



Department of Developmental Disability Neuropsychiatry

Never Stand Still

Medicine

Psychiatry

3DN Strategic Plan 2016 to 2021



UNSW
AUSTRALIA



DEPARTMENT OF
DEVELOPMENTAL
DISABILITY
NEUROPSYCHIATRY

Poison Flowers

Artist: Dovid Rona

Date: 2013

Inala – Miroma day program for people with disabilities.

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Foreword

Reading through this new strategic plan there are two things that really stand out for me.

The first is the use of the words “mental health and wellbeing”. This term has been used a lot in recent years about the wider community, but what makes me happy is seeing it used about people with intellectual or developmental disability. It’s the right time to focus on this.

People with intellectual or developmental disability are often lost between systems, shunted backwards and forwards, between disability services and services for those with mental illness.

Often times it’s our families who pick up the first signs of mental health problems, but for those living in care, there can be lots of changes in staff, and not much chance to become close, so those early signs are often missed.

And when you combine that with a lack of services and doctors confusing symptoms of mental illness for intellectual disability it means it is very difficult for people with an intellectual or developmental disability to get the right treatment.

Training and education is really important. Training for staff, doctors, nurses and teachers: anyone who works with people with an intellectual or developmental disability, to understand and help people who are having mental health problems. And also people with intellectual or developmental disability need to learn about mental illness so they can look after themselves and their friends too. Lack of education has been a barrier to good mental health care.

The second word that really stood out for me in the strategic plan is “collaboration”.

I really like this word because for me it means that 3DN is listening to people with intellectual or developmental disability. Really listening to their stories and hearing about their problems. Their lived experience. And they are sharing this information, in their research and to those who need to know.

Collaboration also means a joining together of various groups for a common cause. Everyone working together. And this is really important because so often all the different areas work separately and do not share their findings very well. And in the past this has been very bad for people with intellectual or developmental disability. This lack of collaboration has been a barrier to good mental health care. This work will help people who work with people with an intellectual or developmental disability to do a better job.

Lastly I would like to say that when I read 3DN’s new strategic plan I get a sense that they are treating people with intellectual and development disability with dignity and respect and trying to do a really good job and make things better. And that’s the most important thing.

Michael Sullivan

Chairperson of NSW Council for Intellectual Disability



Message from the chair

Since we published our first strategic plan, we have made significant advances towards the mission “to improve mental health policy and practice for people with an intellectual or developmental disability” as outlined in that document. Our website list of projects, publications and products represents some of our accomplishments underpinning these advances.

In preparation for this, our next strategic plan, we conducted a thorough review of our priorities, activities, accomplishments, strengths and weaknesses in the last three years in particular. The review process involved systematic and comprehensive staff reflection, workshops and planning meetings, as well as a survey of our diverse external stakeholders from health, disability, policy, consumer, academic and government backgrounds.

This comprehensive and frank scrutiny resulted in agreement that the vision in our first plan remains current. We refined our mission to broaden our scope to include improving support as well as policy and practice, and to acknowledge that whilst mental health is our focus, sometimes we function in the broader health arena.

The review process clarified our strengths as a department and brought about greater focus in our intention to capitalise on these. Ranked in order of strength, the five core competencies that emerged were:

1. Knowledge translation
2. Research
3. Ideological focus
4. Collaboration and consultation
5. Internal culture and collegiality

Our core competencies provided the framework for the refinements that comprise the current strategic plan.

Our guiding principles have been fine-tuned to incorporate *knowledge translation*, highlighting the fundamental importance of a sound evidence base – both its creation and its utilisation. Our guiding principles now also include *respect*, emphasizing the importance we place on the individuals who are at the centre of our work.

Many of our strategic objectives from the 2012-2015 strategic plan remain relevant. We have added a few and refined others, and most significantly, we have added a fifth strategic priority and domain of activity to accommodate our research activities and the primacy of the body of knowledge that we are working to grow. We hope you are encouraged by our *Strategic Plan 2016-2021*, and we look forward to opportunities to engage with you as we progress our work.

