

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Members of Senate Enquiry into the Funding of Mental Health,

### **Submission to Senate Committee on Commonwealth Funding and Administration of Mental Health Services**

**People who have both an intellectual disability and a mental illness need to be specifically included in mental health reform. The federal budget initiatives on mental health need to better address the considerable disadvantage faced by these dually diagnosed individuals who currently have very poor access to appropriate mental health services.**

My research and practice expertise is in the area of depression in people with intellectual disabilities. People with intellectual disabilities have high rates of depression, yet very poor access to mental health services.

A high prevalence of depression was clearly evident in our *beyondblue* funded study of 151 community-based adults with intellectual disability (McGillivray & McCabe, 2007). Specifically, 39% of participants satisfied criteria for depression (16 moderate-severe, 43 mild), with many others displaying symptoms of depressed mood.

It is known anecdotally that many people with intellectual disability do not readily attend mainstream health services. More particularly, there is evidence that many of those with symptoms of depression are not diagnosed or referred for treatment (McGillivray & McCabe, 2007). Further, in a survey of key stakeholder, all participant groups maintained that there were insufficient mental health services for people with intellectual disability (McGillivray & McCabe, 2009). Of the limited available services, participants were of the opinion that service providers were inadequately trained. Disability workers were particularly sceptical of the ability of generic health services to meet the mental health needs of individuals with intellectual disability.

For example,

*"There is not much point in taking them, the GP doesn't have the time to work with them. The main option there is medication and our people don't want to go."* (Support worker).

Sample References:

McGillivray J.A. & McCabe M.P. (2009). Detecting and treating depression in people with mild intellectual disability: the views of key stakeholders. *British Journal of Learning Disabilities*, 38, 68–76.

McGillivray J.A. & McCabe M.P. (2007) Early detection of depression and associated risk factors in adults with mild/moderate intellectual disability. *Research in Developmental Disability*, 28: 59-70.

**There is an urgent need for funds to enable staff training and the provision of screening and treatment services, specifically tailored to individuals with intellectual disability. I ask for your support in ensuring that people with intellectual disability have a prominent place in mental health reform, including the funding of a network of specialist intellectual disability mental health professionals.**

Yours sincerely,

**Dr Jane McGillivray**

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