



Women's Health Tasmania

Submission to Inquiry into
the assessment and
treatment of ADHD and
support services

27 AUGUST 2024



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Contents

About Women's Health Tasmania	3
A Note on Language.....	3
About ADHD and Our Approach to this Submission.....	3
Adequacy of access to ADHD diagnosis	4
Wait lists.....	5
Cost	6
Medicare Rebate.....	6
An Inaccessible System	6
The availability, training and attitudes of treating practitioners, including workforce development options for increasing access to ADHD	7
Research Gaps.....	8
Misdiagnoses	9
Adequacy of access to supports after an ADHD assessment	10
High costs and waitlists.....	11
A need for community-based supports	11
Barriers to accessing ADHD medication	12
Regulations regarding access to ADHD medications,	13
Specialist requirements creating bottlenecks	14
Short scripts and intrusive testing	14
Stigma	14
GP authorisation	15
The adequacy of, and interaction between the State Government and Commonwealth services to meet the needs of people with ADHD at all life stages.....	16
The social and economic cost of failing to provide adequate and appropriate ADHD services.....	17

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About Women's Health Tasmania

Based in nipaluna/Hobart in southern lutruwita/Tasmania, Women's Health Tasmania (WHT) is a statewide health promotion and advocacy body that has been providing evidence-based services and advocacy for better health outcomes for women since 1988. Our definition of 'women' welcomes everyone who identifies as a woman.

Women's Health Tasmania advocates for equitable access to quality, timely and accurate diagnoses and health care for all women. We recognise that, due to inadequacies and biases in health systems, individuals often experience disadvantage and discrimination in healthcare based on gender as well as other factors such as age, sexuality, disability, income, housing, literacy, language, culture, immigration and legal status. Our work with government, health and community sectors, and on behalf of our members, seeks to respond to these barriers and to identify opportunities for health service improvement and system reform.

From this vantage point, Women's Health Tasmania is well placed to provide a response to the Tasmanian Government *Inquiry into the assessment and treatment of ADHD and support services*¹ ('The Inquiry') which highlights the experiences of Tasmanian women.

A Note on Language

This submission draws on the experiences of women and gender diverse people and we use this language throughout, unless we are making reference to the experiences of people who identify as women. It is important to acknowledge that the women experience particular kinds of disadvantage and that non-binary and gender diverse people may also experience these disadvantages as a result of misgendering. Non-binary and gender diverse people who experience this also experience the additional disadvantage by being misgendered.

While Women's Health Tasmania recognises that not all individuals with ADHD identify as being neurodivergent, this submission adopts the broad definition of neurodivergence which 'describes people whose brains are significantly different to what is expected in the 'typical' population,'² including (but not limited to) people with Attention-deficit/hyperactivity disorder (ADHD), Autistic people and people with learning disabilities such as dyslexia, dyspraxia and dyscalculia.

About ADHD and Our Approach to this Submission

ADHD is a neurodevelopmental condition or neurotype characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.³ ADHD symptoms are life-long and often overlap with other forms of neurodivergence such as Autism.

In March 2024, Women's Health Tasmania hosted a webinar titled 'What's with Women and ADHD'⁴ with guest speaker, Dr Maddi Derrick, who is a Clinical Psychologist and the founding Director of the Hobart ADHD Consultants. In this webinar, Dr Derrick talked in detail about why, despite increases in

¹ Standing Committee on Government Administration B (2024) 'Inquiry into the assessment and treatment of ADHD and support services,' *Parliament of Tasmania*.

² Headspace (2024) '[Neurodivergence as defined by a neurodivergent person](#),' Viewed 21 August 2024.

³ Community Affairs References Committee (2023) '[Assessment and support services for people with ADHD](#),' Commonwealth of Australia, ISBN 978-1-76093-568-9, p. 4.

⁴ Women's Health Tasmania (2024) '[What's with Women and ADHD](#),' Webinar.

diagnosis rates, women with ADHD still face barriers to accessing diagnoses and supports, such as medication, in Tasmania.

Drawing on these insights and to inform our response to The Inquiry, Women's Health Tasmania conducted a survey to hear directly from women and gender diverse folk who have ADHD or who care for someone with ADHD in the Tasmanian community. The survey had 14 questions and received 108 responses, which provided Women's Health Tasmania with in-depth insights into the experiences of women and gender diverse people accessing or attempting to access ADHD diagnoses and supports for themselves or their children in Tasmania.

In this submission, Women's Health Tasmania draws on these survey responses, as well as existing evidence, such as the report from the 2023 Federal Senate *Inquiry into Assessment and Support Services for people with ADHD*,⁵ to respond to The Inquiry Terms of Reference (TOR). Throughout this submission, direct quotes have been used from individual responses to the survey to illustrate common experiences. All these quotes were provided to Women's Health Tasmania with informed consent and have been de-identified to protect the privacy of individuals.

Survey Demographics

Among the survey respondents, 88% (95) were women and 12% (13) were non-binary. The majority (57%) lived in Southern Tasmania, 31% lived in the North and 11% lived in the North-West.

While most of the respondents were describing their personal experiences as individuals with ADHD (79% or 85 respondents), over 44% (48 respondents) said that they were a parent or carer of a child or adult with ADHD and many respondents indicated that they represented both of these categories.

Additionally, many respondents said their ADHD was in addition to other forms of neurodivergence, with almost a third indicating that they were Autistic (30% or 25 respondents) and/or that their child is Autistic (27% or 22 respondents).

Other respondents included people who work with individuals with ADHD, partners or spouses of people with ADHD and individuals who suspected they were neurodivergent.

In response to a question about intersectional characteristics, 7% (5 respondents) said that they were Aboriginal, 57% (43 respondents) said they identified as LGBTIQ+ and 28% (21 respondents) said they identify as a person with disability.

