

# Psychosocial Disability

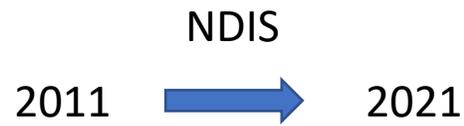
NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM

## Unravelling Psychosocial Disability

2011

A word cloud containing terms such as: stigma, discrimination, neglect, recovery, participation, empowerment, inclusion, support, dignity, employment, housing, not for service, education, welcomed, social support, respect, understanding, ability, difference, and exclusion.

A POSITION STATEMENT BY THE NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM (NMHCCF) ON PSYCHOSOCIAL DISABILITY ASSOCIATED WITH MENTAL HEALTH CONDITIONS



National Mental Health Consumer & Carer Forum

## Unravelling Psychosocial Disability

### Position Statement on Psychosocial Disability Associated with Mental Health Conditions

National Mental Health Consumer and Carer Forum  
July 2021

“If disability is one of the great human rights challenges of this century, then within this, psychosocial disability remains one of the most challenging and misunderstood areas of disability.”  
Paul Deany

# NDIS Definition

## **What is psychosocial disability?**

Psychosocial disability is a term used to describe a disability that may arise from a mental health issue.

Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery. People with a disability as a result of their mental health condition may qualify for the NDIS.

# Other submissions



- NDIA Draft Consultation Paper: Support for Decision Making Consultation**
- Royal Commission into National Natural Disaster Arrangements
- Royal Commission into Aged Care Safety & Quality

30 September 2021 | [Submissions](#)

Submission to the National Disability Insurance Agency Draft Consultation Paper: Support for Decision Making Consultation

[Read more](#)



- Department of Social Services regarding the NDIS Act Review**
- Royal Commission into National Natural Disaster Arrangements
- NDIS Quality and Safeguards Commission Submission

07 October 2021 | [Submissions](#)

Submission to the Department of Social Services regarding the NDIS Act Review



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# Other submissions



- Independent Assessment Under the NDIS submission Joint Standing Committee**
- Royal Commission into National Natural Disaster Arrangements
- Royal Commission into Aged Care Safety & Quality

20 April 2021 | [Submissions](#)

Submission to The Joint Standing Committee on Independent Assessment under the National Disability Insurance Scheme



- NDIS Quality and Safeguards Commission Submission**
- Royal Commission into National Natural Disaster Arrangements
- Royal Commission into Aged Care Safety & Quality

02 July 2020 | [Submissions](#)

Submission to The National Disability Insurance Scheme Quality and Safeguards Commission



- New Disability Strategy Submission to Dept of Social Services**
- Royal Commission into National Natural Disaster Arrangements
- NDIS Quality and Safeguards Commission Submission

30 October 2020 | [Submissions](#)

Submission to The Australian Government Department of Social Services on the new National Disability Strategy

[Read more](#)



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# NDIS Progress

- Janet Meagher IAC
- Sector Reference Group
- Lit reviews
- Psychosocial Supports Design
- Recovery Coach line item



## THE CURRENT LANDSCAPE

Good Practice in Recovery-Oriented Psychosocial Disability Support  
Stage One Report

September 2021

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[New studies support recovery oriented practice in the NDIS](#)

## New Studies Support Recovery Oriented Practice In The NDIS

 on 08 September 2021

We are excited to launch two major new reports aimed at underpinning the use of recovery oriented practice within the NDIS.

The research was conducted by a team from La Trobe and Monash Universities and commissioned by MHV's NDIS Recovery-Oriented Psychosocial Disability Support (ROPDS) Project – Growing National Workforce Capability.



Launch of MHV and La Trobe research project & provides a summary of life

- + History of Recovery
- + Recovery-oriented Practice
- + Aspirations of Recovery
- + Leading Practice Perspectives
- + Enablers of 'good' Practice
- + Recovery & Key Priority Groups

Watch on  YouTube [by](#) [Principal Investigator](#)



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# Range of psychosocial disability (ABS)

This article uses data from the 2018 Survey of Disability, Ageing and Carers (SDAC) to examine the prevalence of psychosocial disability in Australia

Released 25/09/2020

**Source:** [Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

## Key statistics

In 2018, 4.6% of Australians (1.1 million people) had psychosocial disability. Of these:

- 85.5% had at least one other disabling condition
- 38.8% had a profound limitation
- 24.1% experienced discrimination, up from 21.5% in 2015.

