 5 November 2024. The review found that virtually all health professions in the primary care sector face some restrictions or barriers to working to their full scope of practice, that are unrelated to their education (skills and knowledge) and competence.

The Final Report proposes 18 recommendations intended to remove the major barriers that impede health professionals from practising to their full scope. The recommendations propose reforms across a number of areas, including workforce design, development, education and planning; legislation and regulation; and funding and payment policy. The review also outlines several enablers and other key considerations required to deliver the proposed reforms including cultural change and leadership, governance mechanisms, capacity building, cultural safety and prioritisation of implementation in rural, remote and underserviced areas.

The system-focused recommendations outlined in *Theme B: Legislation and regulation*, and *Theme C: Funding and payment policy* may enable potentially unnecessary restrictions on scope, such as PBS rules which currently restrict GPs from prescribing for conditions such as ADHD, to be considered through new, ongoing, evidence-based institutional mechanisms.

The Australian Government will carefully consider the recommendations of the Scope of Practice Review alongside other primary health care and workforce review reports.

The Government will also work with HumanAbility, the JSC for the early educators, health and human services sectors, to ensure that the skills needs of healthcare workers in interacting with people with ADHD are considered in future training package updates.

Through the *National Mental Health and Suicide Prevention Agreement,* the *National Medical Workforce Strategy 2021-2031* and the *National Mental Health Workforce Strategy 2022-2032,* all governments have committed to action including addressing maldistribution in specialties and location, training pathways and how to attract, train and retain the workforce Australia needs now and into the future. The *National Mental Health Workforce Strategy 2022-2032* also includes specific actions to enable the workforce to expand and work to the top of their scope and enhance regulatory arrangements to strengthen the safety and quality of care.

In line with priorities under the *National Mental Health Workforce Strategy 2022-2032*, the Australian Government has provided funding through the 2024-25 Budget to explore a new psychology assistant role. This scoping project will consider potential training, scope of practice and regulatory requirements, as well as how psychology assistants would deliver care and interact with other mental health professions within multidisciplinary teams.

3.13 Recommendation thirteen

The committee recommends all levels of government consider investing in the implementation of the Australian ADHD Professionals Association's Australian evidence-based clinical practice guideline for ADHD, along with funding to promote the guideline to healthcare professionals and healthcare policy-makers.

Government response – Noted

The Australian Government notes this recommendation, recognising the existing investments made by the Commonwealth in the development and action under the Guideline, and that any undertaking to invest in and implement the guideline will require adequate resourcing and investment across all governments.

$1.5 million was provided to AADPA to develop the Guideline. Officially launched in October 2022, and endorsed by the National Health and Medical Research Council (NHMRC), the Guideline is a solid foundational resource that provides expert advice on diagnosis, treatment and ongoing supports to those with ADHD, those who support people with ADHD and those that treat people with ADHD. However, it is noted that there are alternate views amongst clinicians about the focus of the Guideline. It is recognised that there are a number of antecedents or causes for the behaviours associated with ADHD and therefore a range of different interventions that may be effective. It is also recognised that there may be adverse effects when treatment for ADHD is prescribed without adequate assessment or regular review.

The Government notes the Guideline includes addressing the physical health as well as mental health needs of people with ADHD, including providing advice on lifestyle factors. As part of the National Mental Health and Suicide Prevention Agreement, all governments have committed to improving the physical health and wellbeing of people living with mental illness in Australia. This includes reaffirmed support for the Equally Well Consensus Statement.

Additionally, the Government is providing $1.9 million to Charles Sturt University over three years 2021-22 to 2023-24 for the Equally Well Program which seeks to promote and support implementation of the Statement. By championing physical health as a priority, this initiative

ultimately aims to reduce the life expectancy gap that exists between people living with a mental illness and the general population, including those with ADHD.

