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Making Mental Health Policy Inclusive of People with Intellectual Disability

A summary for policy makers

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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Contact

Department of Developmental
Disability Neuropsychiatry
School of Psychiatry | UNSW Medicine
34 Botany Street, UNSW Australia
UNSW Sydney NSW 2052
AUSTRALIA

P +61 2 9931 9160
E dddn@unsw.edu.au
W 3dn.unsw.edu.au
T @3DN_UNSW



Summary for Policy Makers

People with an intellectual disability represent 1-2% of the Australian population. Across the lifespan, they present with a specific vulnerability to mental disorders with an estimated 30 - 50% experiencing mental illness. This vulnerability to mental illness is due to a complex interrelationship between intellectual disability and other medical, social and psychological factors. The specific needs of this group are not recognised in current Australian mental health policy. Australian intellectual disability mental health policy and service standards fall short of its obligations under the *UN Convention on the Rights of Persons with Disabilities* and lags behind leading international standards in intellectual disability health policy and services. This affects the way that services support this group and means that people with an intellectual disability and mental illness often receive limited or inappropriate mental health care.

Review and Analysis of Mental Health Policy

The policy analysis is part of a National Health and Medical Research Council funded project on mental health outcomes of people with an intellectual disability. Researchers from UNSW Australia have partnered with disability, mental health and government organisations to improve mental health service development, policy and reform.

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 an 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 an intellectual disability as a group at high risk of experiencing mental ill-health;
- X** pay attention to the specific needs of people with an 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 an intellectual disability in mental health policy

There is a clear need for a comprehensive policy framework which recognises people with intellectual disability as a group at high risk of mental ill-health. Inclusive intellectual disability mental health policy should be:

1. **CONSISTENT:** with the United Nations Convention on the Rights of People with Disabilities, the National Disability Insurance Scheme and mental health interface principles.
2. **EVIDENCE BASED:** built on knowledge about the increased chance of people with an intellectual disability having a mental illness.
3. **SHARED VALUES:** able to articulate potential shared values across the mental health and disability sectors.
4. **INCLUSIVE:** of key stakeholders - people with an 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 FRAMEWORK:** recognise the universal right of all people to appropriate mental health care.
6. **LIFELONG:** inclusive of the diversity of issues arising across the life course for people with an intellectual disability and mental ill-health.
7. **WORKFORCE READY:** address training and professional development with specialist input from both disability and mental health sectors.
8. **FLEXIBLE:** promote training and education in a tiered manner to address the needs of different service providers, including community care, mental health care, emergency care and specialist care levels.
9. **COMPREHENSIVE:** ensure that appropriate transfer and handover of health and care information with other services involved in the care.
10. **SPECIFIC:** information on accessible information for people with an intellectual disability and their support persons regarding mental health services.
11. **MEASURABLE:** actions and targets that can be counted and reported.
12. **RELEVANT:** 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.