## Prevalence

In 2018, of the 4.4 million Australians with any disability over one-quarter (26.0%) had psychosocial disability:

- 1,137,800 people, up from 1,045,900 in 2015
- 4.6% of all Australians, similar to 2015 (4.5%)
- 85.5% of those with psychosocial disability (972,100 people) had at least one other disabling condition
- 14.5% (165,400 people) had no other disabling condition, that is their psychosocial disability was their only disability.



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# Severity of Disability (ABS)

People with psychosocial disability generally report more severe limitations than those with other disability.

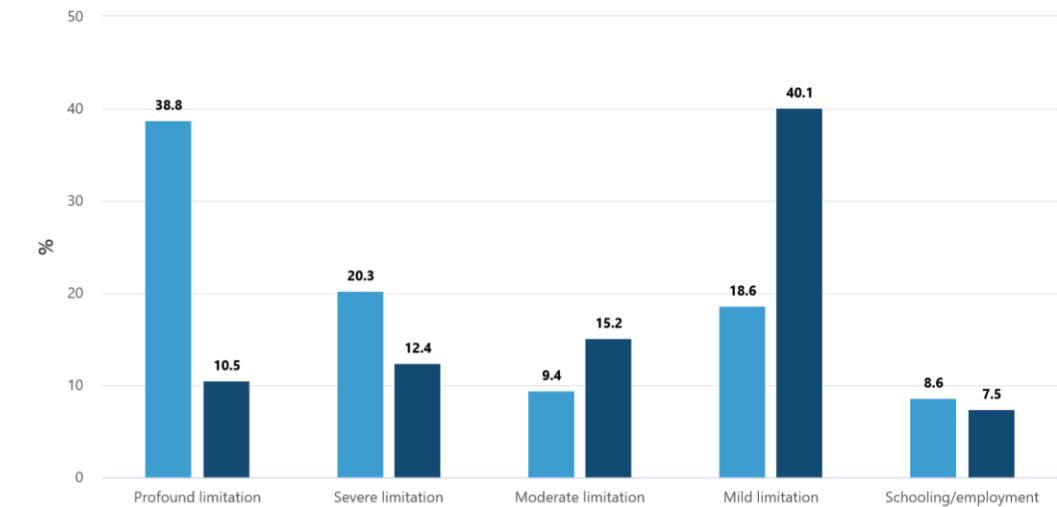
Of the 1.1 million Australians with psychosocial disability:

- almost two in five (38.8%) had a profound limitation, almost four times the rate of those with other disability (10.5%)
- one in five (20.3%) had a severe limitation, almost twice the rate of those with other disability (12.4%).

