10 Support services for people with psychiatric disability

10.1 Introduction

Specialist support services are provided to people with a disability through the Commonwealth State/Territory Disability Agreement (CSTDA) (FaCS 2002). This agreement provides the framework for the Australian and state and territory governments to work collaboratively in providing specialist services to help people with disabilities live and participate equally with others in the community. Under the CSTDA, the Australian Government has responsibility for the planning, policy-setting and management of employment services, and the states and territories are responsible for all other disability support services, with the exception of advocacy, information and print disability services, for which both levels of government are responsible (AIHW 2007b).

Under the CSTDA, 'people with disabilities' refers to people with disabilities that are attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) and that:

- are likely to be permanent;
- result in substantially reduced capacity in self-care/management, mobility or communication;
- are likely to need significant ongoing and/or long-term episodic support; and
- are evident before the age of 65 years (FaCS 2002).

A person who fulfils the above criteria can receive a range of CSTDA-funded *service types*, depending on availability and their individual needs. Services can be *residential* or *non-residential*, or a combination of the two. The data presented in this chapter cover both of these types of services. For further details on CSTDA-funded services, refer to *Disability support services* 2005–06 (AIHW 2007b).

Overall, 217,143 people across Australia made use of CSTDA-funded services during 2005–06. The most common *primary disability* among these clients was intellectual disability (33.3%). *Psychiatric disability* rated as the second most commonly reported primary disability, at 13.8%, ahead of physical disability, at 11.8%.

This chapter presents information on CSTDA-funded disability support services provided to service users (that is, clients) with a psychiatric disability either as their primary disability or as *other significant disability*. The information has been extracted from the CSTDA National Minimum Data Set (NMDS), which is a collation of data on both disability support services that receive CSTDA funding and the estimated number of service users. There are some jurisdictional variations in the services funded under the CSTDA, so comparisons across the states and territories must be done with caution. Of particular note in this context is the change that occurred in the way Victoria reports psychiatric service users since the 2004-05 *Mental health services in Australia*. Previously most services in Victoria were not identified as having a psychiatric disability. For 2005-06 and retrospectively for 2003-04 and 2004-05, data in the current version of the report incorporate these previously unidentified users of Victorian psychiatric services. This has doubled the number of non-residential service users

recorded for Victoria. There has been relatively little impact on the number of residential service users though, with a net increase of seven.

Note that no data on the quantity (or hours) of support received are provided in this chapter. While some information is collected on the hours of support received by CSTDA service users in a reference week over the reporting period, this information only relates to selected non-residential services (such as personal care, case management, community access and respite). Furthermore, there is a high proportion of missing information in relation to these hours of support data.

See Appendix 1 for further information on data quality, coverage and other aspects of the CSTDA data collection.

In this report, information from the most recent data collection (relating to 2005–06) is presented, along with data from 2004–05 for comparison. Data from the 2003–04 collection were published in the 2004–05 edition of this report (AIHW 2007e).

Key concepts

Disability groups are a broad categorisation of disabilities in terms of the underlying health condition, impairment, activity limitations, participation restrictions, environmental factors and support needs (NCSDC 2006). The 12 categories are: intellectual; specific learning/attention deficit disorder; autism; physical; acquired brain injury; neurological; deafblind; vision; hearing; speech; psychiatric; and developmental delay. For the CSTDA data, the relevant disability groups are identified by the service user, carer and/or service provider.

Primary disability is the disability group that most clearly expresses the experience of disability by a person, causing the most difficulty to the person in their daily life.

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 from the categories mentioned above.

Psychiatric disability in the CSTDA collection includes clinically recognisable symptoms and behaviour patterns frequently associated with distress, and which may impair functioning in normal social activity. The typical effects of conditions such as schizophrenia, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression, and adjustment disorders are included but dementias, specific learning disorders (such as Attention deficit disorder) and autism are excluded.

Service types refers to the classification of services according to the support activity which the service provider has been funded to provide under the CSTDA. For the purpose of this report, service types are divided into residential and non-residential.

