



The voice of the
ADHD community.
Highlighting the
Gaps and Priorities for
People Living with ADHD
in Australia.



Under the radar

ADHD Australia
National Survey report
of Community Gaps
and Priorities





C O N T E N T S

About ADHD Australia	4	Priority gaps in the ADHD community	30	Priority gaps in managing the cost of ADHD	46
Acknowledgments	9	Priority gaps in caring for someone with ADHD	32	Annual spend on ADHD	47
Foreword	10	Priority gaps in schools	34	Support	48
Executive Summary	12	Priority gaps in finding the right medications and therapies	36	The impact of COVID-19	49
Next Steps	14	Priority gaps in managing ADHD	38	In Closing	52
About The Survey	16	Priority areas to focus on	40	Glossary and Abbreviations	54
Participant Summary	20	Financial burden	42	General	56
Challenges	24	Applying for financial support	44		
Priority gaps to address	28				



A B O U T U S

Who is ADHD Australia?

Established in 2014, ADHD Australia is a registered national, independent, non-profit organisation, committed to removing barriers to well-being for those living with ADHD. Among the key guiding principles of our founding directors was to be independent of all existing ADHD bodies, working closely with them to complement their existing advocacy and community support efforts.

Our Vision

To make Australia a better place for people living with ADHD.



Our Values

Collaboration

With an estimated 1 million Australians living with ADHD, being collaborative is the only way we will succeed. The whole is greater than the sum of its parts and we need to work together to create positive change. This doesn't mean that there isn't room for diversity of opinion or approach. We all have a role to play as the need is great. By working at the intersection between community, government, education, and the health sector, we can reduce stigma and isolation and create new opportunities and potential.

Respect

ADHD is a diagnosis that comes with community judgement and stigma and like many mental health conditions is an area where there is emerging information. We enter dialogue with respect, and an understanding that constructive dialogue is the way to change community attitudes.

Integrity

Having integrity means not only knowing, but always doing what's right – even when no one's looking. As an emerging organisation ADHD Australia has prioritised the need to remain positive, but to also stand up for what we believe is right.



Professionalism

We will operate in a professional manner and ensure that we meet the governance standards expected of us.

Transparency

We value open communication. We are transparent about our successes and failures. We will continue to remain focused on the end goal and the cause.

Accountability

We are accountable to each other, our supporters and the community to be a balanced voice for positive change.

How will we undertake the ADHD community priorities from this gaps survey?

We aim to create positive public awareness and improved understanding, through evidence-based information, which will reduce the stigma associated with ADHD. Our focus will be across the education and health related areas which will have the greatest positive impact. We will also partner with government and other like-minded organisations to fulfill our vision.



Acknowledgments

ADHD Australia would like to thank all those involved in 'Under the Radar: ADHD Australia National Survey Report: the voice of the ADHD community' (The Survey).

We had an overwhelming positive response that resulted in 1,616 individuals completing The Survey, which makes the results of our survey statistically significant and has enabled the gaps for the ADHD community to be identified. Thank you to all participants for your time and grace in sharing your experiences of living with ADHD.

ADHD Australia would like to also acknowledge the fantastic assistance that the ADHD Community Support Groups across Australia undertook in promoting and distributing the web links of The Survey to their members through their websites and social media channels. We also wish to acknowledge Takeda Pharmaceuticals whose financial support has enabled The Survey to be undertaken and the results analysed, reported and distributed.

ADHD Australia acknowledges the time and effort its volunteers, especially its board members, have given to develop, collate and project manage the many aspects of The Survey.

We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.

We commend this report to our stakeholders, government and communities as the voice of people living with ADHD in Australia today.

Foreword

ADHD is a common developmental disorder, which for many will last a person's whole lifetime. Whilst classification of ADHD is based on behavioural criteria, the disorder is biologically based, with strong genetic transmission. ADHD results in genuine disability, acknowledged by the educational, legal and medical communities.

What is of no surprise, for many living with and those working within the ADHD space, is that the 'ADHD Australia National Survey Report: the voice of the ADHD community' (The Survey) confirms the need for those living with ADHD to be more fully understood as individuals, and the need for more supports to be made available

in schools, in the workplace as well as in the home. The Survey also highlighted the need for the reduction in the stigma, across all age groups, which follows a diagnosis of ADHD.

Whilst we have been constantly reminded that there are some negative aspects related to living with ADHD, we must also make the public aware that there are some aspects of ADHD that are positive. At ADHD Australia we will continue to promote a balanced, and evidence based, view highlighting both the negative as well as the positive aspects of living with ADHD.

With sufficient government recognition and support, funding, diagnosis, medical care, parent and teacher education, cultural and attitudinal change within the wider community, a focus on inclusion, and specific adjustments at school, in the workplace and at home, we can change the trajectory that persons with ADHD face and achieve better life outcomes for those with ADHD and their families.

On behalf of all stakeholders in the ADHD community and the ADHD Australia board, we support the findings of The Survey and will be using the results, with further funding, to focus on what ADHD Australia will be undertaking as priority projects in the coming years. We will continue to advocate for positive change.



Michael Kohn

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Len Russell

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CEO, ADHD Australia

Executive Summary

About ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a complex neuro-developmental disorder which affects a person's ability to exert age-appropriate self-control. It is characterised by persistent patterns of inattentive, impulsive, and sometimes hyperactive behaviour, and is frequently accompanied by emotional regulation challenges. While commonly thought of as a childhood condition, affecting 4%–7% of children, ADHD affects about 2.5% of adults as well.¹

Purpose

The 'ADHD Australia National Survey Report: the voice of the ADHD community' survey and report (The Survey) aims to identify and clarify the key issues faced by people living with ADHD at all levels, geographically and demographically, and their carers, to provide ADHD Australia with the foundation on which to build a strategic work plan and guide engagement.

Survey Participants

In 2020, 1,616 respondents participated in The Survey, representing a wide range of ADHD community perspectives. The three primary groups were parents of children with ADHD 54.4% (879), adults with ADHD 18.1% (293), and adults with ADHD and a child with ADHD 14.7% (238).

Key Findings

The Survey was designed to establish community need and priority in the areas of overall challenges and gaps for the ADHD community, carers, school, finding the right medications and therapies, managing ADHD, adults with ADHD. It also explored the financial burden of ADHD and the impact of COVID-19 for families with a child with ADHD. Among many priorities, three key areas of concern stood out in The Survey results:

• The cost of life of living with ADHD.

Respondents cited that ADHD had a "huge financial cost". Financial burdens ranged from medication and medical related services to managing additional school costs for children with ADHD. There were also implications for earning power and spending due to ADHD affecting work, and the impact of ADHD on financial skills like budgeting. Average annual spend on ADHD ranged from \$2,188.81, for young people with ADHD (under 26), and went as high as \$6,672.45 for adults with ADHD and a child with ADHD. While bearing this financial burden, the ADHD community currently cannot seek support from the NDIS, as it does not fund ADHD as a primary disorder, though funding may be received for a coexisting condition.

• The need for schools to truly accommodate, empathise with and understand children with ADHD, to help them meet the unique challenges they face.

Parents' top priority in caring for someone with ADHD was getting support such as from schools, doctors and others. There was also a need to better equip teachers, schools and other parents to support a child with ADHD and understand ADHD-related behaviour. Participants believed that children with ADHD need support in dealing with their mental wellbeing (74.8%) and help with developing social skills and friendships (66.1%), alongside the school resourcing to support the child academically (65.8%). The challenges of ADHD can continue into adulthood, so support for these children could have a lasting impact on their future lives.

