



National Centre of Excellence in Intellectual Disability Health

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House of Representatives
Parliament House
Canberra ACT 2600

Sent via email: ADSReview@dss.gov.au

Dear Minister Rishworth

Response to the Review of Australia's Disability Strategy

We write on behalf of the National Centre of Excellence in Intellectual Disability Health to provide input on the Review of Australia's Disability Strategy (ADS).

There are approximately 480,000 people with intellectual disability living in Australia. People with intellectual disability experience very poor health outcomes and multiple barriers to accessing health care that meets their needs. The experience of this group was pivotal to the finding by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC) of systemic neglect in health care for people with cognitive disability.

Our NSW data linkage work characterises the outcomes and health service at a near whole of population level for people with intellectual disability. These linkage studies identify about 1.1% of the NSW population with intellectual disability¹. In the absence of any available source of population health data at a national level, NSW findings can be taken as nationally representative. Below is a summary of some of the relevant findings.

Health outcomes for people with intellectual disability are characterised by:

- Premature mortality with median age at death being 27 years earlier than the general population².
- Double the proportion of potentially avoidable deaths compared to the general population².
- Four times the rate of potentially preventable hospitalisations³.

Compared to the general population, acute health care interactions for people with intellectual disability are:

- Over-represented, with double the rate of hospitalisations and emergency presentations⁴.
- Costly, with:
 - o Admissions being on average twice as long and twice as expensive⁴.
 - o Double the rate of emergency department presentations and annual costs per person year therefore doubled⁴.
 - o Mental health costs being grossly inflated, with the 1.1% of people in NSW with intellectual disability accounting for 14% of inpatient mental health expenditure in a given financial year⁵.
- Inefficient:

- With much higher rates of representation to emergency departments and inpatient units following discharge from mental health facilities even for first ever admission⁶.
- Even when using admissions for epilepsy and seizures as an example with a clear clinical pathway, we see great discrepancies. Age-standardised admission rates per 100,000 people are 21 times higher for people with intellectual disability compared to the general population; the admissions are much longer than for the general population; and having intellectual disability is a key driver of readmission within 30 days⁷.

With the stark inequity in health outcomes for people with intellectual disability, Australia's Disability Strategy should embrace strong action on this issue. We do note that the National Roadmap for Improving the Health of People with Intellectual Disability is an Associated Plan under the ADS. The ADS should include mechanisms to ensure that action on the health of people with intellectual disability is further driven at a national level. As well as the National Roadmap, the Report of the Disability Royal Commission is an important informant of necessary action as is the [National Centre's position](#) on how DRC recommendations on health should be acted upon.

We finally would like to highlight that including mechanisms to ensure action on the health of people with intellectual disability in the ADS is squarely in line with Recommendation 6.31 of the Disability Royal Commission which calls for embedding the right to good health care in key policy instruments, of which the ADS is one such instrument.

We look forward to seeing our feedback incorporated into the Review of Australia's Disability Strategy. We appreciate the opportunity to provide feedback. Should you require any further information, please contact me on +61 (2) 9348 2126 or at j.trollor@unsw.edu.au.

Yours sincerely;



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