The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Western Australian Branch

27 February 2025

Hon Roger Cook MLA
Premier of Western Australia
13 Floor Dumas House
2 Havelock St
West Perth WA 6005

By email to: wa-government@dpc.wa.gov.au
cc : Minister.Sanderson@dpc.wa.gov.au

Dear Premier

Re: WA Labor's announcement of GP pathways for ADHD care

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) WA Branch shares the WA Labor's concerns about the community's limited access to ADHD assessment and treatment. We understand that your recent announcement of the trial of GP pathways is an acknowledgement that we need better access to ADHD diagnosis and care to meet the community's need and expectation.

The RANZCP's Position Statement 55: ADHD across the lifespan recognises that equitable access to services for ADHD requires system-level change. The RANZCP supports the pathways, provided that the GPs assessing and treating ADHD are adequately trained and resourced, in line with the Australian Evidence-Based Clinical Practice Guidelines for ADHD.

However, we are disappointed that the government did not engage with psychiatrists in developing this policy. We also believe that the trial as it currently stands has some significant gaps, particularly in relation to training.

The root causes of insufficient access to ADHD care are workforce shortages and service system fragmentation. The Branch submission to the 2025-26 State Budget offers solutions that address these issues in the proposed neuropsychiatric service and increased workforce capacity. In the absence of integrated services for people living with ADHD, many people with complex needs will continue to miss out on adequate care.

We note the proposal that to participate in the pathways program, GPs are required to be trained for 13 hours online initially, then for an hour each month for six months by a psychiatrist or paediatrician. While our members are prepared to support the primary care sector, we have concerns about the adequacy and breadth of the proposed training, especially around assessment for, and diagnosis of, ADHD.

ADHD is the most common neurodevelopmental disorder, but psychiatric care may be necessary as it often presents as comorbid with intellectual or developmental disability, other psychiatric disorders, and a range of physical health challenges.

Psychiatrists see patients with a range of complexities in presentation and social circumstances. In these cases, appropriate diagnostic assessments are critical to ensure the quality and safety of care. Diagnosis must be guided by multiple information sources with an input from the multi-disciplinary team, and the whole assessment process takes several visits.

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Psychiatrists are rigorously trained to diagnose ADHD, prescribe and adjust medication dosages, and provide psychotherapeutic, trauma-informed treatment and care. The daily routine in a diagnostic process undertaken by a Child and Adolescent psychiatrist might, for example, also include attending school meetings and ensuring that relevant school supports are arranged for the student. It would be challenging for a GP to factor this level of care into their ADHD diagnosis and treatment.

Further, the Branch is concerned that risks associated with prescribing ADHD medications are insufficiently addressed in the current proposal. These risks include the potential of a stimulant-induced psychosis, adverse reactions where trauma is the underlying driver, cardiac complications, reduced bone density, and agitation and aggression. We note that the status of the shared-care prescribing model implemented as recently as December 2024 in the Monitored Medicines Prescribing Code is unclear. That Code references the RANZCP professional guidelines that the psychiatrist is in the best position to initiate medication for children and adolescents.

Community mental health services, both adult and child and adolescent, are likely to l face increased referrals and contact for support in diagnosis and management of ADHD when these pathways are implemented. The service system currently lacks this capacity. In this context, the best use of both specialist professions can be made through our collaboration and cooperation in diagnosing, treating and caring for people living with ADHD.

We understand that the Royal Australian College of Physicians (RACP) also has concerns about the program. Given sector concerns, we hope to work constructively with the government in the implementation of the trial, especially in the training of GPs. The Branch recommends a focused implementation committee of key stakeholders, including lived experience representatives, the RACGP, RANZCP, RACP, and the Australian Psychological Society.

The Branch also recommends that the government build into the program a systemic evaluation process including a framework to report against, which will then guide future decisions on the GP pathways.

I want to take this opportunity to wish you all the best on 8 March. If you wish to contact me to discuss these issues further, please do so by emailing Dr Jasmina Brankovich, Branch Policy and Advocacy Advisor, at jasmina.brankovich@ranzcp.org

Yours sincerely

Dr Murugesh Nidyananda
Chair, RANZCP Western Australia Branch Committee