Professor Julian Trollor

Chair, Intellectual Disability Mental Health

Head, Department of Developmental Disability Neuropsychiatry, UNSW

Introduction to the strategic plan

The Department of Intellectual Disability Neuropsychiatry (3DN), led by UNSW's inaugural Chair of Intellectual Disability Mental Health, Professor Julian Trollor, consists of a dedicated team of researchers, project staff and administrative staff. The Chair is funded by the NSW Ministry of Health. We are committed to the mental health needs of individuals with an intellectual or developmental disability. We promote a standard of excellence in clinical practice, research, policy, workforce development, and education and training in the field of intellectual and developmental disability health, with a focus on mental health.

People with an intellectual or developmental disability are a substantial minority of the Australian population. They experience vulnerability to mental disorders, with an estimated 30-50% experiencing mental illness across the lifespan. This vulnerability is due to complex interrelationships between intellectual and developmental disability and other medical, social and psychological factors. Australian intellectual disability mental health policy and service standards fall short of obligations under the UN Convention on the Rights of Persons with Disabilities, and lag behind leading international standards. This affects the way that services support this group, and means that people with an intellectual or developmental disability and mental illness often receive limited or inappropriate mental health care. Access to treatment is poor, and illnesses are often misdiagnosed, unrecognised, and poorly managed. Barriers to access include inadequate training and awareness in mental health professionals and disability workers, and a lack of coordination between service providers.

Since 3DN was established in 2009, our research, education and consultation work has contributed substantially to developments in intellectual and developmental disability mental health in Australia, and 3DN is regarded as a centre of expertise in the field of intellectual and developmental disability mental health. Our liaison and collaboration with leading national and international academics as well as with government and non-government organisations has contributed to our success, and will continue to shape our future work.

This strategic plan outlines our vision and mission, and the set of strategic priorities and objectives that describe how we intend to work towards our mission in the next five years. Our objectives involve activities that can be classified as capacity building, consultancy and research. Projects in each of these areas are described on 3DN's website <http://www.3dn.unsw.edu.au/>. Our guiding principles emphasize the values and philosophy that lead and direct our activities in line with our vision and mission.



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Vision

Our vision articulates what we strive to achieve.

The highest attainable standard of mental health and wellbeing for people with an intellectual or developmental disability.

Mission

Our mission articulates the tangible impact we strive to create in order to achieve our vision.

To improve health policy, practice and supports for people with an intellectual or developmental disability, with a focus on mental health and wellbeing.

Guiding principles

Our guiding principles articulate the values and philosophy that inform all our activities and policies to ensure they align with our vision and mission.

Human rights

People with an intellectual or developmental disability have the right to the highest attainable standard of health and mental health care. We undertake all work with the intention to promote this right.

Equity in mental health care

People with an intellectual or developmental disability have the right to equitable access to mental health services, delivered by an appropriately skilled workforce. We undertake all work with the intention to promote this right.

Excellence and academic leadership

As a centre of expertise, we provide high quality advice and promote excellence in clinical practice, research, education and policy.

Knowledge translation

We add to the body of knowledge through research and analysis, and translate our findings into benefit for people with an intellectual or developmental disability. We encourage the use of sound evidence in the implementation of improved practices in all areas.

Respect

We acknowledge the expertise of people with a disability in their own experience, and demonstrate this respect through consultation and collaboration with people with an intellectual or developmental disability and relevant lived experience.

Collaboration

We value the multidisciplinary context of our work. We actively engage stakeholders to share expertise and promote integrated systems in health and disability. We actively seek the participation of people with an intellectual or developmental disability, and we value our collaborations with those who provide support.

Ethical conduct

We act in accordance with the human rights of people with an intellectual or developmental disability, with professional and industry codes of conduct and practice, and with the guiding principles in this strategic plan.

