

# Community Living Association Inc

5 Nundah Street, NUNDAH Q 4012 Tel. (07) 3266 5633 Fax. (07) 3266 5866

*Managing: Community Living Program, ARROS & Community Connections.*

**Email.** Co-Ordinator:  
General:  
Finance:  
Volunteers:

**Web.** [www.communityliving.org.au](http://www.communityliving.org.au)

17 January 2017

## **Senate Inquiry on NDIA and Psycho-social Disability**

### Submission in relation to People with Intellectual Disability who have a Psycho Social Disability

The focus of this submission to the Senate enquiry is in relation to a particular sub-group of people with psycho-social disabilities.

The sub-group is people with intellectual disabilities who have a mental health condition, often referred to in the literature as Dual Disability.

#### **People with intellectual disabilities who also have a psycho-social disability**

It is calculated that approximately 40% – 60% of people with intellectual disability also have a psycho-social disability (Kendall and Owen 2015).

Evidence indicates that people with intellectual disability who also have a psycho-social disability receive inadequate supports from the mental health system and from other mainstream service systems (Evans et al 2012).

People with intellectual disability and psycho-social disability are over represented in other tertiary systems, homeless, corrections, victims of abuse, alcohol and drug issues, behavioural issues (Young et al 2016).

#### **People with intellectual disability and psycho-social disability and the NDIA**

A number of practitioners and academics have voiced concerns that the service models of the NDIS may have difficulty in responding to the needs of people with intellectual disabilities and complexity including the complexity of also having a co-occurring psycho-social disability.

These potential difficulties have been identified as:

- Concerns about the ability of NDIA to access this group and for this group to access NDIA, due to living on the fringe, distrust of service systems, lack of information about NDIA.
- Concerns that NDIS model while promising flexibility will actually be inflexible for this group due to issues such as –
  - the funding model creates disincentives for proactive outreach to this group
  - the funding model does not take into account chaotic lifestyles, recurrent crisis

- the funding model does not fund staffing at a skill level to respond to people with complex needs

People with intellectual disabilities and psycho-social disabilities and the Senate terms of reference:

a. Eligibility criteria

People with intellectual disability and psycho-social disability will theoretically be eligible for NDIS due to both disabilities. Difficulties in attaining eligibility will occur because of issues such as people's reluctance to take on a disability label, their socially isolated position, on society's fringe, lack of current disability assessments and costs associated with these assessments, lack of formal and informal supports to support their advocacy for eligibility.

b. Transition of funding to NDIS

There are few and far between services which focus on people with an intellectual disability and psycho-social disability. Almost all of services will lose funding to NDIS. Individuals presently receiving support from these services will probably be offered individual NDIS packages, however early evidence is that these packages will not be adequate due to the inflexibility of the NDIA model e.g. inability to respond to people with chaotic lifestyles, inability to respond to people with complex issues etc.

Additionally research and our experience indicates that mental health services themselves do not respond adequately to people with dual disability.

The oversight of this group by the mental health sector has again recently been shown by the omission of people with intellectual disability from the draft National Mental Health Plan and the lack of action to support this group from primary health care networks.

### **Forensic**

People with intellectual disability are over represented in prisons internationally (Fazel et al 2008). In Australia approximately 9 – 10% of soon to be released prisoners have an intellectual disability (Dias et al 2013). Prisoners with intellectual disability often experience complex comorbid chronic physical conditions and mental health disorders (Manningsdo et al 2009, Dias et al 2013, Dias et al 2014).

### **What is needed**

- Proactive outreach to people with intellectual disability to link them to NDIA and NDIS supports whether individual package or ILC programs. Proactive outreach will be into the homeless population, young people with intellectual disability exiting Child Safety and corrections.
- A combined individual package and bulk purchase of services model in relation to this group which will remove some of the inflexibilities and disincentives of the NDIS model.
- ILC programs aimed at making mainstream service systems including the mental health system more accessible to this population.