VICTORIA POLICE

Attention Deficit Hyperactivity Disorder

ADHD is variably associated with problems in the areas of attention, hyperactivity and impulsivity & judgement. Individuals may have difficulties with attention, hyperactivity or both and a diagnosis is made of the threshold criteria in DSM V are met.

Psychiatrist & Psychologist & GP

Investigations and Reports for Consideration

- Relevant medical records or reports including the psychiatric and/or psychological assessment including all tests and treatments as well as reports from GP.
- The diagnosis must be confirmed by a psychiatrist, with suitable expertise in the diagnosis and management of this condition. Reports from a neuropsychologist or educational psychologist specialising in ADHD should also be considered for a more nuanced assessment of functioning across different domains.
- Considerations include (but are not limited to):
    - Diagnosis and symptoms/presenting concerns
    - Date of diagnosis
    - Duration of condition and recurrence and/or chronicity including age of onset
    - Difficulties encountered at school as a result of condition i.e. classroom disruption, poor attention if known
    - Insight and engagement with treatment
    - Specific symptoms and their duration and severity
    - How the symptoms have affected daily function including occupational function, functioning at home/work/school
    - Ability to manage symptoms effectively including under stress
    - Fluctuation in symptoms e.g. with stress/ examinations
    - How symptoms have been treated and degree of success (psychological, pharmacological)
    - Medication side effects, long or short acting agents, who prescribes length of period of stability
    - Any potential exacerbating factors such as stress or anxiety
    - Why and when medication was ceased
    - What formal testing has been completed such as neuropsychological testing and if completed reports to be included
    - General psychiatric history
    - Any ongoing review or management requirements
    - Comorbidities including drug and alcohol use

- Current functional status with reference to collateral information if available from school, family, workplace etc.
- Lifestyle measures in place
- Alternative coping mechanisms
- Duration of treater involvement
    - Compliance with treatment and ongoing treatment plan and monitoring in place
- Applicants' insight and willingness to engage if future difficulties
- Demonstrated resilience to stress.
- Whether police work is likely to aggravate the condition if so how and mitigating factors
- Ability to meet inherent requirements of an operational general police officer and protective services officer
    - Prognosis for operational and non-operational work, specific concerns around firearms, now and or if condition should worsen

Medical Standard

All medication used to treat ADHD should have been ceased for twelve months before any assessment is made of an applicant regarding suitability for general operational police duties.

The clinical history and severity are to be considered initially. If the candidate has been free of ADHD medication for at least 12 months, maintained remission and appears to be potentially suitable based on clinical history, a psychiatrist, should be engaged to provide an opinion on the candidates' psychiatric suitability. Neuropsychological reports and reports from a treating psychologist with expertise in ADHD should also be considered for a more comprehensive assessment of functioning across relevant domains.
There can also be particular risks around driving in the case of ADHD, this assessment would form part of the fitness for duty assessment and may be aided by the 'Jerome ADHD Driving Questionnaire' but this does not replace a detailed clinical assessment.

Clinical studies indicate that young drivers with untreated or sub-optimally treated ADHD have between two to four times as many motor vehicle collisions (MVC) and moving violations than a comparable non-ADHD population. These driving problems are seen independent of comorbidity. The problem profile commonly includes driving anger or road rage. The presence of ADHD and comorbid substance use disorders magnifies driving risk. Neurodevelopmental immaturities in executive function (resulting in problems with attention, impulse control and emotional regulation) combined with a lack of driving experience can lead to problem driving styles in young people in general[1]

Applicants should be individually and comprehensively assessed from a clinical and risk perspective with extensive treater involvement. Self-assessment questionnaires such as the ADHD self report scale can be useful screening tools 10852_elto_question_fhp2.PDF

[1] CADDRA Supporting document 6C

(add.org) but do not replace a comprehensive clinical assessment by a clinician with experience in this field.

Generally, underlying organic causes and/or comorbidities need to be ruled out e.g. anxiety, substance use, neurodevelopmental disorder.

Risks associated with medication including comorbid alcohol use and masking of intoxication when on ADHD medications need to be carefully considered as well as medication side effects and health risks associated with ADHD medications.

Access to medications may be difficult when on operational police shifts and medications have a variable half life.

Applicants who may appear to be in remission may still decompensate rapidly in the face of specific isolated triggers or higher workloads / greater demand and/ substance use or if there are additional stressors outside of work.

This determination of fitness of an active member will be made based on examining treaters experience with similar conditions, information from treating practitioners and review of the detailed medical guidelines.

Each applicant must be individually clinically assessed, a history of their condition taken including associated psychosocial, family history, history of other substance use, social history.

In the event of uncertainty, opinion should be sought from a psychiatrist, psychologist and/or an IME.

This guideline is a brief summary only, does not replace individual clinical assessment, and must be considered in conjunction with the latest clinical practice guidelines from the RANZCP, RANZGP, CADDRA or peer reviewed ADHD guidelines as otherwise appropriate.

Impact on Job Performance

ADHD symptoms can vary from very mild to more severe.

In order to meet the diagnosis for ADHD in DSM V however the symptoms must be sufficiently severe to interfere with or reduce the quality of social, academic or occupational functioning.

Each case must be individually assessed however to determine the functional and occupational impacts of the disorder.

ADHD can impact on operational police work because of impacts on attention, including but not limited to attention to detail, overlooking details, difficulty sustaining attention, distraction, poor task follow-through or organisation, losing items & forgetfulness. It can also impact due to hyperactivity and impulsivity which may result in poor judgement.

These symptoms can pose particular risks in an operational police environment.

There can also be a range of comorbidities that accompany ADHD.

Particular driving risks should also be considered as well as firearms access and the inherent requirements of the role.

Standardised Tools such as the ADHD Self-Assessment Questionnaire and Jerome Driving Scale may be useful as screening tools to assist in the clinical assessment of ADHD and measure its ongoing improvement or deterioration. See the CADDRA website for more information: CADDRA | The Canadian ADHD Resource Alliance