Support services for people with psychiatric disability

This section presents information on specialist disability support services, funded by the **_National Disability Agreement (NDA),_** provided to service users with **_psychiatric disability_** either as their **_primary disability_** or as an **_other significant disability_**. Note that unless explicitly stated, service users with psychiatric disability include all services users with psychiatric disability, regardless of whether it is considered a primary or other significant disability.

Key points

- Over 80,000 people with psychiatric disability made use of disability support services in 2009–10.
- Psychiatric disability was the second most commonly reported primary disability among people receiving disability support services.
- There has been an average annual increase of 5.0% in the rate of residential service users with psychiatric disability, and 18.5% in the rate of non-residential services users with psychiatric disability, between 2005–06 and 2009–10.
- *Employment services* were the most common type of non-residential service provided to people with psychiatric disability.
- *Group homes* were the most common type of residential service provided to people with psychiatric disability.

Information presented in this section has been extracted from the 2009–10 Disability Services National Minimum Data Set (DS NMDS) which comprises national administrative data on disability support services providing care to **_people with disabilities_**, funded through the NDA. The **_data source_** section provides further information on data quality, coverage and other aspects of the NDA data collection.
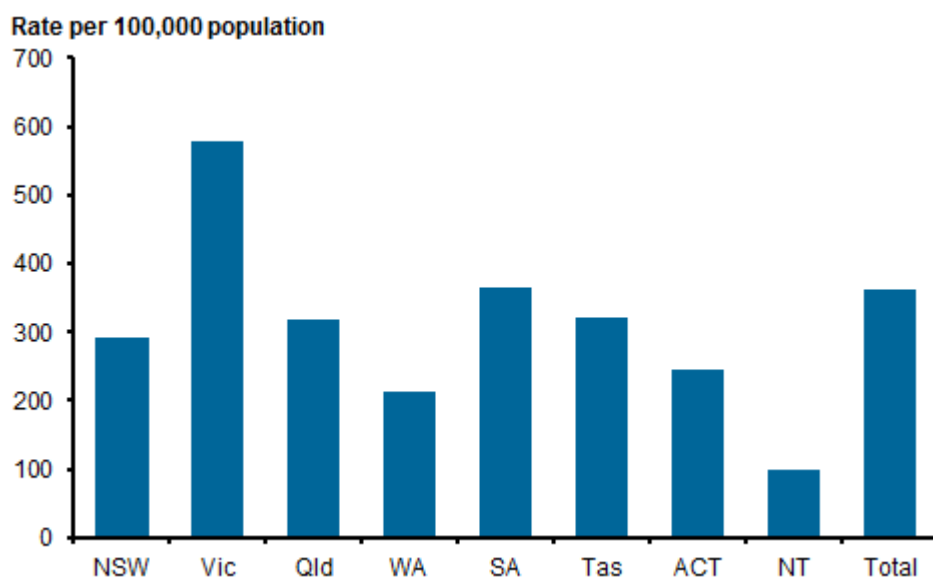
Service users may receive **_non-residential_** services, defined using the broad **_service group_** categories of **_accommodation support_** (excluding **_large residential facilities/institutions_**, **_small residential facilities/institutions_**, **_hostels_** and **_group homes_**), **_community support_**, **_community access_**, **_respite services_**, **_employment services_**, **_advocacy, information and alternative forms of communication_** and **_other support_**. Providers of non-residential services are either **_state or territory administered services_** or **_Australian Government funded services_**.

Service users may also receive a range of **_residential_** disability support **_service types_**, depending on availability and their individual needs, broadly termed **_large residential facilities/institutions_**, **_small residential facilities/institutions_**, **_hostels_** and **_group homes_**.

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States and territories

Overall, 295,024 people across Australia made use of specialist disability support services during 2009–10 (AIHW 2011a). Among this group, psychiatric disability (51,597 or 17.5%) was the second most commonly reported primary disability.

A total of 80,034 people with psychiatric disability (all recorded, not just primary) made use of disability support services in 2009–10. The rate of service users was highest in Victoria (576.9 per 100,000 population), and lowest in the Northern Territory (98.3), compared to the national average of 361.3 (Figure 10.1).

Rate per 100,000 population

NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total

Notes:

1.   Service users may use both residential and non-residential services and may access services in more than one state or territory.