While the sample size is limited, these demographic characteristics are reflective of broader trends in the population of people with ADHD, with research approximating that more than half of children diagnosed with ADHD will also meet the diagnostic criteria for Autism⁶ and identifying strong links between the neurodivergent and LGBTIQ+ communities.⁷

Adequacy of access to ADHD diagnosis

When asked in the survey about the ease of accessing a diagnosis in Tasmania, almost half (44%) of the survey respondents indicated that it is 'very difficult.'

⁵ Community Affairs References Committee (2023) '[Assessment and support services for people with ADHD](#),' Commonwealth of Australia, ISBN 978-1-76093-568-9

⁶ See e.g. Hours C, Recasens C & Baleyte JM (2022) '[ASD and ADHD Comorbidity: What Are We Talking About?](#),' *Front Psychiatry*, Vol. 28, np. 13, doi: 10.3389/fpsy.2022.837424. PMID: 35295773; PMCID: PMC8918663.

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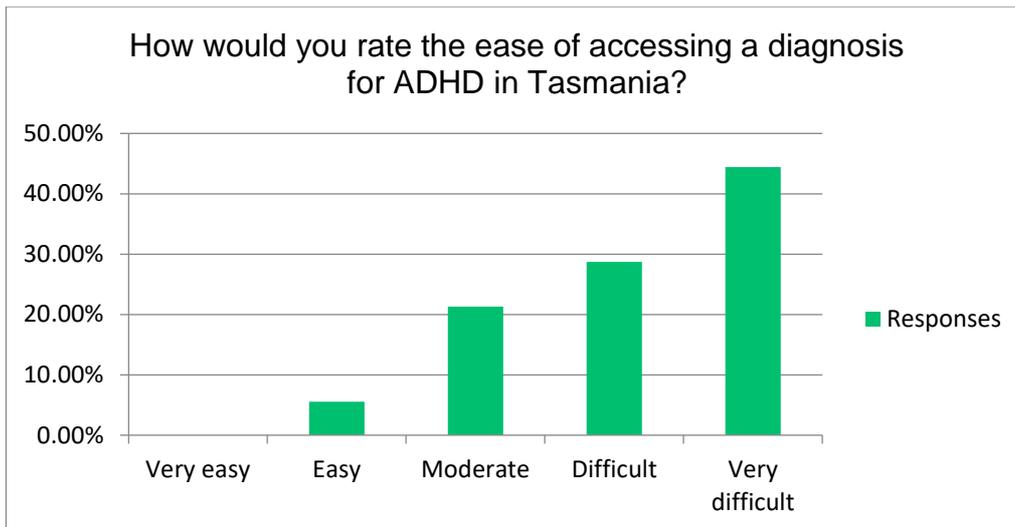


Table 1: A bar graph showing responses to the survey question: How would you rate the ease of accessing a diagnosis for ADHD in Tasmania? In response to the question, ‘How would you rate the ease of accessing a diagnosis for ADHD in Tasmania?’, almost half (44%) of the survey respondents indicated that it is ‘very difficult,’ 29% said it was difficult and 21% said it was moderately difficult. A small number (6 respondents) said that accessing a diagnosis was easy.

Wait lists

Reflective of the findings outlined in the Senate Inquiry Report, a significant number of survey respondents reported barriers to accessing an ADHD diagnosis that related to cost, availability and wait lists. Due to a significant shortage of ADHD specialists and diagnosticians in Tasmania, respondents cited having to wait extremely long periods, sometimes several years, to access diagnoses for themselves and/or their children.

"I was on a waiting list for over a year before I could see a specialist."

"There are no face-to-face options without outrageous waiting times - at least 12 months for an initial consultation"

"2 years for a public paediatric appointment. Going private too expensive."

"There just simply aren't enough ADHD specialised medical professionals available to Tasmanians."

While some respondents noted that it was somewhat easier to access an assessment for their children, there were also issues raised. Some respondents said that the waitlist are so long that, by the time they got an appointment, their children were no longer eligible to see a paediatrician.

"Getting into a paediatrician was logistically easier, but still had major waitlists. It was time consuming and stressful."

"My child was on a waiting list for more than 2 years to see a paediatrician for ADHD medication only to turn 18 before she received an appointment."

"Paediatric waiting lists were so long no paediatrician would even place us on a waiting list stating that she would age out before being seen. Because she was 16 no adult psychiatrist would see her. We ended up having to access testing via an interstate

psychology clinic which took some time to arrange so she was just a couple of months out from turning 18."

Cost

While noted that seeing a private diagnostician can be quicker, the cost of doing so was, for many, prohibitive.

"The public health system has such long wait times that it's almost impossible to get a diagnosis without going private, but going private is so expensive that it's out of reach for many women."

"Not only did I have to pay for the assessment, but I also had to travel several hours to see a specialist. The cost of travel, accommodation, and the assessment itself was overwhelming, and it took me months to save up for it."

"The cost - is not financially viable for even the average middle-class Tasmanian, I had to borrow thousands from my mother to be able to access this service"

"Cost is a huge prohibitive factor for many people."

As highlighted in the Federal Senate Inquiry, most ADHD assessments are done by private diagnosticians due to the limited availability of specialists in the public system. The review highlighted that a lack of regulation around assessment costs had resulted in clinicians charging anywhere between \$500 and \$5000 for an assessment.⁸

While data on the economic situation of people ADHD is rarely disaggregated by gender, existing research suggests there is more than a 10% gap between the employment rates of people with and without ADHD⁹ and that people with ADHD are more likely to experience economic insecurity.¹⁰ When considering this alongside the gender gap in income,¹¹ It is clear why the cost of accessing an ADHD assessment is out of reach for many women.

