INTELLECTUAL DISABILITY MENTAL HEALTH CORE COMPETENCY FRAMEWORK:

A MANUAL FOR MENTAL HEALTH PROFESSIONALS

Contents

Alannah Antoun, Untitled, Monoprint 2014, 250 x 250mm, Studio ARTES
© Image copyright is owned by Alannah Antoun

Executive Summary

Executive Summary

> *"Working with people with an intellectual disability is intellectually stimulating and challenging, and provides an opportunity to further develop skills in Neuropsychiatry and behavioural psychiatry.*
> *It helps the mental health professional to understand the complex interplay between the physical, psychiatric, genetic, social and environmental issues."*
>
> Psychiatrist

Timely access to high quality mental health care for people with an intellectual disability is a priority for the NSW Ministry of Health and is the responsibility of all professionals working in the public mental health sector. In collaboration with the Chair of Intellectual Disability Mental Health (IDMH) at UNSW Australia, the Mental Health and Drug and Alcohol Office identified the need for a NSW IDMH Competency Framework for mental health professionals working in the NSW public health sector.

The Framework outlines what is important from the perspective of people with an intellectual disability, their families and support networks and describes the core attributes required by mental health professionals when working with people with an intellectual disability. It provides guidance for the delivery of quality services to this population group by strengthening professional competence and supporting informed service delivery. The manual is intended for use by the mental health workforce delivering services across the age spectrum.

The manual supports mental health professionals to assess and respond to mental health problems in people with an intellectual disability through providing a:

- means of self-assessment of current skills and knowledge;
- framework to support professional development planning; and
- guide to available relevant resources, education, and training material.

The development of the manual was led by the Chair of Intellectual Disability Mental Health in conjunction with a project Advisory Group and extensive state-wide consultation consisting of:

- an assessment of staff capacity, knowledge and skills when working with people with an intellectual disability;
- consultation with experts including a Delphi process;
- direct consultation with service directors or their delegates to identify and agree on core attributes and structure of the manual; and
- an extensive literature review and identification of key resources.

The manual can be used by mental health clinicians when working with people with an intellectual disability at all life stages to:

- make reasonable adjustments to clinical practice;
- assist to better assess and manage mental health problems;
- assist to undertake self-assessments of current skills and knowledge;
- inform professional development plans; and
- use as a resource guide and as education and training material.

There are four sections to the manual, including background information about mental health of people with an intellectual disability, approaches to clinical practice, core competencies when working with this population group and resources. The core competencies are attributes required of the mental health workforce to meet the needs of people with an intellectual disability. They are divided into three parts:

1. working with people with an intellectual disability,
2. clinical competencies, and
3. quality improvement and professional development.

The manual also contains links to existing e-learning resources and supports.

By equipping mental health staff with increased awareness, practical tools and a professional development framework, use of the manual aims to improve the quality of service that a person with an intellectual disability receives. Whilst implementation of the manual is not mandatory, clinical practice alignment with the competencies outlined in the manual is considered best practice for this target group. Implementation is recommended in all public mental health services to strengthen professional competence and support service improvement.

Acknowledgements

We thank the Project Advisory Group for their generous sharing of expertise and time. We acknowledge the contributions of the individuals who have participated in each phase of the development of this framework. We wish to make special mention of those who have provided the quotes, case studies and statements for the framework.

The artwork in this document has been created by people living with disability. Artwork has been provided by Studio ARTES, an independent, not for profit organisation that provides creative programs to adults with disability. For more information visit www.studioartes.com.au

studio A

Glossary

ABC chart

An Antecedent Behaviour Consequence (ABC) chart provides a method for recording details about an observed behaviour. Details recorded include the setting, time and frequency of behaviour, what happened just before the behaviour, a description of the behaviour, and the consequence of the behaviour.

Adaptive functioning

A term to describe how well an individual copes with tasks across a range of domains required for everyday living, such as communication, self-care, practical skills and interpersonal skills.

Augmentative and alternative communication

Augmentative and alternative communication is a range of techniques that can be used as an alternative or addition to speech, such as picture systems or signing.

Challenging behaviour

Challenging behaviour is most commonly defined as a "behaviour of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities". [1]

Developmental disability

Disabilities that relate to 'differences in neurologically based functions that have their onset before birth or during childhood, and are associated with significant long-term difficulties' (Therapeutic Guidelines Limited, 2012, p.1).[2] All intellectual disabilities are developmental disabilities, but not all developmental disabilities are associated with an intellectual disability.

Integrative interventions

Integrated interventions take a coordinated approach utilising different treatment methods from different dimensions including developmental, biological, psychological and social.[3] This approach also includes working with other key organisations who are delivering related interventions to the person to ensure that they are complimentary.

Intellectual disability

The term most commonly used in Australia to describe permanent impairment of general mental abilities that impact domains of adaptive functioning. An individual's cognitive impairment must begin during the developmental period (before the age of 18) and diagnosed based on the severity of deficits in adaptive functioning. An intellectual disability is diagnosed using a combination of standardised intelligence tests, such as IQ scoring, and assessments of adaptive functioning. The severity of intellectual disability can be classified as mild, moderate, severe or profound. The DSM-5 uses the term "intellectual disability" to replace the term "mental retardation". Intellectual disability may co-occur with other developmental disorders and other mental disorders.[4]

Mental health

The World Health Organisation defines mental health as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".[5]

Diagnostic overshadowing

Diagnostic overshadowing is when a person's symptoms of mental or physical ill health are overlooked and are falsely attributed to being part of the person's intellectual disability.[6]

Multi modal assessment

A multi modal assessment covers biomedical, psychological and social domains and involves input from a range of people. This approach allows for the mental health professional to gain an in-depth view of the person's physical health, mental health, functional and behaviour profile.[7]

Key partners in a multi modal assessment may include the person, their support network (including family members and other paid and unpaid supports), mental health professionals, general practitioners, disability professionals, behavioural specialists etc.

Self-determination

Self-determination is a situation where people with an intellectual disability have "the skills, opportunities and supports to act as causal agents in their lives" (p.107).[8]

Person centred

A person centred approach has at its heart the principles of equality, choice and inclusion. Implementing a person centred approach means putting the person with the intellectual disability at the centre of planning and decision making about their own support and services.

Person first language

This style of communication places the person first rather than their disability or impairment and describes what the person has, not who they are. The use of this language is important because it influences community attitudes and the way in which people with a disability are viewed within our community.

Supported decision making

Supported decision making is a way of making sure that everyone can exercise their right to make their own decisions. It involves a "person with disability and one or more trusted family members, friends or supporters. These people help the person with a disability to make their own decisions about their life".[9]

A note on the language used in this manual

The language used to describe a people shapes beliefs and ideas held about them.

This manual uses person first language. Person first language reminds us that we are talking about individuals who have, or live with a disability, and/or mental health disorder.

The language used in this document also reflects the whole-of life approach of this manual and current best practice for communicating about and with a person with a disability or mental health disorder.

Particular examples of the language that will be used include:

- *Patients/Client(s)* will be referred to as a *person or people with an intellectual disability or person or people with an intellectual disability and co-occurring mental ill health*
- *Carer* referred to as *family and support networks*
- *Parent* or *other family members* referred to as *family*
- *Age appropriate* described as *developmentally appropriate*

Introduction

Introduction

> *"I realised I had been working with people with an intellectual disability all along, without being aware of it. By focusing on appropriate communication skills and adjustments to my approach, I was easily able to apply my generalist psychiatric knowledge to this new area."*
>
> Intellectual disability mental health Fellow

> *"There is no career within Psychiatry that offers the intellectual challenge, traverses the limits of neuroscience, and plumbs the depths of existential compassion as is found here."*
>
> Psychiatrist

The New South Wales (NSW) Ministry of Health is committed to providing world class clinical services which protect the most vulnerable members of our community, and break the cycle of disadvantage [10]. In particular it is committed to meeting the diverse needs of the NSW population, including those with an intellectual disability and co-occurring mental ill health.

People with an intellectual disability experience elevated rates of mental disorders, with common mental disorders being at least two to three times more likely in people with an intellectual disability[11-15] than in the general population. Yet, people with an intellectual disability experience a number of barriers that prevent them from participating in, and receiving quality mental health care. Overcoming these barriers and ensuring equitable access to mental health services is consistent with our commitment under the United Nations Convention on the Rights of Persons with Disabilities[16] and National Disability Strategy 2010-2020[17] and will support the recovery and overall health and wellbeing of people with an intellectual disability.

Mental health professionals have an opportunity to make a substantial difference to people with an intellectual disability who are experiencing mental ill health by applying what they already know, adapting some current approaches to clinical practice, and building on the body of professional knowledge in this area. Working with others, including those within the disability sector can assist people with an intellectual disability and co-occurring mental ill health to maximise their health and wellbeing.

Some mental health professionals may have had limited access to education and training in the area of intellectual disability mental health, and limited opportunities to work with people with an intellectual disability.

This manual provides mental health professionals with information about:

- what is important from the perspective of people with an intellectual disability, their families and support networks;
- how to modify clinical practice to better meet the needs of this group; and
- where to find information and resources to help to develop new skills and knowledge in this area.

What are the aims and scope of this manual?

This manual aims to:

- describe the core attributes required of the mental health workforce to deliver quality services to people with an intellectual disability, and
- provide a road map for professional development in the area of intellectual disability mental health.

The manual builds on existing competency frameworks and will assist you to support a person with an intellectual disability from the time of intake through to transfer of care. It has been specifically designed to enhance the content currently articulated within the National Practice Standards for Mental Health Workforce,[18] National Mental Health Core Capabilities,[19] and NSW Child and Adolescent Mental Health Services Competency Framework.[20]

The manual does not include information on the advanced attributes required of specialist intellectual disability mental health professionals, or those required of services or managers of specialist intellectual disability mental health services.

Why is this manual applicable to mental health?

All mental health professionals have a responsibility to provide quality mental health care to their clients, including those with an intellectual disability (see Article 25 of the United Nations Convention on the Rights of Persons with Disabilities).[16] This manual provides guidance on the essential knowledge and skills required to ensure that people with an intellectual disability do not experience barriers to accessing and receiving a service. It also provides information on resources that supports the development of skills and knowledge in this area.

Mental health professionals should make a strong commitment in applying their skills and knowledge described in this manual which can significantly enhance the quality of service that a person with an intellectual disability receives. The manual may also enhance clinical practice with other groups of mental health service users such as people with communication or cognitive impairments.

How can I use this manual?

Mental health professionals and service managers can use this manual in a number of ways. It is complementary to Accessible Mental Health Services for People with an Intellectual Disability – A Guide for Providers 'The Guide'[21] which provides a national framework of understanding and action for frontline mental health service providers with respect to people with an intellectual disability.

This manual is also designed to be used in conjunction with other relevant policy and competency frameworks (see Appendix B) to inform a comprehensive professional development strategy.

Mental health professionals

Mental health professionals can use this manual to:

- make reasonable adjustments to clinical practice to assist in better assessment and management of mental health problems in people with an intellectual disability
- assist in undertaking a self-assessment of current skills and knowledge (see the Self-Assessment Tool)
- inform a professional development plan (see the Professional Development Plan), or
- be used as a guide to available relevant resources, education, and training material (see Section Four).

"Every mainstream mental health clinician needs to feel comfortable when working with this population. The best tutors are time and direct clinical experience with people with an intellectual disability – these build your confidence over time."

Child Psychiatrist with an interest in ID and ASD.

In acknowledgement of the competing demands on mental health professionals' time, this manual highlights the top ten key attributes when working with people with an intellectual disability. These can act as a starting point for professional development planning in this area (see top ten attributes here).

For mental health staff seeking a comprehensive understanding and skill set working with people with an intellectual disability, reviewing the entire document is highly recommended. Some staff may also find it useful to concurrently work through the modules in the IDMH e-learning resource. This is a free interactive education resource that aims to assist mental health staff gain knowledge and skills in the area of intellectual disability mental health.

Service manager or responsible for quality improvement

Service managers, service developers or a person responsible for quality improvement frameworks could use this manual:

- to review current capacity of services and workforce in the area of intellectual disability mental health;
- for the professional development of your staff;
- to inform education and training plans; and
- to guide recruitment of appropriately skilled mental health professionals.

