Psychiatric disability support services

This section presents information on specialist disability support services, provided under the National Disability Agreement (NDA) to service users with psychiatric disability either as their primary disability or as an other significant disability. Unless otherwise stated, service users with psychiatric disability include all service users with psychiatric disability, regardless of whether it is considered a primary or other significant disability.

The information presented in this section has been extracted from the 2014–15 Disability Services National Minimum Data Set (Disability Services NMDS); comprising national administrative data on disability support services. The data source section provides further information on coverage, data quality, and other aspects of the Disability Services NMDS.

Key points

- About 96,200 people with a psychiatric disability made use of disability support services in 2014–15, at a rate of 407.4 per 100,000 population (or 1 in 245 Australians).

- Psychiatric disability was the second most frequently reported primary disability among people receiving residential disability support services.

- The rate of non-residential service users with psychiatric disability was 405.2 service users per 100,000 population in 2014–15; this was relatively stable between 2010–11 and 2014–15 (with an average annual increase of 0.7%). In contrast, the rate of residential service users (15.6 per 100,000 in 2014–15) decreased by an annual average of 3.0%.

- Employment services were the most frequently provided service group for non-residential service users with psychiatric disability.

- Group homes were the most frequently used service type by people with a psychiatric disability receiving residential services in 2014–15.

- Indigenous Australians with psychiatric disability used both residential and non-residential disability support services at more than twice the rate of non-Indigenous Australians.

Data in this section were last updated in July 2016.

When accessing disability support services people with psychiatric disability may receive residential support services, non-residential support services or both, depending on availability and their individual needs.

Residential service types include large residential facilities/institutions, small residential facilities/institutions, hostels and group homes. Non-residential support services include accommodation support, 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 provision

Service users by states and territories

Across Australia, about 333,800 people made use of specialist disability support services during 2014–15 (AIHW 2016a). More than 96,200 people with psychiatric disability, including 63,510 people with a primary psychiatric disability, used disability support services in 2014–15. Of clients using residential services, almost 1 in 7 (543 or 14.7%) had a psychiatric primary disability, behind only intellectual (71.1%) (Table DIS.9). The rate of psychiatric disability service users was highest in Victoria (542.3 per 100,000 population), and lowest in the Northern Territory (146.2), compared to the national rate of 407.4 (Figure DIS.1).