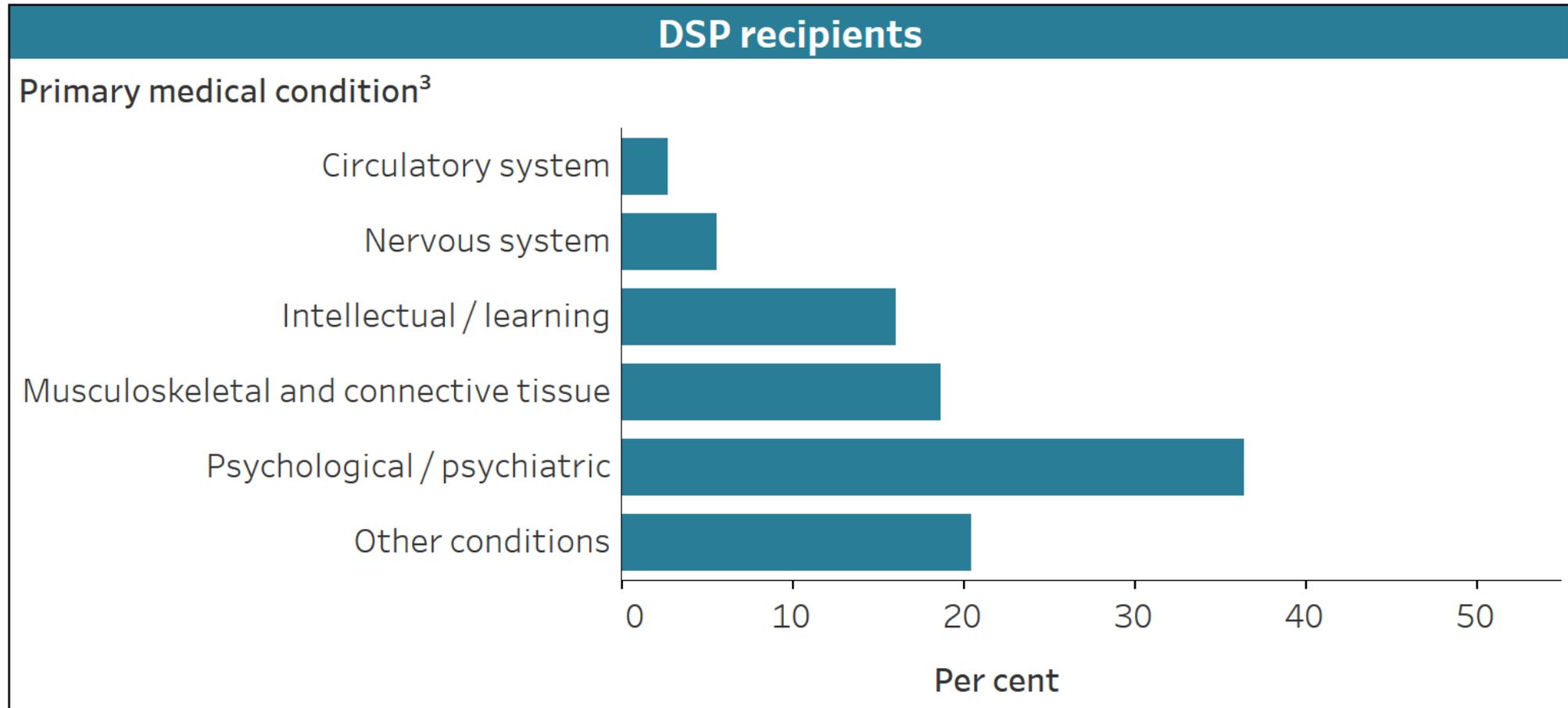
Graph Table

Download

Graph 3. All persons with disability, disability status (a) by disability type, 2018



