



### From the IIMHL and IIDL Update List

---

Welcome to this bi-monthly edition of Update 15 June 2017.

IIMHL and IIDL aim to improve client outcomes through leadership development in the mental health, addiction and disability sectors.

Update allows the rapid transfer of new knowledge through sharing information about upcoming Leadership Exchanges, as well as key national documents, training and webinars.

Please feel free to share this e-bulletin with others and we would be delighted if you would join us on Facebook.

In this issue:

## IIMHL / IIDL Leadership Exchange 2018

Please join us for the next Leadership Exchange in Stockholm Sweden, May 28 – June 1, 2018. Details to come in the near future!

- **IIMHL Feature Article - Australia**
  - [Economic Cost of Dementia in Australia 2016-2056](#)
  - **Other IIMHL Articles of Interest - Australia**
    - [The 2016 National Report on Mental Health and Suicide Prevention](#)
    - [Evaluating the Outcomes of Programs for Indigenous Families and Communities](#)
    - [National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy: A new strategy for inclusion and action](#)
    - [The Prevalence of Child Abuse and Neglect](#)
    - [Under the Radar: The mental health of Australian university students](#)
    - [Building Better Foundations for Primary Care](#)
- **IIDL Feature Articles - Australia**
  - [Shared Home Ownership by People with Disability](#)
  - [Australia's National Disability Insurance Scheme: Looking back to shape the future](#)

- ['Virtual Assistant' - 'Nadia' - Message from Louise Glanville, Deputy CEO, NDIA](#)

## **IIMHL Feature - Australia**

### **Economic Cost of Dementia in Australia 2016-2056**

Report Prepared for Alzheimer's Australia

By Professor Laurie Brown, Erick Hansnata and Hai Anh La, 2017

Dementia is one of the major chronic diseases of this century. The health, social and economic costs of the disorder are enormous, as shown in this cost of illness (COI) study and these will only grow in the future as the population with dementia rises sharply over coming decades. There is a significant economic burden from dementia for persons with dementia and their families, the health and aged care systems and on the economy as a whole. The increasing prevalence of dementia means that there is both an economic and social imperative for governments to develop initiatives to address dementia and ensure that people with dementia have access to appropriate care and support from the moment of diagnosis. In keeping with the recommendations by Schaller and colleagues (2015) in their systematic review of COI studies of dementia, the significant variation of cost estimates for different care settings, duration of dementia and disease severity underlines the need to understand and address the financial burden of dementia from all perspectives.

The policy implications of the latest data highlights the urgent need for the government to implement a funded, holistic national plan to tackle dementia over the next decade and more, with a focus on providing appropriate services and supports including addressing the social isolation and stigma associated with dementia. This plan must include a comprehensive approach to improving quality of care and supporting people in the community, as well as better care through our health and aged care systems.

<https://www.fightdementia.org.au/files/NATIONAL/documents/The-economic-cost-of-dementia-in-Australia-2016-to-2056.pdf>

## **Other IIMHL Articles of Interest: Australia**

### **The 2016 National Report on Mental Health and Suicide Prevention**

Australian National Mental Health Commission, 2017

This report provides a high-level summary of the reform journey in Australia's mental health and suicide prevention systems since the National Mental Health Commission (the Commission) presented Contributing Lives, Thriving Communities – Report of the National Review of Mental Health Programmes and Services (the Review) to the Australian Government at the end of 2014.

Since the delivery of that report, Australia has been undergoing significant changes to services, programs and policies in mental health and suicide prevention, as well as in primary health care, disability, housing and social services. These changes have not only been at the national level, but also at the jurisdictional and local levels, through state and territory governments and many local initiatives.

Acknowledging the considerable work being undertaken at all levels, this report focuses on the initiatives being announced and progressed at the national level.

[http://mentalhealthcommission.gov.au/media/188863/The\\_2016\\_National\\_Report.pdf](http://mentalhealthcommission.gov.au/media/188863/The_2016_National_Report.pdf)

### **Evaluating the Outcomes of Programs for Indigenous Families and Communities**

Stewart Muir and Adam Dean, Child, Family, Community Australia, February 2017

This practitioner resource outlines some key considerations for community sector organisations and service providers who are thinking about evaluating the outcomes or impact of a program for Indigenous families or communities.

More general guidance on evaluation terminology, techniques and planning can be found in the Child Family Community Australia (CFCA) [Research and Evaluation Resources](#). A useful starting point is the CFCA [Practitioner Resource Planning for Evaluation](#), which outlines the different stages of an evaluation and has a useful discussion of first steps.

[https://aifs.gov.au/cfca/publications/evaluating-outcomes-programs-indigenous-families-and-communities?utm\\_source=CFCA+Mailing+List&utm\\_campaign=241cf412d5-EMAIL\\_CAMPAIGN\\_2017\\_02\\_13&utm\\_medium=email&utm\\_term=0\\_81f6c8fd89-241cf412d5-211260429](https://aifs.gov.au/cfca/publications/evaluating-outcomes-programs-indigenous-families-and-communities?utm_source=CFCA+Mailing+List&utm_campaign=241cf412d5-EMAIL_CAMPAIGN_2017_02_13&utm_medium=email&utm_term=0_81f6c8fd89-241cf412d5-211260429)

### **National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy: A new strategy for inclusion and action**

National LGBTI Health Alliance, Ross Jacobs and Sally Morris, March 2107

The [National LGBTI Mental Health and Suicide Prevention Strategy](#) is a plan for strategic action to prevent mental ill-health and suicide, and promote good mental health and wellbeing for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people and communities across Australia.