Source: AIHW analysis of data from the National Disability Services Database.

Figure 10.1: Service users with psychiatric disability, states and territories, 2009–10

For residential services, the Northern Territory had the lowest service user rate (2.2) and Tasmania had the highest rate (35.4) compared to the national average of 17.5 per 100,000 population. The Northern Territory also had the lowest rate of non-residential service users (96.5), while Victoria had the highest rate (572.6) compared to the national average of 358.2.
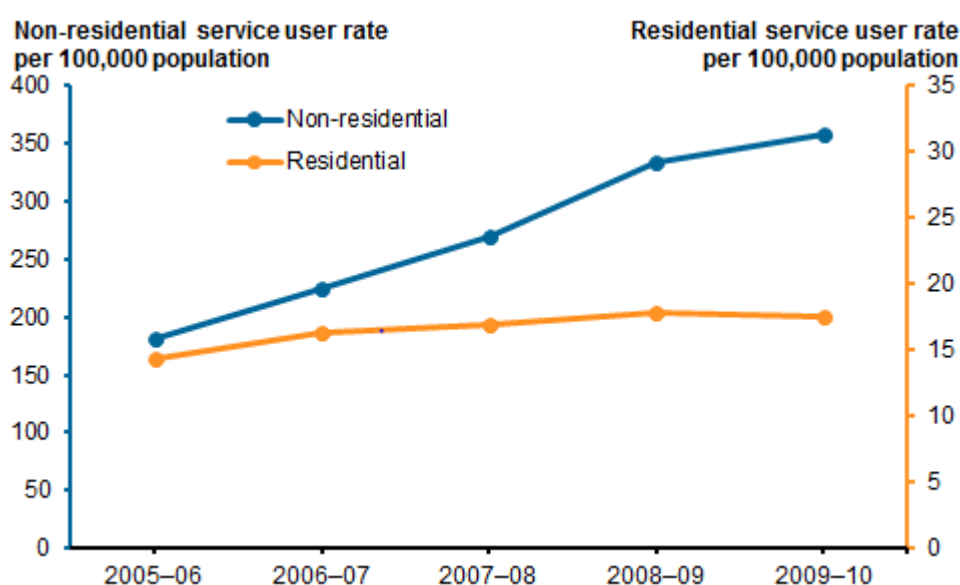
Reference

Australian Institute of Health and Welfare (AIHW) 2011a. Disability support services 2009–10: report on services provided under the National Disability Agreement. Disability series. Cat. no. DIS 59. Canberra: AIHW.

Psychiatric disability support over time

Nationally, the proportion of people with psychiatric disability among those who used any NDA-funded disability support service has increased steadily over the past 5 years (AIHW 2011a). This increase may be due to an increase in the number of people who identified as having psychiatric disability, or due to an overall rise in the number of people with psychiatric disability using the specialist support services, or a combination of these two factors.

There has been an average annual increase of 18.5% in the rate of non-residential service users with psychiatric disability over the five years to 2009–10; from 181.6 per 100,000 population in 2005–06 to 358.2 in 2009–10 (Figure 10.2), driven mainly by the increase in the number of service users of employment services. Over the same time period, there has been an average annual increase of 5.0% in the residential service user rate; from 14.4 per in 2005–06 to 17.5 in 2009–10.

Note:
The methodology to obtain service user counts has varied over time, so comparisons between reporting years should be approached with caution. See data source section for more information.

Source: AIHW analysis of data from the National Disability Services Database.

Figure 10.2: Service users with psychiatric disability, 2005–06 to 2009–10

Reference

Australian Institute of Health and Welfare (AIHW) 2011a. Disability support services 2009–10: report on services provided under the National Disability Agreement. Disability series. Cat. no. DIS 59. Canberra: AIHW.

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Non-residential services

Profile of service usage

Non-residential disability support services were most commonly used by people with psychiatric disability in Victoria, with 572.6 users per 100,000 population. The national average was 358.2 and the Northern Territory had the lowest overall usage rate of 96.5 (Figure 10.3). *Employment services* had the highest rate of service users per 100,000 population in all jurisdictions in 2009–10, while *respite services* had the lowest overall service user rate. Victoria had the highest rate of service users for all service groups except for *community support,* where South Australia had the highest service user rate.

