

# Psychiatric disability support services

This section presents information on specialist disability support services, provided under the [National Disability Agreement \(NDA\)](#) to service users with a [psychiatric disability](#) either as their [primary disability](#) or as an [other significant disability](#). Unless otherwise stated, service users with a psychiatric disability include all service users with a 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 2015–16 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 96,300 people with a psychiatric disability made use of disability support services in 2015–16, at a rate of 402.4 per 100,000 population (or about 1 in 250 Australians).
- Psychiatric disability was the most frequently reported primary disability among people receiving non-residential disability support services, and the second most frequently reported for residential disability support services.
- The rate of non-residential service users with a psychiatric disability was 400.3 service users per 100,000 population in 2015–16; this was relatively stable between 2011–12 and 2015–16 (with an average annual increase of 0.9%). In contrast, the rate of residential service users (15.0 per 100,000 in 2015–16) decreased by an annual average of 2.5%.
- Employment services were the most frequently provided service group for non-residential service users with a psychiatric disability.
- Group homes were the most frequently used service type by people with a psychiatric disability receiving residential services in 2015–16.
- Indigenous Australians with a psychiatric disability used both residential and non-residential disability support services at more than twice the rate of non-Indigenous Australians.

When accessing disability support services people with a 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](#).

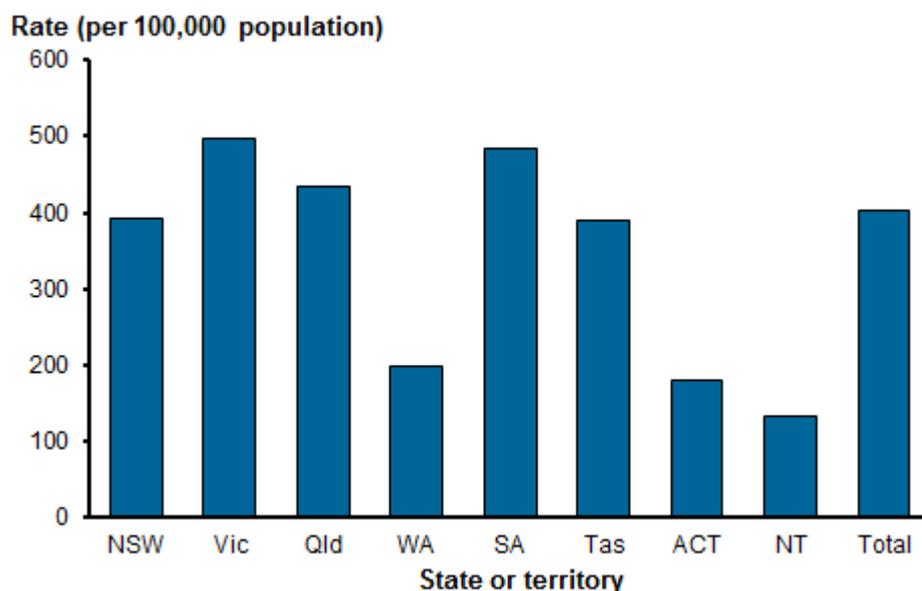
## Service provision

Across Australia, about 331,800 people made use of specialist disability support services during 2015–16 (AIHW 2017). Of these, more than 96,300 people had a psychiatric disability, with 61,566 of these having a primary psychiatric disability (Table DIS.1 and DIS.2). For clients with a psychiatric disability using non-residential services (95,835), almost 2 in 3 (61,376 or 64.0%) had a primary psychiatric disability (Table DIS.5). In contrast, the most frequently reported primary disability among residential service users with a psychiatric disability (3,584) was intellectual disability (2,561 or 71.5%) (Table DIS.9).

## States and territories

The rate of psychiatric disability service users in 2015–16 was highest in Victoria (498.0 per 100,000 population), and lowest in the Northern Territory (132.4), compared to the national rate of 402.4 (Figure DIS.1). The transition of clients into the National Disability Insurance Scheme (NDIS) in the Australian Capital Territory significantly reduced the ability of the territory's government to collect data under the National Disability Agreement. For this reason ACT data only includes users of Australian Government disability employment services from 2015–16.

