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The implementation of the Intellectual Disability Mental Health Core Competency Framework:

Preliminary Results

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Introduction

The Department of Developmental Disability Neuropsychiatry (3DN) developed the *Intellectual Disability Mental Health Core Competency Framework: A Manual for Mental Health Professionals* (the 'Framework'), and the *Intellectual Disability Mental Health Core Competency Framework: A Practical Toolkit for Mental Health Professionals* (the 'Toolkit'). These resources aim to articulate the attributes required of mainstream mental health professionals to meet the needs of people with an intellectual disability and co-occurring mental ill health. The Toolkit demonstrates how the mental health workforce can achieve the attributes described within the Framework

This document reports on the preliminary findings of the evaluation of the use and effectiveness of the Framework and Toolkit. A final report will be published at a later stage.

Preliminary Evaluation of the Intellectual Disability Mental Health Core Competency Framework Manual and Toolkit:

Brief minimum user data

When downloading the Framework and Toolkit from 3DN's website, all individuals are asked to complete minimum data fields detailing their work setting and role, intended use of the documents, and how many colleagues/students they plan to inform about the Framework/Toolkit. The aim of collecting this data is to determine who is downloading the Framework and Toolkit and why, to help inform the development of similar future documents. Between 30 March 2016 and 28 October 2019, 2248 unique individuals downloaded the Framework; see Table 1 for a profile of these downloaders. From the time the Toolkit was released in 25 July 2017 until 28 October 2019, 1437 individuals have downloaded the Toolkit. We are continuing to collect minimum user data from all who download these documents.

Table 1. Profile of individuals who downloaded the Framework Manual

| Profile | Category | n (n=2248) | % |
|---|--|-----------------------------|----------|
| Location | Australia | 2034 | 90.5 |
| | NSW | 1085 | 53.3 |
| | VIC | 349 | 17.2 |
| | QLD | 268 | 13.2 |
| | SA | 148 | 7.3 |
| | WA | 107 | 5.3 |
| | TAS | 36 | 1.8 |
| | ACT | 30 | 1.5 |
| | NT | 10 | 0.5 |
| | Missing | 1 | 0.0 |
| | United Kingdom | 61 | 2.7 |
| | Canada | 31 | 1.4 |
| | United States | 27 | 1.2 |
| | New Zealand | 23 | 1.0 |
| Main work role | Ireland | 20 | 0.9 |
| | Singapore | 12 | 0.5 |
| | India | 7 | 0.3 |
| | Other ^a | 33 | 1.5 |
| | Clinician (Mental health) | 813 | 36.2 |
| | Educator (Mental health) | 195 | 8.7 |
| | Manager (Mental health) | 222 | 9.9 |
| | Supervisor (Mental health) | 84 | 3.7 |
| Main workplace setting | Other or above role non-mental health ^b | 792 | 35.2 |
| | Not applicable | 138 | 6.1 |
| | Missing | 4 | 0.2 |
| | Administrative | 31 | 1.4 |
| | Community health service | 424 | 18.9 |
| | Government department | 318 | 14.1 |
| | Hospital | 282 | 12.5 |
| | Private health service | 151 | 6.7 |
| Reasons for downloading the Framework Manual^d | Specialist disability health service | 238 | 10.6 |
| | Tertiary education institution | 180 | 8.0 |
| | Other ^c | 557 | 24.8 |
| | Not applicable | 66 | 2.9 |
| | Missing | 1 | 0.0 |
| | Own professional development | 1583 | 70.4 |
| | Professional development of others | 856 | 38.1 |
| | Resource for my department | 887 | 39.5 |
| Developing similar core competency framework | 196 | 8.7 | |

| | | | |
|---|---------------------------|-----|------|
| | In my role as a carer | 132 | 5.9 |
| | In my role as an advocate | 224 | 10.0 |
| | Just looking/interested | 228 | 10.1 |
| | Other ^e | 154 | 6.9 |
| How many staff/colleagues do you intend to inform about the Framework/distribute the Framework to? | 0 | 517 | 23.0 |
| | 1-9 | 839 | 37.3 |
| | 10-19 | 391 | 17.4 |
| | 20-49 | 248 | 11.0 |
| | 50-99 | 69 | 3.1 |
| | 100-199 | 39 | 1.7 |
| | 200-499 | 31 | 1.4 |
| | 500-999 | 14 | 0.6 |
| | 1000-1999 | 6 | 0.3 |
| | 2000+ | 3 | 0.1 |
| | Unsure or missing | 91 | 4.0 |

^aOther countries (n≤5) include Bermuda, Brazil, Bulgaria, Egypt, Finland, Germany, Ghana, Greece, Hong Kong, Hungary, Malaysia, Myanmar, The Netherlands, Palau, South Africa, Spain, Sweden, Switzerland, United Arab Emirates, and Thailand

^bOther roles e.g. manager (disability), policy officer, case manager, support service advisor, coordinator of mental health program, learning and development practice manager.

