



19 June 2019

The Royal Commission on Mental Health
Victoria

Submission on the grave impacts of ADHD to Victorian society, with suggestions to ameliorate the negative impact.

Most of you will be very surprised to know that **ADHD is the most common neuro-developmental disorder, affecting at least 5% of the population.** It has enormous economic costs to the individual, as well as the community. Its cost to taxpayers in Victoria alone is in the Billions of dollars per annum (FIVE Billion dollars last year alone - \$5 B.) The cost of ADHD to Australia just this year (2019) is at least \$20 Billion ["Sciberras in preparation based on Deloitte Access Economics modelling" – to be published in early August 2019]. Furthermore, it is responsible for countless deaths in Victoria, because ADHD is rarely alone in its complexity, being a major cause of addiction, assault, incarceration, violence to women, anxiety and depression. It affects ALL races, including Aboriginal and Torres Strait Islanders. And Regional Communities are worse off because they lack professional support.

ADHD affects approximately 281,200 children and adolescents (aged 0-19) and 533,300 adults (aged 20+) in Australia. When you factor in families, carers, friends, no other mental disorder touches more taxpayers / citizens than ADHD.

The total financial cost of ADHD in Australia in 2019 is at least \$20.42 billion, which includes financial costs of \$12.83 billion and wellbeing losses of \$7.59 billion. Productivity losses due to ADHD are substantial (\$10.19 billion). In a paper to be released in about one month, it will be clearly demonstrated the cost of ADHD to Australia just this year alone is at least \$20.42 billion. **But of equally grave concern is the clear belief that some 40% of all Substance Abuse people (addicts) suffer from ADHD. Further, it's estimated at least 30% of prisoners in Victorian jails have ADHD. ADHD contributes significantly to things such as domestic violence and violence towards women, plus home invasions, car accidents, and a range of issues. Depression and anxiety are closely related to ADHD. How much of the Royal Commission will be spent just on these above areas, yet all are comorbidities of ADHD.**

Children with ADHD are severely disadvantaged in a whole litany of ways, and it's imperative you look at ways to minimise the burden to society of failing to help parents and children with ADHD.

ADHD as it is named, is controversially described in the DSM 5 as 'attention deficit hyperactivity disorder', however it's most significant affects are in the disruption of planning, thinking, regulating emotion, and a variety of roles performed by the Executive Function parts of the brain.

Please note for technical stuff – just released: <https://www.adhd-federation.org/publications/the-word-federation-of-adhd-guide/>

ADHD United and ADHD Melbourne are ‘consumer’ / patient education organisations, and our role is to teach and advocate. There are a good number of expert psychiatrists who would make excellent presenters to this Royal Commission, and we can happily recommend those. We can also recommend several world-renowned Professors / Researchers. Very sadly however, we are significantly hindered by the deplorable situation of having very conservative practitioners arguing about the validity of ADHD itself, using arguments best suited to anti-vaxers. ADHD has been proven to not only exist now and for thousands of years, but to do so in exceptionally damaging ways, and for so-called authorities to continuously question its existence is to not just fly in the face of the proponents motivation, but expertise.

ADHDers are not stupid or lazy – just very different. Amongst its many sufferers are the likes of Albert Einstein, Sir Richard Branson, John F Kennedy, show business people such as Jim Carey, Justin Timberlake, Walt Disney, Ryan Gosling, Woody Harrelson, Henry Winkler, and many more. A great number of politicians, nurses, firefighters, emergency workers, barristers, have ADHD. ADHD does not mean ‘stupid’ – it shows these people are incredibly hard working to have overcome their obstacles. But most ADHDers do not. And they are the ones society is paying a huge price to neglect. Once you know what to look for, it’s easy to recognise ADHD in those you know. Importantly, less than 8% of ADHDers know they have it – diagnosis is very problematic as so few clinicians are properly trained (* easy to prove this) , AND the social stigma associated with ADHD means very few people are keen to know. We are well aware ADHD is well represented at The Bar.