Figure DIS.1: Service users with psychiatric disability, states and territories, 2014–15
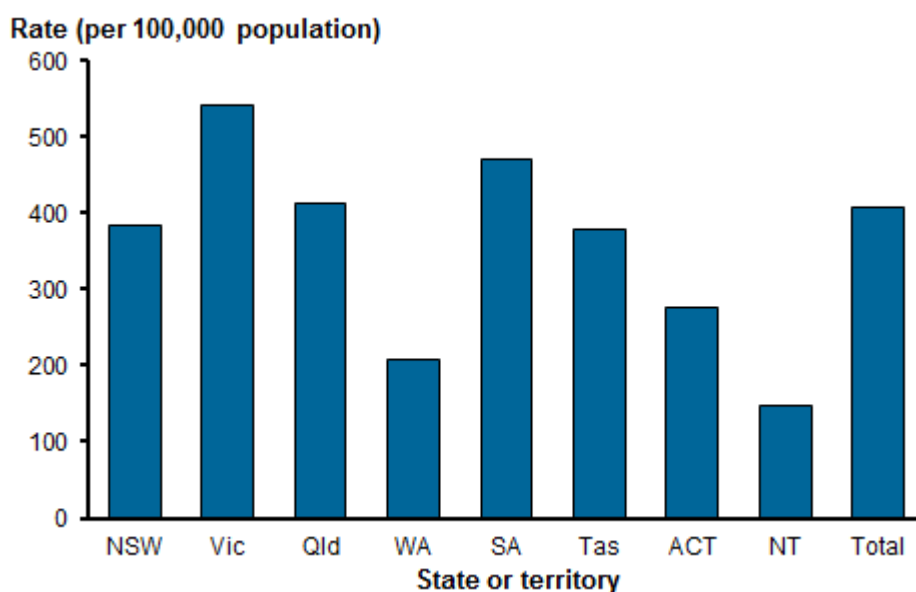
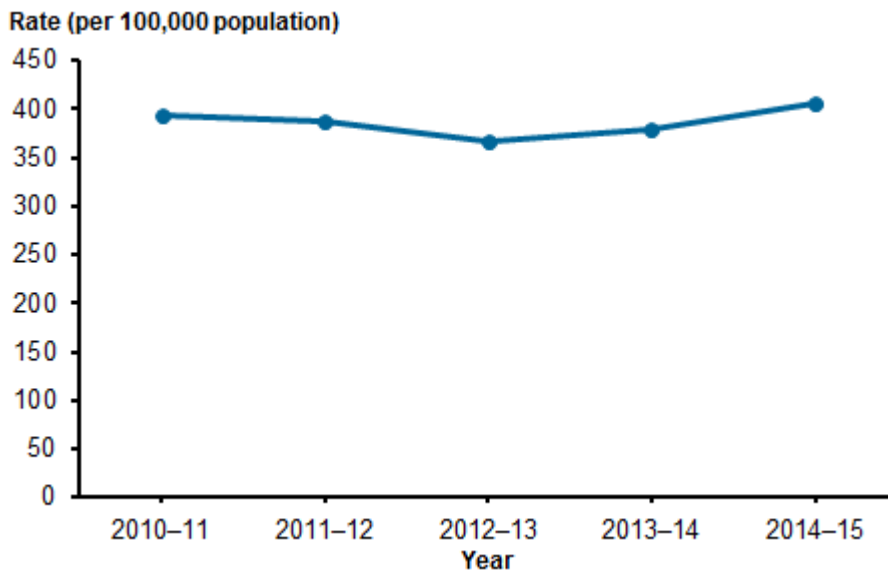*Source*: AIHW analysis of data from the Disability Services NMDS.

Source data Psychiatric disability support services 2014–15 Table DIS.1 (539KB XLS).

The Northern Territory had the lowest residential service user rate per 100,000 population (6.1) and South Australia had the highest (32.2), compared to the national rate of 15.6. The Northern Territory had the lowest rate per 100,000 population of non-residential service users (144.1), while Victoria had the highest rate (540.2) compared to the national rate of 405.2 (Table DIS.1).

Psychiatric disability support over time

Over the 5 years to 2014–15, the rate of non-residential service users has on average increased by 0.7% annually, from 393.3 per 100,000 population in 2010–11 to 405.2 in 2014–15 (Figure DIS.2). Over the same time period, the residential service user rate has on average decreased by 3.0% annually from 17.7 per 100,000 population in 2010–11 to 15.6 in 2014–15 (Figure DIS.3).

Figure DIS.2: Non-residential service users with psychiatric disability, 2010–11 to 2014–15


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 Disability Services NMDS. Source data Psychiatric disability support services 2014–15 Table DIS.3 (539KB XLS).