Residential services are services that provide accommodation to people with a disability. They include accommodation in large and small residential/institutions; hostels; and group homes.

Non-residential services are services that support people with a disability to live in a non-institutional setting by providing community support, community access, accommodation support in the community, respite and/or employment services.

10.2 CSTDA services by state and territory

In 2005–06, 38,086 people with a psychiatric disability used CSTDA–funded services, residential and/or non-residential, an increase of 7.0% from 2004–05. Non-residential services were accessed by 98.0% of clients with a psychiatric disability, residential services by 7.8%, and both types by 5.7% (2,182).

While at both the national and the state/territory levels, the number of non-residential service users far outweighed the number of residential service users, the proportions differed considerably across the states and territories (Table 10.1). In particular, 21.7% of service users in Tasmania accessed residential services and 21.4% in the Northern Territory, whereas 1.2% did so in Western Australia. This is compared with the national average of 7.8% for residential services.

There was a marked difference between residential and non-residential service users in terms of whether their primary disability was psychiatric. For non-residential service users, psychiatric disability was the primary disability in 80.1% of cases, whereas for residential service users it was the primary disability for 11.5% of cases.

	2004–05					
State or territory ^(a)	Non- residential	Residential	Total ^(b)	Non- residential	Residential	Total ^(b)
NSW	*6,175	1,142	*6,495	6,432	1,218	6,834
Vic	*18,631	^(c) 948	* ^(c) 18,798	20,619	^(c) 963	^(c) 20,784
Qld	5,157	166	5,204	5,570	183	5,631
WA ^(d)	1,675	208	1,711	1,698	20	1,704
SA	2,027	317	2,143	1,927	335	2,004
Tas	775	193	839	797	184	846
ACT	365	19	369	317	34	320
NT	116	21	129	87	22	103
Total ^(e)	*34,833	* ^(c) 3,014	* ^(c) 35,599	37,309	^(c) 2,959	^(c) 38,086

Table 10.1: CSTDA-funded service users with a psychiatric disability, states and territories,
2004-05 and 2005-06

* Indicates where previously published data have been revised in line with corrected data submission from Victoria. New South Wales figures are also affected due to cross-border service use.

(a) State/territory is based on the location of the CSTDA-funded service. Service type outlet response rates varied across state/territory jurisdictions. Information relating to state/territory service user counts should be interpreted with reference to jurisdictional response rates (AIHW 2007a).

(b) The number of residential and non-residential service users may not sum to the total because service users may use both types of services.

(c) Prior to the publication of this report an issue came to light with the data compilation resulting in the count of residential service users in Victoria being substantially understated. Work will be undertaken to fix this problem with the aim of re-issuing corrected tables on the internet.

(d) Changes in the number of residential service users in 2005–06 reflect changes in coding of service users for one agency.

(e) The number of service users may not sum to the total because service users may access services in more than one state or territory.

10.3 Residential services

Nationally, service users accessed residential services at a rate of 14.4 clients per 100,000 population. This rate was highest in Tasmania and lowest in Western Australia (37.7 and 1.0, respectively) (Table 10.2).

A range of residential CSTDA-funded services are provided to service users as follows:

- Large residentials/institutions provide 24-hour residential support in a setting of more than 20 beds (these are referred to as large institutions in this report).
- Small residentials/institutions provide 24-hour residential support in a setting of 7 to 20 beds (these are referred to as small institutions in this report).
- Hostels provide residential support in a setting of usually less than 20 beds and may or may not provide 24-hour residential support.
- 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 six service users are located in any one home.

Overall, group homes were the predominant residential service type. A substantial proportion of the client group resided in large institutions and only minor proportions in hostels and small institutions.

