4 July 2014

APAC Standards Consultation
Australian Psychology Accreditation Council
GPO Box 2860
Melbourne
VIC 3001

Dear Australian Psychology Accreditation Council,

**RE: APAC Standards Consultation**

Thank for you for the opportunity to review the proposed Accreditation Standard for Programs of Study in Psychology (second consultation draft).

In response to reviewing the document we would like to take this opportunity to share our aspirations for an enhanced acknowledgement within the Standards of the essential workforce attributes required to meet the mental health needs of people with an intellectual disability (ID).

Please find enclosed our submission which outlines our general comments and specific recommendations for your consideration. We believe that the inclusion of this content will enhance the capacity of Australian Psychologist in the area of intellectual disability mental health.

Should you wish to discuss the content of this submission please do not hesitate to contact me to organise a convenient time for a meeting or teleconference. I can be contacted by phone on (02) 9931 9160 or by email, j.trollor@unsw.edu.au.

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# Review of the Accreditation Standard for Programs of Study in Psychology July 2014

Never Stand Still | Medicine | Department of Developmental Disability Neuropsychiatry

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*Background: Intellectual Disability Mental Health*

Approximately 400,000 Australians have an intellectual disability (ID) [1, 2] and the majority of these individuals (57%) have a psychiatric disability or mental disorder [3]. Compared to the general population, health surveys have revealed that people with ID experience very poor health status, characterised by higher mortality [4, 5], and elevated rates of common mental disorders at 2-3 times that of the general population [6-10] including schizophrenia [11], affective disorders and anxiety disorders and the dementias [12-15]. However, despite both the frequency and complexity of their mental health care needs people with an ID experience significantly lower rates of participation in preventative health initiatives, illness and disease detection, and treatment of mental health problems [7, 16-18].

One of the significant contributors to this population's inequitable access to mental health care is an ill-equipped mental health workforce. The lack of training opportunities and the absence of standards and core competencies in this area are contributing factors to the lack the skills, knowledge and confidence reported by the mental health workforce when working with people with a dual diagnosis of ID and mental disorder [19-26].

For Australia to uphold both its national and international commitments, as described in the National Disability Strategy 2010-2020 [27] and the Convention on the Rights of Persons with Disabilities (CRPD) [28] it is essential that action is taken to address the current limitations of the mental health workforce. The need for such action has been widely endorsed by key stakeholder across Australia in a recent position statement and communique from the National Roundtable on the Mental Health of People with Intellectual Disability on the place of people with intellectual disability in mental health reform [29, 30].

*The Department of Developmental Disability Neuropsychiatry (3DN), The University of New South Wales Australia*

Our department (3DN) supports the mental health needs of individuals with an ID through the education and training of health professionals, and by conducting research with a particular focus on the neuropsychiatry of ID. The 3DN mission is to improve mental health policy and practice for people with an ID with a vision of achieving the highest attainable standard of mental health and wellbeing for people with an ID. More information on the work of the Chair IDMH and 3DN can be found on our website: http://3dn.unsw.edu.au/

In the area of workforce development one of our key projects is to identify the core attributes required of the mental health workforce to deliver accessible and quality services to people with an ID and co-occurring mental ill health. This project involves consulting with people with an ID, their families and support networks, and intellectual disability mental health professionals to identify the core workforce attributes and to inform the development of an intellectual disability mental health core competencies manual. As such, our response is informed by the findings of our research in this area.

To enhance the capacity of Australia Psychologist in the area of intellectual disability mental health we present the following general and specific comments and recommendations for your consideration.

*General comments:*

- We recommend that people with an ID be specifically identified within these competencies.
- We recommend that the term age appropriate be changed to developmentally appropriate. This is particularly important for people with cognitive impairments.

- The definition of diversity needs to be broader to include other important groups, including people with disabilities. The document tends to focus on culture, which is only one element of diversity.
- Throughout the document there is a need to specifically highlight the need for psychologists to provide information in an accessible format to the client and, when required, their support network. It is essential that they make reasonable adjustments so that clients can actively participate in the therapeutic process to their greatest ability.

Within each of competence areas also suggest the following for your consideration

*Competence One: Knowledge of the discipline*

The current content within this competency could be enhanced by:
- Providing examples of disability (e.g. intellectual, sensory, physical) and the conceptualisation of disability
- Expand the concept of intercultural diversity. We believe that it is important that psychologists consider other elements of diversity such as age, gender, religion, disability etc.

We also recommend that additional content is included such as:
- Explicit recognition of the area of dual diagnosis. There is a need for psychologist to be aware and understand the implications that co-occurring conditions (e.g. physical health, intellectual disability) have on a client's psychological health and wellbeing
- Directly recognise people with an ID within the list of core topics.

*Competence Two: Legal, ethical and professional frameworks and codes*

For people with an ID it is particularly important that clinicians have the ability to understand and apply supported decision making. This competency is also important when working with other people who have a cognitive impairment.

When explaining the limits of confidentiality it is critical that the clinician does so in a manner that is accessible to all key stakeholders. It is also important that they have the skills to check that the person has understood the limits of confidentiality and addresses any gaps in the clients understanding.

*Competence Three: Psychological assessment and measurement*

In addition to the existing content we believe that there is a need for psychologists to:
- Consider the client's strengths and the type of support that the person may require to actively participate in the assessment.
- Identify the type of environment, resources, and time required to facilitate the client's maximum participation within the assessment and measurement process.
- Provide assessment information in an accessible format.
- Have an awareness of the potential impact of diagnostic overshadowing can have on the presentation of psychological disorders and takes this into consideration during the assessment phase.

*Competence Five: Research and evaluation*

To ensure quality research and evaluation it is important that psychologists apply the 'nothing about us without us' philosophy. This would include working with diverse groups of client, including people with an ID at all stages of the research and evaluation process.

*Competence Six: Communication, collaboration and interpersonal relationships*

In addition to the existing content we believe that there is a need for psychologists to be able to:

- Determine the clients preferred communication style and strengths, and adapt their communication style to meet the needs of the client.
- Use appropriate person first language.
- Use non-verbal forms of communication when required including the use of augmentative and alternative communication strategies.
- Confirms that the person has understood their communication and that their interpretation of the person's communication is accurate.

*Competence Seven: Cultural responsiveness and cultural safety*

The current content within this competency could be enhanced by:

- Changing the title to 'diversity responsiveness and safety' to better reflect the content of this competency.
- Provide additional examples of lifestyle diversity such as disability.

In addition we believe that there is a need for psychologists to be able to:

- Acknowledge and articulate how their own personal beliefs and emotional reactions towards people with a disability might influence their clinical practice.
- Demonstrates the ability to determine how a client relates to their own abilities and disability and applies this to knowledge to personalising their clinical practice.
- Adopts a safe and respectful practice in recognition of the perspectives and experiences of people with an ID, their families and support networks.

*Competence Eight: Practice across the lifespan*

The current content within this competency could be enhanced by:

- Referring to developmental stages rather than age groups.
- Referring to developmentally appropriate rather than age appropriate.

We believe that the inclusion of the content proposed in this submission will enhance the capacity of Australian Psychologist in the area of intellectual disability mental health and facilitate equitable access to high quality psychological care for people with an ID.

Should you wish to discuss the content of this submission please do not hesitate to contact us. We can be contacted by phone on (02) 9931 9160 or by email, j.trollor@unsw.edu.au, j.weise@unsw.edu.au

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