• The need for awareness and understanding of the challenges people at all ages with ADHD face in day-to-day aspects of work, social and family life.

Many participants called out the stigma that people with ADHD face on a daily basis, in various aspects of their lives. For all of The Survey participants, the number

one difficulty in regards to ADHD was the everyday living challenges of living with the condition (60.3%). These included, but were not limited to, the challenges of living with one or more co-existing condition, dealing with the impact of ADHD on employment, the impact of ADHD on social and relationship matters, and the impact on the family unit. These challenges were exacerbated by a lack of awareness and understanding in the general Australian population about the ADHD community and their needs. Addressing other people's understanding of the impact of ADHD was a priority gap to address for The Survey participants (70.7%).

Funding is essential to establishing all three priority areas above. Funding for families of children with ADHD and individuals with ADHD; funding school support and resourcing; and funding to raise awareness of ADHD.

1. Katzman MA et al. BMC Psychiatry 2017;17:302. (Katzman 2017 - pdf p2, c1, para3, line1 - pdf p2, c2, para2, lines1-2)

Next Steps

ADHD Australia are utilising these, and other, findings to shape its strategic work plan for the next three to five years, as well as guide engagement, communications and lobbying. While the work plan will build from The Survey results, this report will assist in communicating the community needs and priorities with corporates, individual and Government to garner support and further our cause.

It is our hope that the information brought to light through The Survey will be of continual benefit to the ADHD community, by highlighting the need for greater support, research, acceptance and understanding from the general public, parents and teachers, the healthcare professional community, and the Australian Government.





T H E S U R V E Y

About The Survey

Background

The Survey aims to identify and clarify the key issues faced by the ADHD community at all levels geographically and demographically. The Survey and this report are designed to establish community need and priority to provide ADHD Australia with the foundation on which to build a strategic work plan for the next three-to-five years as well as guide engagement, communications and lobbying.



Participants

In 2020, 1,616 respondents participated in The Survey, representing a wide range of ADHD community perspectives. The primary groups were My child has ADHD 54.4% (n=879), I am an adult with ADHD 18.1% (n=293), I am an adult with ADHD and have a child with ADHD 14.7% (n=238), I am a young person with ADHD (under 26) 4.3% (n=69) and I am a health professional working in the area of ADHD 3.1% (n=50).

Areas of focus

The Survey was designed to establish community need and priority in the areas of overall challenges and gaps for the ADHD community, carers, school, finding the right medications and therapies, managing ADHD, adults with ADHD. It also explored the financial burden of ADHD and the impact of COVID-19 for families with a child with ADHD.

Methodology

ADHD Australia drew on a number of groups to create The Survey's set of questions. Many of those who assisted have lived experiences of ADHD, include a number of clinicians as well as selected individuals who have a direct and personal lived experience and understanding of ADHD. The Survey was open to responses for a three-week period commencing 4th June 2020 and concluding on 24th June 2020. The Survey link was distributed to various ADHD support groups throughout Australia (as listed on the ADHD Australia Supporter website page, adhdaustralia.org.au/resources/support-groups/) and then forwarded via their respective online channels, such as Facebook, and through their direct emails to their members/subscribers. ADHD Australia directly promoted The Survey through its own Facebook page, via direct emails to its newsletter subscriber base as well as listing an article and link to The Survey on its website.

This report






This report contains an executive summary, and a summary of findings for various subgroups of the participant cohort. Not all respondents answered all survey questions; percentages are calculated for the total participants belonging to the group/subgroup. Care needs to be taken when interpreting and generalising the results for certain States and/or Territories and subgroups (e.g. Aboriginal and Torres Strait Islanders) due to the small sample size. The majority of survey participants were parents of children with ADHD, and therefore this perspective may be over-represented in the results of the cohort as a whole. We recognise that the measures in this report reflect only part and not the whole story of the challenges facing the ADHD community, and represent the accumulation of self-reported impressions.

Survey quotes

This report includes direct quotes from The Survey open-response questions throughout, to provide a more personal perspective on the themes discussed. These quotes are the personal opinions of people in the ADHD community and were not modified, except to remove identifiable terms.

Participant Summary




Table 1

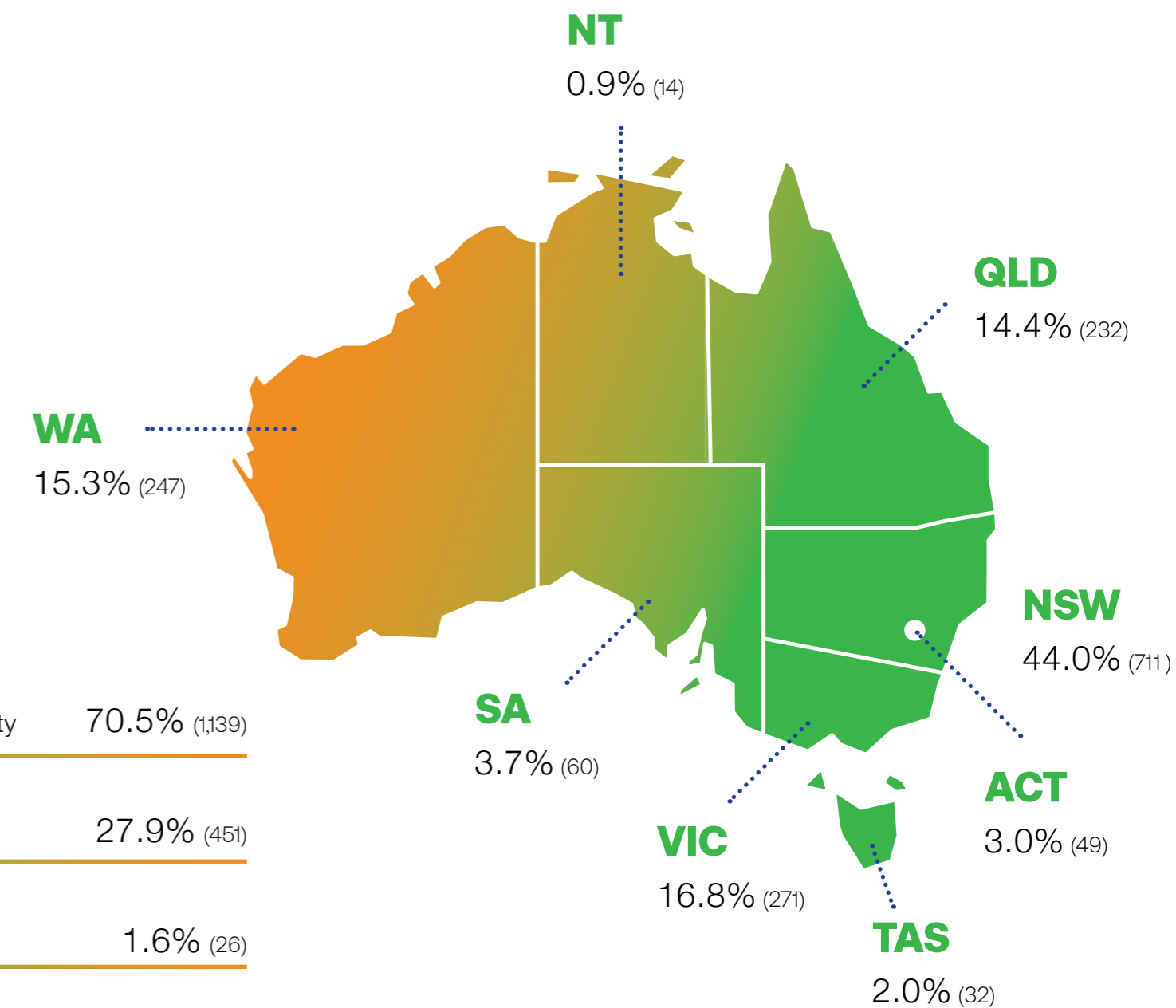
	My child has ADHD	54.4% (879)
	Adult with ADHD	18.1% (293)
	Adult with ADHD and have a child with ADHD	14.7% (238)
	Young person with ADHD (under 26)	4.3% (69)
	Health professional working in the area of ADHD	3.1% (50)

Other participants (5.4%) in The Survey included teachers, grandparents of children with ADHD, family members and other advocates of the ADHD community.