The ADHD Syndrome is neglected in the University Medical curriculum, leaving Medical Practitioners lacking in basic understanding of this Mental Disorder and lacking basic skills in assessment, diagnosis and management. The ADHD Syndrome is neglected in the curriculum of the training of Psychiatrists (provided by the Royal Australian and New Zealand College of Psychiatrists and Melbourne and Monash Universities), also leaving Psychiatrists lacking in basic skills in assessment, diagnosis and management.

In Victoria, in contrast to Europe and North America, the ADHD Syndrome is not widely recognised and acknowledged by the community, by the general population, the teaching, legal, medical and psychological professions. And yet the ramifications of ADHD to the community are grave. Please just ask and you’ll be provided with valid and reliable research-proven evidence.

In Victoria, in contrast to Europe and North America, assessment, diagnosis and treatment of the ADHD Syndrome is not provided in the Public Mental Health system, in spite of the many overseas studies that demonstrate a very high prevalence of the Disorder among Patients who are very likely to be in the care of the Public Health system for associated Disorders, such as Schizophrenia, Bipolar Disorder, Borderline Personality Disorder, Eating Disorders and Anxiety and Mood Disorders.

In Australia, in contrast to Europe and North America, there are no Public Mental Health system Specialist Clinics for the ADHD Syndrome.

Very few Psychiatrists, General Practitioners, Psychologists or other Mental Health Professionals Working in the “fee for service” system are trained in, or competently practice in, the field of ADHD.

Those who do are faced with serious restrictions by entities including the Federal Pharmaceutical Benefits Scheme in what medications can be prescribed under the PBS, leading to suboptimal care and treatment outcomes for those without considerable financial resources to privately fund medicines, and to significant anxiety for those Medical Practitioners who ignore the PBS restrictions and provide PBS prescriptions outside the guidelines to ensure optimal treatment.

The recently implemented Federal National Disability Insurance Scheme (NDIS) is not addressing funding needs for services for those with ADHD. Those employed by NDIS are not trained in the field of ADHD and lack basic understanding of the needs of those with ADHD. Consequently, those with ADHD are not provided funding for forms of therapy recognised as fundamental to ADHD treatment (ADHD Coaching, ADHD Psychotherapy for individuals and families).

What is needed

In this case, it's amazingly simple. And much of it costs very little. And it'd be a HUGE win for you at the Royal Commission.

Everyone knows and accepts cancer. Everyone knows and accepts diabetes, and colour blindness, etc. Yes, of course these are somewhat preventable, but at least everyone knows, and much of it is inherited. So is ADHD. The ignorance about ADHD is simply astonishing and very disturbing. That small sectors of the population who derogate vaccination for example can also manipulate the community into thinking ADHD does not exist is simply disgusting. That some professionals have been able to thwart clinicians attempts to draw attention to the problem is simply tragic.

So

- First and foremost, there is a massive need for all stakeholders to realise the significance of this widespread and ages long disorder (ADHD is neither new, nor confined to lower level education people. The ignorance of all people including this writer (until recently) and most of the readers of this presentation is frankly desperately sad. It reminds one of those desperately trying to awaken the public's need to vaccinate, or to stop smoking, or to be concerned about climate change.
- Recognition of the need and cost benefit awareness of governments and professions such as yours to Fund ADHD Awareness Programs, for the Community, for Industry, Employers, Unions, all levels of Government, and the media.
- After the relatively INEXPENSIVE education programs that are required, then the need for much more work will become self evident.
- Funding for ADHD Education and Training of professionals likely to be in contact with those with the ADHD Syndrome- Teachers, Doctors, Psychologists, Lawyers, Magistrates and Judges, Drug and Alcohol Rehabilitation Providers, Gambling, Financial Counselling and Family Violence Rehabilitation Service Providers.
- Funding for ADHD Education and Training for Medical Students, General Practitioners, Psychiatrists-in-Training, Psychiatrists, Psychologists and other Mental Health Professionals.
- Funding for ADHD Education and Training for all Mental Health Professionals Working in the Victorian Public Mental Health System.
- Funding for ADHD Education and Training for those employed by the National Disability Insurance Scheme to ensure a basic level of competence in understanding the complex health needs of ADHD Patients.