Strategic priorities and objectives

Our mission can be broken down into a number of strategic priorities. Each strategic priority comprises several strategic objectives, which articulate how we aim to manifest each priority.

Strategic priority 1

Improve mental health outcomes for people with an intellectual or developmental disability

Objectives

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|------------|---|
| 1.1 | Deliver interventions and education to people with an intellectual or developmental disability and those who provide support. |
| 1.2 | Deliver clinical consultations. |
| 1.3 | Deliver mental health promotion and prevention initiatives. |
| 1.4 | Develop clinical services. |
| 1.5 | Develop clinical resources with a focus on mental health and wellbeing for people with an intellectual or developmental disability and those who provide support. |
| 1.6 | Produce diagnostic tools. |
| 1.7 | Document the experience of people with an intellectual or developmental disability and those who provide support. |

Strategic priority 2

Increase the knowledge, skills and confidence of the health and disability workforce to deliver quality care and support to people with an intellectual or developmental disability

Objectives

- | | |
|------------|--|
| 2.1 | Develop and implement a competency framework for the mental health workforce. |
| 2.2 | Develop strategies in health and disability services to improve knowledge and skills related to intellectual and developmental disability mental health. |
| 2.3 | Advocate for the integration of intellectual and developmental disability health content within medical and nursing schools. |
| 2.4 | Create authoritative, high quality, accessible education and training resources. |
| 2.5 | Engage in teaching of intellectual and developmental disability mental health at the undergraduate, postgraduate, specialist, and community levels. |
| 2.6 | Analyse the training needs of the health, mental health and disability workforce. |

Strategic priority 3

Promote greater integration between disability and mental health systems, and improve access for people with an intellectual or developmental disability

Objectives

3.1	Develop pathways to mental health care.
3.2	Develop frameworks to guide service delivery.
3.3	Foster collaboration and build relationships between agencies.
3.4	Raise awareness of the barriers to mental health service access for people with an intellectual or developmental disability.
3.5	Analyse current support systems.
3.6	Investigate the health and mental health service needs of people with an intellectual or developmental disability.

Strategic priority 4

Highlight the importance of intellectual and developmental disability health and mental health initiatives and funding

Objectives

4.1	Develop policy and legislative advice and recommendations.
4.2	Advocate for the implementation of relevant policies and frameworks.
4.3	Enhance lobbying success using the improved evidence base resulting from our research activity.
4.4	Increase awareness of the health and mental health needs of people with an intellectual or developmental disability.
4.5	Develop a program of community awareness of intellectual and developmental disability mental health and wellbeing.
4.6	Evaluate the impact of health policy and service systems for people with an intellectual or developmental disability.

Strategic priority 5

Expand the body of knowledge of intellectual and developmental disability health and mental health through relevant, high quality research