^cOther main workplace settings e.g. disability peak body, Aboriginal Medical Service, disability support service, consumer and carer body, Primary Health Network, disability employment service

^dParticipants could list multiple reasons for downloading the framework

^eOther reasons for downloading the Framework e.g. examine relationship to other competency frameworks, due to departmental response, research, recommendation from colleagues.

Table 2. Profile of individuals who downloaded the Framework Toolkit

| Profile | Category | n (n=1437) | % | |
|--|--|------------------------------------|----------|------|
| Location | Australia | 1285 | 89.4 | |
| | NSW | 595 | 46.3 | |
| | QLD | 215 | 16.7 | |
| | VIC | 233 | 18.1 | |
| | SA | 110 | 8.6 | |
| | WA | 79 | 6.2 | |
| | TAS | 27 | 2.1 | |
| | ACT | 21 | 1.6 | |
| | NT | 4 | 0.3 | |
| | Missing | 1 | 0.1 | |
| | United Kingdom | 44 | 3.1 | |
| | Canada | 23 | 1.6 | |
| | United States | 19 | 1.3 | |
| Main work role | Ireland | 15 | 1.0 | |
| | New Zealand | 14 | 1.0 | |
| | Singapore | 8 | 0.6 | |
| | Other ^a | 29 | 2.0 | |
| | Clinician (Mental health) | 577 | 40.2 | |
| | Educator (Mental health) | 114 | 7.9 | |
| | Manager (Mental health) | 119 | 8.3 | |
| | Supervisor (Mental health) | 76 | 5.3 | |
| | Other or above role non-mental health ^b | 458 | 31.9 | |
| | Not applicable | 89 | 6.2 | |
| | Missing | 4 | 0.3 | |
| | Main workplace setting | Administrative | 22 | 1.5 |
| | | Community health service | 270 | 18.8 |
| Government department | | 191 | 13.3 | |
| Hospital | | 168 | 11.7 | |
| Private health service | | 138 | 9.6 | |
| Specialist disability health service | | 156 | 10.9 | |
| Tertiary education institution | | 100 | 7.0 | |
| Other ^c | | 346 | 24.1 | |
| Not applicable | | 45 | 3.1 | |
| Missing | | 1 | 0.1 | |
| Reasons for downloading the Toolkit^d | | Own professional development | 1043 | 72.6 |
| | | Professional development of others | 534 | 37.2 |
| | | Resource for my department | 539 | 37.5 |
| | Developing similar core competency framework/toolkit | 123 | 8.6 | |
| | | | | |

| | | | |
|---|---------------------------|-----|------|
| | In my role as a carer | 83 | 5.8 |
| | In my role as an advocate | 117 | 8.1 |
| | Just looking/interested | 129 | 9.0 |
| | Other ^e | 94 | 6.5 |
| How many staff/colleagues do you intend to inform about the Toolkit/distribute the Toolkit to? | 0 | 336 | 23.4 |
| | 1-9 | 594 | 41.3 |
| | 10-19 | 237 | 16.5 |
| | 20-49 | 143 | 10.0 |
| | 50-99 | 45 | 3.1 |
| | 100-199 | 21 | 1.5 |
| | 200-499 | 15 | 1.0 |
| | 500-999 | 8 | 0.6 |
| | 1000-1999 | 3 | 0.2 |
| | 2000+ | 2 | 0.1 |
| | Missing | 33 | 2.3 |

^aOther locations (n≤5) include Bermuda, Brazil, Bulgaria, Finland, Germany, Ghana, Greece, Hungary, India, Malaysia, Myanmar, The Netherlands, Palau, South Africa, Spain, Switzerland, Thailand, and United Arab Emirates

^bOther roles e.g. clinician- behaviour support practitioner, school psychologist, regulator, case manager, mental health quality and risk management, NDIS support coordinator, developmental educator.