Rate per 100,000 population
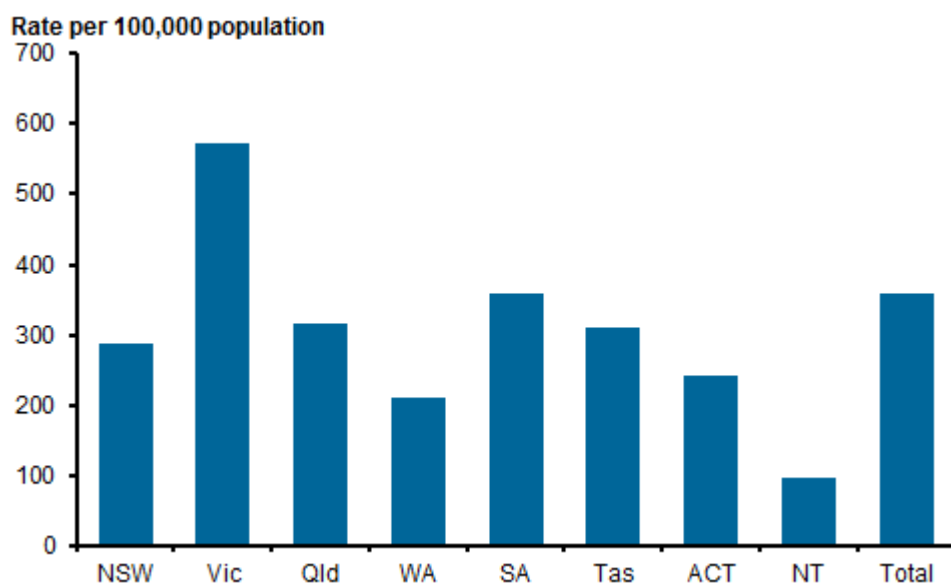
Source: AIHW analysis of data from the National Disability Services Database.

Figure 10.3: Non-residential service users with psychiatric disability, states and territories, 2009–10

Profile of service users

Of the non-residential service users who identified as having psychiatric disability, just under two-thirds (64.8%) reported this as their primary disability.
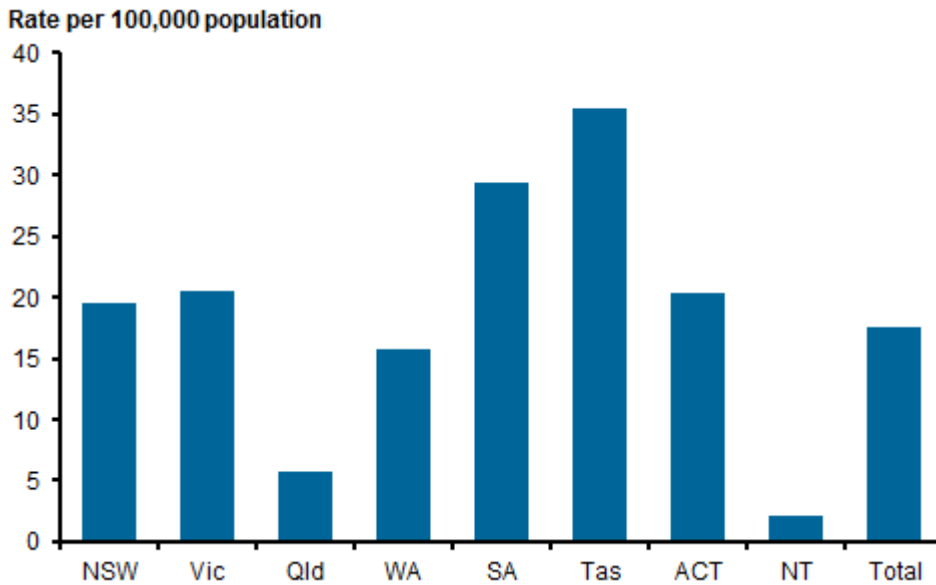
There were more male users (57.0%) of non-residential disability support services than females (43.0%) and the majority of non-residential users were aged 25–54 (70.9%). Most non-residential service users were born in Australia (82.0%). Aboriginal and Torres Strait Islander people were more than twice as likely to utilise non-residential disability support services in comparison to non-Indigenous Australians (757.2 and 339.9 per 100,000 population respectively).