Where were participants from?

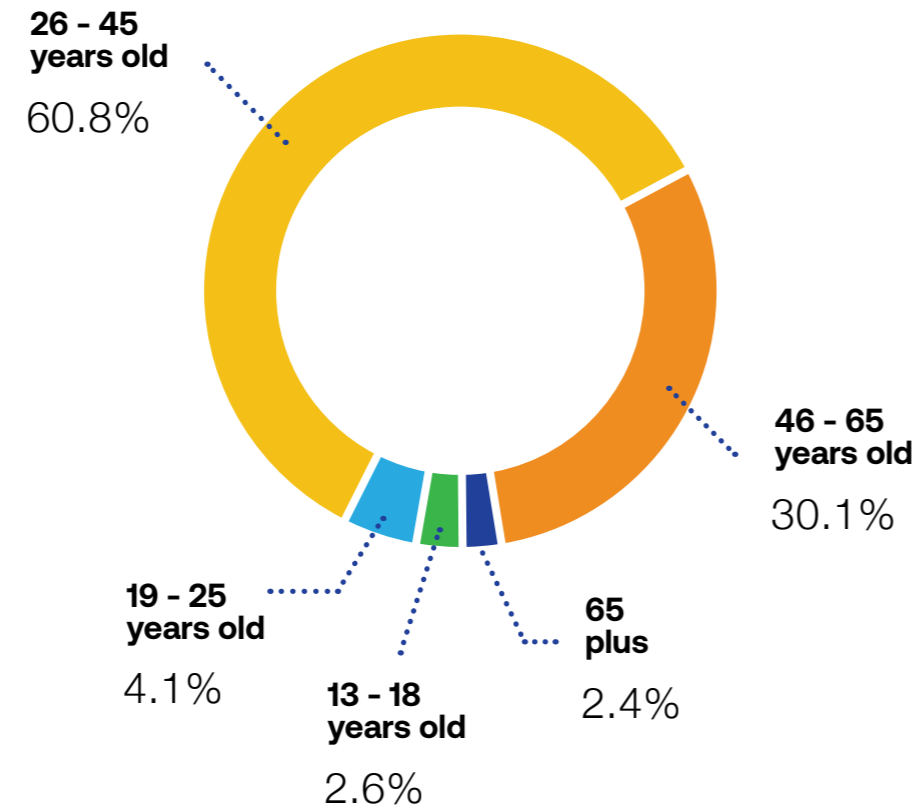
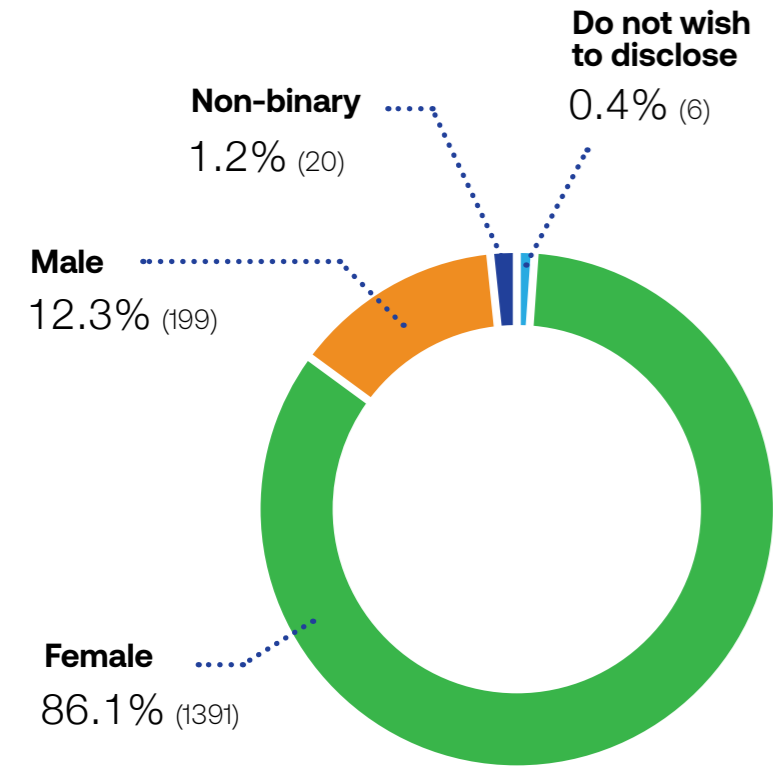
Table 2 / Chart 1

	Capital or major city	70.5% (1,139)
	Regional	27.9% (451)
	Remote	1.6% (26)



Participant Profile

Chart 2



As a separate subgroup of the participants we acknowledge participation from Aboriginal and/or Torres Strait Islander community of 2.8% (45)



Challenges

“...People not understanding how varied the symptoms are and how they impact every area of life and just how hard things can be.”

What is most difficult?

Participants were asked to choose the top three things that have been the most difficult for themselves in regards to ADHD.



Adults with ADHD

Four in five (79.9%) adults with ADHD selected everyday living challenges with ADHD as a top difficulty for themselves. More than three in five (65.2%) chose work being impacted by ADHD and 40.6% chose the financial cost of ADHD.



Young people with ADHD (under26)