^cOther main workplace settings e.g. Community development, corrective services, disability support service, non-government organisations, primary and secondary education, residential services.

^dParticipants could list multiple reasons for downloading the Toolkit

^eOther reasons for downloading the Toolkit e.g. research, for degree course, supervision of others, NDIS readiness, peer worker, assist with student training, involved in education of medical students and residents.

Feedback on the Intellectual Disability Mental Health Core Competency Framework Manual

Clinicians feedback on the Intellectual Disability Mental Health Core Competency Framework Manual

Respondents were asked to provide feedback on the Framework manual (Table 3), with the majority expressing that the core competencies covered important aspects of their roles ‘well or very well’ and providing positive feedback at both timepoints (3 months and 12 months). The top five positive aspects of the Framework for clinicians were i) the comprehensive nature of the information provided, ii) certain sections e.g. working in collaboration with family and support networks, iii) that it was clear and easy to read, iv) the presentation/structure, and v) the resources list. Other positive aspects listed included the core competency review tool, the ‘Top 10’ attributes, the approach to working with people with an intellectual disability that underpins the Framework (e.g. person-centred, inclusive, proactive, and strengths-based), information on the unique needs of people with an intellectual disability, and the case examples.

Table 3. Feedback and opinions on the utility of the Intellectual Disability Mental Health Framework Manual

| Variable | Category | 3-month post (n=85) | | 12-month post (n=55) | |
|--|--|------------------------|------|-------------------------|------|
| | | n ^a | (%) | n ^a | (%) |
| How well do you believe the Intellectual Disability Mental Health Core Competencies cover important aspects of your role? | Very well | 18 | 21.2 | 9 | 16.7 |
| | Well | 33 | 38.8 | 20 | 37.0 |
| | Adequately | 22 | 25.9 | 14 | 25.9 |
| | Not particularly | 3 | 3.5 | 4 | 7.4 |
| | Not at all | 0 | 0 | 0 | 0 |
| | N/A- I have not read the core competencies yet | 9 | 10.6 | 7 | 13.0 |
| <i>Opinions on the use of the Framework Manual</i> | | | | | |
| The Intellectual Disability Mental Health Core Competencies are clear and easy to understand | Strongly agree | 19 | 23.5 | 12 | 23.1 |
| | Agree | 50 | 61.7 | 27 | 51.9 |
| | Neutral | 2 | 2.5 | 3 | 5.8 |
| | Disagree | 0 | 0 | 1 | 1.9 |
| | Strongly Disagree | 0 | 0 | 2 | 3.8 |
| | N/A- Haven't read | 10 | 12.3 | 7 | 13.5 |
| The Intellectual Disability Mental Health Core Competencies are applicable to my work | Strongly agree | 20 | 24.7 | 13 | 25.0 |
| | Agree | 45 | 55.6 | 25 | 48.1 |
| | Neutral | 6 | 7.4 | 6 | 11.5 |
| | Disagree | 3 | 3.7 | 3 | 5.8 |

| | | | | | |
|---|-------------------|----|------|----|------|
| | Strongly Disagree | 0 | 0 | 2 | 3.8 |
| | N/A- Haven't read | 7 | 8.6 | 3 | 5.8 |
| The Intellectual Disability Mental Health Core Competencies are useful and improved my knowledge about intellectual disability mental health | Strongly agree | 15 | 18.5 | 11 | 21.2 |
| | Agree | 51 | 63.0 | 28 | 53.8 |
| | Neutral | 5 | 6.2 | 5 | 9.6 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly Disagree | 0 | 0 | 2 | 3.8 |
| | N/A- Haven't read | 10 | 12.3 | 6 | 11.5 |
| I am able to work towards achieving the Intellectual Disability Mental Health Core Competencies | Strongly agree | 13 | 16.0 | 7 | 13.5 |
| | Agree | 49 | 60.5 | 23 | 44.2 |
| | Neutral | 11 | 13.6 | 13 | 25.0 |
| | Disagree | 0 | 0 | 1 | 1.9 |
| | Strongly Disagree | 0 | 0 | 3 | 5.8 |
| | N/A- Haven't read | 8 | 9.9 | 5 | 9.6 |

^a Excludes missing data

Non-Clinicians (e.g. managers, supervisors, and educators) feedback on the Intellectual Disability Mental Health Core Competency Framework Manual