Medicare Rebate

One key issue contributing to the significant out of pocket and out of reach costs is the Medicare Rebate for assessments. In the Senate report, it was highlighted that the Medicare Rebate is not adequate, noting that the current Medicare Benefits Scheme (MBS) rebate for ADHD assessment (up to three hours) is \$90, whereas 'the recommended hourly rate is \$300'.

An Inaccessible System

An additional barrier to diagnosis cited respondents to the survey was the process itself, with a common word to describe the diagnostic pathway being 'convoluted' involving multiple appointments and lots of paperwork, which is hard for people with ADHD with executive function difficulties.

⁸ Community Affairs References Committee (2023) '[Assessment and support services for people with ADHD](#),' Commonwealth of Australia, ISBN 978-1-76093-568-9, p. 77.

⁹ Deloitte (2019) '[The social and economic costs of ADHD in Australia](#),' Report prepared for the Australian ADHD Professionals Association, p. 29.

¹⁰ Ibid, p. 7.

¹¹ According to the [Workplace Gender Equality Agency](#), the average gender pay gap in Australia 21.7%. For every \$1 on average a man makes, women earn 78c. Over the course of a year, that difference adds up to \$26,393.

“Lack of accessible information about the diagnostic process. The process to diagnosis is convoluted; it is not designed for ADHD people who have difficulties with executive function, remembering appointments and steps, having the motivation to follow up and wait out the years-long ordeal.”

As outlined in the Senate Inquiry report,

“ADHD is predominantly diagnosed by a paediatrician, psychiatrist or psychologist. A full assessment includes: clinical examination; clinical interviews; assessment of familial and educational needs; and assessment tools and rating scales.”¹²

While there are multiple pathways to accessing a diagnosis, the typical process involves getting a referral from a General Practitioner, who will then refer to a Psychiatrist, Paediatrician or Psychologist specialising in ADHD and assessments. As people with ADHD cannot access medication with a Psychologist diagnosis alone, some individuals also end up having to undergo repeat diagnoses, which is costly and time-consuming.¹³

Recommendation 1: In partnership with the Federal Government and registered training providers, introduce incentive programs for healthcare professionals to specialise in ADHD, including scholarships and grants, for those who commit to working in underserved states and territories like Tasmania.

Recommendation 2: Work with the Federal Department of Health and Aged Care to explore ways to reduce the cost of diagnostic assessments, including through increasing the Medicare Rebate available for diagnostic assessments.

Recommendation 3: Work with the Federal Department of Health and Aged Care and relevant stakeholders such as the Australasian ADHD Professionals Association, to simplify the diagnostic pathway by minimising the number of appointments and paperwork required, making it easier for individuals with ADHD to navigate the process.

Recommendation 4: Create clear and accessible resources outlining the diagnostic process for ADHD, tailored to individuals with executive function difficulties.

Recommendation 5: Establish a publicly funded, centralised support hub in each major region of Tasmania where individuals can access information, referrals, and support services related to ADHD in one location, making the process more efficient and less overwhelming.

The availability, training and attitudes of treating practitioners, including workforce development options for increasing access to ADHD

As discussed already, respondents in the survey indicated that it is very difficult to see a clinician about ADHD in Tasmania. In response to a question about availability, 71% of respondents said that the availability of healthcare professionals who specialise in ADHD was extremely limited.

¹² Community Affairs References Committee (2023) ‘[Assessment and support services for people with ADHD](#),’ Commonwealth of Australia, ISBN 978-1-76093-568-9, p. 6.

¹³ Ibid, p. 83.

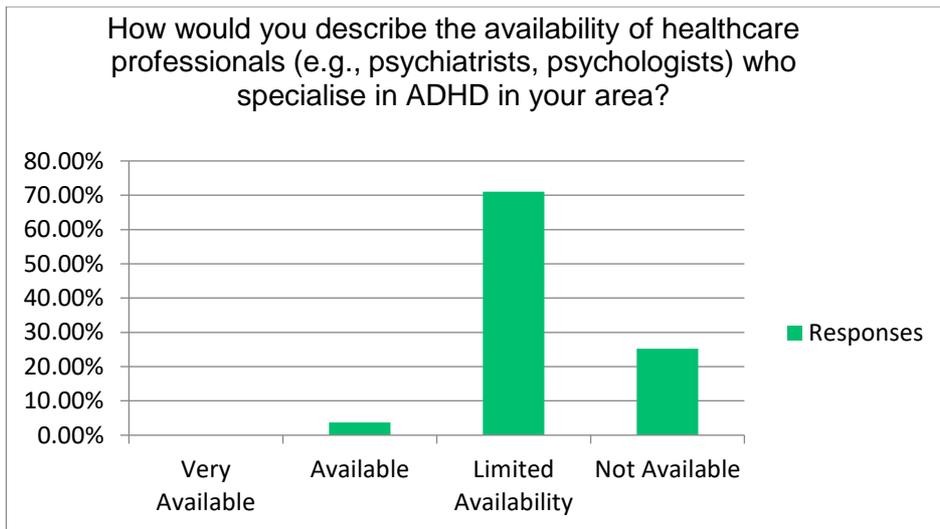


Table 2: In response to the question: ‘How would you describe the availability of healthcare professionals (e.g., psychiatrists, psychologists) who specialise in ADHD in your area,’ 71% of respondents said that there was ‘limited availability’ and 25% said there was no availability.

Among the practitioners that were available, most respondents (53%) said that they were not well enough informed about ADHD, particularly in adult women. While trying to gain a referral, many women reported that they experienced dismissiveness and gatekeeping from GPs.

“Getting the diagnosis was difficult because in 2014 not much was known about ADHD in adult females and my GP was reluctant to do the mental health check needed in order to access a psychologist as he thought I would be wasting my time.”