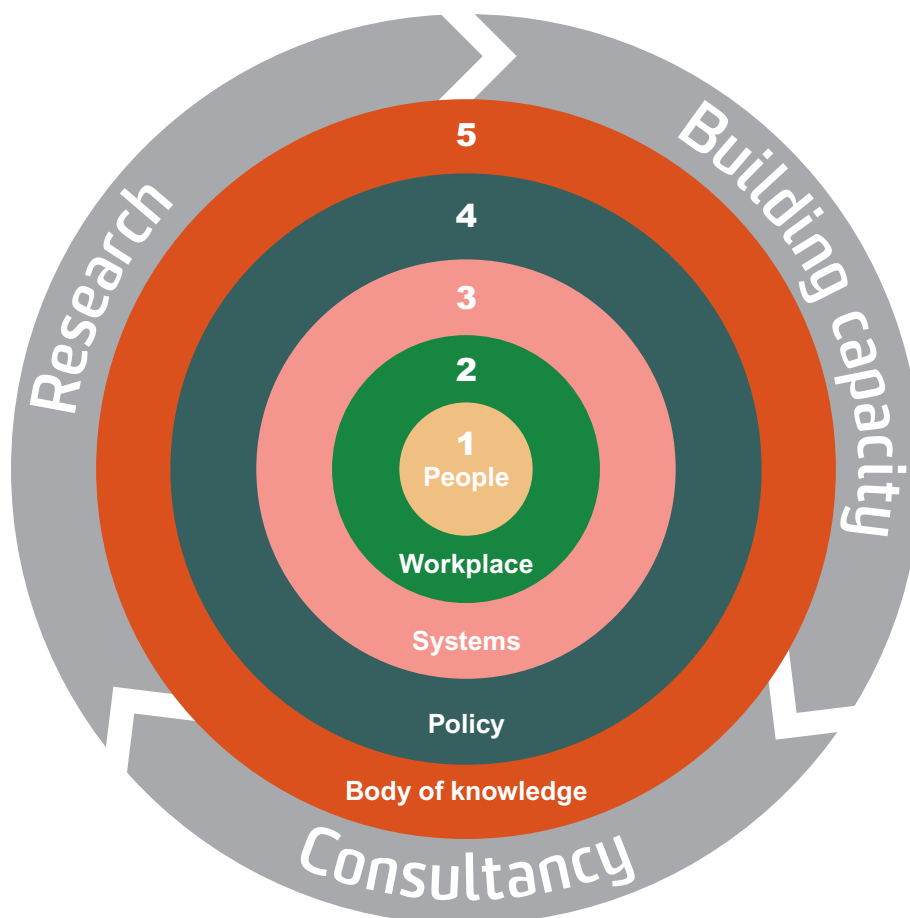
Objectives

5.1	Build the evidence base in the field of intellectual and developmental disability health and mental health, including the collection and collation of accurate epidemiological data and the publication of high quality work in peer-reviewed journals.
5.2	Build an epidemiological profile of people with an intellectual or developmental disability and mental health issues.
5.3	Build an evidence base to inform our understanding of service utilisation, pathways through the service system, and barriers and enablers of access to care for people with an intellectual or developmental disability.
5.4	Investigate specific neuropsychiatric disorders in people with an intellectual or developmental disability.
5.5	Analyse the impact of ageing and dementia in people with an intellectual or developmental disability, identify predictors of healthy ageing, and develop positive ageing strategies.
5.6	Improve understanding of intellectual and developmental disability in indigenous communities.
5.7	Investigate the health and mental health service use of those who provide support.

Domains of activity

Our work to achieve our strategic objectives involves diverse activities which can be grouped into 'consultancy', 'building capacity', and 'research'.

We are active across all domains that are involved in achieving our mission – from the most tangible, individual level ('people') through to the theoretical level ('body of knowledge').



Definitions

1. People	<ul style="list-style-type: none"> ■ Individuals with an intellectual or development disability ■ Those who provide them with support
2. Workforce	<ul style="list-style-type: none"> ■ Mental health workforce ■ Disability workforce ■ Health workforce
3. Systems	<ul style="list-style-type: none"> ■ The interconnected group of services and organisations involved in health, mental health and disability, and the ways they relate to one another
4. Policy	<ul style="list-style-type: none"> ■ The frameworks which outline how systems should work and how services should be delivered
5. Body of knowledge	<ul style="list-style-type: none"> ■ Accumulated knowledge about intellectual and development disability and health and mental health, based on established scientific processes such as empirical data collection, analysis and peer review
Research	<ul style="list-style-type: none"> ■ Empirical investigation ■ Data analysis ■ Frameworks ■ Policies ■ Tools
Building capacity	<ul style="list-style-type: none"> ■ Mentoring and supervision of early career researchers ■ Professional development activities ■ Education resources ■ Health promotion ■ Advocacy ■ Teaching ■ Training
Consultancy	<ul style="list-style-type: none"> ■ Delivering interventions ■ Sharing expertise ■ Collaboration ■ Giving advice ■ Clinical work



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