5 April 2019

Mr Michael Brennan
Chair
Productivity Commission
4 National Circuit
Barton ACT 2600

Email: mental.health@pc.gov.au

RE: **Productivity Commission Inquiry into Mental Health**
Submission to Productivity Commission Inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth.

Dear Mr Brennan,

Thank you for the opportunity to provide this submission.

ADHD Australia was established as an independent, national body to represent the interests of all people and organisations involved in the ADHD (Attention Deficit Hyperactivity Disorder) space. ADHD Australia is committed to removing the barriers to wellbeing for those people living with ADHD, including their families, through information, education and advocacy. Our aims are to support all people impacted by ADHD to achieve optimal positive outcomes for the community at large.

Our submission provides information about ADHD and the measures which can be undertaken to improve individual outcomes in education, workplaces and life, to increase productivity and reduce the economic burden this disorder has within Australia.

Yours sincerely,

Len Russell
CEO
ADHD Australia

ADHD AUSTRALIA SUBMISSION

Scope of the Productivity Commission Inquiry into Mental Health should include ADHD

When the Commission makes recommendations to improve population mental health, so as to realise economic and social participation and productivity benefits over the long term, it must also address the prevalence of ADHD in the Australian population, and recommend strategies to improve educational, social, career and life outcomes for the 1.2 million Australians with ADHD and their families.

This submission focuses on prevention and early intervention and youth mental health, as this is where we can make the most significant difference. Many of our suggestions and recommendations also apply to the success in the workplace for adults with ADHD.

What is ADHD?

ADHD is a lifelong common neurodevelopmental disorder which affects around 5% of Australians (and up to one in ten within certain demographics). It is a pattern of behaviour that begins in childhood and may continue throughout the person's lifespan.

There are three sub-types of ADHD

The most common in clinical diagnosis is the ADHD combined type of inattention, hyperactivity and/or impulsivity (ADHD-C), however the predominantly inattentive type (ADHD-I) accounts around 50% of all identified cases within community ascertained samples in the Children's Attention Project (CAP)[6], and there is also the predominantly hyperactive type (ADHD-H).

Key features of ADHD are inattention, distractibility, hyperactivity and impulsivity. This may present as defiant and aggressive behaviour, including refusing (more often than other children) to follow directions from teachers or parents, and some have emotional outbursts when asked to do things they find difficult or challenging. Children with ADHD may become defiant when asked to stop talking, sit down, stop playing a game, do homework, eat dinner or go to bed. In addition to paying attention or controlling their activity level, they may find it hard to tolerate a boring situation, control their impulses or transition from one activity which they find fun to another activity.

ADHD affects learning and often has mental health comorbidities

ADHD is linked to a range of learning disorders, and one in seven young Australians between the ages of 4-17 with ADHD experience a mental health condition.[i] Data from the most recent Young Minds Matter survey found that ADHD was the most common disorder in this cohort (7.4%), followed by anxiety (6.9%), and almost one third of those with a disorder had experienced two or more disorders in the previous 12 months.[ii] Children with ADHD are more likely than other children to have other mental health problems, and a recent study of children with ADHD from age 8 to adulthood, found those with ADHD are at greater risk for behavioural issues, learning issues, anxiety, depression, substance abuse and self-injury.[iii]

During adolescence, children with ADHD are at most risk of developing other mental health issues.[iv] One third of the 16-25 cohort with ADHD have or have had other mental health issues, which is a frightening statistic for our future generations, as well as for us as parents, teachers, schools and universities, friends, employers, governments, and Australians in general. And it gets worse. It's estimated that almost half (45%) of Australians aged 16-85 years will experience a mental health disorder at some time in their life, and about 20% have experienced a common mental disorder in the past 12 months[v].

Why things need to change, especially schools and education

A substantial literature review by Sciberras et al (2013)[vi] demonstrated that **both boys and girls with ADHD are at risk for a range of poorer outcomes in adolescence and adulthood**. In addition to behavioural issues, substance abuse, mood and anxiety disorders, **these include poor educational, social and occupational outcomes**. The parents of children with ADHD also have poorer outcomes over time, including increased psychological stress and poorer family functioning than parents of non-ADHD children.

Sciberras et al also noted that **ADHD symptoms persist into adolescence and adulthood for approximately 50% of those diagnosed with ADHD.** Although there may be a decline in ADHD symptoms as children progress into adolescence and adulthood, the impairments associated with the disorders tend to persist.

