

## 10 Support services for people with psychiatric disability

This section presents detail on CSTDA-funded disability support services provided to service users with a [psychiatric disability](#) either as their [primary disability](#) or as an [other significant disability](#).

Information presented in this section has been extracted from the most recent [Commonwealth State/Territory Disability Agreement](#) (CSTDA) NMDS, which comprises national data on disability support services receiving government funding, providing care to [people with disabilities](#). Comparisons between the states and territories must be undertaken with caution due to jurisdictional variations in the services funded under the CSTDA. The [data source](#) section provides further information on data quality, coverage and other aspects of the CSTDA data collection.

### Key points

- Almost 73,000 people with a psychiatric disability made use of CSTDA-funded services in 2008–09.
- The number of service users accessing CSTDA-funded services increased by an annual average of 6% for residential services and 20% for non-residential services between 2004–05 and 2008–09.
- *Group homes* were the most common type of residential service provided to people with a psychiatric disability.
- *Employment services* were the most common type of non-residential service provided to people with a psychiatric disability.

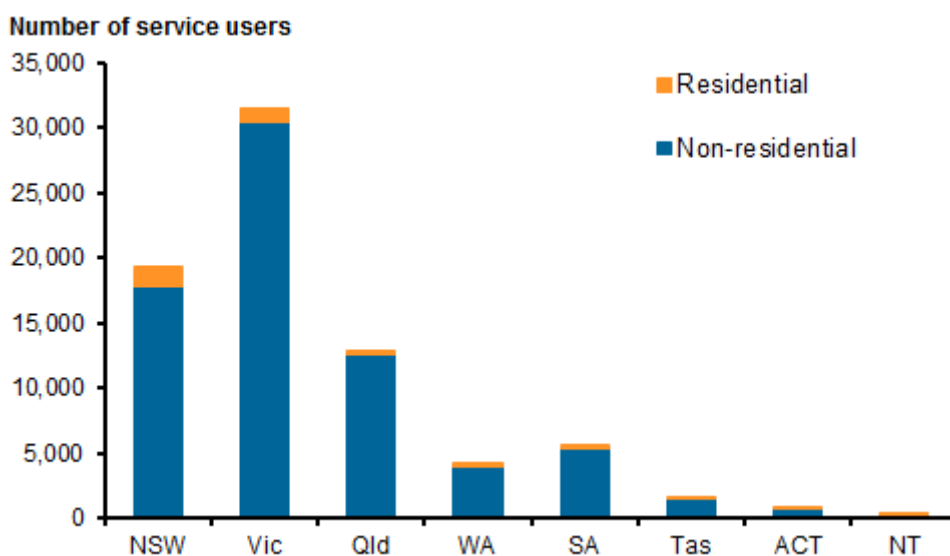
Service users may receive a range of [residential](#) CSTDA-funded [service types](#), depending on availability and their individual needs. A range of residential CSTDA-funded services are provided to service users, broadly termed [large residential/institutions](#), [small residential/institutions](#), [hostels](#) and [group homes](#).

Service users may receive [non-residential](#) CSTDA-funded services, described by [service groups](#), independent of, or in conjunction with, residential services. These are defined using the broad service group categories of [accommodation support](#), [community support](#), [community access](#), [respite services](#), [employment support services](#), [advocacy](#), [information and print disability](#) and [other](#) support. Providers of non-residential services are either [state or territory administered services](#) or [Australian Government funded services](#).

## States and territories

Overall, 279,374 people across Australia made use of CSTDA-funded services during 2008–09. Psychiatric disability (49,756 or 17.8%) was the second most commonly reported primary disability among all CSTDA service users.

A total of 72,894 people with a psychiatric disability made use of CSTDA-funded services in 2008–09. The number of non-residential service users far outweighed the number of residential service users in all jurisdictions, however, the proportion of residential service users differed considerably across the states and territories (Figure 10.1). In particular, 11.3% of service users in Tasmania accessed residential services, whereas 2.1% did so in Queensland, compared to the national average of 5.3%.