Over half of non-clinicians said that they had encouraged staff or students to read the Framework at the 3- and 12-month follow-ups (Table 4). Respondents reported encouraging a median of 9 staff/students each (*IQR* = 4-19) to read the Framework at 3-months post-download, and 12 (*IQR* = 3-50) at 12-months post-download. Reasons provided for not encouraging staff/students were time constraints and that they no longer worked in this area. Respondents reported that staff and students were using the Framework in varied ways including as a resource guide or reference; as part of their professional development; to inform research and policy work; for incorporation into staff core competencies/key performance indicators, workforce plans and models of care; and as the focus of in-services and workforce meetings. Even if staff/students were not using the Framework yet, some respondents mentioned that the core competencies were a reminder that working with people with an intellectual disability is part of core business for mental health professionals, and that professionals need to develop the skills to work with this population.

Examples of implementation of the Framework in work or education settings at 3-months post-download included embedding the principles outlined in the core competencies into frameworks, integrating the Intellectual Disability Mental Health core competencies into broader competencies taught by nurse educators, and encouraging staff/students to utilise the Framework (sometimes in combination with 3DN's Intellectual Disability Mental Health e-learning). Examples of implementation at 12-months post-download included students and registrars using the Framework on placement to guide their thinking and practice, working with students to encourage them to focus on the core competencies as part of their daily practice, reference to the Framework during staff

training, to supplement key messages from Certificates III in Individual Support and Certificate IV in Individual Support, and discussion with the teaching team. Those who did not implement the Framework with staff/students said that it was because intellectual disability mental health was not a core practice area, that the Framework was for information only, or that the Framework was currently not part of their teaching manuals (but may be considered for inclusion in future). Reasons for starting, but not continuing to use the Framework included that it was not directly relevant to their work role, or that they had left their academic/management position.

Table 4. How respondents used the Framework to assist staff/students work towards building core competencies in intellectual disability mental health

| Variable | Category | 3-month post (n=21) | | 12-month post (n=18) | |
|---|--------------------------------------|------------------------|------|-------------------------|------|
| | | n ^a | (%) | n ^a | (%) |
| How much of the IDMH Core Competency Framework participants read | I have read the whole framework | 6 | 28.6 | 7 | 38.9 |
| | I have read parts of the framework | 9 | 42.9 | 5 | 27.8 |
| | I have looked through the framework | 5 | 23.8 | 4 | 22.2 |
| | I have not read any of the framework | 1 | 4.8 | 2 | 11.1 |
| Have you encouraged any staff/students to read the IDMH Framework?^b | Yes | 12 | 57.1 | 11 | 61.1 |
| | I plan to | 8 | 38.1 | 1 | 5.6 |
| | No | 1 | 4.8 | 6 | 33.3 |
| Implementation of the IDMH Core Competencies as an aim to work towards for relevant staff in department (for managers) | Yes | 2 | 18.2 | 2 | 28.6 |
| | I plan to | 9 | 81.8 | 2 | 28.6 |
| | No | 0 | 0 | 1 | 14.3 |
| | I started, but have not continued | - | - | 2 | 28.6 |
| Use of the IDMH Core Competency Framework as part of supervision with staff/students (for supervisors) | Yes | 0 | 0 | 0 | 0 |
| | I plan to | 2 | 100 | 0 | 0 |
| | No | 0 | 0 | 1 | 33.3 |
| | I started, but have not continued | - | - | 2 | 66.7 |

| | | | | | |
|--|-----------------------------------|---|------|---|------|
| Discussion of the IDMH Core Competencies as part of your teaching (for educators) | Yes | 4 | 50.0 | 4 | 44.4 |
| | I plan to | 3 | 37.5 | 2 | 22.2 |
| | No | 1 | 12.5 | 1 | 11.1 |
| | I started, but have not continued | - | - | 2 | 22.2 |

^aExcludes missing data

^bDuring the last 3-months for 3-months post and last 9-months for 12-months post

Key: IDMH= intellectual disability mental health

The majority of non-clinicians stated that the core competencies covered important aspects of their staff/students' roles 'well to very well' at both 3-months (57.1%) and 12-months (58.8%) post-download (Table 5), and generally provided positive feedback about the utility and ease of use of the Framework. The top five positive aspects of the Framework reported by non-clinicians were i) that it was comprehensive, ii) that certain sections were particularly beneficial e.g. mental health interventions and care planning, iii) the general concepts/approach/language used (e.g. person first language), iv) the presentation/structure, and (v) that it was easy to read/clearly written. Other positive features included the 'Top 10' attributes, inclusion of practical information, the recognition of current skills and the opportunity to adapt these to work with people with an intellectual disability, and recognition of the rights of people with an intellectual disability.

