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

While some specialist disability support services provided under the NDA have been rolled into the NDIS, other services (such as Disability Employment Services) will continue once the NDIS is fully rolled out. Further information can be found in *Disability support services: services provided under the National Disability Agreement 2018–19* (AIHW 2020).

The information presented in this section has been extracted from the 2018–19 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.

The NDIS began operating at trial sites in July 2013. From July 2016, it began transitioning to the full scheme and the roll-out is nearing completion. Most, but not all, existing NDA service users are expected to move to the NDIS over time (AIHW 2020). This section also includes data from the Disability Services NMDS on the number of NDA service users who transitioned to the NDIS in the period 2014–15 to 2018–19.

As at 30 June 2019, there were 25,192 people with a primary psychosocial disability, that may arise from a mental health issue, who were active participants with an approved plan (a document outlining a participant's needs and goals) under the NDIS (NDIA 2019). The data source section provides further information on the NDIS.

The National Disability Insurance Agency (NDIA) is an independent statutory agency whose role is to implement the NDIS. The NDIA collects data pertaining to the NDIS and publishes online quarterly reports (NDIA 2019). More information about the NDIS can be found on the NDIS website.

Data downloads

Excel: Psychiatric disability support services tables 2018-19

PDF: Psychiatric disability support services table 2018-19

This section was last updated in July 2020.

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Key points

- **106,401** people with a psychiatric disability received disability support services provided under the NDA during 2018–19.

- **13,675** service users with a psychiatric disability transitioned to the NDIS during the period 2014–15 to 2018–19.

- Non-residential support services were accessed by users with a psychiatric disability at a much higher rate than residential services in 2018–19.

- **Employment services** were the most common non-residential service accessed by users with a psychiatric disability in 2018–19.

- **Group homes** were the most common residential service type accessed by service users with a psychiatric disability in 2018–19.

- The rate of service users with a psychiatric disability was almost **2 times** as high for Aboriginal and Torres Strait Islander people than other Australians.

Service users with a psychiatric disability

Across Australia, 229,752 people made use of specialist disability support services provided under the NDA during 2018–19 (AIHW 2020). There were 106,401 service users with a psychiatric disability, and of these, 70,791 had a primary psychiatric disability.

In 2018–19, there were 422.6 users of psychiatric disability support services per 100,000 population nationally (Figure DIS.1). South Australia had the highest rate of service users (606.4), followed by Queensland (490.0) and Victoria (477.9). Note that the Australian Capital Territory Government did not collect Disability Services NMDS data in 2015–16 and 2016–17, and was not required to collect data under the NDA during 2017–18 and 2018–19 as the transition of clients to the NDIS was completed in 2016–17. Consequently, ACT data only includes users of Australian Government administered services.

