13 November 2015

Hon Zoe Bettison MP
Minister for Communities & Social Inclusion
dcsi.ministerbettison@sa.gov.au

Hon Jack Snelling
Minister for Health; Minister for Mental Health and Substance Abuse
playford@parliament.sa.gov.au

Hon Tony Piccolo
Minister for Disabilities
ministerpiccolo@sa.gov.au

cc Mr Joe Young
Director, Service Reform
Disability and Domiciliary Services, South Australia
dcsi.servicereformddcs@sa.gov.au;

Dear Hon Zoe Bettison, Hon Jack Snelling, and Hon Tony Piccolo,

Re: Proposed Closure of the Centre for Disability Health, Modbury, S.A.

I recently became aware of the decision of the Government of South Australia to close the Centre for Disability Health (CDH) at Modbury. I am writing to indicate why this decision is not in the best interests of the SA community and to seek your urgent review of this decision. I am well placed to comment on this area, as I hold the only University Chair in Australia specifically addressing the mental health needs of people with intellectual and developmental disabilities, and lead NSW and Australian efforts to build capacity in the health sector in this area.

Relevant Expertise

I am head of the Department of Developmental Disability Neuropsychiatry (3DN) at UNSW Australia. 3DN supports the mental health needs of individuals with an intellectual disability (ID) through education and training of health and disability professionals and by conducting research with a particular focus on the mental health of people with an ID. 3DN's vision is to work with people with an ID, their carers and families, to achieve the highest attainable standard of mental health and wellbeing. I have over 20 years of clinical experience in the management of people with an ID and complex health and mental health problems. I have extensive experience with a range of disability service providers and professionals, and have contributed to numerous legislative, policy and service reviews in the disability arena. More information about 3DN and our projects can be found on our website: http://3dn.unsw.edu.au/.

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The Health and Wellbeing of People with Intellectual Disability

A significant minority (about 2%) of Australia's population have an ID[1]. People with an ID experience similar magnitude of health inequalities as experienced by the indigenous population. Our research shows premature deaths, many from potentially avoidable causes. The poor physical health and mental health of this population has been extensively documented. The prevalence of mental disorders is at least two to three times higher in people with an ID compared to the general population[2]. Many people with an ID experience a high degree of complexity and an atypical profile and presentation of mental disorders[3]. Mental health problems are difficult to diagnose in this population, with communication problems, atypical presentations and the need to look at the underlying causes of challenging behaviour, thus requiring a high level of psychiatric expertise, coordinated approaches between services and the availability of specialised services. Comprehensive assessment and expertise in the area of disability and mental health is central to provide appropriate health care for people with an ID. For example, frequent errors occur in the diagnosis of mental health disorders by a phenomenon called "diagnostic overshadowing". Diagnostic overshadowing means that symptoms of mental ill-health are misattributed to the ID rather than being recognised as part of the manifestation of a mental disorder[4]. This often occurs because of a lack of specific training of health professionals in the assessment and management of mental disorders in people with an ID. Such complexity underscores the importance of having a specialised health service, and places a particular emphasis on the need for highly specialised psychiatric services for this population. Such expertise is not found in either the private sector or the public mental health system.

Research shows that fewer than 10% of young Australians with an ID and clinically significant psychopathology access appropriate treatment over a 14-year period[5]. By contrast, about 35% of individuals with a mental disorder in the general Australian population receive specific mental health intervention in a single year[6]. The low rates of accessing mental health care suggest under-treatment and potential for mental health problems to become chronic[7]. One major barrier to accessing mental health treatment is a lack of ID specific mental health services[8]. Specialised services form a valuable component of a comprehensive mental health service for people with an ID. These services can provide advice and referral pathways for mainstream health and mental health services and developing strategies for service enhancement as well as service models and interagency collaborative initiatives[9].

Recognition by Government and Sector of the Need for Specialised Services

The need for specialised health and mental health services for people with an intellectual disability has been extensively acknowledged by the Australian government and the consumer and professional sectors in recent years. Your decision to close CDH is at odds with this trend. The specialised needs of people with an intellectual disability were recognised by the National Health and Hospitals Reform Commission (2009). Subsequently, the Australian Government Funded and supported a National Round Table on Intellectual Disability Mental Health, in which the need for specialised services in this area were endorsed by government and sector leads from across Australia (see the Communique from the 2013 Round Table at https://3dn.unsw.edu.au/content/reports-submissions).

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We worked with sector representatives and the Council for Intellectual Disability to develop a National Guide in this area in which a critical role for specialist services was outlined (for a free copy visit https://3dn.unsw.edu.au/project/accessible-mental-health-services-people-intellectual-disability-guide-providers-guide). Further, developments in NSW have proceeded along the lines of a tiered model of health service for people with an intellectual disability, with a central role for specialised services. This has resulted in the funding and evaluation of several pilot specialised services. See http://www.health.nsw.gov.au/disability/Pages/health-care-of-people-with-ID.aspx. Further, the value of such services to the sector has been acknowledged and endorsed by national peak bodies, professionals and others in the CID/AADDM health position statement (see http://www.nswcid.org.au/images/pdf/Posn_with_endorsements_0414.doc).

Sector developments and their impact

The roll out of the National Disability Insurance Scheme (NDIS) has naturally resulted in the transfer of state disability budgets to NDIS. However, the issue of funding for specialist health and related services which have hitherto come from disability budgets has not been resolved. Services such as CDH provide complex diagnostic services and multidisciplinary intervention for people with intellectual and developmental disabilities of all ages. These services are essential, and in many instances prevent unnecessary escalation of health and mental health disorders in these individuals. Further, they provide necessary medical review of individuals with complex needs, including challenging behaviour. Such review is essential to the thorough evaluation, determination of medical contributions to behavioural presentations and to minimising the use of psychopharmacology to control behaviour.

Summary

The closure of CDH is not in the best interests of people with intellectual or developmental disabilities or their families/carers. The closure of CDH would be at odds with recent and extensive acknowledgement of the role specialised services have in improving access to health care for people with intellectual disability, and in my opinion is at odds with Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). There is very limited capacity for the private sector to take on the medical management for these individuals. Continued access to specialised services such as CDH is necessary, and is a matter of equity for people with complex needs. In my view, failure to reverse this decision will threaten the health and wellbeing of some of the nation's most vulnerable people. I am very happy to discuss possible future options and service models should the need arise.

Yours sincerely,

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