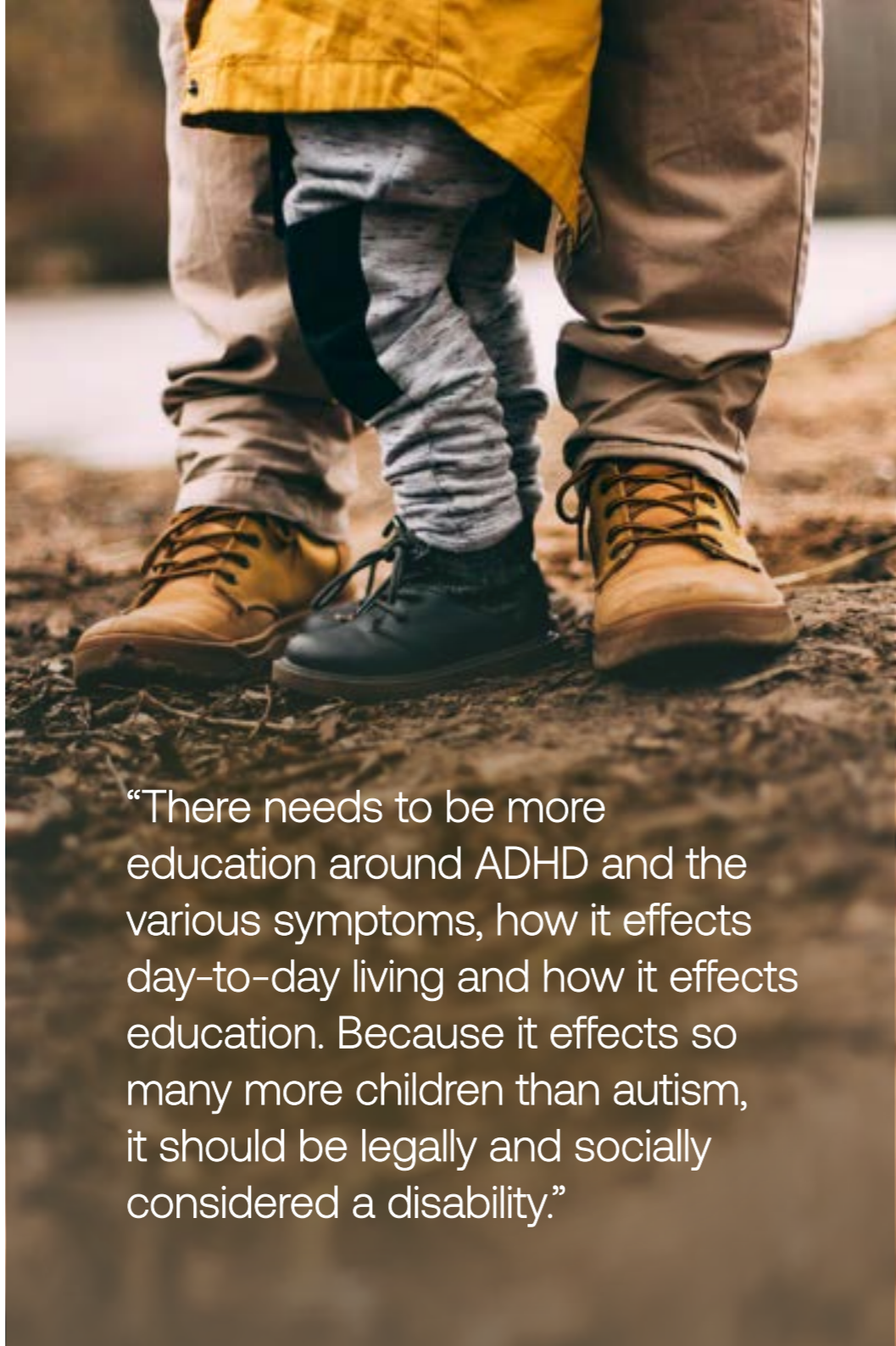
Similarly, more than four in five (84.1%) of young people with ADHD selected everyday living challenges with ADHD as a top difficulty. With about half choosing work being impacted by ADHD (53.6%) and finding the right medications and therapies (49.3%).

“...There needs to be awareness that it’s not just a childhood issue but follows many people into their adult life.”



Carers of children with ADHD

Nearly three quarters (74.4%) of parents of children with ADHD thought schooling a child with ADHD was their most difficult challenge. Coming neck-and-neck for the second and third on their list were everyday living challenges with ADHD (53.0%) and caring for or living with someone with ADHD (52.2%).



“There needs to be more education around ADHD and the various symptoms, how it effects day-to-day living and how it effects education. Because it effects so many more children than autism, it should be legally and socially considered a disability.”



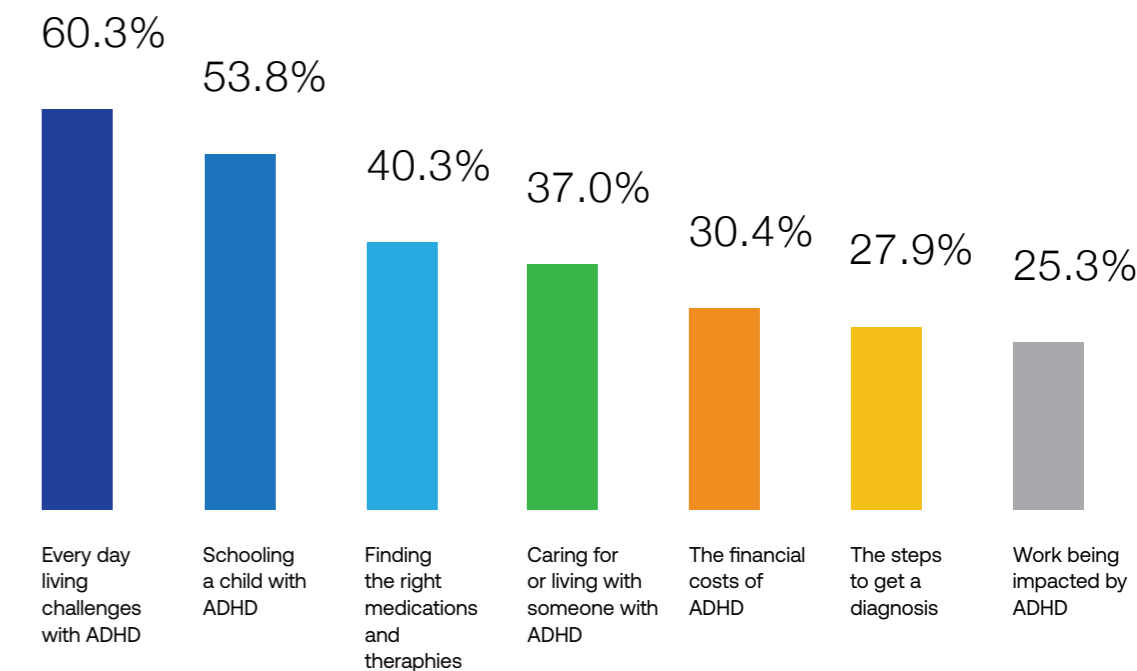
Aboriginal and Torres Strait Islanders

Difficulties for Aboriginal and Torres Strait Islander participants in The Survey were consistent with the overall participant cohort with their top three difficulties being everyday living challenges with ADHD (64.4%), schooling a child with ADHD (60.0%) and finding the right medications and therapies (53.3%).



Top difficulties in regards to ADHD for all participants

Chart 3





P R I O R I T I E S

Priority gaps to address

73.9%

Most participants believe education on ADHD for patients, carers, doctors and educators needs to be addressed.

Priority gaps in the ADHD community

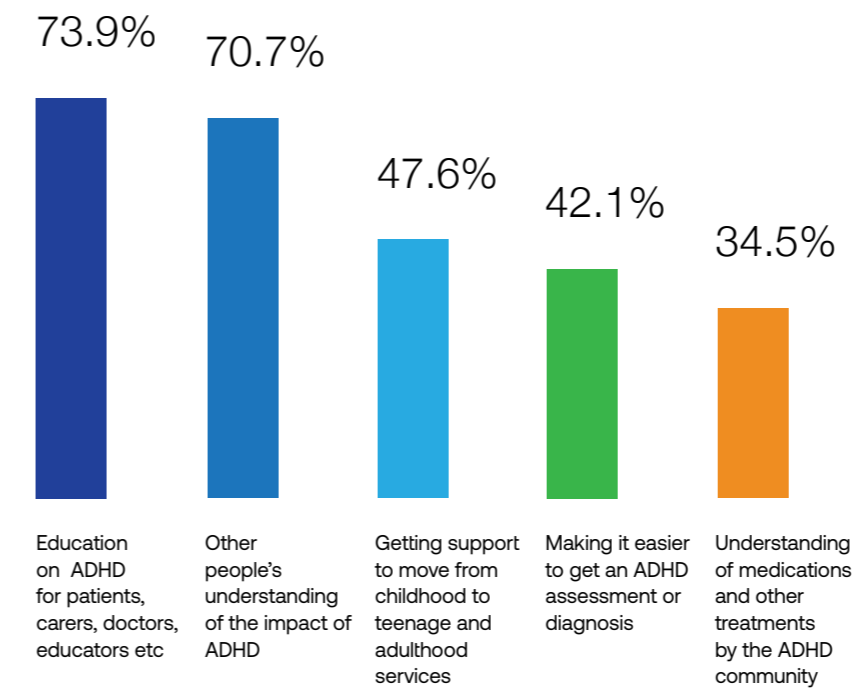
Participants were asked to choose the top three priority areas to focus on in regards to the ADHD community.

