

Improving Mental Health and Wellbeing Outcomes for People with Intellectual Disability



This tree represents strength through collaboration. A community that builds on input from a diverse range of people, is grounded and grows together. Together, we'll improve the mental health and wellbeing of all Canberrans.

**POSITION
STATEMENT**

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1. Purpose

The purpose of this Position Statement is to help inform future planning and investment in the health system. As the improvement of mental health and wellbeing involves more than mental health services, the Position Statement explores the importance and role of communities and broader networks, as well as services and supports. As such, this Position Statement applies to supporting the mental health and wellbeing of people with intellectual disabilities across all parts of the human services system with which they interact.

This Position Statement notes the experiences of compounding disadvantage faced by people with intellectual disabilities, including significant and diverse barriers experienced when accessing mental health services and supports, as well as the wider human services system. This is consistent with the definition of disability in the United Nations Convention on the Rights of Persons with Disabilities, which states:

“People with disability include, but are not limited to, those who have long-term physical, mental, cognitive, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (Convention on the Rights of Persons with Disabilities (CRPD), Article 1.)

Through discussions with the mental health sector and community, review of strategic policy and research on emerging and best practices, this Position Statement communicates the intentions of the ACT Government and outlines best practice approaches for improving the mental health and wellbeing of people with intellectual disabilities and the services available to support them.

Given the whole of government nature of some these best practice approaches, actions arising from the Position Statement will be addressed through future Action Plans for a range of strategies that can support people with intellectual disability. This includes the recently published Disability Health Strategy 2024-2033 and the Disability Strategy 2024-2033 but will also include working in collaboration with all ACT Government stakeholders, including Canberra Health Services.

This Position Statement notes the importance of ongoing codesign and consultation of people with lived experience in development of any future policies and actions. This commitment to codesign is critical to the success and buy-in of this work.

Since commencing work on this Position Statement, the ACT Health Directorate (ACTHD) has published a Disability Health Strategy (DHS). The DHS offers the overarching strategic direction for this Position Statement and provides a framework for any action taken.

This paper uses people first language and it is acknowledged that this may not be the preference of all individuals. The primary focus is ‘people with intellectual disabilities.’ While

some of the best practice approaches highlighted in this Position Statement could be helpful for people facing other barriers, focusing on people with intellectual disabilities provides a clearer scope for the Position Statement.

Need for Effective Mental Health Services

As a group, people with intellectual disabilities experience far higher rates of mental illness and poor mental health across their lifetime than individuals who don't have an intellectual disability. This includes higher rates of anxiety and depression as well as more severe conditions, such as Schizophrenia. Despite these statistics, there continue to be multiple challenges and barriers for people with intellectual disabilities to access appropriately skilled mental health services.



The ACT Government is committed to developing a cohesive system that supports people to be as mentally healthy as possible. As members of the ACT community more at risk of experiencing numerous barriers in accessing services and mental ill-health, people with intellectual disabilities may require targeted or additional supports to benefit from this commitment.

For people with intellectual disabilities experiencing poor mental health or illness, the ACT Government aims to create a service system that offers a variety of supports, programs and services that provide the right support at the right time, with a focus on early intervention.

This Position Statement notes the concerns of people with disability, their families and carers, regarding the treatment and care they may receive from the mental health system.

Whilst the clinical mental health guidelines for treatment and management are not in scope of this Position Statement it provides an ongoing commitment to address quality and accessibility of mental health supports for people with an intellectual disability.

In addition, building structural and system capacity to meet the mental health needs of people with intellectual disabilities requires understanding and analysis of data, a skilled workforce across the spectrum of mental health supports and services including primary care and disability providers, and addressing challenges that result from systemic issues such as legislation.

Another key element required for an effective mental health services system is improving processes and training to enable supported-decision making for people with intellectual disability. Embedding the principles of supported-decision making, which empower the active and informed participation of people with intellectual disabilities in their mental health, treatment care and support, is crucial to improving outcomes.

Compounded Disadvantage

People with intellectual disabilities may experience greater social and economic disadvantage that can lead to increased experience of poverty, both for themselves and their families. In turn, this leads to poorer health outcomes, reduced participation in education and employment, an increased likelihood of experiencing discrimination, and limitations to the extent to which people can participate in the community (Victorian Health Promotion Foundation, 2012). When somebody with an intellectual disability also experiences mental ill-health, this disadvantage is further compounded, noting the further impacts for people facing intersectional barriers due to their identity, including people from Aboriginal and Torres Strait Islander communities, LGBTQIA+ communities, and people from culturally and linguistically diverse communities.

People with intellectual disabilities are more likely to develop poor mental health or mental illness, including higher rates of psychological distress and trauma. This cohort experiences several barriers across all wellbeing domains and lead to a lack of opportunities in accessing safe and welcoming services and support that address these. These barriers are present in:

- economic, social and cultural life;
- accessing systems and services;
- accessing and understanding information;
- accessing safe and welcoming services and support;
- understanding available services and supports and how to access them; and
- lack of opportunities to access preventative health supports.

Early access to appropriate services and support is important for all people experiencing poor mental health and mental illness, including people with intellectual disabilities.

Through access to early intervention, people with intellectual disabilities can be supported to experience improved wellbeing across their lives. Appropriate mental health support for

carers, family and significant others is also a critical factor for these individuals to maintain their own personal wellbeing and enable them to continue to provide support and care.

Experience of Trauma

Trauma can occur from any number of negative events that impact a person's mental health and wellbeing, and their ability to manage these impacts as well as lead to altered or negative emotional and mental states. As people with intellectual disabilities may already have heightened sensitivity to sensory and environmental changes and challenges, they are more susceptible to trauma and may have difficulty communicating their experiences, thoughts and feelings. People with intellectual disabilities are also at higher risks of experiencing violence, abuse, neglect and other forms of mistreatment.

As trauma also affects the family and carers of people with intellectual disabilities, services for people with intellectual disabilities and their families and carers must be trauma sensitive and informed at all stages of the treatment journey (BlueKnot Foundation, 2020).

Exposure to inappropriate care and responses to trauma, like those that have been reported during consultations for this Position Statement, can create additional trauma for people. This can lead to fear and distrust of services and can increase the likelihood and/or severity of mental health issues experienced, and contributes further to barriers in accessing services for people with intellectual disabilities.

