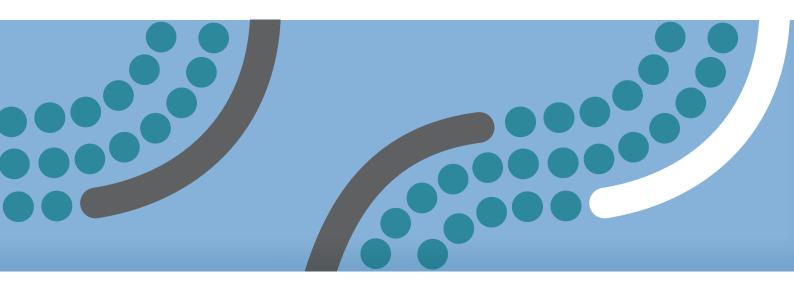


# DB16 Individuals with disabilities contextual unit



#### Rationale

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Disability is complex and the interventions to overcome the disadvantages associated with disability are multiple, systemic, and will vary depending on the context.<sup>1</sup>

An estimated 4.2 million (18.5%) Australians had some degree of disability in 2012. The term disability refers to physical, sensory, intellectual and psychological impairments that cause some level of restriction or limitation to activities or in an individual's ability to participate. Of these individuals with disabilities, 1.4 million (6% of the population) had severe or profound limitations to their capacity for self-care, mobility and/or communication, and 17% had a mental or behavioural disorder as their main health condition. The proportion of Aboriginal and Torres Strait Islander Australians who accessed assistance from disability service providers in 2012 was twice that of non-Indigenous Australians.<sup>2,3</sup>

People with a disability make up a significant part of most general practice populations. These individuals have the right to access the same medical care, including preventive care and health education to improve outcomes, as the rest of the population. Individuals may have multiple comorbidities and require assistance with referral and access to support services to enhance their social determinants of health, particularly social connectedness and safe and appropriate accommodation. General practitioners (GPs) have a key role in the provision of continuity of care to individuals with disability and in the management of associated health problems.<sup>4,5</sup>

Avoidance of use of the deficit model, maintaining a focus on an individual's strengths and abilities, providing support and, where required, advocacy are all important parts of high-quality general practice care for individuals with disabilities.

In 2007–08, 46% of people aged 15–64 years with severe or profound disability reported poor or fair health, compared to 5% for those in the same age range without a disability, and the same group had a higher prevalence rate of all types of long-term health conditions than people without a disability.<sup>2</sup>

The disability experience for individuals varies greatly depending on the interaction between health conditions, personal and environmental factors and whether the condition was congenital or acquired. Key factors when providing high-quality patient-centred general practice care to individuals with disabilities are to avoid stereotyping and making assumptions, and to address barriers by advocating for and facilitating quality healthcare and social service access. Disability often correlates with varying degrees of disadvantage, but not always.

Early recognition of particular types of disability that may be difficult to diagnose (such as some neurodevelopmental conditions) in infants and children is essential to enable access to health and educational services that in turn might improve support to families, outcomes and quality of life.

As is the case with any individual, providing holistic, patient-centred care involves understanding the sociocultural context of the individual, including factors such as gender, ethnicity, sexuality, socio-economic status, level of health literacy and education. Some individuals may have impaired capacity to consent to some decisions; however, it must be recognised that they should remain at the centre of the decision-making process, with assistance from a guardian if required. Impaired capacity to consent in one area does not necessarily mean incapacity in all areas.

It is important to recognise that not all people with a disability require a carer. In Australia in 2013, 2.7 million people (12%) were providing informal care to a person with a disability or to an older person with a long-term health condition; 40% of these people were primary carers. Most carers are female and immediate family members of the recipients.<sup>2</sup> Recognising signs of carer stress, providing support to carers to access respite services if required, and encouraging carers to ensure that they prioritise their own health is another important role of the GP.

Around 317 000 people had access to disability support services in 2011–12. There has been relatively higher growth in people under 25 years of age with psychiatric conditions and people over 45 years of age with physical or intellectual disability accessing these services.<sup>2</sup>

#### Related contextual units

PS16 Psychological health

**RC16** Residential care

SH16 Sexual and reproductive health

### References

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- 5. World Health Organization. International classification of functioning, disability and health (IFC). Geneva: WHO, 2001. Available at www3.who.int/icf/icftemplate.cfm [Accessed 17 August 2011].
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## Useful individuals with disabilities resources and tools

National Disability Services, www.nds.org.au (useful list of state service providers)

People with Disability, www.pwd.org.au/library/internet-links.html (useful links for disability-specific organisations)

# Glossary

Nil