

Media Release

HIGH MENTAL HEALTH SERVICE USE AND COSTS FOR PEOPLE WITH INTELLECTUAL DISABILITY HIGHLIGHT PRESSING NEED FOR IMPROVED SERVICES

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PEOPLE with intellectual disability use public mental health services to a greater degree than other people, according to research published today by the *Medical Journal of Australia*.

The researchers, led by Professor Julian Trollor, Chair of Intellectual Disability Mental Health at UNSW Medicine and Health, wrote that their study reinforces their call for people with intellectual disability to be explicitly considered by all tiers of mental health policy and service planning in Australia.

"People with intellectual disability comprised 1.1% of the NSW population, but accounted for 6.3% of people who used public mental health services. Furthermore, 12% of public mental health costs during 2014-15 were for people with intellectual disability," Trollor and colleagues wrote.

"Compared with metropolitan local health districts (LHDs), overall public mental health service costs were lower for rural and regional LHDs and higher for specialty networks. Per person costs for people with intellectual disability were higher than for those without intellectual disability. The estimated annual cost for people with intellectual disability is \$30 418 per person, compared with \$11 727 for people without intellectual disability."

Identifiers for people with intellectual disability are not used in Australian health service systems, meaning predictors of mental health service use by people with intellectual disability have been "relatively unexplored".

"Knowing the predictors of mental health service access for people with intellectual disability in Australia could guide policy and service development," Trollor and colleagues wrote.

"Further, the costs of mental health services for people with intellectual disability have not been investigated in detail.

"Knowing the drivers of service costs would allow development of targeted services for people with intellectual disability."

Trollor and colleagues wrote that people with intellectual disability should be "explicitly considered" in mental health policy and public mental health service and workforce planning.

"This could be assisted by including disability identifiers in all administrative health data sets," they wrote.

"Concerted action has not yet been undertaken at the national and state and territory levels.



"As prominently featured at the hearings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, the lack of preparedness of health professionals and services is a systemic problem. Although some initiatives are promising – including the development of a national roadmap for the health of Australians with intellectual disability and improving service capacity in some states, including NSW – progress will be limited until people with intellectual disability are routinely considered in mental health policy and services development and implementation," they concluded.

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