Figure DIS.1: Service users with a psychiatric disability, states and territories, 2018–19
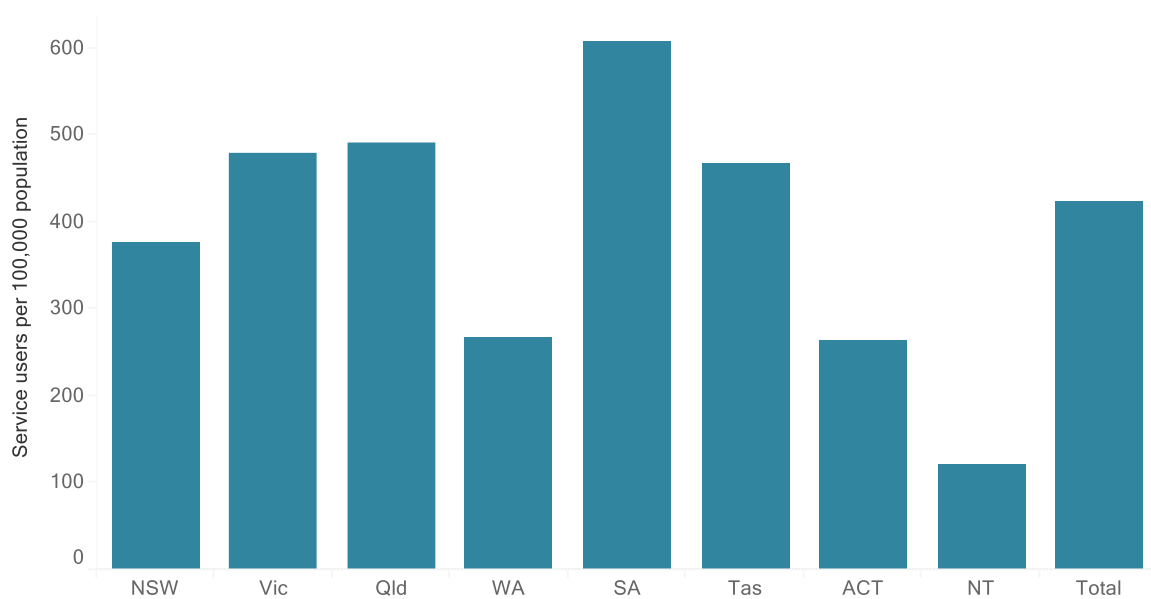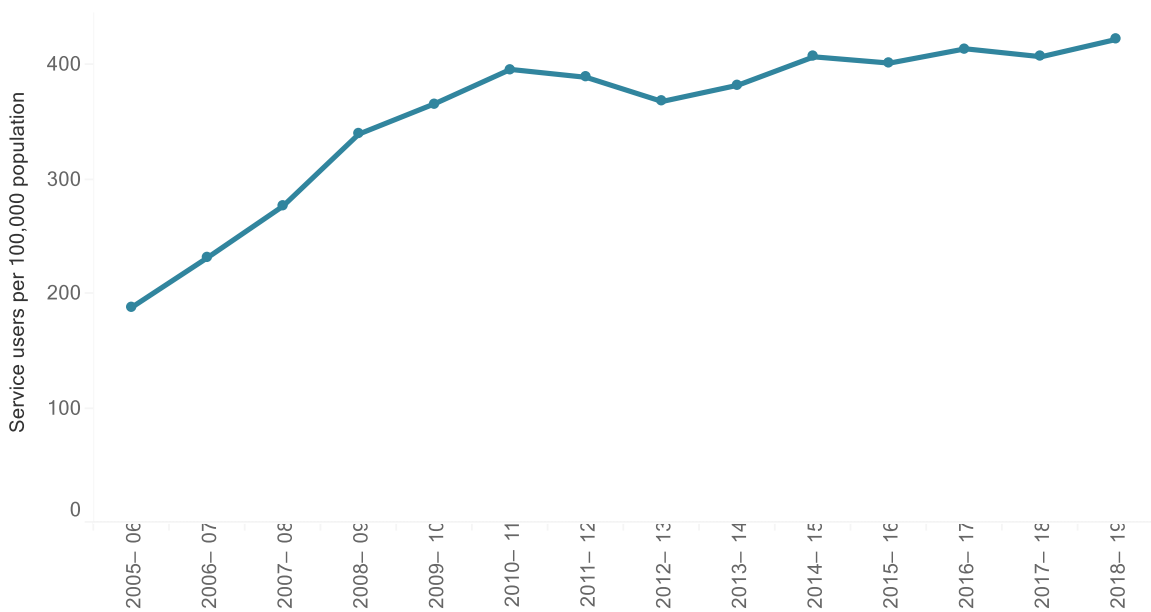

Note: Data is affected by transition to the NDIS. Refer to Data Source section for details.
Source: Disability Services National Minimum Data Set, Table DIS.1.

Over the 5 years to 2018–19, the rate of service users per 100,000 population with a psychiatric disability increased an average of 0.7% annually, from 407.1 in 2014–15 to 422.6 in 2018–19 (Figure DIS.2). Note that data from 2013–14 onwards are affected by the progressive introduction of the NDIS—as a result, analysing trends in Disability Services NMDS data over time is complex, but a decrease in the number of NDA clients is expected as the roll-out of the NDIS progresses. More information can be found in the data source section.

