

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

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

"There is, in my opinion, significant under-diagnosis, public and professional misunderstandings of the symptoms, life impact, and severity of Adult ADHD in Australia. My experience as a medical registrar, with multiple previous psychiatric diagnoses followed by a long road of treatment of Adult ADHD for the last 2 years is exemplary of this; and I have first hand experience of the difficulties of the stigmatisation in the Victorian community, the expense of private treatment, and the inability to access multimodal disability support that the complex, severe illness requires. In order to diagnose and successfully treat my ADHD lifelong diagnosis required initial self diagnosis, which remains common (see CADDRA guidelines), however the costs to Medicare prior to this potentially were in the tens to hundreds of thousands. As a medical registrar I have noted that it is near impossible to get stimulant treatment for those without private psychiatrists, and that the diagnosis is misunderstood and marginalised even within the psychiatric profession. I have expressed this concern to my workplace particularly in the Addiction Medicine department. I concur with the bulk of the 2019 European Consensus Statement on Adult ADHD. "

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?

"I think the awareness, support and training of medical staff, especially GPs in relation to this accepted diagnosis is improving. I think that if a medical practitioner such as myself were to have an interest in Adult ADHD treatment, there should be an avenue to allow prescribing of Schedule 8 medicines through Medicare & the PBS, referring more complex cases to psychiatrists, as recommended in the CADDRA guidelines (endorsed by the RANZCP), after a certified, abbreviated postgraduate qualification under the supervision of the RANZCP, as can occur in Canada, the USA, the UK and other comparable countries. "

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

Nil comment

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.

"Fragmented services, multiple psychiatric diagnoses, differing opinions, and the personal lived experience of inadequate treatment and support for an easily diagnosable illness, namely ADHD. "

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

"Access to psychiatrists and addiction specialists, dual diagnosis, and the lack of stimulant

treatment programs such as [REDACTED] Sydney for stimulant addicts. "

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

"Psychoeducation, patient centred, family based care. "

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

"Abbreviated training courses for practitioners with a subspecialized interest such as Adult ADHD, supervised by the RANZCP or other body. "

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?

Lack of access of mental health occupational therapy. High expense to access NDIS support services.

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?

Reform of the scheduling of Methylphenidate and Dexamphetamine and long acting versions of these compounds. Ability for GPs and other practitioners such as myself to prescribe and charge Medicare after completion of a certified training program on Adult ADHD.

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

"GP education around the diagnosis of Adult ADHD. Access to multidisciplinary coordinated teams - including ADHD psychologists, etc. "

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

"Whilst difficult to publicly share this with the Royal Commission, my experience has been life changing and I remain concerned to the inequality of access of those with and without diagnoses of Adult ADHD in the community. "