Improving outcomes for people with intellectual disability and challenging behaviour

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Program

1. Willing to talk about it and not just shutting it off: rethinking challenging behaviour
   Prof Angela Hassiotis (Psychiatrist in Intellectual Disability, UCL Division of Psychiatry, UK)

2. STOMP: the good, the bad and the ugly
   Dr Inder Sawhney (Psychiatrist and Chair, Faculty of Intellectual Disability, RCPsych UK)

3. Systematic approaches to improving outcomes for people with Intellectual Disability in Australia
   Dr Rebecca Koncz (Clinical Academic Psychiatrist, Sydney Local Health District and The University of Sydney)

4. Panel discussion

David

24 years old

Lives in supported accommodation

Mild to moderate intellectual disability

Autism spectrum disorder

Multiple mental health diagnosis

- Psychosis
- Schizophrenia
- Emotional dysregulation

Behaviours of concern, including verbal and physical aggression

David cont.

Loves going to the beach

Loves going on trips (in the car)

Several friends at local day centre

Referred to see his psychiatrist:

Longstanding ‘behaviours’ have got worse

- irritable, angry every few days
- bangs his head on the wall 2-3 times a day
- has attempted to get out of the car whilst driving
- police called when he was physically aggressive towards a staff member
- no longer attending day centre
- Physically well, no evidence of a depressive episode, or psychosis in your opinion **i.e. you don’t think this is due to a ‘mental illness’**

Differing perspectives

David:

I need more support, where can I get it?

My needs aren't being met

I don't want to be with my support worker

Why don't I get to choose when I go out?

No decisions about me, without me

Medication just makes me feel tired and upset

Support worker:

David's behaviour has never been this bad, we think he has mental illness

He's aggressive, we don't feel safe

He can't go back to his day centre until he is calm

The challenge (when managing challenging behaviour)

1. What do I do next?
2. I don’t want to prescribe – but what other options do I have?
3. Should I prescribe medication to keep the person safe?
4. How do we make this situation better for people in the future

UK Approach (broadly)

Multi-disciplinary specific services for people with intellectual disability and mental illness

- Mix of psychiatrists, psychologists, occupational therapists, speech and language therapists, social workers
- Some teams are integrated (social care + health)
- Generally accepted that challenging behaviour is managed within NHS – alongside mandatory social care

National projects

- STOMP
- RCPsych UK position statement August 2021

Legal Frameworks
Mental Health Act (1987, 2007)
Mental Capacity Act (2005) + Court of Protection
Health and Social Care Act 2012
Equality Act (2010) incl. Reasonable Adjustments

Elsewhere…

Change is coming!

Psychiatry involvement

- Wide variation in provision across Western Pacific Division
- Modest public services, predominantly consultation model
- Majority of people with ID managed in the private sector
  - 6-12 month wait list and private fees payable
- Should challenging behaviour intervention be funded by health or disability support?

United Nations Convention on the Rights of Persons with Disabilities vs local legislation

Legal Framework

- Varies between states/countries
- Variable compliance

Responsibility for care split over multiple agencies

Challenging behaviours in people with intellectual disability

1. How can psychiatrists improve outcomes for people with intellectual disability and challenging behaviour?

2. How should psychiatrists successfully advocate to impact policy and instigate change?