# Psychosocial Disability

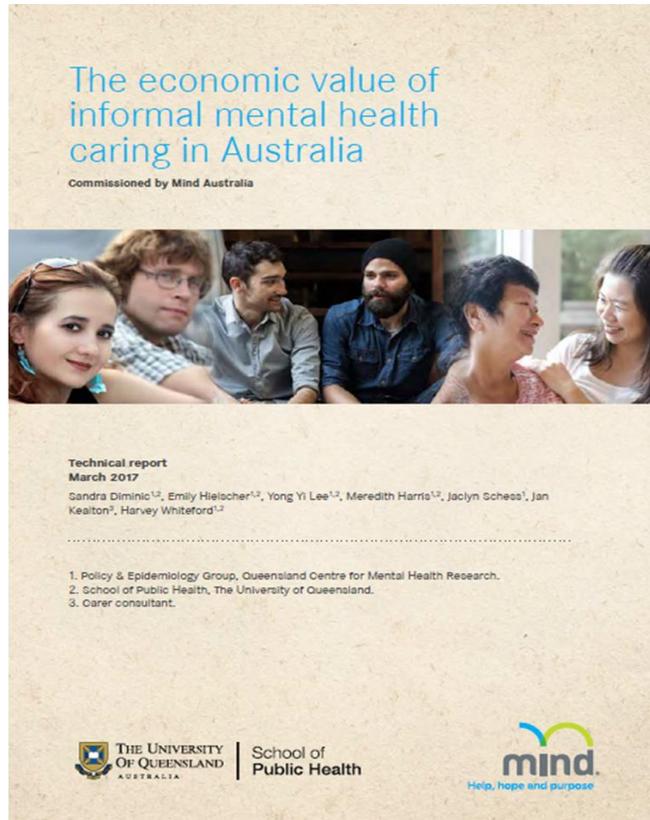


243,000 people AIHW. June 2019



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# Family carers



- 240,000 informal mental health carers
- Equivalent to 173,000 FTE formal support workers
- The estimated average replacement cost for a primary mental health carer is \$129,000 per carer per year.
- The total annual replacement cost for all informal mental health carers in 2015 was \$14.3 billion

# Lancet Psychiatry Commission on Psychoses in a Global Context (2021)

“Psychoses affect more than 20 million people worldwide and are associated with substantial impoverishment, premature mortality, stigma, and human rights violations.”

“In high-income countries, for example, social outcomes for those with psychoses are poor and include high levels of unemployment, poverty, and homelessness *in the decades after the initial contact with mental health services.*”



# Discrimination

People with psychosocial disability were more likely to experience discrimination because of their disability than those with other disability. Of people with psychosocial disability aged 15 years and over (living in households):

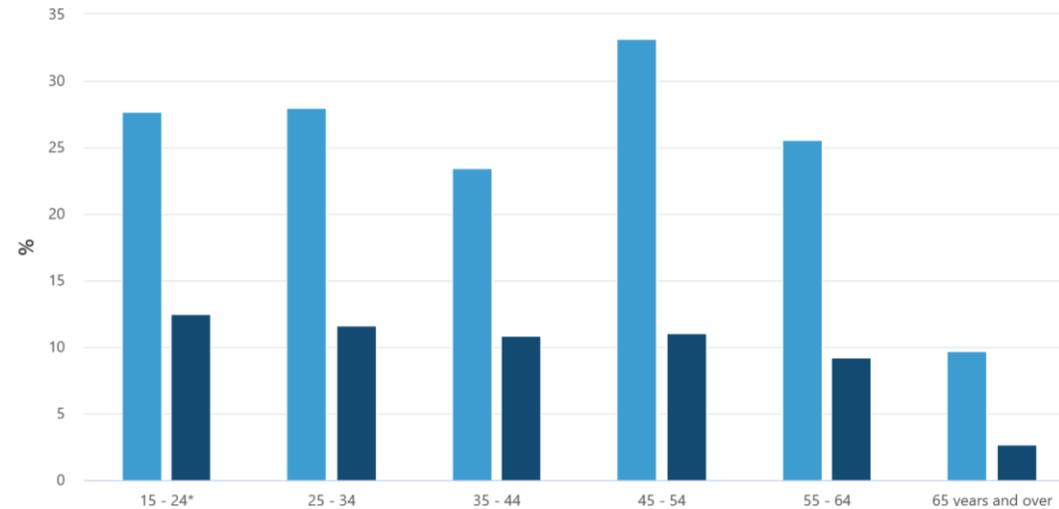
- almost one-quarter (148,500 people or 24.1%) experienced discrimination, four times higher than those with other disability (6.3%)
- rates of discrimination have increased (from 21.5% in 2015)
- rates of discrimination were similar for men (22.1%) and women (25.8%)
- rates of discrimination were generally lower among older people (those aged 65 years and over).

Graph

Table

Download

Graph 8. Persons with disability(a), experience of discrimination(b) by disability type and age, 2018



# Discrimination

## Source of discrimination

The most common sources of discrimination for people with psychosocial disability were:

- service and hospitality staff (including restaurant staff, teachers, health staff, transport staff) (36.8%)
- family or friends (26.3%)
- employers or work colleagues (23.0%).