Figure DIS.3: Residential service users with psychiatric disability, 2010–11 to 2014–15
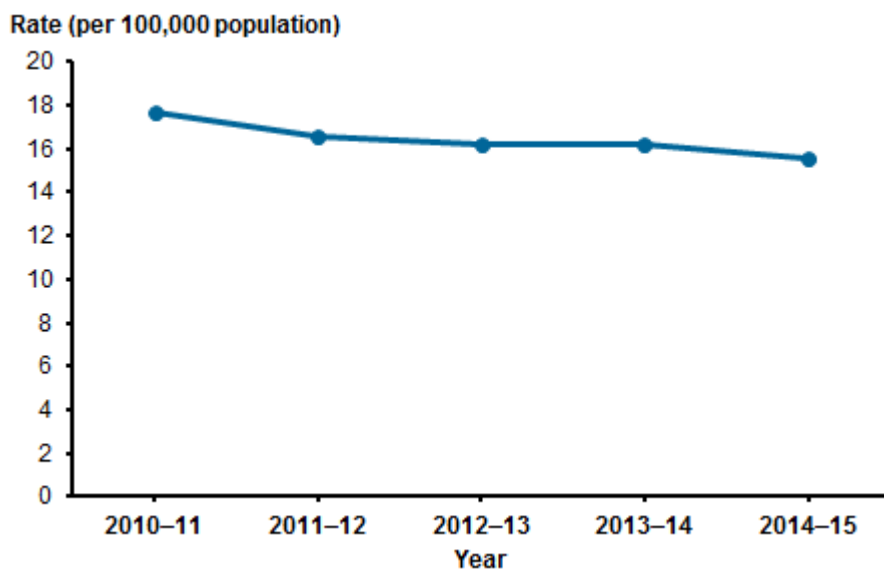
Source: AIHW analysis of data from the Disability Services NMDS. Source data Psychiatric disability support services 2014–15 Table DIS.3 (539KB XLS).

Reference

AIHW 2016a. Disability support services: services provided under the National Disability Agreement 2014–15. Bulletin 134. Cat. no. AUS 200. Canberra: AIHW.

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Client characteristics

Profile of non-residential service use

Victoria had the highest rate of non-residential disability support service users with psychiatric disability (540.2 users per 100,000 population) and the Northern Territory had the lowest (144.1). Nationally, there were 405.2 service users per 100,000 population, or 1 in 247 Australians (Figure DIS.4).

Of the service groups, employment services had the highest rate of service users for all jurisdictions in 2014–15, ranging from 380.4 per 100,000 population in South Australia to 86.8 per 100,000 population in the Northern Territory. Respite services had the lowest service user rate nationally and in most jurisdictions, ranging from 39.5 per 100,000 population in Victoria to 3.3 per 100,000 population in Tasmania. Victoria had the highest rate of service users for accommodation support, community support, community access and respite services (Table DIS.4).

Figure DIS.4: Non-residential service users with psychiatric disability, states and territories, 2014–15
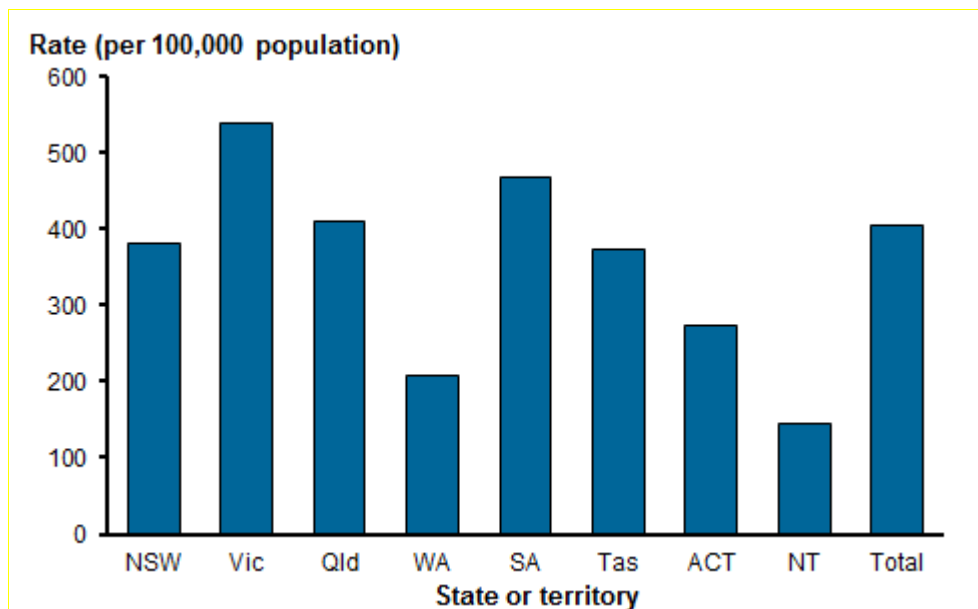
Source: AIHW analysis of data from the Disability Services NMDS.