**Figure DIS.1: Service users with a psychiatric disability, states and territories, 2015–16**



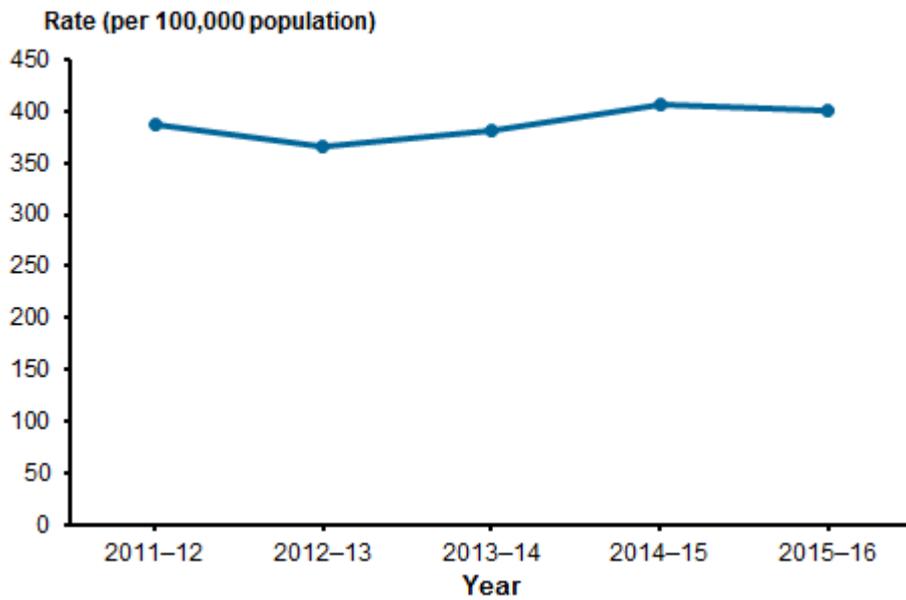
Source: AIHW analysis of data from the Disability Services NMDS.

Source data Psychiatric disability support services 2015–16 Table DIS.1 ( XLS).

## Over time

Over the 5 years to 2015–16, the rate of non-residential service users with a psychiatric disability increased on average by 0.9% annually, from 386.7 per 100,000 population in 2011–12 to 400.3 in 2015–16 (Figure DIS.2). Over the same time period, the residential service user rate decreased on average by 2.5% annually from 16.6 per 100,000 population in 2011–12 to 15.0 in 2015–16 (Figure DIS.3).

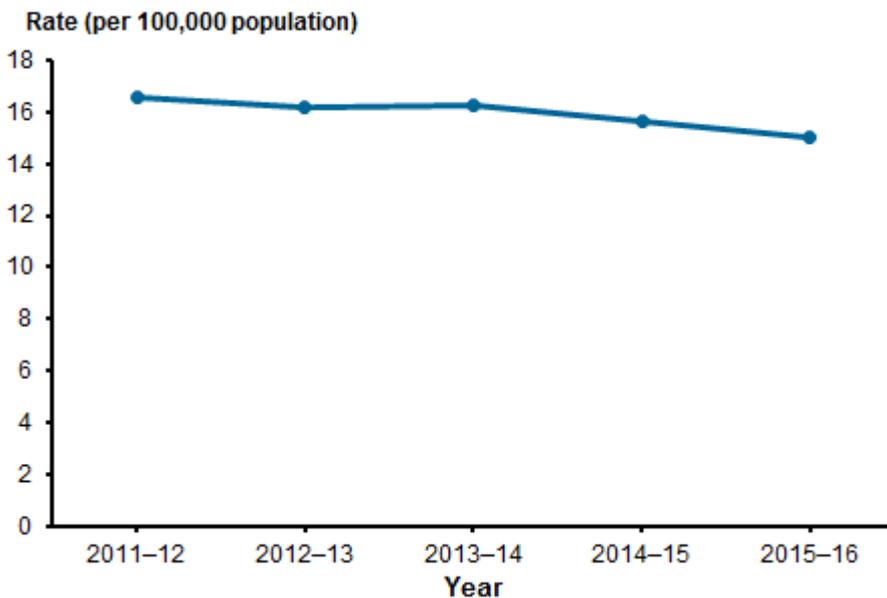
**Figure DIS.2: Non-residential service users with a psychiatric disability, 2011–12 to 2015–16**



*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 2015–16 Table DIS.3 (539KB XLS).