This strategy includes recommendations across the breadth of approaches in Australian mental health work including promotion, prevention, intervention, treatment and maintenance.

The purpose of the strategy is to respond to LGBTI people in current need, to provide interventions to those who are at risk, and to interrupt the structural factors that contribute to overrepresentation of LGBTI people in mental health and suicide statistics. This report outlines a strategy to prevent mental ill-health and suicide, and promote good mental health for LGBTI people across Australia.

### **The Prevalence of Child Abuse and Neglect**

Child, Family, Community Australia, April 2017

This resource sheet provides an overview of what is known about the prevalence of different forms of child abuse and neglect for policy-makers and service providers. It provides an overview of Australian studies that have estimated the prevalence of the different forms of child maltreatment (i.e., physical abuse, neglect, emotional maltreatment, exposure to family violence, and sexual abuse). In this paper the terms "child abuse and neglect" and "child maltreatment" are used interchangeably. To date, there has been no methodologically rigorous, nationwide study of the prevalence or incidence of child abuse and neglect. Therefore, this paper summarises Australian studies that have estimated the prevalence of different forms of abuse and neglect.

To inform the tables in this study, recent literature (from 2013 to 2016) was reviewed and compared with the existing data in the previous version of this resource sheet (2013). The most robust studies, both existing and new, from 2004 onwards were included, along with a meta-analysis that included most of the studies in this paper.

[https://aifs.gov.au/cfca/publications/prevalence-child-abuse-and-neglect?utm\\_source=CFCA+Mailing+List&utm\\_campaign=1a1a6d6508-EMAIL\\_CAMPAIGN\\_2017\\_04\\_04&utm\\_medium=email&utm\\_term=0\\_81f6c8fd89-1a1a6d6508-211260429](https://aifs.gov.au/cfca/publications/prevalence-child-abuse-and-neglect?utm_source=CFCA+Mailing+List&utm_campaign=1a1a6d6508-EMAIL_CAMPAIGN_2017_04_04&utm_medium=email&utm_term=0_81f6c8fd89-1a1a6d6508-211260429)

### **Under the Radar: The mental health of Australian university students**

Orygen, The National Centre of Excellence in Youth Mental Health, 2017

Orygen, The National Centre of Excellence in Youth Mental Health has released a major report that shows that while Australia provides world-class education and is an international leader in youth mental health, the mental health of university students has been largely ignored.

Titled ‘Under the Radar: The mental health of Australian university students’, the report suggests a lack of government policy attention and resources directed to this issue has impacted on the capacity for both the university and the mental health sectors to effectively respond to the needs of this group.

This group could be seen as a great opportunity for early intervention.

<https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Under-the-radar>

### **Building Better Foundations for Primary Care**

Grattan Institute. Duckett, S., Swerissen, H., and Moran, G. (2017).

Primary care in Australia is a renovator’s opportunity. Avoidable hospital admissions cost the health system more than \$320 million each year. Providing better care for people with diabetes, asthma, heart disease and other chronic conditions could save a significant proportion of this, as well as improving the working and social lives of the people affected. Reforms identified in this report provide the basis for achieving those changes and reaping those savings. The time to start the makeover is now. The 2017 Commonwealth Budget is expected to commit more than half a billion dollars over the next few years to lifting the Medicare rebate freeze.

The Government should seize this opportunity to buy system change. The primary care system – Australians’ first point of contact for health care – was designed in and for another era. It is failing on the prevention and management of chronic disease, the heaviest burden on today’s health system. We showed in our previous report, Chronic failure in primary care, that despite the government spending more than \$1 billion each year on planning, coordinating and reviewing chronic disease management, many people with chronic conditions do not receive best care.

To read this document in full:

<https://grattan.edu.au/wp-content/uploads/2017/04/Building-better-foundations-for-primary-care.pdf>

## **IIDL Features - Australia**

## Shared Home Ownership by People with Disability

Australian Housing and Urban Research Institute, March 2017

'Shared ownership' is used in this report as an umbrella term for a range of housing models where ownership of a dwelling is divided between a person who lives in the house and a 'non-person' equity partner. Shared ownership models enable consumers to access and sustain home ownership, even though they have lower income and savings than those that are typically required to afford a loan deposit and repayments. Shared ownership—including shared equity and mixed equity models—is considered to be one of several housing policy options that can help address unmet need in affordable housing and barriers in entry to home ownership for people with disability.

The report considers the potential for expansion of shared ownership in Australia, and the particular models that would be most appropriate and beneficial for people with disability. It draws on a review of existing grey and scholarly literature, as well as interviews with housing providers and disability advocacy groups, most selected across five case studies of shared ownership programs in Australia.