## Avoiding situations

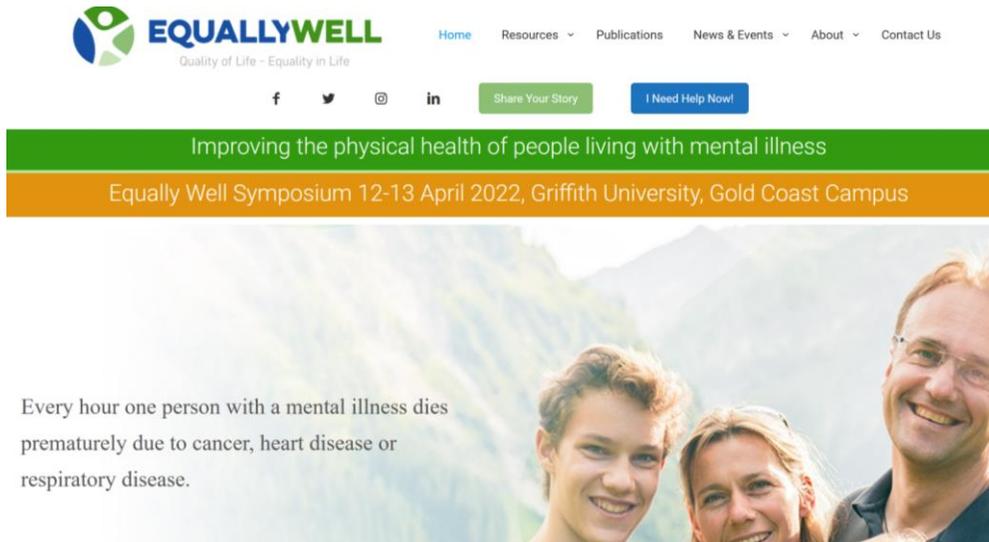
People with psychosocial disability were more likely to avoid situations because of their disability. Of those aged 15 years and over (living in households):

- over two thirds (67.0%) avoided situations, compared with 25.2% of those with other disability
- rates were similar for women (69.3%) and men (63.9%).

The most common situations or places avoided by people with psychosocial disability were:

- visiting family or friends (50.1%)
- shops, banks and similar public venues (42.8%)
- restaurants, cafes and bars (38.3%).

# Physical health and mortality gap



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Improving the physical health of people living with mental illness

Equally Well Symposium 12-13 April 2022, Griffith University, Gold Coast Campus

Every hour one person with a mental illness dies prematurely due to cancer, heart disease or respiratory disease.



80% of people living with mental illness also have a serious physical health condition.

Consensus Statement

Webinars

International Equally Well Alliance Call to Action



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# Family/carerer impact – still unaddressed by policy and funding settings

Carers of people living with a mental illness are often peripheral in the clinical setting, or considered only in relation to the person living with the mental illness. Our research group is investigating the health and wellbeing and needs of carers of people living with a mental illness and the effectiveness of services designed to meet these needs.

There is evidence for unmet need among carers, with a substantial percentage of carers experiencing social isolation (28.6%), psychological distress (37.7%) and poorer quality of life than population norms, in addition to experiencing prominent grief. Carers from culturally and linguistically diverse backgrounds have even poorer mental health and quality of life than Australian-born carers. In a follow-up study conducted by our group, there were few changes for carers over the course of one year other than a worsened perception of their quality of life related to their physical health. Analyses suggested that poorer functioning of people with psychosis influenced carers' social isolation, grief and psychological distress. Findings suggested a pressing need to assess and improve carers' health and wellbeing, especially their physical health, as well as to provide effective psychiatric rehabilitation to improve the functioning of their relatives with psychosis.