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Figure DIS.2: Service users with a psychiatric disability, 2005-06 to 2018-19
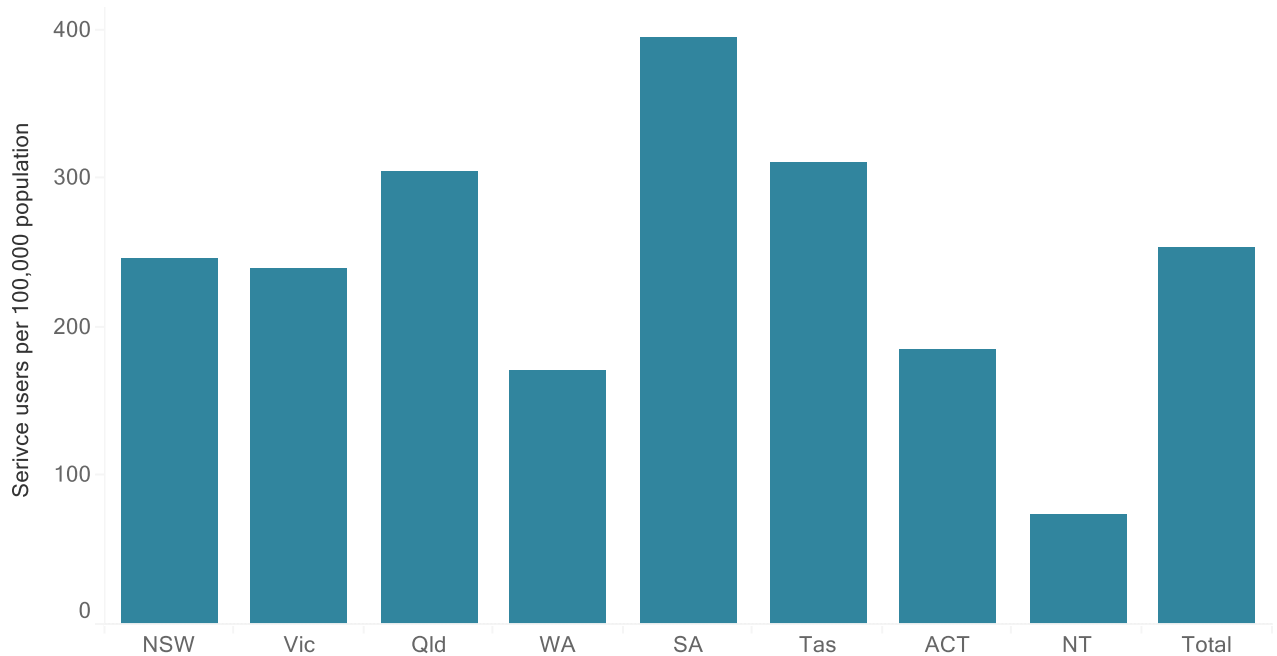

Note: Data is affected by transition to the NDIS. Refer to Data Source section for details.
Source: Disability Services National Minimum Data Set, Table DIS.3.

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Nationally, there were 253.5 service users per 100,000 population with a primary psychiatric disability in Australian Government funded services (Figure DIS.3). South Australia had the highest rate (394.9), followed by Tasmania (310.4) and Queensland (304.0).

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Figure DIS.3: Service users with a primary psychiatric disability, Australian Government funded services, states and territories, 2018-19

Note: Data is affected by transition to the NDIS. Refer to Data Source section for details.
Source: Disability Services National Minimum Data Set, Table DIS.2.

