

NEURODEVELOPMENTAL DISORDERS — WAIT TIMES

Grievance

MR S.N. AUBREY (Scarborough) [9.12 am]: My grievance is to the Minister for Health; Mental Health. Before I begin, I would like to take a moment to thank the minister for taking my grievance today. I would also like to commend her for her hard work in managing very complex portfolios and delivering better health and mental health outcomes for the Western Australian community.

I wish to provide a warning to anyone who may listen to or read this speech that it contains references to suicidal ideation and other mental health challenges. If anyone requires assistance, please call Lifeline on 13 11 44.

This grievance is on behalf of parents of children with undiagnosed neurodevelopmental disorders in my community of Scarborough and in WA. I want to raise our concerns about wait times and difficulties that are being experienced accessing paediatricians and other specialists for diagnosis and treatment. I will be speaking for all neurodevelopmental disorders, including autism spectrum disorder and learning disabilities, attention deficit hyperactivity disorder and many more, but I will focus on ADHD as this is one that I have personal experience with.

Members will remember that last year I gave a passionate contribution to the Health and Disability Services (Complaints) Amendment Bill 2021. In that speech I detailed some of my personal story and some of my mental health journey to highlight the importance of the bill. I told my history of suicidal ideation in my teens and my recent diagnosis of anxiety, depression and a binge eating disorder. What I did not include in that speech was that I thought long and hard about whether I would be able to find the balance between serving effectively in my role as the member for Scarborough and improving my mental health. I determined that if I had faith, I could continue to fulfil my oath to serve the people of Western Australia to the best of my ability and navigate my mental health journey. I gave myself one year—a year of dedicated commitment to improve my mental health so I could confidently come into 2023 ready to serve my community and Western Australia to the best of my ability.

As I underwent my mental health journey, I found more challenges along the way. As I lifted out of the fog of my depression, I began to realise there was something else—something that I knew had been there all along, but that I could not put my finger on. In August last year, I was diagnosed with attention deficit hyperactivity disorder. Around 65 per cent of those with ADHD have comorbidities with one or more other disorders, such as depression, anxiety, eating disorders and many others. The diagnosis was not a surprise to me; in fact, it made a lot of sense and the diagnosis and subsequent treatment alongside treatment for my other mental health challenges has made a world of difference to my life. In many ways, my ADHD is the superpower that has driven much of my success in life, but it also took its toll in many other ways, and not all get through it as I did. Not all are as lucky to have grown up in the era or environment I did or have the opportunities I have had and some people are not here today to tell their stories, as I very nearly was not.

Although I would not change my path, I am raising this grievance so that others do not have to take the gamble or struggle as I did, and to make the paths of others in my community and Western Australia easier and their lives and opportunities better. Early intervention is key in delivering better outcomes for those affected with a neurodevelopmental disorder and their families. The waiting times being experienced is having a negative impact, on not only people with neurodevelopmental disorders, but our education system and economy. The neurodevelopmental disorder ADHD is present in six to eight per cent of Australian children and three to five per cent of Australian adults. That is more than one million Australians who have ADHD. It has also been found that 28 per cent of those diagnosed with autism spectrum disorder are also diagnosed with ADHD.

A report by Deloitte Access Economics shows that the total cost of ADHD in Australia in 2019 was \$20.42 billion, which includes financial costs of \$12.83 billion and wellbeing losses of \$7.59 billion. That does not include productivity losses due to ADHD, which are substantial at \$10.19 billion. Early childhood educators in our education system are becoming better at identifying neurodevelopmental disorders. Our society is also becoming more accepting to the point where parents no longer resist the diagnosis and instead seek out treatment. Reported cases of neurodevelopmental disorders have risen exponentially, but our ability to service this growing demand is struggling to meet the need. An article in *The Sydney Morning Herald* in September 2022 states —

Prescriptions for ADHD medications have more than doubled within a decade ...

In this article, a spokesperson for the Royal Australian and New Zealand College of Psychiatrists, Dr Karupiah Jagadheesan, said the figures reflected reduced stigma around taking the psychostimulant drugs and better awareness of ADHD in the community, particularly in adults. The article states —

“In the last 10 years, there’s been a lot of awareness so many people are reaching [for] help and getting a diagnosis who didn’t before,” he said. “There is also more openness in the profession to prescribing, with better education programs and awareness about whom medication could benefit.”

A recent article by the ABC states —

In Perth, parents say they are facing an 18-month wait to see a public paediatrician, but wait times are estimated to be longer in regional and remote areas.

These wait times also impact our school environments. Many schools in my electorate have told me of their struggle to effectively help children with undiagnosed neurodevelopmental disorders, how the lack of a diagnosis prevents access to much-needed support from the Department of Education, and how undiagnosed and unsupported children through no fault of their own can disrupt classes and consume time from educators that takes away from the whole class. I have heard of parents who have had to change medications due to supply chain issues coming out of China and for one parent the cost to just change a script was over \$500 at their private paediatrician. That parent was able to afford that price and had access to a private paediatrician, but not everyone can afford that private access and in a nation such as Australia, where we are so proud of our universal health system, this should not be happening.

