Psychologists’ Adherence and Carer Experiences with Best practice in Intellectual Disabilities and Co-morbid Mental Ill Health

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Thesis aims

To explore:

• Australian psychologists’ perceptions of best practice and assessment practices when working with individuals with an intellectual disability and co-morbid mental health disorders

• Carer experiences with mental health and disability services
THREE PHASES

First study:
Explored assessment practices, training needs and barriers to evidence based practice of Australian psychologists working in ID via an online survey

Second study:
Explored perceptions of best practice, adherence to practice guidelines and impact of organisational factors via focus groups
Final study:

• Explored experiences of carers via a mixed method study using online surveys and face to face/phone interviews

• Assessed carer mental health literacy

• Explored barriers to help seeking
• Scarcity of research in use of evidence-based practice in the field of ID (e.g. Burns & Ysseldyke, 2008)

• General consensus that mainstream EBP for mental health disorders are not always directly applicable, hence, adaptations to mainstream practice are similarly required (Ali et al., 2013).
Edwards, Lennox, & White, 2007 found:

- Australian psychiatrists felt poorly equipped to serve the MH needs of PWID.

- Psychiatrists acknowledged they treat PWID from a symptom based as opposed to diagnosis driven methodology.
Parental help seeking

Factors found to impact on help seeking:
- lack of trust and negative previous experiences with professionals
- not knowing where to find help
- fear of dismissal of raised problems by professional

(Weiss & Lunsky, 2010).
Carer experiences with hospital settings

A review on hospital experiences of carers highlight a number of concerns:
- an over representation of individuals with an intellectual disability in emergency services
- longer hospital stays
- institutionalised discrimination
- safety risks
- incorrect medication prescription
- not having basic self care needs met in acute inpatient units

(Iacono et al., 2014).
Formal training in ID

• In Australia, the study of ID generally forms a small component of postgraduate coursework training in psychology.

• In the United States, few graduate psychology training offer training in disabilities (Razza, Dayan, Tomasulo, & Ballan, 2014)

• Canadian students in graduate psychology training courses report difficulty in obtaining adequate didactic and experiential opportunities in ID (Weiss, Lunsky & Morin, 2010).

• In the UK, doctoral students in clinical psychology are required to complete a 6-month placement in a developmental disability community team (Scior et al., 2012).
Study 1

Aim

• Examine psychologists’ self-reported clinical practices and competencies when working with adults with ID and co-morbid mental disorders

• Explore current assessment practices

• Investigate existing barriers in implementing EBP
Method:
National survey completed by psychologists who work with PWID.

109 participated

Purpose specific online survey developed
Section Three:

Current clinical practices of psychologists who provide assessment of mental health concerns in adults with intellectual disabilities.
Results
Demographic Characteristics

Frequency by State

- NSW: 59%
- Tas: 11%
- WA: 9%
- SA: 6%
- Qld: 6%
- Vic: 7%
- ACT: 2%
- Other: 2%

Frequency by Highest Qualification

- Bachelors: 52%
- Masters: 39%
- Other higher: 9%
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<th></th>
<th>Range</th>
<th>M</th>
<th>SD</th>
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<tbody>
<tr>
<td>Years of psychological experience</td>
<td>0- 37</td>
<td>10.55</td>
<td>9.31</td>
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<tr>
<td>Years of experience with ID</td>
<td>0- 42</td>
<td>11.98</td>
<td>9.32</td>
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<tr>
<td>Years in current role</td>
<td>0- 35</td>
<td>6.45</td>
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Frequency by Work Setting

- Gov dis: 50%
- NGO: 20%
- Health: 3%
- Private: 14%
- Other: 11%
- Specialist: 2%
Clinical Competencies

- 65% of psychologists ($n = 68$) more confident in identifying mental health symptoms in adults with ID compared to making a formal diagnosis.

- 51%, $n = 54$ reported adequate skills and training to assess and diagnose mental health disorders in adults with ID.

- 49%; $n = 52$ considered themselves specialists in mental health and ID in their current work roles.
• No differences found between Gov. disability, NGO and private practice psychologists’ views on specialist role in mental health and ID or perceived adequacy of their skills in MH ax in adults with ID
Key Findings

• A larger proportion of psychologists consider MH dx in PWID to be the role of psychiatrists

• Approximately half of the psychologists working in ID consider themselves specialists in mental health and ID.

