ACCESS TO MENTAL HEALTH SERVICES FOR WOMEN WITH INTELLECTUAL DISABILITY

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BACKGROUND

- Gender is widely known to play a significant role in the ways that people experience mental health and access healthcare.
- People with intellectual disability need support for their mental health and they often do not get the help they need - there is a significantly higher prevalence of mental health disorder in people with intellectual disability
- There has been little empirical investigation into the experience of and access to mental healthcare from the perspective of women with intellectual disability, and as a result little is known about the specific needs of this group

STUDY OVERVIEW

- Study 1: Critical synthesis of published qualitative studies investigating the experience of women with intellectual disability and mental health disorder
- Study 2: Narrative case studies focusing on the experience of women with intellectual disability who have sought mental health support and their support people
- Study 3: Epidemiological analysis of linked data sets investigating service use and diagnostic patterns among women with intellectual disability and mental health disorder

ANALYTICAL FRAMEWORK

- Candidacy framework – investigates the process of access to mental health services
- Multidimensional as access is complex process
- Other conceptions of access are often inadequate and only use utilisation as the indicator of successful access
- Candidacy extends the investigation of access beyond a supply and demand explanation and explores the interactions between services and service users

STUDY 1: CRITICAL SYNTHESIS

- What was the experience of accessing mental health services for women with intellectual disability?
- Five qualitative studies that were concerned with women, intellectual disability and mental health
- These studies were reanalysed using the candidacy framework

STUDY 1: CRITICAL SYNTHESIS

- Six stages:
  - Identification of candidacy
  - navigation and permeability of services
  - appearing at services and asserting candidacy
  - adjudication
  - offers of and resistance to services
  - operating conditions and local production of candidacy

STUDY 1: FINDINGS

- Social inclusion and gender role fulfilment
- Gender-based violence
- Service provider responses
- Life course experiences necessitated gender sensitive mental health care

STUDY II: NARRATIVE CASE STUDIES OF WOMEN'S EXPERIENCES

- "What is the experience of women with intellectual disability and their networks when accessing mental health support?"
- 3 case studies
- Mixed participants, including women with lived experience, support people, parents and service providers across Australia and US
- Varying number of interviews
- Recruitment was difficult

