



Department of Developmental Disability Neuropsychiatry

Equipping psychiatrists to meet the mental health needs of people with intellectual and development disability

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DEPARTMENT OF
DEVELOPMENTAL
DISABILITY
NEUROPSYCHIATRY

Overview

Objectives

1. Map the **current** Australian and New Zealand psychiatric workforce capacity in the area of intellectual and developmental disability mental health (IDDMH)
2. Map the **potential for training** new psychiatrists with a subspecialty in IDDMH



- Methodology
- Results/interpretation

Current IDD Workforce Capacity

Methodology

1. Review of RANZCP workforce data

- Aim- Provide a snapshot of psychiatrists working in IDDMH
 - i) 2014 Workforce survey
 - ii) SPIDD membership from 2014-2016

2. Online survey of Australian and NZ psychiatrists

- Aims-
 - 1) To determine the current capacity in the area of IDDMH
 - 2) To determine capacity to train new psychiatrists in IDDMH

Current IDD Workforce Capacity

Methodology

- Survey inclusion criteria
 - RANZCP Fellow or Affiliate
 - Expertise or an interest in IDD mental health (SPIDD member or indicated IDDMH as a subspecialty or practice area in 2014-16 RANZCP data)

	Key areas explored by survey
1	Demographics (e.g. career stage, current work locations)
2	Roles and responsibilities in IDDMH
3	Pathway to working or gaining an interest in IDDMH
4	Support for, and interest in, undertaking subspecialty training
5	Capacity and interest in training future psychiatrists in IDDMH
6	Barriers and facilitators to training future psychiatrists in IDDMH

Current workforce capacity

Results- RANZCP Workforce survey 2014

- 91 individuals identified

Location

Country	n	%
Australia	74	81
New Zealand	17	19

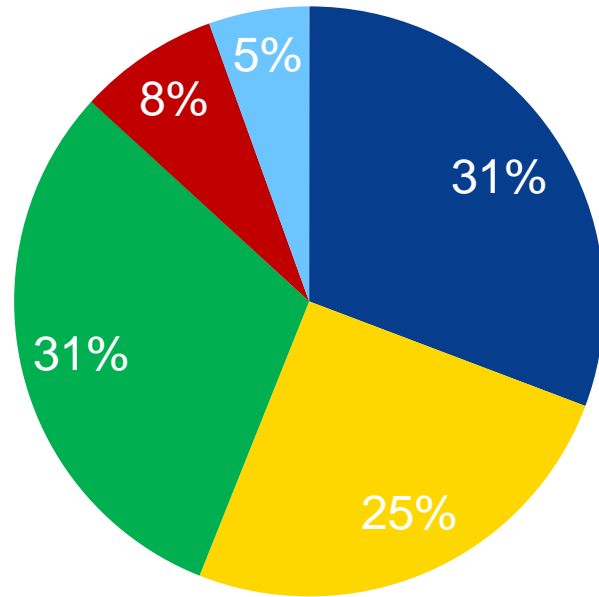
State	n	%
ACT	1	1
NSW	24	32
NT	1	1
QLD	20	27
SA	5	7
TAS	2	3
VIC	17	23
WA	4	5

- **Outreach work:** n = 48 (53%)
- **Rural/remote work:** n= 18 (20%)

Results- RANZCP Workforce survey 2014

Primary work location/role

Role/location



- Work entirely in public practice (n=28)
- Work entirely in private practice (n=23)
- Work in both private and public practice (n=28)
- Academic role (n=7)
- Other (n=5)

Hours per week	Mean (SD)
Clinical	32.70 (14.95)
Non-clinical	11.57 (10.61)

Results- RANZCP Workforce survey 2014

Service type	n	%
Public hospital	45	50
Private practice-solo	34	37
Community MH service	29	32
Private hospital	19	21
Private practice- group	18	20
Consulting rooms	16	18
Education institution	16	18
Outpatient service	14	15
Area health service	9	10
Other	8	8
Government department	5	6

