# Parent Guide to ADHD Referrals in Australia



The BNC parent guide to ADHD referrals can make a confusing process more manageable. When a child is finding it hard to sustain attention, organise schoolwork, regulate strong feelings or manage behaviour across daily settings, parents often want to know what to do first. A referral is not a diagnosis, and it does not mean there is one explanation for every difficulty. It is a practical step towards a considered clinical assessment and a clearer plan for support.

## When an ADHD referral may be worth discussing

Children can be energetic, distracted, forgetful or emotionally reactive at different stages of development. These experiences alone do not establish ADHD. The question is usually whether patterns have been persistent, occur in more than one setting and are affecting learning, relationships, school and family routines or wellbeing.

You may wish to speak with your GP if concerns include frequent difficulty starting or finishing tasks, losing belongings, missing instructions, impulsive behaviour, restlessness, inconsistent school performance, or intense frustration around everyday demands. Some children appear quiet rather than outwardly hyperactive. They may work very hard to keep up at school, then become exhausted, upset or overwhelmed at home.

It can also be helpful to seek advice where attention and behaviour concerns occur alongside anxiety, low mood, sleep difficulties, learning concerns, social challenges, sensory differences or significant changes at home or school. These factors can overlap with ADHD, contribute to similar difficulties, or need support in their own right. A comprehensive assessment considers this wider picture rather than relying on one behaviour or a checklist alone.

## Parent guide to ADHD referrals: start with your GP

For many families, the GP is the best starting point. Your GP can discuss your concerns, consider physical health, development, sleep and other factors, and advise whether referral to a psychologist, paediatrician, psychiatrist or another practitioner is appropriate. The most suitable pathway depends on your child's age, presentation, current supports and the purpose of the referral.

A GP appointment is generally more useful when you can describe specific examples rather than simply saying that your child is distracted. For example, you might explain that homework regularly takes several hours because your child cannot remain with a task, that morning routines require repeated prompting, or that the school has observed difficulty following multi-step instructions. Include what helps as

well as what is difficult.

A referral letter may outline the reason for referral, relevant medical and developmental history, current medications, previous assessments and any concerns identified by school or other health professionals. The receiving clinician may request further information before an assessment appointment is confirmed.

### A referral and a Mental Health Care Plan are not the same thing

Parents often hear these terms used together, but they serve different functions. A referral communicates why your child is being referred and to whom. A Mental Health Care Plan is prepared by a GP and may support access to Medicare rebates for eligible psychological services.

Whether a rebate is available depends on the service being provided, the practitioner, the referral and plan details, and current Medicare requirements. Formal assessment and report preparation may involve components that are not covered in the same way as therapy sessions. Ask both your GP and the clinic about likely costs, rebate eligibility and what documentation is required before booking. This allows your family to make an informed decision without assumptions about coverage.

## Choosing the right referral pathway

There is no single referral pathway that suits every child. A psychologist may undertake a comprehensive assessment of attention, executive functioning, emotional regulation and related concerns, and may provide psychological therapy and parent-focused support. A paediatrician or psychiatrist may be involved where medical assessment, medication considerations or broader developmental and mental health review are needed.

Sometimes care is shared. A child may see a psychologist for assessment or therapy while their GP, paediatrician or psychiatrist remains involved in medical care. In other circumstances, school learning support, speech pathology, occupational therapy or other allied health input may be relevant. The aim is coordinated care that reflects your child's needs, rather than arranging every possible service at once.

If your child already sees a paediatrician, psychiatrist, psychologist or allied health practitioner, ask whether they can provide a relevant referral or share records with your consent. This can reduce repetition and help the assessing clinician understand the support already in place.

## What to bring to the appointment

Assessment is more informative when it draws on a child's history over time and their functioning in different environments. You do not need to arrive with every document perfectly organised. Bring what you have, and let the clinic know if further information needs to be gathered later.

Useful material may include school reports, learning plans, teacher observations, previous assessment reports, relevant medical letters and a list of current medications. Parents can also make a brief timeline noting early development, major changes, past supports and the concerns that prompted the referral.

If the school has raised concerns, it may be appropriate to ask the teacher or wellbeing team for written observations. Helpful observations are specific and balanced: when difficulties arise, how often they occur, what supports have been tried and what appears to help. School information is one part of the assessment, not a verdict on your child.

It is equally valuable to record your child's strengths, interests and successful strategies. Some children focus deeply on preferred activities, respond well to visual routines, benefit from movement breaks, or do better when instructions are given one step at a time. Understanding these patterns can inform practical recommendations.

## What a comprehensive assessment may involve

A referral is the beginning of an assessment process, not an automatic confirmation of ADHD. A clinician will usually consider developmental history, current functioning, family context, school experience, health factors and emotional wellbeing. Parents or caregivers are often asked detailed questions, and information from teachers or

other professionals may be requested with consent.

The process may include clinical interviews, standardised questionnaires, behavioural observations and, where indicated, cognitive, learning or other psychological assessment measures. The exact approach varies according to the referral question and the information already available. Adolescents may also be invited to contribute their own account of what is difficult and what they want help with.

A careful assessment considers whether ADHD criteria are met and whether other explanations or co-occurring conditions require attention. This matters because treatment planning should address the difficulties actually affecting the child and family. Sometimes the outcome is a diagnosis; sometimes it is a different formulation, further assessment, or recommendations for targeted support without a diagnosis.

## Supporting your child while you wait

Waiting for an appointment can be frustrating, particularly when school or home routines are under pressure. You do not need to wait for a final assessment outcome before making reasonable adjustments. Keep expectations clear and achievable, use short instructions, break larger tasks into smaller steps and build predictable routines where possible.

It can help to work collaboratively with the school around practical supports, such as written instructions, a quieter workspace, movement opportunities, extra time to begin tasks or regular check-ins. What is appropriate will depend on your child and the school setting. Avoid presenting an assessment as something that will determine whether your child is “trying hard enough”. Difficulties with attention, organisation or regulation are not a character judgement.

Speak with your child in calm, age-appropriate terms. You might say that adults are trying to understand how school and home can work better for them. This approach can reduce worry and reinforces that assessment is about understanding needs, strengths and helpful supports.

## Questions to ask before booking

Before committing to an appointment, ask what type of assessment is offered, who will conduct it, how many sessions may be involved and whether parent and school questionnaires are required. It is also reasonable to ask how findings are communicated, whether a written report is included, and what follow-up therapy or referral options may be available.

For Melbourne families, in-person appointments may be suitable where observation and local coordination are helpful. Australia-wide telehealth consultations can also be appropriate for some stages of care, depending on your child's age, clinical needs and the assessment format. A clinic can explain whether telehealth is suitable before an appointment is arranged.

Behavioural Neurotherapy Clinic provides assessment, diagnostic support and psychological therapy for children, adolescents and adults, with appointments in Doncaster and telehealth consultations available across Australia. Families with an eligible GP, psychiatrist or paediatrician referral and Mental Health Care Plan can ask about applicable Medicare-rebate pathways for relevant services.

A well-prepared referral does not need to tell the whole story. It simply opens the door to a structured conversation about what your child is experiencing, what has already been tried and what support may be appropriate next.

**For more information**

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