Feedback from parents and students with ADHD highlights the lack of understanding of ADHD by teachers and principals in NSW schools; the lack of resources, support, programs and special learning opportunities in many schools; limited and inconsistent funding of resources; the need for individualised approaches to students with ADHD; HSC exam issues; and overwhelmingly, **the huge stigma attached to having ADHD.** These issues are totally at odds with obligations under the *Disability Discrimination Act 1992* (DDA) and the *Disability Standards for Education 2015* (DSE), not to mention the fact that Australia espouses a culture of diversity and inclusion, which is embodied into various anti-discrimination and employment related legislation.

Untreated ADHD can cause lifetime impairment; however there are effective ways of managing ADHD. **Early diagnosis and early interventions are critical.**

The majority parents are very committed to improving the educational, social and life outcomes for their children with ADHD. This is evidenced by ADHD now being the most common reason for paediatrician presentations in Australia, accounting for 18% of general consultations.[vii] There are also various other medical and clinical specialists that parents can utilise, providing they have the means to do so, and numerous ADHD support groups, many of which are local.

The impact of what happens at school is incredibly far-reaching and definitive for every child, and even more so if they have ADHD.

Recent research by the Murdoch Children's Research Institute (MCRI) found that 40% of students with ADHD failed to meet the NAPLAN minimum standards in at least one academic area. In year seven, 73% of students with ADHD had problems with writing and almost 25% were below the minimum standard. In year nine, 54% had difficulties and 37.5% did not reach the minimum

standard. The difficulty with writing was much more pronounced for boys than girls.[viii] This research clearly illustrates the size of the gap for students with ADHD and how it is increasing.

Children with ADHD are more likely to be a target for bullying at school.

While bullying is a worldwide health problem, it is typically the children who are "different" or have a "label" that are bullied. The consequences of bullying are very serious. Children who were physically victimised were found to be six to nine months behind their peers on NAPLAN measures of academic performance. **Victims are at increased risk of mental health problems, including self-harm and suicide, as well as reduced success in education**.[ix]

With the increased incidence of ADHD and mental health issues in young people, along with our culture of diversity and inclusion, our school systems and curriculum should support children with ADHD and other neurodevelopmental and mental health conditions.

The NHMRC 2012 clinical practice points relating to educational management suggest individually tailored modifications to the classroom and curriculum, as well as behaviourally based classroom interventions, academic interventions, social skills training, and individual education plans informed by the child's specific case, and may include modification to homework structure and timing.[x] While these points are no doubt relevant in general terms, the report failed to address **there is a critical imperative to educate the educators to improve their understanding and support of children with ADHD**.

An alarming statistic from the Parents for ADHD Advocacy Australia 2018 survey was that one third of children have changed schools due to ADHD-related issues.[xi]

What can be done now?

From recent surveys undertaken by Complispace (2018), it is recognised that principals and teachers are aware of the increase incidence of mental health and learning problems in children diagnosed with ADHD, although some are unsure of how to adapt teaching approaches or curriculum to improve classroom outcomes or the future prospects for this group of students.

The CAP tips for managing ADHD in the classroom[xii] have been circulated to Victorian schools by the Victorian government (but not apparently in NSW) and **highlight the importance of an optimistic, non-judgemental team approach**. Children with ADHD work best under close monitoring and with minimal distraction.

Children with ADHD do best with teachers who are flexible, follow clear routines, are consistent, and provide a range of activities. The best teachers recognise and support individuality, maintain a positive teaching environment, present information and tasks in steps, and set firm limits on student behaviour. Helpful strategies for managing behaviour include clear rules and expectations, strategic praise, corrective feedback, and plenty of communication with parents, within the school, and with health professionals as appropriate. These tips have universal application for all school students.
The ideal classroom for children with ADHD is informal but structured. The problem with a formal classroom setting is it presumes all children learn the same way, which is certainly not the case.

Often a child with ADHD needs more latitude in how they do their work versus what they accomplish. For example, they may need to stand up at their desk and work at their own pace.[xiii]

On another note, it is well documented that too much sitting, that is, our sedentary lifestyle, has been described as a global health hazard, and linked to an increased risk of everything from diabetes and cardiovascular disease to anxiety and depression.[xiv] Apparently a lot of people don't like working while standing, and feel awkward in the workplace. Perhaps this is because they have been forced to sit down when they were at school! There is a huge opportunity to improve the health and wellbeing of future generations by supplying stand-up desks, not just for children with ADHD but for the majority of school children.