**Figure DIS.3: Residential service users with a psychiatric disability, 2010–11 to 2015–16**



*Source:* AIHW analysis of data from the Disability Services NMDS. Source data Psychiatric disability support services 2015–16 Table DIS.3 (539KB XLS).

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## Reference

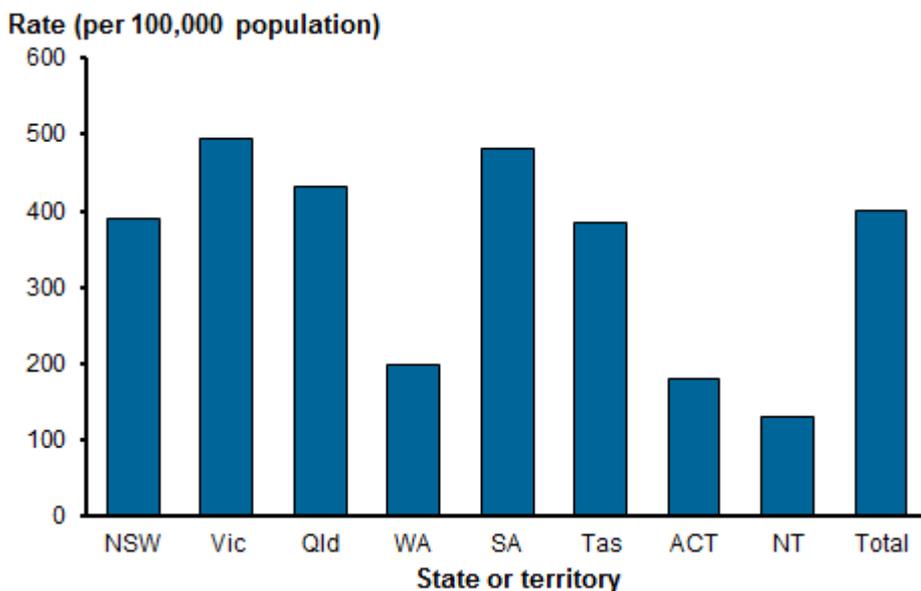
AIHW 2017. Disability support services: services provided under the National Disability Agreement 2015–16. Bulletin 140. Cat. no. AUS 212. Canberra: AIHW.

# Client characteristics

## Non-residential service use

Victoria had the highest rate of non-residential disability support service users with a psychiatric disability (495.6 users per 100,000 population) and the Northern Territory had the lowest (129.9) in 2015–16. Nationally, there were 400.3 service users per 100,000 population, or 1 in 250 Australians (Figure DIS.4) (Table DIS.1).

**Figure DIS.4: Non-residential service users with a psychiatric disability, states and territories, 2015–16**



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

Source data Psychiatric disability support services 2015–16 Table DIS.1 (539KB XLS)

Of the support service groups, employment services had the highest rate of service users for all jurisdictions in 2015–16, ranging from 397.8 per 100,000 population in South Australia to 89.7 per 100,000 population in the Northern Territory. Respite services had the lowest service user rate nationally and in most jurisdictions, ranging from 40.4 per 100,000 population in Victoria to 1.9 per 100,000 population in Tasmania. Victoria had the highest rate of service users for [community support](#) and [respite services](#), while South Australia had the highest rate for [accommodation support](#), [community access](#), and [employment services](#) (Table DIS.4).

## Demographics

There were more male (53.6%) than female (46.4%) users with a psychiatric disability of non-residential disability support services in 2015–16. About two-thirds (64.2%) were aged 25–54 and 4 in 5 (80.9%) were born in Australia (Table DIS.6).

