



**NATIONAL MENTAL HEALTH  
CONSUMER & CARER FORUM**

## Unravelling Psychosocial Disability



### **A POSITION STATEMENT BY THE NATIONAL MENTAL HEALTH CONSUMER AND CARER FORUM ON PSYCHOSOCIAL DISABILITY ASSOCIATED WITH MENTAL HEALTH CONDITIONS**

Psychosocial disability is a term applicable to mental health consumers and carers to describe the disability experience of people with impairments and participation restrictions related to mental health conditions. These impairments and restrictions include reduced ability to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives. As with other disabilities, the best outcome for people experiencing psychosocial disability will be achieved through access to supports that enhance their social and environmental opportunities to expand their capabilities.

Not all people with a mental health condition will experience a psychosocial disability. Many people with a mental illness will lead fulfilling and productive lives with little support. However, effects of psychosocial disability can be severe and the impact is frequently underestimated both for people with a psychosocial disability and for their carers.

Psychosocial disability can exacerbate mental health conditions, cause social isolation and economic marginalisation that can spiral into crisis, homelessness, poverty and risk of harm by exploitation. The result causes extreme hardship for mental health consumers and carers, placing an unfair burden on some of the most vulnerable members of Australian society. This also places an economic burden on society through the need for crisis intervention and health care supports that could be reduced with if the appropriate support services were provided earlier.

The Australian community has become more aware of psychosocial disability following the deinstitutionalisation of care for people with mental illness. The subsequent lack of support to assist them to live in the community and the tragic consequences of this has made their situation more visible.

However, despite nearly three decades of national documentation, beginning with the development of the first *National Mental Strategy*,<sup>1</sup> there has been a failure to commit and address the funds needed to support people with a psychosocial disability. Research into psychosocial disability, its effects and ways to reduce its impact, has lagged behind health policy and research and other areas of disability.

Social inclusion is currently a national policy area in Australia, but it does not encompass an adequate focus on the extent and role of mental illness and psychosocial disability. The NMHCCF calls on the Australian government to ensure that measures to address the support needs of people with a psychosocial disability are made key elements of Australia's social inclusion policy.

Community ignorance, stigma and discrimination toward mental health conditions compounds the impact of psychosocial disabilities and contributes to poor self esteem, social isolation and individual and systemic discrimination for both people with a psychosocial disability and their carers.

Mental health assessments of people with a psychosocial disability are not designed to identify disability support needs. Funding for mental health services has often targeted medical care for mental health conditions, ignoring the needs of those with a psychosocial disability.

Generic disability support services and many mainstream community services do not have the skills and knowledge to meet the support needs of people with psychosocial disability. Assessments can often fail to identify aspects of psychosocial disability and thus lack relevance and accuracy for identifying support needs.

Mental health consumers with psychosocial disability and their carers urgently need systemic policy approaches to redress community stigma, social exclusion and to mandate the provision of appropriate services to support them.

The United Nations *Convention on the Rights of Persons with Disabilities* is inclusive of all forms of disability, but having ratified the convention, Australia is yet to meet its obligations for people with a psychosocial disability associated with mental health conditions.

People with psychosocial disability and their carers urgently need support services that focus on recovery, use a personalised approach tailored to address their specific disability support requirements and assist them to maximise their capabilities. This includes the provision of appropriate mental and physical health interventions.

## THE NMHCCF MAKES THE FOLLOWING URGENT RECOMMENDATIONS

### Recommendations

#### Psychosocial disability

- 1 Disability support arrangements in Australia must address the psychosocial disability support needs associated with mental health conditions.

#### Social Inclusion

- 2 The NMHCCF calls on the Australian Government to enhance its social inclusion agenda to appropriately reflect the identified needs of its citizens with a psychosocial disability, consistent with the *National Disability Strategy* and Australia's obligations under the United Nations *Convention on the Rights of Persons with Disabilities*.

#### Who are people with a psychosocial disability?

- 3.1 Better data on prevalence of psychosocial disability needs to be developed and made available to provide indicators of need for this significantly disadvantaged group.
- 3.2 In the absence of current specific data on the prevalence of psychosocial disability in Australia, any consideration of long term disability care and support initiatives must:
  - work with the sector to agree appropriate interim estimates, make provision for people with severe and profound psychosocial disability. This will include budgeting for a figure somewhere between 149,800 – 206,000 of people with mental illness who were estimated to have a severe or profound core activity limitation.<sup>2</sup> These figures should be continually reviewed and inform ongoing support assessments.
  - conduct ongoing work to ensure that people with a psychosocial disability who require significant supports, but who do not have a severe or profound core activity limitation, are able have their disability support needs addressed in the same way as others with that same level of disability.

#### Needs of carers of people with a psychosocial disability

- 4.1 Work needs to be undertaken in the psychosocial disability support sector to reduce the unreasonable burden faced by carers of people with a psychosocial disability. This should include a review of access to carer benefits, allowances and disability support trusts.

1 Australian Health Ministers Conference, 1992, *National Mental Health Strategy*, Department of Health and Ageing, Canberra.

2 Australian Government Productivity Commission, 2011, *Disability Care and Support Draft Report*, Australian Government Productivity Commission, Canberra, Vol 1, p3.25.

- 4.2 Any disability support initiatives must work closely with mental health carers to ensure that their needs, and those of the consumers that they advocate for, are met.