Mental Health Impact of the COVID-19 Pandemic

Since the initial consultations for this Position Statement, the world has faced the challenges of the COVID-19 (COVID) pandemic. The requirements of COVID public health advice has had particular implications for people with intellectual disabilities (Courtenay K, 2020 September). Concerns about safety and COVID infection, along with the experience of lockdowns, restrictions, quarantine and social distancing add significantly to the stress experienced by people with intellectual disabilities. These stressors increased social isolation, disrupted support networks and routines and increased stress on carers and families trying to navigate the changing environments and challenges. Access to mental health and behavioural supports were made even more difficult by reduced face to face delivery of services and COVID related staffing issues.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission) has highlighted the accounts of trauma experienced by people with disability in the early stages of the pandemic. More recently, in their Statement of Ongoing Concern (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2021) the Disability Royal Commission reported that while the broader community has shifted towards 'living with COVID', the challenges for people with disabilities continue. Issues identified include:

- severe disruptions to disability services and essential supports;
- concerns about access to essential health services and fears of health rationing as health care systems have experienced increased demand;
- concerns with managing COVID in the home for people with disabilities;
- lack of adequate and meaningful consultation with the disability sector and people with disabilities to inform this phase of the pandemic response;
- fears and isolation for people with disabilities needing to isolate for extended periods, with anxieties about potential infection from those providing critical care and a lack of access to these critical services; and
- reduced formal and informal oversight in closed residential settings for people with disability, with an increase in the risk of violence, abuse, neglect and exploitation.

The longer-term effects of the pandemic on mental health and wellbeing are yet to be fully understood, though there are indications of increased mental health concerns for the whole population. Given the unique difficulties faced by people with intellectual disabilities, ensuring access to inclusive and effective person-centred and holistic services, especially mental health support and treatment, is needed more than ever.

2.Desired Outcomes

The Vision for Mental Health and Wellbeing in the ACT¹ is:

A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

The following intentions and outcomes may guide potential future actions aligning with this Position Statement:

Figure 1: Vision for mental health and wellbeing in the ACT

Our intention is to improve the quality of life for people with intellectual disabilities, their families and carers by reducing the negative impacts of mental health issues and illness.

Our desired outcomes for these groups are to achieve:

- inclusive and effective mental health promotion;
- prevent mental ill-health and suicide;
- services that focus on mental health prevention and intervention; and
- accessible and responsive services for people with an intellectual disability across health, and other human services systems that they interact with.

These outcomes will be promoted by:

¹ Developed by the Office for Mental health and Wellbeing in collaboration with the ACT community.

- people with intellectual disabilities having timely access to services that support mental health and wellbeing;
- enhancing capacity across the spectrum of services to provide accessible and inclusive mental health promotion, prevention, early intervention, and treatment to support the mental wellbeing of people with intellectual disabilities by suitably skilled staff; and
- promoting the wellbeing of families and carers and ensuring supports and resources are available to assist the role they have in supporting the mental wellbeing, early intervention, and mental health treatment of the people with intellectual disabilities that they care for.

Achievement of these outcomes will have substantial benefits, such as reduced demand on more intensive crisis and acute mental health services including hospital emergency departments and inpatient services. In the absence of adequate services these become the last resort for people with an intellectual disability and their families and carers.

3. Listening and Learning

ACTHD acknowledges, with thanks, the time and energy that has been contributed from all stakeholders to support this work.

Stakeholder consultation and engagement occurred across a variety of forums between late 2018 to 2022, including:

- Three initial workshops with invitees from across the health, human services and community sectors, including advocacy and consumer and carer representatives;
- Circulation of draft versions of the Position Statement to stakeholders; and
- Further consultation invited through interviews, written submissions and feedback from consumers, carers and families.

These consultations and engagement helped develop an understanding of the ACT disability health and mental health service sectors, and the local experience of mental health services and supports for people with intellectual disabilities and their carers and families.

Consultations also helped identify future opportunities and priorities for improvement, guided by the National Roundtable on the *Mental Health of People with Intellectual Disability Report* (Department of Developmental Disability Neuropsychiatry, 2018).

Specifically, consultations explored:

- The strengths and challenges of the mental health and disability sectors in responding to the mental health needs of people with intellectual disabilities in the ACT;

- The experiences of people with intellectual disabilities and their families and carers as they move through the ACT service system;
- The challenges and opportunities available to promote mental wellbeing, identify mental health issues early and reduce barriers to treatment; and
- How services can work together better.

A full list of contributors is provided at **Appendix A**.

A review of literature, research and best practice have also informed this Position Statement providing inspiration and best practice examples for potential adoption or adaptation.

ACTHD also acknowledges the support of Spring Green Consulting in the facilitation of workshops and the formulation of ideas for this Position Statement.

It is acknowledged that codesign and partnering with people with intellectual disabilities, their carers and families, as well as the service sector is vital to addressing issues faced and discussed in this Position Statement.

4. Policies

The international, national and local policy imperatives supporting improved mental health services for people with intellectual disabilities are considerable, ranging from recognition of fundamental human rights through to addressing the specific mental health challenges that people with intellectual disabilities face and what services can do to improve.

Improving mental health services and care for people with intellectual disabilities supports the ACT Government's obligations under the *Convention on the Rights of Persons with Disabilities (CRPD)* (United Nations, 2006) to uphold equity of access to health services.

More recently, the *National Roadmap on Health Services for People with Intellectual Disability* (Commonwealth of Australia, 2021) and recommendations from the Disability Royal Commission (2023) call for a responsive health system that can meet the needs of people with intellectual disabilities. The *Towards our Vision: Taking a Strategic Approach to Mental Health in the ACT* (the Strategic Approach) (Office for Mental Health and Wellbeing, 2022) provides a local framework for exploring the issues and defining a government position in the ACT.

National Roundtable on the Mental Health of People with Intellectual Disability Report (National Roundtable Report)

The recommendations from the National Roundtable Report provide an evidence-based framework for mental health service improvement in order to respond better to the needs of people with intellectual disabilities. The recommendations were collated from the responses of leaders in the mental health sector and focus on the needs of people with intellectual disabilities as articulated at the second National Roundtable on Intellectual

Disability Mental Health held on 27 March 2018 at the University of New South Wales, Sydney. Recommendations sit against eight key elements covered below:

1. **Inclusion –The mental health needs of people with intellectual disability are specifically considered and accommodated in all mental health initiatives.**
2. **Prevention and timely intervention - People with intellectual disability and their families receive education and support to prevent, and to obtain early and timely assistance for mental illness.**
3. **Access to skilled services – All mental health services provide equitable access and appropriately skilled treatment to people with intellectual disability.**
4. **Specialist services support mainstream mental health services – A national network of specialist intellectual disability mental health professionals is available to support mainstream mental health services – by provision of consultancy and training, and through research.**
5. **Collaboration- Ongoing joint planning by disability services, schools and mental health and other relevant services including:**
 - (a) identification of referral and treatment pathways; and
 - (b) a framework and capacity for collaborative responses where intellectual disability and mental health needs co-exist.
6. **Workforce development and support – Training in intellectual disability mental health to minimum standards for front-line and other professional staff in disability services, schools and health services, particularly including primary health and mental health services.**
7. **Data – Collection and analysis of data that measures mental health needs, access to services, and outcomes of people with intellectual disability.**
8. **Multiple disadvantage – All Elements include specific focus on contributors to multiple disadvantages including poverty, isolated lives, alcohol and other drugs misuse, Indigenous status, culturally and linguistically diverse (CALD) background and contact with the criminal justice system.**

Towards our Vision: Taking a Strategic Approach to Mental Health in the ACT (the Strategic Approach) Domains

The Strategic Approach highlights the three following domains:

Mentally Healthy Community

Good mental health improves a range of outcomes for individuals and communities, including healthier lifestyles, physical health, improved recovery from illness, higher education, employment, social connections and an improved quality of life, and in turn these attributes improve mental health. Improved outcomes in mental health and wellbeing will strengthen our community, increase productivity and allow the ACT to thrive.

Enhancing Lives

Mental health and wellbeing are fundamental to our ability to interact with others, work and earn a living, and feel connected to the broader community. To support individuals, families and carers who are experiencing mental health concerns, it is critical to address the social and economic circumstances of each person's life as well as providing integrated accessible mental health services.

Structural and System Capacity

The National Mental Health Commission's review of mental health programmes and services concluded that services are fragmented and delivered within a complex system involving multiple providers and siloed funding streams. This is a challenge for all advanced health care systems and is a concern raised by the community. There is a need for a cross sector approach to support the change required to enable a more integrated and coordinated system.

A summary of other relevant policy and key points related to this Position Statement is at **Appendix C**.

5. ACT Legislation

Accessible and appropriate mental health services and supports for people with intellectual disabilities fits within the remit of Human Rights and Discrimination legislation that upholds people's rights to equity of access to services. All Acts are accessible through the ACT Government website: <https://www.legislation.act.gov.au/>.

Issues raised in relation to Legislation

Throughout the ACT stakeholder consultations, issues were raised about the use of the *Mental Health Act 2015* and consequently the use of mental health facilities for the involuntary detention of people with intellectual disabilities. This was particularly reported for those presenting with behaviours of concern that may or may not be related to a mental health issue. This issue sits in a complex area where disability related concerns are dealt with through mental health legislation. Issues were also raised about the inappropriate use of, or over prescribing of, sedating psychotropic medications for people with an intellectual disability and other cognitive disabilities more broadly.

These concerns are related to treatment and management of disability and so are not within the scope of this Position Statement. However, given the significant issues experienced by people with intellectual disabilities and their families through these interactions with the mental health system, for whatever reason, improvements in the ability for mental health services to work with people with intellectual disabilities should be considered.

Human Rights Act (2004)

The ACT was the first jurisdiction in Australia to enact a *Human Rights Act (2004)*. The Act provides an explicit statutory basis for respecting, protecting and promoting civil and political rights for all people living in the ACT. Any legislation introduced in the ACT must comply with the *Human Rights Act (2004)*. Legislation, such as the *Mental Health Act (2015)*, provides an accompanying explanatory statement on the human rights implications of the legislation.

Discrimination Act (1991)

In the ACT it is against the law for someone to discriminate against a person because of any particular characteristic, in an area of public life such as employment, education, provision of goods and services and accommodation. This Act covers discrimination on the basis of disability including intellectual disabilities and mental illness. Generally, employers, service providers and others must make reasonable adjustments for people with a disability to enable them to have the same opportunities as others.

Recent changes to the Act in 2024 included the introduction of a positive duty to make reasonable adjustment to accommodate a person's particular needs arising from any protected attributes, including disability. This will affect future work needed to ensure equitable access to mental health support for people with intellectual disabilities, including the promotion of support-decision making in the provision of support.

Carers Recognition Act (2021)

The *Carers Recognition Act 2021* will help carers in the ACT to be seen, heard and supported by the community. The Act is a set of principles that organisations will need to follow to support carers. It applies to family and friend carers and foster & kinship carers. It does not apply to people who are employed to provide care, like nurses or support workers. Care organisations have to follow the principles of the Act and report on what they have done.

Mental Health Act (2015)

The *Mental Health Act 2015* (the Act) applies to the assessment, treatment, care and support of people experiencing a mental illness or mental disorder in the ACT. The Act was the result of considerable stakeholder and public consultation and seeks to promote a renewed recovery-oriented approach to mental health service delivery. It brings the ACT's mental health legislation in line with human rights law including the *United Nations Convention on the Rights of People with Disabilities* and the *Human Rights Act 2004*. The Act is designed to empower people to participate in decisions about their health care and sets out the legal responsibilities of health professionals. The Act provides for the treatment, care or support, rehabilitation and protection of people with a mental disorder (including mental disorders associated with cognitive disability) or mental illness.

Guardianship and Management of Property Act (1991)

In the ACT, a Guardian is a person appointed by the ACT Civil and Administrative Tribunal (ACAT) under the Guardianship and Management of Property Act 1991. A Guardian is appointed to make a range of personal and health decisions for a person who is found by ACAT to have a decision-making disability. For the purposes of that Act, a person under guardianship is referred to as a Protected Person. The role of the guardian is to act as substitute decision-maker for the protected person.

Senior Practitioner Act (2018)

On 1 September 2018 the *Senior Practitioner Act 2018* came into effect in the ACT. The intent of the legislation is to provide a formal framework for the reduction and elimination of restrictive practices by service providers in the ACT. The Act applies to people receiving education, disability services, childcare and protection and any other service prescribed by regulation. The Act enshrines the principle that providers should only use restrictive practices in very limited circumstances – as a last resort. Under this legislation all use of restrictive practices must be reported to the Senior Practitioner and are only permissible if used in a way that is consistent with a positive behaviour support plan for the person. The Act makes specific exemptions for persons receiving care under the *Mental Health Act 2015* (to the extent that Act applies), *Mental Health (Secure Facilities) Act 2016* and those in custodial or prison detention (including the Bimberi Youth Justice Centre) due to existing oversight arrangements specific to those settings.

6. Current ACT Disability and Mental Health Sectors

Mental wellbeing and recovery from mental ill-health goes beyond the health system. The Productivity Commission Inquiry into Mental Health (Productivity Commission, 2020), highlights the value of living a meaningful and contributing life for mental wellbeing including access to suitable housing, education, employment and social connection. For people with intellectual disabilities, there may be increased reliance on families and carers and disability support services to engage in these aspects of life.