On 1 July 2023, the Government implemented a free national support line for GPs to access clinical advice from psychiatrists to better support GPs to manage and monitor patients. GPs can seek advice from psychiatrists on a range of subjects including ADHD as well as mental health, safety, medication, psychosocial advice, treatment, diagnosis and referral pathways. This supports action 10.3 in the Productivity Commission Inquiry Report into Mental Health to provide psychiatric advice to GPs and paediatricians. The Department of Health and Aged Care will continue to examine opportunities to optimise the role of GPs in managing and supporting people with ADHD in primary care, consistent with the Guideline.

The Guideline also outlines the importance of appropriate training and credentials for professionals managing patients with ADHD. ADHD specific resources are currently available through the Mental Health Professionals Network to support health professionals to upskill and connect with multidisciplinary practitioners for networking and peer support to improve collaborative care practices. This includes a dedicated ADHD webinar for continued professional development and ADHD special interest. Funding for the Mental Health Professional Online Development Program in the 2023-24 Budget provides opportunities to consider the development of new and updated mental health resources and training, including on ADHD.

Similarly, GPs already receive training and education in ADHD as part of their studies, however, GPs may pursue further mental health training through Continuing Professional Development and/or through structured training available through the General Practitioners Mental Health Standards Collaboration (GPMHSC). The GPMHSC is a multidisciplinary body managed by the Royal Australian College of General Practitioners and funded by the Government as a component of the Better Access initiative, and is currently exploring the development of an accredited skills training activity for GPs interested in ADHD assessment, treatment and support.

It may be relevant to consider national and international approaches to the assessment and management of children and adults who present with symptoms suggestive of ADHD.

3.14 Recommendation fourteen

The committee recommends that the Australian Government consider investing in ADHD lived experience non-profit support, disability and advocacy organisations. Such funding would enable these organisations to provide community-based and targeted services to people with ADHD, such as an advice and support helplines, legal aid, financial counselling and assistance in finding assessment, treatment and support pathways.

Government response – Noted

The Australian Government notes this recommendation and deeply values the contributions of people with lived and living experience of mental ill-health and neurodiversity. Their stories continue to drive improvements to the health system and services.

On 2 July 2024, the Government announced the establishment of two new independent national mental health lived experience peak bodies, one representing consumers and the other representing families, carers and kin. Funding of $7.5 million from 2023-24 has been provided to

these peak bodies to enable their establishment and to provide lived experience expertise to government. The peak bodies will work to ensure people with lived and living experience of mental ill-health can help shape the policies and programs impacting them, and may provide an avenue to consult with people with lived experience of mental ill-health and ADHD.

In addition, the Government currently invests in a national network of Medicare Mental Health Centres and Head to Health Kids Hubs which provide free and low cost support for individuals who are experiencing or supporting those with mental health and wellbeing challenges. These organisations support Australians to find and connect with the right programs and services at the right time to suit their individual needs and care preferences (refer Recommendation two).

Finally, the Government's commitment of $39.7 million over 4 years to establish a new individual disability advocacy program will bring together current services to establish a streamlined and cohesive delivery model of ongoing individual disability advocacy supports (refer Recommendation 9).

3.15 Recommendation fifteen

The committee recommends the Australian Government support further research, through the Australian Government's Medical Research Endowment Account (administered by the National Health and Medical Research Council) and the Medical Research Future Fund (administered by the Department of Health and Aged Care), to better understand ADHD, and ways to address stigma.

The committee suggests that further research is needed into:

- *support available to people with ADHD, including evidence-informed clinical care and peer support;*
- *addressing the stigma that people with ADHD experience including in healthcare, education and the community;*
- *non-hyperactive presentations of ADHD and gender bias;*
- *ADHD in First Nations, culturally and linguistically diverse and LGBTQIA+ communities; and*
- *ADHD co-occurrence with other forms of neurodivergence.*

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and will continue to invest in Australian health and medical research and its translation into practice to ensure Australia's entire health system is prepared for current and future challenges, including for ADHD-related research. This is demonstrated through funding of more than $1.5 billion in research grants through the NHMRC and the Medical Research Future Fund (MRFF) annually.