### Workforce training

- 5.1 Disability support services need specialised training in psychosocial disability. This training will be most effective when its development and implementation is assisted by people with a lived experience of psychosocial disability.

### Engendering hope

- 5.2 Disability support services for people with a psychosocial disability need to acknowledge the role that recovery plays in the experience of mental health consumers and carers and work with them to achieve recovery focussed services.

### Identification and assessment of psychosocial disability

- 6.1.1 Research needs to identify the impacts of psychosocial disability and evidence based approaches to mitigate these. This must be undertaken in consultation with people with a psychosocial disability and their carers.
- 6.1.2 Australian data collection, classification and assessment tools for disability need to include measures of psychosocial disability which focus on functioning and environmental impacts.
- 6.1.3 Specific tools to apply the conceptual framework of the *International Classification of Functioning, Disability and Health* to the assessment of psychosocial disability need to be developed.
- 6.1.4 Current data collection, classification and assessment tools as well as processes for determining psychosocial disability support needs across all sectors, must be reviewed in consultation with consumers and carers to ensure that they better reflect the support needs of people with a psychosocial disability.
- 6.1.5 Assessments undertaken for people with psychosocial disability need to be administered by people trained in the use of appropriate assessment instruments and psychosocial disability issues including support requirements and available support resources.

### Lack of housing options and homelessness

- 6.2.1 People with psychosocial disability urgently require development and implementation of a whole of government approach to the provision of a range of accommodation supports including:
- safe affordable and secure housing;

- appropriate support services that can assist them to maintain tenancy and work with them to achieve the community participation goals that they have identified.

- 6.2.2 This accommodation strategy should be informed by current and former successful supported housing models.

### Low income, interrupted education and poor labour force participation

- 6.3.1 Measures must be implemented to provide training to services in psychosocial disability support needs and to include consumers and carers in policy development and the delivery of generic and specialist psychosocial disability employment services.
- 6.3.2 Peer workers need to be employed in the disability, employment and income support sectors to:
- provide support to people with a psychosocial disability in navigating those service systems
  - assist those services to improve their culture and eliminate stigma around mental illness and psychosocial disability.

### Communication and social isolation

- 6.4.1 Options to support the social interactions of people with a psychosocial disability urgently need to be expanded. These need to include the expansion of social support networks for people with psychosocial disabilities and one to one advocacy and advice support options.
- 6.4.2 These options need to be implemented as part of a comprehensive targeted strategy to tackle community stigma around mental health conditions.

### Lack of disability support services for psychosocial disability

- 6.5.1 The range of services for people with psychosocial disability needs to be urgently reviewed to ensure that appropriate services are available and accessible.
- 6.5.2 Agencies offering generic disability supports urgently need better information and training to be able to identify and address the support needs of people with psychosocial disability.

### Poor physical health and co-occurrence with other health conditions

- 6.6 Disability supports for people with psychosocial disability must be integrated with health services to ensure that people with psychosocial disability have access to effective health care to support

their physical and mental healthcare needs. Where possible, innovative models, including technological options should be used to assist in service delivery that meets people's needs and is provided in consultation with those people.

### Stigma and discrimination

6.7 Tackling stigma and discrimination around mental health conditions and providing education on psychosocial disability urgently need to become key element of national psychosocial disability supports including:

- on a community wide basis including service providers and the general population
- as part of ongoing long term national disability care and support
- as a key element of the *National Disability Strategy*
- as part of core training for disability support services.

### Lack of community awareness about psychosocial disability

6.8 Initiatives to build the capacity of public institutions to meet the needs of people with a psychosocial disability need to be expanded. This would build on the momentum of community wide anti stigma campaigns and must include:

- implementation of consumer and carer informed education and training initiatives for staff and policy makers
- partnership arrangements with consumer and carer policy advisors
- employing specialist support officers designated to assist people with psychosocial disability to navigate organisational systems.

### Barriers for carers

6.9 Carers of people with a psychosocial disability urgently need:

- better information services such as an expansion of Commonwealth Carelink services to provide information on mental health supports for both consumers and carers
- carer peer support for information, advice, mentoring and navigating systemic supports available to them and to consumers they support

- education and training in supporting someone with a psychosocial disability and caring for oneself
- accessible respite that meets the needs of mental health consumers and carers
- recognition of costs involved in caring and that this is reflected in income support and more appropriate assessment processes for carer allowance and carer payment
- improved service provision from Centrelink
- inclusion of carers in planning for psychosocial disability support.

### Service requirements of people with a psychosocial disability and their carers

7.1.1 Mental health consumers and carers need disability support services that maximise their potential to manage everyday life and participate in the community by using personalised services that support their recovery.

7.1.2 Supports need to be flexible to meet the changing needs of mental health consumers and carers in recovery and meet the immediate needs of those most vulnerable to relapse.

7.1.3 Peer workers should be part of the disability support services workforce to provide expertise in providing meeting the needs of people with a psychosocial disability.

7.1.4 Mechanisms such as memoranda of understanding need to be developed to support better relationships and the delivery of streamlined and integrated service provision between clinical services and disability support services.

### Self directed funding arrangements for personalised services

7.2 Australian mental health consumers with psychosocial disabilities and their carers should to be able to use the power of their choice to develop the disability supports that they want and must be included in any *National Disability Insurance Scheme*.

7.3 Self directed funding options need to include development and implementation of appropriate support mechanisms for people with a psychosocial disability to ensure that they are able to effectively control decision making about their lives.



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