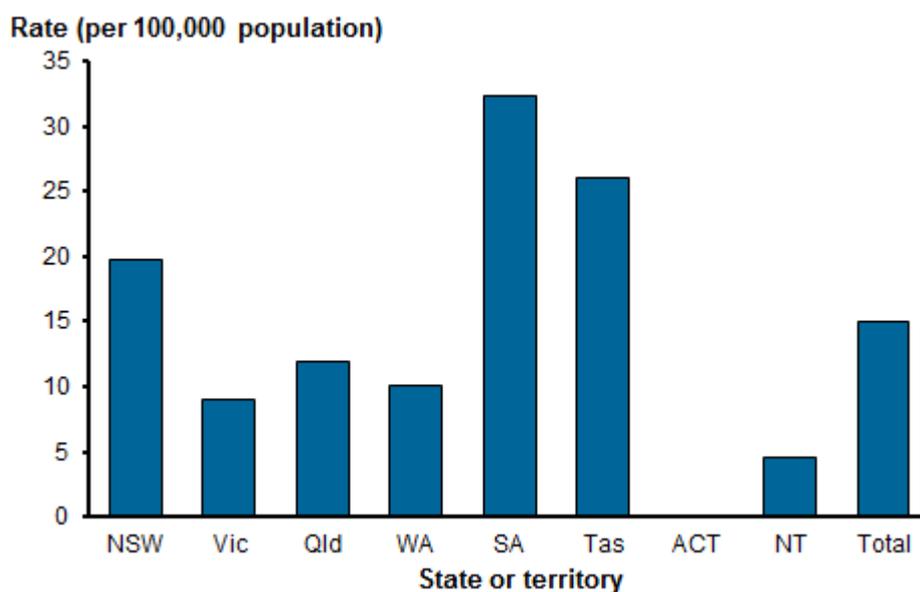
Aboriginal and Torres Strait Islander people accounted for 5.4% of non-residential service users with a psychiatric disability, but used non-residential disability support services at more than twice the rate of non-Indigenous Australians (786.0, or about 1 in 130 Indigenous Australians, compared with 388.0 per 100,000, or about 1 in 260 non-Indigenous Australians) (Table DIS.6).

The vast majority (89.9%) of non-residential disability support service users with a psychiatric disability lived in a *Major city or Inner regional area* and 4 in 5 (80.1%) lived in private residences. The highest proportion of service users lived alone (42.3%), about a third (34.5%) lived with others, and about a quarter (23.2%) lived with family (Table DIS.7). The most common source of income was a pension or benefit (other than the disability support pension) (49.0%), with only 8.0% of users reporting paid employment as their main income source (Table DIS.7).

## Residential service use

South Australia had the highest rate of residential disability support service users (32.4 users per 100,000 population) in 2015–16. The lowest rate of residential service users was in the Northern Territory (4.5 per 100,000 population) and the national rate was 15.0 service users per 100,000 population (Figure DIS.5) (Table DIS.1). Nationally, group homes were the most commonly reported residential service type (12.4 service users per 100,000 population). Group homes were the only residential service type reported by people with a psychiatric disability in the Northern Territory (Table DIS.8).

**Figure DIS.5: Residential service users with a psychiatric disability, states and territories, 2015–16**



Source data Psychiatric disability support services 2015-16 Table DIS.8 (539KB XLS).

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

## Demographics

There were more male (58.9%) residential service users with a psychiatric disability than female (41.1%), with the majority of service users aged 35–64 (70.6%) in 2015–16.

Indigenous Australians (4.7%) made up a small proportion of residential service users with a psychiatric disability but accessed residential services at more than twice the rate of non-Indigenous Australians (29.5 and 14.2 per 100,000 population respectively) (Table DIS.10).

Residential service users with a psychiatric disability were most commonly living with others (90.7%), in a domestic-scale supported living facility (52.8%), and receiving a disability support pension (95.6%) as their main source of income (Table DIS.11).

## 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. The transition of service users from the NDA to the National Disability Insurance Scheme (NDIS) reduced the collection of data under the National Disability Agreement. For this reason, comparisons between years should be approached with caution.

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 a 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 2015–16 collection period were released in *Disability support services: services provided under the National Disability Agreement 2015–16 (AIHW 2017a)*. 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 2015-16: Quality Statement](#) and the [DS NMDS collection guides](#).

## Response rates

For the 2015–16 collection, there was an overall response rate of 96.4% 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 2015–16 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 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT <sup>(a)</sup>	NT Aust Gov	Total	
<b>Service outlet response rates (%)</b>										
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 <sup>(b)</sup>	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 <sup>(a)</sup>	100.0	99.7	98.0
2015–16	99.2	94.0	93.3	100.0	87.0	100.0	n.a. <sup>(c)</sup>	100.0	98.0	96.4
<b>'Not stated' and 'not known' response rates for Primary disability group<sup>(d)</sup> (%)</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 <sup>(b)</sup>	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
2015–16	5.6	14.1	6.9	10.3	1.2	1.6	n.a. <sup>(c)</sup>	38.9	0.1	5.7

(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) Data from 2013–14 are affected by the roll-out of the NDIS.

