

Mental Health Services to People with Developmental Disabilities

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Functional Sub group Clinical/ Patient Services - Mental Health

Summary People with developmental disabilities have the same right to access the full range of mental health services. Outlines the responsibilities of DoC's and DoH.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Community Health Centres, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Nursing Homes, Public Hospitals

Distributed to Public Health System, Community Health Centres, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Nursing Homes

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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**THE PROVISION OF MENTAL HEALTH SERVICES
TO PEOPLE WITH DEVELOPMENTAL DISABILITIES**

People with developmental disabilities have the same right to access the full range of mental health services provided by the Government of NSW as other citizens. This right of access applies regardless of whether the person is a client of the Department of Family and Community Services or any other agency. This principle is in accord with the Anti-Discrimination Act (1977), and with the Government's Statement of Principles for People with Disabilities and their Families in New South Wales (1989).

CLIENT GROUP

Persons with developmental disability who have a psychiatric disturbance are the joint responsibility of the Department of Family and Community Services and the Department of Health and priority in management in both Departments is given to persons with more serious conditions.

CLIENT MANAGEMENT**Responsibilities of Family and Community Services Disability Services**

- The Disability Service (meaning a District Officer [Disability], Community Living Programme or Developmental Disability Service) considering referral to a Mental Health Service must ensure that the referral is appropriate. An appropriate referral would include those people who are mentally ill or mentally disordered within the definition of the Mental Health Act, 1990, as well as those people who are reasonably suspected of suffering from a serious psychiatric illness. Inappropriate referrals will result in unnecessary stresses to the client as well as to heavily committed Mental Health Services.

Distributed in accordance with circular list(s):

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

- Where a referral is thought to be necessary within these definitions, the appointed case manager will consult with senior staff (e.g. Area Manager, senior psychologist, medical officer) who will investigate the presenting problem/s and prepare a plan of action.
- Where senior staff agree that referral to a mental health service is necessary, they will prepare a clear and detailed summary of the client's history and reasons for referral.
- Except in a psychiatric emergency, where a Mental Health Crisis Team or mental health facility may be called upon directly, the responsible medical officer or case manager will discuss the referral with the client, if appropriate, or any other person legally entitled to offer consent on behalf of the client within the terms of the Disability Services and Guardianship Act (1987). The responsible medical officer or case manager will then contact the appropriate mental health service.
- The case manager or, if he/she is unavailable, the person most knowledgeable about the client's condition, will accompany the client to the mental health assessment and be prepared to give any necessary information.
- Where the mental health service agrees to provide treatment, Family and Community Services disability services will continue to be responsible for:
 - maintaining the case manager liaison and specialist consultancy role
 - monitoring the client's progress through treatment
 - providing, where possible, staff familiar with the client to assist with inpatient psychiatric management
 - ensuring that other than mental health needs are met
 - ensuring, through consultation, that post-treatment plans are developed and resources are available to the client. This is particularly important where clients have been inpatients
 - implementing the post-treatment plan, including appropriate housing, rehabilitation, training, employment and the management of medication
 - ensuring clear agreement is reached with the client or other person designated by the Guardianship Board and the mental health service about ongoing mental health support
 - ensuring that all client supports are appropriately integrated
 - ensuring that arrangements have been made for the follow up and review of the client with the mental health service.

Responsibilities of Mental Health Services

Upon referral of a client with a developmental disability it is the responsibility of the psychiatrist or mental health community worker:

- To ensure that no discrimination occurs against any person who has, in addition to mental illness or disorder, a developmental disability.
- To assess the presence or absence of mental illness or disorder.
- To advise, where possible, on appropriate action for the management of problems which are not deemed to be mental illness or disorder.
- To determine and initiate appropriate treatment if mental illness or disorder is present, after consent has been obtained from the client, or his/her guardian, or from the Public Guardian or from the Guardianship Board.
- To ensure that the full range of treatment options are made available where any or all of these are appropriate to the individual and his/her illness.
- To decide, using the same criteria as for any other patient, whether or not to admit the person.
- To involve the referring agency in consultation about ongoing treatment issues including side effects and complications.
- To involve the referring agency in developing discharge and other post-treatment plans so that the client's maintenance treatment needs are met.
- To detail the necessary aspects of post acute treatment, including psychological, pharmacological and social requirements.
- To arrange appropriate mental health follow up where necessary.
- To monitor the effects of the sub-acute treatment phase and institute changes where necessary.
- To liaise with Family and Community Services disability services to ensure that optimal post-acute treatment is occurring.

Joint Responsibility

- Where the combination of mental illness and developmental disability make residential care a necessity, it is the responsibility of the mental health and disability services to negotiate a solution mutually agreeable and clinically appropriate for the client. These negotiations will include joint consultation between mental health inpatient facilities and Family and Community Services disability service residential facilities, and may include the referring disability and mental health community services. Options for placement may include

temporary or permanent residential care in a developmental disability facility with mental health services involved in a consultation/liaison role, or temporary inpatient care in a mental health facility with Family and Community Services disability services involved in the consultation/liaison role.

- Where a decision has been made by a mental health service to provide a particular form of treatment, this in no way implies acceptance of responsibility for management of other needs. Needs which fall outside the ambit of mental illness or disorder should be managed by the primary referring agency with consultative input from mental health services where appropriate.
- It is important to note that an ongoing joint management approach will be essential for some clients, because of an inseparable overlap between their developmental disability and mental illness or disorder. In such cases, it is a joint responsibility to avoid inter-service disputes. Clear negotiated agreement about short and long-term management must be reached at the local agency level.
- As a mechanism to achieve local service co-operation, the Area Manager of Developmental Disability Services and the identified Area Director of Mental Health Services, or their delegates, should meet regularly to discuss clients for whom they have joint responsibility. Where problems cannot be settled at this level, an approach may be made, via the Regional Director or Area Health Service Chief Executive Officer, to the Mental Health Services Unit and/or Disability Services Directorate to provide a facilitator acceptable to both Departments.
- The development of appropriate programmes where there is unmet need is a joint mental health/disability service responsibility.

BJ AMOS
Director-General