**JULIAN TROLLOR
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Mr Wayne Kinrade
Managing Director, Healthcare Management Advisors
PO Box 1311
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Monday 16 April 2012

Dear Mr Kinrade,

Dual diagnosis: The importance of a national report card that describes and measures the experiences and outcomes of Australians with an intellectual disability and mental illness.

As the Chair of Intellectual Disability Mental Health and Head of the Department of Developmental Disability Neuropsychiatry (3DN) at the University of NSW I would like to take this opportunity to share my team's views and aspirations for the inclusion of people with intellectual disabilities (ID) in the proposed National Report Card on Mental Health and Suicide Prevention (Report Card).

We believe that the inclusion of people with an ID would:
- act as the catalyst to a national, systematic approach to data collection and reporting on dual diagnosis, and
- confirm the Commonwealth's commitment to improving mental health outcomes for this often forgotten and 'shut out' population.

Why is it essential that the Report Card specifically describes the performance of Australia's mental health system for people with intellectual disabilities?

Australians with an ID are a significant minority who experience mental disorders at a rate of about three fold that of the general population (1).

Approximately 1.8% of the Australian population have an ID (2) and around 62% with severe or profound limitations also have a psychiatric disability (3).

Psychiatric disabilities are the most commonly associated disability for individuals with an ID under the age of 65 years (3).

Many people with an ID have unique and complex mental health care needs that require specialised care.

Due to high prevalence of co-morbidities and co-occurring physical and sensory difficulties people with and ID often experience an atypical profile and presentation of mental health problems.

It is critical that individuals with such complex health care needs have access to a system that provides both health workforce expertise and effective models of service delivery.

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Individuals with an ID experience inequitable access to mental health care which has significant consequences for their quality of life.

Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD)(4) which requires health professionals to provide care of the same quality to persons with disabilities as to others. However, despite this and the implementation of the National Disability Strategy 2010-2020 (5), there remains inequity and discrimination within our health care system.

Compared to the general population people with an ID experience significantly lower rates of;
- participation in preventative health initiatives,
- illness and disease detection, and
- treatment of mental health problems (6-9).

At a national level there is a lack of intergovernmental and intersectoral commitment to the systematic collection, analysis and dissemination of data relating to dual diagnosis.

Australia continues to fall significantly short of its international commitment as outlined in article 31 of the CRPD (4). This commitment requires that we collect appropriate data that allows for the formulation and implementation of effective health care policies for people with disabilities.

Currently there is inadequate information which accurately describes the epidemiological profile and appropriate service pathways for this population. Remedying this situation will significantly enhance the focus on improving mental health outcomes for people with ID.

Recommendations for the content and format of the Report Card:

We strongly recommend that the Report Card include the following content for people with ID:
- Collection and reporting of prevalence of specific mental illnesses, with built in capacity to compare to the general population and other 'at risk' groups.
- Measures of health care complexities in relation to the co-occurrence of physical health and physical and sensory disabilities.
- Data which documents access to both mainstream and specialist services.
- Data which allows a comparison of access to mental health care between different settings (urban, regional, rural and remote) and between different groups (CALD, ATSI).
- Data which documents the access to key mental health initiatives eg headspace; ATAPS, for people with ID.
- Reporting of Mental health outcomes data and comparison to control group across the whole of life.
- Collection of information on the mental health workforce which documents what proportion have the appropriate skills, knowledge and attitudes to provide mental health care to people with an ID.

It is also important that the Report Card also be made available in a plain English format so that it is accessible to more Australians.

Should you wish to discuss the content of this letter please do not hesitate to contact me to organise a convenient time for a meeting or teleconference. I can be contacted by phone on (02) 9931 9160 or by email, j.trollor@unsw.edu.au.

Yours sincerely,

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cc Mr Rob Merriel, Associate Director, HMA, PO Box 1311 North Fitzroy VIC 3068

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