The NHMRC accepts grant applications in any area of research relevant to human health, including ADHD. The majority of NHMRC's funding schemes are investigator-initiated and based on the expertise of those applying for funding. Between 2014 and 2023, NHMRC has expended $21.6 million towards research relevant to ADHD.

On 15 December 2023, the NHMRC announced an investment of $5.2 million for research on improving clinical treatments to better understand the cognitive mechanisms of decision making

for people living with ADHD. This includes $2.9 million in funding to Professor David Coghill to develop and evaluate novel, scalable clinical solutions that improve ADHD outcomes, and a further $2.3 million to Professor Mark Bellgrove to develop treatment for clinical disorders of decision making[8].

The MRFF is a priority-led fund with disbursements addressing unmet Australian medical needs and a focus on research translation. Since its inception in 2015 to 31 November 2023, the MRFF has invested $202.49 million through 121 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 for a 5-year research project into improving outcomes for children and adolescents with ADHD and their carers.

The $6.5 billion 3rd 10-year Investment Plan for the MRFF provides funding for 22 initiatives between 2024-25 and 2033-34 under four themes including Patients and Research Missions. A number of these offer opportunities for funding research on ADHD.

Within the 'Research Missions' theme, the Million Minds Mental Health Research Mission will contribute to ADHD research by investing in research that reduces the stigma prevalence and severity of mental illness and psychological distress. The research will identify and support the implementation of appropriate and innovative interventions and care models to help people with mental illness and/or psychological distress as well as reducing inequity in mental health outcomes and access to treatment for priority populations including First Nations people.

Within the 'Patients' theme, the Emerging Priorities and Consumer-Driven Research initiative will contribute to ADHD research by allocating $50 million over 4 years from 2024-25 to the Childhood Mental Health Research Plan (CMHRP). The CMHRP funds projects that improve the understanding of mental ill health, investigate ways to prevent and treat mental illness and psychological distress in children, and promote and improve children's wellbeing.

4. The Australian Government's response to the additional recommendations posed by the Australian Greens

The Australian Greens advised that while the 15 recommendations of The Senate Inquiry report are considered acceptable, there is more that the Australian Government could do to address the challenges that the ADHD community have brought to the committees' attention.

This section outlines the Australian Government's response to the additional recommendations posed by the Australian Greens.

4.1 Recommendation one

[8] Investigating clinical solutions to improve ADHD treatments | NHMRC

The Australian Greens recommend the Australian Government establish a Minister for Disability to coordinate disability issues, services and support systems in Australia and to ensure that improvements identified in this, and other inquiries and reviews are implemented. The position must be filled by a disabled person.

Government response – Noted

The Australian Government notes this recommendation and further notes that the strengthening of national disability leadership through establishment of a ministerial position for the Minister for Disability Inclusion formed part of the recommendations of the Disability Royal Commission (Recommendation 5.6 – New governance arrangements for disability[9]).

The Government is carefully considering the Disability Royal Commission recommendations and has established the Commonwealth Disability Royal Commission Taskforce to support coordination of the Australian Government's response.

4.2 Recommendation two

The Australian Greens recommend the National Disability Insurance Agency improve the accessibility and quality of information around the eligibility of ADHD as a primary condition under the National Disability Insurance Scheme (NDIS), including (but not limited to):

- *adding ADHD to List A and List B on the NDIS Access List, noting that ADHD is a neurodevelopmental condition and access to the NDIS remains based on meeting the requirements outlined in the National Disability Insurance Scheme Act 2013;*
- *reviewing the NDIS application processes to ensure they are accessible to people with ADHD;*
- *reviewing communications, including information available on the website, to ensure information is clear for people with ADHD and healthcare professionals. This includes clear information about what the NDIA requires from them when making an application to the NDIS;*
- *completion of neurodivergent-affirming training, including modules on ADHD, by all NDIA staff and contractors;*
- *developing and requiring the completion of an ADHD training module for National Disability Support Partners and NDIS assessors, to improve awareness of ADHD; and*
- *working with people with lived experience of ADHD about presentation of NDIS eligibility and access requirements.*

Government response – Noted

The Australian Government notes this recommendation and in line with the response provided under core recommendation eight on page 13 of this response document, the Government notes the relevance of recommendations from the NDIS Review. These issues are being further considered by the Australian and state and territory governments as part of the response to the NDIS Review.