Where will I find relevant information?

There are four sections in this manual:

1. Background
2. Approaches to Clinical Practice
3. Core Competencies
4. Resources

There is a glossary and a series of appendices with additional information.

Background

Includes information regarding:

- intellectual disability
- mental ill health in people with an intellectual disability, and
- the skills and perceptions of the mental health workforce relevant to working with people with an intellectual disability.

Approaches to Clinical Practice

This section contextualises the information in this manual and describes the attitudes, beliefs, values and approaches which guide the practice of mental health professionals in the area of intellectual disability mental health.

Core Competencies

This section articulates the core attributes required of the mental health workforce to meet the needs of people with an intellectual disability. It is divided into three parts:

1. working with people with an intellectual disability;
2. clinical competencies; and
3. quality improvement and professional development.

To assist mental health professionals easily identify relevant content, each of these parts is divided into domains.

Resources

The resource section provides links to useful information, tools, and places to access assistance with professional development needs in this area.

Belinda Bennie, Untitled Abstract 2012, Texta and Posca Pen on paper, 900mm x 600mm, Studio ARTES
© Image copyright is owned by Belinda Bennie

SECTION ONE

Background

Background

> "Isabella is a 35 year old woman with a genetic syndrome, mild intellectual disability and psychotic illness. She enjoys fashion, socialising at the day centre and playing with her pet dog. With appropriate medication, her psychotic symptoms are manageable. Isabella lives with her ageing father, for whom she has taken on more of a caring role, showing great kindness and commitment. Her case worker has begun the process of preparing her for an eventual move into a group home and she is looking forward to living with peers and the social opportunities this will bring."
>
> **Intellectual disability mental health Fellow**

Intellectual Disability

Intellectual disability is a term used to describe permanent impairment of general cognitive abilities which has a significant impact on a person's adaptive functioning, and which first becomes apparent before the age of 18. The severity of a person's intellectual disability can range from mild, moderate, severe to profound. For a more comprehensive definition please see the glossary.

The impact of a person's intellectual impairment on their level of function, and level of independence is dependent on a range of intrinsic and extrinsic factors. For example, people with an intellectual disability may experience challenges with their communication. However, the impact of this impairment may be reduced through the use of communication aids.

Mental health needs of people with an intellectual disability

Over 400,000 Australians have an intellectual disability[22, 23] and in 2003 a health survey showed that the majority of these individuals have a psychiatric disability.[24] Compared to the general population, health surveys have revealed that people with an intellectual disability experience very poor health status characterised by: higher morbidity and mortality,[25, 26] elevated rates of common physical and mental disorders[27-31] such as schizophrenia, affective disorders, anxiety disorders and the dementias,[32-36] and high levels of undetected and unmanaged health issues.[12, 13] Notably, those with greater levels of disability experience higher rates of mental ill health.

People with an intellectual disability and co-occurring mental ill health experience challenges in accessing mental health care.[37-41] Australian research that followed a cohort of children and adolescents with intellectual disability for 14 years demonstrated that 10% of those with a mental disorder received appropriate intervention.[28]

This compares unfavourably with access to mental health support for those in the general population with mental illness, which has been estimated to be about 35% over a 1-year period.[42] A commitment to changing this situation is required from all mental health professionals, regardless of their current role or workplace setting.

People with an intellectual disability may have mental health presentations that are different in manner to people without an intellectual disability. Behavioural change that is of concern to others is a common reason for presentation in people with an intellectual disability. Further, there is a risk of 'diagnostic overshadowing' for this group, whereby the person's current state is inappropriately attributed to their intellectual disability rather than to ill health. Such factors can result in under-diagnosis and under-treatment of mental illness in people with an intellectual disability. Equipped and knowledgeable mental health workers therefore play an important role in the improved access, recognition, treatment and management of mental illness for this group.

Why do people with an intellectual disability find it difficult to access mental health services?

People with an intellectual disability experience a number of challenges in accessing and participating in mental health services. Some of the common barriers include:

- A mental health workforce which has received minimal support and training to meet the needs of people with an intellectual disability.[37, 38, 41, 43, 44]
- A lack of awareness in the community, health and disability sector of the existence of mental disorders in people with an intellectual disability.[45, 46]
- Negative attitudes held towards the existence of mental disorders, and the benefits of mental health interventions for people with an intellectual disability.[41, 43]
- Diagnostic difficulties including diagnostic overshadowing.[6]
- Limited evidence on the effectiveness of psychological therapies, other than behavioural treatments, for people with intellectual disability.[47]
- Lack of awareness of roles and obligations in assessing and managing mental disorders in people with an intellectual disability.[48]

"When we initially approached the local mental health service we were told to contact disability services. The mental health service did not listen to our concerns that the behaviours were new or to our concerns about possible symptoms of a serious mental health problem. Finally, after pushing them to be involved, the acute care team did an assessment and agreed with us that he was very unwell, and arranged for him to be hospitalised."
Parent Carer

- Families and support staff who are undertrained in mental health, and experience challenges in recognising indicators of mental disorder and what action to take.[45]
- Poor mental health literacy among people with an intellectual disability.[49]
- Communication barriers between people with an intellectual disability and their support networks, including mental health professionals.[24]
- Lack of awareness among mental health professionals that working with people with intellectual disability and co-occurring mental ill health is their core business (see Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers).
- Lack of uniform inclusion of people with intellectual disability in mental health policy.

It is often a combination of these barriers that ultimately prevents a person's access to quality mental health treatment and supports. This manual aims to assist mental health professionals to work with people with an intellectual disability and co-occurring mental ill health and help them overcome some of these barriers.

Emily Crockford, Sydney Opera House by Night 2014, Acrylic on canvas, 450mm x 450mm,
Studio ARTES © Image copyright is owned by Emily Crockford

SECTION TWO

Approaches to Clinical Practice

Approaches to Clinical Practice

> *"It makes me feel more confident and relaxed if the health professional acknowledges Thomas in some way as a person; knows his name and talks to him … recognises him as a person and is enquiring about how he manages things. He is a loved person."*
>
> Family carer

Attitudes and Beliefs

As with all clinical practice, a series of attitudes and beliefs underpin practice in the area of intellectual disability mental health.

Within this area it is critical that mental health professionals adopt and apply helpful attitudes and beliefs in their clinical practice. These include but are not limited to:

- People with an intellectual disability have the same rights as others to access high quality mental healthcare. This includes access to mainstream and, when required, specialist mental health services.
- A quality mental health service can significantly improve the quality of life of people who have an intellectual disability and mental ill health.
- The mental health workforce has a critical role to play in supporting this group to gain access and participate in quality mental health services.
- All mental health professionals working across the spectrum of care have a role in working with people with an intellectual disability. These roles include:
  – Supporting the person with an intellectual disability to participate to the fullest extent in all aspects of their mental health care;
  – Supporting the person to achieve the highest attainable mental health outcomes; and
  – Working with others to address challenging behaviour.

Values

The values that underpin the clinical practice of mental health professionals are articulated within the National Practice Standards for Mental Health Workforce,[18] National Mental Health Core Capabilities,[19] NSW Child and Adolescent Mental Health Services Competency Framework,[20] The NSW Public Sector Capability Framework[50] and profession-specific competency frameworks.

In addition, professionals working with people with an intellectual disability should value:

- Equitable access and care
- Quality therapeutic and other services
- Choice and self-determination

Please see Appendix E for a further description of these values.

> *"When community mental health services, private and public specialists, general practitioners, disability support services, family, carers and other stakeholders accept responsibility, and work and plan together, lives are amazingly transformed for the better."*
>
> Mental health professional

Approaches

Mental health professionals should adopt the following approaches to maximise the quality of the service that they are delivering to people with an intellectual disability:

- Person centred
- Proactive
- Strengths based
- Empowering the person, their family, and support networks
- Multidisciplinary and cross agency
- Inclusive
- Flexible

Please see Appendix F for a further description of these approaches

Figure 1 – Approaches to delivering quality care to people with an intellectual disability

Table 1: Values for the provision of mental health care to people with an intellectual disability

Additional values specific to working with people with an intellectual disability			
National Practice Standards for the Mental Health Workforce	*National Mental Health Core Capabilities*	*NSW Child and Adolescent Mental Health Services Competency Framework*	*Intellectual Disability Mental Health Core Competency Framework*
Respect	Respect	Human Rights	Equitable access and care
Advocacy	Advocacy	Relationships	Quality therapeutic and other services
Recovery	Recovery	Recovery, wellbeing and community	Choice and self determination
Working in partnership	Working in partnership	Service and partnership	
Excellence		Diversity	

"Patrick had multiple admissions to Emergency Departments and psychiatric units. His agitation and self-injury was so great that he required surgery under general anaesthetic on six occasions. Doctors and nurses were keen to learn about Patrick's disability and how to treat him. However, with the exception of a UK doctor they had no formal (or any) training or practical experience working with people with intellectual disability and autism. We were caught in a 'pass the parcel' between disability and health services, with each saying they were not resourced to support someone like Patrick who has an intellectual disability, autism and mental ill health. This was the worst period in Patrick's and our lives. It demonstrated the real need for psychiatric staff to learn how to treat patients with disabilities and mental ill health, and the need for more appropriate facilities."

Father

Glen Turnbull, Waratah 2014, Acrylic on paper, 350mm x 370mm, Studio ARTES © Image copyright is owned by Glen Turnbull

SECTION THREE

Core Competencies

Core competencies

> *"I have very much enjoyed working with people with an intellectual disability and mental health needs. It has been a privilege to be involved in their journey and delight to see the courage, humanity and sense of humour of clients and carers. Diagnostic assessments are interesting and provide opportunities to exercise my clinical skills and judgement."*
> **Intellectual disability mental health Fellow**

How are the Core Competencies structured?

There are three parts to the core competencies:

Part One: Working with people with an intellectual disability

1. Responsible, Safe and Ethical Practice
2. Recovery Focus
3. Meeting Diverse Needs
4. Communication
5. Partnership, Collaboration and Integration

Part Two: Clinical competencies

6. Common Clinical Competencies
7. Intake
8. Assessment
9. Mental Health Interventions and Care Planning
10. Transfer of Care

Part Three: Quality improvement and professional development

11. Research, Quality Improvement, and Professional Development

Each part describes the attributes that mental health professionals need to have in order to achieve the desired values, approaches, access and participation in quality services for people with an intellectual disability.

Top 10 attributes for working with a person with an intellectual disability

The table below highlights the top ten attributes a mental health professional should adopt when working with people with an intellectual disability. They have been selected from all of the attributes described in this manual and will provide you with a starting point for your professional development in this area.

1.	**PREPARE**	*Take the time to prepare for working with a person with an intellectual disability by finding out about their strengths, and the support they may require to actively participate. (6.2)*
2.	**ADJUST COMMUNICATION**	*Determine the person's preferred communication style, and appropriately adapt your communication style to meet their needs. (4.1)*
3.	**ENGAGE SUPPORT NETWORKS**	*Identify the person's support network, and when appropriate to do so, and when consent to their involvement is given, works with them at all stages of service delivery. (1.3)*
4.	**FACILITATE SUPPORTED DECISION-MAKING**	*Facilitate supported decision-making and give priority to the person's expressed wishes, as far as possible. (1.2)*
5.	**MAKE INFORMATION ACCESSIBLE**	*Provide information to the person with an intellectual disability, their family, and support networks in accessible formats, at all stages of the clinical process, acknowledging that the format may be different for different stakeholders.(6.6)*
6.	**KNOW WHAT SKILL SETS ARE AVAILABLE**	*Be aware of the different skills and approaches available in the mental health and disability sectors, and use this knowledge to facilitate collaborative work. (5.1)*
7.	**COLLABORATE ACROSS AGENCIES**	*Work with partner organisations to deliver a seamless service to people with an intellectual disability, their families, and support networks. (5.4)*
8.	**SEEK SUPPORT**	*Identify and actively seek support from specialist intellectual disability mental health professionals, when required. (6.7)*
9.	**LEARN & INTEGRATE KNOWLEDGE INTO PRACTICE**	*Learn about intellectual disability mental health and use your new knowledge to improve practice. (11.4)*
10.	**REFLECT**	*Reflect on how your personal beliefs, and emotional reactions towards people with a disability might influence your clinical practice. (3.2)*

Please note that these top ten attributes are highlighted, using grey shadowing, throughout this manual.