NDA service users who transitioned to the NDIS

During the period 2014–15 to 2018–19; 13,675 NDA service users with a psychiatric disability transitioned to the NDIS, and of these, 4,635 (33.9%) transitioned during 2018–19. There was a small decrease in the number of service users with a psychiatric disability who transitioned to the NDIS in 2018-19 compared with the previous year. A similar pattern was observed for all NDA service users, with over one-third (40,018) of the 107,325 NDA service users who transitioned to the NDIS during the period 2014–15 to 2018–19 having done so in 2017–18 (AIHW 2020). This pattern reflects the commencement of the full NDIS roll-out from 1 July 2016.

Most service users with a psychiatric disability who transitioned to the NDIS in 2018–19 were aged 35–64 years (3,260 or 70.3%). There were 3,095 (66.8%) service users who lived in a private residence, 3,181 (68.6%) reported the Disability Support Pension as their main source of income, and 1,859 (40.1%) were not in the labour force.

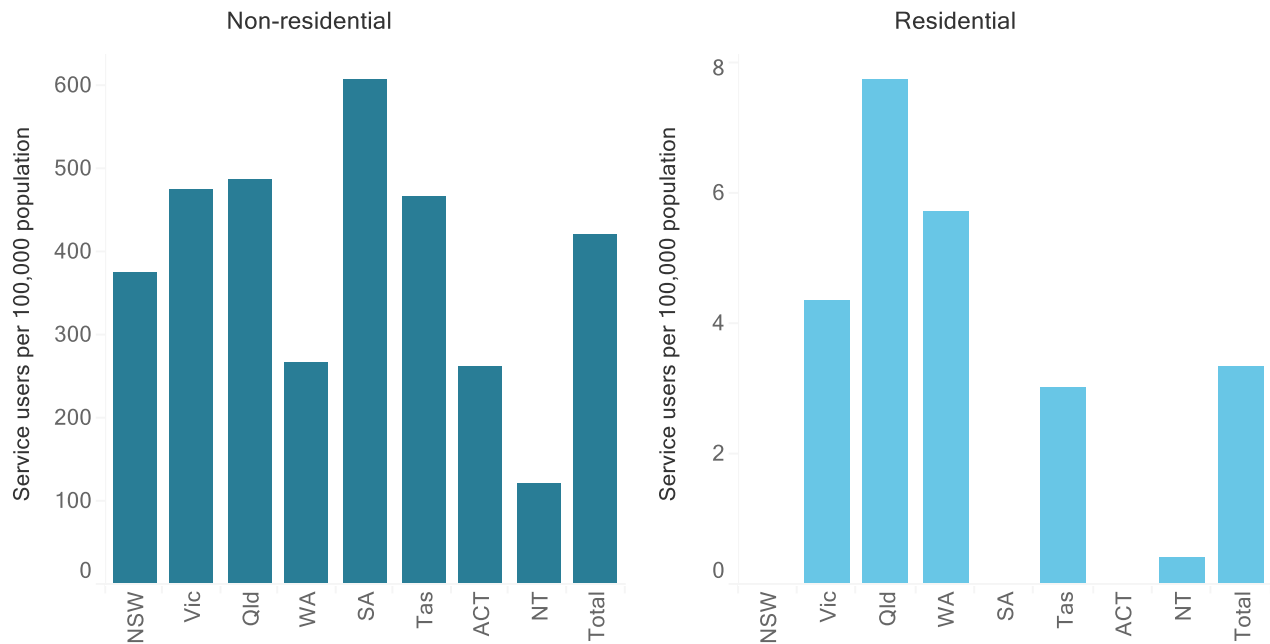# Services accessed by users with a psychiatric disability

The disability support services accessed by people with a psychiatric disability may be either Residential support services or Non-residential support services or both, depending on availability and their individual needs. Non-residential services are provided either by State or territory administered services or Australian Government funded services. Residential services are provided by state or territory administered services.

Non-residential support services include Accommodation support, Community support, Community access, Respite services, and Employment services.

Residential Service types include Large residential facilities/institutions, Small residential facilities/institutions, Hostels and Group homes.