Residential service type	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total ^(c)	Total (per cent)
Large institutions	432	89	45	11	187	20	0	0	784	26.5
Small institutions	8	0	56	0	3	2	0	0	69	2.3
Hostels	12	29	0	0	8	43	0	0	92	3.1
Group homes	771	876	89	9	141	119	34	22	2,061	69.7
Total ^(d)	1,218	963	183	20	335	184	34	22	2,959	
Rate (per 100,000 population) ^(e)	17.9	18.9	4.5	1.0	21.5	37.7	10.2	10.5	14.4	

Table 10.2: CSTDA-funded residential service users with a psychiatric disability, by residential service type, states and territories^(a), 2005–06

(a) Service type outlet response rates varied across state/territory jurisdictions. Information relating to state/territory service user counts should be interpreted with reference to jurisdictional response rates (AIHW 2007a).

(b) Prior to the publication of this report an issue came to light with the data compilation resulting in the count of residential service users in Victoria being substantially understated. Work will be undertaken to fix this problem with the aim of re-issuing corrected tables on the internet.

(c) The number of service users may not sum to the total because users may have accessed services from more than one state and/or territory.

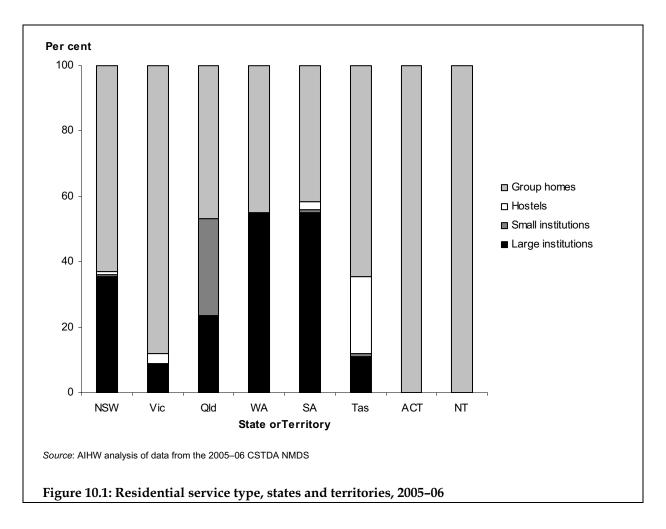
(d) The number of service users may not sum to the total because users may have accessed services from more than one residential service type.

(e) Crude rate based on the Australian estimated resident population as at 31 December 2005.

... Not applicable.

Source: AIHW analysis of data from the 2005–06 Commonwealth State/Territory Disability Agreement NMDS.

There was considerable variation between jurisdictions in the type of residential service used for CSTDA-funded residential services in 2005–06 as illustrated in Figure 10.1. All clients resided in group homes in the two territories while in Tasmania hostels were used substantially (23.4% of clients). The majority of residential clients in Western Australia and South Australia were in large institutions.



Profile of residential service users

As previously indicated, the primary disability was psychiatric in a relatively small proportion of cases for residential service users with a psychiatric disability. Intellectual disability was identified as the primary disability for the great majority of these clients (Table 10.3).

Table 10.3: CSTDA-funded residential service users ^(a) with a psychiatric disability, by primary	
disability group, 2005-06	

Primary disability group	Service users (number)	Service users (per cent)
Intellectual	2,335	78.9
Psychiatric	341	11.5
Acquired brain injury	91	3.1
Physical	75	2.5
Autism	64	2.2
Neurological	39	1.3
Other disability ^(b)	14	0.5
Total	2,959	100.0

(a) Prior to the publication of this report an issue came to light with the data compilation resulting in the count of residential service users in Victoria being substantially understated. Work will be undertaken to fix this problem with the aim of re-issuing corrected tables on the internet.

(b) Includes the following disability groups: specific learning/attention deficit disorder; sensory; speech; and developmental delay.