Service type	n	%
Residential aged care	5	6
Correctional service	4	4
Health service management	4	4
Not-for-profit organisation	3	3
Residential MH care service	3	3
Rehabilitation	2	2
Private practice- locum	1	1
Community drug & alcohol service	0	0
Defence forces	0	0
Medical centre	0	0

Results- RANZCP Workforce survey 2014

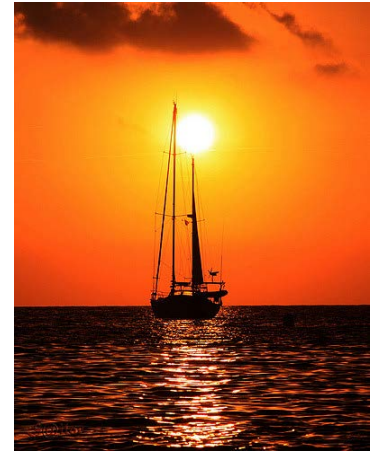
Client age group

Age group	n	%
0-11 years	24	26
12-15 years	37	41
16-18 years	68	75
18-25 years	85	93
25-40 years	81	89
40-65 years	79	87
65-80 years	65	71
80+ years	36	40

Considering retirement?

Retirement next 5 years?	n	%
Yes	24	26
No	67	74

Average age of respondents = 54



Key findings- RANZCP Workforce survey

- Coverage highest in states with initiatives to build IDD mental health capacity (+ highest populations)- **NSW, QLD, VIC**
- Primary work location evenly spread across **public and private sector**
- Main 3 service types- **public hospitals, private practice-solo, community mental health services**
- Approx. **26%** will retire from 2014-2019

Results- SPIDD Membership

Location	2014		2015		2016	
	n	%	n	%	n	%
ACT	1	1	1	1	2	1
NSW	38	31	43	29	49	26
NT	1	1	1	1	1	1
QLD	18	15	21	14	36	19
SA	8	7	11	7	12	6
TAS	2	2	1	1	1	1
VIC	25	21	30	20	40	21
WA	10	8	15	10	18	9
NZ	17	14	24	16	31	16
(Switzerland)	1	1	1	1	0	0
Total	121		148		190	

Key findings- SPIDD Membership

- Membership has grown over the past 3 years by **57%** (190 fellows and affiliates 2016)
- Reasonable coverage across states/New Zealand, but still **lack of IDD psychiatrists in ACT, NT and TAS**