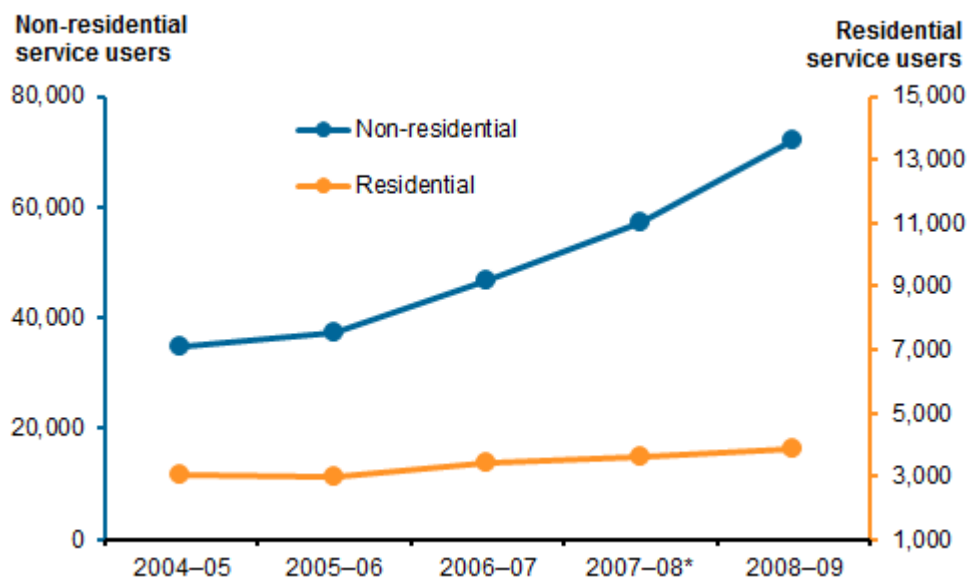
Source: AIHW analysis of data from the Commonwealth State/Territory Disability Agreement NMDS

**Figure 10.1: CSTDA-funded service users with a psychiatric disability, states and territories, 2008–09**

Nationally, service users with a psychiatric disability accessed residential and non-residential services at a rate of 17.6 and 334.6 people per 100,000 population respectively in 2008–09. The residential service rate (per 100,000 population) was highest in Tasmania (34.2) and lowest in Queensland (6.2). The non-residential service rate (per 100,00 population) was highest for Victoria (566.4) and lowest for Northern Territory (99.2).

## Psychiatric disability support over time

Nationally, the number of service users with a psychiatric disability accessing CSTDA-funded services between 2004–05 and 2008–09 increased by an annual average of 20.0% for non-residential services and 6.4% for residential services (Figure 10.2). The service user rates for CSTDA funded non-residential services increased to 334.6 per 100,000 population in 2008–09, from 162.3 in 2004–05. Residential service rates have remained relatively unchanged over the same time period.



Note:

\* Data has changed since Mental health services in Australia 2007–08.

The methodology to obtain service user counts has varied over time, so comparisons between reporting years should be approached with caution.

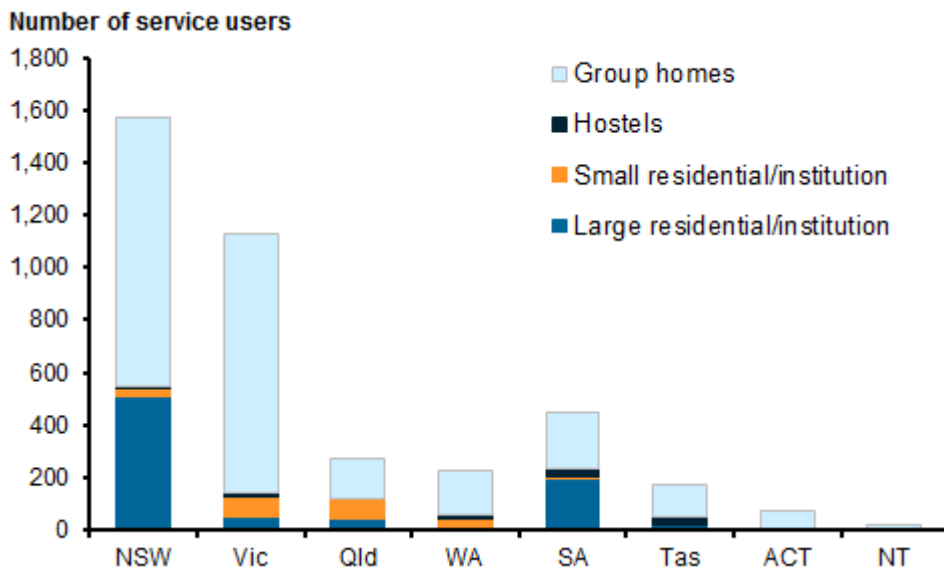
Source: AIHW analysis of data from the Commonwealth State/Territory Disability Agreement NMDS

**Figure 10.2: CSTDA-funded service users with a psychiatric disability, 2004–05 to 2008–09**

# Residential services

## Profile of service usage

Group homes were nationally the most widely used residential service type (71.7%) (Figure 10.3). South Australia had a roughly equal utilisation of *Group homes* and *Large institutions*. All clients with a psychiatric disability resided in *Group homes* in the two territories. Across the jurisdictions, *Hostels* were most utilised in Tasmania (17.0%) while *Small institutions* were most utilised in Queensland (26.8%).