- Funding for the establishment of ADHD Specialist Clinics within an Integrated Public and Private Mental Health System, providing well-resourced expertise for Patients with ADHD whether the Patient is based in the community, in the Inpatient Hospital setting, in the Legal System, the Prison (Department of Corrections) and Forensic Psychiatry System, in the Residential Drug and Alcohol Rehabilitation System, the Pathological Gambling treatment System.
- The establishment of greater flexibility within the Pharmaceutical Benefits Scheme such that those with Specialist ADHD training and experience can prescribe optimal treatments for Patients with ADHD. Yes, this is a Federal matter, but your comments in a final report will assist the national push to get this done.

The goal in the implementation of these measures is that the ADHD Syndrome will, in due course, become integrated into the mainstream of the Victorian Community's attitude to all health issues, and mainstream in the thinking of all Professionals working with those with the ADHD Syndrome.

Finally, we are a so-called 'consumer' group (what researchers and clinicians and governments call us) and although we have many members very keen to speak with you, it's my recommendation that you speak to several immensely well qualified world renowned and Melbourne based psychiatrists as well as researchers specialising in ADHD, whilst we are blessed in Victoria to also have several world leading academics in this specialised field.

Quite frankly, with all its 'passenger' co-morbidities, for the Royal Commission not to make major recommendations to even recognise the importance of ADHD as the least discussed, but most prolific and costly mental disorder in this State (and country) would be a devastating blow to society at large, both in human and financial costs.

We are blessed to have had this opportunity to present this brief snapshot to you and those assisting this immensely important Royal Commission.

And yes of course, there are many very very learned and respected Professors, Doctors, Psychiatrists, and Mental Health workers that can be called upon to testify. Sadly however there is no one organisation that represents them all, hence our involvement.

Please note: <https://www.adhd-federation.org/publications/the-word-federation-of-adhd-guide/>

With deepest thanks,

Peter Scholem
 CEO, and founder
 ADHD United
 Member World Federation of ADHD
 Associate Member Australian ADHD Professionals Association

And Director of Communications, and
 Co-founder ADHD Melbourne



2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

Mr Peter Scholem

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"In this case, it's amazingly simple. And much of it costs very little. And it'd be a HUGE win for you at the Royal Commission. Everyone knows and accepts cancer. Everyone knows and accepts diabetes, and colour blindness, etc. Yes, of course these are somewhat preventable, but at least everyone knows, and much of it is inherited. So is ADHD. The ignorance about ADHD is simply astonishing and very disturbing. That small sectors of the population who derogate vaccination for example can also manipulate the community into thinking ADHD does not exist is simply disgusting. That some professionals have been able to thwart clinicians' attempts to draw attention to the problem is simply tragic. What is needed First and foremost, there is a massive need for all stakeholders to realise the significance of this widespread and ages long disorder (ADHD is neither new, nor confined to lower level education people. The ignorance of all people including this writer (until recently) and most of the readers of this presentation is frankly desperately sad. It reminds one of those desperately trying to awaken the public's need to vaccinate, or to stop smoking, or to be concerned about climate change. Recognition of the need and cost benefit awareness of governments and professions such as yours to Fund ADHD Awareness Programs, for the Community, for Industry, Employers, Unions, all levels of Government, and the media. After the relatively INEXPENSIVE education programs that are required, then the need for much more work will become self evident. Funding for ADHD Education and Training of professionals likely to be in contact with those with the ADHD Syndrome- Teachers, Doctors, Psychologists, Lawyers, Magistrates and Judges, Drug and Alcohol Rehabilitation Providers, Gambling, Financial Counselling and Family Violence Rehabilitation Service Providers. Funding for ADHD Education and Training for Medical Students, General Practitioners, Psychiatrists-in-Training, Psychiatrists, Psychologists and other Mental Health Professionals. Funding for ADHD Education and Training for all Mental Health Professionals Working in the Victorian Public Mental Health System. Funding for ADHD Education and Training for those employed by the National Disability Insurance Scheme to ensure a basic level of competence in understanding the complex health needs of ADHD Patients. Funding for the establishment of ADHD Specialist Clinics within an Integrated Public and Private Mental Health System, providing well-resourced expertise for Patients with ADHD whether the Patient is based in the community, in the Inpatient Hospital setting, in the Legal System, the Prison (Department of Corrections) and Forensic Psychiatry System, in the Residential Drug and Alcohol Rehabilitation System, the Pathological Gambling treatment System. The establishment of greater flexibility within the Pharmaceutical Benefits Scheme such that those with Specialist ADHD training and experience can prescribe optimal treatments for Patients with ADHD. Yes, this is a Federal matter, but your comments in a final report will assist the national push to get this done. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"Sadly there is not a lot being done from a governmental perspective, but this Royal Commission gives the first opportunity for sufferers and professionals alike to put their case forward to the public, and to decision makers. ADHD is not even recognised in Victoria's public hospital system. There are a small number of voluntary support groups in Victoria, of which our is the largest, but the second largest also does great work. There are small groups of parents of kids with ADHD. There has been a greater focus on ADHD in schools, but that is not uniform. A new group of Professionals in ADHD in Victoria has started up and doing good work. But ADHD is not even mentioned in numerous publications put out by myriads of Government departments dealing with mental health. Your Chairman, Penny Armytage, said in a discussion I was involved in on ABC Radio Melbourne, that she and you are taking a close look at things like addiction, prisons, etc. Have any of you even thought of interviewing Dr Dianne Grocott, the psychiatrist / researcher who is leading the study on the relationship between ADHD and Substance Abuse Disorder, and the very impressive rate at which addicts who are diagnosed with ADHD recover from addiction once treated for ADHD? I work with Dianne Grocott, Dr Peter Heffernan (one of the most respected specialist ADHD psychiatrists in Australia) and a handful of many very committed academics and professionals that I respectfully ask you to speak with. I will happily provide contact details for all of them, plus Professors David Coghill, Melbourne University, and Professor Mark Belgrove, Monash University. And no, they might not have put their submissions in. Most are too busy. "