Results- Online survey of RANZCP psychiatrists

Current Workforce capacity

Profile of respondents

Survey respondents n= 74

- 40 SPIDD members
- 71 Fellows, 3 Affiliates

Expertise/interest

- Expertise in IDD n = 39
- Interest, but not expertise, in IDD n = 35

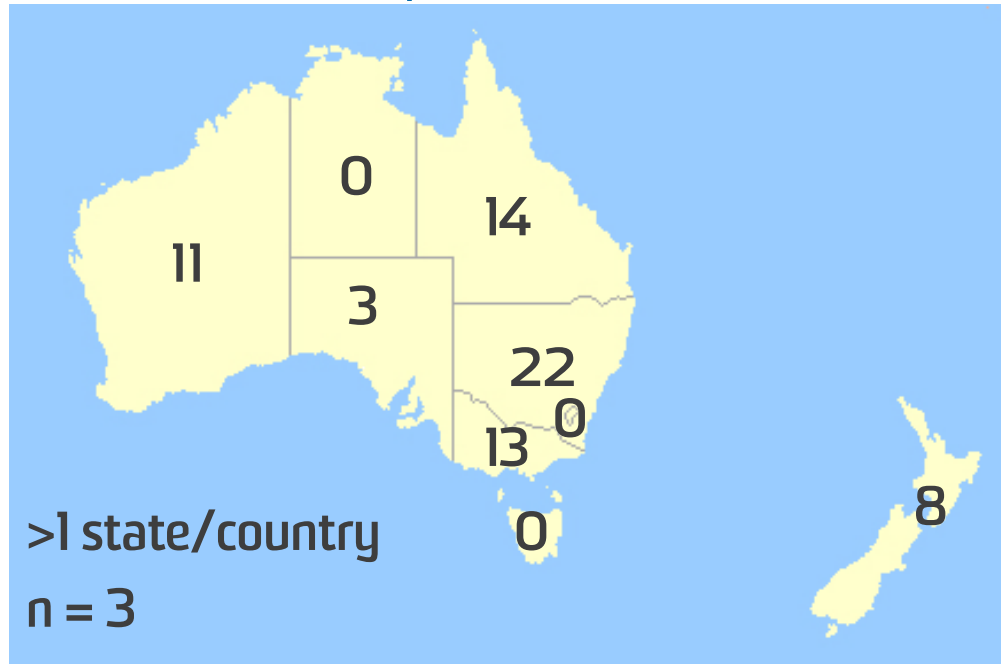
Experience in IDD

- IDD main area of practice?
 - Yes n = 15; No n = 57
- Years worked in IDD: M= 14.63 years
- Proportion of work in the area of IDD: M = 27%

Results- Online survey of RANZCP psychiatrists

Where?

Where are psychiatrists with expertise/an interest in IDD based?



Results- Online survey of RANZCP psychiatrists

Where? Primary clinical role service setting

Service	n	%	Service	n	%
Inpatient- Public Hospital	16	22	Consulting rooms	2	3
Community Mental Health Service	15	21	Area health service	1	1
Private practice – Solo	10	14	Disability service	1	1
Outpatient service- Public Hospital	7	10	Health Service Management	1	1
Other	7	10	Outpatient service- Private Hospital	1	1
Private practice – Group	5	7	Not-for-profit organisation	1	1
Correctional services	4	6	University or other educational institution	1	1

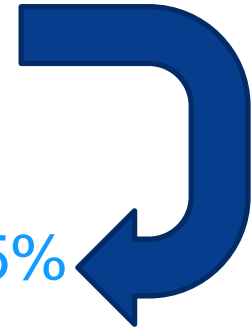
Results- Online survey of RANZCP psychiatrists

Where?

Rural and remote locations

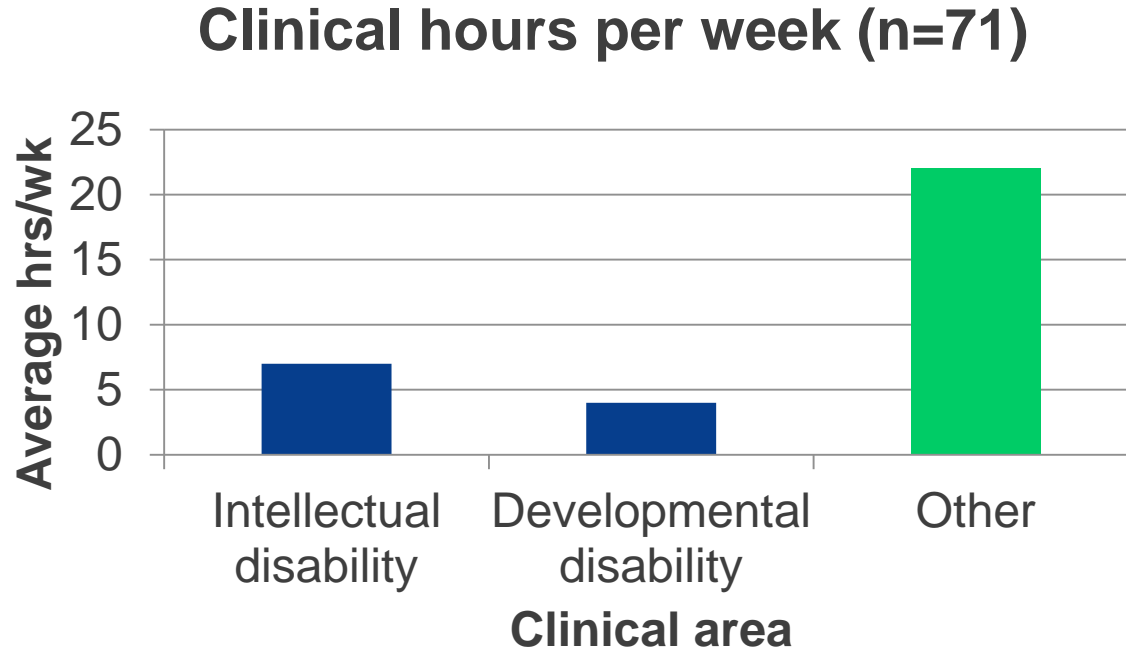
Clinical work in rural/remote locations?	n	%
Yes	25	35
No	47	65

