



NMHCCF Advocacy Brief

Issue: Psychosocial Disability

Background

Psychosocial disability is the term used to describe the disabilities that are associated with mental health conditions. While not everyone with a mental illness will experience psychosocial disability, those that do can experience severe effects and social disadvantage. Such effects are often underestimated by mental health service planners and providers, both for people with a psychosocial disability and for their carers.

In describing psychosocial disability, the NMHCCF used the bio-psycho-social model of disability outlined by the World Health Organisation in the *International Classification of Functioning Disability and Health*.¹ This model proposes that disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives. It acknowledges that many aspects of disability are socially and environmentally created problems and not all attributes of an individual. Under this model it is proposed that the community has a responsibility to acknowledge disability and provide supports to assist people with disabilities to participate as equal and valued citizens.²

The NMHCCF has written a Position Statement *Unravelling Psychosocial Disability*, which describes these issues in more detail. The Position Statement is available on the NMHCCF website - www.nmhccf.org.au.

Key Points for Consumers and Carers

People with psychosocial disability continue to experience high rates of exclusion from communities, workplaces and educational institutions.

This results from

- stigma, ignorance, discriminatory practices based on stereotypes or lack of information and
- a lack of necessary supports and services to enable people with psychosocial disability to live a life with dignity and to participate in society with equal rights to all citizens.

¹ World Health Organisation (2002), *Towards a Common Language for Functioning, Disability and Health: ICF, The International Classification of Functioning, Disability and Health*, WHO, Geneva.

² World Health Organisation (WHO), 2011, *Topics: Disabilities*, accessed from the WHO website <http://www.who.int/topics/disabilities/en/> on the 10 Feb 2011ICF

Clinically based mental health assessments do not always recognise psychosocial disabilities; nor are clinicians always well trained to assess psychosocial disability or provide supports to assist people to overcome their disability. Generic disability services do not always have the skills to provide support for people with psychosocial disability associated with mental health conditions.

The effects and impacts of a psychosocial disability require ongoing research and documentation to inform policy to address psychosocial disability support needs amongst people with mental health conditions including the development of appropriate assessment tools and the identification of appropriate support models.

There is already evidence that tailored support for people with psychosocial disability can improve functioning and enable them to live in the community with a reduced reliance on acute mental health services.³

In August 2011 the Productivity Commission Inquiry into Disability Support⁴ acknowledged the need for “psychiatric disability” to be supported as part of the proposed ongoing National Disability Insurance Scheme.

Key Issues for the Future

The NMHCCF position statement makes some key recommendations to ensure that the needs of people with psychosocial disability are better recognised and supported in the Australian community including that:

- clinicians and the community become better informed about the complex nature of psychosocial disability and its effects on mental health and quality of life
- appropriate assessment tools are developed to identify for psychosocial disability in collaboration with mental health consumers and carers and are used to identify the number of people in Australia with unmet psychosocial disability support needs
- psychosocial disability support needs are taken into account in the design and delivery of services including the development of appropriate models of support and that these models of support are also developed only in collaboration with mental health consumers and carers.

The Position Statement also indicates that personalised support⁵ and a choice to use self directed funding arrangements would be ideal principles for the delivery of support for people with psychosocial disability. There is already evidence of these being successful in the US and UK for people with mental health conditions.⁶

³ Alakeson V, 2008, *Let patients control the purse strings*, British Medical Journal 336; Alakeson V, 2007, *The Contribution of Self-Direction to Improving the Quality of Mental Health Services*, U.S. Department of Health and Human Services Report from the Office of the Assistant Secretary for Planning and Evaluation.

⁴ Australian Government Productivity Commission (2011), *Disability Care and Support*, Australian Government Productivity Commission, Canberra.

⁵ National Mental Health Development Unit, 2010, *Paths to personalisation in mental health, a whole system, whole life framework*, National Mental Health Development Unit,

⁶ Alakeson, 2007 and 2008, *ibid*.

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