Non-clinicians proposed a number of areas for which core competencies could be developed in future including advocacy, guidance in the use of medication, communication and plain language, behaviour management (e.g. boundary setting for challenging behaviours, recovery-focused practice, self-care), interaction with the NDIS, and competencies for use in school environments.

Table 5. Feedback and opinions on the utility of the Intellectual Disability Mental Health Framework Manual

| Variable | Category | 3-month post (n=21) | | 12-month post (n=18) | |
|---|--|---------------------|------|----------------------|------|
| | | n ^a | (%) | n ^a | (%) |
| How well do you believe the Intellectual Disability Mental Health Core Competencies cover important aspects of the staff roles you manage/supervise/teach? | Very well | 2 | 9.5 | 7 | 41.2 |
| | Well | 10 | 47.6 | 3 | 17.6 |
| | Adequately | 8 | 38.1 | 5 | 29.4 |
| | Not particularly | 0 | 0 | 0 | 0 |
| | Not at all | 0 | 0 | 0 | 0 |
| | N/A- I have not read the core competencies yet | 1 | 4.8 | 2 | 11.8 |
| Opinions on the use of the Framework Manual | | | | | |
| The Intellectual Disability Mental Health | Strongly agree | 5 | 23.8 | 6 | 35.3 |
| | Agree | 14 | 66.7 | 7 | 41.2 |

| | | | | | |
|---|-------------------|----|------|---|------|
| Core Competencies are clear and easy to understand | Neutral | 1 | 4.8 | 1 | 5.9 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly Disagree | 0 | 0 | 0 | 0 |
| | N/A- Haven't read | 1 | 4.8 | 3 | 17.6 |
| The Intellectual Disability Mental Health Core Competencies are applicable to my work | Strongly agree | 3 | 14.3 | 5 | 29.4 |
| | Agree | 14 | 66.7 | 6 | 35.3 |
| | Neutral | 3 | 14.3 | 2 | 11.8 |
| | Disagree | 1 | 1 | 1 | 5.9 |
| | Strongly Disagree | 1 | 1 | 0 | 0 |
| | N/A- Haven't read | 1 | 4.8 | 3 | 17.6 |
| The Intellectual Disability Mental Health Core Competencies are useful and improved my knowledge about intellectual disability mental health | Strongly agree | 4 | 19.0 | 4 | 23.5 |
| | Agree | 13 | 61.9 | 8 | 47.1 |
| | Neutral | 3 | 14.3 | 2 | 11.8 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly Disagree | 0 | 0 | 0 | 0 |
| | N/A- Haven't read | 1 | 4.8 | 3 | 17.6 |
| I feel the Intellectual Disability Mental Health Core Competencies are achievable to work towards for clinical staff | Strongly agree | 4 | 19.0 | 3 | 17.6 |
| | Agree | 12 | 57.1 | 9 | 52.9 |
| | Neutral | 3 | 14.3 | 2 | 11.8 |
| | Disagree | 1 | 4.8 | 0 | 0 |
| | Strongly Disagree | 0 | 0 | 0 | 0 |
| | N/A- Haven't read | 1 | 4.8 | 3 | 17.6 |

^aExcludes missing data

Feedback on the Intellectual Disability Mental Health Framework Toolkit

Clinicians feedback on the Intellectual Disability Mental Health Framework Toolkit

The way in which clinicians used the Framework Toolkit, and their feedback about its ease of use and utility is presented in Table 6. Almost all respondents said that they would recommend the Toolkit to others, and agreed or strongly agreed that the Toolkit was useful for mental health professionals/clinicians, contained practical strategies and tools, and was clearly presented.

When asked to list what aspects of the Toolkit clinicians found positive, respondents said that i) it is an excellent resource tool for ongoing education and practice, ii) the Toolkit is a practical document that covers a broad range of areas and contains easy to use tools, iii) it offers advice for clinical practice, iv) the assessment tool and resource sections are useful, v) it is written in clear and workable terms providing well-defined direction, and vi) it is suitable for new graduates.