Service user demographics	Number of service users ^{(a) (b)}	Per cent of service users ^(c)	Rate (per 1 million population) ^(d)
Age group (years)			· · /
Less than 15	9	0.3	2
15–24	158	5.3	55
25–34	490	16.6	169
35–44	828	28.0	271
45–54	806	27.2	284
55–64	496	16.8	223
65+	172	5.8	65
Sex			
Male	1,686	57.0	164
Female	1,272	43.0	121
Indigenous status ^(e)			
Indigenous Australians	98	3.3	273
Other Australians	2,830	95.6	140
Country of birth			
Australia	2,734	92.4	188
Overseas	180	6.1	34
Overseas-born ^(f)			
EP country group 1	58	2.0	28
EP country group 2	49	1.7	33
EP country group 3	61	2.1	42
EP country group 4	12	0.4	52
Remoteness area of usual residence			
Major cities	2,093	70.7	153
Inner regional	692	23.4	161
Outer regional	151	5.1	76
Remote and Very remote	9	0.3	16
Total ^(a)	2,959	100.0	144

Table 10.4: Demographic characteristics of CSTDA-funded residential service users with a psychiatric disability, 2005–06

(a) Prior to the publication of this report an issue came to light with the data compilation resulting in the count of residential service users in Victoria being substantially understated. Work will be undertaken to fix this problem with the aim of re-issuing corrected tables on the internet.

(b) The numbers of service users for each demographic variable may not sum to the total due to missing and/or not reported data.

(c) The percentages shown do not include service users for whom the demographic information was missing and/or not reported.

(d) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(e) These data should be interpreted with caution due to likely under-identification of Indigenous Australians.

(f) For definition of the English Proficiency (EP) country groups see Appendix 3.

	Service users (number) ^{(a) (b)}	Service users (per cent) ^(c)
Usual residential setting		
Private residence	59	2.0
Domestic-scale supported living facility	1,785	60.3
Supported accommodation facility	1,030	34.8
Psychiatric/mental health community care facility	46	1.6
Other	39	1.3
Living arrangement		
Lives alone	78	2.6
Lives with family	22	0.7
Lives with others	2,856	96.5
Income source (adult 16+ years) ^(d)		
Disability Support Pension	2,878	97.6
Other pension or benefit	36	1.2
Paid employment	10	0.3
Other income sources	7	0.2
No income	3	0.1
Total	2,959	100.0

Table 10.5: CSTDA-funded residential service users with a psychiatric disability, by usual residential setting, living arrangement and income source, 2005–06

(a) Prior to the publication of this report an issue came to light with the data compilation resulting in the count of residential service users in Victoria being substantially understated. Work will be undertaken to fix this problem with the aim of re-issuing corrected tables on the internet.

(b) The numbers of service users for each data item may not sum to the total due to missing and/or not reported data.

(c) The percentages shown do not include service users for whom information was missing and/or not reported.

(d) A total of 2,948 of the residential service users with a psychiatric disability were aged 16 years and over. Each user can have more than one income source.

Source: AIHW analysis of data from the 2005–06 Commonwealth State/Territory Disability Agreement NMDS.

Table 10.4 shows the demographic and geographic distribution of residential service users with a psychiatric disability in 2005–06.

More male users accessed CSTDA-funded residential services than females (57% compared with 43%), and the majority of residential users were aged 35–54 years (55.2%). These mid-age ranges also had the highest rates of usage.

While a small proportion of CSTDA-funded residential service users identified as Aboriginal and Torres Strait Islander peoples, when their age structure and population size are taken into account, Indigenous Australians were relatively more likely than other Australians to use these services (273 and 140 per 1 million population, respectively).

The majority of residential service users were born in Australia (92.4%). When relative population sizes and age structures are considered, there was an under-representation of residential service users who were born overseas (34 per 1 million population for overseas-born compared with 188 per 1 million population for Australian-born). Within the overseas-born population there are differences in the rates of usage of CSTDA-funded residential services, with migrants born in countries in the lower English Proficiency country groups having higher rates of usage.

Most residential service users accessed CSTDA-funded services in major cities (70.7%), followed by inner regional areas (23.4%). Outer regional and remote/very remote areas had considerably lower numbers and rates of service use.

Almost all CSTDA-funded residential service users resided in some form of supported accommodation facility and/or were on Disability Support Pensions (Table 10.5). Domestic-scale supported living facilities (which provide some support by staff or volunteers) were more common usual residential settings than supported accommodation facilities (which provide 24-hour care by rostered care workers).