Part One: Working with people with an intellectual disability

Working with people with an intellectual disability draws on a mental health professional's existing clinical knowledge, judgement and reasoning. Working with people with an intellectual disability has some core elements of clinical practice that are not dissimilar to those required when working with people without intellectual disability.

To meet the needs of people with an intellectual disability, this section highlights how to modify existing practices, and/or acquire new skills and knowledge. There are five key domains for working with people with an intellectual disability. They include:

1. Responsible, Safe and Ethical Practice
2. Recovery Focus
3. Meeting Diverse Needs
4. Communication
5. Partnership, Collaboration and Integration

1. Responsible, Safe, and Ethical Practice

The mental health workforce should provide care and treatment to people, their families, and support networks within the boundaries prescribed by law, professional requirements and codes of ethical practice. All mental health professionals have a key role to play in upholding responsible, safe and ethical practice that apply to people with an intellectual disability.

This domain describes the additional attributes required when working with people with an intellectual disability to ensure a responsible, safe and ethical practice.

Responsible, Safe and Ethical Practice	
1.1	Provides information on– the rights of people with an intellectual disability, their families and support networks in accessible formats.
1.2	Facilitates supported decision making and gives priority to the person's expressed wishes, as far as possible.
1.3	Identifies the person's support network, and when appropriate to do so, and when consent to their involvement is given, works with them at all stages of service delivery.
1.4	Identifies when the person does not have a support network and actively assists them to find an independent support person(s).
1.5	Demonstrates the ability to support the person to use and strengthen their support networks.

What is supported decision making?

Supported decision making is a way of making sure that everyone can exercise their right to make their own decisions, as far as possible. It involves working with the person and one or more family members, friends or supporters around a specific decision. This helps the person with disability to make their own decisions about their life. See the Disability Services Supporting Decision Making Guide for more information.

Who can I contact to find an independent support person?
The NSW Council for Intellectual Disability provides an information service called Ask CID. They can provide details on potential organisations that you can contact if the person being supported requires an independent support person.

"Jack is a young man with autism who was admitted to hospital with an acute psychotic illness. Successful treatment was possible because of flexible staff who were willing to listen to advice on managing his behaviour and communication needs, and the close attention and practical assistance of his family throughout the admission. Extensive discharge planning between multiple agencies including disability and non-government services resulted in clear lines of responsibility, and were supported by a plan to re-admit if there were further problems. Jack's family were very appreciative of the service."

Psychiatrist

2. Recovery Focus

Recovery-oriented support and relapse prevention are key elements to ensuring the mental health and wellbeing of people with an intellectual disability. Mental health professionals can play an important role in working with people with intellectual disability to promote their mental health and wellbeing. However, as people with intellectual disability often engage with mental health services at a time of crisis, other opportunities need to be sought to deliver recovery-oriented support and relapse prevention strategies.

Simple strategies such as making sure there is comprehensive follow up care available, together with other strategies, increase the likelihood that the person is adequately supported in their recovery journey.

This domain describes the additional attributes required when working with people with an intellectual disability to deliver recovery focused services.

Recovery Focus	
2.1	Is aware of the potential issues relating to: physical, sensory and motor disability; physical health problems; environmental factors; opportunities for skill development; choice, and how these may impact on recovery.
2.2	Supports the person, their family and support network to engage in services (health and non-health related) that are able to meet their recovery needs.
2.3	Engages with primary health care providers and when required, specialist intellectual health services to support the completion of a health assessment and the ongoing management of physical health issues.

Recovery-Oriented Mental Health Services
The National Framework for Recovery-Oriented Mental Health Services highlights the importance of recovery focused practice. It defines recovery oriented practice as "mental health care that recognises and embraces the possibilities for recovery and wellbeing created by the inherent strength and capacity of all people experiencing mental health issues; maximises self-determination and self-management of mental health and wellbeing, and assists families to understand the challenges and opportunities arising from their family member's experiences" (p.4).

> *"The right treatment has meant that she is back to normal in terms of her mental health. She is really on the ball, independent, confident and has even gained a work promotion."*
>
> *– Mother's feedback to mental health treating team*

3. Meeting Diverse Needs

People with an intellectual disability, like the general population, have a diverse range of individual needs. Like other elements of diversity (e.g. age, gender, culture, ethnicity, religion) it is important that mental health professionals make appropriate adjustments to meet these needs. This may include adjustments to your communication, additional time taken to complete the assessment process, provide treatments, and undertake transition of care.

This domain describes the additional attributes required when working with people with an intellectual disability to meet their diverse needs.

Meeting Diverse Needs	
3.1	Examines the extent and limits of their understanding of intellectual disability and mental ill health in intellectual disability, and seeks support to address this.
3.2	Acknowledges and articulates how personal beliefs and emotional reactions toward people with a disability might influence their clinical practice.
3.3	Demonstrates the ability to determine how the person relates to their own abilities and disability.
3.4	Works collaboratively with mainstream/specialist mental health services, health services and other support services to meet the needs of people with an intellectual disability.
3.5	Acknowledges the varying views of intellectual disability within different cultures and the impact that this may have on access and participation in services.
3.6	Addresses barriers to engaging people with an intellectual disability, their family and support network from culturally and linguistically diverse backgrounds.
3.7	Consults with cultural groups to identify strategies to deliver culturally respectful services.

Where can I find out more?
• IDMH e-learning: Module 1: Introduction to intellectual disability
• A list of organisations that specialise in working with people with a disability who are from culturally and linguistically diverse backgrounds (CALD) has been collated by the Intellectual Disability Rights Service and can be found here (http://www.idrs.org.au/s32/_links/linksCALD.php#.VEWoVx2UdqY).

> *"My initial exposure to people with intellectual disability resulted in a feeling of being overwhelmed by the complexity of their health needs and the impact of that on behaviour. My fears were gradually overcome due to my interest in the neurobiological basis of behaviour, psychopharmacology and genetics, and because of the collegial support of others working in this area."*
>
> *– Psychiatrist*

4. Communication

People with an intellectual disability can experience communication barriers that impact on their access and participation in mental health services. It is essential that mental health professionals consider developmental, physical and psychiatric reasons for communication impairments, and work in ways that minimise these communication barriers.

This domain describes the additional attributes required when working with people with an intellectual disability to meet their communication needs.

Communication	
4.1	Demonstrates the ability to determine the person's preferred communication style and appropriately adapts their own communication style to meet the needs of the person.
4.2	Demonstrates a reflective approach to communication and confirms that their interpretation of the person's communication is accurate.
4.3	Uses assistive communication technology and seeks support to use technology as required.
4.4	Adapts the environment to maximise independent and open communication.
4.5	Uses appropriate person first language when describing a person with an intellectual disability and co-occurring mental ill health.
4.6	Identifies when support is required from a communication specialist and seeks their support through appropriate referrals.

Augmentative and alternative communication

Augmentative and alternative communication is a range of techniques that can be used as an alternative or addition to speech, such as picture systems or signing.

What is person first language?

Person first language is a style of communication that places the person first rather than their disability or impairment and describes what the person has, rather than who they are. It reminds people that we are talking about individuals who live with a disability and/or medical condition. The use of this language is important because it influences community attitudes and the way that people with a disability are viewed within our community.

Where can I find out more?

- IDMH e-learning

  Module 5: Communication – the basics

  Module 6: Improving your communication
- In Appendix D there is a list of communication tools that may assist when working with people with an intellectual disability.

"Communication with the person using their preferred communication method is very important. My daughter understands speech but she herself signs and needs me or someone who knows her well to translate. As a parent I appreciate that this is done even though it adds time to an appointment."

– Mother

5. Partnership, Collaboration and Integration

For partnership and collaboration to work effectively it is critical that all parties participate in a flexible and inclusive manner. When meeting the mental health needs of people with an intellectual disability this may require working with people from a diverse range of backgrounds. For an example of a collaborative framework between disability and mental health services please see the Memorandum of Understanding and Guidelines between Ageing, Disability and Home Care, Department of Human Services NSW and NSW Health in the Provision of Services to People with an Intellectual Disability and Mental Illness.

This domain describes the additional attributes required to facilitate partnership, collaboration and integration to meet the needs of people with an intellectual disability.

Partnership, Collaboration, and Integration	
5.1	Demonstrates an awareness of the different skills and approaches available in the mental health and disability sectors, and uses this knowledge to facilitate collaborative work.
5.2	Uses terms and language that will be understood by all agencies.
5.3	Follows local protocols for collaboration and joint work between mental health services, specialist intellectual disability mental health services and other key parties.
5.4	Works with partner organisations to deliver a seamless service to people with an intellectual disability, their families and support networks.

Key partners when working with people with an intellectual disability

Key partners that need to be involved in the mental health care of people with an intellectual disability will vary from person to person. However, in addition to the person some of the key partners may include (with the consent of the person with intellectual disability where appropriate):

- Family members and friends
- Health professionals
- Disability professionals
- Behavioural specialists
- Disability advocates
- Appointed public or private guardian(s)
- Employment services
- Educational services
- Accommodation services
- Recreation and respite services
- Transport services
- Home care services (e.g. domestic cleaning, meals)

"The mental health crisis team did a great job. They listened to the problem, they offered to see him at home, and they continued to assist until the crisis had subsided. They even liaised with his disability support workers."

Family carer

Part Two: Clinical Competencies

This part consists of five domains that describe the clinical competencies required when working with people with an intellectual disability. These domains include:

6. Common Clinical Competencies

7. Intake

8. Assessment

9. Mental Health Interventions and Care Planning

10. Transfer of Care

6. Common Clinical Competencies

Across each of the clinical domains there are common competencies required of the workforce to ensure quality clinical care to people with an intellectual disability. This domain describes these competencies.

Common Clinical Competencies	
6.1	Demonstrates the ability to assess the capacity of a person with an intellectual disability to understand information and make decisions about their mental health care.
6.2	Takes the time to prepare for working with a person with an intellectual disability by finding out about their strengths and the support that they may require, to ensure their active engagement and participation in the service.
6.3	Demonstrates the ability to identify and work with legal guardians and other substitute decision makers.
6.4	Confirms that the person, their family and support network are aware of the clinical process, and understand their right to be informed, give or withhold informed consent, and of their right to participate in their mental health care.
6.5	Works with the person, their family and support network to maximise participation in the assessment process, care planning and delivery of interventions.
6.6	Provides information to the person with an intellectual disability, their family and support networks in accessible formats at all stages of the clinical process, acknowledging that the format may be different for different stakeholders.
6.7	Identifies when support is required from specialist intellectual disability mental health professionals, and actively seeks their support.

Capacity to give informed consent

The requirement for informed consent exists for all people, including those with an intellectual disability. In some cases, people with intellectual disability may require support to make an informed decision. In other cases, a person with an intellectual disability may not have the capacity to make a particular decision about their mental health care, and therefore be unable to give informed consent. As decisions vary widely in their complexity, a person may be able to understand, consider and communicate about some decisions but not about others. Mental health professionals should be familiar with the concept of capacity to provide consent, who is responsible for assessing capacity, and ways to assess capacity.

"The majority of Psychiatrists have had no training in, or even much exposure to, intellectual disabilities or autism. Simple measures such as optimising intake, providing a disability friendly environment, preparing for the consultation by booking longer consultations, sending out a comprehensive questionnaire ahead of the appointment, asking about important aspects of the history including a developmental history, family structure and functioning, social supports and Allied Health interventions are all helpful. This can be time consuming, but with practice, most of these aspects can be covered economically and efficiently."

Psychiatrist

7. Intake

The intake process can be challenging for people with an intellectual disability and is often initiated by a third party who may be a primary health care professional, family member, friend or a paid support person.

Adjustments to current practice that may improve the intake process for people with an intellectual disability include:

- Speaking with the person and the referring party to confirm if the expectations of the person being referred meet those of the referring party.
- Considering the person's developmental capacity during the intake assessment process.
- Allowing extra time and resources for the intake process.
- For many people with an intellectual disability they are already involved with/have accessed a range of services. If the person consents, these services may be able to provide valuable information to assist the intake process. It may also prevent the person having to repeat information already provided.