While the focus of this Position Statement is on informing future planning and investment to support the mental health and wellbeing of people with an intellectual disability, the Position Statement also notes the role of supports and services outside the mental health sector in supporting mental wellbeing.

Potential future investment in supports for people with intellectual disabilities will need to be cognisant and consistent with the goals and actions of a number of ACT Government strategies, including but not limited to:

- The Disability Health Strategy 2024-2033;

- The ACT Disability Strategy 2024-2033;
- Inclusive Education: A Disability Inclusion Strategy for ACT Public Schools 2024-2034;
- ACT Disability Justice Strategy 2019-2029; and
- The ACT Carers Strategy 2018-2028.

Each of these Strategies have important roles for supporting a more welcoming and accessible community for people with disabilities, their carers and families, including priority areas and supports for people with an intellectual disability.

Future action to work with people with intellectual disabilities, their carers and families, towards addressing issues related to their mental health and wellbeing needs to prioritise the social determinants of mental and physical health, as demonstrated in the Disability Royal Commission.

Issues raised about the mental health and disability service systems

Stakeholder's raised specific concerns about siloing of services and challenges in navigating the service system. This issue has been compounded by the introduction of the NDIS, where people find it difficult to find appropriate services to meet their needs. While choice and control are excellent principles supported by the NDIS, it can result in no choice and no services if the market is too thin or unwilling to assist those in most need.

Stakeholders identified the need for better resources and assistance in navigating the service system and for providers who have the knowledge and connections to facilitate access to the services, programs and supports that will meet the person's needs.

Disability services external to the NDIS and funded through ACT Government tend to be focused on the identification of intellectual disabilities in children through assessment and diagnostic services such as the Child Development Service (CDS) and the Community Paediatrician and Child Health Service (CP&CHS).

Mental health services can be difficult to access due to diagnostic challenges and overshadowing (separating out what is a mental health issue and what is related to the person's disability). People with intellectual disabilities can also be required to engage with mental health services for issues related to their disability under the *Mental Health Act 2015*, leading to a confusing landscape for people and services. In either case, the health professionals involved require understanding and skill in assessment and treatment of people with intellectual disabilities experiencing mental health issues or illness as well as the capacity to support people with an intellectual disability who are required to stay in inpatient mental health settings under the *Mental Health Act 2015*. This includes the skills and abilities of health care professionals to enable people with intellectual disability to have supported-decision making in their care, treatment and support.

The below supports and services play key roles in the mental health and wellbeing of people

with intellectual disabilities:

- Carers and Families
 - Carers and families often take a major role in the network of supports for people with intellectual disabilities and need resources and support to sustain them in their caring roles and maintain meaningful connections with their loved ones. Carers and families are early identifiers of mental health and/or behavioural issues; valuable supporters assisting navigation of services; and play a key role in mental health treatment and support.
- Health Services including,
 - Primary Health
 - General Practice
 - Private psychologists and allied health
 - Child Health Services
 - Specialist development health services
 - General Health Services
 - Medical
 - Rehabilitation
 - Mental Health Services
 - Private psychiatry, psychology and allied health
 - Government funded
- Disability Services
 - Community Services and Programs
 - Private therapeutic services
 - Child Development Services – accessible for children under 12
 - NDIS Cognitive Disability and Psychosocial Disability
- Other Services and Programs
 - Education
 - Justice and Corrections
 - Employment
 - Housing
 - Transport

7. Issues, Intentions and Improving Outcomes

The shared personal perspectives and experiences of people with intellectual disabilities, their carers and families and service providers, has supported:

- improved understanding of current needs, challenges and barriers; and
- identification of priority areas for improvement and potential solutions.

The Position Statement has been further informed by best practice approaches identified through the National Roundtable (2018), and more recent developments such as the National Roadmap and learnings from the Royal Commission. These perspectives and approaches are outlined in the table on the next page to describe a number of best practice

approaches for improving the mental health of people with intellectual disabilities and the services available to support them.

Despite the range of policies, plans and guidance available, it is clear from the stakeholder feedback that there is still a long way to go to promote mental health, prevent mental ill-health and suicide, and remove the barriers and compounded disadvantage that many people with intellectual disabilities experience.

Government commitment is required to support strategic investment to align with the priorities and recommendations identified of policy documents and shared lived experience in order to make a significant difference to the experience and mental health outcomes of people with intellectual disabilities, their carers and families.

The domains in the Strategic Approach (OMHW, 2022) provide a framework for exploring issues and presenting the ACT Position. The best practice approaches in the below table are colour coded to indicate the alignment with the National Roundtable Recommendations:

Mentally Healthy Community

- Promotion of mental health and prevention of mental illness and suicide
- Early intervention in community and workplaces
- Integrated Suicide prevention

What we heard – issues and needs	What we would like to see - outcomes and improvements	Existing strategies and initiatives to support action	Best practice approaches to be considered in the ACT
<ul style="list-style-type: none"> • Lack of access to mental health promotion and prevention programs (including suicide prevention) and activities that are accessible and inclusive of people with intellectual disability. • Difficulties experienced in identification of emerging mental health issues for people with intellectual disability and pathways for early response. • Lack of availability and access to suitable resources and support for carers/families and supporters of people with intellectual disability so they are able to help promote mental health and prevent mental health issues 	<ul style="list-style-type: none"> • Programs and services across sectors are proactive to ensure inclusion and equal access for people with intellectual disability and do not discriminate. • Primary care, disability services, child-care, education settings, employment, justice and other settings are able to identify the needs of people with intellectual disability and have capacity to act on opportunities for mental health promotion, prevention and early support. • Awareness raising, education programs and resources are inclusive, accessible and readily available, to assist with promotion of mental health and prevention and identification of signs of mental ill-health or suicidality for people with intellectual disability. • Accessible information on services and referral pathways is promoted, emphasising the importance of sharing this information broadly and updating regularly. • Carers and families are supported to help promote mental health, prevent mental health issues, identify emerging difficulties and find the right services as needed. 	<ul style="list-style-type: none"> • The ACT Disability Justice Strategy has set a goal for all directorates to develop Disability Action and Inclusion Plans (DAIPS) by 2022 (ACT Government, 2019). • Family-based skills training for parents and families of children at risk of or with emerging behavioural issues (e.g. Stepping Stones Triple P program). Evidence suggests these programs help promote the mental wellbeing of the child and their families as well as help to prevent the development of mental health and behavioural issues. • The Healthy Mind easy read web-tool by Black Dog Institute² designed to help 	<ul style="list-style-type: none"> • Identifying, developing and promoting tools and resources that support inclusive mental health promotion, prevention of mental ill-health and suicide and recognition of early signs of mental health issues or illness across a range of services. • Identifying, developing and promoting information and supports, including navigation and coordination services, suitable for people with intellectual disability and resources to assist

