



AADDAM

Australian Association of
Developmental Disability Medicine

Wednesday, 9 May 2018

Committee Secretary
Senate Community Affairs References Committee
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Submission regarding the accessibility and quality of mental
health services in rural and remote Australia

Introduction

The Australian Association of Developmental Disability Medicine (AADDAM) is an organisation of medical practitioners who specialise or have an interest in the health of the over 300,000 Australian children, adolescents and adults with intellectual disability (ID). The key aim of the AADDAM is to improve the health of children, adolescents and adults with intellectual and developmental disability.

Context

People with ID represent about 1.8% of the Australian population. Despite experiencing very poor very poor physical and mental health compared to the general population, the needs of people with intellectual disability are rarely considered in mainstream health services planning or delivery. Many people with intellectual disability have complex support needs. Some of the complexity relates to the over-representation of mental illness, which is at least two to three times higher in people with ID compared to the general population (2). Often people with ID experience a high degree of complexity and an atypical profile and presentation of mental illness (3), thus requiring a high level of psychiatric expertise, and coordinated approaches between services. The poor health and mental health status of people with ID, and commitments to address these problems, have been clearly articulated in the National Disability Strategy (4). The needs of people with intellectual disability and mental illness have been highlighted in the NSW Mental Health Commission's 10 year strategic plan (6) and in the 5th National Mental Health and Suicide Prevention Plan (7).

Despite the over-representation of mental illness in people with ID, access to mental health services is limited and falls far short of that for the general population. Our extensive professional networks indicate that there is no specific service for people with intellectual disability and mental illness in publicly funded rural or remote mental health services. Further, metropolitan services offer very limited outreach to people with intellectual disability and mental ill health living in rural and remote

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areas.

Noteworthy Issues

There are a number of issues which AADDMM wishes to highlight to the Committee. These include:

1. Findings from a major data linkage project in NSW indicate a higher proportion of the population have ID in rural and remote areas (1.5%) compared to metropolitan areas of NSW (1.15%). Over 6% of all public mental health service users in NSW have an intellectual disability, and approximately 13% of the total budget for public mental health services in NSW is used to support people with intellectual disability.
2. There are very few specialised services for people with ID and mental illness in Australia, and these services are exclusively based in metropolitan areas. Lack of specific and strategic linkages between metro and rural/remote services compounds accessibility for those in rural and remote locations.
3. People with intellectual disability and their carers face multiple barriers which limit the extent to which they can access metropolitan services. Factors additional to those with mental illness generally include carer stress, mobility and behavioural issues, in addition to associated greater financial strain.
4. Without access to specialist services for people with ID and mental illness, the burden of care is left to the person's general practitioner (GP). GPs in rural areas of Australia see a higher proportion of patients with ID (12) than their metropolitan colleagues. Yet as a group Australian GPs report a lack of skills and training in the area of ID mental health (8, 9), and audits of Australian medical education curricula indicate that enhancements in this area are needed (10, 11). Recent work carried out with nationally representative GP data indicates that GPs are overwhelmed by administrative rather than medically-related demands (13). Combined, these issues further mean that rural and remote GPs are unable to adequately address the mental health needs of people with ID.

Solutions

AADDMM proposes the following potential solutions:

1. All rural and remote mental health initiatives should include considerations of the needs of people with intellectual disability.
2. Each rural and remote PHN must ensure that people with ID and their health needs form a core part of the needs assessment and planning for that PHN.
3. We recommend funding the development of specialised capacity and skills in a core workforce within each rural and remote LHD mental health service. Support and training could be provided for this from specialised metropolitan ID health or mental health teams.
4. We recommend the further development of links between highly specialised health teams in metropolitan areas and rural and remote LHDs, i.e. a hub and spoke model. This will support the development of capacity in remote and

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- rural LHDs.
5. In NSW there are plans to develop a state-wide quaternary service in ID mental. This service will back up mainstream services. We recommend that all States and Territories develop a similar service to inform situations where there is a controversy over diagnosis or management. This service should include outreach and technological strategies (e.g. telepsychiatry) to ensure access for people living in rural and remote areas.
 6. We recommend mandatory training in ID mental health for all front line mental health staff based, including those in regional remote areas. Free resources for this training is available through the Department of Developmental Disability Neuropsychiatry at UNSW Sydney. See <http://www.idhealtheducation.edu.au/>. Also freely available is a Competencies manual and toolkit to equip staff in intellectual disability mental health.

We thank the Senate for this opportunity for input into this important issue. Please do not hesitate to contact us if you require further information.

Yours sincerely

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And

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