In addition, this domain describes the additional attributes required when working with people with an intellectual disability to complete intake.

Intake	
7.1	For re-referrals, avoids replication of the first referral pathway and extensive re-assessments, unless this adds to the existing assessment information.
7.2	Demonstrates an awareness of, and is able to inform the person, their family and support networks of the clinical pathway through the service in a readily understood way and confirms that the information has been understood.

What should I do when it looks like a person doesn't fit our intake criteria?

There may be times when it is not clear if a person fits the intake criteria. In these cases it is critical to:

- Speak to the person and the referrer to clarify the reason for the referral and the support that they are seeking.
- If required, speak to other key people within the person's support network to obtain a thorough understanding of their current mental health status and support needs.

If the person does not fit your intake criteria it is important that you:

- Clearly explain to the person and the referrer (if different people) why they are not eligible for your service,
- Identify what the person's support needs may be, and
- Provide information and/or make supported referrals to appropriate agencies that can assist with these support needs

"Each time Geoff goes to hospital it is treated as if it is the first time he has been there. They do not look up his records and see what has happened before. They don't have any 'flag' on his file to say this is what needs to be done if he presents."

Family carer

8. Assessment

The same principles of assessment apply when working with people with an intellectual disability as when working with the general population. However, adjustment to the assessment process may be required to achieve the best outcome for a person with an intellectual disability. In particular, mental health professionals need to be aware that people with an intellectual disability have high levels of undetected and under managed physical and mental health issues as well as compounding risk factors that can influence their mental health and wellbeing.

This domain describes the additional attributes required when working with people with an intellectual disability during the assessment phase.

General considerations for assessment with people with an intellectual disability	
8.1	Identifies signs that a person may have an intellectual disability and seeks assistance as required to confirm disability through an appropriate assessment or obtaining copies of existing assessment reports.
8.2	Demonstrates the ability to understand and consider the potential risk factors and compounding conditions that may influence the mental state of a person with an intellectual disability.

Preparing for Assessment	
8.3	Prepares for an assessment by:

- allocating adequate time to accommodate for possible complexities
- understanding and organising an appropriate environment that addresses the person's physical and sensory needs
- establishing the person's communication needs and preparing to use their preferred method of communication in the assessment
- identifying and communicating with those who can provide an accurate history and/or further information or data related to the presenting problem
- reviewing detailed background health and mental health information
- establishing who will be accompanying the person with an intellectual disability, and accommodating them as appropriate in the consultation.

Assessment – General	
8.4	Adapts assessment techniques to reflect the possible difficulties in identifying signs of a mental disorder in someone with an intellectual disability.
8.5	Employs a longitudinal, multi-source, and multi-modal approach (including observational records such as sleep, weight and ABC charts) to the assessment.
8.6	Collects assessment information on relevant dimensions including, for example, developmental, bio-medical, psychiatric, psychological/cognitive/social, adaptive behaviour, functional abilities, environmental, cultural and educational history.
8.7	Identifies when a multi-agency/service assessment is required and contributes to this joint assessment process.
8.8	Uses assessment information to establish a baseline function for each individual, and the possible functional manifestations of mental disorder.

Assessment – Challenging behaviour	
8.9	Demonstrates the ability to assess the relative contribution of mental health, physical health, environment, communication and skills to behaviours.
8.10	Collaborates with disability services and other relevant stakeholders to provide a comprehensive assessment of challenging behaviour.

Why is a comprehensive approach to assessment important?

A comprehensive approach to assessment is important because some people with an intellectual disability may experience difficulty in reporting their current symptoms, the significant events that may have contributed to their current mental health status, and how this is impacting on their current level of function and wellbeing. It is also important because the way that a person presents within an unfamiliar environment may be different to how they are at their home and in their community. Assessment in the home environment could be considered, where appropriate.

Taking a comprehensive approach will allow clinical staff to obtain a more detailed background including the person's social, developmental and health status; look for patterns in the person's mental health status and significant events that may be contributing to this; as well as factors that are protective and/or support the person's recovery.

What are some common risk factors for mental ill health for people with an intellectual disability?

Mental health risk factors that may be important to consider when undertaking an assessment with a person with an intellectual disability include:

- Chronic physical health issues
- Sensory and/or communication impairments
- Undiagnosed and/or under-management of health problems
- Social disadvantage and isolation
- History of trauma
- Limited familial and social support networks
- Lack of access to developmentally appropriate support services
- Limited opportunities for choice and self-determination
- Lack of opportunities for skill development and engagement in occupational tasks

---

Where can I find out more?

- IDMH e-learning
  Module 4: Mental disorders in intellectual disability
  Module 7: Assessment of mental disorders in intellectual disability
- RANZCP e-learning
  Module 2: Interpreting behaviours of concern in dual disability
- Appendix C contains a list of assessment and diagnostic tools designed specifically for working with people with an intellectual disability.

"A comprehensive mental health assessment was conducted by the trainee psychiatrist and paediatric clinical nurse consultant at the school. The patient's mother, an interpreter, and school staff were in attendance. This facilitated an in depth review of the mental and physical health, and evaluation of the interaction with the home and school environments. The history was approached from multiple vantage points and a culturally sensitive approach was adopted. Treatment was highly beneficial and involved management of the underlying anxiety disorder in the patient, and recommendation for further culturally appropriate support for the mother."

Neuropsychiatry Fellow

9. Mental Health Interventions and Care Planning

When working with people with an intellectual disability, mental health interventions and care planning need to take a person centred approach and family focused approach that considers the impact and influence of co-occurring conditions. It is important that interventions provided take into consideration and complement those prescribed for the person by other health and disability professionals.

This domain describes the additional attributes required when working with people with an intellectual disability to design and implement mental health interventions and care plans.

Mental Health Interventions and Care Planning	
9.1	Develops treatment strategies that consider the broader biopsychosocial aspects of the person including other interventions or treatments that they are receiving.
9.2	Identifies when peer support is appropriate and facilitates the engagement of such support.
9.3	Modifies the environment to maximise the person's participation in an intervention.
9.4	Works with primary care physicians and other health professionals to manage physical health issues that impact on the person's overall health and wellbeing.
9.5	Takes into account the training and experience of the person with the ID, family members and support networks when developing plans for the management and monitoring of illness.
9.6	Evaluates individual intervention outcomes globally and in relation to specific intervention goals.
9.7	Develops care plans which appropriately consider and recommend strategies for crisis prevention, early intervention and long-term follow up as necessary.
9.8	Includes mental health recovery and relapse prevention activities relevant to the person with an intellectual disability in their mental health care plan.
9.9	Works with the person and their support network to integrate information into a single plan that governs the services and support they receive.

What do integrated interventions look like?

Integrated interventions take a coordinated approach utilising different treatment methods from different dimensions including developmental, biological, psychological and social and cultural. This approach also includes working with other key organisations who are involved with delivering interventions to the person to ensure that they are complimentary.

Where can I find out more?

- IDMH e-learning
  Module 8: Management of mental disorders in intellectual disability
- RANZCP e-learning
  Intellectual disability Module 3: Reflecting upon treatment approaches

> *"Samantha is a 23 year old woman with mild intellectual disability, attention deficit hyperactivity disorder, depression and significant past trauma. She has a long history of risk taking behaviour, drug use and self-harm. Samantha's support system is complex but well co-ordinated across disciplines and agencies by case management services. Her daily supports are provided by non-government disability organisations that provide pre-vocational activities, recruit and trains staff to assist with household tasks, supervise medications, attend appointments, and assist her to connect with her extended family positively and safely. A person-centred behaviour support plan has been developed by disability services in collaboration with practitioners from other agencies. Mental Health services including a psychiatrist with expertise in disability and a community mental health nurse provide regular support to Samantha and coordinate in-patient stays when required."*
>
> *Special Educator; Statewide Behaviour and Intervention Service, Department of Communities*

10. Transfer of care

A poorly managed transfer of care can pose significant risks to people with an intellectual disability. Ensuring a successful transfer of care may involve working with a number of people within the person's support network. The policies Transfer of Care from Mental Health Inpatient Services, Disability – People with a Disability: Responding to Needs During Hospitalisation, and the Memorandum of Understanding between ADHC and NSW Health articulate the principles and procedures for transfer of care in NSW.

This domain describes the additional attributes required when working with people with an intellectual disability to achieve the objectives of these documents and to ensure successful transfers of care.

Transfer of Care
10.1   Demonstrates ability to identify potential risks associated with the transfer of care.
10.2   Develops with the person and other key partners strategies to manage the transfer of care at key transition points in the person's life.

What are the factors that increase potential risks associated with transfer of care for people with an intellectual disability?

Potential factors that increase risk associated with transfer of care for people with an intellectual disability may include:

- When developmental transitions coincide with transition of care (e.g. transition from childhood to adolescence, at the same time as transferring to a new mental health professional).
- When there is lack of continuity in support structures to facilitate continued activities of daily living during transition.
- When familial and social support structures are unavailable or currently inactive.
- When key partners in the transition process are ill-prepared for the transition of care.
- When the person with an intellectual disability and their support network haven't been involved in the transfer of care plan and lack information about their mental health status and how the transfer of care will be undertaken.
- If the person with an intellectual disability and their support network lacks information about what to do in the event that they feel like they are relapsing and require support from mental health services.
- If education has not been provided to the person with an intellectual disability about the recovery process and what it means to be well.

Part Three: Quality Improvement and Professional Development

A key element to quality practice is the inclusion of people with an intellectual disability (and their family when appropriate) in their own treatment plan, research, service evaluations and service improvement activities.

Historically people with an intellectual disability have not had opportunities to voice their experience of engaging with mental health services or about what they would ideally expect from a mental health professional. This lack of active and meaningful engagement has made it difficult for services to adapt to meet the needs of people with an intellectual disability.

11. Research, Quality Improvement, and Professional Development

Research and Evaluation	
11.1	Participates in research relating to people with an intellectual disability and co-occurring mental ill health where possible, and where appropriate encourages the participation of people with an intellectual disability in research.
Service improvement	
11.2	Demonstrates the ability to support people with an intellectual disability, their families and support networks to participate in service improvement activities.
11.3	Collects quality improvement data about people with an intellectual disability who participate in service.
Professional practice and development	
11.4	Demonstrates a willingness to learn about intellectual disability mental health and to translate what has been learnt into improved practice.
11.5	Seeks opportunities for professional development from within the disability and other relevant sectors.

"Ethical inclusion of people with an intellectual disability and co-occurring psychiatric disability in research is the only way to understand the experience from the perspective of those living it. With modification of the approach, rigour can be maintained and important new knowledge generated."
– Mental health professional

Rachelle Rodriguez, Rollercoaster 2012, Texta on contact, 400mm x 620 mm, Studio ARTES
© Image copyright is owned by Rachelle Rodriguez

SECTION FOUR

Resources

Resources

The following section provides a selection of resources which have a specific focus for people with an intellectual disability requiring mental health services and support.

Training and Education

Australian education and training

Centre for Developmental Disability Health Victoria (CDDHV)
www.cddh.monash.org
CDDHV is working with the Royal Australian College of General Practitioners (RACGP) to develop online educational activities on the health and healthcare of people with a developmental disability. CDDHV also offers undergraduate and postgraduate courses and training programs with training posts, with opportunities to participate in teaching and research. The Centre has produced an interactive learning resource for health professionals.

Information on Disability Employment Western Australia (ideaswa)
www.ideaswa.net/training-manuals.html
ideaswa provides links to a series of downloadable resources that can be used as training material. Titles include *Caring Together, Challenging Behaviour Tip Sheets*, *Personal Care Support in Disability Services*, *Care Support Worker Training* and *Training provider/Service provider relationships*.

