Understanding Mental Health and Intellectual Disability

Referrals to a specialist service

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Definitions

Intellectual Disability: deficits in intellectual and adaptive functioning, which are present during development, and impact daily functioning (APA, 2013)

Prevalence

- More likely to experience poor physical and mental health than those without an ID diagnosis (Robertson et al., 2015)
- Up to 75 per cent of adults with ID experience a psychiatric disorder or illness in their lifetime (Buckles et al., 2013).
- Present more frequently than the average Australian (Song et al., 2022).

Current service experiences

- Fear, isolation, and distress, and exacerbated negative sense of self (Tomlinson & Hewitt, 2018)
- Individual, structural, and organizational barriers to access (Chinn & Abraham, 2016).
- Many go without diagnosis and subsequent support (Peña-Salazar et al., 2020).

Behaviour

- “Behaviours of concern” may increase contact with MH services (Bowring, 2019)
- Psychotropic medication use to “treat” behaviour
- May be attributed to ID rather than underlying MIH (Allen, 2008).
- Understanding the relationship between behaviour and MIH is essential
- Clinicians may misconstrue symptoms of MIH (e.g. trauma and depression), for “challenging behaviours” without investigating alternate explanations

Experience in mental health services

- MH clinicians report low confidence supporting adults with ID with their MIH (Weise & Trollor, 2018).
- Adults with ID report feeling dismissed by clinicians (Weise et al., 2018)
- Medications are prescribed to adults with ID at far higher levels (Costello et al., 2022)
- *More likely to be prescribed antipsychotic medication than be given a mental health diagnosis, especially when they present with behaviours of concern (O'Dwyer et al., 2019).*

Experience in mental health services

- Carer involvement can positively impact outcomes (Ee et al., 2022).
- Australian carers report less negative experiences with mental health services when clinicians have greater expertise (Man & Kangas, 2020).
- Priorities when accessing mental health care are feeling safe, and receiving support with managing their emotions (Taua et al., 2015)

Current approaches

- Specialised services (such as the Victorian Dual Disability Service)
- Improving communication (both with people with ID and between clinicians and services).
- Training for mainstream services
- Alternate diagnostic models

Mental Health and ID services in Australia

- International standards adopted
- Specialist Mental Health Intellectual Disability Initiative (MHIDI) services, for adults (MHIDI-A), and youth (MHIDI-Y)
- Specialist services receive a high volume of referrals, which are frequently inappropriate.