Almost all (90.0%) service users of non-residential disability support services lived in a *Major city* or *Inner regional area*, mostly in *private residences* (83.0%). While the highest proportion of service users *live with others* (40.7%), about a third *live alone* (34.1%) and a quarter *live with family* (25.1%). The main source of income for users of non-residential services was a *Disability support pension* (55.2%) with only 9.5% of users reporting paid employment as their main income source.

Residential services

Profile of service usage

People with psychiatric disability accessed residential disability support services most commonly in Tasmania, with 35.4 users per 100,000 population. The lowest rate was in the Northern Territory (2.2) and the national average was 17.5 (Figure 10.4). *Group homes* were the most widely used residential service type nationally, with 13.0 service users per 100,000 population. *Group homes* were the only residential service type used by people with a psychiatric disability in the Australian Capital Territory and the Northern Territory. Service users in South Australia used *group homes* and *large residential facilities/institutions* at an almost equal rate.

Rate per 100,000 population

Source: AIHW analysis of data from the National Disability Services Database.

Figure 10.4: Residential service users with psychiatric disability, states and territories, 2009–10

Profile of service users

Of all residential service users with psychiatric disability, the most commonly reported primary disability was intellectual disability (79.1%), with only a small proportion of users having a primary psychiatric disability (8.6%), a notable difference to users of non-residential services (64.8%).

There were more male users (57.5%) of residential services, than female (42.5%), with the majority of residential users aged 35–54 (53.4%). Aboriginal and Torres Strait Islander people made up a small proportion of residential service users (4.7%), but were more than twice as likely to access residential services in comparison to non-Indigenous Australians (44.0 and 16.8 per 100,000 population, respectively).

Residential service users were most likely to be *living with others* (93.9%), in a *domestic-scale supported living facility* (57.8%) and receiving a *Disability support pension* (97.7%) as their main source of income.

Data source

Disability Services National Minimum Data Set collection

Data pertaining to the National Disability Agreement (NDA) are collected through the Disability Services National Minimum Data Set (DS NMDS). This NMDS, managed by the AIHW, facilitates the annual collation of nationally comparable data about NDA-funded services. Services within the scope of the collection are those for which funding has been provided during the specified period by a government organisation operating under the NDA. A funded agency may receive funding from multiple sources. Where a funded agency is unable to differentiate service users according to funding source (that is, NDA or other), they are asked to provide details of all service users or to apportion the number of service users against the amount of funding provided (that is, if 50% of funding is from NDA then services are asked to report 50% of their service users).

With the exceptions noted below, agencies funded under the NDA are asked to provide information about:

- each of the service types they are funded to provide (that is, service type outlets they operate)
- all service users who received support over a specified reporting period
- the DS NMDS service type(s) the service users received.

However, certain service type outlets—such as those providing advocacy or information and referral services—are not requested to provide any service user details, and other service type outlets (such as recreation and holiday programs) are only asked to provide minimal service user details.

The collection includes those disability support service providers that receive funding under the NDA, including psychiatric-specific disability service providers, as well as other disability service providers that may be accessed by people with psychiatric disability. It should be noted that the NDA does not apply to the provision of services with a specialist clinical focus. In addition, the collection does not include psychiatric-specific disability support services that are not funded through the NDA.

Data for the 2009–10 collection period were released in *Disability support services 2009–10* (AIHW 2011a). The scope of services varied in terms of programs that received NDA funding across jurisdictions. For example, in Victoria and Queensland, specialist psychiatric disability services were provided under the NDA. However, in all other jurisdictions specific mental health services were funded and provided under health, rather than disability, portfolios. In addition, Victoria has changed the way service users with a psychiatric disability were reported between *Mental health services in Australia* publications. Therefore, comparisons between publications should be approached with caution.

Response rates

For the 2009–10 collection, there was an overall response rate of 97% for service outlets, although rates were variable across jurisdictions (see table below). The response rates estimate the number of service outlets providing client data. Information on which service type outlets provided information for each collection period is not available as part of the DS NMDS. Therefore, there is the possibility that, between collection periods, different outlets, with different proportions of psychiatric disability users, are providing service user information to the DS NMDS. In addition, the number of non-responses for the item 'Primary disability group' also varies considerably between jurisdictions. The service outlet response rates and the non-response rates for states and territories for 2005–06 to 2009–10 are shown in the table below. The user response rate within these outlets cannot be estimated.