Shared ownership has several potential benefits. It can enhance housing choice, security of tenure and sense of ownership. In addition, capital investment by people with disability and their families into shared ownership is expected to reduce the overall cost of housing assistance required by government to overcome the supply gap. At the same time, some models of shared ownership can expose people to the risks of debt in a volatile housing market, and could potentially add to inflationary pressures in an already heated housing market in some Australian cities. Shared ownership models are still considered complex products not well understood by consumers, lenders and policy-makers.

[https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0019/12583/AHURI\\_Final\\_Report\\_No277\\_Shared-home-ownership-by-people-with-disability.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0019/12583/AHURI_Final_Report_No277_Shared-home-ownership-by-people-with-disability.pdf)

### **Australia's National Disability Insurance Scheme: Looking back to shape the future**

Journal of Disability & Society, May 2017

[Michael Kendrick](#), [Margaret Ward](#) & [Lesley Chenoweth](#)

Australia's National Disability Insurance Scheme (NDIS) provides a once-in-a-generation opportunity to transform how people with a disability are served. Similar to the enactment of the *Disability Services Act 1986*, which challenged the segregation and supported the integration of people with a disability into community settings, the *National Disability Insurance Scheme Act 2013* is expected to fundamentally disrupt traditional service practice and improve disabled people's lives. This paper identifies some lessons from the previous reforms of 1986 to guide policy makers, people with a disability, their families and service-providers, as they implement the NDIS now.

It reflects on what it takes to make change, and what can be expected to remain essentially the same regardless of the disruption that the NDIS will bring. It concludes that if the lessons of the past hold true, the NDIS will require several decades of intentional leadership and capacity-building to achieve enduring, positive change.

Funding alone does not buy or assure a good life; however, it can purchase a positive values-driven service that enhances freely-given relationships and brings meaning to people's lives.

The vested interests of many traditional services make it difficult for them to respond to the NDIS, and much of the innovation will come from sources elsewhere.

The NDIS should invest in building the vision and capacity of people with a disability, families and allies who are likely to lead in the transformation, to take up the opportunities that the NDIS has afforded them, and to demonstrate to their peers what is possible.

<http://www.tandfonline.com/eprint/t5f9FJfWKJb53hxyJrT/full>

### **'Virtual Assistant' - 'Nadia'**

#### **Message from Louise Glanville, Deputy CEO, NDIA**

National Disability Insurance Agency NDIS, 2017

I am pleased to introduce you to our most recent innovation, the development of a 'virtual assistant' – 'Nadia'. Nadia has been developed to provide people with disability with information about the NDIS when and how they want it. Initially Nadia will be used to answer the most common questions people have about the Scheme, but over time, with your help she will develop the capacity to provide detailed responses to a wide range of queries.

Nadia has been co-designed by people with disability with the NDIS's Digital Innovation Reference Group taking the lead. We have also engaged with people with a wide range of different disabilities to ensure Nadia is a useful tool for everyone.

Nadia will be accessible 24/7 through the myplace portal. She can speak, write and chat online and has been designed to meet international accessibility guidelines. She can already understand thousands of questions put to her, and will answer with clear and simple responses. The more interactions she has with people, the more her knowledge bank will grow.

The plan is for Nadia to be released in a trial environment on the myplace portal in the next few months. Nadia will start as a "trainee". It will take 12 months and a great deal of interactions with NDIS stakeholders for Nadia to become fully operational. The Agency will hold information sessions to inform people how they can engage with and use Nadia over the next couple of months. We hope that you will start using Nadia as soon as she is available, and help build her knowledge base, making it easier for all stakeholders to have their questions answered quickly and clearly.

We are grateful to actor Cate Blanchett for donating her time to provide the voice of Nadia.

Here is a 5 minute video about the making of this innovation.

[https://www.youtube.com/watch?v=Eq\\_0KeV4fFA&utm\\_source=National+Disability+Insurance+Scheme+eNewsletter&utm\\_campaign=4becc890a5-EMAIL\\_CAMPAIGN\\_2017\\_02\\_16&utm\\_medium=email&utm\\_term=0\\_85b9cee0c8-4becc890a5-50745617](https://www.youtube.com/watch?v=Eq_0KeV4fFA&utm_source=National+Disability+Insurance+Scheme+eNewsletter&utm_campaign=4becc890a5-EMAIL_CAMPAIGN_2017_02_16&utm_medium=email&utm_term=0_85b9cee0c8-4becc890a5-50745617)

**Fran Silvestri**  
President & CEO, IIMHL & IIDL  
[fran@iimhl.com](mailto:fran@iimhl.com)

General enquiries about this Update or for other IIMHL information please contact Erin Geaney at [erin@iimhl.com](mailto:erin@iimhl.com).

**Join IIMHL / IIDL**

Any leader in mental health, addiction and disability services can join IIMHL or IIDL free by using this link: <http://www1.iimhl.com/Join.asp>

*Please note: We try to find articles, new policies, research that has been released or opinion pieces we think are interesting to reflect on. Sometimes those who receive these may feel is not accurate either for its use of data or not aligned with their views. IIMHL does not endorse any article it sends out as we try to rapidly share information.*