Non-residential services are provided at a much higher rate than residential services. In 2018–19, there were 421.4 users per 100,000 population with a psychiatric disability who accessed non-residential services whilst 3.3 users per 100,000 accessed residential services (Figure DIS.4). South Australia had the highest population-rate for non-residential service usage (606.4 users per 100,000) while Queensland had the highest population-rate for residential service usage (7.7 users per 100,000) of those jurisdictions who collected data in 2018-19.

Figure DIS.4: Service users with a psychiatric disability, non-residential and residential services, states and territories, 2018–19

Note: Data is affected by transition to the NDIS. Refer to Data Source section for details.
Source: Disability Services National Minimum Data Set, Table DIS.1.

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Non-residential disability support services

Over the 5 years to 2018–19, the rate of non-residential service users with a psychiatric disability increased on average by 0.8% annually, from 405.0 users per 100,000 population in 2014–15 to 421.4 in 2018–19 (Figure DIS.5).

Figure DIS.5: Service users with a psychiatric disability, non-residential and residential services, 2005–06 to 2018-19
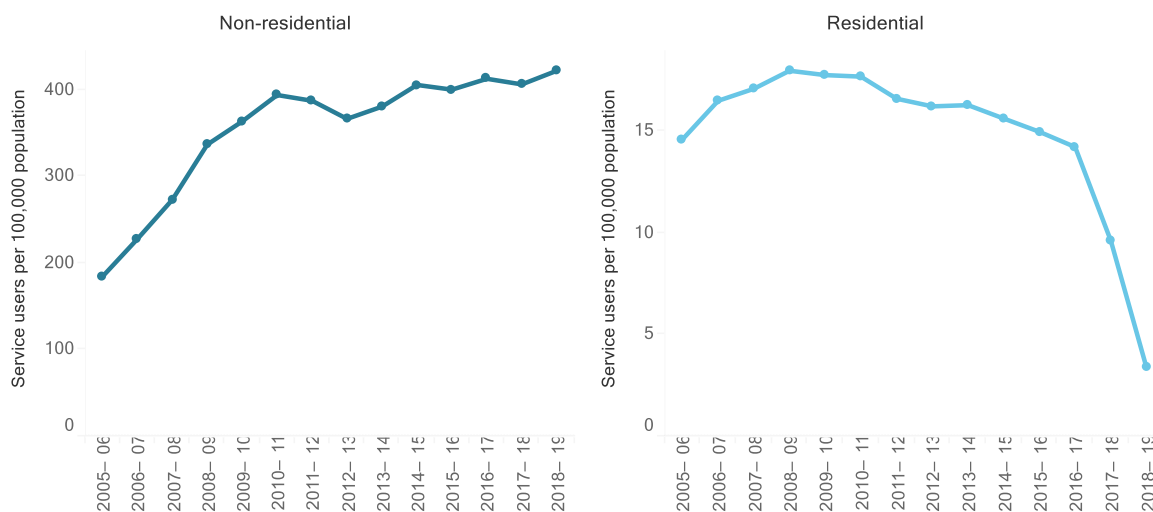

Note: Data is affected by transition to the NDIS. Refer to Data Source section for details.
Source: Disability Services National Minimum Data Set, Table DIS.3.

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Non-residential service users with a psychiatric disability in 2018–19 accessed Employment services at a higher rate than other non-residential service types. Nationally, Employment services were accessed at a rate of 388.7 users per 100,000 population, and South Australia had the highest rate at 606.4. Other non-residential services accessed were Community support (25.0 users per 100,000 nationally), Respite services (8.2 nationally), Accommodation support (7.8 nationally) and Community access (5.4 nationally). Victoria had the highest population rate for Accommodation support, Respite and Community support service usage (17.4, 27.0 and 79.4 users per 100,000, respectively).