Intellectual Disability Mental Health e-Learning
www.idhealtheducation.edu.au
This e-Learning website has been developed by the Department of Developmental Disability Neuropsychiatry as a free training resource to improve mental health outcomes for people with an intellectual disability. Health professionals can work through learning modules at their own pace. The site is designed to be an interactive education resource for anyone with an interest in intellectual disability mental health

Mental Health Professional Online Development (MHPOD)
www.mhpod.gov.au
MHPOD is an online professional development resource designed to support the implementation of the National Practice Standards for the Mental Health Workforce. MHPOD consists of topics based on the National Practice Standards including a topic with a focus on the co-occurrence of an intellectual or other developmental disability and mental illness.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) E-learning
www.ranzcp.org/Publications/E-learning.aspx
The RANZCP has developed a range of e-learning resources including three modules on the delivery of mental health services to people with an intellectual disability.

The Queensland Centre for Intellectual and Developmental Disability (QCIDD)
http://www.qcidd.com.au/
QCIDD provides education about the health needs of people with an intellectual disability to undergraduate and postgraduate health professions, about physical and mental healthcare to health and disability workforces including GPs, psychiatrists, carers, parents, families and individuals with an intellectual disability. QCIDD has developed many innovative online educational resources, free to the user.

Victorian Dual Disability Service (VDDS)
www.svhm.org.au/services/VictorianDualDisabilityService
VDDS is a mental health service for people with an intellectual disability. VDDS works with specialist mental health services in Victoria to assess, treat and manage people with a dual disability. The service also delivers workshops and training for mental health professional development.

International education and training

American Association on Intellectual and Developmental Disabilities E-Learning and Continuing Professional Education (AAIDD)
aaidd.org/education/e-learning-and-ceus
AAIDD (see Professional Associations and Interest Groups) offers online continuing education and training opportunities to intellectual and developmental disability professionals.

British Institute of Learning Disabilities (BILD)
www.bild.org.uk
BILD uses its resources, membership information and networks to encourage the exchange of new ideas and good practice. BILD provides consultancy and, through support for the health and social care qualifications and training in the workplace, the institute helps support the development of staff and the organisations they work for. All of BILD's projects involve placing people with learning disabilities and family carers at the centre of the discussion into past experiences and future possibilities.

Estia Centre – United Kingdom
www.estiacentre.org
The Estia Centre offers a range of academic and training services to support adults with an intellectual disability and mental health needs through the development of a competent workforce from a variety of services. Estia offers academic programs and is planning e-learning courses open to anyone who supports people with learning disabilities.

General Medical Council Learning Disabilities – United Kingdom
www.gmc-uk.org/learningdisabilities
This site aims to help doctors provide better care for people with learning disabilities by identifying the issues, highlighting patient perspectives and providing guidance in practice. Whilst the website has been produced for practitioners in the United Kingdom, there are various interactive resources that are able to be accessed and used internationally.

Making Sense of Mental Health – United Kingdom
nbsbitesize.northampton.ac.uk/nass
Making Sense of Mental Health has been developed by NaSS (Nation Association of Independent and non-Maintained Special Schools) and the University of Northampton in the United Kingdom, to support staff working in special needs schools to understand the mental health of children and young people with complex needs. NaSS offers online training in identifying and recording mental health concerns and sharing these concerns in the work place.

Books

Challenging Behaviour, 3rd Edition
Eric Emerson and Stewart Einfeld, Cambridge University Press (2011)
http://www.cambridge.org/au/academic/subjects/medicine/mental-health-psychiatry-and-clinical-psychology/challenging-behaviour-3rd-edition
This book provides a concise, accessible and contemporary summary of current knowledge about challenging behaviour, drawn from psychology, psychiatry, medicine and public health.

Clinical Psychology and People with Intellectual Disabilities, 2nd Edition
Edited by Eric Emerson, Chris Hatton, Kate Dickson, Rupa Gone, Jo Bromley & Amanda Caine. Wiley (2012)
http://au.wiley.com/WileyCDA/WileyTitle/productCd-0470029714.html
A comprehensive resource presenting current evidence based practices and relevant clinical skills for working with people with an intellectual disability. Beneficial for mental health professionals and allied health staff including psychologists, psychiatrists, nurses and social workers.

Intellectual Disability and Dementia: Research into Practice
Edited by Karen Watcham. Jessica Kingsley Publishers (2014)
http://www.jkp.com/uk/intellectual-disability-and-dementia.html
This book provides up to date information on best practice for people with intellectual disability and dementia and clearly describes the relevance and implication of available research for support and services.

Management Guidelines: Developmental Disability, Version 3, 2012
Therapeutic Guidelines Limited (2012)
www.tg.org.au/?sectionid=93
The guidelines aim to support medical practitioners in caring for people with developmental disability. It covers a broad range of stages – from birth to old age and assessment to long-term management. The guidelines have also been written to be accessible for people who are not professional health care workers.

Mental Health Services for Adults with Intellectual Disability: Strategies and Solutions

Edited by Nick Bouras & Geraldine Holt. Psychology Press (2010)
bjp.rcpsych.org/content/198/4/328.2.full
This book considers how mental health services have evolved over the past three decades to meet the needs of people with an intellectual disability, focusing on the ways that theories and policies have been applied to clinical practice.

Mental Health of Children and Adolescents with Intellectual and Developmental Disabilities: A Framework for Professional Practice
Edited by David Dossetor, Donna White & Lesley Whatson. IP Communications Pty Ltd (2011)
www.silvereye.com.au/products.
php?action=viewProduct&id=3428#.Ukjb84anrt8
A framework for clinicians who work with young people with intellectual and developmental disabilities and mental health problems. It provides: very useful information on how their complex developmental, emotional, and behavioural needs might best be addressed; a model for how interdisciplinary and multi-agency collaboration and co-ordination might be facilitated; and information on integration of biological, developmental, family, educational, social and cultural factors.

Positive Behaviour Support for People with Intellectual Disability: Evidence-based practice promoting quality of life
Edited by Keith McVilly. ASID (2003)
http://www.asid.asn.au/product/view/4

This book presents a holistic, bio-psycho-social approach to behaviour support designed to promote quality of life for people with an intellectual disability. It provides evidence-based information to help the reader understand challenging behaviour, to develop and implement behaviour support plans, and monitor those plans to ensure their ongoing effectiveness. Guidance is provided on ethical and legal principles underpinning behaviour support.

Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities, Second Edition
Edited by Nick Bouras & Geraldine Holt. Cambridge University Press (2007)
www.cambridge.org/us/academic/subjects/
medicine/mental-health-psychiatry-and-clinical-
psychology/psychiatric-and-behavioural-disorders-
intellectual-and-developmental-disabilities-2nd-
edition

Drawing on clinical experience and research findings, an international and multidisciplinary team of experts brings together useful information on mental health and behavioural problems of people with intellectual and developmental disabilities. The book highlights the principles behind clinical practice for assessment, management and services and offers practical advice for psychiatrists, psychologists, nurses, therapists, social workers, managers and service providers.

The Psychiatry of Intellectual Disability
Edited by Meera Roy, Ashok Roy & David Clark. Radcliffe Publishing (2006)
bjp.rcpsych.org/content/190/2/182.full
A practical manual with guidelines for assessment and multidisciplinary approaches.

Seminars in the Psychiatry of Learning Disabilities, Second Edition
Edited by William Fraser & Michael Kerr. Royal College of Psychiatrists Publications (2003)
www.rcpsych.ac.uk/publications/books/
rcpp/1901242935.aspx
A textbook that provides a comprehensive overview of the psychiatry of ID. A resource for those in specialist training, or those seeking a better understanding of learning disabilities.

Other

Children's Hospital Westmead (CHW) School Link
http://www.schoollink.chw.edu.au/
This website provides information on supporting the mental health of children and adolescents with an intellectual disability.

References

1. Emerson, E., Challenging behaviour: Analysis and intervention in people with learning disabilities. 1995: ERIC.

2. Therapeutic Guidelines Limited, Management guidelines: developmental disability. Vol. 3. 2012, Melbourse: Therapeutic Guidelines Limited.

3. Dosen, A., Integrative treatment in persons with intellectual disability and mental health problems. Journal of Intellectual Disability Research, 2007. 51: p. 66-74.

4. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 2013: Amer Psychiatric Pub Incorporated.

5. World Health Organization, Mental health: Strengthening mental health promotion (Factsheet No. 220). World Health Organization, Geneva, 2007.

6. Mason, J. and K. Scior, 'Diagnostic overshadowing' amongst clinicians working with people with intellectual disabilities in the UK. Journal of Applied Research in Intellectual Disabilities, 2004. 17(2): p. 85-90.

7. Higgins, S., The mental health needs of people with severe learning disabilities. British journal of nursing (Mark Allen Publishing), 2004. 13(22): p. 1342-6.

8. Shogren, K.A., et al., Promoting Self Determination in Health and Medical Care: A Critical Component of Addressing Health Disparities in People with Intellectual Disabilities. Journal of Policy and Practice in Intellectual Disabilities, 2006. 3(2): p. 105-113.

9. NSW Government Familiy and Community Services, Supported Decision Making Pilot - Fact Sheet, Ageing Disability and Home Care, Editor. 2013: NSW.

10. New South Wales Government. NSW 2021: A plan to make NSW number one. [cited 2014 August 2014]; Available from: http://www.2021.nsw.gov.au/sites/default/files/NSW2021_WEBVERSION.pdf.

11. Schrojenstein Lantman de Valk, H.v., et al., Prevalence and incidence of health problems in people with intellectual disability. Journal of Intellectual Disability Research, 1997. 41(1): p. 42-51.

12. Beange H, McElduff A, and B. W., Medical disorders of adults with mental retardation: A population study. American Journal of Mental Retardation, 1995. 99(6): p. 595-604.

13. Howells, G., Are the medical needs of mentally handicapped adults being met? The Journal of the Royal College of General Practitioners, 1986. 36(291): p. 449.

14. Wilson, D.N. and A. Haire, Health care screening for people with mental handicap living in the community. BMJ: British Medical Journal, 1990. 301(6765): p. 1379.

15. Sinai, A., I. Bohnen, and A. Strydom, Older adults with intellectual disability. Current Opinion in Psychiatry, 2012. 25(5): p. 359-364.

16. United Nations. Convention on the Rights of Persons with Disabilities. 2006 [cited 2012 February]; Available from: http://www.un.org/disabilities/default.asp?id=259.

17. Council of Australian Governments, National Disability Strategy 2010-2020. 2011, Commonwealth of Australia: Canberra.

18. Australian Government Department of Health, The National Practice Standards for the Mental Health Workforce 2013. 2013, Victorian Government Department of Health: Melbourne, Victoria.

19. Health Workforce Australia, National Mental Health Core Capabilities, D.o. Health, Editor. 2014: Canberra.

20. NSW Ministry of Health, NSW Child and Adolescent Mental Health Services (CAMHS) Competency Framework. 2011: NSW.

21. Department of Developmental Disability Neuropsychiatry, Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers, 2014, Department of Developmental Disability Neuropsychiatry: Sydney, NSW.

22. Begg, S., et al., The burden of disease and injury in Australia 2003. PHE 82. 2007, AIHW: Canberra.

23. Australian Bureau of Statistics. Australian Demographic Statistics, Table 07, Estimated resident population, Age groups – Australia - at 30 June. Time series spreadsheet, Cat. no. 3101.0.001. 2009.

24. AIHW, Disability in Australia: intellectual disability. Bulletin no. 67. Cat. no. AUS 110. 2008, AIHW: Canberra.

25. Bittles, A.H., et al., The influence of intellectual disability on life expectancy. Journals of Gerontology Series A-Biological Sciences & Medical Sciences, 2002. 57(7): p. M470-2.

26. Patja, K., et al., Life expectancy of people with intellectual disability: a 35-year follow-up study. Journal of Intellectual Disability Research, 2000. 44(Pt 5): p. 591-9.

27. Cooper, S.A., et al., Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. British Journal of Psychiatry, 2007. 190: p. 27-35.

28. Einfeld, S.L., et al., Psychopathology in Young People With Intellectual Disability. JAMA: The Journal of the American Medical Association, 2006. 296(16): p. 1981-1989.

29. Smiley, E., et al., Incidence and predictors of mental ill-health in adults with intellectual disabilities: prospective study. British Journal of Psychiatry, 2007. 191: p. 313-9.

30. Einfeld, S.L., L.A. Ellis, and E. Emerson, Comorbidity of intellectual disability and mental disorder in children and adolescents: a systematic review. Journal of Intellectual & Developmental Disability, 2011. 36(2): p. 137-43.