*“Health care professionals who do not understand ADHD or do not want to understand it making it much harder. Many many professionals who **should** have more up to date knowledge do not and are passing on health misinformation or are gatekeeping services.”*

“There is little awareness of ADHD in women and services available generally but also from general practitioners. I got diagnosed using a telehealth service that my GP didn't even know about, and it was good, however, again lack of awareness and accessibility.”

Research Gaps

One increasingly recognised issue that contributes to a lack of clinician capability is a lack of research on ADHD in women, girls and gender diverse people. Historically, research has largely focused on boys and men, leading to a lack of understanding of how ADHD manifests in women, and gender biases in clinical practices among diagnostic clinicians.¹⁴

In the Senate Inquiry report, it was highlighted that a key reason for this is that gendered norms influence girls ‘to learn to adeptly mask and internalise their ADHD symptoms’, resulting in symptoms that are less obvious than what is considered to be typical for ADHD.

As ADHD diagnoses in women have increased, it has also been identified that women and girls are more likely to display less obvious, ‘ADHD-Inattentive (ADHD-I)’ type symptoms such as distraction,

¹⁴ See e.g. Martin, J (2024) ‘Why are females less likely to be diagnosed with ADHD in childhood than males?’ *The Lancet Psychiatry*, Vol. 11, Issue 4 <[https://doi.org/10.1016/S2215-0366\(24\)00010-5](https://doi.org/10.1016/S2215-0366(24)00010-5)>.

disorganization, and forgetfulness, which are less likely to be picked up by clinicians; while boys and men are more likely to display more obvious and outward 'ADHD-Hyperactivity/Impulsivity (ADHD-HI)' type symptoms, such as disruptiveness and hyperactivity.¹⁵

"I feel that people still think of ADHD as the "hyperactive boy bouncing off walls", and are sceptical when you discuss the different presentations, and specifically the way it presents in females".

Misdiagnoses

According to the Senate Inquiry report on 'Assessment and support services for people with ADHD', clinical biases and a lack of awareness of different presentations of ADHD commonly leads to misdiagnoses among girls and women, as well as First Nations and culturally and linguistically diverse people (CALD).¹⁶

In the Women's Health Tasmania survey, this experience of misdiagnoses was similarly reflected. Several respondents shared experiences of being treated incorrectly for mental health conditions for years before ADHD was even considered.

"GP dismissed burnout, that I believe is related to ADHD, as more likely to be depression."

"Screener was inaccurate when I was little, medical and mental health professionals misidentified the issues I was having as being caused by depression."

The survey responses, combined with other evidence, underscore the urgent need for gender-responsive training for ADHD diagnosticians and treating professionals.

"There needs to be more education for doctors about how ADHD presents in women. We're often overlooked because we don't fit the typical ADHD stereotype"

"Educate health workers and educators on what ADHD looks like in people born into biological female bodies and socialised as female."

"Perhaps more education for mental health professionals and the general public about the struggles and difficulties one faces with ADHD, and how they may be different from someone assigned male at birth."

"Medical professionals need to be better educated about it. there is so much gatekeeping, dismissing of women's request for referral for assessment."

"The accessibility and awareness of ADHD in women needs to be improved"

"More focus, more research on ADHD in older women, esp as it seems to hit hard once we reach perimenopause and become more difficult to live with."

¹⁵ See e.g. Attoe, D. E., & Climie, E. A. (2023). 'Miss. Diagnosis: A Systematic Review of ADHD in Adult Women.' *Journal of Attention Disorders*, Vol 27, no.7, pp. 645-657. <https://doi.org/10.1177/10870547231161533>

¹⁶ Community Affairs References Committee (2023) '[Assessment and support services for people with ADHD](#),' Commonwealth of Australia, ISBN 978-1-76093-568-9, pp. 89-93.

“There should be a focus on learning more about and understanding ADHD in women and gender diverse people as in my experience they are the people that were missed in childhood and are now struggling to navigate the system by themselves as adults.”

Recommendation 6: Working with the Federal Government and qualification registration bodies such as the Psychology Board of Australia (PsyBA) and The Royal Australian and New Zealand College of Psychiatrists (RANZCP) to introduce and implement mandatory training for General Practitioners, Psychiatrists, Psychologists, and other healthcare providers on ADHD, with a focus on the diverse presentations of ADHD, particularly in women, girls, and gender-diverse individuals. This training should be integrated into both medical education and ongoing professional development.

Recommendation 7: Working with the Federal Government and key stakeholders such as the Australasian ADHD Professionals Association and the ADHD Foundation, promote the use of standardised and gender-sensitive screening tools for ADHD in all healthcare settings to reduce the risk of misdiagnosis, particularly in women and marginalised groups.

Recommendation 8: Launch public education campaigns to raise awareness about the different ways ADHD can present, particularly in women and gender-diverse people, and to combat stigma associated with the condition.

Recommendation 9: In partnership with universities and researchers, advocate for the Federal Government to provide funding to support research focused on ADHD in women, girls, gender-diverse individuals, and culturally and linguistically diverse (CALD) communities. This research should aim to close the knowledge gap and improve diagnostic accuracy.

Adequacy of access to supports after an ADHD assessment

In the survey, 58% of respondents said that while they accessed supports for their ADHD post diagnosis, they had difficulty doing so and 16% that they could not access supports at all.