Priorities were relatively consistent between participant subgroups (young person with ADHD, parent of a child with ADHD, etc.) with the exception of healthcare professionals working in the area of ADHD. For this group, their three highest priorities in the ADHD community were Education on ADHD for patients, carers, doctors, educators etc. (74.0%), getting support to move from childhood to teenage to adult services (64.0%) and making it easier to get an ADHD assessment or diagnosis (64.0%).

“...I wish people had the information to understand it”

Priority gaps to address in the ADHD community for all participants

Chart 4



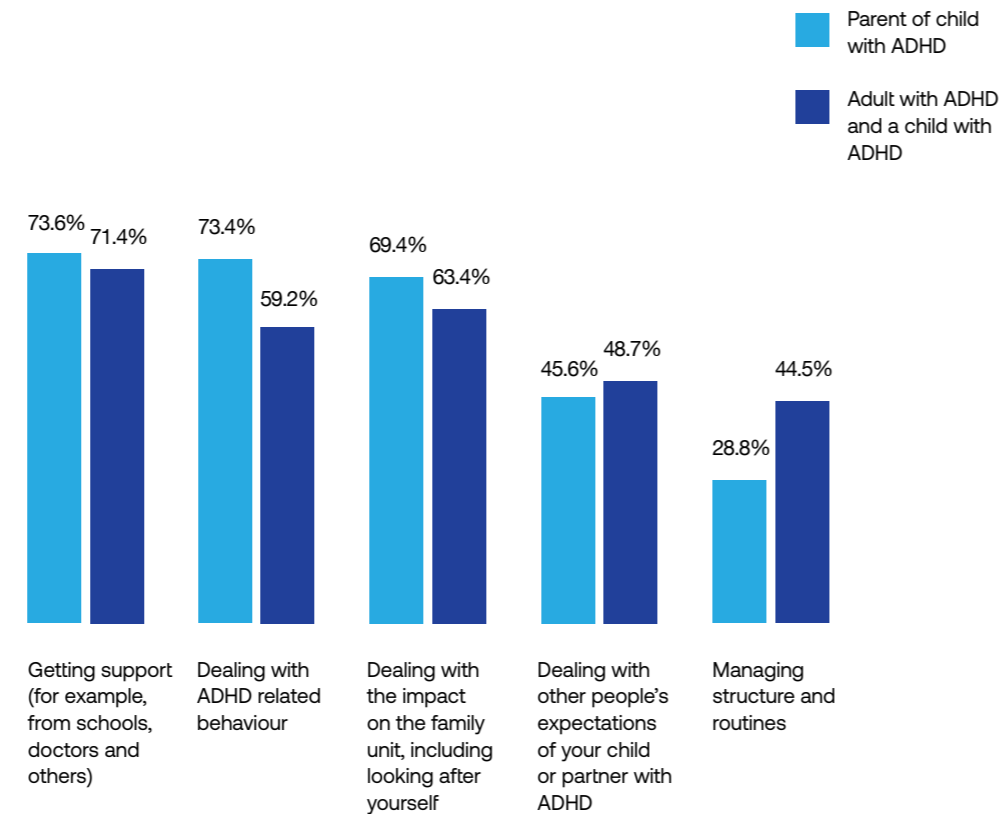
“Understanding is something that we don't have. Public, professionals, school staff. School staff don't appear to have any basic knowledge and often escalate children to point of meltdown”

Priority gaps in caring for someone with ADHD

Parents with a child with ADHD and Parents with ADHD and a child with ADHD were asked what they believe the three priority areas to focus on in caring for someone with ADHD. Priorities were relatively consistent for these groups, although dealing with ADHD-related behaviour was a lower priority (59.2% vs 73.4%) and managing structures and routines a higher priority (44.5% vs 28.8%) for the adults with ADHD and a child with ADHD compared to the parents of a child with ADHD.

Priority gaps to address in caring for someone with ADHD as determined by parents with a child with ADHD

Chart 5



“I feel there isn’t enough support or training for teachers or [School Learning Support Officers] in schools for ADHD or behaviour and education of the effects of medications. I find kids with ADHD quite often get ignored or put in the too hard basket. Sometimes I feel there needs to be a separate style of learning and school for ADHD. More cross communication between medical professionals is needed and more advice, respite and education for parents struggling are needed.”

Priority gaps in schools

Participants were asked when it comes to schooling a child with ADHD, what the three priority areas were to focus on in schools. Priorities were consistent amongst most groups, with dealing with the mental wellbeing of a child with ADHD chosen as a paramount priority (74.8%).

9 in 10

Younger people with ADHD (under 26) believed we should focus on 'dealing with the mental wellbeing of a child with ADHD in schools' (89.9%).

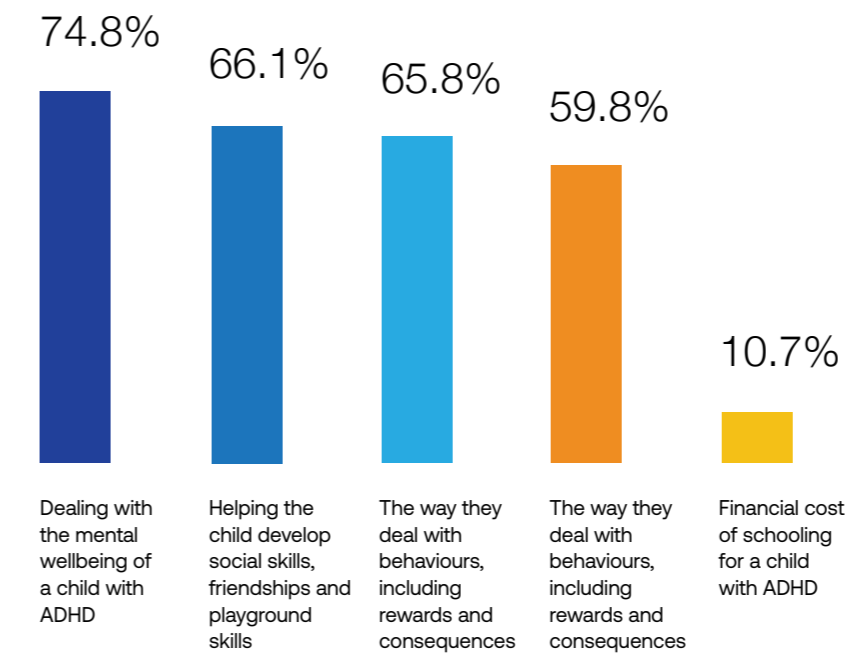
Nearly 8 in 10

Health professionals working in the area of ADHD think we should focus on 'the way schools deal with behaviours, including rewards and consequences' (78.0%).

