



## 5.4 People with disability

An estimated 1 in 5 people in Australia (18% or 4.3 million people) had disability in 2015, including about 1.4 million people (5.8% of the population) with severe or profound disability (ABS 2016a) (see Box 5.4.1 for definitions). Disability and health have a complex relationship—long-term health conditions might cause disability, and disability can contribute to health problems. The nature and extent of a person's disability can also influence their health experiences.

This snapshot looks at the health of people with disability, the risks to their health, and their experiences of health care.

### Box 5.4.1: Defining and measuring disability

There are many different concepts and measures of disability, making comparisons across different data sources challenging. The AIHW promotes measures based on the International Classification of Functioning, Disability and Health (WHO 2001), which underpins the disability categories used here.

The data used in this snapshot are primarily from the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) 2015 and the National Health Survey (NHS) 2014–15, with supplementary information from the ABS Patient Experience Survey 2015–16 and 2016–17, and the National Disability Insurance Scheme (NDIS) (Box 5.4.2).

To identify disability, the SDAC asks participants if they have at least one of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and that restricts everyday activities (ABS 2016a). The NHS asks similar questions but with less detail (ABS 2016d). The Patient Experience Survey does not identify disability, and data from it refer to Australians generally (ABS 2016e, 2017).

This snapshot groups people with disability as people:

- with severe or profound core activity limitation—unable to do, or always or sometimes needs help with, a core activity (self-care, mobility and communication); this is referred to in this snapshot as 'with severe or profound disability'
- without severe or profound core activity limitation—has a mild or moderate core activity limitation, or has restriction in schooling or employment; this is referred to in this snapshot as 'with other forms of disability'.

Unlike the SDAC, the NHS does not report on people living in institutional settings, such as aged care facilities (ABS 2016d). To avoid under-representing disability among certain groups, this snapshot therefore focuses on people aged under 65 who live in households.



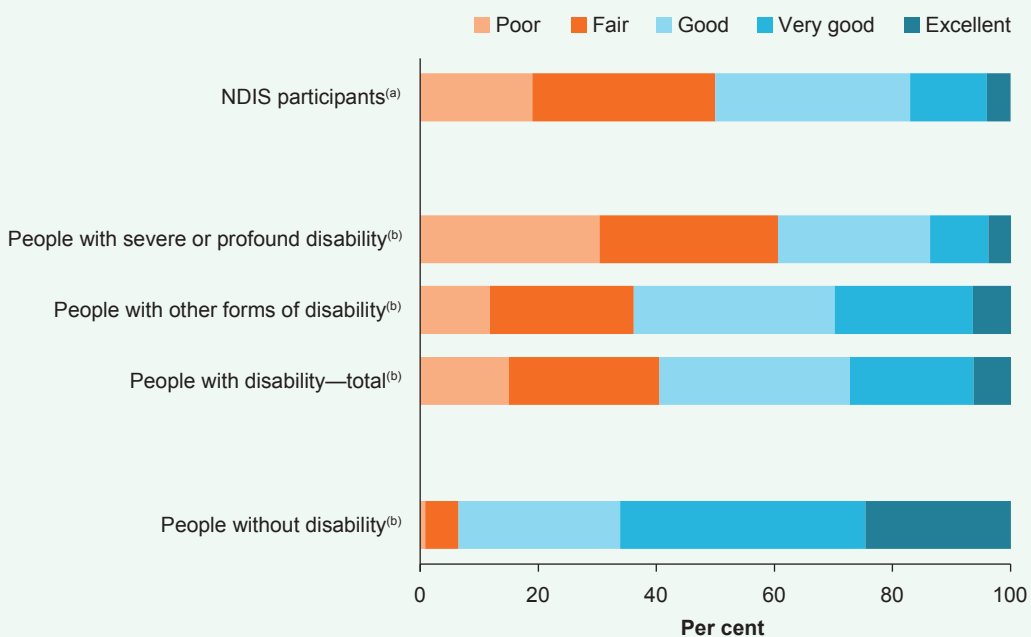


## Health status

People with disability generally rate their health as poorer than other Australians. They were around 6.2 times as likely as people without disability to assess their health as 'poor' or 'fair' in 2014–15 (41% compared with 6.5%) (Figure 5.4.1). This is especially the case for people with severe or profound disability (61%), who were about 10 times as likely as people without disability, and almost twice as likely as people with other forms of disability (36%), to assess their health as 'poor' or 'fair' (Figure 5.4.1).