• Psychologists in government disability, NGO and private practice settings reported similar views in clinical competencies in MH assessment for PWID and workplace training supports.
• Psychologists in general receive limited formal training in ID and limited ongoing training in mental health and ID in their current workplace

• Training specific to the needs of psychologists are needed to skill up the profession in MH and ID
Study Two

Aims

• Explore psychologists’ perception of best practice in dual disabilities in relation to current practice guidelines
• Explore adherence and barriers to adherence to current Australian best practice guideline
• Examine workplace barriers and facilitators to best practice implementation.
Method

• 8 semi structured focus groups with psychologists from gov and non-gov disability organisations \((n=38)\)

• Referred to summary of The Guide- practice guideline developed by the 3DN
Key findings

• Reasonable adjustments and adaptations
• Need for practice based evidence in contributing to the evidence base
• Psychologists reported views consistent with current Australian best practice standards
• Systemic barriers to EBP implementation
Study Three
Aims

Explore:
- Carer satisfaction with a variety of services
- Help seeking barriers
- Mental health literacy
- Carer experiences with disability and mental health services
Method

• 42 parents took part in an online national survey
• 27 parents from the full sample completed items on attitudinal barriers to help seeking and items based on three vignettes to assess mental health literacy in depression, challenging behaviour and mixed mental health and challenging behaviour presentations
Key findings

• Carers expressed dissatisfaction with inpatient and community mental health services

• Carers showed good mental health literacy based on responses from the depression and challenging behaviour vignettes and poorer literacy with mixed presentation.

• Few attitudinal barriers to help seeking reported
• More negative than positive experiences with mental health services - viewed to hold limited expertise in dual disabilities

• Carers reported the importance of collaboration, applying special considerations to suit the needs of their child with an ID

• Difficulties in accessing appropriate services
Thesis- Key Implications

- Practice based research
- Accessible training in dual disabilities
  - MH ax and dx
  - EBP
  - Reasonable adjustments
  - Scientist practitioner model
- Accessible research in ID
- Specialist services and/or specialist units within mainstream services
• Increased funding and support to mainstream services
• Recognition of carer role
• Empowering families with information
• Balancing rights of individual with ID with carer’s wishes and needs
• Increasing mental health literacy
References


Currently available best practice guidelines

- Intellectual Disability Mental Health Core Competency Framework: A Manual for Mental Health Professionals
  https://3dn.unsw.edu.au/idmh-core-competency-framework

  https://3dn.unsw.edu.au/the-guide

The Guide has been developed to provide a national framework of understanding and action for frontline mental health service providers with respect to people with an intellectual disability.
Practice Guidelines for the Assessment and Diagnosis of Mental Health Problems in Adults with Intellectual Disabilities
onlinelibrary.wiley.com/doi/10.1046/j.1365-2788.2002.00421.x/full

These guidelines provide a summary of current knowledge regarding the assessment and diagnosis of specific psychiatric disorders in adults who have an ID based on clinical consensus.

What do they all have in common?

- Utilisation of evidence based assessments specific to ID population
- Collaboration
- Reasonable adjustments
- Comprehensive, multi-format assessment
- Involvement of carers and systemic supports
- Person centred practices
- Reference to established mainstream guidelines/diagnostic manuals
Resources

- Intellectual Disability – Mental Health First Aid
  This manual is for people working in human services to provide guidance on how to support people with an ID who are experiencing difficulties associated with mental health problems.


- Mental Health Services for Adults with Intellectual Disability: Strategies and Solutions. Edited by Nick Bouras & Geraldine Holt, Psychology Press (2010)
  bjp.rcpsych.org/content/198/4/328.2.full
CENTRES FOR RESEARCH AND DEVELOPMENT IN INTELLECTUAL DISABILITY

National:
- Department of Developmental Disability Neuropsychiatry (3DN)
  https://3dn.unsw.edu.au/
- Centre for Disability Studies
  http://www.cds.med.usyd.edu.au/
- Centre for Developmental Disability Health Victoria (CDDHV)
  www.cddh.monash.org
- The Queensland Centre for Intellectual and Developmental Disability (QCIDD)
- Victorian Dual Disability Service (VDDS)
  www.svhm.org.au/services/VictorianDualDisabilityService
International:

British Institute of Learning Disabilities (BILD)
www.bild.org.uk

- Estia Centre – United Kingdom
www.estiacentre.org

- An Association for persons with developmental disabilities and mental health needs
http://thenadd.org/

- International Association for the Scientific Study of Intellectual and Developmental Disabilities
https://www.iassidd.org/
Online training in MH and ID

- The CDDHV is an academic unit established by the Victorian State Government to improve health outcomes for people with developmental disabilities through a range of educational, research and clinical activities.
  [https://vdds.svhm.org.au/](https://vdds.svhm.org.au/)

- This e-Learning website has been developed by the Department of Developmental Disability Neuropsychiatry as a free training resource to improve mental health outcomes for people with an ID.
  [www.idhealtheducation.edu.au](http://www.idhealtheducation.edu.au)

- American Association on Intellectual and Developmental Disabilities E-Learning and Continuing Professional Education (AAIDD)

AAIDD (see Professional Associations and Interest Groups) offers online continuing education and training opportunities to intellectual and developmental disability professionals.
Questions?

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