"Impact on child's confidence, social skills and emotional wellbeing is so important, importance of a mentor"

Priority gaps to address in schools in schooling children with ADHD for all participants

Chart 6



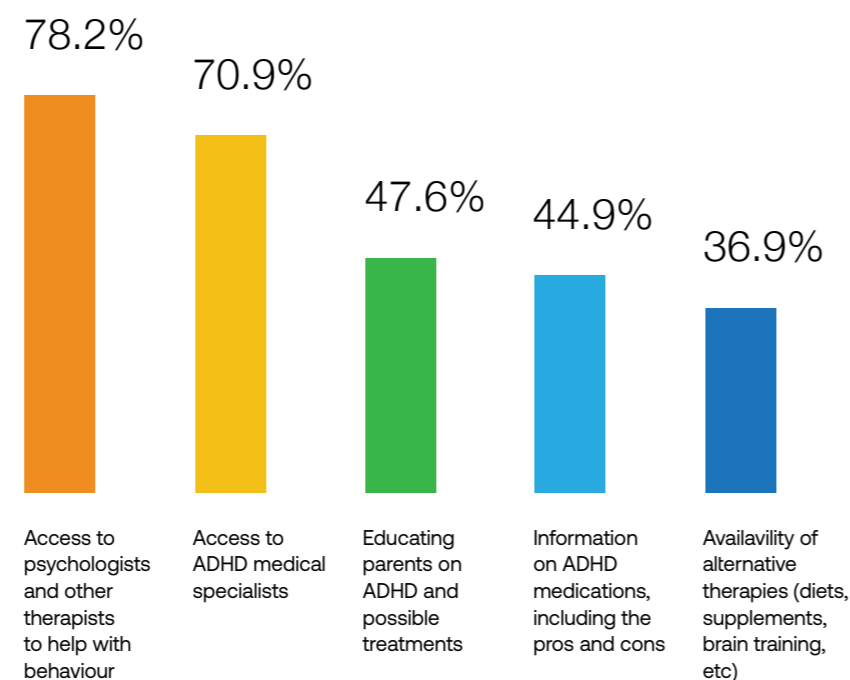
"Social groups are needed for kids to learn how to interact appropriately. And all the way through schooling."

Priority gaps in finding the right medications and therapies

Participants were asked what the priority areas to focus on in finding the right medications and therapies. The majority (78.2%) believe we need to focus on improving access to psychologists and other therapists to help with behaviour. This is even more of a priority for health professionals working in the area of ADHD (86%). Compared to the entire participant cohort, more young people with ADHD (under 26) think we should focus on information on ADHD medications, including the pros and cons (60.9% vs 44.9%).

Priority gaps to address in finding the right medications and therapies for all participants

Chart 7



“There does not seem to be easy access to doctors for example my [young adult] son is currently experiencing what I would call a crisis and is spiraling out of control, he has way too much going on in his life and is burnt out. He doesn’t recognise this so he’s reluctant to seek help. However, it’s difficult to get a referral and or an appointment for him to be seen, the wait period for an appointment can be 2–5 months, with a psychiatrist or psychologist.”

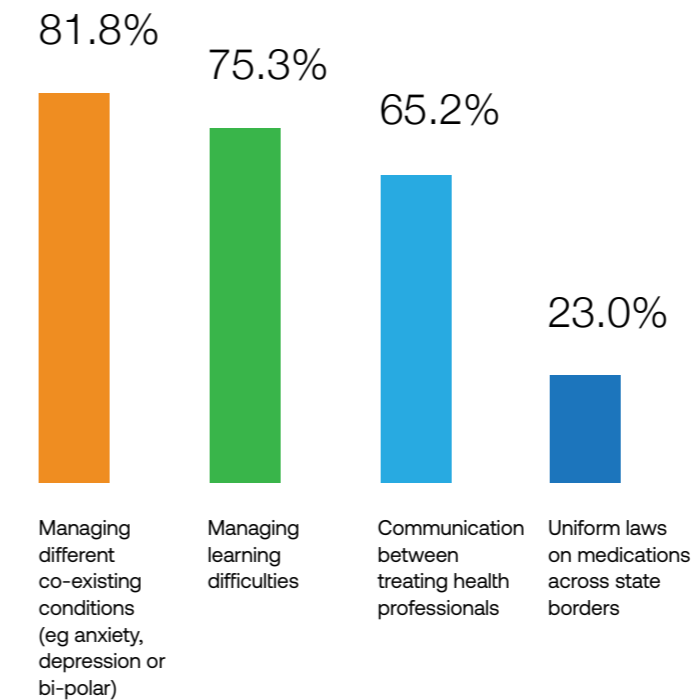
Priority gaps in managing ADHD

Participants were asked what the three priority areas in managing ADHD were to focus on. Across all groups, managing different co-existing conditions was the top priority (81.8%). This was an even higher priority for health professionals working in the area of ADHD (96.0%). Uniform laws on medications across state borders was more important to adults with ADHD compared to the rest of the participant cohort (35.2% vs 23.0%). Please note that some people with ADHD had several other conditions they lived with.

“Most patients with ADHD have other mental health issues, which are compounded by ADHD, which is compounded by additional issues, etc. My biggest challenge has been accessing/finding psychologists or counsellors who treat co-morbid conditions (eating disorder and past trauma) who have specialised in a treatment modality outside of CBT talk therapy AND have significant knowledge/understanding of ADHD, specifically ADHD medications.”

Priority gaps to address in managing ADHD for all participants

Chart 8



Other Conditions

Table 3

The most common conditions that people with ADHD reported, or parents reported on behalf of their child with ADHD, in this survey were:

1) Anxiety / generalised anxiety disorder	(31.1%, 502)
2) Autism spectrum disorder	(20.5%, 331)
3) Depression	(11.8%, 190)
4) Dyslexia / dysgraphia / dyscalculia	(11.1%, 179)
5) Oppositional defiant disorder	(9.6%, 155)

Studies show that 70% of those with ADHD have at least one other coexisting condition².

Spencer T et al. Pediatric Clinics of North America 1999;46(5):915-927.

Priority areas to focus on

Table 4

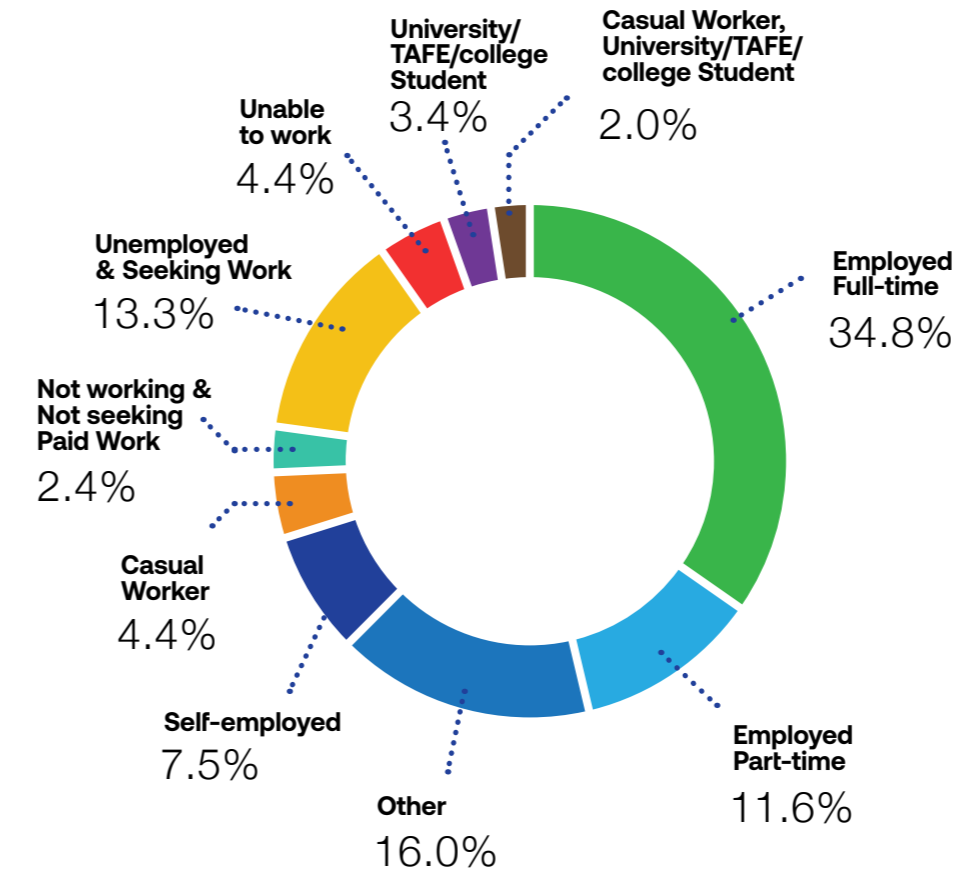
Adults with ADHD were asked what their three priority areas to focus on.