Participants in the NDIS (Box 5.4.2) also rated their health as poorer than other Australians, with 50% aged 25 and over assessing their health as 'poor' or 'fair' between 1 July 2016 and 30 September 2017 (Figure 5.4.1).

**Figure 5.4.1: Self-assessed health, by broad disability status (2014–15), and for NDIS participants (1 July 2016–30 September 2017)**



(a) NDIS participants aged 25 and over, 1 July 2016–30 September 2017. See also Box 5.4.2.

(b) ABS 2014–15 NHS respondents aged 15–64; includes people who may be NDIS participants.

Sources: ABS 2016c; NDIA unpublished data 1 July 2016–30 September 2017; Tables S5.4.4, S5.4.1.





#### Box 5.4.2: National Disability Insurance Scheme

The NDIS is a substantial change to how services are delivered to people with disability in Australia. It uses an insurance-based model to provide Australians with 'permanent and significant' disability the 'reasonable and necessary support' needed to participate in everyday life. The NDIS was introduced through trial sites from 1 July 2013, with the transition to the full scheme occurring progressively from 1 July 2016.

#### NDIS Outcomes Framework

The NDIS Outcomes Framework collects information about how participants and their families and carers are faring in different areas (domains) of life over time.

Two versions of the framework exist: a short form questionnaire, asked of all participants; and a long form asked of a sample of new participants each year. Different questionnaires (both for participants and for their families and carers) have been developed for defined participant age groups, recognising that different milestones are important at varying stages of life.

The framework covers areas (or domains) that are not the direct responsibility of the NDIS—such as the 'health and wellbeing' domain, which includes questions on the health outcomes of NDIS participants aged 15 and over. The short form includes 4 health-related questions: self-rated health; whether the participant has a regular doctor; difficulties accessing health services; and visits to hospital. The long form includes a much broader range of questions, asking (in addition) about the participant's outlook on life, health screening, diet and exercise, alcohol consumption, smoking, mental health (the Kessler 6), and resilience (the Brief Resilience Scale). A selection of health and wellbeing questions is also included in the questionnaires for families and carers.

Some initial results from the NDIS health and wellbeing domain short form are included in this snapshot. This information was collected from around 35,000 transition participants aged 25 and over with a first plan approved between 1 July 2016 and 30 September 2017.

## Mental health

Experiences of disability often involve mental health issues. Mental health conditions can be both a cause and an effect of disability, and often involve activity limitations and participation restrictions beyond the 'core' areas of communication, mobility and self-care—for example, in personal relationships.

Notwithstanding this broader scope, almost half (47%) of people with severe or profound core activity limitation, and more than one-third (37%) of people with other forms of disability, self reported anxiety-related problems in 2014–15 (ABS 2016c). This compares with 11% of people without disability (ABS 2016c).

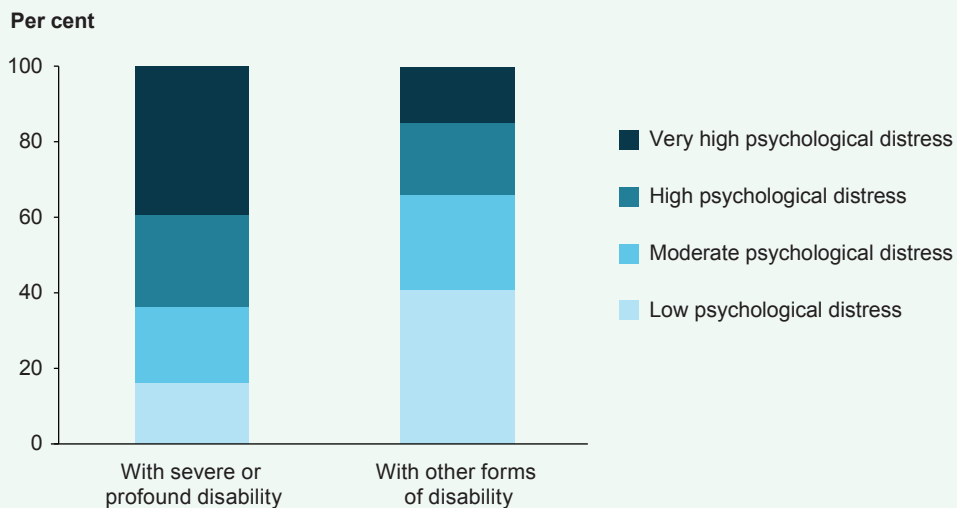


An estimated 43% of people with severe or profound disability self reported that they had mood (affective) disorders such as depression, compared with 35% of people with other forms of disability, and 7.3% of people without disability (ABS 2016c).

