3DN Submission
on the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

Never Stand Still | Medicine | Department of Developmental Disability Neuropsychiatry

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UNSW AUSTRALIA | 3DN DEPARTMENT OF DEVELOPMENTAL DISABILITY NEUROPSYCHIATRY

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About the Department of Developmental Disability Neuropsychiatry

The Department of Developmental Disability Neuropsychiatry (3DN) at UNSW Australia leads National and State developments in Intellectual and Developmental Disability Mental Health through education and training of health and disability professionals and by conducting research with a particular focus on the mental health of people with intellectual disability (ID). 3DN's vision is to work with people with ID and Developmental Disabilities (DD), their carers and families, to achieve the highest attainable standard of mental health and wellbeing. 3DN is led by UNSW's inaugural Chair of Intellectual Disability Mental Health, Professor Julian Trollor, who has over 20 years of clinical experience in the management of people with ID and complex health and mental health problems. He has extensive experience with a range of disability service providers and professionals, and has led or contributed to numerous legislative, policy and service reviews in the disability arena. More information about 3DN and the Chair IDMH can be found on our website: http://3dn.unsw.edu.au/

Background

People with ID represent about 1.8% of the Australian population, or approximately 400,000 individuals (1). People with ID experience very poor physical and mental health compared to the general population. They often have complex support needs, which arise because of complexity at the person level, at the service level or systems levels. The prevalence of mental ill health is at least two to three times higher in people with ID compared to the general population (2). Many people with ID experience a high degree of complexity and an atypical profile and presentation of mental illness (3), thus requiring a high level of psychiatric expertise, and coordinated approaches between services. The poor health and mental health status of people with ID, and commitments to address these problems, have been clearly articulated in the National Disability Strategy (4). Further priorities to address the mental health needs of people with ID were determined at a recent National Roundtable on the Mental Health of People with Intellectual Disability (5), and in progressive documents such as the NSW Mental Health Commission's 10 year strategic plan (6).

Despite the over-representation of mental illness in people with ID, access to mental health services is limited and falls far short of that for the general population. In a current multi-disciplinary partnerships for better health project funded by the NHMRC (see Link https://3dn.unsw.edu.au/project/national-health-medical-research-council-partnerships-better-health-project-improving-mental) we work together with key mental health, disability, education, justice and consumer agencies to improve mental health outcomes of people with ID. Key findings thus far include: much higher admission rates, length of stay and associated costs of mental health admissions for people with ID in NSW, compared to people without ID; lack of explicit identification of people with ID in mental health policy in Australia, despite the high vulnerability to mental disorders in this group; and lack of recognition of the specific needs of people with ID in clinical care settings, including lack of awareness about adaptations to clinical approach in mental health services and professionals. These preliminary findings highlight the need for potential solutions that begin with the consideration of the needs of people with ID in all aspects of health policy and services development.

In the following we address the terms of reference for the inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

1.a; 1.d; 1.e; 1.g. (eligibility, scope, planning, outreach)

People with ID experience a high burden of mental disorders which have a compounding impact on functional level and result in complex support needs. Further, this group experience multiple barriers to services access and require specific combinations of supports which to date have been fragmented and compartmentalised within the disability and mental health systems.

We recommend:

1. Specific consideration be given to people with the complex combination of intellectual and psychosocial disabilities. This should include:
    a. enhanced practical support for people with ID to access assistance for psychosocial disability;
    b. the development of innovative partnerships and service models between providers of support for people with intellectual and psychosocial disability, and mental health service providers. A seamless “no wrong door” policy in regard to services access for this group will assist in connecting people who are often unable to advocate for themselves or negotiate services access;
    c. a particular focus on inclusion of people with intellectual and other cognitive disabilities in outreach services, particularly those related to homelessness, drug and alcohol and forensic services .

1.d. the scope and level of funding for mental health services under the Information, Linkages and Capacity building framework

As above, work in our Department has highlighted the multiple barriers to service access experienced by people with ID, and the lack of preparedness of disability and mental health services to support people with intellectual disability and mental ill health. Our Department has undertaken a number of capacity building projects within the area of intellectual disability mental health and we would be happy to meet with you to discuss our experiences of running these projects and the associated cost.

We recommend:

1. Specific allocation of funding for mental health and disability services under the Information, Linkages and Capacity Building Framework to target services access for people with complex support needs, including those with co-occurring conditions, such as people with ID and psychosocial disability.
2. People with ID being included in the design, implementation and evaluation of any capacity building activity, especially in the area of complex support needs. We suggest that NDIA work in collaboration with key stakeholders, such as 3DN, Social Policy and Research Centre at UNSW Australia, NSW Council for Intellectual Disability, who have expertise in inclusive research methods.

1.h. the provision, and continuation of services for NDIS participants in receipt of forensic disability services

People with ID and mental illness are overrepresented in Australia's criminal justice system (7). In comparison to people without ID, those with ID are significantly younger when they have their first contact with the criminal justice system and those with ID and mental illness represent the youngest age group with an average age of 14.9 years at first police contact. In addition, people with ID have higher rates of police contact per year (3.6 times and 4.8 times for people with ID and mental illness) and those with ID and mental illness have higher levels of ongoing life-long criminal justice involvement (7). Failure at the service and systems level, in particular failure to appropriately connect people to, and support their engagement with appropriate supports, is associated with recidivism (7).

We recommend:

1. The provision and expansion of services for NDIS participants in receipt of forensic disability services. An exemplar program is the "Community Justice Program", a highly successful program currently run by Ageing Disability and Home Care, Family and Community Services NSW. See http://www.adhc.nsw.gov.au/sp/delivering_disability_services/community-justice-program for details.
2. A specific focus within forensic disability services on the needs of Aboriginal people. Specific research and recommendations regarding this group can be found at https://www.mhdcd.unsw.edu.au/.

We thank the Joint Standing Committee on the NDIS for this opportunity for input into this important issue. Should you wish to discuss the content of this submission please do not hesitate to contact us. We can be contacted by phone on (02) 9931 9160 or by email, j.trollor@unsw.edu.au,

Sincerely,

Professor Julian Trollor
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Signed on behalf of all authors

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