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s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023019935

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) transferred from Whaikaha – Ministry for Disabled People to Manatū Hauora (the Ministry of Health) on 7 February 2023, seeking information regarding attention deficit hyperactivity disorder (ADHD or aroreretini in te reo Māori). I will respond to each part of your request in turn:

1. Is ADHD officially a disability in New Zealand? If not, why?

The New Zealand Government endorses the social model of disability¹ which notes that while a person may have an impairment, it is their interaction with society that creates disability. This understanding of disability aligns with the United Nation Convention on the Rights of Persons with Disabilities (which New Zealand ratified in September 2008) and encompasses all people 'who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.²

ADHD may therefore be considered an impairment leading to disability alongside other neurodevelopmental disorders (such as autism, for example) and other mental health conditions.

2. What disability funding is available to someone who has ADHD?

There are a range of publicly funded supports for ADHD, which include paediatric outpatient and child development centre services. Children and adolescents with ADHD presenting with additional complexities or other co-morbid mental health conditions are likely to be assessed and treated in Infant, Child and Adolescent Mental Health Services (ICAMHS).

Treatment of ADHD in children and adolescents includes a range of clinical interventions including the prescription of stimulant medications alongside other options aimed at helping children and their whānau such as positive parenting programmes, home and school strategies, and counselling.

¹ New Zealand Disability Strategy <https://www.odi.govt.nz/nz-disability-strategy/>

² United Nations Convention on the Rights of Persons with Disabilities (CRPD) - Purpose

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>

Adults with ADHD may be referred to publicly funded specialist Adult Mental Health Services. However, I acknowledge that these services are under significant pressure, and specialist mental health and addiction services are funded to support people with the highest mental health and addiction needs. Many people experiencing ADHD do not meet this threshold for access which results in people seeking a private psychiatrist.

A small number of people with ADHD receive support through Disability Support Services which can include support packages and individualised funding.³ Note that funding for Disability Support Services has shifted from Manatū Hauora to Whaikaha – Ministry of Disabled People following the health and disability system reforms that took effect in July 2022.

There is government support accessed through Work and Income New Zealand that a child or adult experiencing ADHD may be eligible for including the Child Disability Allowance⁴ or the Disability Allowance.⁵

There are a range of supports available for people who experience ADHD. In addition to the prescription of medications, people can access support through GP practices and primary mental health practitioners that now sit in over 400 practices around the country. People are also able to seek support through a range of online and telehealth options such as the 1737 helpline and the free Groov App.

Schools and education settings have access to resources for children who may require additional support with their learning.⁶ Additionally, teachers have access to guidance to support their students who may experience ADHD.⁷ You may wish to contact the Ministry of Education directly for more information on learning support for students at: www.education.govt.nz/our-work/our-role-and-our-people/contact-us/.

3. How many people are diagnosed in NZ with ADHD during 2020, 2021 and 2022? And how many of those people are Māori?

Manatū Hauora does not hold complete diagnosis data for ADHD in New Zealand. As such, this part of your request is refused under 18(g) of the Act. The Programme for the Integration of Mental Health Data (PRIMHD) contains data for a subset of people diagnosed with ADHD who are seen in publicly funded specialist mental health and addiction services. PRIMHD does not have details for those seen only in primary or private health services.

There is a lack of up-to-date epidemiological data on the prevalence of ADHD in New Zealand. This can make it challenging to understand the level of need for support for ADHD in New Zealand. Evidence suggests that the prevalence of ADHD in children and adolescents internationally is 5–8% and in Australia is between 6–10%.

Data from the New Zealand Health Survey shows that the number of children aged 2 to 14 years whose parents report a diagnosis of ADHD fluctuates between 1.5% and 3% yearly. The New Zealand Health Survey does not collect data on young people and adults 15 years and over who are diagnosed with ADHD. Please refer to Appendix 1 for further information.

4. What research has been conducted about diagnoses in children under the age of 5?

Manatū Hauora does not hold any information on research conducted on diagnosis of ADHD in children under the age of 5. As such, this part of your request is refused under 18(g) of the Act.