DS NMDS response rates, by states and territories, 2005–06 to 2009–10 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust Gov	Total
Service outlet response rates										
2005–06	89	90	99	100	100	100	100	100	100	94
2006–07	89	90	100	100	100	100	100	100	100	94
2007–08*	90	93	100	99	99	100	100	99	100	95
2008–09	92	93	99	99	100	100	100	100	100	96
2009–10	93	96	99	100	99	100	100	96	100	97
'Not stated' and 'not known' response rates for Primary disability group[a]										
2005–06	11.1	41.8	0.8	3.5	1.8	0.6	21.0	27.6	13.9	19.7
2006–07	9.1	23.8	0.9	1.0	1.4	4.5	9.5	26.6	0.7	9.2
2007–08*	8.2	23.4	1.4	1.6	3.6	0.3	3.3	16.2	0	8.6
2008–09*	10.5	16.2	2.6	1.0	0.7	0	4.2	11.9	0.1	6.5
2009–10	13.4	16.7	1.8	1.9	0.7	0	3.6	10.8	0	6.8

* Indicates where previously published data has been revised.

(a) Figures are the percentage of total responses for primary disability group.

Notes
1. Response rates are based on figures provided by jurisdictions.
2. The total response rate is based on the number of outlets in the data set divided by the number of total outlets that would have been in the data set if all jurisdictions had a 100% response rate.
3. The methodology to obtain service user counts has varied over time, so comparisons between reporting years should be approached with caution.

Sources: Disability support services (AIHW 2007, 2008, 2009, 2011a, 2011b).

The statistical linkage key

Individuals may receive disability support services from more than one service type or service group, or from multiple jurisdictions. A statistical linkage key enables unique service user counts to be estimated from the data collected by service type outlets and agencies. To link records within the DS NMDS, the statistical linkage key components of each record for a service received are compared electronically with the statistical linkage key components of all other records. Records that have matching statistical linkage keys are assumed to belong to the same individual service user and are linked. There is a small probability that some of the linked records do not actually belong to the same individual, and, conversely, that some records that did not link do belong to the same individual. More technical information on the use, calculation and validity of the statistical linkage key can be found in the publication, *Disability Support Services 2009–10: report on services provided under the National Disability Agreement* (2011a).

Indigenous status

For 2009–10, the proportion of service users identifying as being Aboriginal or Torres Strait Islander people was higher than the proportion in the general population. Indigenous data should therefore be interpreted with caution. See *Disability Support Services 2009–10: report on services provided under the National Disability Agreement* (2011a) for further information.

References

AIHW 2007. Disability support services 2005–06: national data on services provided under the Commonwealth State/Territory Disability Agreement. Disability series. Cat. no. DIS 51. Canberra: AIHW.

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AIHW 2008. Disability support services 2006–07: national data on services provided under the Commonwealth State/Territory Disability Agreement. Disability series. Cat. no. DIS 52. Canberra: AIHW.

AIHW 2009. Disability support services 2007–08: national data on services provided under the Commonwealth State/Territory Disability Agreement. Disability series. Cat. no. DIS 56. Canberra: AIHW.

AIHW 2011a. Disability support services 2009–10: report on services provided under the National Disability Agreement. Disability series. Cat. no. DIS 59. Canberra: AIHW.

AIHW 2011b. Disability support services 2008–09: national data on services provided under the Commonwealth State/Territory Disability Agreement. Disability series. Cat. no. DIS 58. Canberra: AIHW.