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

**Figure 10.3: CSTDA-funded residential service users with a psychiatric disability, by residential service type, states and territories, 2008-09**

## Profile of service users

The most common primary disability of residential service users with a psychiatric disability was intellectual disability (74.8%), with a smaller proportion of users having a primary psychiatric disability (13.8%).

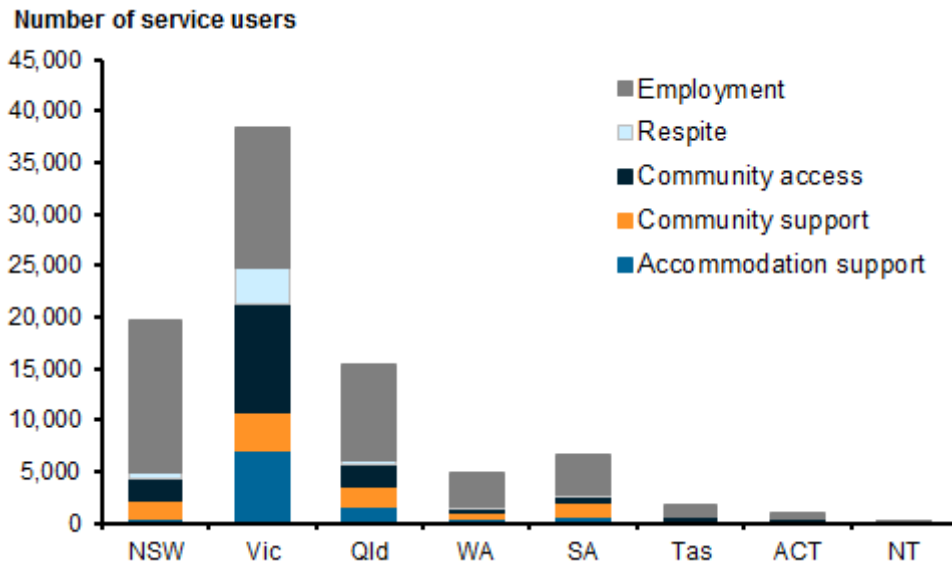
There were more male users (57.8%) of CSTDA-funded residential services than females (42.2%), with the majority of residential users aged 35-54 years (54.7%). Aboriginal and Torres Strait Islander peoples made up a small proportion of CSTDA-funded residential service users (3.9%). However, when their age structure and population size were taken into account, Indigenous Australians were twice as likely to utilise CSTDA-funded residential services in comparison to other Australians (40 and 18 per 100,000 population, respectively).

The majority of service users of CSTDA-funded residential services were: *Living alone* (95.1%); in a *Domestic-scale supported living facility* (55.6%); and receiving a *Disability support pension* (97.4%) as their main source of income.

# Non-residential services

## Profile of service usage

A range of non-residential CSTDA-funded services are provided to service users with a psychiatric disability. *Employment* services were provided to the greatest number of service users in all jurisdictions in 2008–09 (Figure 10.4), while *Respite* services were provided to the least number of service users.



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

**Figure 10.4: CSTDA-funded non-residential service users with a psychiatric disability, by service group, states and territories, 2008–09**

## Profile of service users

Just over two-thirds (68.6%) of CSTDA-funded non-residential service users who identified as having psychiatric disability reported psychiatric disability as their primary disability; a notable difference in comparison to users of residential services.

There were more male users (56.9%) of CSTDA-funded non-residential services than females (43.1%). The majority of non-residential users were aged 25–54 years (71.0%). Similar to residential service users, Indigenous Australians were more than twice as likely to have utilised non-residential CSTDA-funded services, in comparison to other Australians (661 and 323 per 100,000 population, respectively). Most non-residential service users were born in Australia (82.2%).

In contrast to users of residential services, most service users of non-residential CSTDA-funded services, with a psychiatric disability, lived in *Private residences* (81.5%), with a relatively even spread between living with others, alone or with family. The main source of income for users of non-residential service users was a *Disability support pension* (54.9%).

## Data source

### Commonwealth State/Territory Disability Agreement National Minimum Data Set collection

Data pertaining to the Commonwealth State/Territory Disability Agreement (CSTDA) are collected through the CSTDA NMDS. This NMDS, managed by the AIHW, facilitates the annual collation of nationally comparable data about CSTDA-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 CSTDA. 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, CSTDA 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 CSTDA then services are asked to report 50% of their service users).

With the exceptions noted below, agencies funded under the CSTDA 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 period
- the CSTDA 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 most recent data available for the 2008–09 collection period was released in *Disability support services 2008–09* (AIHW 2011). For the 2008–09 collection, there was an overall service type outlet response rate of 96%. The user response rate within these outlets cannot be estimated.