² [Healthy Mind Online Tool for Thoughts & Feelings - Black Dog Institute](#)

<p>in the people for which they provide care.</p> <ul style="list-style-type: none"> For some carers/families, the ongoing challenges of caring along with lack of adequate support can lead to burnout, personal mental health issues, impact on their ability to maintain social connections and economic participation and potentially result in an inability to sustain a caring role. Lack of access to resources and supports to promote the mental health of carers/families and prevent the development of mental health issues. Need for greater awareness and understanding of the mental health of people with intellectual disability across the human services sectors to support early responses to address emerging mental health concerns in people with intellectual disability. 	<ul style="list-style-type: none"> Services work with the person, their carers/families and other services as appropriate and agreed, to share information and expertise, build understanding, knowledge and skills and support a holistic, person-centred approach. Mainstream primary health and community services have greater understanding and can respond more effectively to the needs of people with intellectual disability. This includes having access to the skills and resources to make reasonable adjustments to meet the needs of this group. Information about current mental health services including information on key access points for people with intellectual disability is promoted and easily accessed. 	<p>people with intellectual disability to recognize and regulate their thoughts and feelings.</p> <ul style="list-style-type: none"> Online training for health and disability staff currently available through a number of existing training platforms including the National online training platform MH-POD³ and the Department of Developmental Disability Neuropsychiatry (3DN)⁴. Resources and tools to be developed to assist communication of mental health concerns between the person, carers/families and mental health providers. Carers/families have access to education and support that enables them to fulfill and sustain their caring role and promotes their own mental health and wellbeing, such as the Carer e-learning⁵ and the Wellbeing Record⁶ available through 3DN (Department of 	<p>family/carers and informal supporters in their role.</p>
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³ [MHPOD](#)

⁴ [E-Learning | Department of Developmental Disability Neuropsychiatry \(3DN\) \(unsw.edu.au\)](#)

⁵ [E-Learning | Department of Developmental Disability Neuropsychiatry \(3DN\) \(unsw.edu.au\)](#)

⁶ [Wellbeing Record | Department of Developmental Disability Neuropsychiatry \(3DN\) \(unsw.edu.au\)](#)

<p>This is particularly relevant in education and justice settings.</p> <ul style="list-style-type: none"> Difficulties in navigating and accessing services for the person and carers/families. 		<p>Developmental Disability Neuropsychiatry, 2020).</p> <ul style="list-style-type: none"> ACT Health has established the Mindmap ACT Youth Portal, a dedicated portal for children and young people (up to 25 years of age) to help navigate Canberra’s mental health system and to find the right service and support. This program includes direct support and offers active support while a person is waiting for services⁷. 	
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Enhancing Lives

- Strengthen social connection and economic participation.
- Integrated personalised mental health supports

What we heard – issues and needs	What we would like to see - outcomes and improvements	Existing strategies and initiatives to support action	Best practice approaches to be considered in the ACT
<ul style="list-style-type: none"> Services are siloed, it is difficult to access the right mix of services and programs that respond to the diverse needs of people with intellectual disability. 	<ul style="list-style-type: none"> Increased understanding of the importance of social connection and economic participation for a person’s mental health and wellbeing and how this informs the supports needed by people with intellectual disability. Recognition of the value of maintaining important relationships in the person’s life and the role of carers specifically. 	<ul style="list-style-type: none"> Through the development of DAIPs, service providers who are less familiar with working with people with cognitive disabilities can plan and make available environmental and operational adjustments for 	<ul style="list-style-type: none"> Promoting mental health, resilience and recovery of people with intellectual disability and their carers/families through

⁷ [Home | MindMap - Canberra’s mental health support for children and young peoples \(act.gov.au\)](#)

<ul style="list-style-type: none"> • Gaps in services and a lack of clear pathways to skilled services compound the challenges for people with intellectual disability to address mental health issues and access treatment for mental illness. • Carers/families experience barriers to communication with services making it difficult for them to fulfill their caring role. • Diagnostic overshadowing, or the tendency for a person's intellectual disability to be seen as the cause of their presenting symptoms or behaviours. This is an ongoing challenge that results in people not having access to services for their mental health difficulties. For those who are not best helped through mental health services, there is a lack of alternatives that people can be linked with to address their difficulties. 	<ul style="list-style-type: none"> • Services engage with carers/families to ensure they are supported and informed as appropriate. • Carers/families have access to resources and supports that promote their resilience and wellbeing allowing them to sustain support for their loved ones as well as their own economic participation and social connections. • Cross-sector partnerships exist across all aspects of a persons' life, such as community and disability programs and supports, primary care and mental health services. • The service system is designed to make person-centred support and treatment accessible to all and encourages services work together, in partnership with the person and their carer/family on assessment, problem identification and an agreed plan for treatment, care and support. • Family/carers, supporters and providers have the skills and resources needed to assist recognition of early signs of declining mental health and are aware of the plan for responding to these signs. • Mainstream mental health services have regular and easy access to the expertise of specialist mental health and other clinical practitioners as required. • Based on best-practice a research, there is ongoing need for specialist treatment to provide supports to all age groups. 	<p>people with intellectual disability. Examples of common adjustments include:</p> <ul style="list-style-type: none"> ○ allocation of extra time for appointments; ○ agreement for preferred carers/supporters to attend specialist appointments and planning meetings; ○ access to spaces that meet sensory or behavioural needs for meetings and in waiting areas; and ○ provision of information in accessible formats. <ul style="list-style-type: none"> • The use of system navigators and care coordinators such as the Support Coordinators in the NDIS and other case manager roles. • Health passports are increasingly being used to assist with service cooperation and information sharing. See examples from QLD⁸ and UK⁹. • The Carers Recognition Act 2021 was introduced in the ACT in 2021, recognising and promoting the role carers 	<p>social and economic participation.</p> <ul style="list-style-type: none"> • Promoting inclusive, holistic and person-centred care in mental health service delivery for people with intellectual disability, including the implementation of Disability Action and Inclusion Plans (DAIPs) • Supporting the establishment of roles that promote navigation, care coordination and integration of services. • Raising awareness of the Carer Recognition Act 2021 and the associated expectations of services. • Exploring the opportunity to improve capacity and capability of specialist MHS-ID team to meet demand. • Building on multi agency approaches to assessment,
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8 [3.-Julians-Key-Health-Passport-100gsm-LHC-staple.pdf](#)