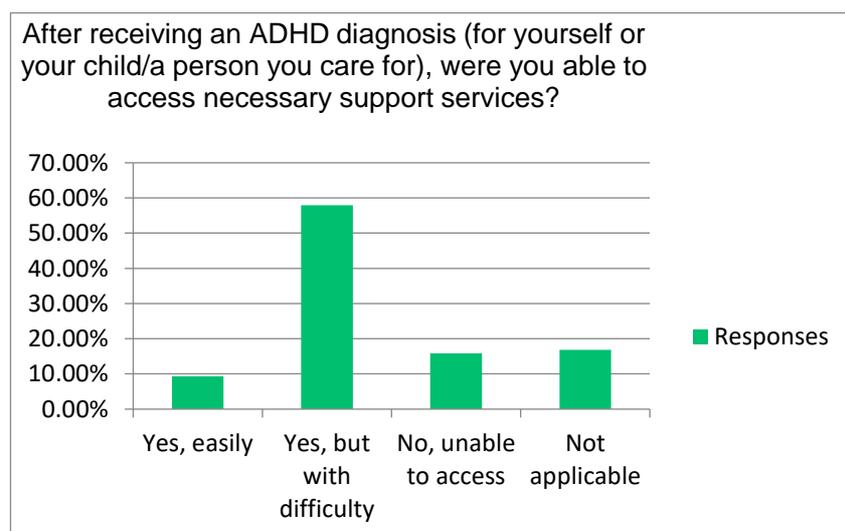


Table 3: In response to the question, ‘After receiving an ADHD diagnosis (for yourself or your child/a person you care for), were you able to access necessary support services?’, 58% said ‘yes, but with difficulty,’ 16% said ‘no’ and 8% said ‘easily.’

The survey revealed a significant gap in post-diagnosis support for women with ADHD in Tasmania. While receiving a diagnosis provides some relief and validation, a number of respondents said that there was no follow up supports or appointments post the diagnostic assessment.

“Lack of support, was given a diagnosis then no follow up. Put on medication with no follow up by the psychiatrist.”

Due to a lack of guidance and information, a number of respondents said that they were not aware of any supports available or didn’t know where to find them.

“The supports available are few to none (or not well known/advertised).”

“It’s very difficult to find information online about support services, and they are often expensive, difficult to access with up to 8-month waitlists, and very limited within Tasmania. People with freshly diagnosed unmedicated ADHD simply cannot figure all of this out by themselves.”

“I’m not sure where to start.”

“I haven’t been able to get support or medication because of lack of access, high costs, and high waitlists, plus mixed messages of how to approach this.”

High costs and waitlists

For those respondents that were aware of the supports that existed, including medication and support from clinicians, many said that there was high costs and long wait lists associated with accessing them.

“Long wait lists to get counselling and support (except for medication). Any good GPs have extremely long wait lists... Very expensive to access counselling and support.”

“Psychologists with experience/ specialising in adults with ADHD are extremely limited.”

“The ongoing costs associated with the additional supports for the symptoms and management of ADHD. The ADHD tax is real. Physios, GPs, mental health professionals, dietitians, OTs, Speech pathologists just to name a few.”

A need for community-based supports

Additionally, respondents said that outside of medicalised options, there was extremely limited support available. When asked in the survey about ‘how ADHD services and support systems could be improved in Tasmania?’, a number of respondents expressed a desire for more mainstream and community-based supports such as support workers, peer groups and school-based supports for children.

“A support group for newly diagnosed women or those who have become recently aware. Specific support worker to help piece services or supports together, and point you in the right direction.”

“Offer more community support groups.”

“Improve service supports and access in schools”

“More qualified staff in public accessible services, more support for schools, better recognition of ADHD in girls, support and funding for adults”

“Allow for ADHD learning needs in schools and tertiary education. Educate parents on how to help ADHD children be their best and achieve their goals. Education - understanding - accommodation.”

While individuals did not specify how these supports should be implemented, the roll out of NDIS Foundational Supports via the states provides Tasmania with a key opportunity to ensure funding is allocated to community based supports for people with an ADHD diagnosis.

Barriers to accessing ADHD medication

Despite medication being cited as one of the only supports available to people diagnosed with ADHD, barriers to accessing medication were a common concern among survey respondents. Many individuals reported difficulties in obtaining prescriptions due to restrictive regulations and the need for frequent specialist appointments, which are expensive and often challenging to secure given the long waitlists and limited availability of professionals. The cost of medication itself was also cited as a barrier to access, particularly among those who were not eligible for the PBS rebate.

“I've moved back to Tassie, I can't access my medication because the script was written by a doctor on the mainland. I can't get in to my GP (she is very popular and only works 2 days a week) and can't find a new one that bulk bills with a license to prescribe schedule 8s, so I haven't gotten my regular medication here. I did get a prescription for bupropion, off-label so not covered by the PBS. It's about \$180 for 45 days of medication.”

“As a migrant, I pay full price for all my medications. My Vyvanse is 92 dollars a month - most folks with ADHD, especially late diagnosed women have other mental and physical health issues they are managing. the cost burden is unbelievable.”

“Having a later diagnosis does not make me eligible for the reduced fee for my medication. My script is currently \$33 for a 30 day supply. It is a cost of \$1.10 a day for the remainder of my life to be well in our community. That will eventually add up over time, and likely continue to be affected by inflation....”

As outlined in the Federal Senate Inquiry report on *Assessment and support services for people with ADHD*, the clinical practice guidelines for ADHD treatment recommends a number of psychostimulant medications as therapies for children and adults with ADHD, including methylphenidate, dexamphetamine and lisdexamphetamine as first line therapies and atomoxetine and guanfacine as second line therapies. However, atomoxetine and guanfacine are only subsidised through the PBS when a diagnosis is made between the ages of 6 and 18 years.¹⁷

Recommendation 10: Develop and disseminate clear guidelines and resources for individuals diagnosed with ADHD, detailing available support options, how to

¹⁷ Ibid, pp. 108.

access them, and where to find assistance. This could include online directories, printed materials distributed by healthcare providers, and community workshops.

