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# Making Mental Health Policy Inclusive of People with Intellectual Disability

Never Stand Still





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Partner organisations include: Agency for Clinical Innovation-Intellectual Disability Network, NSW Department of Family & Community Services - Ageing, Disability and Home Care, NSW Department of Education & Communities, NSW Ministry of Health – Justice Health & Forensic Mental Health Network, Mental Health Commission, NSW Ministry of Health – Mental Health & Drug & Alcohol Office, Mental Health Review Tribunal, New South Wales Council for Intellectual Disability, Inclusion Australia, National Disability Services, NSW Office of the Public Guardian, NSW Ombudsman, NSW Department of Justice – Corrective Services NSW.

More details about the project can be found here: <https://3dn.unsw.edu.au/project/national-health-medical-research-council-partnerships-better-health-project-improving-mental>



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# Plain English Summary

Over half of the 1-2% of Australians with intellectual disability experience mental illness. The specific needs of this group are not recognised in current Australian mental health policy. This affects the way that services support this group and means that people with intellectual disability and mental illness often receive limited or inappropriate mental health care. Mental health policy should include the specific needs of people with intellectual disability because this will encourage services and mental health professionals to do a better job for people with intellectual disability.

## Looking at Intellectual Disability Mental Health Policy

The National Health and Medical Research Council funded a project to look at the mental health outcomes of people with intellectual disability. Researchers from UNSW Australia have partnered with disability, mental health and government organisations to improve mental health service development, policy and reform. One part of this research looked at whether people with intellectual disability are mentioned in mental health policy.

Sixty one Australian Commonwealth, State and Territory mental health and health and five key Commonwealth disability policy documents were analysed to see if and how the specific needs of people with intellectual disability who also have mental ill-health were included.

## Key Findings

The majority of policy documents did not:

- X** recognise and include people with intellectual disability as a group at high risk of experiencing mental ill-health;
- X** pay attention to the specific needs of people with intellectual disability for expertise, modifications and adaptations in order to be well supported in mental health services.

Some policy documents did have:

- ✓ a human rights approach;
- ✓ recognition of diversity;
- ✓ a life-course approach;
- ✓ a focus on workforce development;
- ✓ checks and balances such as monitoring, evaluation and research.

## Including people with intellectual disability in mental health policy

Including people with intellectual disability in the development and implementation of intellectual disability mental health policy will help to highlight the best ways to meet their needs. Inclusive intellectual disability mental health policy should be:

1. **CONSISTENT:** In line with the United Nations Convention on the Rights of People with Disabilities and consistent with the National Disability Insurance Scheme and mental health sector interface principles.
2. **EVIDENCE BASED:** Built on what we already know about the increased chance of people with intellectual disability having a mental illness.
3. **SHARED VALUES:** Say what the potential shared values are across the mental health and disability sectors.
4. **INCLUSIVE:** Include key stakeholders - people with intellectual disability who have mental illness and their family and carers, policy makers, disability and mental health providers and professionals, and the broader community.
5. **HUMAN RIGHTS:** Adopt a human rights framework that recognises the universal right of all people to appropriate mental health care.
6. **WORKFORCE READY:** Address workforce training and professional development with specialist input from both disability and mental health sectors.
7. **LIFELONG:** Inclusive of the diversity of issues arising across the life course for people with intellectual disability and mental ill-health.
8. **SPECIFIC:** Outline one by one the actions that will be taken for inclusive and accessible services.
9. **MEASURABLE:** Include actions and targets that can be counted and reported.
10. **RELEVANT:** Include a knowledge translation approach to ensure that policy is informed by best evidence and practice and those who are most affected are engaged throughout the policy process.

