Dear Madam/Sir,

During this current International Mental Health week I take the opportunity to write and highlight some profound problems with the way government policy responds to mental health problems in Victoria and Australia, which contributes to continuing declining performance in our mental health system.

The first and most glaring problem defies logical explanation. Throughout the rest of the world countries are using United Nations Mental Health Week and Attention Deficit Hyperactivity Disorder (ADHD) Month to improve public awareness of mental health issues – but Australia is not. More pointedly, our government focuses on mental health week, but has dropped ADHD month.

In advanced first world societies, such as Germany, France, Britain, Canada, Japan and the United States governments, have accepted scientific and medical evidence that around 5% of an adult populace is prone to ADHD. Accordingly, progressive policies have been developed to assist this demographic to manage their condition.

Here in Australia we no longer officially believe in climate change – while the rest of the world does. Similarly, we do not believe ADHD exists and are the only advanced country in the OECD that particularly denies the existence of lifelong adult ADHD!

Sadly, no Federal or State government has ever funded or undertaken systemic research to test and validate international ADHD findings in our own adult populace - simply because our mental health experts – psychiatrists – consistently advise government that ADHD does not exist.

Despite overwhelming international evidence, the absurdity of our position is compounded by the fact psychiatrists have sole authority to prescribe medication for adults with ADHD, despite Australian psychiatrists being untrained and unqualified to do so. The stark consequence of this practice is shown in PBS records that provide evidence that less than 2% of the total number of registered Australian psychiatrists have ever - in their entire career – diagnosed adult ADHD or prescribed psychostimulant medication to assist an adult (over the age of 18) to manage an ADHD condition.

The enormity of this systemic problem with diagnosis and treatment is further highlighted by government effort to respond to the growing ICE addiction menace within our society. Addiction Medicine Specialists (a small number of boutique specialists in the RACP Chapter of Addiction Medicine) seem to be widely consulted on issues such as the Ice menace. However this group has no legal authority to prescribe psychostimulants to ADHD patients due to archaic Drugs and Poisons Regulations from the 1970s still in place. Moreover psychologists or para-medical people are rapidly learning from overseas experience that psychostimulant medication such as dexamphetamine are a highly effective treatment for some people afflicted by ICE -particularly those with undiagnosed ADHD that seek to self medicate their condition through heavy smoking and methamphetamine use.

The paradox facing government is that because Australian psychiatrists will not officially recognise the existence of ADHD, they will not diagnose or prescribe dexamphetamine like the rest of the world. More fundamentally, this means the efforts of well-meaning addiction medicine specialists, pediatricians and psychologists are rendered impotent because they cannot prescribe dexamphetamine to adults to achieve diversion from ICE use.

The problem is of course exacerbated by the fact that Australia’s addiction medicine specialists are also caught up in the prevailing group think that denies ADHD exists. From the get go, this renders them significantly less open minded and effective in responding to ICE addiction than their counterparts in other advanced OECD countries a fact that is reflected in the poor comparative results between Australia and other countries.

The United Kingdom, which for a time held a broadly similar view on ADHD as Australia, abandoned this view some time ago in the wake of overwhelming medical and scientific evidence. In January 2013 the British corrections service introduced mandatory ADHD testing for repeat offenders typically involved in petty crime. The data has been astounding. Following diagnosis it has been found that the 5% of adults prone to ADHD are overrepresented in the prison system. Correct diagnosis has already led to more effective management of ADHD and less recidivism.

By contrast, here in Victoria we deal with the issue by building more prisons, then we get addiction medicine specialists
A compounding problem in trying to reach world best practice in mental health, particularly ADHD, is the **appalling record of APHRA in relation to investigating practice by pediatricians, psychiatrists, doctors and pharmacists in responding to mental health issues and ADHD issues in particular.** The salient problem with the APHRA Board is that as a populist structure, board members are politically appointed and few board members have an understanding of mental health issues or complex challenges and choices faced by doctors and pharmacists. This becomes a significant problem when APHRA neither understands ADHD, nor what world best practice in diagnosis and treatment actually looks like. This lack of knowledge means APHRA adopts a 'McCarthy-ist witch hunt' approach to investigations into practitioners and sends out investigators who are neither doctors nor medical people, and have no professional means to discern the difference between practitioners who are jaywalkers or bank robbers, yet provide recommendations for punitive action by APHRA.

The process blatantly denies natural justice. The ultimate translation of this mess is that APHRA persists in stifling and punishing progress towards the achievement of world best practice in mental health. Meanwhile the legion of the 5% of undiagnosed adults with ADHD (over 1 million people) being unhinged by current economic restructuring are experiencing by international experience the spiraling effects of relationship breakdown, homelessness, addiction and imprisonment.

**Professor Russell Barclay, a world renowned expert on ADHD is quoted as saying at the 2012 CHADD 2012 ADHD Conference in San Francisco, that “given the enormous mountain of scientific and medical research available on ADHD today, any practitioner within a mental health profession who takes the view that ADHD does not exist, or is unable to recognise ADHD should be considered negligent in their practice.”**

Interestingly, few Australian psychiatrists are known to have attended these major world conferences, except for a handful that have an enlightened world view towards ADHD.

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