31. Emerson, E. and C. Hatton, Mental health of children and adolescents with intellectual disabilities in Britain. The British Journal of Psychiatry, 2007. 191(6): p. 493-499.

32. Cooper, S.A., High prevalence of dementia among people with learning disabilities not attributable to Down's syndrome. Psychological Medicine, 1997. 27(3): p. 609-16.

33. Cooper, S.A. and A. Holland, Dementia and mental ill-health in older people with intellectual disabilities, in Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities, N. Bouras and G. Holt, Editors. 2007, Cambridge University Press: Cambridge, UK.

34. Strydom, A., et al., Report on the State of Science on Dementia in People with Intellectual Disabilities. 2009, IASSID SIRG on Ageing and Intellectual Disabilities.

35. Strydom, A., et al., Prevalence of dementia in intellectual disability using different diagnostic criteria. British Journal of Psychiatry, 2007. 191: p. 150-7.

36. Borthwick-Duffy, S.A., Epidemiology and prevalence of psychopathology in people with mental retardation. Journal of Consulting and Clinical Psychology, 1994. 62(1): p. 17-27.

37. Lennox, N. and R. Chaplin, The psychiatric care of people with intellectual disabilities: the perceptions of trainee psychiatrists and psychiatric medical officers. Australian and New Zealand Journal of Psychiatry, 1995. 29(4): p. 632-637.

38. Lennox, N. and R. Chaplin, The psychiatric care of people with intellectual disabilities: the perceptions of consultant psychiatrists in Victoria. Australian and New Zealand Journal of Psychiatry, 1996. 30(6): p. 774-780.

39. Lennox, N., J. Diggens, and A. Ugoni, Health care for people with an intellectual disability: General practitioners' attitudes, and provision of care. Journal of Intellectual and Developmental Disability, 2000. 25(2): p. 127-133.

40. Phillips A., Morrison J., and Davis R.W., General practitioners' educational needs in intellectual disability health. Journal of Intellectual Disability Research, 2004. 48(2): p. 142-149.

41. Edwards N., Lennox N., and White P., Queensland psychiatrists' attitudes and perceptions of adults with intellectual disability. Journal of Intellectual Disability Research, 2007. 51(1): p. 75-81.

42. Slade, T., et al., 2007 National Survey of Mental Health and Wellbeing: methods and key findings. Australasian Psychiatry, 2009. 43(7): p. 594-605.

43. Torr, J., et al., Psychiatric care of adults with intellectual disabilities: changing perceptions over a decade. Australian and New Zealand Journal of Psychiatry, 2008. 42(10): p. 890-897.

44. Jess, G., et al., Specialist versus generic models of psychiatry training and service provision for people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 2008. 21(2): p. 183-193.

45. Moss, S., et al., Mental disorders and problematic behaviours in people with intellectual disability: future directions for research. Journal of Intellectual Disability Research, 1997. 41(6): p. 440-447.

46. Costello, H., Bouras, N. and Davis H., The role of training in improving community care staff awareness of mental health problems in people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 2007. 20(3): p. 228-235.

47. Bhaumik, S., et al., Psychological treatments in intellectual disability: the challenges of building a good evidence base. The British Journal of Psychiatry, 2011. 198(6): p. 428-430.

48. Cohen, K., Mental Health Table Forum. Which doors lead to where? How to enhance access to mental health service: Barriers, facilitators and opportunities for Canadians' Mental Health. 2010: Ottawa.

49. Lennox, N., et al., Ask for it: development of a health advocacy intervention for adults with intellectual disability and their general practitioners. Health Promotion International, 2004. 19(2): p. 167-175.

50. NSW Public Service Commission, The NSW Public Sector Capability Framework. 2013, NSW Public Service Commission: Sydney.

Appendices

Methodology and Advisory Group

The table below summarises the methodology used to develop this manual.

Stage One	Formation of a project advisory group
Stage Two	A comprehensive literature review
	This literature review covered:
	• Core competency theory
	• Scientific and grey literature in the area of intellectual disability and intellectual disability mental health
	• Current core competency frameworks
	• Relevant public policies, and practice documents relevant to the mental health workforce.
Stage Three	A state-wide survey of the NSW public mental health workforce
	This survey provided a baseline understanding of the current capacity, skills and knowledge of the mental health workforce in the area of intellectual disability mental health
Stage Four	Consultation with key stakeholders to reach consensus on the core attributes
	This process included a:
	• Delphi survey with intellectual disability mental health experts from across Australia
	• Focus groups with key stakeholders
Stage Five	Drafting of the Intellectual Disability Mental Health Core Competency Framework – a manual for mental health professionals
Stage Six	Consultation with advisory group and key stakeholders on the content, and structure of the draft manual. This process included stakeholders completing an on-line survey and/or providing written or verbal feedback on the manual to the research team

The advisory group consisted of the following members:

Member	Position	Organisation
Ms Bernadette Dagg	Interagency Manager, Specialist Programs Team, MH-Children and Young People	Hosted by the Sydney Children's Hospitals Network, Westmead (Mental Health and Drug and Alcohol Office), NSW Ministry of Health
Dr David Dossetor	Senior Staff Specialist, Director for Mental Health, Sydney Children's Hospitals Network	NSW Health
Ms Christine Flynn	Senior Policy Officer	Mental Health and Drug and Alcohol Office, NSW Ministry of Health
Dr Roderick McKay	Clinical Advisor, Older People's Mental Health Policy Unit	Mental Health and Drug and Alcohol Office, NSW Ministry of Health
Ms Tania Skippen	Associate Director, Specialist Programs, MH-Children and Young People	Hosted by the Sydney Children's Hospitals Network, Westmead (Mental Health and Drug and Alcohol Office), NSW Ministry of Health
Prof Julian Trollor	Chair	Chair of Intellectual Disability Mental Health and Head, Department of Developmental Disability Neuropsychiatry, School of Psychiatry, UNSW Australia
Ms Janelle Weise	Project Manager	Department of Developmental Disability Neuropsychiatry, School of Psychiatry UNSW Australia

Intellectual Disability Mental Health Relevant Policy Documents and Competency Frameworks

International

- United Nations Universal Declaration of Human Rights
  http://www.un.org/en/documents/udhr/index.shtml

- United Nations Convention on the Rights of Persons with Disabilities
  http://www.un.org/disabilities/convention/conventionfull.shtml

- United Nations Convention on the Rights of the Child
  http://www.unicef.org/crc/

- Madrid International Plan of Action on Ageing and the Political Declaration
  http://social.un.org/index/Portals/0/ageing/documents/Fulltext-E.pdf

National

Legislations and Acts

- Racial Discrimination Act 1975
  http://www.comlaw.gov.au/Series/C2004A00274

- Australian Human Rights Commission Act 1986
  http://www.comlaw.gov.au/Search/Australian%20Human%20Rights%20Commission%20Act%201986

- Disability Discrimination Act 1992
  http://www.comlaw.gov.au/Series/C2004A04426

- Health Practitioner Regulation National Law Act 2009
  http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

Health

- Australia's Health Workforce – Productivity commission 2005
  http://www.pc.gov.au/inquiries/completed/health-workforce/report/healthworkforce.pdf

- National Health Workforce Innovation and Reform Strategic Framework for Action 2011–2015
  http://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf

- A Healthier Future for All Australians
  http://www.health.gov.au/internet/nhhrc/publishing.nsf/content/1AFDEAF1FB76A1D8CA257600000B5BE2/$File/Final_Report_of_the%20nhhrc_June_2009.pdf

Mental Health

- Fourth National Mental Health Plan and National Mental Health Strategy
  http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09

- National Mental Health Workforce Strategy
  http://webarchive.nla.gov.au/gov/20141216070240/http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/pub-mhwac-strat

- National Practice Standards for Mental Health Workforce
  http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-wkstd13

- National Standards for Mental Health Services
  http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10

- Mental Health Statement of Human Rights and responsibilities (2012)
  http://www.health.gov.au/internet/publications/publishing.nsf/Content/pub-sqps-rights-toc

- National Mental Health Policy
  http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-pol08

- The Roadmap for National Mental Health Reform 2012-2022
  http://www.coag.gov.au/sites/default/files/The%20Roadmap%20for%20National%20Mental%20Health%20Reform%202012-2022.pdf.pdf

- A National Framework for Recovery-oriented Mental Health Services 2013
  http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra

Disability

- National Disability Strategy 2010-2020
  http://www.fahcsia.gov.au/disability-and-carers/news/2011/national-disability-strategy-2010-2020

Competency Frameworks

- National Common Health Capability
  https://www.hwa.gov.au/sites/default/files/HWA13WIR016_NCHCR_vFINAL.pdf

- National Mental Health Core Capabilities
  https://www.hwa.gov.au/sites/default/files/National%20Mental%20Health%20Core%20CapabilitiesJuly%202014.pdf

State

Policies and Plans

- NSW State Plan 2021
  http://www.2021.nsw.gov.au/sites/default/files/NSW2021_WEBVERSION.pdf

- NSW Service Plan for Specialist Mental Health Services for Older People
  http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_013.pdf

- NSW Health: Your Health Rights and Responsibilities
  http://www.health.nsw.gov.au/policies/pd/2011/PD2011_022.html

- NSW Carers Strategy 2014-2019
  http://www.adhc.nsw.gov.au/__data/assets/file/0017/300077/NSW_Carers_Strategy_2014-19.pdf

- LHD Disability Action Plans
  – Illawarra Shoalhaven
    http://www.islhd.health.nsw.gov.au/ISLHDDisabilityActionPlan2014_2.pdf
  – Nepean Blue Mountains
    http://www.nbmlhd.health.nsw.gov.au/ArticleDocuments/273/NBMLHD%20Disability%20Action%20Plan%20-%20FINAL%20November%202014.pdf.aspx
  – Northern Sydney
    http://www.nslhd.health.nsw.gov.au/AboutUs/publications/Documents/NSLHD%20Disability%20Action%20Plan%202011%202016%20updated%20-%2021%20November%202013.pdf
  – South Eastern Sydney
    http://www.seslhd.health.nsw.gov.au/HealthPlans/documents/SESLHD_Disability_%20Action_Plan_2012-15.pdf
  – Sydney
    http://www.slhd.nsw.gov.au/pdfs/SLHD_DisabilityActionPlan2014_2019.pdf

- NSW Interagency Action Plan for Better Mental Health
  http://www.nada.org.au/media/8053/interagency_mh_plan.pdf

- NSW: A New Direction for Mental Health
  http://www.nada.org.au/media/8047/mental_health_new_direction.pdf

- NSW Community Mental Health Strategy 2007-2012
  http://www.health.nsw.gov.au/mhdao/programs/mh/Publications/mental-health-strategy.pdf

- Living Well: A Strategic Plan for Mental Health in NSW
  http://nswmentalhealthcommission.com.au/our-work/strategic-plan

Legislations and Acts

- Mental Health Act 2007 No 8
  http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

- Guardianship Act
  http://www.gt.nsw.gov.au/

- The NSW Anti-Discrimination Act 1977
  http://www.legislation.nsw.gov.au/viewtop/inforce/act+48+1977+FIRST+0+N/

- Disability Inclusion Act 2014
  http://www.legislation.nsw.gov.au/maintop/view/inforce/act+41+2014+cd+0+N

Charter

- Charter for Mental Health Care in NSW
  http://www.health.nsw.gov.au/mhdao/Pages/charter.aspx

Competency Frameworks

- NSW Child and Adolescent Mental Health Services
  http://www.health.nsw.gov.au/mhdao/programs/mh/Publications/camhs-nov11.pdf

- Core Competencies for SMHSOP Community Clinicians
  http://www.health.nsw.gov.au/mhdao/programs/mh/Documents/core-comp-measurecrit-comclinbklet.pdf

Disability/Intellectual Disability Specific Documents

- Service Framework to Improve the Health Care of People with Intellectual Disability
  http://www.health.nsw.gov.au/disability/Publications/health-care-of-people-with-ID.pdf

- Memorandum of Understanding between Ageing, Disability and Home Care and NSW Health in the provision of services to people with an intellectual disability and mental illness
  http://www.health.nsw.gov.au/mhdao/programs/mh/Publications/mouandguidelines-disability.pdf

- Disability – People with a Disability: Responding to Needs During Hospitalisation
  http://www.health.nsw.gov.au/policies/pd/2008/PD2008_010.html

- Disability Services Supporting Decision Making: A guide to supporting people with a disability to make their own decisions
  http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/supporting-decision-making-guide

Assessment and Diagnostic Tools

People with an intellectual disability and co-occuring mental ill health should receive comprehensive, timely and accurate assessment with regular review of their progress provided to the service user and their carer(s). A range of assessment tools and resources which may assist in providing accurate and timely assessments of people with an intellectual disability are provided below.