At 3-months post-download, four people (25% of respondents answering this question) reported that they had accessed assessment tools listed in the Toolkit, and a further 12 (75%) said that they planned to. Three people (18.8% of respondents answering this question) said that they had accessed resources listed in the Toolkit, and another 13 (81.3%) said that they planned to. At 12-months post-download, three people (25% of those who answered this question) said that they had accessed assessment tools and resources listed in the Toolkit during the previous nine months, and nine people (75%) said that they planned to.

Table 6. Clinicians’ use and feedback on the utility of the Framework Toolkit

| Variable | Category | 3-month post (n=29) | | 12-month post (n=20) | |
|--|-------------------|------------------------|------|-------------------------|------|
| | | n ^a | (%) | n ^a | (%) |
| Have you read or used the IDMH Core Competencies Toolkit? | Yes | 16 | 55.2 | 13 | 65.0 |
| | No | 13 | 44.8 | 7 | 35.0 |
| Would you recommend the Toolkit to others? | Yes | 16 | 100 | 11 | 91.7 |
| | No | 0 | 0 | 1 | 8.3 |
| <i>Opinions on the use of the Framework Toolkit</i> | | | | | |
| The information in the Toolkit is clearly presented and easy to understand. | Strongly agree | 3 | 18.8 | 5 | 41.7 |
| | Agree | 13 | 81.3 | 6 | 50.0 |
| | Neutral | 0 | 0 | 1 | 8.3 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| | Strongly agree | 2 | 12.5 | 4 | 33.3 |

| | | | | | |
|--|-------------------|----|------|---|------|
| The Toolkit is arranged in a way that information can be easily accessed when needed | Agree | 13 | 81.3 | 7 | 58.3 |
| | Neutral | 1 | 6.3 | 1 | 8.3 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit contains adequate details | Strongly agree | 2 | 12.5 | 3 | 25.0 |
| | Agree | 13 | 81.3 | 8 | 66.7 |
| | Neutral | 1 | 6.3 | 1 | 8.3 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit is supported with practical strategies and tools | Strongly agree | 2 | 12.5 | 2 | 16.7 |
| | Agree | 14 | 87.5 | 9 | 75.0 |
| | Neutral | 0 | 0 | 1 | 8.3 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The information is useful for clinicians/professionals in mainstream mental health services | Strongly agree | 2 | 12.5 | 2 | 16.7 |
| | Agree | 14 | 87.5 | 9 | 75.0 |
| | Neutral | 0 | 0 | 1 | 8.3 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit covers aspects relevant to my role | Strongly agree | 1 | 6.3 | 3 | 25.0 |
| | Agree | 13 | 81.3 | 8 | 66.7 |
| | Neutral | 2 | 12.5 | 1 | 8.3 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit is useful and improved my knowledge about intellectual disability mental health | Strongly agree | 4 | 25.0 | 3 | 25.0 |
| | Agree | 11 | 68.8 | 7 | 58.3 |
| | Neutral | 1 | 6.3 | 2 | 16.7 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |

^aExcludes missing data

Key: IDMH= intellectual disability mental health

Non-Clinicians feedback on the Intellectual Disability Mental Health Framework Toolkit

Non-clinicians' use and feedback on the Framework Toolkit is detailed in Table 7. All respondents said that they would recommend the Toolkit to others, and almost all agreed or strongly agreed that it covered important aspects of their role and was useful for improving knowledge about intellectual disability mental health.

At 3-months post-download, one person (14.3% of respondents answering this question) reported that they had accessed assessment tools listed in the Toolkit, and a further six (85.7%) said that they planned to. Three people (42.9% of respondents answering this question) said that they had accessed resources listed in the Toolkit, and another four (57.1%) said that they planned to. At 12-months post-download, one person (20% of those who answered this question) said that they had accessed assessment tools listed in the Toolkit during the previous nine months, three people (60%) said that they planned to, and one person (20%) said no they did not plan to. Two people (40%) said that they had accessed resources listed over the past nine months, one said they planned to (20%), and two (40%) said that they did not plan to.