Residential disability support services

Residential service users represented just 0.8% of NDA service users with a psychiatric disability in 2018–19. Over the 5 years to 2018–19, the rate of residential service users with a psychiatric disability has decreased by an average of 26.5% annually, from 15.6 users per 100,000 population in 2014–15 to 3.3 in 2018–19 (Figure DIS.5). Disability Services NMDS data from 2013–14 onwards are affected by the progressive introduction of the NDIS. Service users leave the data collection from the date at which they get an approved NDIS plan, even if their plan doesn't cover all support. As such, a decrease in the number of NDA clients is expected as the roll-out of the NDIS progresses. In addition to the transition of NDA residential support service users to the NDIS, jurisdictions are

moving away from the provision of institutional style accommodations, which are included in the residential service type. These factors are likely to have contributed to the decrease in the rate of residential service users over the period.

Nationally, Group homes were the most common residential service type for users with a psychiatric disability (2.8 service users per 100,000 population).

Client characteristics

For clients with a psychiatric disability using non-residential services (106,107), 66.6% (70,715) had a primary psychiatric disability. The most frequently reported primary disability for residential service users with a psychiatric disability (842) was intellectual disability (529 or 62.8%).

Non-residential service users

There were more male (51.4%) than female (48.6%) users with a psychiatric disability accessing non-residential disability support services in 2018–19. Almost two-thirds (63.2%) of service users were aged 35–64, and 4 in 5 (79.7%) were born in Australia.

In 2018–19, 6.2% of non-residential service users with a psychiatric disability were Aboriginal and Torres Strait Islander people. However, the rate of service use for Indigenous Australians was almost 2 times that for other Australians (796.3 and 409.3 service users per 100,000 population, respectively).

People living in *Major cities* accounted for 67.3% of non-residential service users with a psychiatric disability. The rate of service use for people living in *Inner regional* and *Outer regional* areas (538.4 and 482.2 users per 100,000 population, respectively) was higher than that for *Major cities* (396.6).

The majority of non-residential service users in 2018–19 lived in a private residence (82.4%), and reported either living alone (46.1%), living with others (32.8%) or living with family (14.1%). The most common source of income was the Disability support pension (20.1%), or other pension or benefit (55.1%), and 7.1% of users reported paid employment as their main income source.

Residential service users

There were more male (62.1%) residential service users with a psychiatric disability than female (37.9%) in 2018–19. The majority of service users were born in Australia (91.0%), lived in *Major cities* (78.3%) and were aged 45 years and over (65.1%).

In 2018–19, 5.1% of residential service users with a psychiatric disability were Aboriginal and Torres Strait Islander people. The rate of service use for Indigenous Australians was more than 1.5 times that for other Australians (5.2 and 3.3 service users per 100,000 population, respectively).

Residential service users with a psychiatric disability most commonly reported living with others (82.1%), residing in a domestic-scale supported living facility (45.0%), and receiving the disability support pension as their main source of income (88.2%).

Data sources

Disability Services National Minimum Data Set

Data pertaining to services provided under the National Disability Agreement (NDA) are collected through the Disability Services National Minimum Data Set (Disability Services NMDS). This NMDS, managed by the AIHW, facilitates the annual collation of nationally comparable data about disability support 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 progressive transition of service users from the NDA to the National Disability Insurance Scheme (NDIS) has reduced the collection of data under the NDA. For this reason, comparisons between years should be undertaken with caution.

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

- each of the service type outlets for which they are funded
- each service user who received support over a specified reporting period
- the Disability Services NMDS service type(s) each service user received.

However, certain service type outlets—such as those providing advocacy, information and alternative forms of communication—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 2018–19 collection period were released in *Disability support services: services provided under the National Disability Agreement 2018–19* (AIHW 2020). 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 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. Further information can be found in the Disability Services National Minimum Data Set 2018–19; Quality Statement and the Disability Services NMDS collection guides.

Response rates

For the 2018–19 collection, there was an overall response rate of 92.5% for service outlets, although rates were variable across jurisdictions. The response rates estimate the number of service outlets providing service user 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 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 type outlet response rates and the non-response rates for states and territories for 2005–06 to 2018–19 are shown in Table DIS.12. The user response rate within these outlets cannot be reliably estimated.

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 2018–19* (AIHW 2020), and in the associated Disability Services National Minimum Data Set 2018–19; Quality Statement.