The recent report from the inquiry *Education of students with a disability or special needs in NSW* released earlier this year made 38 recommendations, of which ten had a direct impact on funding issues.[xv] The report recognised that while many staff in schools required significant additional training in how to best support children with a disability, inclusion in mainstream schooling is the best form of education for all learners, and very importantly, attitudes need to change. **It found that overall, leadership and attitudinal change can have the greatest impact.**

Funding, training and processes will not be successful as solutions until those in leadership roles, at schools and at system level, place the emphasis on every child's ability to learn and feel safe, rather than protecting the system.[xvi]

Supporting adults with ADHD in the workplace

Although workplaces are more diverse and inclusive today than they were in the past, there is still considerable discrimination and unconscious bias in the ways people with cognitive differences are treated. Anti-discrimination legislation has limited effectiveness in creating social change and changing attitudes associated with "normality".[xvii] Adonis (2015) noted comprehensive analysis in the Health Economics journal (2014) which found that in the US, adults with ADHD earn 33% less than their peers, and are 9% more likely to be unemployed.[xviii]

While mental health issues are unfortunately prevalent in Australian workplaces, adults with ADHD face special challenges, and in addition, may also be affected by comorbidities, especially anxiety and depression. Various sources suggest that around 50% of adults with ADHD in Australia have anxiety and/or depression. Beyond Blue's website states 3 million Australians are suffering from anxiety and depression. While that may only be a conservative estimate, it represents 12% of Australia's population of 25 million.[xix]

While adults with ADHD are achieving positive results in a wide range of careers, it is very much up to the individual to identify or create opportunities that match their interests, personality, strengths and weaknesses, and level of education, skill and training, as well as to find ways to thrive within the workplace. As is often the case of those with mental health issues, many adults with ADHD do not disclose their diagnosis to their employers.

Adults with ADHD may face issues with distractibility, impulsivity, hyperactivity, memory problems, boredom, time management (including hyper-focusing, running late and over-commitment), procrastination, administration (paperwork), and interpersonal issues (monologuing, interrupting and bluntness).[xx] Nadeau (2016) believes adults with ADHD can manage through careful job selection, honest self-assessment and self-management. This involves taking charge of ADHD by understanding your needs, knowing your limits, knowing when to ask for help, and focusing on your strengths and talents.

Beyond Blue and Heads Up[xxi] suggest focusing on three key areas – promoting positive mental health, protection through fostering an anti-bullying culture and addressing risk, and supporting employees with mental health conditions, to improve understanding, combat stigma and help prevent suicide. Also important is role clarity, job control, resources and skill development, individual factors, respect, trust and equity, leadership and management capability, various operational factors, and environmental factors.

While these are all matters for the employer/organisation, their leaders, the culture they create, and the individuals, the government could provide funding for various initiatives and educational programs which could be championed by mental health support groups.

Conclusion

Whilst classification of ADHD is based on behavioural criteria, the disorder is biologically based, with strong genetic transmission. ADHD results in genuine disability, acknowledged by the educational, legal and medical communities.

It's time to recognise the profoundly negative and lasting impact ADHD has on children's education, social skills and outcomes in adult life, as well as on their families. With sufficient government recognition and support, funding, diagnosis, medical care, parent and teacher education, cultural and attitudinal change in schools, a focus on inclusion, and specific adjustments, we can change the trajectory that children with ADHD face, and achieve better life outcomes for those with ADHD and their families.

School is the place where the most damage can be done, but also where the greatest difference can be made. Many of the points we make are also relevant to making workplaces more inclusive and high performing for all employees to achieve workplace success.

Leadership and attitudinal change in schools makes the biggest impact. This is especially the case in helping to reduce stigma. This includes implementing actions and culture change in schools to create an inclusive environment and stamp out major issues such as bullying. An inclusive environment at school is also essential for children with ADHD to optimise their learning, and will benefit all children.

Making learning interesting, relevant and fun is essential. Children (and adults) learn best when they are interested, stimulated and engaged. Focus on socialisation and collaboration, and use an accommodating, non-punitive approach.

While special training for educators in recognising, understanding and supporting children with ADHD is extremely important, leadership and attitudinal change are critical to achieving successful outcomes.

Schools also need more resources, including increased numbers of counsellors, better post graduate teacher training (referencing ADHD and its impact on learning, as well as other mental health related issues), better support for teachers, and increased testing and evaluation for ADHD.

An optimistic, non-judgemental team-based approach is critical.

Failure to act on these points will severely disadvantage our youth of the future, as well as increase mental health problems for future generations. We cannot afford to let this happen.

On behalf of all stakeholders in the ADHD community, ADHD Australia will continue to advocate for positive change in our education system and workplaces, for children and adults with ADHD.

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