What is already working well and what can be done better to prevent suicide?

"Very little is being done apart from work through private practitioners. \ Frankly it's appalling. That even you dear reader would now know all this, and not do something to help, even if it means learning enough to spot those affected, so you can get help for them along lines not even publicised in Beyond Blue, or Life Line etc's websites. We're a very large but disorganised community, and it's taken a lot to start a group like this. It's like hearing cats :-). Look at this please. It's only very recently been concluded: <https://www.adhd-federation.org/publications/the-word-federation-of-adhd-guide/> "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Please read this submission. Awareness Support Education Commitment

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

See above

What are the needs of family members and carers and what can be done better to support them?

"See the submission, and ask for relevant people to come and tell you."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"Education. Acceptance that ADHD is real, just like cancer and menstruation. How come people in this country are allowed to derogate an INHERITED disorder? If four out of every one hundred people you have ever met have ADHD, but only 10% have been diagnosed, imagine what they are

going through. Look at the symptoms - then it'll hit you. Oh yeahhhhh !!"

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"Well ADHD is totally anti discriminatory. It affects everyone of every nationality, every gender, every background. The best ones are people like Albert Einstein, Sir Richard Branson, half the actors in Hollywood such as Jim Carey. There are barristers I know who have it. Doctors, all kinds of people. But once you know the symptoms, you can pick 'em a mile off. Soooooo, the smart ones work VERY hard to overcome it. The not so smart ones drop into huge holes. But don't misunderstand. Even smart ones can become addicts, as some in your own profession sadly are. Currently, there are very few places where these people can go for help, however government acceptance of ADHD will be a huge start. "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"Best I give you the contacts of people very high up in this field who actually have ADHD, and who have been too worried about coming forward. They have very clear ideas about what can be done to / in Victoria's mental health system, to benefit ALL Victorians. Don't forget, untreated ADHD costs Victoria \$5 BILLION each year."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

INCREASE AWARENESS and hence acceptance of ADHD as a genuine mental health condition

Is there anything else you would like to share with the Royal Commission?

"YES, and I have attached it in my short submission. Contact me if following options on this website don't allow me to attach it."