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LIVING WITH DISABILITY
RESEARCH CENTRE

Preparedness of a regional rural mental health workforce to support people with intellectual disability

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HEALTH

Intellectual Disability and Mental ill health

- ## People with intellectual disability:

  - ## 2-3x more vulnerable to mental ill health than the general population
    (Cooper et al., 2007)

  - ## have the right to comprehensive health care and equal access to mainstream health services and support

    - ## "highest attainable standard of health without discrimination on the basis of disability..."(Article 25, United Nations Convention on the Rights of Persons with Disabilities United Nations, 2006)

    - National Roadmap for improving the health of people with intellectual disability (Australian Government Department of Health, 2021).

    - Australia's Disability Strategy 2021-2031 (Australian Government Department of Social Sciences, 2021).

- ## Interplay of bio-psycho-social factors: can serve to protect against, or increase risk of, mental ill health
  (Department of Developmental Disability Neuropsychiatry UNSW, 2014)

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Intellectual Disability and Mental ill health

- Barriers to accessing and receiving mental health support

  - Understanding and communicating mental health changes

  - Atypical presentations of mental ill-health

  - Diagnostic overshadowing

  (Department of Developmental Disability Neuropsychiatry UNSW, 2014; Donner, Mutter & Scior, 2010; Whittle, Fisher, Reppermund, Lenroot & Troller, 2018)

- Further risks, limitations and barriers to accessing and receiving mental health support in rural regional areas
  (Department of Developmental Disability Neuropsychiatry UNSW, 2018)

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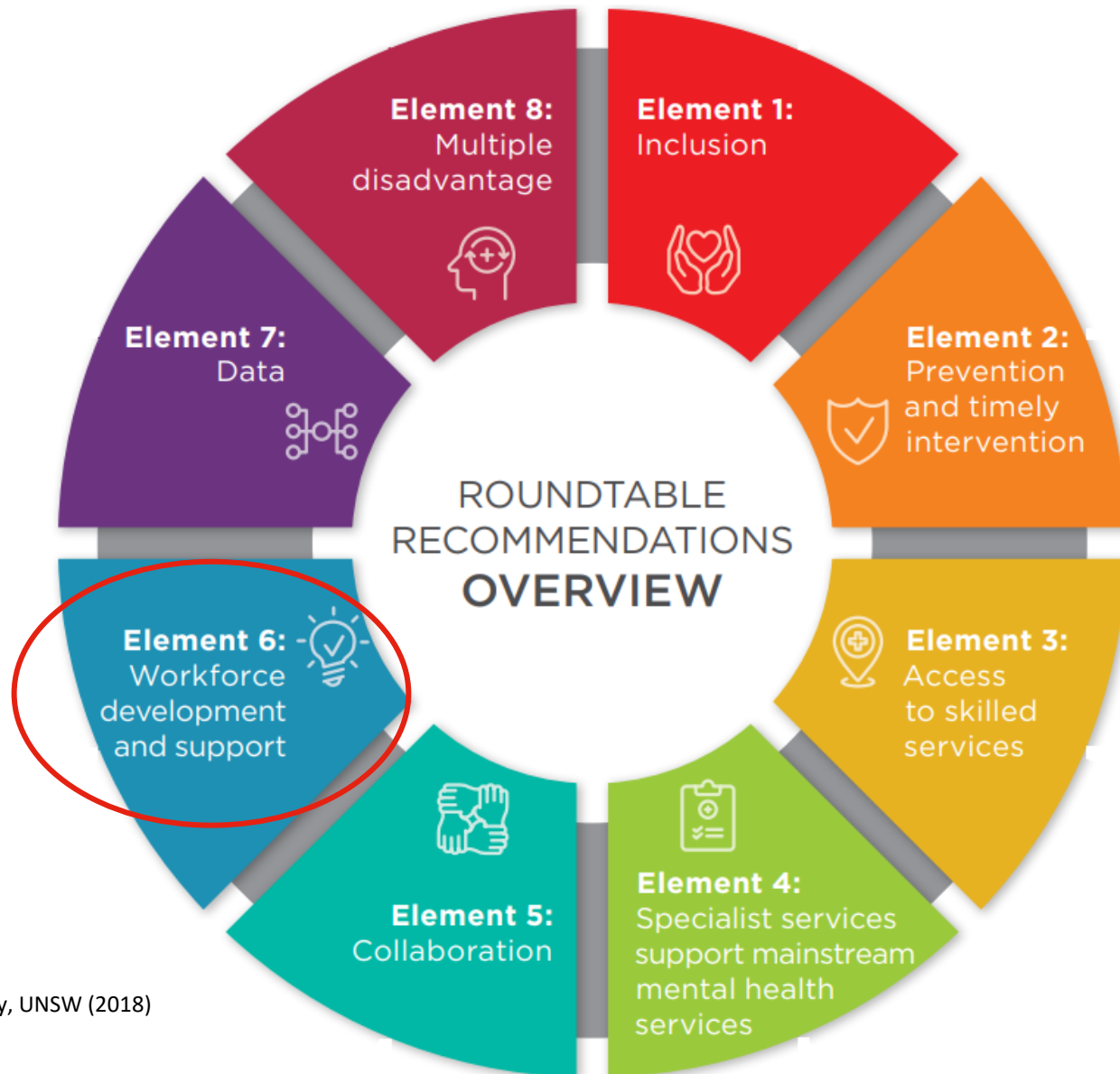
Intellectual Disability and Mental ill health

- Need for a prepared mental health workforce; may require adjustments to the standard model of care

but…..

