Faculty of Medicine, The Department of Developmental Disability Neuropsychiatry 3DN

3DN Submission
Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions.

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About the Department of Developmental Disability Neuropsychiatry
The Department of Developmental Disability Neuropsychiatry (3DN) at UNSW Sydney leads national and state developments in intellectual and developmental disability mental health through education and training of health and disability professionals, and by conducting research with a particular focus on the mental health of people with intellectual disability (ID). 3DN’s vision is to work with people with ID and Developmental Disabilities (DD), and their families and support networks, to achieve the highest attainable standard of mental health and wellbeing. 3DN is led by UNSW’s inaugural Chair of Intellectual Disability Mental Health, Professor Julian Trollor, who has over 20 years of clinical experience in the management of people with ID and complex health and mental health problems. He has extensive experience with a range of disability service providers and professionals, and has led or contributed to numerous legislative, policy and service reviews in the disability arena. More information about 3DN and the Chair IDMH can be found on our website: http://3dn.unsw.edu.au/

Background
People with ID represent about 1.8% of the Australian population, or approximately 400,000 individuals [1]. This population experiences very poor physical and mental health compared to the general population. For example, the prevalence of mental ill health is at least two to three times higher in people with ID compared to the general population [2]. Despite greater need, this group encounter reduced access to preventive care, poor health promotion, significantly higher rates of undiagnosed disorders, inappropriate treatment [3-5], and early mortality from preventable causes [6, 7]. Many people with ID experience a high degree of complexity and an atypical profile and presentation of mental illness [8], thus requiring a high level of psychiatric expertise, and coordinated approaches between services. The poor health and mental health status of people with ID, and commitments to address these problems, have been clearly articulated in the National Disability Strategy [9]. Further priorities to address the mental health needs of people with ID were determined at a National Roundtable on the Mental Health of People with Intellectual Disability [10], and in progressive documents such as the NSW Mental Health Commission’s 10 year strategic plan [11].

Barriers to accessing healthcare for people with an ID include stigma and exclusion [12], and a lack of support to enable access to services [13]. However one of the foremost barriers is that health professionals are inappropriately equipped to meet the needs of people with an ID. This is driven by the lack adequate training in ID health and mental health [14-16], and very limited recognition and articulation of the attributes required of health professionals across health workforce policy and competency frameworks [16]. Currently, most health professionals do not have the skills, knowledge or confidence to make reasonable adjustments to practice for people with ID. For example, medical professionals believe they lack training and skills in working with people with an ID, but express that they would like to have the opportunity to participate in medical education in this area [17, 18]. Earlier studies by our group indicate that tertiary training of future doctors and nurses in Australia lacks necessary ID health content to inform adjustments to clinical practice [19-21]. This suggests a compounding generational impact on future health professionals unless action is taken to address this competency gap. A lack of exposure to undergraduate ID education has been associated with low levels of confidence and negative attitudes regarding ID [22, 23], and fewer graduates choosing to work in the area [24]. With little prospect of developing targeted strategies to address this issue, the health inequalities experienced by people with an ID are likely to continue.
Recommendations

In the following section we address selected issues raised in the Independent Review of Accreditation Systems within the NRAS for health professions from the perspective of ID physical and mental healthcare, an area in which health graduates require greater knowledge and skills to improve workforce capacity. There have been calls for regulatory and accreditation organisations to advocate for more education in this area [25].

The complex health needs of people with ID and their inequitable access to healthcare [26, 27] provides strong rational for health graduates to gain better knowledge of this group’s health needs than has been the case to date. As people with an ID receive the majority of their healthcare from mainstream services [25], all graduates will provide healthcare to people with ID throughout their careers [19]. Enhanced, consistent accreditation standards and professional competencies in this area is an important part of equipping health professionals with appropriate attitudes and knowledge to impact more positive health outcomes for this group.

Multiple professions (e.g. GPs, psychiatrists, other specialist physicians and surgeons, nurses, psychologists, occupational therapists) are responsible for providing care to people with an ID, and need to provide healthcare using a multidisciplinary, coordinated approach. Therefore, we recommend that there is greater consistency and commonality in the development and application of accreditation standards. This would work towards ensuring that health and mental health professionals have the knowledge, skills, attitude, and confidence to make necessary modifications to practice to provide quality care to people with an ID, in addition to other diverse populations with complex needs. With consistent professional competency standards, different professions would be better equipped to work together to provide holistic care.

The review raised the issue of the rights and responsibilities of consumers to participate in the development and execution of accreditation standards, and the process to ensure the health workforce is flexible and responsive in meeting the evolving needs of the community. We recommend that consumers, such as people with an ID and their family and support networks are consulted with, and involved in, the development of accreditation standards and professional competency frameworks. It has traditionally been the case that clinical experts, rather than people with a lived experience, have defined core competencies. However, current best practice recognises that people with lived experience are familiar with the system and can provide valuable suggestions for improvements (Mental Health Commission of New South Wales, 2013). It is therefore important to engage a diverse range of stakeholders including those with lived experience in the development of curricula and professional competencies. 3DN has recently taken this approach to developing the Intellectual Disability Mental Health Core Competency Framework and would be happy to share our experiences with the review panel.

Further, to improve clinical experience, meet healthcare priorities and raise standards of care, it is recommended that inclusive teaching and assessment processes be embedded in accreditation standards. Inclusive teaching that involves individuals with an ID developing or delivering education has been found to positively influence students’ confidence, attitudes and capability in working with this population [28-31]. A review of UK studies examining methods for teaching disability content to medical students recommended that inclusive teaching should be utilised from an early stage in degrees to encourage positive student attitudes [32].
We thank the Independent Reviewer, Professor Michael Woods for this opportunity for input into this important review. Should you wish to discuss the content of this submission please do not hesitate to contact us.

Sincerely,

(signed)

Professor Julian Trollor  
Chair, Intellectual Disability Mental Health  
Signed on behalf of all authors
References