

Schizophrenia Fellowship of Queensland Inc



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Submission to the Senate Select Committee on Mental Health

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In 2004, the University of Queensland in collaboration with the Schizophrenia Fellowship of Queensland Inc undertook a research project. The Fellowship was interested in determining the proportion of funds allocated by the State Government's, Disability Service Queensland, to services for people with a disability, in particular psychiatric disability. In addition, the Fellowship was also interested in determining whether there was any relationship between epidemiological burden of disease estimates and allocation of resources to the different disability groups. The research report is included in this submission for reference and for additional information.

In making this submission to the Select Committee on Mental Health, the Schizophrenia Fellowship of Queensland refers to a number of points raised in this research and to a number of issues that surround funding and service provision to people with a mental illness.

Key Points of Research Document

Incidence of Disability as a result of Mental Illness

1. Over half of the population of people with disabilities in Queensland have a physical or diverse disability. Or put another way, the highest proportion of disabilities in Queensland are those with a physical or diverse disability (51%)
2. Of the remaining population of people with disabilities almost 30% have a psychiatric or mental illness.
3. This compares with 18% having an intellectual disability, approximately 46% having some form of sensory or communication disability and 14% having an acquired brain injury.

An Index of Disability

The report introduces the notion of an Index of Disability known as DALY or Disability Adjusted Life Year. This widely accepted index allows a comparison to compare the impact of one disability compared to another. An interesting comparison shows that age related visual disability of severe vision loss is roughly equivalent to the indices for Schizophrenia or moderate intellectual disability.

Studies in Victoria, which have used this index, indicate that Disability as a result of Mental Illness accounts for approximately 13.2% of the Disease Burden or DALY index for all disabilities.

Funding of Non Medical Services for Mental Illness

Examination of the funding of services and organisations by Disability Services Queensland indicated that funding for psychiatric disabilities in 2002 represented less than .65% of the total funds allocated to all disabilities and there was little evidence to suggest that this figure had changed over the last two years. This represented expenditure of less than 1 cent in every dollar to fund services for people with psychiatric disabilities.

Cyclical Nature of Schizophrenia and Related Mental Illness

Unlike most disabilities that have a permanent or progressive need for support, people with Mental Illness often have cyclical support needs that are generally less predictable. This does not diminish the need for support services; rather it exacerbates the need for services for the person with acute and episodic needs.

Bio-psycho-social Rehabilitation

Historically, people with psychiatric disabilities have been the domain of Queensland Health, but the Commonwealth/State and Territory Disability Agreements clearly indicates the role for Disability Services Queensland in a wide range of services for people with mental illness. There is a widely accepted view that support for people with a mental illness must not only involve a medical, mental health input, but must include psychological counselling, supported accommodation services, specialised vocational input and a wide range of other psycho-social support services.

Conclusions

1. Approximately 15% of all people with a disability in Queensland have a Mental Illness.
2. Mental Illness represents approximately 13.2% of the burden of disease of all disabilities.
3. Mental Illness is significantly under represented in funding for psychosocial services in Queensland.
4. Mental Illness is often cyclical in nature and it is difficult to assess the immediate and long-term needs for people with mental illness.
5. The present arrangements for funding of bio-psycho-social rehabilitation are administered by Commonwealth and State Departments and include Health, Disability Services and Community Services with very little communication and little knowledge of the role of each department.
6. The provisions of services in Queensland are generally undertaken by Queensland Health with numerous non government organisations providing much of the psychosocial aspects.
7. Points 5 and 6 represent confusion for the consumers and the carers of people with a mental illness, which in turn have lead to a plethora of organisations with the potential for duplication of services and competition for the funding dollar.