Making Mental Health Policy Inclusive of People with Intellectual Disability
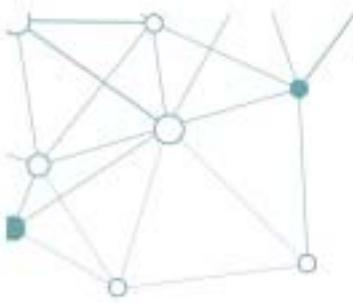## A summary for service providers

Never Stand Still

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

Review and Analysis of Mental Health Policy

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

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

Key Findings

The majority of policy documents did not:

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

Some policy documents did have:

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

Including people with an intellectual disability in mental health policy

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

1. **CONSISTENT:** In line with the United Nations Convention on the Rights of People with Disabilities and consistent with the National Disability Insurance Scheme and mental health sector interface principles.

2. **WORKFORCE READY**: Workforce training, professional development and resources that prepares and equips the disability and mental health workforces to deliver a high standard of support to people with intellectual disability and mental illness.

3. **FLEXIBLE**: Promote training and education in a tiered manner to address the needs of different service providers, including community care, mental health care, emergency care and specialist care levels. Access to specialist input from the disability and mental health sectors as required.

4. **COMPREHENSIVE**: Cross sector partnerships working towards a 'no wrong door' approach to service provision such that people receive the support they need from the most appropriate sector. Ensure that appropriate transfer and handover of health and care information with other services involved in the care.

5. **SPECIFIC**: Strategies for increasing the accessibility of disability and mental health services for people with intellectual disability with particular attention paid to augmentative and alternative communication strategies (e.g., use of visuals, speech-generating devices), information format (e.g., Plain English, visuals, universal signs), adaptation of models of practice, physical modifications, and staff expertise.

6. **MEASURABLE**: Include actions and targets that can be counted and reported.