



APPENDIX 4

Neurodevelopmental disorders and Neuropsychiatry Services

Services for people with intellectual disability and comorbid mental health problems

People with neurodevelopmental disorders (NDD; which is defined here as those with intellectual disability and/or autism spectrum disorder) have higher rates of mental health problems than the rest of the population.¹ Unfortunately they are often unable to access appropriate mental health services for a range of reasons.²

Many mental health problems experienced by people with NDD are qualitatively different from the normal population.³ These require a different treatment and management approach that is not currently available within the current mental health service system which has been established on meeting the needs the non-disabled population. As a consequence people with neurodevelopmental disability and mental health problems specific to this population do not receive appropriate mental health care, have a poor quality of life and are over represented across the range of public services including disability, emergency services, health, mental health, justice and housing with significant impacts on morbidity and mortality. The following example is illustrative of the difficulties: 'Investigation into the imprisonment of a woman found unfit to stand trial' by the Victorian Ombudsman in October 2018.

There are also a range of barriers for people with neurodevelopmental disabilities in accessing appropriate health care⁴ even when they have serious mental illness commensurate with the target group criteria for mental health services. These include difficulties in recognised and communicating symptoms and signs of mental illness, the problems being attributed to the disability itself, atypical presentations, inability to advocate for themselves, difficulties in navigating the service system, dependency on others to access services, the lack of professional training and experience in working with people with neurodevelopmental disorders, inappropriate treatment models, lack of resources, increased vulnerability, stigma and discrimination and unclear responsibility within a fragmented service system.⁵

To address this, policy needs to recognise both that the mental health needs of people with neurodevelopmental disabilities are different from those seen in the broader population and the difficulties that they have in accessing services.⁶ Meeting the different mental health care

¹ COOPER S-A., et al. (2007) Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. *Br J Psychiatry* 190(1): 27-35.

² Sullivan D, Robertson T, Daffern M, Thomas S (2013) *Senior Practitioner – Disability. Building capacity to assist adult dual disability clients access effective mental health services*. Melbourne, Australia: Senior Practitioner – Disability, Victorian Government.

³ Cooper S-A., et al. (2003) Psychiatric diagnosis, intellectual disabilities and Diagnostic Criteria for Psychiatric Disorders for Use with Adults with Learning Disabilities/Mental Retardation (DC-LD). *Journal of Intellectual Disability Research* 47(s1): 3-15.

⁴ Whittle L W, Fisher K R, Reppermund S, Lenroot R, Trollor J (2018) Barriers and enablers to accessing mental health services for people with intellectual disability. *Journal of Mental Health Research in Intellectual Disabilities*, 11(1): 69–102.

⁵ National Disability Authority (NDA Ireland) (2014) Review of access to mental health services for people with intellectual disabilities. Available at: <http://nda.ie/Equality-/Equality-Publications/Mental-Health-Services-.html?OpenDocument#Contents> (accessed 2 July 2019)

⁶ Department of Health(1995) *The Health of the Nation: A Strategy for People with Learning Disabilities*. London, UK:

Department of Health and Department of Health (2001) *Valuing People: A New Strategy for Learning Disabilities*. London, UK: Department of Health.



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needs will require a specialist mental health service that can provide specific treatment and management approaches integrated within a social care model so that mental health and disability needs can be attended to in a coordinated and seamless fashion. The difficulties people with developmental disability have in accessing generic services can be addressed by providing training and education to mental health professionals, clear guidelines that clarify the responsibility of mental health services in relation to this population, a focus on preventing inappropriate discrimination on the basis of disability and access to specialist services for clinical advice and guidance.

Neuropsychiatry Services

Neuropsychiatry is a psychiatric subspecialty focusing on the interrelation of psychiatric disorders and neurology which includes the psychiatric aspects of neurological disorders, as well as psychiatric disorders that appear to be neurological, such as conversion disorder. Members tell us it is difficult to capture accurate epidemiological data on the rate of illness, due to inherent challenges with the way disorders are diagnosed. However, demand for services is significant with conversion disorder one of the most common conditions referred to neurologists.⁷

The exact cause of conversion disorder is unknown, however, a clear risk factor is experience of trauma.⁸ An increase in people with traumatic experiences, such as refugee populations, may increase the rate of conversion disorder and therefore increase the demand for neuropsychiatry services. It is likely an ageing population will also mean an increase in the rate of people with neurological disorders who present with psychiatric symptoms, further increasing the number of neuropsychiatrists needed to provide specialist treatment.

Most patients with neuropsychiatric disorders are significantly impaired. Though the UK has four inpatient units dedicated to the treatment of severe conversion disorders, there are no dedicated inpatient units for conversion disorder in Victoria (or Australia). Limited treatment is provided by primary care and one public specialist outpatient service in Victoria. This is a significant gap which should be addressed through the establishment of a specialist inpatient service in Victoria.

⁷ Stone J, Carson A, Duncan R, Roberts R, Warlow C, Hibberd C, Coleman R, Cull R, Murray G, Pelosi A, Cavanagh J, Matthews K, Goldbeck R, Smyth R, Walker J, Sharpe M (2010) Who is referred to neurology clinics? – The diagnoses made in 3781 new patients. *Clinical Neurology and Neurosurgery*, 112(9), 747-751

⁸ Ludwig L, Pasma J A, Nicholson T, Aybek S, David A S, Tuck S, Kanaan R A, Roelofs K, Carson A, Stone J (2018) Stressful life events and maltreatment in conversion (functional neurological) disorder: systematic review and meta-analysis of case-control studies. *The Lancet Psychiatry*, 5(4), 307-320.