	Dealing with the impact on employment	57.7%
	Managing social and relationship matters	56.3%
	Improving your organisation skills (staying organised)	53.9%
	Self-esteem and feeling good about yourself	54.9%
	Getting help from medical and associated professionals, adult education providers, workplaces, community etc.	49.8%
	Dealing with legal issues	4.4%

Employment of adults with ADHD

Chart 9



“The stigma of ADHD discourages letting people know. Work and relationships are made difficult due to not feeling comfortable disclosing and yet the right information and understanding would make a massive difference”

“[We need] Flexible working arrangements to help manage ADHD”



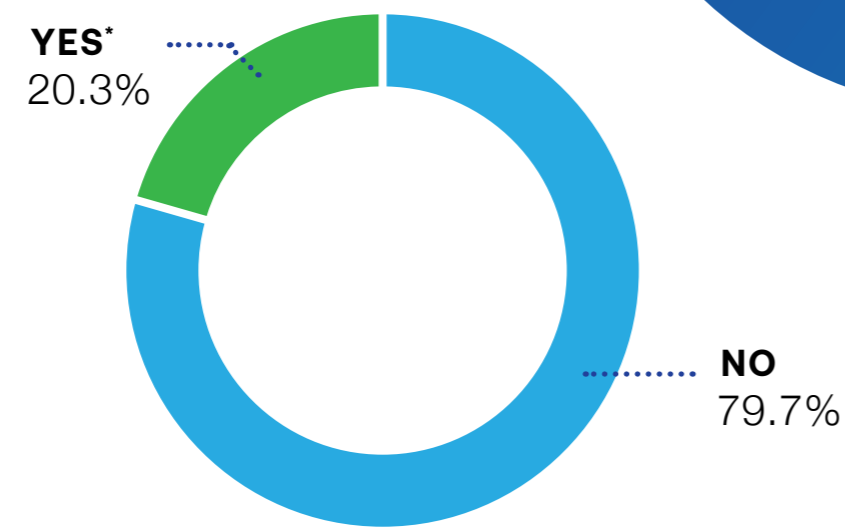
F I N A N C I A L
B U R D E N

Applying for financial support

Participants were questioned about their financial support and burden. When asked if they had applied for funding for themselves or someone with ADHD, the vast majority (79.7%) had not. This was even more evident for young adults with ADHD (under 26) and adults with ADHD (95.7% and 93.5%, respectively). Health professionals working in the area of ADHD had the most experience of all with applying for financial support, with 40% having applied in the past.

Have you applied for funding for yourself or someone with ADHD?

Chart 10



The most popular reasons for not applying:

- I'm not eligible / not applicable
- I didn't know I could

“[We need] for ADHD to be acknowledged and accepted as a medical condition and allow and allocate funds to support people who have ADHD as it has a huge financial cost”

1 in 70

Only 1 in 70 (1.4%) adults with ADHD receives financial support from the NDIS*

“Paediatricians and doctors [should] provide information about support groups, access to funding NDIS, health care plans etc., it is only through my work with therapy services and completing this service that I realised that financial funding could be sought”*

More about those who did receive NDIS funding

Looking more particularly at those who had received NDIS funding, only 1 in 20 (14.8%) parents of children with ADHD had received funding for issues related to ADHD, for their child.*

This was ten times more than the number of adults with ADHD who had received NDIS financial support for themselves (1.4%).*

Special Note

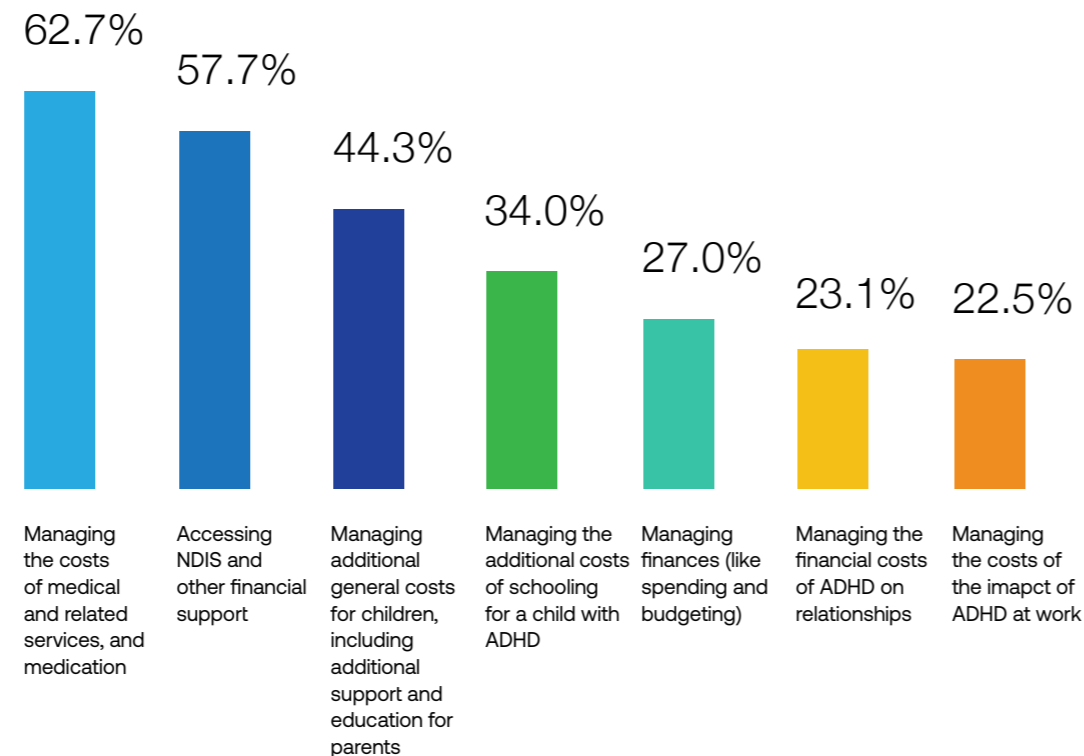
*NDIS does not fund ADHD as a primary disorder. Funding may be received for a coexisting condition.

Priority gaps in managing the cost of ADHD

Participants were asked their top three priorities in managing the cost of ADHD. Most important to the participants was managing the costs of medical and related services and medication (62.7%) with accessing NDIS and other financial support also highly important (57.7%). When looking at variation from the overall cohort: managing finances (like spending and budgeting) was much more important to young people with ADHD (56.5% vs 27.0%); managing the costs of the impact of ADHD at work was important to adults with ADHD (50.5%); and managing the financial costs of ADHD on relationships was more important to participants in SA (35.0% vs 23.1%).