# International move to rights-based, social and relational frame of mental health discourse



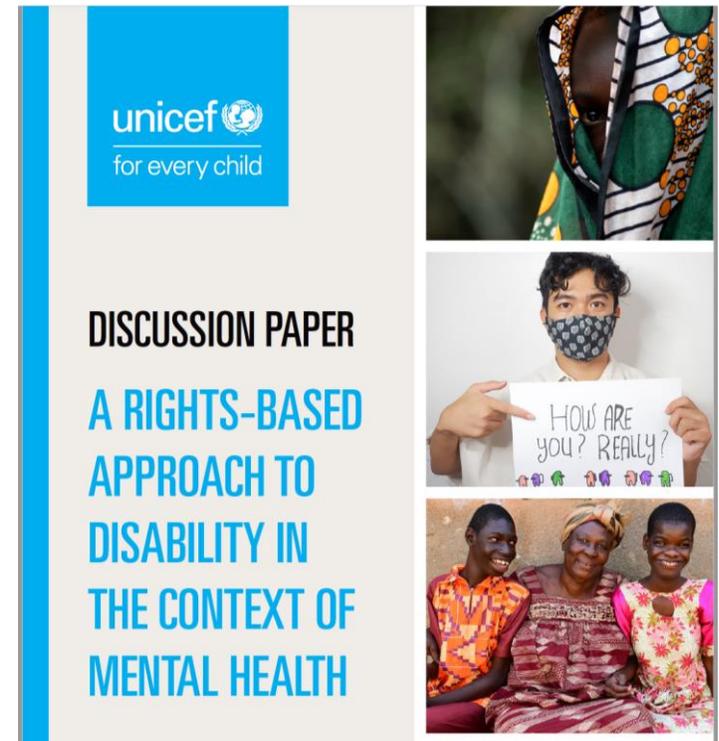
English > Your Human Rights > Health > The right to mental health

## The right to mental health

The modern public mental health approach emerged on the global scene at the end of the twentieth century. It contained a critical mass of new evidence on the importance of mental health and the effectiveness of integrated approaches.

Two key messages of the modern public mental-health approach are:

- there is no health without mental health; and
- good mental health means much more than the absence of a mental impairment.



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# WHO



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## Guidance on community mental health services: Promoting person-centred and rights-based approaches

9 June 2021 | Guidance (normative)



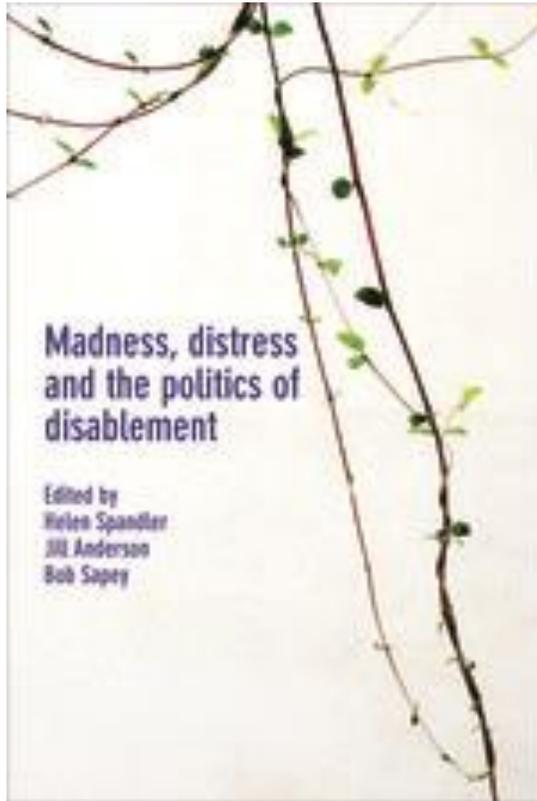
### Overview

The WHO *Guidance on community mental health services: Promoting person-centred and rights-based approaches* document is part of the WHO *Guidance and technical packages on community mental health services* set of publications. It provides a detailed description of person-centred and human rights-based approaches in mental health, and summary examples of good practice services around the world. It describes the linkages needed with housing, education, employment and social protection sectors, and presents examples of integrated regional and national networks of community-based mental health services. Specific recommendations and action steps are presented for developing community mental health services that respect human rights and focus on recovery. This comprehensive document is accompanied by a set of seven technical packages focused on specific



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# Barren policy environment



- What are the consequences, for someone experiencing madness or distress, of being categorised as a disabled person?
- What are the benefits and limitations of adopting a disabled identity?
- Can disability policies benefit people with mental health problems (and what are some of the barriers preventing them from doing so)?
- Can the social model of disability apply to madness and distress (and if so, how)?
- How much can the mental health service user/survivor movement learn from the disabled people's movement, and vice versa? How do mad studies and disability studies connect, if at all?