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Key concepts

Support services for people with psychiatric disability

Key Concept	Description
Accommodation support	*Accommodation support* services provide the support needed to enable a person with a disability to remain in their existing accommodation or to move to more suitable or appropriate accommodation. It includes personal care by an attendant, in-home living support, alternative placement (such as shared-care arrangements and host family placements) and crisis accommodation support.
Advocacy, information and alternative forms of communication and *other support*	*Advocacy*, *information and alternative forms of communication* and *other support* services include advocacy, information, referral, mutual support, self-help groups and alternative formats of communication. (Note that no service user counts are collected for these services and are therefore not presented in the text, or associated data, for this section.)
Australian Government-funded services	*Australian Government-funded services* include those NDA funded services in receipt of funding directly from the Australian Government, providing *Employment services*.
Community access	*Community access* services are designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. They include learning and life skills development, and recreation and holiday programs.
Community support	*Community support* services provide assistance with non-institutionalised living arrangements, such as specialised therapeutic care services, early childhood intervention, behaviour and/or specialist intervention, regional resource and support teams, counselling and case management.
Employment services	*Employment support services* include providing assistance in obtaining and/or retaining paid employment in both the open labour market and specialised and supported environments.
Group homes	*Group homes* provide combined accommodation and community-based residential support to people in a residential setting and are generally staffed 24 hours a day. Usually, no more than 6 service users are located in any one home.
Hostels	*Hostels* provide residential support in a setting of usually less than 20 beds and may or may not provide 24-hour residential support. Unlike residential facilities/institutions, hostels do not provide segregated specialist services.
Large residential facilities/ institutions	*Large residential facilities/institutions* provide 24-hour residential support in a setting of more than 20 beds.
National Disability Agreement	The National Disability Agreement (NDA) replaced the Commonwealth State/Territory agreement (CSTDA) on 1 January 2009. Similar to previous agreements, the NDA outlines state/territory and Australian Government roles and responsibilities, and provides agreed objectives, outcomes and national priorities for disability service delivery in Australia (COAG 2008). Key reforms outlined in the NDA aim to improve the effectiveness, efficiency and equity of disability services, with a focus on person-centred approaches, improved access,

	and lifelong planning (FaHCSIA 2009).
Non-residential services	*Non-residential services* are services that support people with a disability to live in a non-institutional setting through the provision of community support, community access, accommodation support in the community (including personal care by an attendant, in-home accommodation support, alternative family placement and other accommodation support), respite and/or employment services.
Other significant disability	*Other significant disability* refers to disability group(s) other than that indicated as being 'primary' that also clearly expresses the experience of disability by a person and/or causes difficulty for the person. A number of other significant disabilities may be identified for each service user.
People with disabilities	The NDA defines *people with disabilities* as those people with disabilities attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which are likely to be permanent and result in substantially reduced capacity in self-care/management, mobility or communication. In addition, the needs of these individuals should be identified as being likely to be significant and ongoing and/or require long-term episodic support. Also, the disability must manifest itself before the age of 65 years (FaHCSIA 2009).
Primary disability	*Primary disability* is the disability group that most clearly expresses the experience of disability by a person, causing the most difficulty for the person in their daily life.
Psychiatric disability	*Psychiatric disability* within the DS NMDS collection includes clinically recognisable symptoms and behaviour patterns frequently associated with distress that may impair functioning in normal social activity. Psychiatric disability may be associated with schizophrenias, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders but dementias, specific learning disorders (such as attention deficit disorder) and autism are excluded.
Residential services	*Residential services* are services that provide accommodation for people with a disability. They include accommodation in large (>20 places) and small (7–20 places) residential facilities/institutions; hostels; and group homes (<7 places).
Respite services	*Respite services* provide a short-term and time-limited break for families and other voluntary caregivers of people with a disability and include services such as those provided in the individual's home, in centres, in respite homes and with host families. Although respite is provided to both the person with disability and their caregiver, in this report the person with the disability is regarded as the client, and numbers presented in the tables/figures reflect this definition.
Service type and *service group*	*Service type* and *service group* refer to the classification of services according to the support activity which the service provider has been funded to provide under the NDA. Service types are rolled into service groups for data relating to non-residential services.
Small residential facilities/ institutions	*Small residential facilities/institutions* provide 24-hour residential support in a setting of 7 to 20 beds.
State or territory administered services	*State or territory administered services* include those NDA-funded services providing any residential service and those providing the non-residential service

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	groups of accommodation support, community support, community access and respite. Joint funding of these agencies may occur between the state/territory and the Australian Government as specified by the NDA.

References

COAG (Council of Australian Governments) 2008a. Fact sheet: National Disability Agreement. Canberra: COAG. Viewed January 2012, http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/docs/20081129_national_disability_agreement_factsheet.pdf

FaHCSIA 2009. FaHCSIA (Australian Government Department of Families, Housing, Community Services and Indigenous Affairs) National Disability Agreement (NDA). Viewed January 2012, http://www.fahcsia.gov.au/sa/disability/progserv/govtint/Pages/policy-disability_agreement.aspx.