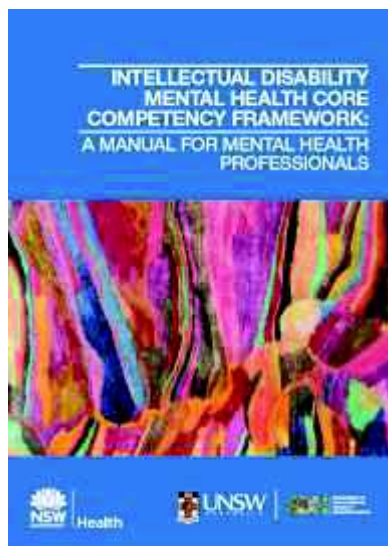


Intellectual disability mental health core competency framework: a manual for mental health professionals

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The Intellectual Disability Mental Health Core Competency Framework: A Manual for Mental Health Professionals describes the **specific skills and attributes required by mental health professionals for the provision of quality services to people with an intellectual disability**. It outlines the necessary approaches to clinical practice when working with people with an intellectual disability and identifies the core competencies that mental health professionals require to work in this area. The Framework also includes a self-assessment tool to help professionals determine their current skill set and guides readers to resources that support professional development in intellectual disability mental health.

The Framework was developed in consultation with key stakeholders, and was funded by Mental Health-Children and Young People, NSW Ministry of Health.

Who is the Framework for?

The Framework has been developed for **mainstream mental health professionals**. It is beneficial to professionals who provide mental health services within hospitals, government and non-government community services, and private practices. The framework is also useful for people who work in service management, service development, education of mental health professionals and quality improvement.

Aims of the Framework

By supporting professionals within mainstream mental health services to develop core competencies in intellectual disability mental health, the Framework aims to:

- increase the capacity of mental health services to meet the needs of people with an intellectual disability
- Ensure the provision of high quality mental health assessment and treatment to people with intellectual disability and
- Increase access to services and reduce service barriers for people with an intellectual disability

How to use the Framework

Mental health professionals can use the framework 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
- inform a professional development plan, or
- guide you to available relevant resources, education, and training material.

Service managers, service developers and people responsible for quality improvement could use the framework:

- 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

Official Launch

In the lovely grounds of the Prince of Wales Hospital, the official launch of the intellectual disability mental health core competency framework took place on the

30th of March 2016. An introduction by Beth Kotze announced the Honorable Pru Goward who opened the session to launch the framework.

Professor Julian Trollor gave an overview of intellectual disability and people with mental ill health, discussed the risks and lack of choice for this population and the multiple barriers to quality healthcare that includes a lack of specialised services, the lack of content in training which leads to a lack of awareness whilst agencies not collaborating about patients has major implications across services.

People with Intellectual Disability (ID) are twice as likely to be admitted and stay twice as long in hospital; number of visits are higher with longer consultations that are more complex.

There are a range of resources available to improve mental health and intellectual disability (MH+ID):

- The guide
- Idmh e-learning
- This competency framework; this manual supports mental health professionals to assess and respond to MH+ID with a means of self assessment of current skills and knowledge and is for everyone in MH to make adjustments to clinical practice.

Arahni Soht shared a Lived Care experience where she described some barriers and positives regarding her experience of her son Shai who had an early psychotic episode at age 18. Although they initially felt like there was nowhere to go and he was placed with other adults who were neurotypical, some positives included a special nurse, recovery in rehab unit, and eventually Shai was able to access urban space at double bay. Shai's private unit used talking and creative therapies where he was discharged after three weeks.

Jim Simpson from the NSW Council for Intellectual Disability (NSWCID) gave an overview of the agency, its 60 years of experience and their barriers to advocacy that mainly consist of a lack of communication between the patient and the professional with not enough collaboration across agencies.

Some policies outlined included: CRPD UN, 2006. People with ID have a right to a high standard of healthcare. The National Disability Strategy (COAG, 2011) mental health services have to raise their game and include people with ID and the National roundtable (2013) which brought together psychiatrists from around the country, senior representations from around the country and advocacy groups. Strategic plan developed by community relations commission with common elements of drivers

- Equitable access to MH services
- Skilled treatment
- Training of health professionals
- Specialists to back-up mainstream
- Collaboration between service systems

David Coyne discussed Stronger Together initiatives including the Criminal Justice Program, Integrated Services Program, and the two ID chairs and the Memorandum of Understanding.

Associate Professor David Dossetor gave an insightful overview of children and young people with MH+ID. He began with an overview of clinical diagnostic disorders and prevalence in ID which highlighted the need for collaboration in supporting children and young people with severe problems. He discussed the evidence of treatment through the Training Curriculum Project which had a focus on children, common language, skill building and a great overview of clinical adjustments for interviewing and traps for caring.

Selina Thomas and **Billie Dong** presented a case study using a strength model and recovery approach with an emphasis on changing assessment tools and goal identification whilst identifying the family and support.

For more information about the Framework and to download please visit

<https://3dn.unsw.edu.au/IDMH-CORE-COMPETENCY-FRAMEWORK>

Pictured: Jim Simpson, Julian Trollor, Arahni Soht, Billie Dong and David Dossetor