People with severe or profound disability had higher levels of psychological distress compared with people with other forms of disability in 2015 (Figure 5.4.2). Higher levels of psychological distress indicate that a person may have, or is at risk of developing, mental health issues.

See Chapter 3.12 'Mental health' for more information on the mental health of the general Australian population.

Figure 5.4.2: Level of psychological distress, by broad disability status, 2015



Note: People with disability aged 18–64. Level of psychological distress measured using the Kessler Psychological Distress Scale (K10).

Source: ABS 2016b; Table S5.4.2.

## Risk factors

Limitations in activities and restrictions in participation can affect people's lifestyles and pose risks for health.

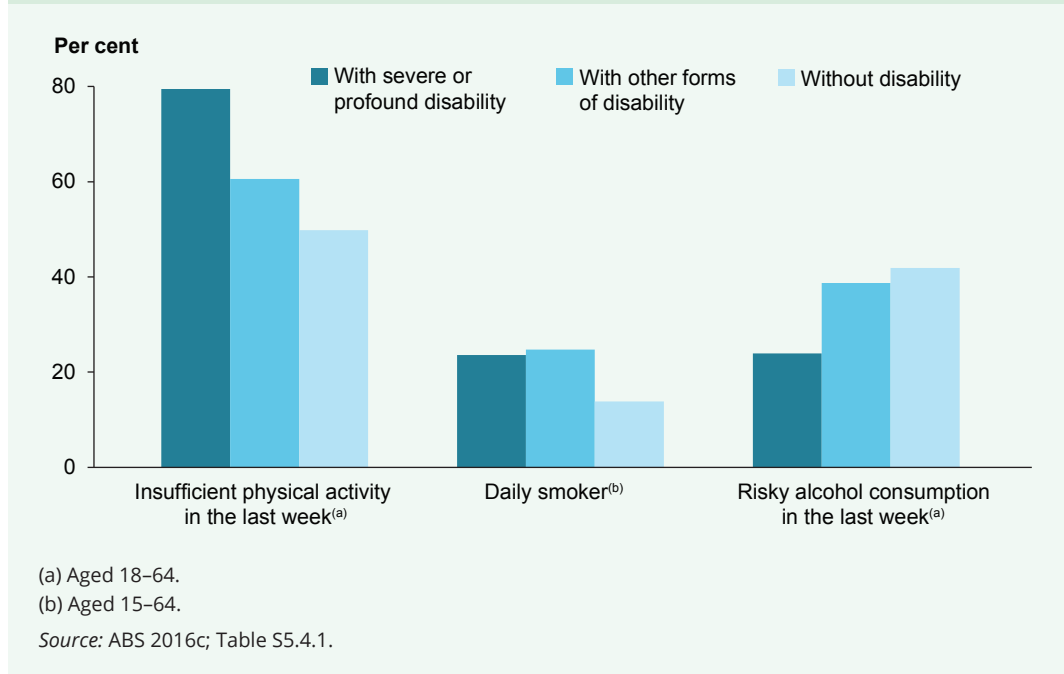
In 2014–15, compared with people without disability, people with disability were:

- more likely to report an insufficient level of physical activity in the last week
- more likely to report that they smoked daily
- less likely to report risky alcohol consumption in the last week (Figure 5.4.3).

See chapters 4.5 'Tobacco smoking', 4.6 'Alcohol risk and harm', 4.8 'Insufficient physical activity' for more information on risk factors for the general Australian population.



Figure 5.4.3: Prevalence of selected risk factors, by broad disability status, 2014–15



## Health care

People with disability generally use health services—such as general practitioners (GPs), medical specialists and hospital emergency departments—more than people without disability. For example, in 2014–15, 93% of people with disability had visited a GP, 58% had visited a medical specialist, and 20% had visited a hospital emergency department in the last 12 months, compared with 82%, 26%, and 10%, respectively, of people without disability (ABS 2016c).

Compared with people with other forms of disability, people with severe or profound disability were more likely to visit, in the last 12 months:



a GP for urgent care  
**24%** compared with 18%



a medical specialist  
**70%** compared with 59%



a hospital emergency department  
**29%** compared with 24%

Source: ABS 2016b; Table S5.4.2.



In 2015, about 1 in 8 (13%) people with disability who went to an emergency department in the last 12 months felt that their GP could have provided that care instead (ABS 2016b). Some people with disability experience difficulties in accessing health services, such as unacceptable or lengthy waiting times, cost, inaccessibility of buildings, and discrimination by health professionals. They may also experience issues caused by lack of communication between different health professionals who treat them. This can vary by the extent or severity of disability (Table 5.4.1).