9 [NHS health passport | NHS Employers](#)

<ul style="list-style-type: none"> • While CHS has services for people with mental illness and intellectual disability, noting it is a small service with limited capacity to meet the demand in the ACT community as well as offer expertise to other providers. The services includes: <ul style="list-style-type: none"> ○ Consultation and liaison for professionals, disability support providers, families, and carers; ○ Comprehensive clinical assessment; ○ Psychological assessment; and ○ Psychiatric consultation. • Need for specialist disability, behavioural and mental health services to meet the more complex needs of people with intellectual disability and/or mental illness. Carers/families feel excluded, this is particularly the case when legislation (guardianship or mental health legislation) is involved to enable treatment, care and support of disability and/or mental health issues. 		<p>have in our community. The Act outlines principles that require organisations to consider and adapt practices to support the care relationship that exists between carers and the people they care for.</p> <ul style="list-style-type: none"> • Increasingly States and Territories are establishing specialist services for people with intellectual disability and mental illness: <ul style="list-style-type: none"> ○ The Canberra Health Services offers a territory wide service to people with intellectual disability and co-occurring mental health conditions with a consultation liaison focus. • NSW Ministry of Health have recurrently funded two tertiary state-wide services (hubs) for intellectual disability mental health (IDMH) – one for children/adolescents and another for adults. They have also provided a number of Local Health Districts with time-limited funding to build capacity in mental health services for people with intellectual disability. 	<p>planning and treatment for people with multiple and complex needs that can deliver support in various settings including health, education and justice.</p> <ul style="list-style-type: none"> • Exploring the feasibility of establishing a multi-agency response service offering collaborative, best practice approaches to people with intellectual disability experiencing a complex health and mental health issues.
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Structural and System Capacity

- Enhance workforce capacity, capability and diversity
- Shared responsibility and collaborative action; and
- Deliver innovation and reform.

What we heard – issues and needs	What we would like to see - outcomes and improvements	Existing strategies and initiatives to support action	Best practice approaches to be considered in the ACT
<ul style="list-style-type: none"> • Need for capacity building of the primary care and disability workforce to identify and respond to mental health issues and support wellbeing. • Need for a more skilled response to the mental health concerns of people with intellectual disability by mental health service providers. • Need for guidance/supervision/professional development required for medical practitioners prescribing psychotropic medications to people with intellectual disability. • Limited data on the need across the spectrum of mental health services from people with intellectual disability. 	<ul style="list-style-type: none"> • The disability workforce has a sound understanding of how symptoms of mental ill-health might present and their role in supporting the mental health needs of the people they work with. • The mental health workforce has a sound understanding of the unique needs and reasonable adjustments that need to be made to provide appropriate and accessible care for a person with an intellectual disability. • Health Professionals, including General Practitioners and specialist medical officers, have easy access to appropriate professional learning and use of resources such as relevant screening tools, assessment tools, behaviour support, psychopharmacology, service integration practices and approaches to relapse prevention. • Existing specialist providers have capacity and are engaged to offer support to community, health and disability workers through 	<ul style="list-style-type: none"> • The Guide is a national framework of understanding and action for frontline mental health service providers with respect to people with an intellectual disability.¹⁰ • The Intellectual Disability Mental Health Core Competency Framework: A Manual for Mental Health Professionals (funded by NSW Ministry for Health) describes the specific skills and attributes required by mental health professionals for the provision of quality services to people with an 	<ul style="list-style-type: none"> • Considering the needs of people with intellectual disability in the development of all health and mental health policy and initiatives. • Promoting opportunities and availability of education, training and mentoring/supervision opportunities for working with people with intellectual disability for disability providers, primary care providers and mental health providers, including medical officers, to promote best practice in the identification, treatment and support of

¹⁰ [The Guide | Department of Developmental Disability Neuropsychiatry \(3DN\) \(unsw.edu.au\)](#)

<ul style="list-style-type: none"> Identifying intellectual disability and mental health issues for people in the Justice System is variable and vulnerable people may not get their needs met in these difficult environments. Current legislation, in particular the <i>Mental Health Act 2015</i>, does not always result in people with intellectual disability getting the treatment and support they need, particularly where behaviours of concern are managed under mental health legislation and in the mental health system. 	<p>supervision, mentoring, education and training opportunities.</p> <ul style="list-style-type: none"> Service providers have formal and informal opportunities to problem-solve and collaborate through multi-agency forums or clinics including through Communities of Practice. Mental Health and disability staff have access to technology, Centres of Excellence and other innovative approaches that facilitate collaboration and connect treatment and support providers to specialist knowledge and best practice. Data is routinely collected, analysed and shared as appropriate to assist with evaluation of services, understanding demand and identifying future priorities for improvement. Where admission to a mental health unit is assessed as necessary, the person has access to skilled treatment and disability supports during their admission. <p>An integrated, multi-agency response is available that can offer expert assessment, treatment and support to people with intellectual disability, especially those with multiple and complex needs.</p>	<p>intellectual disability.¹¹</p> <ul style="list-style-type: none"> Adoption of a service improvement framework such as 'The Essentials' (NSW Agency for Clinical Innovation, 2017)¹² Training and forums to develop staff skills and assist with problem-solving such as the Project ECHO forum which offers an evidence-based model placing healthcare providers from diverse settings in direct contact with subject matter experts, empowering them to provide best practice care for their local communities¹³. Intellectual Disability Health Education developed by 3DN at UNSW, subscription costs may be required¹⁴. Commonwealth initiatives and associated funding have been announced to develop tertiary training of health professionals to be inclusive 	<p>mental health issues in people with intellectual disability.</p> <ul style="list-style-type: none"> Exploring options to improve capacity of specialist MHS-ID Team to offer expertise and professional support to mainstream mental health services, other health services and disability providers. Developing connections between providers and Centres of Excellence, Clinical Innovation and others to support development of appropriate care and skills within services. Improving data collection, outcome measurement and analysis and promote sharing of relevant data to
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11 unsw.edu.au [Intellectual Disability Mental Health Core Competency Framework: A Manual for Mental Health Professionals](#) | Department of Developmental Disability Neuropsychiatry (3DN)

12 [The Essentials](https://www.essentialsofclinicalinnovation.com.au) | Agency for Clinical Innovation ([nsw.gov.au](https://www.essentialsofclinicalinnovation.com.au))