- …mainstream mental health staff - feeling inexperienced, under-skilled and lacking confidence

(Mann et al., 2016; Weise & Trollor, 2017; Trollor et al., 2018)

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2nd National Roundtable on Intellectual Disability Mental Health 2018, UNSW Sydney

ROUNDTABLE RECOMMENDATIONS **OVERVIEW**

Element 8: Multiple disadvantage

Element 1: Inclusion

Element 2: Prevention and timely intervention

Element 3: Access to skilled services

Element 4: Specialist services support mainstream mental health services

Element 5: Collaboration

Element 6: Workforce development and support

Element 7: Data

Recommendation 3: Upskill the mental health workforce to a minimum standard

Department of Developmental Disability Neuropsychiatry, UNSW (2018)

Taylor & Francis
Taylor & Francis Group

ORIGINAL ARTICLE

Check for updates

Preparedness and training needs of an Australian public mental health workforce in intellectual disability mental health

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Aim

Explore the preparedness, training needs, resources and supports of a *regional rural* public mental health workforce in supporting people with Intellectual disability.

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Method

All staff employed by a regional rural mental health service were invited to participate in: survey, interview and/or forum.

Invitations via email and newsletter invitations to ~ 477 staff

The Survey

Demographics, staff attitudes and confidence, education, professional development & experience

Online or hard copy. Anonymous

Likert scale, categorical & open ended questions.

Adapted from Weise and Trollor (2017) and Rose et al. (2012).

Required ~20mins

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Method

The Interview

Explored key survey findings from the NSW study of Weise and Trollor (2017)and from the preliminary survey analyses of this study

- Barriers and enablers, resources provided and/or required

- Experience in delivering diagnostic and intervention services

- Education and Professional development completed

In person or phone. ~ 1 hr

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Method

The Forum

Reflection and discussion on the preliminary survey and interview findings.

Comparisons to the findings from the NSW study of Weise and Trollor (2017)

Opinions regarding future education and training collected

In person, community based location. ~ 1 hr

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Survey participant demographics

87% female,

61% 25-54 years of age

58% Nursing, 39% Allied Health

54.8% employed full time

74.2% in a clinical role

70% working with adult clients (25-64yrs)

50% Community, 47% Hospital settings

45% >10yrs experience as a Mental Health professional

97% contact with a person with intellectual disability professionally; mostly weekly

68% contact with a person with intellectual disability non-professionally; weekly or yearly

35 participants; 31 analysed

Trends similar to NSW study of Weise and Trollor (2017)

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Survey – Staff Attitudes snapshot

10 Point Likert scale: 1=agree to 10=disagree

Item statement	Median	IQR

N=31; IQR=Interquartile Range

(Rose et al., 2012; Weise & Trollor, 2017)

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Survey – Staff Attitudes snapshot

10 Point Likert scale: 1=agree to 10=disagree

Item statement	Median	IQR
People with an intellectual disability have as much right to receive good mental healthcare as anybody else.	1	1-1
People with an intellectual disability and mental disorders should have the same access to our service as people without intellectual disability.	1	1-2

N=31; IQR=Interquartile Range

(Rose et al., 2012; Weise & Trollor, 2017)

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Survey – Staff Attitudes snapshot

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Item statement	Median	IQR
People with an intellectual disability have as much right to receive good mental healthcare as anybody else.	1	1-1
People with an intellectual disability and mental disorders should have the same access to our service as people without intellectual disability.	1	1-2
I'd be reluctant to provide a service to a person with an intellectual disability, as treating them would take up more time than I have available.	10	9-10
I believe that treating patients with an intellectual disability is part of my role as a mental health professional.	1	1-2

N=31; IQR=Interquartile Range

(Rose et al., 2012; Weise & Trollor, 2017)

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People with an intellectual disability and mental disorders should have the same access to our service as people without intellectual disability.	1	1-2
I'd be reluctant to provide a service to a person with an intellectual disability, as treating them would take up more time than I have available.	10	9-10
I believe that treating patients with an intellectual disability is part of my role as a mental health professional.	1	1-2
A good mental health service can significantly improve the quality of life of patients who have an intellectual disability.	2	1-3
Mental health interventions can improve a patient's quality of life to the same extent, regardless of whether the patient has an intellectual disability or not.	1	1-3

N=31; IQR=Interquartile Range

(Rose et al., 2012; Weise & Trollor, 2017)

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Survey – Staff Attitudes snapshot