Recommendation 11: As part of the roll out of NDIS foundational supports, provide funding for:

- community-based supports such as peer support groups people diagnosed with ADHD, including adult women;
- schools and workplaces to better identify, accommodate for and support ADHD individuals.

Recommendation 12: Advocate for the inclusion of additional ADHD medications, such as atomoxetine and guanfacine, under the Pharmaceutical Benefits Scheme (PBS) for adults diagnosed with ADHD.

Recommendation 13: Provide financial assistance to individuals who struggle with the ongoing costs associated with ADHD treatment and management. This could include subsidies for medication, therapy, and other necessary supports, especially for those who are not covered by insurance or PBS rebates.

Regulations regarding access to ADHD medications,

This section includes discussion of the Tasmanian Poisons Act 1971 and related regulations, and administration by the Pharmaceutical Services Branch (PSB), including options to improve access to ADHD medications.

According to the Federal Senate Inquiry report, the psychostimulant medications used for the management of ADHD symptoms are classified as Schedule 8 'controlled drugs' under the Commonwealth Poisons Standard¹⁸ as well as state regulations such as the Tasmanian Poisons Act 1971.

While regulations around ADHD medications are reportedly in place due to the highly addictive nature of psychostimulants and the potential for misuse,¹⁹ the Women's Health Tasmania survey results clearly show that these regulations create significant challenges for individuals with ADHD in Tasmania. Respondents reported difficulties in accessing essential medications due to the strict controls imposed by the state Pharmaceutical Services Branch (PSB).

“The PSB (Pharmaceutical Standards Board) make arbitrary, unwritten rules not based on best-practice or PSB prescribing guidelines. There is no avenue for appealing these decisions and there is no accountability for enforcing their own set of rules. No matter if the GP writes a letter to have this changed to monthly dispensing over and over, the PSB continue to hold fast. Now, if you consider the implications of having ADHD means you already struggle with planning, time-blindness and forgetfulness, it becomes very problematic to remain on a steady dose of ADHD meds because you have to remember to pick it up ON THE DAY.”

“Extremely strict regulations and barriers. Bureaucratic processes that are extremely difficult for people with an ADHD diagnosis to complete, lack of communication and transparency from Pharmaceutical Board when decisions / restrictions are made.”

¹⁸ Ibid, p. 17.

¹⁹ Ibid, pp. 114 – 116.

Specialist requirements creating bottlenecks

Among respondents, a common issue was the requirement for prescriptions to be obtained through specialists rather than general practitioners, leading to long wait times due to the shortage of trained ADHD specialists in Tasmania. Respondents also reported that the frequent need for follow-up appointments to renew prescriptions adds to the burden on both patients and the healthcare system. The strict regulatory framework was cited as contributing to delays in initiating or adjusting treatment, particularly for those in rural or remote areas where access to healthcare providers is limited.

“The process for staying on your medication is expensive and involves multiple health practitioners, appointments and referrals. It is unnecessarily complicated and discriminatory. Only individuals who can afford to see a psychiatrist privately can access medication for a treatable life-long condition.”

“Repeat appts with psychiatrist to try different medications, rather than having medications managed by GP.”

Short scripts and intrusive testing

Several respondents also reported only being able to access short scripts and having a frequent requirement to undergo drug testing every time they needed a new prescription or picked up a new pack of medication, with some experiencing this as often as weekly. These requirements, while intended to monitor compliance and ensure the safe use of medication, was described as not only inconvenient but also inaccessible and intrusive for individuals.

“If the client discloses [that] they have tried an illicit drug in their youth (e.g. smoked marijuana) then they are either excluded from treatment or placed on urine testing and weekly prescription pick-up. We are not talking about drug abuse or addiction - even admitting you tried it once in high school means you are labelled as having drug-seeking behaviour. It doesn't matter if you are an AHPRA registered medical or allied health professional - you still are on weekly pick up and urine testing. There is no actual set of guidelines to say this is best practice - it is an arbitrary unwritten rule.”

“I have had to do several drug tests including being sent back the first time because they refused my sample because I didn't do it in front of them (I was not told I had to do this), Then the sample I gave them they said that I had drunk too much water and they thought that I might be trying to dilute my sample. I have had to do two random drug screens in the past 6 months. The second one because I changed GP (because my old GP left the practice). I sometimes smoke marijuana and had planned to the night before and decided not to. If I hadn't, I would likely now be on daily or twice weekly pick ups for my medication.”

“Drug tests need to stop and picking up meds once a week. It makes accessing healthcare demoralising.”

Stigma

Overall, a significant number of survey respondents said that the restrictive regulations regarding access to ADHD medications resulted in the stigmatisation and disproportionate scrutiny of medication use. As described by many respondents, this stigma often manifests in ways that leave individuals feeling judged, stigmatised, or even criminalised when seeking access to medication.

[I am] "made to feel like a criminal in accessing medication from the pharmacy when it is a life changing and necessary lifeline."

"There is still quite a lot of stigma about ADHD and about stimulant medication use."

GP authorisation

Survey participants suggested several options to improve access to ADHD medications. For instance, many participants said that authority to prescribe and manage ADHD medications should be expanded to GPs, to reduce costs and wait times associated with having to access Psychiatrists.

"Give GPs freedom to prescribe meds."

"Make it so the GP can manage medication management, psych can list alternatives and then go can manage it."

"Allow GPs to provide scripts rather than psychiatrists."

"Simplifying the prescribing process, allowing GPs greater autonomy with tweaking medication to meet client needs."

While there are provisions for GPs to prescribe ADHD medications where someone is under the care of a paediatrician or psychiatrist, this relies on the principal clinician being willing to delegate the prescribing authority and the GP being willing and confident to manage the use of the medication in their patient. However, as shown in the responses to the Women's Health Tasmania survey, many people believe that GPs are unable to prescribe medication, suggesting that these provisions do not work well in practice in Tasmania.