Indigenous status

For 2018–19, the proportion of all users of disability support services who identified as being Aboriginal and/or Torres Strait Islander people was higher than the proportion in the general population (5.5% versus 3.3%) (ABS 2018). Further information can be found in *Disability support services: services provided under the National Disability Agreement 2018–19* (AIHW 2020).

Transition of NDA service users to the NDIS

Most existing NDA service users are expected to move to the NDIS over time, but not all will. Some people currently receiving services are not eligible to enter the NDIS (such as those aged 65 and over who are not already NDIS participants).

Data collected through the Disability Services NMDS from 2013–14 onwards are affected by the progressive introduction of the National Disability Insurance Scheme (NDIS). As a result, analysing trends in Disability Services NMDS data over time is complex; but decreases in those services moving to the NDIS, such as state and territory-provided services and Australian Government-supported employment services, are generally expected as the NDIS continues to roll out.

For the purposes of the Disability Services NMDS, once a service user has an approved NDIS plan and funding is available through the National Disability Insurance Agency (NDIA), they are considered to have transitioned to the NDIS and are no longer reported in the Disability Services NMDS from the date of their transition.

References

ABS (Australian Bureau of Statistics) 2018. Australian Bureau of Statistics. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. Cat. No. 3238.0.55.001. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2020. Disability support services: services provided under the National Disability Agreement 2018–19. Bulletin no. 149. Cat. no. DIS 75. Canberra: AIHW.

NDIA (National Disability Insurance Agency) 2019. COAG Disability Reform Council Quarterly Report. 30 June 2019. NDIA. Viewed 29 April 2020. < https://www.ndis.gov.au/about-us/publications/quarterly-reports/archived-quarterly-reports-2018-19>.

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 the Council of Australian Governments (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; DSS 2012).
National Disability Insurance Agency (NDIA)	The NDIA is an independent statutory agency whose role is to implement the National Disability Insurance Scheme (NDIS). The NDIA collects data on the NDIS and publishes quarterly reports.
National Disability Insurance Scheme (NDIS)	The Australian Government announced the introduction of the NDIS in July 2012. The NDIS provides 'reasonable and necessary supports' to help people who have a 'significant and permanent' disability. The scheme is based on an insurance model, and each individual seeking access is assessed according to a common set of criteria. Individuals who are deemed eligible receive a package of funding to purchase the supports identified in their individualised plan.

	Because of the fundamental change to service provision, the NDIS is being rolled out in stages—trial sites began roll-out in July 2013, the full scheme roll-out began in July 2016 and state-wide roll-out started in July 2018. The NDIS is administered by the National Disability Insurance Agency (NDIA 2020a).
Non-residential support services	**Non-residential support 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.

Psychosocial disability	**Psychosocial disability** in the National Disability Insurance Scheme is a term used to describe a disability that may arise from a mental health issue. For a person with a psychosocial disability to access the Scheme, they need to have a permanent or likely-to-be permanent disability as a result of their mental health condition. The condition must have a significant impact on their day-to-day life and the person's ability to participate in the community. It also needs to be likely that the person will need support for the rest of their life (NDIA 2020b).
Residential support services	**Residential support 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.
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.

References

COAG (Council of Australian Governments) 2012. National Disability Agreement. Canberra: COAG. <http://www.federalfinancialrelations.gov.au/content/npa/national_agreements/national-disability-agreement.pdf > Viewed 29 April 2020.

DSS (Department of Social Services) 2012. National Disability Agreement. National Disability Agreement. <https://www.dss.gov.au/disability-and-carers/programmes-services/government-international/national-disability-agreement> Viewed 29 April 2020.

NDIA (National Disability Insurance Agency) 2020a. National Disability Insurance Scheme. < https://www.ndis.gov.au/> Viewed 29 April 2020.

NDIA 2020b. What is psychosocial disability? < https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis#what-is-psychosocial-disability> Viewed 29 April 2020.

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