10 Point Likert scale: 1=agree to 10=disagree

Item statement	Median	IQR
The health needs of patients with an intellectual disability can be adequately met within mainstream mental health services.	6	4-8
Given the resources available to my service it is not possible to provide comprehensive mental healthcare services to people with an intellectual disability.	6	3-10
I would want a patient with an intellectual disability's carer or relative to stay during consultations to ensure that the patient and I understand each other.	5	1-6
A patient with an intellectual disability would be more easily distressed or upset compared to patients who do not have an intellectual disability.	5	4-9
I would avoid, where possible undertaking invasive procedures with patients with an intellectual disability.	5	2-9
It would be more difficult to carry out procedures with a patient with an intellectual disability compared to patients who do not have an intellectual disability.	5	3-10

N=31; IQR=Interquartile Range

(Rose et al., 2012; Weise & Trollor, 2017)

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Survey – Staff Confidence

Level of confidence regarding providing support to a person with intellectual disability compared to a person without intellectual disability

7-point Likert scale: much less confident to much more confident for a person with an intellectual disability

Top 3 areas where staff were least confident

Item statement	Less confident, n (%)
Recognise when a patient may have a mental disorder.	19 (63.3)
Understand potential adverse affects of psychotropic medication.	15 (50)
Communicate effectively- understanding and being understood.	14 (46.7)

N=30. Less confident = count of the 3 points representative of slightly, moderately, much less confident

*Survey trends similar to
NSW findings of Weise and
Trollor (2017)*

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# Survey – Staff Education / Professional Development

The majority received some training in the area of intellectual disability mental health during Undergraduate education or as part of professional development
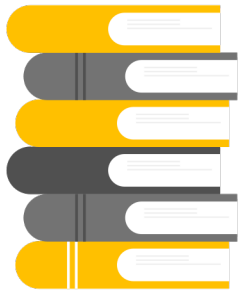
2 participants reported the Undergraduate education as sufficient

2 participants reported that the Professional development was sufficient to meet professional needs

Survey trends similar to
Weise and Trollor (2017)

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Survey – Staff Education / Professional Development
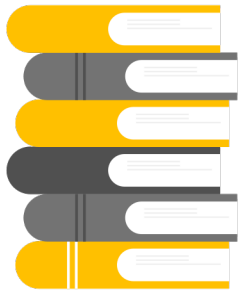
The majority of the sample disagreed that further training in working with people with intellectual disability was a low priority and felt that they would receive support from their manager to do this.

Many (73%) have considered professional development in this area, however only <mark>1 participant</mark> does so regularly

Survey trends similar to
Weise and Trollor (2017)

Interview participant demographics

7 participants

71% female,

86% >25yrs of age

71% Community setting,

71% Nursing,

57% >10yrs experience

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Interview themes

System & service constraints

Inflexibility:

- for additional vulnerability of the individual

- impacts assessment and outcomes

- impacts implementing reasonable adjustments

"It's a communication issue"

"with someone with an intellectual disability, I mean an hour would, for a lot of people would be enough for them to sit in a room and complete that assessment. But you need I guess more time and resources…"

"..she couldn't express that or couldn't describe her symptoms very well, and she, unfortunately, she got sicker because of that. And yeah, and so we needed to have more interactions with her.."

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Interview themes

System & service constraints

Inflexibility:

- for additional vulnerability of the individual

- impacts assessment and outcomes

- impacts implementing reasonable adjustments

"..I think things don't really get tailored until the normal way of doing things hasn't worked"

"...you know we have ward routines and rules, for want of a better word for a reason and that can be a bit tricky to kind of work around that and yeah"

"...they should be planned, because to avoid being reactive. Because if you're reacting, often there's been some form of damage that's already been done"

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Interview themes

Solutions, but with challenges

Can upskill but…lack of time and opportunity

Reliance on others but… best interests? Who are they? Are they available?

"…we get five days a year of professional development training and as I was mentioning before there's a lot of competing demands when you works as a, in a generic position"

"…we don't really get a lot of training around it. Because we don't see, there's not really a high proportion of people coming through with an intellectual disability"

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Solutions, but with challenges

Can upskill but…lack of time and opportunity

Reliance on others but… best interests? Who are they? Are they available?

"…a family member particularly, they've known them their whole life and they'll know how to communicate with them…"

"…. we need people that are trained in intellectual disability to work within our service if we're going to deal with it. Because I don't think we're really adequately trained for that."

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Forum

~7 participants

- need for longitudinal assessment processes and other adjustments

- need to focus on differential diagnosis of intellectual disability, mental illness and other components of a dual diagnosis

- recognition of the need for further education or professional development, but that upskilling is difficult to achieve due to competing demands.

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Forum - future direction

Need collaborative problem solving and support

of patients with intellectual disability

- getting to know the patient to inform <u>all</u> team members

  who could work better towards person-centred solutions

Forum - future training and development

- Consider moving away from traditional approaches of more individual professional development in which expertise is needed for each underlying problem

- Engage learning approaches that support collaborative sharing of: expertise, problem identification and responsibility for implementing supports and treatments to address each patient's specific needs.

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Thank you