Australian Government
Australian Institute of Health and Welfare

Understanding mental health service use by people with disability

Summary

This is a plain language summary of the *Understanding mental health service use by people with disability* report.

Introduction

The report explains how people with disability use mental health services in hospitals. It looks at people who:

- go to emergency departments (ED) for mental health care
- stay in hospital for mental health care.

The report is about people with disability who use government disability supports.

It is not about all people with disability.

It is the first report in a new series called *Shaping Change: Bringing disability lived expertise and data together*.

People with disability helped decide what should be in the report.

This is called inclusive research. Inclusive research is doing research *with* people, not just *about* them.

We used government data from different agencies.

The data was from the 2022–23 financial year.

We looked at 2 groups of people.

One group used government disability supports.

This includes people who used:

- the National Disability Insurance Scheme (NDIS)
- the Disability Support Pension (DSP)
- support from a carer who gets a payment
- other Centrelink disability supports.

The second group did not use government disability supports that year.

This includes people with and without disability.

Key findings

In 2022–23, people who used government disability supports:

- went to emergency departments for mental health care
- stayed in hospital for mental health care

a lot more than people who did not use these supports.

What this shows

People who use government disability supports use hospital mental health care a lot more than other people.

What this might mean

The data does not show why there are differences.

The results suggest:

- there may not be enough mental health support for people with disability
- people who get support from the NDIS and DSP may need more personal and better planned mental health support.

These are some ideas about why there are differences.

Why this matters

People with disability and their families

People with disability may do better with easier and earlier access to mental health support. Getting help sooner may help stop a mental health issue and reduce the need for hospital care.

Service planning

The results could mean disability and income supports, and mental health care are not working well together.

Advocacy

There is a need for mental health care that understands disability and meets the different needs of people with disability.

There is also a need to make access to mental health services easier for people with disability.

Disability organisations and researchers

More research is needed to understand why some people with disability use hospital mental health care more often.

Important to know

- This report does not include all people with disability, only people who use some government disability supports. This is about 1.4 million Australians, or 1 in 4 people with disability.
- The data does not show what type of disability people have.
- Women and people from some cultural backgrounds are less likely to use these supports, so they may not be shown in the data.
- The data does not count going to the emergency department for self harm or poisoning as mental health visits.
- The report does not use hospital data from Western Australia and the Northern Territory.
- Social and emotional wellbeing (SEWB) is the preferred terminology for First Nations communities.

Next steps

We will look at people who use government disability supports, that:

- go to the hospital and emergency department for any reason
- get other types of mental health care.

This will help with service planning and working better together.

Contact Us

If organisations and researchers would like to work with us, please email us at: disability@aihw.gov.au

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