4.3 Recommendation three

[9] Final Report - Volume 5, Governing for inclusion (royalcommission.gov.au)

The Australian Greens recommend that a National Framework for ADHD should support children and adults with ADHD, and should:

- *be supported by an action plan with targets and regular evaluation against documented milestones;*
- *chart a pathway for systemic reform across government, including changes to education systems, and healthcare systems such as Medicare and the Pharmaceutical Benefits Scheme;*
- *implement shared models of care;*
- *differentiate between medical and non-medical care pathways for both children and adults;*
- *ensure culturally appropriate healthcare and support for First Nations peoples;*
- *create additional information pathways and resources (including online information portals) for people with ADHD, their families and carers; and*
- *promote ADHD awareness through public health information campaigns.*

Government response – Noted

The Australian Government notes this recommendation and acknowledges the additional context provided by the Australian Greens that builds upon The Senate Inquiry report's core Recommendation one (refer page 7 of this response document).

4.4 Recommendation four

The Australian Greens recommend the Department of Education develop training in ADHD awareness and education and provide it to teachers, educators and pre-service educators. Such training should address the stigma associated with ADHD, including how it presents and an understanding of the supports available to children and adults with ADHD.

Government response – Supported-in-principle

The Australian Government supports this recommendation in principle and notes that professional development for teachers and other school staff is primarily a state, territory and sector responsibility involving teacher regulatory authorities, government and non government education departments, schools and their teaching staff.

Existing structures such as the Australian Professional Standards for Teachers require all teachers develop teaching activities that incorporate differentiated strategies to meet the specific learning needs of students, including students with disability. Recently released resources developed by the Australian Institute for Teaching and School Leadership for the Australian Government support educator capability in supporting educator awareness of the *Disability Standards for Education 2005.*

In response to a recent review of initial teacher education (ITE) all Education Ministers agreed to amend accreditation standards and procedures to require content in ITE programs that builds teachers' responsiveness to the needs of diverse students, including content on students with a disability, by the end of 2025. The amendments were agreed at the 11 December 2023 meeting of Education Ministers, and have been published by the Australian Institute for Teaching and School Leadership as an addendum to the Accreditation Standards and Procedures.

The Government's ten JSCs provide industry with a stronger voice to ensure Australia's VET sector delivers better outcomes for learners and employers. The Government will work with HumanAbility, the JSC for the early educators, health and human services sectors, to ensure that the need for ADHD awareness and education is considered in future training package updates aimed at supporting workers in the children's education and care sector.

4.5 Recommendation five

The Australian Greens recommend the Department of Education further explore needs-based funding models to provide more support and resources for neurodivergent students and their families, including those with ADHD.

Government response – Noted

The Australian Government notes this recommendation and notes that the needs-based Government Schooling Resource Standard (SRS) recurrent funding arrangements includes a loading for students with disability. Since 2018, students attract this loading to their school's SRS if they are recorded in the Nationally Consistent Collection of Data on School Students with Disability as receiving supplementary, substantial or extensive support in the classroom. School authorities are responsible for the distribution of this funding to their individual schools.

In 2022 the Government commissioned the Australian Universities Accord Panel to undertake a review of the higher education system to identify potential reforms to drive transformational sectoral change, including improved access and participation of students with disability. The final report of the expert Panel was provided to the Government at the end of 2023 and is available at www.education.gov.au/australian-universities-accord.