Another issue raised in the survey was that GPs, despite being able, are unwilling to take on co-prescribing of ADHD medication in Tasmania, due to the risks and / or paperwork. When respondents did cite finding a GP that would provide subscriptions, they described having to wait long periods to get into them.

"Lack of psychiatrists willing to diagnose and treat adult ADHD... difficulty obtaining follow up appointments if medications need to be tweaked, GPs not wanting to take on co-prescribing."

"Finding a GP that is willing to co-prescribe for ADHD medication is really hard."

"Any good GPs have extremely long wait lists..."

Sometimes with this awareness, respondents indicated that the regulations should be loosened to allow any GP to prescribe medication, including via telehealth and for interstate purposes and suggested that Tasmanian regulations be brought into line with other states.

"Tele appointments would be great. Lots of adults in my life have been able to get ADHD appointments interstate via Telehealth and then medicated within 4-6 weeks. Wish it was as easy for children."

"Reduce controls around prescribing and dispensing stimulant medications and consider it the same as any other schedule 8 medication (e.g. diazepam) - where any GP can prescribe for ongoing medication, not have as tight a time window between running out and refilling repeats, allow out of state providers to prescribe (as per Victoria, SA and

QLD), reduce paperwork/time required for authority to prescribe from the health department (for comparison, WA requires a phone call during the psychiatrist appointment only - whereas Tas requires several weeks?)

"The most restrictive state in the country for prescriptions in the country."

This feedback aligns with findings outlined in the Federal Senate Inquiry report, which noted that there were significant inconsistencies across states and territories which make it more difficult for individuals to access ADHD medications.²⁰

Recommendation 14: Amend the Tasmanian Poisons Act 1971 and related regulations to allow GPs greater autonomy in prescribing and managing ADHD medications, reducing the reliance on psychiatrists. This change would help address the shortage of ADHD specialists and shorten wait times for patients needing medication.

Recommendation 15: Simplify the administrative requirements for prescribing and dispensing ADHD medications, including reducing the need for frequent specialist follow-up appointments and eliminating unnecessary bureaucratic barriers that delay treatment.

Recommendation 16: Align Tasmania's ADHD medication regulations with those of other states, allowing for consistency in prescribing practices. This should include enabling for easier recognition of interstate and telehealth diagnoses and prescriptions, making it easier for patients to access ADHD medications regardless of their location.

Recommendation 17: Increase transparency and communication from the Pharmaceutical Services Branch (PSB) regarding their decision-making processes and guidelines. Establish clear, written guidelines based on best practices and provide an appeal process for patients who feel unfairly treated.

Recommendation 18: Eliminate mandatory drug testing and weekly medication pick-up requirements unless clinically justified. Instead, adopt a patient-centred approach that respects the dignity and autonomy of individuals with ADHD.

The adequacy of, and interaction between the State Government and Commonwealth services to meet the needs of people with ADHD at all life stages

In addition to issues with state supports and regulations, several survey respondents provided feedback indicating that ADHD is not adequately supported under the National Disability Insurance Scheme (NDIS).

"ADHD is not eligible for NDIS support, despite it being considered a disability. The reoccurring out of pocket expenses for managing this condition greatly affects the ability to access support and is affecting the health of Tasmanians."

"Find it really difficult as I'm not on NDIS (and NDIS is confusing in itself so I'm not sure if I would be able to get it) to access affordable support or even any support at all."

²⁰ Ibid, p. 117.

While some people with ADHD are NDIS participants, at the time of the 2023 Senate Inquiry, there were only a total of 40 adults in Australia are on the NDIS with ADHD as their primary disability. When considering that only 37% of NDIS participants are women and girls,²¹ it is clear that the NDIS is not providing support to ADHD women.

While the reasons for these very low numbers are likely varied, the Senate Inquiry report did note that, despite there being provision for eligibility, there is a widespread belief that ADHD was not eligible to be accepted as a primary disability, which likely deters people from applying to become participants.

One reason cited as causing this is the exclusion of ADHD from the NDIS List A and B Access Lists, which outline lists of disabilities that are 'likely' to meet disability and eligibility requirements for the NDIS.²²

Recommendation 19: Advocate for the amendment of the NDIS A and B Access Lists to explicitly include ADHD. This will help clarify eligibility and reduce confusion among potential applicants, ensuring that ADHD is recognised as a valid and primary disability for NDIS support.

Recommendation 20: Advocate for increased inclusion of and support for individuals with ADHD under the NDIS as part of the implementation of the NDIS Review and the recently passed NDIS Amendment Bill.

The social and economic cost of failing to provide adequate and appropriate ADHD services

Without adequate ADHD services and support, many women, girls and gender diverse folk with ADHD struggle across various aspects of life, including in education, employment and the community broadly. As outlined in the Senate Inquiry report,

“The costs to individuals can be high. People with untreated or poorly managed ADHD can struggle to continue their education, maintain employment and reach their full potential—with 'long-term economic consequences for both individuals and society'. Particularly for those with coexisting conditions, unsupported ADHD can result in lower wellbeing, higher healthcare costs and decreased quality of life. ADHD can also significantly impact families and relationships, leading to increased stress, conflict and negative wellbeing, resulting in adverse outcomes for all family members.”²³

While respondents to the Women's Health Tasmania survey did not talk in depth about the social and economic impact of a lack of supports, some respondents did highlight how essential a diagnosis and support can be.

“I want to express that without my prior diagnosis and help of my psychologist (at a time when fewer adults were seeking treatment, too), I would not have the help that I have now - and would not have the career and education that I have now, too.”

²¹ National Disability Insurance Agency (2019) '[Analysis Participants by Gender, 31 December 2019](#),' p. 12.

