Inquiry into the Commonwealth Funding and Administration of Mental Health Services

The terms of reference for the Senate Community Affairs Committee Inquiry into the Commonwealth Funding and Administration of Mental Health Services are extensive. NDS, the peak industry body for non-government disability services, limits its comments to "the adequacy of mental health funding and services for disadvantaged groups, including people with disabilities".

People with disability have high rates of mental health conditions

As a group, people with disability have much poorer health, on a wide range of indicators, than the general community. The differences are stark. The recent report by AIHW, *Australia's health 2010*, states:

> The data show that, overall, people with disability are more likely than others to have poor physical and mental health and higher rates of health risk factors, such as smoking and overweight. Among other things, the data help to confirm that the more severe a person's disability…the poorer their health.[1]

The report noted that the rate of disease and comorbidity increased with the severity of the disability and that people with disability were four times as likely as others to report severe or very severe levels of pain, the rates increasing with the severity of the disability. "Nearly 40% of people aged 15–64 years with a severe or profound core activity limitation had such pain compared with just 4% of other Australians."[2]

A recent report by the ABS adds to this disturbing picture[3]. Almost 69 per cent of people with profound or severe disability report having four or more long-term health conditions, six times the rate reported by people without disability. This same group tends to have higher rates of most conditions, across most age categories—arthritis; ischaemic heart disease; hypertensive disease; cardiovascular disease; Type 2 diabetes; asthma; and be taking medication for a mental health condition. Of people aged 18 years and over with profound or severe disability, only 17.4 per cent considered their overall health to be very good or excellent, compared with almost 69 per cent of people without disability.

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[1] Australian Institute of Health and Welfare 2010, *Australia's health 2010*, AIHW, Canberra, p. 257

[2] ibid., pp. 258–9.

[3] ABS 2010, *Health and disability: Aspects of the Australian Experience*, cat.4367.0, ABS, Canberra.

While these figures indicate that people with disability have poorer mental health than the general population they do not identify those who are particularly at risk. People with intellectual disability are one of these groups. Compared with the general population they have grossly elevated rates of psychiatric disorders:

> Persons with a dual diagnosis can be found at all ages and levels of intellectual and adaptive functioning. Estimates of the frequency of dual diagnosis vary widely, however, many professionals have adopted the estimate that 30-35% of all persons with intellectual or developmental disabilities have a psychiatric disorder. The full range of psychopathology that exists in the general population also can co-exist in persons who have intellectual or developmental disabilities.

> The co-existence of intellectual or developmental disabilities and a psychiatric disorder can have serious effects on the person's daily functioning by interfering with educational and vocational activities, by jeopardizing residential placements, and by disrupting family and peer relationships. In short, the presence of behavioral and emotional problems can greatly reduce the quality of life of persons with intellectual or developmental disabilities. It is thus imperative that accurate diagnosis and appropriate treatment be obtained in a timely manner.[4]

Australia's *Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014* highlights the vulnerabilities of people with intellectual disability to mental health disorders and the need to address these in an inclusive manner[5]. The plan acknowledges that people with intellectual disability and comorbid mental disorder are "overlooked and access to appropriate treatment for both disabilities is limited".[6] Unfortunately little progress has yet been made.

People with sensory impairment or loss are also at relatively high risk of developing mental health problems, in part associated with the social isolation they may experience but also associated with the barriers they face when participating in activities such as education and training and when seeking employment. Knowledge of the impact of sensory loss among mental health service providers is low, as is awareness of how to use Auslan interpreters or deaf relay interpreters to assist communication.

Other disabilities known to place people at higher risk of developing mental health conditions include acquired brain injury and degenerative conditions.

Barriers to accessing mental health services

Anecdotal evidence suggests that people with disability access mental health services at much lower rates than the general population. Some of this is due to a lack of awareness of people with disability, families and carers, and disability service

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[4] Information on Dual Diagnosis prepared by Dr. Robert Fletcher, NADD Chief Executive Officer and the NADD Research Committee viewed at http://www.thenadd.org/pages/about/ddinfo.shtml on 28 July 2011.
[5] Department of Health and Ageing 2009, *Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014*, DoHA, Canberra (particularly Priority areas 1 & 2).
[6] Ibid., p.70.

providers to comorbidity; a mental health condition may be seen to be an expected part of another disability.

The failure to recognise a mental health issue often results from a lack of knowledge about how a mental health disorder may manifest (a particularly important issue for people with intellectual disability). Mental health awareness campaigns are not targeted to people with disability, families and carers, and disability service providers.

Mental health professionals also lack awareness of and training in other disabilities. This reduces their confidence in working with people with dual diagnosis, particularly with those with cognitive or communication impairment. Specialist mental health professionals, such as those with particular expertise in intellectual disability, are scarce.

In addition to awareness and skills issues, there is a lack of collaborative work between disability and mental health services. Too often the person with disability is caught between systems; neither wants the prime responsibility for the individual's care and support. This is particularly common when the person has an intellectual disability or acquired brain injury and has issues with substance abuse. Any person with challenging behaviours will often be pushed between systems and ultimately fail to receive the best treatment and support.

These barriers are compounded by the difficulties of service provision in rural and remote areas where substantial unmet need exists for both disability and mental health services. Skilled staff are hard to recruit and retain and probably will never be available to all who need them. Good collaboration between allied service systems is necessary to provide the best possible treatment and support options.

Consequences

Failure to diagnose and treat mental health conditions adequately of people with disabilities compounds the social and economic disadvantages they face, including their ability to obtain employment.