10.4 Non-residential services

A range of non-residential CSTDA-funded services are provided to service users as follows:

- In-home accommodation support involves support with the basic needs of living. 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.
- Community support includes services such as specialised therapeutic services, early childhood intervention, behaviour and/or specialist intervention, counselling, and case management.
- 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.
- Respite services provide a short-term and time-limited break for caregivers of people with a disability and includes services such as those provided in the individual's home, in centres, in respite homes, and with host families.
- Employment support services includes providing assistance in obtaining and/or retaining paid employment in both the open labour market and specialised and supported environments.
- Advocacy, information and print disability and other support includes services such as advocacy, information, referral, mutual support, self-help groups, research, evaluation, training and development. Note that no service user counts are collected for these services.

There was considerable variation between jurisdictions in the type of non-residential services used by people with a psychiatric disability in 2005–06 (Table 10.6). Employment services dominated for New South Wales, Western Australia and the two territories, but community access and support services were used more in Victoria and Tasmania.

Service type received	NSW	Vic	Qld	WA	SA	Tas	АСТ	NT	Total ^(b)	Total (per cent)
Accommodation support	362	5,992	1,063	86	212	73	4	7	7,798	20.9
Community support	888	2,562	1,013	223	772	186	74	6	5,706	15.3
Community access	1,062	9,380	1,436	35	427	348	28	14	12,726	34.1
Respite	254	2,951	515	16	94	22	18	3	3,869	10.4
Employment	4,751	6,216	3,049	1,492	1,126	368	246	63	17,254	46.2
Total ^(c)	6,432	20,619	5,570	1,698	1,927	797	317	87	37,309	
Rate (per 100,000 population) ^(d)	101.2	432.0	147.1	88.9	131.1	173.8	101.5	45.5	193.7	

Table 10.6: CSTDA-funded non-residential disability support service users with a psychiatric disability, by service type received, states and territories^(a), 2005–06

(a) Service type outlet response rates varied across state/territory jurisdictions. Information relating to state/territory service user counts should be interpreted with reference to jurisdictional response rates (AIHW 2007a).

(b) The number of service users may not sum to the total because users may have accessed services from more than one state and/or territory.

(d) The number of service users may not sum to the total because users may have accessed services from more than one non-residential service type.

(d) Crude rate based on the Australian estimated resident population as at 31 December 2005.

. . Not applicable.

Source: AIHW analysis of data from the 2005–06 Commonwealth State/Territory Disability Agreement NMDS.

Profile of non-residential service users

In contrast to the users of residential services, the great majority of CSTDA-funded non-residential service users who had a psychiatric disability reported this psychiatric disability as their primary disability (Table 10.7).

More male users than females accessed CSTDA-funded non-residential services than females (in very similar proportions to users of residential services), and around half of non-residential users were aged 25–44 years (Table 10.8).

Table 10.7: CSTDA-funded non-residential service users with a psychiatric disability, by primary
disability group, 2005–06

Primary disability group	Service users (number)	Service users (per cent)
Psychiatric	29,875	80.1
Intellectual	4,782	12.8
Acquired brain injury	908	2.4
Physical	587	1.6
Neurological	394	1.1
Autism	338	0.9
Sensory	280	0.8
Specific learning/Attention deficit disorder	126	0.3
Other disability ^(a)	19	0.1
Total	37,309	100.0

(a) Includes the following disability groups: speech and developmental delay.