Source data Psychiatric disability support services 2014–15 Table DIS.1 (539KB XLS).

Demographic profile of non-residential service users

Of the non-residential service users who were identified as having psychiatric disability, two-thirds (66.1%) reported this as their primary disability (Table DIS.5).

There were more male (53.6%) than female (46.4%) users of non-residential disability support services. About two-thirds (65.0%) of non-residential users were aged 25–54 and 4 in 5 (80.6%) non-residential service users were born in Australia.

Aboriginal and Torres Strait Islander people accounted for 5.3% of non-residential service users with psychiatric disability, but used non-residential disability support services at more than twice the rate of non-Indigenous Australians (806.7, or about 1 in 125 Indigenous Australians, compared with 390.2 per 100,000, or about 1 in 255 non-Indigenous Australians).

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The vast majority (90.1%) of non-residential disability support service users lived in a *Major city* or *Inner regional* area and 4 in 5 lived in private residences (80.0%). The highest proportion of service users lived alone (42.3%), about a third (34.0%) lived with others and about a quarter (23.7%) lived with family (Table DIS.7). The most common source of income for users of non-residential services was a disability support pension (45.6%), with only 7.1% of users reporting paid employment as their main income source (Table DIS.7).

Profile of residential service use

South Australia had the highest rate of residential disability support service users (32.2 users per 100,000 population). The lowest rate of residential service users was in the Northern Territory (6.1 per 100,000 population) and the national rate was 15.6 service users per 100,000 population (Figure DIS.5). Nationally, group homes were the most commonly reported residential service type (12.5 service users per 100,000 population). Group homes were the only residential service type reported by people with a psychiatric disability in the Australian Capital Territory and the Northern Territory (Table DIS.8).

Figure DIS.5: Residential service users with psychiatric disability, states and territories, 2014–15
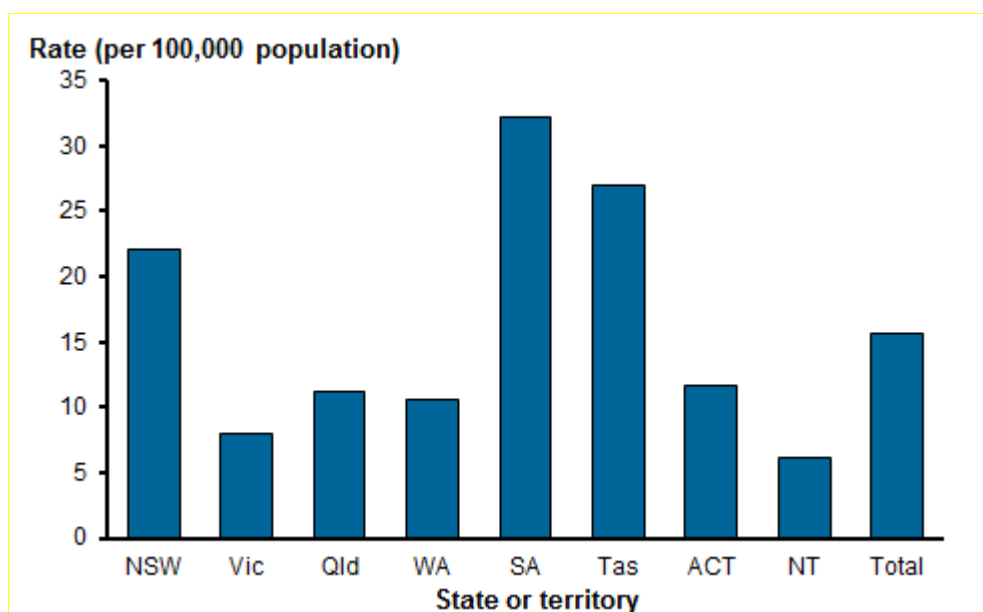
Source data Psychiatric disability support services 2014-15 Table DIS.8 (539KB XLS).