The collection includes those disability support service providers that receive funding under the CSTDA, including psychiatric-specific disability service providers, as well as other disability service providers that may be accessed by people with a psychiatric disability. It should be noted that the CSTDA 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 CSTDA.

The services included under the CSTDA vary between jurisdictions as follows:

- In New South Wales, psychiatric-specific disability services are provided by the New South Wales Department of Health and are not included in the CSTDA NMDS collection.
- In Victoria, psychiatric-specific disability services are included in the CSTDA NMDS collection and all service users accessing these services are identified as having a psychiatric disability.
- In Western Australia, only some psychiatric disability services are included in the CSTDA NMDS collection. The health department is the main provider of services for people with a psychiatric disability and these services are not included.
- In South Australia, psychiatric-specific disability services are provided by the South Australian Department of Health and are not included in the CSTDA NMDS collection.
- In Tasmania, the Australian Capital Territory and the Northern Territory, psychiatric-specific disability services are not included in the CSTDA NMDS collection.

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

Service outlet response rates vary across jurisdictions. The response rates estimate the number of service outlets providing patient data. Information on which services provided information for each collection period is not available as part of the CSTDA 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 CSTDA 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 2008–09 are shown in the table below.

### CSTDA response rates, by states and territories, 2005–06 to 2008–09 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust Gov	Total
<b>Service outlet response rates</b>										
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
<b>'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

\* Indicates where previously published data has been revised.

(a) The methodology to obtain service user counts has varied over time, so comparisons between reporting years should be approached with caution.

(b) Excludes service type 3.02.

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

## 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 53. Canberra: AIHW.

AIHW 2011. 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.

## Key concepts

### Support services for people with a psychiatric disability

Key Concept	Description
<b>Accommodation support</b>	<b>Accommodation support</b> involves support with the basic needs of living, assisting the individual to remain within their current living arrangement. 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.
<b>Advocacy, information and print disability and other support</b>	<b>Advocacy, information</b> and <b>print disability</b> and <b>other support</b> include 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 and are therefore not presented in the text, or associated data, for this section.)
<b>Australian Government funded services</b>	<b>Australian Government funded services</b> include those CSTDA funded services in receipt of funding directly from the Australian Government, providing the non-residential support group employment.
<b>Commonwealth State/Territory Disability Agreement</b>	The third <b>Commonwealth State/Territory Disability Agreement</b> (CSTDA) (FaCS 2002) provided the framework for the Australian and state and territory governments to collaboratively supply specialist support service to people with disabilities, until 31 December 2008. From 1 January 2009, the National Disability Agreement (NDA) replaced the third CSTDA for the provision of disability services in Australia. From 1 July 2009, the CSTDA National Minimum Data Set (NMDS) is referred to as the Disability Services NMDS though there are no changes to the structure or content of the NMDS.
<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> provides services to assist with non-institutionalised living arrangements, such as specialised therapeutic services, early childhood intervention, behaviour and/or specialist intervention, counselling and case management.
<b>Employment support services</b>	<b>Employment support services</b> include providing assistance in obtaining and/or retaining paid employment in both the open labour market and 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/institutions, hostels do not provide segregated specialist services.
<b>Large residential/institutions</b>	<b>Large residential/institutions</b> provide 24-hour residential support in a setting of more than 20 beds
<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, respite and/or employment services.
<b>Other significant disability</b>	<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 from the categories mentioned above.
<b>People with disabilities</b>	The CSTDA defines <b>people with disabilities</b> 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 is 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 (FaCS 2002).
<b>Primary disability</b>	<b>Primary disability</b> 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.
<b>Psychiatric disability</b>	<b>Psychiatric disability</b> 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.
<b>Residential services</b>	<b>Residential services</b> are services that provide accommodation for people with a

	disability. They include accommodation in large and small residential/institutions; hostels; and group homes.
<b>Respite services</b>	<b>Respite services</b> provide a short-term and time-limited break for 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 a disability and their caregiver, in this report the person with the disability is regarded as the client, and numbers presented in tables 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 has been funded to provide under the CSTDA. For the purpose of this report, service types relate to residential services. Service groups relate to the provision of non-residential services.
<b>Small residential/institutions</b>	<b>Small residential/institutions</b> provide 24-hour residential support in a setting of 7 to 20 beds
<b>State or territory administered services</b>	<b>State or territory administered services</b> include those CSTDA-funded service 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 CSDTA agreement.

## References

FaCS 2002. FaHCSIA (Australian Government Department of Families, Housing, Community Services and Indigenous Affairs) Commonwealth State/Territory Disability Agreement (CSTDA). Viewed January 2011, <http://fahcsia.gov.au/sa/disability/progserv/govtint/policy-cstda/Pages/default.aspx>.