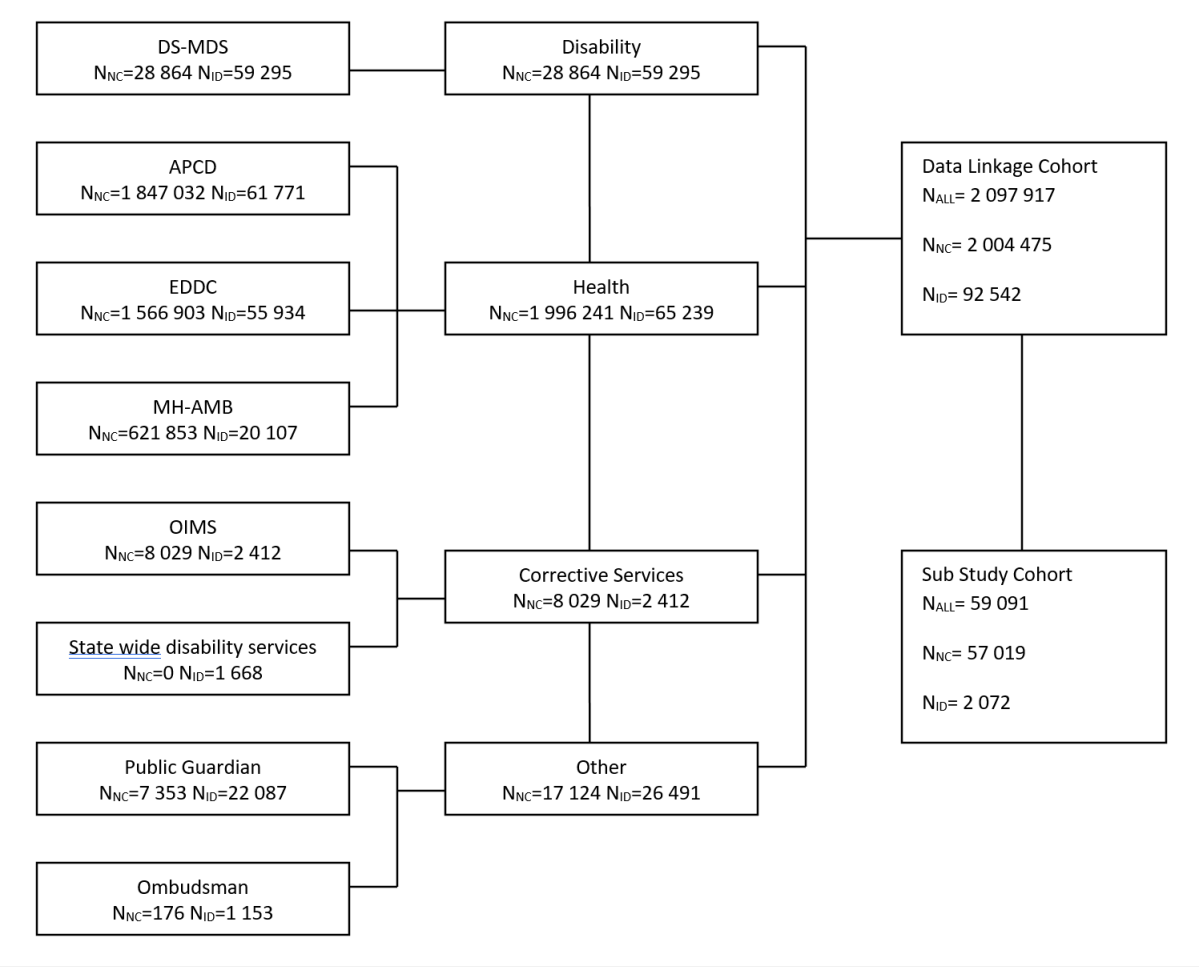
STUDY II: FINDINGS

- The candidacy framework offered a useful way to explore the experience of women with intellectual disability who sought mental health support.
- Support networks were key
- Intersection of gender and intellectual disability influenced staff and service responses
- Challenging behaviour and violent behaviour

STUDY III: EPIDEMIOLOGICAL DATA

- Linked data to examine the health service use and epidemiological profiles of women with intellectual disability and mental health disorder in New South Wales
- Data linkage refers to consolidating information about the same person (or event, family or unit depending on the data in question) from different data sources, or datasets
- Included data from across health services, disability services, education services, administrative services and corrective services

Cohort was comprised of people with mental health disorder, divided into sub-groups by sex and intellectual disability status; n=59,091



4 KEY OBJECTIVES ACROSS THE EPIDEMIOLOGICAL STUDY:

- To describe the demographic and diagnostic profiles at index mental health admission of the cohort, and to describe differences according to sex and intellectual disability status
- To describe the patterns of health service (emergency department, and mental health ambulatory care) following index mental health admission, and to describe differences according to sex and intellectual disability status.
- To describe likelihoods of emergency department utilisation in the year and 3 years post index admission, and describe differences according to sex, intellectual disability and challenging behaviour status
- To describe likelihoods of ambulatory mental health services utilisation in the year and 3 years post index admission and describe differences according to sex, intellectual disability and challenging behaviour status

STUDY III: FINDINGS

- The distribution of intellectual disability in the sample reflected wider population trends.
- The diagnostic profile of women with intellectual disability was markedly unstable compared to other groups
- The differences in diagnostic label by sex were comparable to the trends by sex identified in the general population
- Women with intellectual disability had a higher average number of emergency department presentations across the 3 years post index admission than the other groups.
- No substantial gender differences were noted between women with intellectual disability and challenging behaviour and men with intellectual disability and challenging behaviour.

OVERALL FINDINGS:

- The ways that women with intellectual disability experienced access to mental health support varied.
- Women's experiences and subsequent service use were shaped by gender norms.
- Service provision was affected by the attitudes and knowledge of staff and support people about the intersection of gender, intellectual disability and mental health. Service providers responses to some of the women's behaviours made access to appropriate services more difficult.
- Several factors limited the ways that women could use services, including their experiences of social exclusion and gender-based violence.

RECOMMENDATIONS

- Models of prevention which incorporate social inclusion and the prevention of gender based violence
- Trauma informed care
- Further research is required around violence at a population level
- Participation of women themselves in research

ACKNOWLEDGEMENTS:

- Supervisors: Prof Karen Fisher and Prof Julian Trollor
- The overall data linkage project was supported by a National Health and Medical Research Council Australia Partnerships for Better Health grant (GNT intellectual disability 1056128; Title Improving the Mental Health Outcomes of People with an Intellectual Disability) with monetary and in-kind contributions from collaborating partner organisations