Adaptive Behavior Assessment System – Second Edition, various versions (ABAS–II)
www.pearsonclinical.com.au/products/view/21
The ABAS-II is an adaptive behaviour assessment tool which covers the lifespan with age-specific versions.

Assessing Mental Health Concerns in Adults with Intellectual Disabilities – A Guide to Existing Measures
http://ddi.wayne.edu/pdf/assessing_mental_health_concerns_in_adults_with_id.pdf
This resource provides an overview of the various measures used to assess mental health concerns in adults with an intellectual disability.

Camberwell Assessment of Need for Adults with Developmental and Intellectual Disabilities (CANDID)
www.rcpsych.ac.uk/usefulresources/publications/books/rcpp/1901242994.aspx
The CANDID has been developed and tested by a multidisciplinary team at the Institute of Psychiatry, Psychology and Neuroscience in London. This instrument has been designed for mental health staff to undertake a comprehensive assessment for use with adults with all levels of intellectual disability.

Depression in Adults with Intellectual Disability: Checklist for carer
http://www.cddh.monash.org/research/depression/
This checklist is for use by carers and is designed to be completed on behalf of adults who are unable to report their own feelings/symptoms. This checklist should be completed by a carer prior to attending a medical consultation.

The Developmental Behaviour Checklist
http://www.med.monash.edu.au/assets/docs/scs/psychiatry/dbc-info-package.pdf
The Developmental Behaviour Checklist is a suite of instruments for the assessment of behavioural and emotional problems of children, adolescents and adults with developmental and intellectual disabilities.

Diagnostic Manual – Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability
www.dmid.org
A manual designed to be an adaptation of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) developed by the National Association for the Dually Diagnosed, in association with the American Psychiatric Association.

DC-LD: Diagnostic Criteria for Psychiatric Disorders for use with Adults with Learning Disabilities
www.rcpsych.ac.uk/publications/collegereports/op/op48.aspx
A classification system providing operationalised diagnostic criteria for psychiatric disorders, intended for use with adults with moderate to profound learning disabilities. It may also be used in conjunction with the ICD-10 and DSM-IV manuals in a complementary way, when working with adults with mild learning disabilities. Suitable for use by professionals trained in psychiatric diagnosis.

Inventory for Client and Agency Planning (ICAP)
icaptool.com
The ICAP is a widely used assessment of adaptive behaviour that can be used in a number of settings, including in children and adults with an intellectual disability. It assists the gathering of detailed information about adaptive and maladaptive behaviours and support needs.

Instrument for the Classification and Assessment of Support Needs (I-CAN v5)
http://www.cds.med.usyd.edu.au/?Itemid=190
The I-CAN v5 is a support needs assessment, planning and resource allocation tool designed to assess and guide support delivery for people with disabilities including people with mental health concerns.

PAS-ADD Suite of Mental Health Assessments
www.pas-add.com
Psychiatric Assessment Schedules for Adults with Developmental Disabilities – a set of mental health assessments for people with an intellectual disability that have been in continuous development. The suite includes the PAS-ADD Checklist, Mini PAS-ADD, ChA-PAS and the PAS-ADD Clinical Interview.

Scales of Independent Behavior – Revised (SIB-R)
www.riversidepublishing.com/products/sibr/index.html
The SIB-R is a comprehensive, norm-referenced assessment of adaptive and maladaptive behaviour.

Vineland Adaptive Behavior Scales (Vineland-II)
www.pearsonclinical.com.au/productdetails/244
Vineland-II is a measure of personal and social skills required for everyday living.

Communication Tools

Beyond speech alone: Guidelines for practitioners providing counselling services to clients with disabilities and complex communication needs

http://www.scopevic.org.au/shop/beyond-speech-alone-dvd-booklet/

This DVD and booklet provides guidelines for practitioners providing counselling services to clients with complex communication needs associated with a disability.

Easy English Writing Style Guide

http://www.scopevic.org.au/wp-content/uploads/2015/02/Clear-Written-Communications.-The-Easy-English-Style-Guide..pdf

This booklet provides a range of guidelines to support the presentation of 'easy-to-read' information in accessible reports, brochures and flyers.

Key Word Sign

http://www.scopevic.org.au/key-word-sign-australia/

Key Word Sign Australia was formerly known as Makaton Australia. Key Word Sign is the use of manual signs and natural gestures to support communication. It is used to encourage and support language development in children and adults with communication difficulties. Key Word Sign Australia supports children and adults with communication and language difficulties and provides resources to families, carers and professionals.

Your guide to: Communicating with people with a learning disability

www.mencap.org.uk/sites/default/files/documents/Communicating%20with%20people_updated.pdf

Your guide to: Communicating with people with profound and multiple learning disabilities

www.plymouthhospitals.nhs.uk/ourservices/clinicaldepartments/learningdisability/Documents/communicatingwithpeoplewithPMLD_a%20guide.pdf

Produced by Mencap in the United Kingdom, these guides are designed to provide an introduction to communication, and the problems faced by someone with a learning disability. The guides also contain tips on how to be a better communicator, and how to assist someone with a learning disability to get their message across.

Appendix E

Additional Values for Working with People with an Intellectual Disability

Equitable access and care

The addition of this value is in acknowledgement of the need to ensure equitable access to quality mental health care for people with an intellectual disability. Mental health professionals have a responsibility to identify the resources and type of support that people with an intellectual disability require to ensure equitable access and care.

The delivery of equitable access and care may involve mental health professionals:

- making reasonable adjustments to clinical practice.
- seeking additional resources to support access and participation in mental health services.

Quality therapeutic and other services

People with an intellectual disability should have access to the best available local service to meet their needs. It is therefore essential that the workforce strive to deliver timely, high quality, least restrictive and therapeutic services.

Mental health professionals also have a role to play in supporting people with an intellectual disability to access services external to mental health that may promote mental health and well-being. This may include for example:

- Primary health care
- Accommodation services
- Employment services
- Recreation services
- Respite service
- Guardianship

Choice and self-determination

People with an intellectual disability have the right to self-determination and to make informed choices. There can be a tendency for assumptions to be made that a person's cognitive impairment prevents them from participating in decision making processes. Mental health professionals need to ensure that people with an intellectual disability are supported through all phases of service engagement. This support needs to ensure that the person is informed and able to make decisions as far as possible given the person's capacity.

Approaches to Working with People with an Intellectual Disability

Person centred

A person centred approach promotes a holistic approach to practice and places people with an intellectual disability at the centre of their care, and values their needs and wants. It aims to maximise their active engagement in the therapeutic relationship.

This approach recognises that often people with an intellectual disability have a number of people in their support network that may have differing opinions to the person. It is therefore critical that mental health professionals work directly with the person and respect their wishes as far as possible.

Proactive

When working with people with an intellectual disability there can be confusion around the role that different services and professionals have to play. This is often at the detriment of the person's access to mental health care and other essential supports. This can subsequently negatively influence their mental health and wellbeing.

Taking a proactive approach to supporting a person with a disability can

- facilitate early access to essential supports and services for the person
- promote improved mental health outcomes and
- enhance professional relationships and development of clinical and care pathways.

Strengths based: Empowering the person, their family and support networks

It is critical that mental health services for people with an intellectual disability take strengths based approaches. This is because people with an intellectual disability are often faced with a deficits based approach, with the focus being on their impairments and limitations. This in turn can be a risk factor for ill mental health.

Mental health professionals should consider strengths at an individual, family and support network level. Drawing on these can enhance mental health outcomes and maintenance of mental health and wellbeing over time.

Mental health professionals also have a role to play in empowering the person, their family and support networks. This is in alignment with a recovery focused model of care.

Multidisciplinary and cross agency

People with an intellectual disability may have multiple people involved in their support network and can experience challenges when these people do not work collectively.

As a mental health professional you can enhance the quality of care and possible outcomes by working collaboratively with the person support network. There may also be a requirement to seek additional supports from other agencies and disciplines who are not already working with the person to meet their mental health needs.

Inclusive

An inclusive approach may require mental health professionals to consider how they can modify elements of their practice.

This approach also reflects the need to involve people with an intellectual disability at all stages of the mental health process. This may be in terms of not only their clinical care but also their involvement as peer supporters and participation in the designing and evaluation of service improvement activities.

Flexible

Mental health clinicians need to be open minded and flexible about the way in which they work with a person with an intellectual disability which can positively influence the therapeutic dynamic. Mental health professionals who have worked extensively with people with an intellectual disability have found that taking an open minded approach and trialling different strategies to support the person (as far as safe to do so) have resulted in the best outcomes for the person.

A flexible approach may include for example:

- taking a different approach to the initial assessment;
- speaking to people and professionals that you usually do not engage with;
- modifying your language so that it is accessible to all people involved. This may mean removing medical jargon; or
- using alternative methods of communication.

Self-Assessment Tool

This section includes the Competency Review Form, which is the overarching self-assessment tool for all of the core competencies. Then, a Top 10 Competency Review Form is provided which can be used as a brief review of the top ten attributes mental health professionals should adopt. Finally, a Competency Development Plan is included to aid in further planning of competency development.

About the Competency Review Form:

The Competency Review Form provides a means by which mental health professionals can assess their competence in working with people with an intellectual disability. Users are able to review key competencies, track their progress in meeting these competencies and identify and plan for their future professional development. The Competency Review Form is non-mandatory. Mental health staff and managers may find it helpful, however, in supporting:

- Personal reflection
- Planning and implementation of practice standards
- Individual and team professional development
- Clinical supervision and mentoring
- Performance appraisals
- Recruitment and training

This form does not replace other practice standards. Users are encouraged to implement these competencies in conjunction with pre-existing practice standards and discipline specific competencies.

Instructions for completing the Competency Review Form:

1. Choose the applicable competency items to complete
2. Enter the name of the professional, current position and date of review on the form
3. If the form is being completed under supervision, enter the name of the reviewer and their role. If you are completing the form as a self-reflection exercise you do not need to enter these details.
4. Note in column 2 whether the competency was achieved (Yes (Y)/ Developing (D)/ No (N)). If not applicable to role, enter N/A.
5. Complete columns 3-5 if required.
6. If competency was not fully achieved, detail plans to assist development.
7. Complete the signatures and dates on the bottom of each page, if relevant.

Competency Review Form: Competency 1

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes ☐ No ☐

1. RESPONSIBLE, SAFE AND ETHICAL PRACTICE	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
1.1 Provides information on the rights of people with an intellectual disability, their families and support networks in accessible formats.				
1.2 Facilitates supported decision making and gives priority to the person's expressed wishes, as far as possible.				
1.3 Identifies the person's support network, and when appropriate to do so, and when consent to their involvement is given, works with them at all stages of service delivery.				
1.4 Identifies when the person does not have a support network and actively assists them to find an independent support person(s).				
1.5 Demonstrates the ability to support the person to use and strengthen their support networks.				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 2

Name of professional: . . . .   Current position: . . . .   Date of plan: . . . .

Name of reviewer: . . . .   Role: . . . .   Competency Reviewer Training completed (✓): Yes ☐ No ☐

2. RECOVERY FOCUS	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
2.1 Is aware of the potential issues relating to: physical, sensory and motor disability; physical health problems; environmental factors; opportunities for skill development; choice, and how these may impact on recovery.				
2.2 Supports the person, their family and support network to engage in services (health and non-health related) that are able to meet their recovery needs				
2.3 Engages with primary health care providers and when required, specialist intellectual health services to support the completion of a health assessment and the ongoing management of physical health issues.				

Signature of professional: . . . .   Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . .   Date: . . . .