(c) The transition of clients into the NDIS in the Australian Capital Territory significantly reduced the ability of the territory's government to collect data under the NDA. For this reason, Australian Capital Territory data has not been included in the DS NMDS from 2015–16.

(d) 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, 2016a, 2016b, 2017a, 2017b)*.

## 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 2015–16](#) (AIHW 2017b), and in the associated [Disability Services National Minimum Data Set 2015-16: Quality Statement](#).

## Indigenous status

For 2015–16, the proportion of service users identifying as being Aboriginal and Torres Strait Islander people was higher than the proportion in the general population (5.4% versus 3.0%). See [Disability support services: services provided under the National Disability Agreement 2015–16](#) (AIHW 2017a) for further information.

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## 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.
- 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.
- AIHW 2012. Disability support services: services provided under the National Disability Agreement 2010–11. Disability series. Cat. no. DIS 60. Canberra: AIHW.
- AIHW 2013a. Disability support services: services provided under the National Disability Agreement 2011–12. AIHW bulletin 118. Cat. no. AUS 173. Canberra: AIHW.
- AIHW 2013b. Disability support services: appendix 2011–12. Disability series. Cat. no. AUS 173. Canberra: AIHW.
- AIHW 2014. Disability support services: appendix 2012–13. Disability series. Cat. no. AUS 182. Canberra: AIHW.

AIHW 2015. Disability support services: services provided under the National Disability Agreement 2013–14—Appendix. Cat. no. AUS 192. Canberra: AIHW.

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

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

AIHW 2017a. Disability support services: services provided under the National Disability Agreement 2015–16. Bulletin no. 140. Cat. no. AUS 212. Canberra: AIHW.

AIHW 2017b. Disability support services: services provided under the National Disability Agreement 2015–16—Appendix. Bulletin 140. Cat. no. AUS 212. Canberra: AIHW.

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## Key concepts

### Psychiatric disability support services

Key Concept	Description
<b>Accommodation support</b>	<b>Accommodation support</b> 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.
<b>Australian Government-funded services</b>	<b>Australian Government-funded services</b> include the National Disability Agreement (NDA) employment services funded directly from the Australian Government.
<b>Community access</b>	<b>Community access</b> 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.
<b>Community support</b>	<b>Community support</b> 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.
<b>Employment services</b>	<b>Employment services</b> 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.
<b>Group homes</b>	<b>Group homes</b> 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.

<b>Hostels</b>	<b>Hostels</b> 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.
<b>Large residential facilities/institutions</b>	<b>Large residential facilities/institutions</b> 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.
<b>National Disability Agreement (NDA)</b>	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 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).
<b>Non-residential services</b>	<b>Non-residential services</b> 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.
<b>Other significant disability</b>	Disability refers to the impairment of body structures or functions, limitations in activities, or restrictions in participation.  <b>Other significant disability</b> 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.
<b>Primary disability</b>	Disability refers to the impairment of body structures or functions, limitations in activities, or restrictions in participation.  <b>Primary disability</b> 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.
<b>Psychiatric disability</b>	<b>Psychiatric disability</b> 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.
<b>Residential services</b>	<b>Residential services</b> 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).
<b>Respite services</b>	<b>Respite services</b> 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.
<b>Service type and service group</b>	<b>Service type</b> and <b>service group</b> 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.
<b>Small residential facilities/ institutions</b>	<b>Small residential facilities/institutions</b> 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.
<b>State or territory administered services</b>	<b>State or territory administered services</b> 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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## References

COAG (Council of Australian Governments) 2012. National Disability Agreement. Canberra: COAG. Viewed 9 October 2012, <<http://www.federalfinancialrelations.gov.au/content/npa/disability/national-agreement.pdf>>.

FaHCSIA 2012. Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. National Disability Agreement. Revised National Disability Agreement. Viewed February 2015, <<http://www.fahcsia.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-agreement>>.