% of clinical hours in rural/remote locations- 34.5%



Results- Online survey of RANZCP psychiatrists

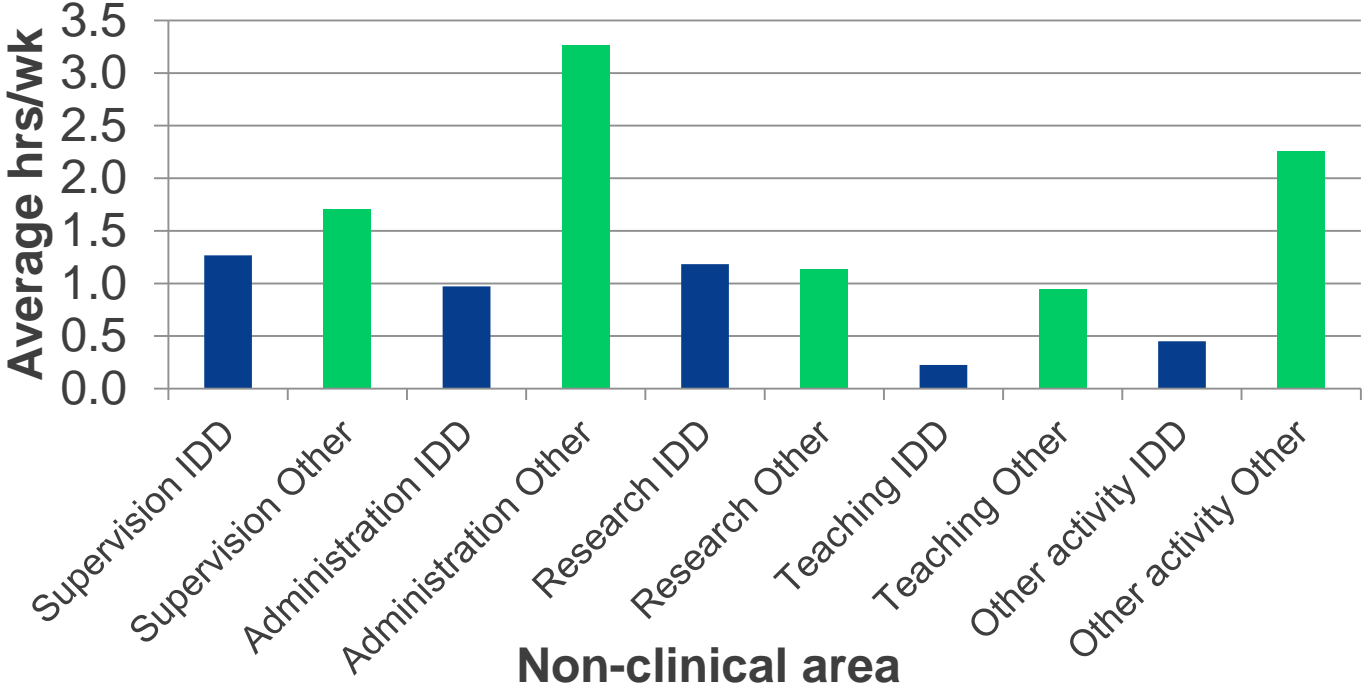
What?