4.6 Recommendation six

The Australian Greens recommend the Australian Government, through the Education Ministerial Council of the National Cabinet, engage with the states and territories to establish minimum neurodiversity and ADHD awareness and training requirements for teachers and educators.

Government response – Noted

The Australian Government notes this recommendation and advises that learning for teachers is primarily a state, territory and sector responsibility involving teacher regulatory authorities, government and non-government education departments, schools and their teaching staff.

The Australian Professional Standards for Teachers currently require all teachers to develop teaching activities that incorporate differentiated strategies to meet the specific learning needs of students across the full range of abilities. In addition, all teachers are required to design and implement teaching activities that support the participation and learning of students with disability and address relevant policy and legislative requirements.

In December 2023 Education Ministers agreed to amend accreditation standards and procedures to require content in ITE programs that builds teachers' responsiveness to the needs of diverse students, including content on students with a disability, by the end of 2025.

4.7 Recommendation seven

The Australian Greens recommend the Australian Government, through the Education Ministerial Council of the National Cabinet, engage with the states and territories to establish nationally consistent recognition of Nurse Practitioners as valid diagnosticians for the purposes of ADHD diagnosis and subsequent educational support

Government response – Noted

The Australian Government notes this recommendation and in line with the advice provided against core Recommendation twelve on page 16 of this response document, the Scope of Practice review proposes a series of system-focused recommendations that may enable potentially unnecessary restrictions on scopes of practice to be considered through new, ongoing, evidence-based institutional mechanisms.

The Australian Government will carefully consider the recommendations of the Scope of Practice Review alongside other primary health care and workforce review reports.

4.8 Recommendation eight

The Australian Greens recommend the Department of Employment and Workplace Relations engage with businesses across Australia to deliver training and resources to ensure employers meet their workplace obligations, and more workplaces are suitable for a neurodiverse workforce.

Government response – Noted

The Government notes this recommendation and is committed to delivering a fair and inclusive workplace relations system that provides a safe environment, free from unlawful discrimination, bullying and harassment. Education, advice and assistance are core functions of various agencies within the employment and workplace relations portfolio, including the Fair Work Ombudsman and Fair Work Commission in respect of the Fair Work framework, and Comcare and Safe Work Australia in respect to duties and obligations under Work Health and Safety (WHS) laws.

These portfolio agencies and others already provide an extensive amount of education, assistance and advice to employees and employers on their workplace rights and obligations in respect of a safe environment, unlawful discrimination, bullying and harassment, and flexible working arrangements. For example, the Fair Work Ombudsman publishes a best practice guide about flexible working arrangements, and resources for employers are available on the Australian Human Rights Commission's IncludeAbility website.

The Government also notes the continued interest of state and territory governments in this area. While the *Fair Work Act 2009* (Cth) applies to a majority of Australian workplaces, some workplaces remain the responsibility of state and territory governments. Similarly, while WHS laws have largely been harmonised across Australia, WHS regulation remains the responsibility of

each jurisdiction. State and territory governments are best placed to provide education, advice and assistance to employers on compliance with state and territory laws.

4.9 Recommendation nine

The Australian Greens recommend that the Department of Health, in conjunction with the Attorney-General's Department develop guidelines for the diagnosis and ongoing healthcare support for adults and children with ADHD in institutions, prisons and correctional facilities. The guideline should stipulate how people with ADHD will have equitable and ready access to culturally appropriate ADHD diagnosis and support services while in an institution.

Government response – Noted

The Australian Government notes this recommendation and advises that state and territory governments have primary responsibility for policy making in relation to institutions, prisons and correctional facilities.

In line with the JPP Strategic Framework, the JPP is working with the Department of Health and Aged Care on their efforts to improve access to healthcare in places of incarceration.

