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# Chair Chat

with Prof. David Gilchrist



## Mental Health Issues in the WA Disability Sector

A mental illness, psychological or psychiatric disorder is a psychological or behavioural pattern that may result in distress and/or a reduced ability to function in everyday life, perform in employment and interact with society. Mental disorders may significantly affect how a person thinks, feels, behaves and interacts with other people and the external environment. The length, severity and impact of an episode of mental disorder is unique to each person and it's difficult to accurately predict a recovery timeframe.

The prevalence of mental disorders is greatest among 18-24 year olds during a major transition and developmental period and generally decreases with age. The second highest age cohort is the over 65 age group that is often linked with an increase in drug and alcohol use. Note that both age groups experience a major life transition associated with significant change. Each year, approximately one in every five Australians will experience an episode and the majority of people with mental disorders (over 90%) have little to no history of violence towards other people.

The inclusion on people with mental health disorders into the National Disability Insurance Scheme has received a lot of attention in the national media. So what are the key issues? Some of the concerns initially occur in the definition of disability contained in the national legislation (the NDIS Act 2013, Sections 22-24). The criteria for eligibility read in summary:

- Age: less than 65 years old on initial request.
- Residency: An Australian citizen, a permanent resident of Australia or New Zealand (Protected Special Category Visa, subclass 444).

- Disability: attributable to one or more of intellectual, cognitive, neurological, sensory, psychiatric and physical disability.
- The impairment is, or likely to be, permanent.
- The impairment substantially reduces the functional ability to take part in daily activities such as communication, learning, self-care, mobility, social interactions or to perform these tasks and actions.

Therefore, people presenting with psychosocial disabilities or mental disorders need to present clear and documented evidence of severe and permanent illness such that it results in a substantial functional impairment which impacts significantly on the tasks of daily living. In practice, this has been generally easier to establish for people who present with psychotic and/or bipolar symptoms. The identification and formal determination of these types of disabilities are subject to stringent diagnostic criteria as defined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition 2013 (DSM-5), combined with valid and reliable assessment protocols. These protocols are generally well established and applied consistently across the nation.

A proportion of mental disorders occur in an episodic manner and may not be permanent. These may include anxiety disorders, including phobias and reactive depression, that can be managed with appropriate medication, therapy, counselling where required combined with good community based supports. Providing the evidence to apply for the 'reasonable and necessary' disability related funding and supports is far more difficult in these circumstances.

There are also tendencies towards demarcation disputes between health, mental health and disability services that have resulted in some jurisdictions withdrawing their state based community support services in the expectation that all people with psychosocial disabilities will receive funding and services from the NDIS. This situation is less likely to occur in WA due to the recent Bilateral Agreement and the related protocols. There are an estimated 60,000 people impacted in Western Australia and the NDIS has allocated sufficient funding for only about 6,500 individuals (or 11 percent of the total target group).

People with psychosocial disabilities were included shortly before the proclamation of the original legislation and the 2013 federal election, without the detailed policy work required to comprehensively deal with these key concerns. In more recent years, there has been a concerted drive to review and resolve many of these issues before the scheme advances any farther. In time, the issue of whether a small proportion of mental health disorders remain within the ambit of the NDIS will be carefully reconsidered and eventually

resolved.

Nevertheless, the issue of the provision of services to people with mental disorder is an important one for Nulsen Disability Services to consider seriously in the future. In next month's edition of Chair Chat, I will focus on the strategic intent behind the employment of the new Manager: Mental Health Services.



**Professor David Gilchrist** BA BBus PhD FCA FAIC is a chartered accountant and a historian. He holds a PhD in economics from the University of Notre Dame Australia and is currently a Professor at the University of Western Australia as well as the Public Sector Accounting and Disclosure Research Cluster. Over his 25-year career, David has held many senior roles in the not-for-profit, commercial and public sectors. He has taught at several universities across the globe, sits as Chairman on multiple boards and has published several key national reports. Achievements include: working as the Assistant Auditor General WA, the Associate Dean of the School of Business, University of Notre Dame Australia, Chairman to Nulsen Disability Services, and the Kimberley Individual and Family Support Association. David produced the “Australian Charities 2013” and the “Australian National Costing and Pricing Framework” issued jointly with National Disability Services. He is widely published as an academic and a journalist. [See David's full profile here.](#)