Results- Online survey of RANZCP psychiatrists

Non-clinical hours per week (n=71)

What?



Results- Online survey of RANZCP psychiatrists

What?

Respondents currently working with people with an I/DD (n = 59)

Referrals/month	Mean (SD)
New patients with an ID	4.3 (4.99)
New patients with a DD	3.92 (4.40)



Mean % could benefit from specialist service consultation (SD)
44.8 (39.34)
32.4 (37.2)

Follow-up appointment slots/month	Mean (SD)
Patients with an ID	11.5 (15.88)
Patients with a DD	9.21 (17.64)



Mean % could benefit from specialist service consultation (SD)
37.7 (41.1)
28.7 (36.0)

Results- Online survey of RANZCP psychiatrists

How long?

Full time work: $n = 50$ 

Remain in full time work: $M = 12.6$ years

Change to part-time work: $M = 6.4$ years

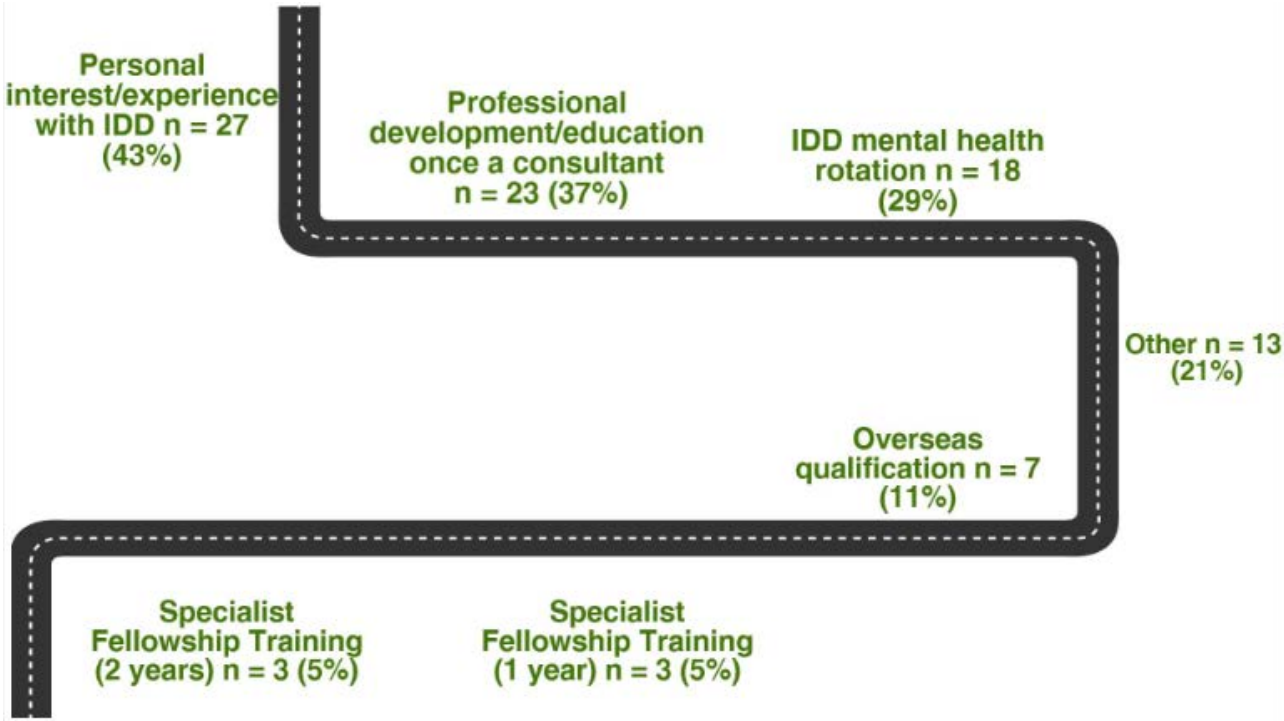
Part time work: $n = 21$ 

Remain in part-time (or change to full-time) work:

$M = 11.8$ years

Results- Online survey of RANZCP psychiatrists

Path to working in/gaining an interest in IDD mental health



Results- Survey of RANZCP psychiatrists

Did respondents find they received sufficient training in IDD during their training?

Stage	Mean rating (SD) 1 (Strongly disagree) – 10 (Strongly agree)
Basic/intermediate stage training (Stage 1/2 equivalent)	3.41 (2.72)
Advanced stage training (Stage 1/2 equivalent)	3.95 (2.98)
<i>Clinical rotations</i>	
- Basic/intermediate 6m Adult	3.50 (2.52)
- Basic/intermediate 6m Child & Adolescent	4.21 (2.98)
- Basic/intermediate 12m Adult	3.46 (2.40)
- Basic/intermediate 12m Child & Adolescent	4.02 (2.97)
- Advanced 6m Adult	3.56 (2.63)
- Advanced 6m Child & Adolescent	4.22 (3.17)
- Advanced 12m Adult	3.82 (2.88)
- Advanced 12m Child & Adolescent	4.45 (3.19)

Key survey findings on workforce capacity

- Proportion of respondents' work in IDD is on average **27%**
- Main service settings- **public hospital (inpatient), Community MH Service, Private practice- solo**
- Average of **7 hrs/wk working clinically in ID, 4 hrs/wk in DD**
- Main paths- **personal interest or experience with IDD** and **professional development** once they are a consultant
- On average, respondents **disagreed they had received sufficient IDD education** during training (M= 3.86; 1 = Strongly disagree, 10= Strongly agree)

Future workforce capacity

Results- Online survey of RANZCP psychiatrists

80% of respondents believe the mental health needs of people with an I/DD would be best met with formalised subspecialty training in IDD mental health

Potential enhancements to training	Mean (SD) 1 (do not support) – 10 (strongly support)
Specialty rotations in IDD psychiatry	8.66 (2.04)
Enhanced clinical exposure to IDD psychiatry during non-specialist rotations	8.57 (1.84)
More emphasis on IDD mental health in Stage 2 curriculum/syllabus	8.31 (2.16)
Certificate of Advanced Training in IDD psychiatry	8.15 (2.81)
More emphasis on IDD mental health in Stage 1 curriculum/syllabus	7.70 (2.53)
Other	7.00 (3.55)

Results- Online survey of RANZCP psychiatrists

Capacity to train future psychiatrists

Experience supervising trainees? (N = 61)

Yes: n = 55



Currently supervising registrars in IDD? n = 15

Supervised registrars in IDD in the past n = 17

Never supervised registrars in IDD n = 22

No: n= 6

If advanced training in IDD psychiatry was formalised, would you have the time and resources to offer a rotation and supervision at your workplace?	n
Yes	17
Possibly	23
No	20

Results- Online survey of RANZCP psychiatrists

Capacity to train future psychiatrists

E.g. of main service settings training could be offered at:

- CAMHS outpatient clinic
- Community mental health service
- Forensic Child and Youth Mental Health Service
- Forensic inpatient and outpatient services
- Public hospitals- inpatient and outpatient
- Private hospitals- inpatient and outpatient
- Mental Health, Alcohol, and Other Drugs services

Locations	n
NSW	12
QLD	10
SA	1
VIC	9
WA	9
NZ	7

No. trainees that could be offered training =
80 (6 month rotations)