Source: AIHW analysis of data from the Disability Services NMDS.

Demographic profile of residential service users

The most frequently reported primary disability among residential service users with psychiatric disability was intellectual disability (71.1%). In contrast to users of non-residential services, only a relatively small proportion of residential service users had a primary psychiatric disability (66.1% and 14.7% respectively) (Table DIS.9).

There were more male (58.3%) residential service users than female (41.7%), with the majority of service users aged 35–64 (71.8%).

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Indigenous Australians made up a small proportion of residential service users (4.7%) but accessed residential services at more than twice the rate of non-Indigenous Australians (30.6 and 14.8 per 100,000 population respectively) (Table DIS.10).

Residential service users were most commonly living with others (91.5%), in a domestic-scale supported living facility (51.6%) and receiving a disability support pension (96.3%) as their main source of income (Table DIS.11).

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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 disability 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. An agency may receive funding from multiple sources. Where an agency is unable to differentiate service users according to funding source, they are asked to provide details of all service users for each service type.

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

- each of the service types they provide (that is, the service type outlets they operate)
- all service users who received support over a specified reporting period
- the Disability Services 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 provide services under the NDA — including some psychiatric-specific disability service providers and 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.

Data for the 2014–15 collection period were released in *Disability support services: services provided under the National Disability Agreement 2014–15 (AIHW 2016a)*. The scope of services varied in terms of programs provided 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 the health, rather than the disability (or other), portfolio. 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. See the Disability Services National Minimum Data Set 2014-15; Quality Statement and the DS NMDS collection guides.

Response rates

For the 2014–15 collection, there was an overall response rate of 98.0% for service outlets, although rates were variable across jurisdictions (DataSourceDIS.1). 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 Disability Services 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 Disability Services 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 2014–15 are shown in DataSourceDIS.1 below. The user response rate within these outlets cannot be estimated.

DataSourceDIS.1 Disability Services NMDS response rates, by states and territories, 2005–06 to 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust Gov	Total
Service outlet response rates (%)										
2005–06	89.0	90.0	99.0	100.0	100.0	100.0	100.0	100.0	100.0	94.0
2006–07	89.0	90.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.0
2007–08	90.0	93.0	100.0	99.0	99.0	100.0	100.0	99.0	100.0	95.0
2008–09	92.0	93.0	99.0	99.0	100.0	100.0	100.0	100.0	100.0	96.0
2009–10	93.0	96.0	99.0	100.0	99.0	100.0	100.0	96.0	100.0	97.0
2010–11	94.3	95.0	99.7	98.0	99.7	100.0	100.0	96.0	100.0	96.9
2011–12	95.7	95.0	99.9	99.2	99.9	100.0	100.0	90.0	100.0	97.5
2012–13	96.8	96.0	99.9	100.0	96.5	100.0	100.0	99.0	100.0	98.0
2013–14	97.4	95.0	99.8	100.0	95.0	100.0	100.0	98.1	100.0	97.9
2014–15	98.9	94.0	99.4	100.0	91.0	100.0	97.0[a]	100.0	99.7	98.0
'Not stated' and 'not known' response rates for Primary disability group[b] (%)										
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	8.0	23.5	1.4	1.6	3.6	0.3	3.3	16.2	0.0	8.5
2008–09	10.6	16.2	2.6	1.0	0.7	0.0	4.2	11.9	0.1	6.6
2009–10	13.4	16.7	1.8	1.9	0.7	—	3.6	10.8	—	6.8
2010–11	9.1	15.6	1.7	1.6	0.4	—	2.5	44.1	1.6	6.6
2011–12	6.5	13.8	1.7	3.1	0.7	0.1	2.1	35.5	3.5	6.5
2012–13	7.8	13.6	2.4	3.9	2.8	1.5	2.5	27.7	—	5.4
2013–14	6.3	15.6	2.7	2.9	2.5	1.6	1.4	34.8	—	5.6
2014–15	3.6	14.0	5.6	2.3	2.5	1.5	7.9	33.7	0.1	4.8

(a) Some service type outlets in the ACT may have been less responsive because of the complexities associated with the changeover to the NDIS.

