

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

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

"My suggestions relate to the lack of understanding and public stigma experienced by children with Attention Deficit Hyperactivity Disorder (ADHD). ADHD is the most common childhood mental health disorder, impacting around 1 in 20 Australian children, yet only between one in three and one in four children with ADHD are being treated for ADHD in Australia. There is an enduring public stigma in Australia that ADHD is over-diagnosed and over-treated, deterring people from seeking help, even when desperately needed. Undiagnosed and poorly treated ADHD is associated with anxiety, depression, substance abuse, eating disorders, peer victimisation, criminality, accidental and self-inflicted injuries, and suicide. The lack of adequate early identification, intervention and treatment of ADHD in childhood presents a significant opportunity for the Royal Commission to consider improvements in a large population at significant and real risk of further poor mental health outcomes."

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?

"Public stigma pervades both educational and healthcare settings where professionals will often suggest interventions for other less common disorders due to perceptions around ADHD over-diagnosis or misdiagnosis or due to a general lack of knowledge. In our family's experience, preschool field officers were not educated or experienced enough to be the first point of intervention resulting in us navigating our way through a maze of non-evidence based therapies with a poorly written report and an ultimately unhelpful list of recommendations. Once you find yourself on the right path to identification, Melbourne is fortunate to have a number of experienced developmental behavioural paediatricians however wait lists are long and private costs are prohibitive for many. Cognitive assessments generally undertaken by an educational psychologist as part of the diagnostic process are also incredibly expensive and wait lists via an education setting can be in excess of 18 months often because ADHD is not deemed as important by school administration. During this time, parents may be led down any number of non-evidence based pathways while their child's confidence and mental health increasingly suffers. "

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

N/A

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.

"Finding the right pathway to early identification was incredibly difficult in our experience, however even with a robust diagnostic process in place, we still experienced barriers to mental health treatment when trying to support a primary-school-aged child expressing feelings of self-harm and

suicide. When seeking a mental health plan for our child, one GP provided feedback that our child did not look like they had ADHD and to be wary of labels. Subsequently we found ourselves now looking for a mental health professional as well as a new GP. It has been difficult to find a suitable mental health practitioner and for now we have conceded defeat, instead relying on the experience of our paediatrician while acknowledging six-monthly visits are not always adequate. It has been our experience that many mental health practitioners still have a poor understanding of ADHD and are exposed to the same misconceptions as the general public, which ultimately leads to minimal to no treatment for our children. There also needs to be a better triangle of communication between schools, parents and treating mental health or medical practitioners. In our experience this has been impossible, in large part due to the lack of recognition of ADHD as a neurodevelopmental disorder and disability in schools, poor government recognition, the time constraints of medical practitioners who specialise in ADHD and a lack of any vocal national advocacy group. "

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

"Lack of adequate resources and support, particularly in regional and at-risk communities. Poor understanding and increased stigma surrounding disorders at greater risk of poor mental health outcomes, particularly in educational and healthcare settings."

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

N/A

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

Greater employment security (i.e. permanent HeadSpace psychologists)

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?

"Education is paramount. Schools play an integral role in identifying and supporting children with mental disorders; the Australian Child and Adolescent Survey of Mental Health and Wellbeing 2015 found school performance in all subjects was markedly poorer for those with a mental disorder and in 40.5% of cases it was often a school staff member who suggested help for emotional and behavioural problems with 11.5% of students using a school service for these problems. Students with ADHD do not receive direct funding yet fall under a broad definition within the Disability Discrimination Act (DDA) which obliges schools to ensure students with disability are able to access and participate in education on the same basis as their peers. Despite most students with ADHD requiring adjustments and accommodations, research has found these are either not always afforded or they are deemed unreasonable and students therefore cannot access an education that allows them to reach their full potential. The discrepancies between the Disability Act and the Disability Standards for Education also lead to disputes over what is and isn't a disability and whether a student is entitled to additional support. Without formal recognition, schools frequently punish children with ADHD via punitive measures and ADHD children find themselves more likely to receive suspension or expulsion as a result. There is significant school-to-prison pipeline research on the impacts of suspension and expulsion on rates of criminality and

more needs to be done to provide interventions and support for the one third of our youth detention population with ADHD. "

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?

"Compulsory professional development on the most common mental disorder in children for all Victorian teachers and experienced psychologists in primary schools. Australian research shows that teachers often hold negative feelings towards teaching students with ADHD and that as a teachers experience with ADHD increased, they were less likely to tolerate disruptive behaviours and were potentially influenced by the controversial nature of ADHD. Teacher attitudes towards ADHD students also show a lack of knowledge leads to less assistance for those students who require it. In a Melbourne based study of 140 primary school teachers, while 92% knew that children with ADHD were not willingly misbehaving, a large number still held outdated misperceptions - only 57% of teachers knew most children did not outgrow ADHD and only 50% were aware of an increased risk of delinquency in later life. Many (87%) still pointed to dietary change as a successful treatment for ADHD and believed sugar and food additives were attributable causes. ADHD is a neurodevelopmental disorder. It is no more influenced by these things than Autism Spectrum Disorder. "

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

N/A

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

"I recognise that considerable progress has been made in Victoria where the Education Department has responded to recommendations contained in the Program for Students with Disabilities (PSD) Review with the development of an inclusive education reform agenda however ADHD must be articulated as a disability that qualifies for accommodations and supports, whether it receives targeted funding or not. Students with ADHD are often viewed by educational professionals negatively due to a perception it is a behaviour issue and not a disability. By not adequately recognising and understanding this disorder, through allowing media to continue to medicalise and stigmatise this disorder, we are placing 5-7% of Australian children at an increased risk of poor mental health outcomes. "