²² Community Affairs References Committee (2023) '[Assessment and support services for people with ADHD](#),' Commonwealth of Australia, ISBN 978-1-76093-568-9, p. 196.

²³ *Ibid*, p. 11.

"Without a diagnosis, I felt like I was failing at everything—work, relationships, even simple daily tasks. I knew something was wrong, but no one could tell me what."

These statements illustrate that undiagnosed and untreated ADHD can have a significant impact on an individual's social and economic situation, which is in line with broader research about the impact of unsupported ADHD for individuals.²⁴

Additionally, there is evidence to suggest that untreated ADHD is associated with a range of health issues, including an increased prevalence of substance abuse, and chronic conditions that require ongoing medical care that create costs for both individuals and the health system.²⁵

To avoid the social and economic consequences of undiagnosed and unsupported ADHD, survey respondents had several suggestions. As outlined throughout the submission, many respondents outlined a need to lower the cost of diagnosis and making the process clearer and more accessible, increasing access to and understanding among clinicians, reducing wait times and decreasing barriers associated with accessing medications.

One respondent also indicated that the diagnosis process itself required a significant review, noting that it is extremely difficult for people with ADHD to pay for and navigate.

"The entire diagnosis process needs an extensive review. Every step is a HUGE cost to the patient, is impossible to navigate especially when GPs don't have a great understanding themselves. I experienced lengthy delays and huge costs in getting GP appointments to get referrals and then further delays and costs to have psychiatrist appointments to receive my diagnosis. Then it's back the GP to request a permit from the drugs board to be able to provide a medication that they have no understanding of."

²⁴ Deloitte (2019) [The social and economic costs of ADHD in Australia](#), Report prepared for the Australian ADHD Professionals Association.

²⁵ Ginsberg Y, Quintero J, A & E, Casillas M & Upadhyaya HP (2014) '[Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature](#),' *Prim Care Companion CNS Disord*, Vol. 16., no. 3, doi: 10.4088/PCC.13r01600. Epub 2014 Jun 12. PMID: 25317367; PMCID: PMC4195639.

Summary of Recommendations

RECOMMENDATION 1	In partnership with the Federal Government and registered training providers, introduce incentive programs for healthcare professionals to specialise in ADHD, including scholarships and grants, for those who commit to working in underserved states and territories like Tasmania.
RECOMMENDATION 2	Work with the Federal Department of Health and Aged Care to explore ways to reduce the cost of diagnostic assessments, including through increasing the Medicare Rebate available for diagnostic assessments.
RECOMMENDATION 3	Work with the Federal Department of Health and Aged Care and relevant stakeholders such as the Australasian ADHD Professionals Association, to simplify the diagnostic pathway by minimising the number of appointments and paperwork required, making it easier for individuals with ADHD to navigate the process.
RECOMMENDATION 4	Create clear and accessible resources outlining the diagnostic process for ADHD, tailored to individuals with executive function difficulties.
RECOMMENDATION 5	Establish a publicly funded, centralised support hub in each major region of Tasmania where individuals can access information, referrals, and support services related to ADHD in one location, making the process more efficient and less overwhelming.
RECOMMENDATION 6	Working with the Federal Government and qualification registration bodies such as the Psychology Board of Australia (PsyBA) and The Royal Australian and New Zealand College of Psychiatrists (RANZCP) to introduce and implement mandatory training for General Practitioners, Psychiatrists, Psychologists, and other healthcare providers on ADHD, with a focus on the diverse presentations of ADHD, particularly in women, girls, and gender-diverse individuals. This training should be integrated into both medical education and ongoing professional development.
RECOMMENDATION 7	Working with the Federal Government and key stakeholders such as the Australasian ADHD Professionals Association and the ADHD Foundation, promote the use of standardised and gender-sensitive screening tools for ADHD in all healthcare settings to reduce the risk of misdiagnosis, particularly in women and marginalised groups.
RECOMMENDATION 8	Launch public education campaigns to raise awareness about the different ways ADHD can present, particularly in women and gender-diverse people, and to combat stigma associated with the condition.
RECOMMENDATION 9	In partnership with universities and researchers, advocate for the Federal Government to provide funding to support research focused on ADHD in women, girls, gender-diverse individuals, and culturally and linguistically diverse (CALD) communities. This research should aim to close the knowledge gap and improve diagnostic accuracy.

RECOMMENDATION 10	Develop and disseminate clear guidelines and resources for individuals diagnosed with ADHD, detailing available support options, how to access them, and where to find assistance. This could include online directories, printed materials distributed by healthcare providers, and community workshops.
RECOMMENDATION 11	As part of the roll out of NDIS foundational supports, provide funding for: <ul style="list-style-type: none"> • community-based supports such as peer support groups people diagnosed with ADHD, including adult women; • schools and workplaces to better identify, accommodate for and support ADHD individuals.
RECOMMENDATION 12	Advocate for the inclusion of additional ADHD medications, such as atomoxetine and guanfacine, under the Pharmaceutical Benefits Scheme (PBS) for adults diagnosed with ADHD.
RECOMMENDATION 13	Provide financial assistance to individuals who struggle with the ongoing costs associated with ADHD treatment and management. This could include subsidies for medication, therapy, and other necessary supports, especially for those who are not covered by insurance or PBS rebates.
RECOMMENDATION 14	Amend the Tasmanian Poisons Act 1971 and related regulations to allow GPs greater autonomy in prescribing and managing ADHD medications, reducing the reliance on psychiatrists. This change would help address the shortage of ADHD specialists and shorten wait times for patients needing medication.
RECOMMENDATION 15	Simplify the administrative requirements for prescribing and dispensing ADHD medications, including reducing the need for frequent specialist follow-up appointments and eliminating unnecessary bureaucratic barriers that delay treatment.
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