Victorian Dual Disability Service

A Joint Initiative of St.Vincent's Health Melbourne and North West Mental Health (Melbourne Health)

Response to the Senate Select Committee on Mental Health

Context

The Victorian Dual Disability Service is funded by the Department of Human Services, Government of Victoria, to assist the State's 21 Area Mental Health Services to assess, manage and treat the mental health needs of Victorians with a intellectual disability.

Purpose

The VDDS has six years experience of the strengths and weakness of the provision of mental health care to Victorians with a dual disability. The purpose of our response to the terms of reference set by the Senate Select Committee reflects this experience and as such the purpose of the response is to inform the Committee of the following:

- People with an intellectual disability suffer from mental illnesses (dual disability)

  The prevalence rates of mental illness is greater in the intellectually disabled population than the non disabled population A general consensus can be found in the international literature that prevalence rates for mental health problems in people with ID is about 35% (Borthwick-Duffy etal 1990, Deb et al 2001, Jacobson 1999, Moss et all 1997, Welsh Office 1996).

  Borthwick-Duffy S. A. & Eyman R. K. (1990) Who are the dually diagnosed? *American Journal on Mental Retardation* **94**, 586–95.

  Deb, S., Thomas, M., & Bright, C. (2001a). Mental disorder in adults with intellectual disability. 1: Prevalence of functional psychiatric illness among a community-based population aged between 16 and 64 years. *Journal of Intellectual Disability Research, 45*, (Pt 6), 495-505.

  Jacobson, J. (1999). Dual diagnosis services: history, progress and perspectives. In N. Bouras (Ed) Psychiatric and Behavioural Disorders in Developmental Disabilities and Mental Retardation*. Cambridge: University Press.*

  Moss,S., Emerson, E., Bouras, N. & Holland, A. (1997). Mental disorders and problematic behaviours in people with an intellectual disability: future directions for research. Journal of Intellectual Disability Research *41(6), 440-447.*

  Welsh office (1996). Welsh health survey 1995. Cardiff. Welsh office

  The prevalence rate for mental illness in some institutional samples and among former residents of institutions is found to be much higher at around 60% (Burge et al 2002).

Schizophrenia	4.4% (Deb et al 2001)
Depression	> 4%, reported as underdiagnosed (Cooper and Bailey2001)
Personality Disorder	25 – 30% (Reid & Ballinger1987, Flynn, Mathews & Hollins 2002)

  Burge P et al (2002) Senior residents in psychiatry: views on training in developmental disabilities. Can.J.Psychiatry 47 (6):568-571.

  Cooper S-A, Bailey N M. Psychiatric disorders amongst adults with learning disabilities - prevalence and relationship to ability level. Irish Journal of Psychological Medicine 2001; 18: 45-53.

Reid A. & Ballenger B. (1987) Personality Disorder in Mental Handicap, Psychological Medicine, 17, 983-987

Flyn A, Mathews H, Hollins S. (2002) Validity of the diagnosis of personality disorder in adults with learning disability and severe behavioural problems. British Journal of Psychiatry, 180, 43-46

Adopting these prevalence rates, they translate to Victorian population of between 29, 700 and 41,250 individuals

- There are significant differences in the symptomatic presentations of mental illness in people with an intellectual disability.
- By virtue of their unique needs, the delivery of mental health services to people with a dual disability need to be tailored.

To achieve this purpose, a response to the most poignant of the terms of reference is made and in doing so the position taken is supported by data.

Terms of Reference

a. the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives and the barriers to progress;

The patient population is referenced by virtue of the definitions used in the second national mental health plan, however the VDDS is not aware of a dedicated allocation of federal funds to progress service development activities for Australians with a dual disability.
Barriers to progress relate primarily to the limited number of services dedicated to the provision of assessment, treatment and consultation services to people with a dual disability. Compounding the inadequate number of services is the referral pathway to those services that do exist.

b. the adequacy of various modes of care for people with a mental illness, in particular,

The service system surrounding people with a dual disability is fragmented. The fragmentation is evident within and between service providers.

c. prevention, early intervention, acute care, community care, after hours crisis services and respite care;

service delivery in Victoria recognises the importance of early intervention and prevention and tailoring response to best meet the mental health needs of people with

an intellectual disability, unfortunately however specialist services that specialise in each of the issues identified are yet to be developed. Refer to(a).

d. opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care;

Not possible at the state level because Disability Services do not contribute to the ongoing funding of the VDDS at either State of federal level.

e. the appropriate role for the private and non-government sectors;

There are a very limited number of private psychiatrists and general practitioners interested n the field of dual disability.

f. the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;
Because specialist services have not been established there are limitations across each of the domains.

g. the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence;

h. the role and adequacy of training an support for primary carers in the treatment, recovery and support of people with a mental illness;
No specific training dedicated to this patient population is provided at an academic level.

i. the role of primary health care in promotion, prevention, early detection and chronic care management;
j. opportunities for reducing the effects of iatrogenesis and promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated;
k. the overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people;
l. the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care

standards, and proven practice in promoting engagement and minimising treatment refusal and coercion;

Nothing specific to the dually disabled population prescribes practice and in this context, communication difficulties need to be emphasised.

m. the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families an carers;

n. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness;

o. the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated;

The VDDS does not receive any dedicated funding to research the mental health needs of Victorians with a dual disability.

p. the adequacy of data collection, outcome measures and quality control for monitoring and evaluation mental health services at all levels of government and opportunities to link funding with compliance with national standards; and

Population specific data is not routinely collected, and as such prevalence and impact data is not readily available

q. the potential for new modes of delivery of mental health care; including e-technology.

Joint funded, specialist dual disability services that have an interface with generic services. The preferred service system would have;

- *time- limited assertive outreach*
- *Acute inpatient assessment beds*
- *Short to medium term management beds*
- *Autism specific assessment and management beds*

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