Competency Review Form: Competency 3

Name of professional: . . . .   Current position: . . . .   Date of plan: . . . .

Name of reviewer: . . . .   Role: . . . .   Competency Reviewer Training completed (✓): Yes ☐ No ☐

3. MEETING DIVERSE NEEDS	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
3.1 Examines the extent and limits of their understanding of intellectual disability and mental ill health in intellectual disability, and seeks support to address this.				
3.2 Acknowledges and articulates how personal beliefs and emotional reactions toward people with a disability might influence their clinical practice.				
3.3 Demonstrates the ability to determine how the person relates to their own abilities and disability.				
3.4 Works collaboratively with mainstream/specialist mental health services, health services and other support services to meet the needs of people with an intellectual disability.				
3.5 Acknowledges the varying views of intellectual disability within different cultures and the impact that this may have on access and participation in services.				
3.6 Addresses barriers to engaging people with an intellectual disability, their family and support network from culturally and linguistically diverse backgrounds.				
3.7 Consults with cultural groups to identify strategies to deliver culturally respectful services.				

Signature of professional: . . . .   Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . .   Date: . . . .

Competency Review Form: Competency 4

Name of professional: . . . .   Current position: . . . .   Date of plan: . . . .

Name of reviewer: . . . .   Role: . . . .   Competency Reviewer Training completed (✓): Yes ☐ No ☐

4. COMMUNICATION	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
4.1 Demonstrates the ability to determine the person's preferred communication style and appropriately adapts their own communication style to meet the needs of the person.				
4.2 Demonstrates a reflective approach to communication and confirms that their interpretation of the person's communication is accurate.				
4.3 Uses assistive communication technology and seeks support to use technology as required.				
4.4 Adapts the environment to maximise independent and open communication.				
4.5 Uses appropriate person first language when describing a person with an intellectual disability and co-occurring mental ill health.				

Signature of professional: . . . .   Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . .   Date: . . . .

Competency Review Form: Competency 5

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes ☐ No ☐

5. PARTNERSHIP, COLLABORATION AND INTEGRATION	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N)NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
5.1 Demonstrates an awareness of the different skills and approaches available in the mental health and disability sectors, and uses this knowledge to facilitate collaborative work.				
5.2 Uses terms and language that will be understood by all agencies.				
5.3 Follows local protocols for collaboration and joint work between mental health services, specialist intellectual disability mental health services and other key parties.				
5.4 Works with partner organisations to deliver a seamless service to people with an intellectual disability, their families and support networks.				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 6

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes ☐ No ☐

6. COMMON CLINICAL COMPETENCIES	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
6.1 Demonstrates the ability to assess the capacity of a person with intellectual disability to understand information and make decisions about their mental health care.				
6.2 Takes the time to prepare for working with a person with an intellectual disability by finding out about their strengths and the support that they may require, to ensure their active engagement and participation in your service.				
6.3 Demonstrates the ability to identify and work with legal guardians and other substitute decision makers.				
6.4 Confirms that the person, their family and support network are aware of the clinical process, and understand their right to be informed, give or withhold informed consent, and of their right to participate in their mental health care.				
6.5 Works with the person, their family and support network to maximise participation in the assessment process, care planning and delivery of interventions.				
6.6 Provides information to the person with an intellectual disability, their family and support networks in accessible formats at all stages of the clinical process, acknowledging that the format may be different for different stakeholders.				
6.7 Identifies when support is required from specialist intellectual disability mental health professionals, and actively seeks their support.				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 7

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes ☐ No ☐

7. INTAKE	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
7.1 For re-referrals, avoids replication of the first referral pathway and extensive re-assessments, unless this adds to the existing assessment information.				
7.2 Demonstrates an awareness of, and is able to inform the person, their family and support networks of the clinical pathway through the service in a readily understood way and confirms that the information has been understood.				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 8

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes [ ] No [ ]

8. ASSESSMENT	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
General considerations for assessment with people with an intellectual disability 8.1 Identifies signs that a person may have an intellectual disability and seeks assistance as required to confirm disability through an appropriate assessment or obtaining copies of existing assessment reports.				
8.2 Demonstrates the ability to understand and consider the potential risk factors and compounding conditions that may influence the mental state of a person with an intellectual disability.				
Preparing for Assessment 8.3 Prepares for an assessment by: • allocating adequate time to accommodate for possible complexities • understanding and organising an appropriate environment that addresses the person's physical and sensory needs • establishing the person's communication needs and preparing to use their preferred method of communication in the assessment • identifying and communicating with those who can provide an accurate history and/or further information or data related to the presenting problem • reviewing detailed background health and mental health information • establishing who will be accompanying the person with an intellectual disability, and accommodating them as appropriate in the consultation				
Assessment – General 8.4 Adapts assessment techniques to reflect the possible difficulties in identifying signs of a mental disorder in someone with an intellectual disability.				
8.5 Employs a longitudinal, multi-source, and multi-modal approach (including observational records such as sleep, weight and ABC charts) to the assessment.				
8.6 Collects assessment information on relevant dimensions including, for example, developmental, bio-medical, psychiatric, psychological/cognitive/social, adaptive behaviour, functional abilities, environmental, cultural and educational history.				
8.7 Identifies when a multi-agency/service assessment is required and contributes to this joint assessment process.				
8.8 Uses assessment information to establish a baseline function for each individual, and the possible functional manifestations of mental disorder.				
Assessment- Challenging behaviour 8.9 Demonstrates the ability to assess the relative contribution of mental health, physical health, environment, communication and skills to behaviours.				
8.10 Collaborates with disability services and other relevant stakeholders to provide a comprehensive assessment of challenging behaviour				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 9

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes ☐ No ☐

9. MENTAL HEALTH INTERVENTIONS AND CARE PLANNING	ACHIEVED COMPETENCY YES (Y) DEVELOPING(D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
9.1 Develops treatment strategies that consider the broader biopsychosocial aspects of the person including other interventions or treatments that they are receiving.				
9.2 Identifies when peer support is appropriate and facilitates the engagement of such support.				
9.3 Modifies the environment to maximise the person's participation in an intervention.				
9.4 Works with primary care physicians and other health professionals to manage physical health issues that impact on the person's overall health and wellbeing.				
9.5 Takes into account the training and experience of family members and support networks when developing plans for the management and monitoring of illness.				
9.6 Evaluates individual intervention outcomes globally and in relation to specific intervention goals.				
9.7 Develops care plans which appropriately consider and recommend strategies for crisis prevention, early intervention and long-term follow up as necessary.				
9.8 Includes mental health recovery and relapse prevention activities relevant to the person with an intellectual disability in their mental health care plan.				
9.9 Works with the person and their support network to integrate information into a single plan that governs the services and support they receive.				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 10

Name of professional: . . . . Date of plan: . . . .

Current position: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes [ ] No [ ]

10. TRANSFER OF CARE	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (D0) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
10.1 Demonstrates ability to identify potential risks associated with the transfer of care.				
10.2 Develops with the person and other key partners strategies to manage the transfer of care at key transition points in the person's life.				

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .

Competency Review Form: Competency 11

Name of professional: . . . .   Current position: . . . .   Date of plan: . . . .

Name of reviewer: . . . .   Role: . . . .   Competency Reviewer Training completed (✓): Yes ☐ No ☐

11. RESEARCH, QUALITY IMPROVEMENT, AND PROFESSIONAL DEVELOPMENT	ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
Research and Evaluation 11.1 Participates in research relating to people with an intellectual disability and co-occurring mental ill health where possible, and where appropriate encourages the participation of people with an intellectual disability in research.				
Service improvement 11.2 Demonstrates the ability to support people with an intellectual disability, their families and support networks to participate in service improvement activities.				
11.3 Collects quality improvement data about people with an intellectual disability who participate in service.				
Professional practice and development 11.4 Demonstrates a willingness to learn about intellectual disability mental health and to translate what has been learnt into improved practice.				
11.5 Seeks opportunities for professional development from within the disability and other relevant sectors.				

Signature of professional: . . . .   Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . .   Date: . . . .

Top 10 Competency Review Form

Name of professional: . . . .   Current position: . . . .   Date of plan: . . . .

Name of reviewer: . . . .   Role: . . . .   Competency Reviewer Training completed (✓): Yes ☐ No ☐

TOP 10 COMPETENCIES		ACHIEVED COMPETENCY YES (Y) DEVELOPING (D) NO (N) NOT APPLICABLE (N/A)	PLANS TO ASSIST COMPETENCY DEVELOPMENT (AS REQUIRED)	DATE ACHIEVED	EVIDENCE OF COMPETENCE METHOD OF EVALUATION DIRECT OBSERVATION (DO) DISCUSSION/REVIEW (DR) REPORT (R) OTHER (EXPAND)
1.	PREPARE	Take the time to prepare for working with a person with an intellectual disability by finding out about their strengths, and the support they may require to actively participate. (6.2)			
2.	ADJUST COMMUNICATION	Determine the person's preferred communication style, and appropriately adapt your communication style to meet their needs. (4.1)			
3.	ENGAGE SUPPORT NETWORKS	Identify the person's support network, and when appropriate to do so, and when consent to their involvement is given, works with them at all stages of service delivery. (1.3)			
4.	FACILITATE SUPPORTED DECISION-MAKING	Facilitate supported decision-making and give priority to the person's expressed wishes, as far as possible. (1.2)			
5.	MAKE INFORMATION ACCESSIBLE	Provide information to the person with an intellectual disability, their family, and support networks in accessible formats, at all stages of the clinical process, acknowledging that the format may be different for different stakeholders. (6.6)			

6. KNOW WHAT SKILL SETS ARE AVAILABLE	Be aware of the different skills and approaches available in the mental health and disability sectors, and use this knowledge to facilitate collaborative work. (5.1)				
7. COLLABORATE ACROSS AGENCIES	Work with partner organisations to deliver a seamless service to people with an intellectual disability, their families, and support networks. (5.4)				
8. SEEK SUPPORT	Identify and actively seek support from specialist intellectual disability mental health professionals, when required. (6.7)				
9. LEARN & INTEGRATE KNOWLEDGE INTO PRACTICE	Learn about intellectual disability mental health and use your new knowledge to improve practice. (11.4)				
10. REFLECT	Reflect on how your personal beliefs, and emotional reactions towards people with a disability might influence your clinical practice. (3.2)				

Signature of professional: . . . .   Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . .   Date: . . . .

Professional Development Plan

Competency Development Plan

Name of professional: . . . .   Current position: . . . .   Date of plan: . . . .

Name of reviewer: . . . .   Role: . . . .   Competency Reviewer Training completed (✓): Yes ☐ No ☐

COMPETENCY	PLANS TO ASSIST COMPETENCY DEVELOPMENT	DATE ADDED	PERSON/S RESPONSIBLE	PLANNED TIME FRAME TO DEVELOP COMPETENCE	DATE ACHIEVED	REVIEWER SIGNATURE & REGISTRATION NO. (IF RELEVANT)

Signature of professional: . . . .   Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . .   Date: . . . .

Competency Development Plan – Example

Name of professional: . . . . Current position: . . . . Date of plan: . . . .

Name of reviewer: . . . . Role: . . . . Competency Reviewer Training completed (✓): Yes ☐ No ☐

COMPETENCY	PLANS TO ASSIST COMPETENCY DEVELOPMENT	DATE ADDED	PERSON/S RESPONSIBLE	PLANNED TIME FRAME TO DEVELOP COMPETENCE	DATE ACHIEVED	REVIEWER SIGNATURE & REGISTRATION NO. (IF RELEVANT)
11.4 Learn about intellectual disability mental health and use your new knowledge to improve practice.	1. Complete online training in IDMH offered by The Department of Developmental Disability Neuropsychiatry (3DN)	2nd January	1. Jack	2 wks	18th January	TH (supervisor)
3.2 Reflect on how your personal beliefs, and emotional reactions towards people with a disability might influence your clinical practice	1. Use time within clinical supervision to discuss cases, reflect on personal beliefs and attitudes and how these may have influenced response and decision-making	2nd January	1. Jack and supervisor	Ongoing - when relevant		TH (supervisor)

Signature of professional: . . . . Date: . . . .

Signature of reviewer and registration no. (if relevant): . . . . Date: . . . .