13 Adult Intellectual Disability Mental Health (AIDMH) ECHO <https://sydneyproject.healthpathways.org.au/ProjectECHO/AdultIntellectualDisabilityMentalHealthECHO.aspx>

14 [Intellectual Disability Health Education by 3DN – e-Learning for carers, health professionals and disability professionals](#)

		<p>and skilled in working with disability, specifically cognitive disability and mental health, including autism.</p> <ul style="list-style-type: none"> • Guidance and memorandums of understanding to support collaborative practice between services and sectors. • In addition to consultation and liaison, the MHS-ID service offers mentoring and supervision to staff, particularly to build capacity in clinical mental health services. There is potential to expand capacity of this role. 	<p>evaluate service responses to people with intellectual disability, identify demand/need and inform future service development.</p> <ul style="list-style-type: none"> • Considering the suitability of current legislation for people with intellectual disability and the ability of mental health services to support people with intellectual disability who are detained in mental health facilities under mental health legislation.
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Other issues identified that are out of scope for this Position Statement

What we heard – issues and needs

- The gaps that have emerged in the Disability sector since transition to the NDIS mean increased demand on services that remain out of its scope.
- There is inadequate provision for people with intellectual disabilities to access suitable supported accommodation and skilled services (such as positive behaviour support expertise) as needed.
- Concerns about overuse or inappropriate prescribing of psychotropic medication to manage behaviours of concern in some people with intellectual disabilities.
- The specific needs of people with other forms of cognitive disability and neurodiversity who have co-occurring mental health issues should be considered separately to this Position Statement. It has been noted that there may be some recommendations in this Position Statement that can be applied to other forms of cognitive disability or disabilities more broadly.

These issues will be referred to the Disability Health Strategy or relevant areas for information and follow-up in subsequent Action Plans.

Several issues raised during consultations that were out of scope for the Position Statement have been noted and will inform ongoing related work, such as that contained in the Disability Health Strategy.

A collaborative approach is needed to increase integration across multiple sectors and bring the necessary expertise together. This will be key to achieving the goals and desired outcomes outlined within this work.

8. Conclusion

This Position Statement has explored the challenges for people with intellectual disabilities, their families and carers when seeking support for their mental health and wellbeing across the health and human services sector in the ACT. It recognises that people with intellectual disabilities have an increased risk of mental ill-health, with compounding barriers to accessing and securing appropriate mental health services and support.

The Position Statement proposes best practice approaches across a number of priority areas aimed at:

- Reducing the negative impacts of mental health issues and illness on the quality of life of people with intellectual disabilities;
- Supporting the accessible, inclusive and effective mental health promotion, prevention of mental ill-health and suicide, early intervention and appropriate treatment and support for co-occurring mental illness in people with an intellectual disability;
- Improving timely access to mental health supports and services across the spectrum of care and the human services system; and
- Exploring options to increase the capacity of services to provide appropriate mental health promotion, prevention, early intervention and treatment to support the mental health and wellbeing of people with intellectual disabilities.

While these best practice approaches are grounded in improving the mental health and wellbeing of people with intellectual disabilities, they not only apply to mental health services but also hold relevance for all parts of the human services system that interact with people with intellectual disabilities.

As such, this Position Statement will sit alongside a range of other ACT Government strategies and work related to improving the accessibility of services for people with intellectual disabilities. Most notably this includes the ACT Health Directorate's Disability Health Strategy, as well as the:

- The ACT Disability Strategy 2024-2033;
- Inclusive Education: A Disability Inclusion Strategy for ACT Public Schools 2024-2034;
- ACT Disability Justice Strategy 2019-2029; and
- The ACT Carers Strategy 2018-2028.

This Position Statement, and the best practice approaches identified, will help to inform future directions and investment for service development in the ACT. Some of the best practice approaches outlined in the Position Statement may be straightforward to progress while others require significant work and exploration of investment options to implement.

These future actions will require strong commitments to ongoing codesign and partnership with people with lived experience to ensure their success. As such, this Position Statement outlines a strong starting point and commitment for all partner agencies in the ACT Government to promote and prioritise this co-design approach.

Any actions arising from this Position Statement, and through co-design, will largely be progressed through inclusion on future Action Plans developed as part of the Disability Health Strategy.

However, there are also a number of best practice approaches identified in the Position Statement that can inform planning of services and supports across multiple Directorates by improving coordination and collaboration across the ACT Government. This is particularly true for those domains that sit outside traditional healthcare services.

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Appendix A – Stakeholder List

Stakeholders for workshops and consultations from late 2018 until 2022

Stakeholders invited to contribute to Mental Health Services for People with Intellectual Disability Working Group in 2018 and 2019 included:

- Canberra Health Services
- Carers ACT
- Community Services Directorate
- Mental Health Community Coalition ACT
- Education Directorate
- Capital Health Network
- Australian National University
- Human Rights Commission
- Zedthree Specialist Centre
- Advocacy for Inclusion
- People with Disability ACT
- ACT Mental Health Consumer Network
- ACT Health Directorate
- Justice and Community Safety Directorate
- Canberra Mental Health Forum

Appendix B: Terminology and Definitions

Acute Care is the administration of intensive, short term treatment in hospital for a severe episode of mental illness.

Behaviours of Concern (also referred to as challenging behaviours) are behaviours that can be labelled as undesirable or challenging when interacting with what society expects. Using the term 'challenging behaviour(s)' frames the challenge as the environment, rather than the person. This is because it is the environment that causes the behaviour.

Care Navigator refers to a person who works collaboratively with consumers and carers to assist them in finding the most appropriate treatment, care or supports.

Carer refers to a person who cares for or otherwise supports a person living with mental illness. A carer has a close relationship with the person living with mental illness and may be a family member, friend, neighbour or member of a broader community.

Cognitive Disability refers to a number of conditions resulting in cognitive impacts on a person's functioning, including: an intellectual disability, autism spectrum disorder, acquired brain injury or dementia. This term is used in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Issues Paper *Health Care for People with Cognitive Disability* (2019).

Community Supports refers to non-clinical services in the community that assist people living with mental illness to live meaningful and contributing lives and support them in their recovery. It may also refer to supports provided in relation to psychosocial or intellectual disabilities. These may include services that relate to: daily living skills, self-care and self-management, physical health, social connectedness, housing, education and employment.

Community Managed Sector refers to the part of the mental health sector that is predominantly made up of not-for-profit organisations providing community based support services that help keep people well in the community. They provide prevention, early intervention and rehabilitation programs and psychosocial support services that help people with their recovery from mental illness. Some also provide treatment and counselling services.

Comorbidity is the presence of one or more disease or disorders in a person, in addition to a primary disease or disorder.