Five respondents (71.4%) had encouraged staff/students to read the Toolkit at 3-months post-download, while one said they planned to (14.3%), and one responded no (14.3%). Respondents had encouraged a median of eight (*IQR* = 5-17.5) staff/students to read the Toolkit. Time and priorities were given as reasons why some had not encouraged staff or students to use the Toolkit as yet. At 12-months post-download, four respondents (80%) said that they had encouraged staff/students to read the Toolkit (*Md* = 5 staff/students; *IQR* = 3.25-226.25), and one (20%) said that they planned to. Non-clinicians provided positive feedback about the Toolkit, articulating that it i) was comprehensive and easy to read, ii) was written from a person-centred perspective, iii) contained practical guidance, iv) included the informative assessment tools and resources sections, and v) was simple to navigate with a clear layout.

Table 7. Non-clinicians' use and feedback on the utility of the Framework Toolkit

| Variable | Category | 3-month post (n=10) | | 12-month post (n=7) | |
|--|-------------------|------------------------|------|------------------------|------|
| | | n ^a | (%) | n ^a | (%) |
| Have you read or used the IDMH Core Competencies Toolkit? | Yes | 8 | 80 | 6 | 85.7 |
| | No | 2 | 20 | 1 | 14.3 |
| Would you recommend this Toolkit to others? | Yes | 7 | 100 | 5 | 100 |
| | No | 0 | 0 | 0 | 0 |
| <i>Opinions on the use of the Framework Toolkit</i> | | | | | |
| The information in the Toolkit is clearly presented and easy to understand. | Strongly agree | 2 | 28.6 | 2 | 40.0 |
| | Agree | 5 | 71.4 | 3 | 60.0 |
| | Neutral | 0 | 0 | 0 | 0 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit is arranged in a way that information can be easily accessed when needed | Strongly agree | 2 | 28.6 | 2 | 40.0 |
| | Agree | 5 | 71.4 | 2 | 40.0 |
| | Neutral | 0 | 0 | 1 | 20.0 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit contains adequate details | Strongly agree | 1 | 14.3 | 1 | 20.0 |
| | Agree | 6 | 85.7 | 4 | 80.0 |
| | Neutral | 0 | 0 | 0 | 0 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit is supported with practical strategies and tools | Strongly agree | 2 | 28.6 | 2 | 40.0 |
| | Agree | 4 | 57.1 | 3 | 60.0 |
| | Neutral | 1 | 14.3 | 0 | 0 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The information is useful for clinicians/professionals in mainstream mental health services | Strongly agree | 3 | 42.9 | 3 | 60.0 |
| | Agree | 3 | 42.9 | 2 | 40.0 |
| | Neutral | 1 | 14.3 | 0 | 0 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit covers aspects relevant to my role | Strongly agree | 3 | 42.9 | 3 | 60.0 |
| | Agree | 4 | 57.1 | 1 | 20.0 |
| | Neutral | 0 | 0 | 1 | 20.0 |
| | Disagree | 0 | 0 | 0 | 0 |

| | | | | | |
|--|-------------------|---|------|---|------|
| | Strongly disagree | 0 | 0 | 0 | 0 |
| The Toolkit is useful and improved my knowledge about intellectual disability mental health | Strongly agree | 4 | 57.1 | 3 | 60.0 |
| | Agree | 3 | 42.9 | 1 | 20.0 |
| | Neutral | 0 | 0 | 1 | 20.0 |
| | Disagree | 0 | 0 | 0 | 0 |
| | Strongly disagree | 0 | 0 | 0 | 0 |

^aExcludes missing data

Key: IDMH= intellectual disability mental health

Summary of preliminary results

The profile of individuals who downloaded the Framework and Toolkit suggests that the dissemination of these documents has had a broad reach, with individuals from all states and territories, as well as internationally, downloading the Framework. Users have worked in health, government departments, and tertiary education institutions, with not only mental health clinicians, educators and managers well-represented, but also advocates, carers, and those in non-clinical roles such as policy officers and coordinators of mental health programs. Users intended to inform multiple colleagues and staff about the Framework and Toolkit, extending the reach further. The main reasons for downloading the Framework and Toolkit were for personal professional development, the professional development of others, and as a resource for users' departments.

Overall, clinicians and non-clinicians provided very positive feedback about the utility and ease of use of the Framework, and confirmation that it covered important aspects of their roles. They also reported that the Framework improved their knowledge in the area of intellectual disability mental health. Similarly, positive feedback was provided around the Toolkit. Clinicians and non-clinicians articulated that the Toolkit presented easily accessible information that was useful for those working in mainstream mental health services, and was especially helpful as it offered practical clinical advice and listed relevant resources and assessment tools suitable for use with people with an intellectual disability