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

Notes
1. Service outlet response rates are based on figures provided by jurisdictions, and are the percentage of the total responses for each data item.
2. The total service outlet 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.
4. The 'not stated' and 'not known' response table excludes some service types not required to collect service user data.
5. Some service types are only required to collect data relating to age and sex. These users are included in the 'not stated' and 'not known' table.

Sources: *Disability support services (AIHW 2007, 2008, 2009, 2011a, 2011b, 2012, 2013a, 2013b, 2014, 2015, 2016b)*.

The statistical linkage key

Individuals may receive disability support services from more than one service provider, 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 Disability Services 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 supplementary tables to the publication, *Disability support services: services provided under the National Disability Agreement 2014–15* (AIHW 2016b), and in the associated Disability Services National Minimum Data Set 2014-15; Quality Statement.

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Indigenous status

For 2014–15, the proportion of service users identifying as being Aboriginal and Torres Strait Islander people was higher than the proportion in the general population (5.9% versus 3.0%). See *Disability support services: services provided under the National Disability Agreement 2014–15* (AIHW 2016a) for further information.

References

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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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AIHW 2016b. Disability support services: services provided under the National Disability Agreement 2014–15—Appendix. Bulletin 134. Cat. no. AUS 200. Canberra: AIHW.

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Key concepts

Psychiatric disability support services

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 large residential institutions, small residential institutions, hostels, group homes, personal care by an attendant, in-home accommodation support, alternative family placement (such as shared-care arrangements and host family placements) and other short-term one-off support such as crisis accommodation.
Australian Government-funded services	**Australian Government-funded services** include the National Disability Agreement (NDA) employment services funded directly from the Australian Government.
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 services** include open employment services that provide assistance in obtaining and/or retaining paid employment in the open labour market and supported employment services that provide employment opportunities and assistance to work in 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. In some cases a range of residential and vocational/day services, and/or respite services are provided on the one site.
National Disability Agreement (NDA)	Originally signed by Australian Government and state and territory governments in January 2009 (replacing the previous Commonwealth State/Territory Disability Agreement), the National Disability Agreement articulates the roles of the governments in delivering specialist disability services. The agreement's overarching objective is to provide more opportunities for people with disability and their carers to participate in economic and social life (COAG 2012). A revised NDA was endorsed by COAG members in 2012. In addition to changes that reflect the new policy directions for community care in the National Health

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	Reform Agreement, the revised NDA includes five new reform priorities. The priority areas for reform are aimed at building the evidence base for disability policies and strategies; enhancing family and carer capacity; strategies for increasing choice, control and self-directed decision-making; building innovative and flexible support models for people with high and complex needs; and developing employment opportunities for people with disability (COAG 2012; FaHCSIA 2012).
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	Disability refers to the impairment of body structures or functions, limitations in activities, or restrictions in participation. **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.
Primary disability	Disability refers to the impairment of body structures or functions, limitations in activities, or restrictions in participation. **Primary disability** is the disability group that most clearly expresses the experience of disability by a person, and causes the most difficulty for the person in their daily life.
Psychiatric disability	**Psychiatric disability** within the Disability Services 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 schizophrenia, 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 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 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 is providing under the NDA. Service types are rolled into service groups for data relating to non-residential services.

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Small residential facilities/ institutions	**Small residential facilities/institutions** provide 24-hour residential support in a setting of 7 to 20 beds. In some cases a range of residential and vocational/day services, and/or respite services are provided on the one site.
State or territory administered services	**State or territory administered services** include those services providing any residential service and those providing the non-residential service 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.

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