Contributing Life is a term that comes from the National Mental Health Commission's *Contributing Lives, Thriving Communities* initiative and outlines that a contributing life is one where people living with mental illness can expect the same rights, opportunities and health as the wider community. It is a life enriched with close connections to family and friends, supported by good health, wellbeing and health care. It means having a safe, stable and

secure home and having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering.

Diagnostic Overshadowing refers to the misattribution of a person's physical or mental health symptoms to their developmental disability, resulting in inadequate diagnosis and treatment.

Early Intervention or Response refers to the early identification of risk factors and provision of timely treatment, care or support for people experiencing early signs and symptoms of mental illness. It aims to prevent the incidence, severity and impact of mental illness.

Effective management in the community refers to the fact that for many people with an intellectual disability and mental health needs, their condition could be effectively managed with collaboration between their primary care provider (e.g. general practitioner), community supports for inclusion and managing their condition/s, and other mainstream and specialist mental health programs.

Identification and diagnosis refers to the period where identification of a mental health issue, formal assessment, and diagnosis of a mental health condition, beyond the person's intellectual disability may be made. Formal diagnosis is done in consultation with medical professionals. From accurate diagnosis, an appropriate and effective plan for treatment and support can be devised to ensure the person is connected to and can easily access appropriate services to manage their condition and improve mental health and wellbeing.

Mainstream Mental Health Services include services provided by psychiatric units or wards in hospitals, community mental health services and residential mental health services that are provided for people from the general population experiencing moderate to severe mental illness. These services are generally structured around age groups (Children and Youth 0-18 years, Adult 18-65 years, Older Persons 65 years+).

Mental Health is defined by the World Health Organisation as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to their community.

Mental Health Service System comprises all services that have a role in the provision of treatment, care or support to people living with a mental health issue or mental illness and/or their family and carers.

Mental Health Issue refers to diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for mental illness are met.

Mental Illness refers to a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities (COAG Health Council, 2017).

National Disability Insurance Scheme (NDIS) provides eligible participants with permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS also connects people with disability and their carers, including people who are not eligible for the NDIS to relevant services and supports in their community. The NDIS is involved in funding supports for people with all disabilities including Intellectual and Psychosocial Disability as well as physical ones.

Peer Worker refers to a worker who has lived experience of the challenges a person may be facing. In this paper it primarily refers to people with lived experience of mental illness or is supporting someone with mental illness, who provides valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including: providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities.

Person-Centred refers to a principle of treatment, care and support that places the person at the centre of their care, with services operating in collaboration with the person, their carers and each other in a way that reflects the person's unique preferences, values and needs.

Prevention refers to action taken to prevent the development of mental illness, including action to promote mental health and wellbeing and reduce the risk factors.

Pre-identification is used in this paper to describe the time prior to the identification of a mental health issue or formal diagnosis of mental illness in a person with an intellectual disability noting that the person may be receiving some services and treatment for their symptoms. There may be diagnostic overshadowing and possible multiple disadvantage masking an accurate diagnosis at this stage.

Primary Care refers to health services that are generally the first point of contact for people with any health concern, including mental health issues. Primary care providers include: general practitioners, nurse practitioners and general practice nurses, private allied health professionals, pharmacists and Aboriginal and Torres Strait Islander health workers.

Primary Health Networks (PHNs) are entities contracted by the Commonwealth to increase efficiency and effectiveness of services (particularly those in the primary care sector) for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Psychosocial Disability refers to the disability experience of people with impairments and participation restrictions related to mental illness. These impairments and restrictions can include a reduced ability to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives.

Recovery (mental health) is different for everyone and the Australian Health Ministers' Advisory Council *National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers* (2013) outlines that there is no single description or definition of recovery. However, it notes that central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also, a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination is key. Characteristics of recovery commonly cited are that it is a unique and personal journey; a normal human process; an ongoing experience and not the same as an end point or cure; a journey rarely taken alone; and nonlinear, with it being frequently interspersed with both achievement and setbacks. It defines personal recovery as being able to create and live a meaningful and contributing life in a community of choice, with or without presence of mental illness.

Social Inclusion refers to the intentional creation of a society where there are opportunities for everyone to: participate through employment, education and access to services and programs; connect with family, friends, personal interests and the local community; have choice and control in dealing with personal challenges and crises; and promote citizenship and have their voices heard.

Specialist Mental Health Services, for the purposes of this paper, refers to services provided specifically for people with both an intellectual disability and mental illness. This service also assists in the treatment of autistic people where appropriate, usually where an intellectual disability is also involved. These services play a consultation and liaison role for mainstream mental health services and disability support services, especially in the area of assessment and diagnosis. For a small number of people experiencing a more complex interplay of mental health and disability, the specialist mental health service can play a more significant role in treatment and ongoing management.

Stepped Care is an evidence-based, staged approach to system design comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower-intensity services as their needs change.

Stigma refers to a negative opinion or judgment that excludes, rejects, shames or devalues a person or group of people on the basis of a particular characteristic. Stigma may include self-stigma, social stigma and structural stigma. Stigmatisation of people living with mental illness involves perceptions or representations of them as violent, unpredictable, dangerous, prone to criminality, incompetent, undeserving or weak. For those with both an intellectual disability and mental health issues, there is likely to be increased experience of discrimination and stigma.

Suicidal Behaviours A range of behaviours that include thinking about suicide (ideation), planning a suicide, attempting suicide and taking one's own life.

Trauma Informed Care and Practice refers to the organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families and carers, and service providers.

Acronyms

ACTHD	ACT Health Directorate
ACTMHCN	ACT Mental Health Consumer Network
Afi	Advocacy for Inclusion
AMHU	Adult Mental Health Unit
CAMHS	Canberra Health Services Child and Adolescent Mental Health Services
CHN	Capital Health Network
CHS	Canberra Health Services
CP&CHS	Community Paediatrician and Child Health Service
CSD	ACT Community Services Directorate
ACTDJS	ACT Disability Justice Strategy
ED	ACT Education Directorate
FMHS	Canberra Health Service Forensic Mental Health Services
GP	General Practice
MHCCACT	Mental Health Community Coalition ACT
MHJHADS	Mental Health, Justice Health, Alcohol & Drug Services
MHS-ID	Mental Health Service - People with Intellectual Disability
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NSET	Network Student Engagement Team
OfD	ACT Office for Disability
PHN	Primary Health Network

Appendix C - Other Relevant Policy

The information and issues from relevant International, National and ACT policies and reports, summarised in the figure below, are highly consistent with what has been heard through the consultations with ACT stakeholders.