**Table 5.4.1: Difficulties in accessing health services in last 12 months, by broad disability status, 2015**

	With severe or profound disability (%)	With other forms of disability (%)
Had difficulty accessing medical facilities	38.2	34.5
Experienced unfair treatment or discrimination from health staff	20.2	16.0
Delayed or did not see a GP because of the cost	20.5	19.1
Waited longer than they felt was acceptable to get an appointment with a GP	26.2	21.0
Delayed or did not see a medical specialist because of the cost	23.5	27.9
Waited longer than they felt was acceptable to get an appointment with a medical specialist	32.6	28.5
Delayed or did not see a dentist because of the cost	57.9	65.7
Still waiting to receive public dental care	33.7	35.7
Delayed or did not go to hospital because of the cost	22.3	24.7
Experienced issues caused by lack of communication among different health professionals	20.4	16.1

Source: ABS 2016b; Table S5.4.2.

As the patient experience information in the SDAC is collected only from people with disability and their carers, it is not possible to make direct comparisons with people without disability. Although from a different source, information from the ABS Patient Experience Survey 2015–16 (ABS 2016e) suggests that people with disability are more likely to face barriers such as cost when accessing some types of health services. For example:

**Compared with all Australians, because of the cost, people with disability aged 15–64 were more likely to delay seeing, or not see, in the last 12 months:**



a GP  
**20%** compared with 16%



a dentist  
**65%** compared with 61%

Sources: ABS 2016b, 2016e.





The NDIS Outcomes Framework (Box 5.4.2) collects information on areas outside the responsibility of the NDIS, such as use of, and access to, health services. Initial results suggest that NDIS participants had some difficulty accessing or using health services, with about 1 in 3 (32%) people aged 25 and over having trouble (NDIA 2017). Reasons included access issues (9%), no support (6%), no transport (5%), the attitudes and/or experience of health professionals (6%), and cost (5%) (NDIA 2017).

NDIS participants are more likely than Australians generally to go to hospital—41% had been to hospital at least once in the last 12 months, compared with 11% of Australians aged 25–64 in 2016–17 (ABS 2017; NDIA 2017). They also attend hospital more often—56% of NDIS participants who had attended hospital in the past 12 months had been more than once, compared with 23% of Australians aged 25–64 who had been to hospital (NDIA 2017; ABS 2017).

### What is missing from the picture?

The NDIS data presented in this snapshot signal the potential for much richer data on the subset of all people with disability who are NDIS participants. As the NDIS matures, it is expected that comprehensive data on assessed needs, supports provided and goals met (outcomes) will be collected and progressively made available for further research and policy development.

One key data gap relates to the availability of administrative data on the use of mainstream health services by people with disability. At present, many health-related data collections—such as those on hospitals, the Medicare Benefits Schedule, and the Pharmaceutical Benefits Scheme—do not include a way to identify if a person has disability. This limits the ability to report comprehensively on the use of specific health services and to examine the interactions between health and other service sectors.

### Where do I go for more information?

More information about access to health services by people with disability is available in the web report <[www.aihw.gov.au/reports/disability/access-health-services-disability/contents/content](http://www.aihw.gov.au/reports/disability/access-health-services-disability/contents/content)>.

See the ABS website for more information on the [SDAC](#), the [NHS](#), and the [Patient Experience Survey](#). See the National Disability Insurance Agency website for more information on the [NDIS](#).

### References

- ABS (Australian Bureau of Statistics) 2016a. Disability, ageing and carers, Australia: summary of findings, 2015. ABS cat. no. 4430.0. Canberra: ABS.
- ABS 2016b. Microdata: disability, ageing and carers, Australia, 2015. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of the confidentialised unit record file.
- ABS 2016c. Microdata: National Health Survey, 2014–15. ABS cat. no. 4324.0.55.001. Canberra: ABS. AIHW analysis of ABS TableBuilder.
- ABS 2016d. National Health Survey: users' guide 2014–15. ABS cat. no. 4363.0. Canberra: ABS.
- ABS 2016e. Patient experiences in Australia: summary of findings, 2015–16. ABS cat. no. 4839.0. Canberra: ABS.
- ABS 2017. Patient experiences in Australia: summary of findings, 2016–17. ABS cat. no. 4839.0. Canberra: ABS.
- NDIA (National Disability Insurance Agency) 2017. National Disability Insurance Scheme, unpublished data. Canberra: NDIA.
- WHO (World Health Organization) 2001. International Classification of Functioning, Disability and Health. Geneva: WHO.

