

Senate Committee Enquiry into Mental Health Issues 2005

The Dual Disability Programme (DDP) is the mental health programme of South Australia's Intellectual Disability Services Council (IDSC) and focuses on the needs of people with mental illness who also have an intellectual disability (ie global developmental delay leading to an IQ below 70 and concomitant problems in adaptive functioning in day to day living).

BACKGROUND

1. Over the past 20 years research, predominantly conducted overseas, has revealed that approximately one third (30 – 35%) of people with intellectual disability have a mental illness. These studies report the incidence of mental illness in people with intellectual disability as being 4 to 5 times greater than the general population.
2. In 2000, IDSC undertook a study to look at the profile of this population in South Australia. Detailed data was collected for 450 people from across the state who were identified by case managers as having a dual disability. Over half of the cohort had a psychiatric diagnosis, which could be considered serious or chronic (major depression 21%, anxiety disorders 22%, schizophrenia 12%, bipolar disorder 7%). People with intellectual disability and mental illness within this state are a significant, vulnerable and unique population. These results are unlikely to differ greatly in the other states and territories.
3. The combination of intellectual disability and a mental illness (referred to from here on as Dual Disability or DD) presents significant challenges for agencies in their coordination and provision of services. The assessment, treatment and support needs of these people are extremely complex and are best addressed through collaborative interagency initiatives.
4. However, at present, despite the obvious need for a well coordinated services, people with a intellectual disability and mental illness are poorly served by the current systems with the lack of inter-sectorial coordination and inappropriate service responses further compounding the difficulties faced by these individuals, their families and carers.

People with a intellectual disability and mental illness continuously slip between the gaps created by different service philosophies and agency priorities.

OUR SERVICE GOALS IN RESPONSE TO THE PROBLEM IN SA

The DDP has developed a plan to address this problem which requires IDSC to work collaboratively with many other agencies and services to

- o Improve the consistency in policies and protocols for assessment, intervention, ongoing support and monitoring across the various metropolitan and country regions within the mental health and disability systems.

- Increase the knowledge, confidence and experience of professional workers from both disability and health sectors regarding the needs of people with intellectual disability and mental illness.. Increase basic and ongoing training opportunities across professional groups regarding work with people with intellectual disability and mental illness.
- Increase research regarding evidence based practice relating to assessment, intervention and treatment models
- Improve service continuity for adolescents and young people with an intellectual disability who fall between the CAMHS and adult mental health system.

CONSISTENCY WITH STATE AND NATIONAL POLICY

1. Key State and National initiatives emphasize that comprehensive, quality services to the community can not occur without 'joined up' responses across government and partnerships with non government and community bodies.
2. The Generational Health Review, a key state initiative in health care reform, provides strategies for health system reform to ensure South Australians have access to the best possible health care. The Report notes that the current health services in South Australia are fragmented and that planning, governance and funding models are major inhibitors to the development of a coordinated health system. Service users with DD are particularly disadvantaged by the un-coordinated nature of the varied services which they may require.
3. In response to this identified gap in the planning of services the Generational Health Review emphasizes the need for improved linkages between mental health services, general health and human services particularly in relation to primary health care. This is particularly important for people with multiple and complex problems such as those with intellectual disability and mental illness who have service needs which span many government agencies.
4. The National Mental Health Plan 2003-2008 aims to engage all members of the community in a partnerships to improve the mental health of the community. It recognizes that certain groups within the community, including people with complex needs and/or comorbid conditions encounter specific problems with accessing mental health services due to a number of factors including services gaps.
5. To address these areas the National Mental Health Plan 2003-2008 outlines "Improved access for all other population groups of all age groups with diverse and complex needs" (Outcome 17) and "Equitable access to housing, employment services, disability services, social services, education and justice." (Outcome 18). Additionally it promotes a reduction in service gaps through 'improved coordination between the mental Health sector and other areas of health...' (Outcome 22)

6. Improving the attitudes, skills values and knowledge of the mental health workforce is a further emphasis of the Plan with initiatives being supported to promote the development and delivery of training to improve a number of skills area including building effective clinical and service links to meet the needs of specific population groups. (Outcome 32)
7. There are clear imperatives at the National and State levels to develop partnerships across sectors it is therefore appropriate that the South Australian mental health and disability sectors come together to undertake cooperative planning to improve services to people with intellectual disability and mental illness.

IDSC RESPONSE

1. IDSC has responded to the need for better services for this client group by funding the part time position of a Specialist Psychiatrist trained in DD psychiatry and a Senior Social Worker who work together as the DDP.
2. The DDP currently works collaboratively to improve the knowledge and capacity of primary health care providers to respond appropriately to the needs of people with intellectual disability and mental illness.
3. The DDP also works to see the development of joint service models and protocols to ensure access to necessary specialist inpatient and community services through a range of strategies to support services to persons with intellectual disability and mental illness.

However, there remains a huge service need with in South Australia which the DDP alone can not ever satisfy.

Meeting the often complex mental health needs of people with intellectual disability (who represent more than 1% of the general population, and are now living more extended lives and expect to receive access to community services like any Australian) needs to be considered in more depth at the planning stages and regarding resource allocation and service provider training by the mental health and disability sectors. And equally importantly, more effort needs to be directed towards the prevention and early detection of mental health problems during development of people with developmental and intellectual delay.

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