Results- Online survey of RANZCP psychiatrists

Barriers and facilitators to training psychiatrists in IDDMH

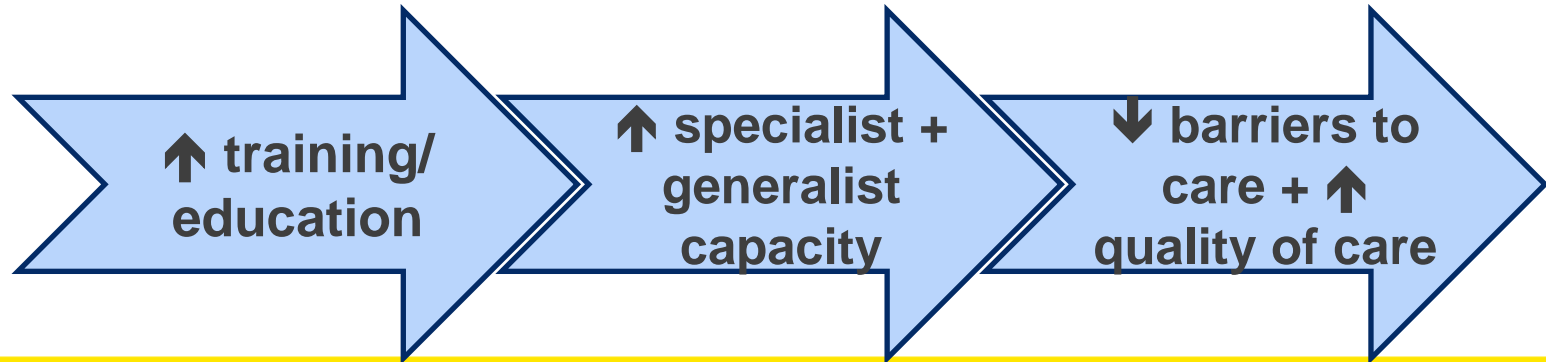
Example barriers	Example facilitators
Availability of services/rotations	Specific advanced training
Developmental disability not viewed as general psychiatry	Increased funding for more specialist clinics
Lack of funding for registrar positions	More IDD champions
Lack of interest from trainees	Acknowledgement in RANZCP curriculum
Stigma	Training starting in medical school
Lack of ID community teams	Overseas trained psychiatrists with experience in the field
Competition with other areas	Political drive for specialist services

Key survey findings on training capacity

- **80%** of respondents **support** subspecialty training in IDDMH
- Most support for **specialty rotations** & enhanced clinical exposure to IDD psychiatry during **non-specialist rotations**
- **40 respondents could supervise, or possibly supervise**, trainees undertaking subspecialty training
- Potential for **80 rotations** across NSW, QLD, SA, VIC, WA, New Zealand

Conclusions to date

- Greater workforce capacity is needed in IDD mental health
- Initial survey findings suggest additional capacity available to train future psychiatrists in this area
- Complex mental health care needs of people with an ID/DD and inequitable access to healthcare → strong rationale for psychiatrists and all mental health professionals to gain better understanding of this group's mental health needs.



Acknowledgements

Thank you to:

The Royal Australian and New Zealand
College of Psychiatrists

Malcolm Hopwood

Chad Bennett

Jon Cullum

Joanne Phillips

Katherine Douglas

Funding

- NSW Family & Community Services
– Ageing, Disability & Home Care

3DN, UNSW Sydney

Julian Trollor

Rachael Birch

Janelle Weise

Jessica Walsh



Family &
Community Services
Ageing, Disability & Home Care

Discussion points

What comes next?

- What would the Section like to see happen with this data?
 - Where/to who should it be distributed to be more useful?
 - What should happen next?
 - Delphi- who should be included?
 - Others to consult in future?
 - Starting a detailed discussion on subspecialty training- where to start/College procedures
- Further thoughts on what subspecialty training should look like?
- Cost and resource considerations

Key findings- RANZCP Workforce survey

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