Although over the past decade Australia has experienced significant economic growth and increasing demand for labour, the employment rate of people with disability rate is below the OECD average and between the mid-1990s and the mid-2000s the rate actually fell.[7] The picture is even worse for people with mental health conditions who report they want to work, can benefit from working[8] but face lower rates of labour force participation and higher rates of unemployment than people with physical disability.[9]

Around 63 per cent of people with mental health conditions are reported to have no post-school qualifications.[10] They have a greater drop-out rate and poorer labour

7   OECD Background Paper, Sickness, Disability and Work: Keeping on Track in the Economic Downturn, 2009.
8   Waghorn G., & Lloyd C., *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illnes*s Fellowship of Australia (2005) p5
     Mental Illness Fellowship of Australia Inc *Mental illness and employment – challenges for the future* (July 2010) p. 7.
     URBIS *Employment assistance for people with mental illness: Literature review* Department of Education, Employment and Workplace Relations (DEEWR) Commonwealth of Australia (2008) p11
9   National Mental Health and Disability Employment Strategy Commonwealth of Australia (2009) p 6
10   Mental Illness Fellowship of Australia Inc. p.6.

market outcomes than other Vocational Education and Training (VET) participants. In Australia, educational attainment provides a foundation for sustainable employment and is closely associated with educational outcomes.[11] The development of a mental health condition can interrupt education and training, thus creating a barrier to employment and future career options.[12]

People with mental illness are a growing proportion of the Disability Support Pension (DSP) population. In 2009, approximately one third of DSP recipients reported that a mental health condition was their primary medical condition and fewer than 10 per cent of DSP recipients reported earnings from work,[13] despite evidence that engagement with work can often be therapeutic for people with mental illness. Reliance on the DSP can exacerbate social and economic marginalisation.

The barriers to education, training and employment faced by people with mental health conditions are complex[14] and include: the impact of clinical symptoms; side effects of medications; community stigma and resulting 'stigmatic thinking' by the person with mental health conditions; discrimination; low expectations of health professionals; lack of access to services especially in rural and remote locations; lack of collaboration within programs and between agencies; as well as factors associated with social and economic marginalisation such as family breakdown, social isolation, homelessness and drug and alcohol problems.

These barriers can adversely affect a person's sense of identity, mental wellbeing, economic security, social skills, and value in society.[15] In addition, Waghorn points to the lack of coordination between mental health services and employment services as another barrier, noting:

> The lack of inter-sectoral collaboration in Australia exacerbates the structural division of public mental health services from other key sectors such as housing and employment. This in turn obstructs intersectoral policy development as well as the coordination and delivery of mental health and vocational services. Mental health expertise and specialised vocational rehabilitation expertise remain insulated within their respective sectors with little knowledge transfer across sectors. Consequently, Australian clinicians may not be aware of developments in the emerging science of psychiatric vocational rehabilitation, and may not understand how employment is feasible even when more severe psychiatric symptoms and disabilities are present.[16]

Flexible and supportive training and work arrangements, however, can deliver good outcomes. Wherever possible (and appropriate) mental health treatment should be incorporated within a employment or vocational environment.

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[11] Waghorn G., Still M., Chant D. & Whiteford H,. 'Specialised supported education for Australians with psychotic disorders'. *Australian Journal of Social Issues*, 2004, 39 (4): 443-458.
[12] National Mental Health and Disability Employment Strategy p. 6.
[13] Ibid
[14] Standing Committee on Community Affairs *Towards recovery: Mental Health Services in Australia September 2008* Commonwealth of Australia 2008.
      Mental Illness Fellowship of Australia Inc.
      URBIS pp.12-20.
      Waghorn G,. & Lloyd C,.
[15] URBIS pp.10-13.
      Waghorn G,. & Lloyd C,. p.6.
      National People with Disabilities and Carer Council *SHUT OUT: The Experience of People with Disabilities and their Families in Australia National Disability Strategy Consultation Report* Commonwealth of Australia (2009) p. 41.
[16] Waghorn, G. & Lloyd, C. *The employment of people with mental illness*, Advances in Mental Health e-journal, vol. 4, issue 2.

People with a disability and an undiagnosed or poorly managed mental health condition will be particularly disadvantaged in finding and maintaining employment.

Barriers also exist to the social participation of people with disability. A 2009 report, *Shut out: The experience of people with disabilities and their families in Australia*, describes the social, cultural and political isolation of many people with disability. Drawing on the findings of this Report, the *National Disability Strategy* notes that "people with disability may experience restricted access to social and cultural events and to civic, political and economic opportunities because of inaccessible attributes of the built and natural environment, and of services and programs".[17] Mental health conditions are likely to compound the difficulties and attitudinal barriers people with disability face as they seek to participate in their community.

Recommendations

People with disability are more likely than the rest of the population to develop a mental health condition. Additional funding is needed for measures that target the ability of people to recognise mental health conditions in people with disability and to improve the ability and willingness of mental health services to work with them.

NDS recommends that:

- training on disability be provided to all mental health professionals (including training on working with people with cognitive impairment and communication difficulties, and training on the use of deaf interpreting services);

- mental health awareness be incorporated into training for disability support workers;

- mental health promotion and awareness campaigns include a focus on people with disability;

- mental health treatment should be provided, wherever possible and appropriate, in parallel with (or integrated with) employment or vocational programs;

- education materials on dual diagnosis be produced for general practitioners;

- specialist training on intellectual disability be included in the training of psychiatrists;

- specialised resource services be established to support mainstream health service work with people with disability who also have a mental health condition; and

- telemedicine be used to enable these specialised resource services (and other mental health services) to provide information and support to rural and remote areas.

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[17]   COAG 2011, 2010–*2020 National Disability Strategy*, FaHCSIA, Canberra, p.29.

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About National Disability Services

National Disability Services is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes about 700 non-government organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.