³ <https://www.health.govt.nz/publication/demographic-report-disabled-people-accessing-manatu-hauora-ministry-health-disability-support>

⁴ <https://www.workandincome.govt.nz/products/a-z-benefits/child-disability-allowance.html>

⁵ <https://www.workandincome.govt.nz/products/a-z-benefits/disability-allowance.html>

⁶ <https://www.education.govt.nz/school/student-support/special-education/>

⁷ <https://inclusive.tki.org.nz/guides/adhd-and-learning/>

Whāraurau are the child and adolescent mental health workforce development centre, and their website has information and research relating to many child and adolescent conditions including ADHD. This can be accessed here: <https://wharaurau.org.nz/resources/publications/attention-deficit-hyperactivity-disorder-adhd>.

5. What support is available for children (aged under 5) with suspected neurodiversity? Is there any support for their family?

The period of development for children under the age of five is one of the most crucial periods in a child's life. Many children may experience developmental concerns including sleep problems, toilet training difficulties, and/or motor and speech delays, as well as symptoms that may indicate a neurodevelopmental condition like ADHD. It is important that children and whānau can access appropriate assessment and support for any developmental concerns. Parents should always consult with their family doctor if there are concerns about the development of their child. Primary care health professionals may refer children to paediatric/child health or child development services for further assessment.

Young children can present with symptoms suggestive of ADHD which on further exploration and assessment may be due to a range of other factors like for example: when whānau are feeling stressed and worried or when there are relationship difficulties between whānau or household members; challenges that are attachment or anxiety based or indicative of some other learning need; a physical health problem such as hearing loss which may impact a child's learning.

In preschool children diagnosed with ADHD, behaviour and parenting strategies are recommended. Positive parenting programmes may be particularly helpful for whānau to support children experiencing challenges related to neurodevelopment. There are free parenting programmes available which you can find out more about at: www.kidshealth.org.nz/parenting-support-your-childs-emotions-behaviour.

Additionally, a range of supports available to children and whānau with ADHD are also outlined in the response to question two above.

6. What is the economic impact of ADHD for New Zealand? And the impact for Māori? If this is not known, is there a plan to have a report made? For example <https://www2.deloitte.com/au/en/pages/economics/articles/social-economic-costs-adhd-Australia.html>

Manatū Hauora does not hold information on the economic impact of ADHD for New Zealand. While there are no current plans to have a report developed, we are aware that ADHD NZ and the University of Auckland are forming a research partnership that may involve replicating the Deloitte research in New Zealand. Note that Manatū Hauora is not currently involved in this work.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



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Appendix 1:

Table 1: Parent reported diagnosis of ADHD in children aged 2 to 14 years from the New Zealand Health Survey⁸

	2019/20	2020/21	2021/22
Total	2.4%	2.6%	3%
Māori	1.9%	2.8%	4.3%

PRIMHD holds dispensing data on the number of people who received ADHD treatment medication which may be used as an indication of people currently being treated for ADHD. Note that ADHD treatment dispensing data gives a view of the number of people being treated, but not all people diagnosed with ADHD will be prescribed with medication. Prescriptions data only cover subsidised, community-dispensed prescriptions and do not include prescription forms that were not filled. Sometimes ADHD medications may be prescribed to treat conditions other than ADHD.

Table two: Dispensing data for ADHD treatment medication. Number of people with dispensings, 2020 - 2022, by Māori/Non-Māori.

	2020			2021			2022		
	Total	Māori	Non-Māori	Total	Māori	Non-Māori	Total	Māori	Non-Māori
Methylphenidate hydrochloride	19,649	3,564	16,085	24,090	4,125	19,965	29,124	4,650	24,474
Methylphenidate hydrochloride extended-release	14,752	2,843	11,909	18,633	3,414	15,219	23,748	3,932	19,816
Atomoxetine	1,638	289	1,349	2,406	412	1,994	3,079	499	2,580
Unique Total	29,751	5,503	24,248	36,651	6,486	30,165	45,840	7,531	38,309
Percentage	100%	18%	82%	100%	18%	82%	100%	16%	84%

Source: Mental Health and Addiction Qlik App, extracted 13/02/2023 (Pharmaceutical Collection).

⁸ <https://www.health.govt.nz/publication/annual-update-key-results-2021-22-new-zealand-health-survey>