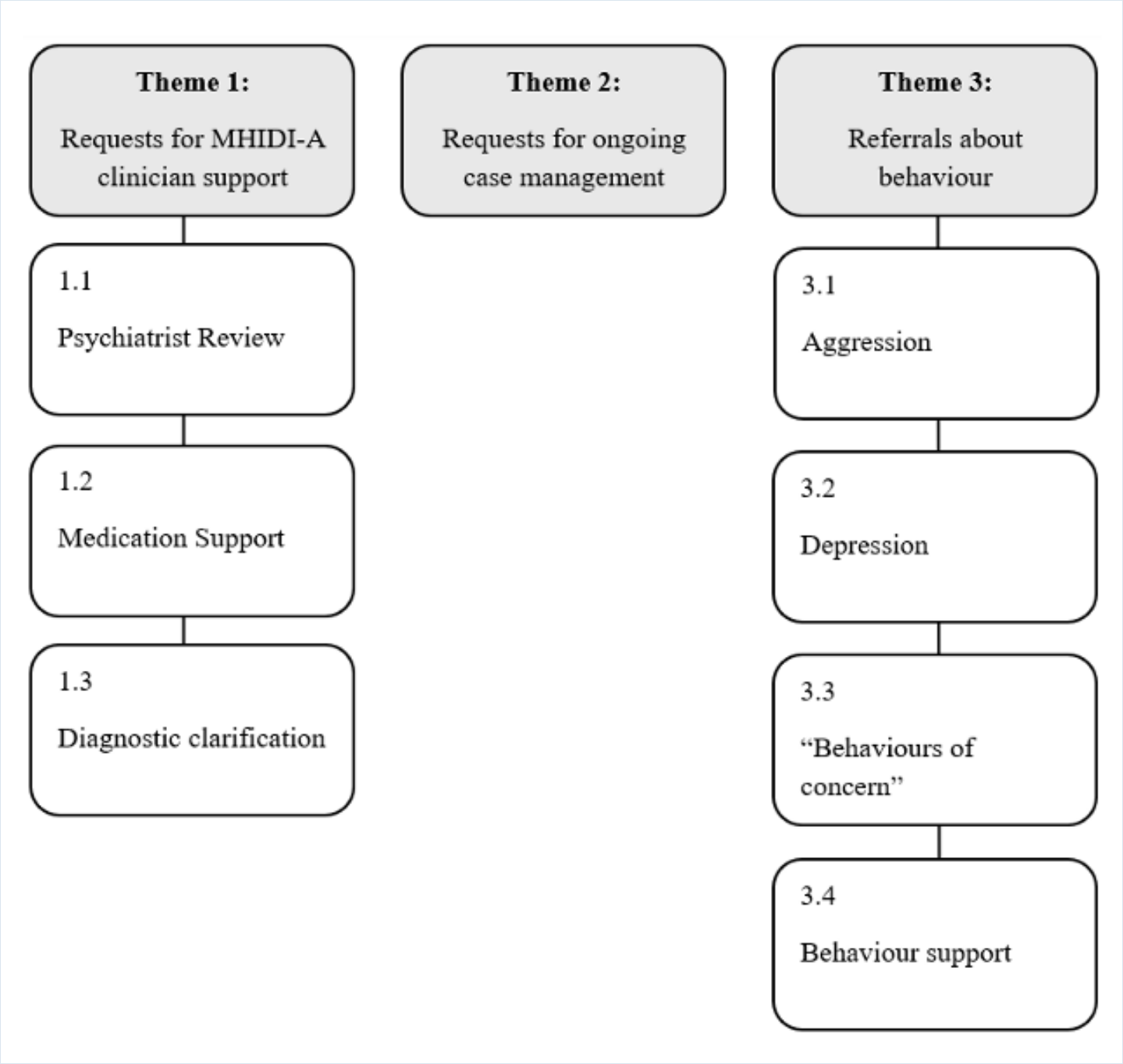
Monash Health

The present study

- Qualitative analysis of referrals to MHIDI-A
- Between January 2024 and June 2025
- Diagnosis of ID, suspected mental illness
- Internal and external referrals

Quantitative Findings

- 46.4% internal (within Monash Health), 53.6% external
- Internal referrals were largely from case management teams
- Broad range of diagnoses, including high level of neurodivergence co-occurring diagnosis


Theme 1:
Requests for MHIDI-A clinician support
1.1
Psychiatrist Review
1.2
Medication Support
1.3
Diagnostic clarification
Theme 2:
Requests for ongoing case management
Theme 3:
Referrals about behaviour
3.1
Aggression
3.2
Depression
3.3
"Behaviours of concern"
3.4
Behaviour support

Requests for MHIDI clinician support

- Psychiatric review - “opinion and management”
- Diagnostic clarification – including mental health assessment
- Medication support – prescription and review

Requests for ongoing case management

- Not MHIDI-A appropriate
- However, a clear area of need
- Coordination of care requests

Referrals about behaviour

- Aggression
- Depression
- Non-specific ‘behaviours of concern’
- Behaviour support

Learnings and future direction

- Challenges managing and assessing behaviour
- Clinical education to community clinicians
- Ongoing case management models
- Person-centred approach and lived experience voice

Clinician key takeaways

- ✓ Build rapport and trust with clients with ID
- ✓ Multidisciplinary team assessment is key. Be informed by observation, information from carers, and client voice.
- ✓ Consider behaviour as a symptom of mental health when making differential diagnoses
- ✓ Educate clinicians around you and challenge preconceived ideas

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