The *Disability Discrimination Act 1992* (Cth) (the Act) provides that direct and indirect discrimination on the basis of disability is unlawful in a broad range of areas of public life, including access to goods, services and facilities. This includes the provision of healthcare services for adults and children with ADHD, regardless of location and setting. The Act requires reasonable adjustments to be made available to people with disability when providing goods, service and facilities, including in justice settings, unless doing so would cause unjustifiable hardship. A reasonable adjustment is a measure or action taken to assist a person with disability to participate on the same basis as others.

4.10 Recommendation ten

The Australian Greens recommend that the Department of Health, in conjunction with the Department of Employment and Workplace Relations and the Attorney-General's Department, develop culturally appropriate training guidelines and programs for the workforce in out-of-home care facilities, prisons and correctional facilities, to assist them with identifying and meeting the needs of people with ADHD. The training should explain how people with ADHD should have equitable and ready access to ADHD diagnosis and support services while in an institution.

Government response – Noted

The Australian Government notes this recommendation and advises that state and territory governments have primary responsibility for policy making in relation to out-of-home care facilities, prisons and correctional facilities.

The Government's ten JSCs provide industry with a stronger voice to ensure Australia's VET sector delivers better outcomes for learners and employers. HumanAbility and Public Skills Australia are the JSCs with responsibility for VET for workers in out-of-home care facilities, prisons and correctional services. The Government will work with these JSCs to ensure that the

skills needs of these workers in identifying and meeting the needs of people with ADHD are considered as part of future training package updates.

4.11 Recommendation eleven

The Australian Greens recommend the Department of Employment and Workplace Relations engage with healthcare colleges and other key medical training organisations to ensure that all core and allied health professions are given appropriate training on ADHD assessment and treatment. Ongoing professional development programs should target current healthcare professionals to ensure their skills are up-to-date. Such training should address the stigma associated with ADHD, including how it presents and may be treated, and how gender bias can impact assessment and treatment.

Government response – Noted

The Australian Government notes this recommendation and will work with HumanAbility, the JSC for the early educators, health and human services sectors, to ensure that the need to support allied health and other healthcare workers to identify and respond to the needs of people with ADHD is considered as part of future training package updates.

The Government invested in a range of measures to ensure allied health professionals receive contemporary training in mental health through the 2023-24 Budget. A review of mental health training for allied health, nursing and midwifery students is being conducted to embed skills at the undergraduate level. Further investment in the Mental Health Professionals Network and the Mental Health Professional Online Development Program will continue to make available resources to support health professionals increase their knowledge and understanding of various mental health related issues, including ADHD, and engage in professional multidisciplinary and intra-professional networks.

While this provides opportunities to include or refine ADHD content across undergraduate curricula and other available resources, it is important to note the Government is not directly responsible for the delivery or design of higher education courses. Updates to curricula across higher education courses is at the discretion of Australian universities as autonomous, self-accrediting institutions.

4.12 Recommendation twelve

The Australian Greens recommend that funding that is to be distributed through the National Health and Medical Research Council, Medical Research Future Fund and other research bodies should prioritise research conducted by neurodivergent researchers who are women or gender diverse people, First Nations people or members of culturally and linguistically diverse or lesbian, gay, bisexual, transgender, queer, intersex, asexual plus (LGBTQIA+) communities.

Government response – Noted

The Australian Government notes this recommendation and acknowledges the additional context provided by the Australian Greens that builds upon the Senate Inquiry report's Recommendation fifteen (refer page 19 of this response document).

The Department of Health and Aged Care is monitoring MRFF funding statistics regularly to capture efforts towards capacity and capability building for the health and medical research workforce as well as identify opportunities for improvement.

Currently, specific characteristics about researchers, such as neurodivergence, are not routinely captured in grants administration data which means that it is challenging to identify and report on researchers with these specific characteristics.

Further work would be required to consider the risks and benefits of gathering this information, including whether researchers would opt to self-report (e.g. they may be concerned about stigma and potential unconscious bias through grant assessment), providing assurance regarding data privacy and security, and providing a clear and transparent framework for the collation, analysis and reporting on the data.