I can now say proudly that since late last year, after dozens of sessions of professional treatment, I am free from my anxiety, depression and binge eating disorder. Although I will live with ADHD for the rest of my life, following my diagnosis and subsequent treatment, I now control my ADHD and it does not control me. I ask, what are we doing as a government to rectify this issue, reduce the wait times and provide these families vital treatment and support, so that we can give our Western Australian kids with neurodevelopmental disorders the best opportunity to grow up able to control their disorder, not the other way around?

MS A. SANDERSON (Morley — Minister for Health) [9.18 am]: I thank the member for Scarborough for sharing his experiences of living with and managing attention deficit hyperactivity disorder and mental illness, and for his advocacy for the families and children in his electorate, and, of course, across the state. Like many parents across the community and in this chamber, I know that receiving a diagnosis and treatment for ADHD and autism spectrum disorder is challenging and onerous. As the member for Scarborough noted, Australian data shows that six to 10 per cent of children aged four to 17 are affected by ADHD. Diagnosing ADHD requires considerable training and experience and is usually carried out by clinicians, such as paediatricians and psychiatrists, who are experienced in the diagnosis of developmental and mental health disorders. An accurate diagnosis of ADHD is essential and many mental health and neurodevelopmental disorders that can resemble ADHD. The government-funded Child Development Service plays an important role in the diagnosis and treatment of neurodevelopmental disorders and in supporting children and their families in managing neurodiversity.

Of the children with an ADHD diagnosis who are currently engaged with CDS paediatric services, 71 per cent have also been involved with occupational therapy and 70 per cent with speech pathology at some stage during their journey. CDS has experienced a significant and sustained increase in demand for services, including a 123 per cent increase in referrals for developmental paediatrician services over the last 10 years.

It is not a secret that the highly specialised workforce that supports the Child Development Service has not grown at the same rate as referrals, which has unfortunately resulted in longer wait times. However, this is not the case for all specialties. This has had a significant impact on families, including in the member's electorate of Scarborough. But while many parents seek appointments with private specialists, even these are very difficult to secure, and many paediatricians in the community have closed their books to new patients or are retiring. The number of university places is also not expanding, so we are not actually training enough people who are skilled at diagnosing and supporting children. It requires at least a master's level degree to be a psychologist or educational psychologist, and university places are very limited and highly subscribed. Therefore, I call on universities to broaden their places so that we can ensure an appropriate pipeline for this important and growing workforce. The government is keen to progress innovative solutions to address the growing CDS waitlist. We supported the establishment of the Select Committee into Child Development Services to look at the workforce pipeline issues. I look forward to reviewing the committee's recommendations when they are complete.

I will talk about a few of the things that WA Health is doing to reduce waitlists for children who need to access a diagnosis. To reduce the waiting times, the CDS paediatricians completed an assessment blitz in 2021. There were 435 assessment appointments offered over a two-month period. However, unfortunately, a corresponding number of new referrals were also received over that period. The COVID restriction on outpatients also limited the number of assessment that could be completed in 2022.

CDS has a specialist metro-wide autism assessment clinic. In response to growing demand for autism spectrum disorder assessments, it recently implemented a diagnostic pathway at all CDS sites for children under five years who show clear signs of autism. This has helped to streamline services for this cohort. As part of this expansion of ASD clinics, and in response to the increased demand for ASD assessments, additional staff have been trained in diagnostics. In the last financial year, CDS provided 507 ASD assessments compared with 380 in the financial year before and 182 in the financial year before that. Referrals for an ASD diagnostic assessment have increased 82 per cent over the last five financial years, with referrals trending higher again in this financial year to date. For current CAHS CDS clients with an ADHD diagnosis who are prescribed schedule 8 medication, CDS uses a shared-care model with GPs where possible, including co-prescribing in certain cases. However, this is not without its challenges. There are considerable training needs for GPs in order for them to play a stronger role in medication co-prescribing.

This includes a comprehensive course on ADHD, its assessment and management, and supported co-prescribing of stimulant medication and monitoring. In addition, GP practices need to be linked with a community of practice to support the management of children with ADHD to ensure safe and evidenced-based care and allow for case discussions and support by a public developmental paediatric service, especially when dealing with comorbidities.

In the mental health space, recommendation 11 of the *Final report: Ministerial taskforce into public mental health services for infants, children and adolescents aged 0–18 years in WA* outlines the need to establish new statewide services to address critical gaps within the current range of specialised services for children with neurodevelopmental issues. The Mental Health Commission is currently developing a new model of care to ensure that mental health services can be better delivered to neurodiverse children.

The government currently funds two services to support children with neurodevelopmental issues. The first support is the Complex Attention and Hyperactivity Disorders Service, or CAHDS, at Perth Children’s Hospital. CAHDS specialises in the assessment of kids and young people who present with persistent and severe attentional difficulties and comorbid complex behavioural, social or emotional disorders. These assessments can take up to 15 to 20 hours, with children going through a range of disciplines such as speech therapists, occupational therapists and neurodevelopmental psychologists. It is a very thorough assessment process. The second support is the North Metropolitan Health Service’s Youth and Adult Complex Attentional Disorders Service. It provides specialist consultation, assessment and treatment to respond to the needs of 18 to 64-year-olds with complex ADHD and co-occurring issues.

I want to again thank the member for Scarborough for raising this grievance and for his advocacy in this space. It is a complex space, which crosses over the public and private systems as well as the training and university sector. We are looking forward to some of the recommendations that will come out of the CDS inquiry, which will interrogate some of those issues and look for some very tangible solutions to this complex issue.