Priority gaps to address in managing the cost of ADHD for all participants

Chart 11



7 in 10






Aboriginal and Torres Strait Islander participants prioritise 'accessing NDIS and other financial support.' (71.1%)

Annual spend on ADHD

Table 5

Participants were asked to estimate their annual spend on ADHD.

The average amounts were:

	I am an adult with ADHD and have a child with ADHD	\$6,672.45
	My child has ADHD	\$5,543.69
	I am an adult with ADHD	\$3,401.01
	I am a young person with ADHD (under 26)	\$2,188.81
	I am a health professional working in the area of ADHD	\$2,548.08

"My son is now in Year 11. The school system, both public and private, have never provided support. I had to pay to have a support teacher in class... I spent thousands of dollars taking my son to different counsellors but their professional, educated knowledge of ADHD, was not helpful..."

Support

Table 6

Participants were asked what their three **best sources** of support for ADHD were:

	Doctors and other health professionals	63.8%
	Find it hard to get support	34.4%
	Family and friends	34.0%
	Facebook groups	33.6%
	ADHD support groups	31.9%
	Website information	29.1%
	Does not get any support	10.9%
	Other social media	5.0%
	Traditional media	0.4%



The impact of COVID-19

Parents of children with ADHD were asked about the impact of COVID-19 on their family during the lockdown period. Responses were highly variable, with some families thriving under the new conditions and others struggling harder than ever.

Negative and Positive responses to the impact which the Covid-19 lockdown had on adults and children

Table 7

Survey question asked:	NO RESPONSE	YES RESPONSE
Children have done well in homeschooling	52.7%	36.6%
Children's anxiety increased	40.8%	52.4%
Adult's anxiety increased	18.7%	64.7%
Children's behavioural issues increased	43.5%	51.2%
Children's behavioural issues decreased	62.2%	29.1%
Children want to take meds	30.7%	51.6%
Adults want to take meds	17.2%	15.6%
Children seem/are more depressed	54.9%	34.4%
Adults seem/are more depressed	25.8%	38.6%
Children seem happier than usual	58.1%	32.8%
Adults seem happier than usual	53.4%	12.2%
Adults have often felt overwhelmed	11.5%	68.5%

Please note that not all parents answered, thus totals will not add up to 100%.

The impact of COVID-19

1 in 2

52.7% of children with ADHD did well in homeschooling.

“Remote schooling was so much better – children could work in own time and space at their own pace. They also had access to 1 on 1 (me) to help scaffold and explain instructions.”

“It’s been a living hell with no escape or support I’m mentally exhausted.”

7 in 10

68.5% of parents of children with ADHD felt overwhelmed in COVID-19 lockdown.

3 in 10

29.1% of children with ADHD had decreased behavioural issues in the COVID-19 lockdown

“Seem to have more control over ADHD behaviour as he seems better while we are around at school they don’t seem to control his behaviour as much.”

5 in 10

52.4% of children had increased anxiety in COVID-19 lockdown

“The children suffered more anxiety as there was more written and reading work and less visual learning. The work was not structured enough and only had Zoom (face to face) interaction once a week.”

In Closing

ADHD Australia aims to make Australia a better place for all people living with ADHD and their carers. The Survey provides us with the voice of the community, bringing to light the issues and concerns they need more help with. Armed with these insights, we can now focus our organisation's efforts directly on the priorities of the ADHD community, itself.

Three key areas of concern stood out in The Survey:

- **The cost of life of living with ADHD.**
- **The need for schools to truly accommodate, empathise with and understand children with ADHD, to help them meet the unique challenges they face.**
- **The need for awareness and understanding of the challenges people at all ages with ADHD face in day-to-day aspects of work, social and family life.**

Funding is essential to establishing all three of the above. Funding for families of children with ADHD and individuals with ADHD to help them financially meet the costs of living with ADHD; funding school support; and funding to raise awareness of ADHD. Ironically, The Survey also exposed significant gaps in funding.

ADHD Australia are utilising these, and other, findings to shape its strategic work plan for the next three to five years, as well as guide engagement, communications and lobbying. ADHD Australia is keen to ensure future work plans are embedded in the needs of its community and build strategically over time to ensure a sustainable and consolidated approach to achieving improved outcomes for those living with ADHD. While the work plan will build from The Survey results, this report will assist in communicating the community needs and priorities with corporates, individual and Government to garner support and further our cause.



It is our hope that the information brought to light through The Survey will be of continual benefit to the ADHD community, by highlighting the need for greater support, research, acceptance and understanding from the general public, parents and teachers, the healthcare professional community, and the Australian Government.

Glossary and Abbreviations

Attention-Deficit / Hyperactivity Disorder (ADHD): A mental health disorder that can cause above-normal levels of hyperactive and impulsive behaviours. People with ADHD may also have trouble focusing their attention on a single task or sitting still for long periods of time. Both adults and children can have ADHD.

Autism spectrum disorder (ASD): A complex developmental condition that involves persistent challenges in social interaction, speech and nonverbal communication, and restricted/repetitive behaviours. The effects of ASD and the severity of symptoms are different in each person.

Cognitive behavioural therapy (CBT): A form of psycho-social intervention that aims to improve mental health. It has been demonstrated to be effective for a range of problems including depression and anxiety.

COVID-19: The infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally. Australia has implemented various community restrictions to prevent the spread of COVID-19, such as “social distancing”.

Dyscalculia: A term referring to a wide range of difficulties with maths, including weaknesses in understanding the meaning of numbers, and difficulty applying mathematical principles to solve problems. Dyscalculia is rarely identified early.

Dysgraphia: A term referring to the language-based difficulties involved in constructing meaningful and effectively structured expressive writing and ongoing weaknesses in spelling and punctuation that affect a student’s capacity to express their ideas with clarity.

Dyslexia: A type of specific learning difficulty (SLD) in which the person has difficulties with language and words. The term dyslexia, although still used by some, is generally felt to be too narrow and SLD is often used to describe these learning difficulties. This is because the learning difficulties are usually broader than just reading difficulties; most people with SLD also have difficulty with spelling.

Generalised anxiety disorder (GAD): Excessive anxiety and worry, occurring more days than not for at least six months. Worries are often about a variety of minor issues and events that are unlikely to occur. Generally, the worries are future oriented – about what might happen rather than what is happening. Even when there is no cause for alarm, a person with GAD might worry about health, finances, family issues, and work or study performance.

Intelligence quotient (IQ): A total score derived from a set of standardized tests or subtests designed to assess human intelligence

National Disability Insurance Scheme (NDIS): Funding scheme for eligible Australians who have permanent and significant disability.

Oppositional defiant disorder (ODD): A repetitive and persistent pattern of opposition, defiant, disobedient and disruptive behaviours towards authority figures persisting for at least 6 months.

This report is has been prepared by Saatchi & Saatchi Wellness and designed by Francisco Neto from information which was gathered as part of ADHD Australia's community survey in June 2020. This report is intended to highlight and give insight into the gaps and the needs of the ADHD community within Australia at a specific point in time.

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ADHD Australia Limited (2020),
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the voice of the ADHD community'



The voice of the ADHD community.
Highlighting the Gaps and Priorities for People Living with ADHD in Australia.

Under the radar

ADHD Australia
National Survey report
of Community Gaps
and Priorities