Service user demographics	Number of service users ^(a)	Per cent of service users ^(b)	Rate (per 1 million population) ^(c)
Age group (years)			
Less than 15	705	1.9	174
15–24	4,839	13.0	1,699
25–34	8,945	24.0	3,080
35–44	9,642	25.8	3,162
45–54	7,905	21.2	2,788
55–64	3,644	9.8	1,640
65+	1,607	4.3	604
Sex			
Male	21,335	57.2	2,089
Female	15,905	42.6	1,536
Indigenous status ^{(d)(e)}			
Indigenous Australians	1,185	3.2	2,919
Other Australians	33,959	91.0	1,796
Country of birth			
Australia	29,329	78.6	1,977
Overseas	4,781	12.8	853
Overseas-born ^(f)			
EP country group 1	1,389	3.7	668
EP country group 2	1,215	3.3	816
EP country group 3	1,707	4.6	1,045
EP country group 4	470	1.3	1,287
Remoteness area of usual residence			
Major cities	24,767	66.4	1,808
Inner regional	8,787	23.6	2,169
Outer regional	3,014	8.1	1,519
Remote and Very remote	286	0.8	558
Total ^(c)	37,309	100.0	1,937

Table 10.8: Demographic characteristics of CSTDA-funded non-residential service users with a psychiatric disability, 2005–06

(a) The numbers of service users for each demographic variable may not sum to the total due to missing and/or not reported data.

(b) The percentages shown do not include service users for whom the demographic information was missing and/or not reported.

(c) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(d) These data should be interpreted with caution due to likely under-identification of Indigenous Australians.

(e) Information on this data element was missing or not reported for more that 5% of service users.

(f) For definition of the English Proficiency (EP) country groups see Appendix 3.

	Service users (number) ^(a)	Service users (per cent) ^(b)
Residential setting		
Private residence	25,660	68.8
Domestic-scale supported living facility	2,088	5.6
Supported accommodation facility	2,365	6.3
Psychiatric/mental health community care facility	1,172	3.1
Residence within an Aboriginal community	74	0.2
Boarding house/private hotel	837	2.2
Independent living within a retirement village	68	0.2
Residential aged care facility	178	0.5
Hospital	53	0.1
Short-term crisis, emergency or transitional accommodation	607	1.6
Public place/temporary shelter	77	0.2
Other	938	2.5
Living arrangement		
Lives alone	9,611	25.8
Lives with family	14,185	38.0
Lives with others	8,767	23.5
Income source (adult 16+ years) ^(c)		
Disability Support Pension	22,214	60.8
Other pension/benefit	4,982	13.6
Paid employment	2,734	7.5
Compensation income	114	0.3
Other income	481	1.3
No income	624	1.7
Total	37,309	100.0

Table 10.9: CSTDA-funded non-residential service users with a psychiatric disability, by residential setting, living arrangement and income source, 2005–06

(a) The numbers of service users for each data item may not sum to the total due to missing and/or not reported data.

(b) The percentages shown do not include service users for whom information was missing and/or not reported.

(c) A total of 36,504 of the non-residential service users with a psychiatric disability were aged 16 years and over. Each user can have more than one income source.

Source: AIHW analysis of data from the 2005–06 Commonwealth State/Territory Disability Agreement NMDS.

Although Aboriginal and Torres Strait Islander peoples made up a small proportion of users, when the relative age structures and population sizes were taken into account, Indigenous Australians were relatively more likely than other Australians to have used non-residential CSTDA-funded services (2,919 and 1,796 per 1 million population, respectively) (Table 10.8).

As was the case for the residential service users, most non-residential service users were born in Australia (78.6%) and those who were born overseas were relatively less likely than their Australian-born counterparts to have used these services (1,977 and 853 per 1 million population, respectively). Within the overseas-born population there was variation in rates of use across English Proficiency country groups, with immigrants born in countries with poorer English proficiency in the first five years of residence having higher rates of use than those born in countries with higher post-settlement levels of English proficiency.

Two-thirds of non-residential service users accessed CSTDA-funded services in major cities, about a quarter in inner regional areas, and much lower numbers in outer regional and remote areas. The rates of use in outer regional and remote areas were also lower.

About two-thirds of non-residential service users lived in a private residential setting and 38% lived with their family (see Table 10.9). This contrasts with users of residential services, very few of whom usually lived in private residences and with family (Table 10.5). Most (60.8%) of non-residential service users were on Disability Support Pensions, which is well below the 97.6% of residential service users who were on this type of pension.