Intellectual Disability Health Assessment Questions

Intellectual Disability Health Capability Framework Resource

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Suggested citation

Contents

Description

These assessment questions are part of a suite of resources designed to support the [Intellectual Disability Health Capability Framework](). The Framework aims to equip pre-registration students studying health, allied health, dentistry and other health-related disciplines with the required core capabilities to provide quality health care to people with intellectual disability.

This document provides example assessment questions with answers covering key capabilities and learning outcomes for each Framework capability area. The assessment questions include multiple choice, short answer and essay questions. Changes can be made to these assessment questions to adapt them for specific discipline needs. Educators are also encouraged to develop their own assessment questions.

Additional resources are also available for educators to support integration of the Framework into existing curricula, designed to assist students to develop their knowledge and skills in intellectual disability health. These include written case studies, role-play films, and a simulation scenario. Please refer to the **Resource Index** for a summary of all resources.

Assessment Questions

See the [Intellectual Disability Health Capability Framework](#) (Section 2) for further details on each Capability area.

Capability Area 1. Intellectual Disability Awareness

Question 1: List five (5) common health conditions that people with intellectual disability experience.

Answers include - epilepsy, mental health conditions (depression, anxiety), constipation, vision/hearing impairments, oral health conditions, gastro-oesophageal reflux, thyroid disease, and respiratory illness (among others).

Capability 1.4: Causes of intellectual disability, co-occurring conditions and variability across individuals – Apply knowledge of the causes of intellectual disability and associated conditions to provide comprehensive individualised care.

Learning outcome 1.4.1: Identify the different causes of intellectual disability, common co-occurring health conditions and the evidence that underpins their management.

Question 2: Name three (3) main barriers to health care access in people with intellectual disability.

Answers include – communication difficulties, insufficient knowledge and skills of health care providers, financial barriers, personal barriers such as lack of transport, negative or discriminatory attitudes of health care providers, and poor coordination of health and disability services.

Capability 1.8: Barriers and enablers to health care access – Facilitate equitable access to the health care you provide for people with intellectual disability and adapt your practice to provide optimal care by applying knowledge of the enablers and additional barriers to health care experienced by people with intellectual disability.

Learning outcome 1.8.1: Identify health care access barriers and enablers that people with intellectual disability may experience.

Capability Area 2. Communication

Question 3 – Elena has an intellectual disability and cannot speak. She consults you, a health care practitioner.

Which of the following is/are true? Select all that apply.

a) As Elena has intellectual disability and cannot speak, she is also unlikely to understand speech.

b) Elena may use another type of communication.

c)   Speaking slowly and loudly will help Elena to understand.

d)   Elena may understand, but as she cannot speak, it is best to speak to only to her support worker.

e)   Augmentative and Alternative Communication strategies including pictures, sign language and electronic devices may support Elena's communication.

Correct answers – b) and e)

Capabilities 2.1: Communicate directly with the person with intellectual disability – Communicate and engage directly with every person with intellectual disability, using their support networks to facilitate this when appropriate; 2.2 Adapt communication – Determine the person's preferred and most effective communication style and adapt accordingly, including seeking advice from the person and their support networks and using communication aids.

Learning outcome 2.2.1: Identify how communication might be adapted to a person with intellectual disability's preferred ways of communicating and how Augmentative and Alternative Communication (AAC) resources may support this.

Question 4a – Nathan is a young man with a severe level of intellectual disability and autism. He comes with his support worker for a health consultation. On coming into the crowded waiting room, Nathan shouts, repeatedly hits his head with his fist and pushes away anyone who comes near him.

Which of the following is/are true? Select all that apply.

a) Putting in place reasonable adjustments prior to Nathan's consultation may have reduced the behaviours.

b) Nathan's intellectual disability is the cause of his behaviour.

c) Making available a quiet side room in which to wait may reduce Nathan's agitation.

d) Nathan's behaviour may be due to physical or mental illness.

Correct answers – a), c) and d)

Question 4b – Why is it important to recognise that a person's behaviour is a form of communication?

Answer – Behaviour is a part of non-verbal communication and is necessary to consider for good communication. Behaviour might be communicating physical or mental illness; states such as pain, discomfort or hunger; emotional distress, something about the situation that the person is in e.g., the person is uncomfortable in their environment. Greater severity of intellectual disability can lead to a higher likelihood of atypical presentation of symptoms, and the expression of mental illness through behavioural equivalents (i.e. expressing mental illness through behaviour rather than verbal description).

Capability 2.3: Behaviour as a form of communication – Recognise that behaviour is a form of communication and use it to inform assessment, diagnosis and care for people with intellectual disability.

Learning outcome 2.3.1: Discuss why it is important to recognise behaviour as a form of communication.

Capability Area 3. Quality Evidence-Informed Health Care

Question 5a – What are "reasonable adjustments" and why are they important for people with intellectual disability?

Answer – Reasonable adjustments are policies, processes, systems and communication methods that adjust for the needs of the person with intellectual disability. These enable the person with intellectual disability to access health care. See Reasonable adjustments | Australian Commission on Safety and Quality in Health Care

Question 5b – Name five (5) reasonable adjustments that may need to be in place when consulting with people with intellectual disability.

Answers include – give additional time for the consultation; have a quiet space for the person to wait and their consultation; use plain English and short sentences when speaking to the person; use Augmentative and Alternative Communication devices/strategies as required; offer any written health information in Easy Read and/or pictures; adjust assessment and treatment methods to suit the individual; and reduce anxiety by explaining what is to happen at each stage of assessment and treatment.

Capability 3.4: Reasonable adjustments – Make reasonable adjustments to care, including adapting the environment, to meet the individual needs of the person with intellectual disability.

Learning outcome 3.4.1: Give examples of reasonable adjustments that could be made in a health care environment to meet the individual needs of people with intellectual disability.

Question 6 – What is diagnostic overshadowing in the context of health care for people with disability?

Answer – The misattribution of symptoms to the person's disability rather than to a health or mental health condition.

See Mason J and Scior K (2004) 'Diagnostic overshadowing amongst clinicians working with people with intellectual disabilities in the UK', Journal of Applied Research in Intellectual Disabilities, 17(2):85-90, doi:10.1111/j.1360-2322.2004.00184.x.

Capability 3.7: Diagnostic overshadowing and other reasons for misdiagnosis – Apply knowledge of diagnostic overshadowing and atypical presentations and their role in under-diagnosis and misdiagnosis of people with intellectual disability.

Learning outcome 3.7.1: Explain the concept of diagnostic overshadowing as it applies to people with intellectual disability.

Question 7 – People with intellectual disability may have atypical clinical presentations. Why do these occur?

Give two (2) examples of atypical presentations.

Answer – People with intellectual disability may not be able to describe or express symptoms in the same manner as a person without intellectual disability due to communication and cognitive difficulties.

Examples – Depression may present as irritability or aggression; gastro-oesophageal reflux or constipation may present with agitation or refusal to eat; pain may present as agitation and/or as a functional change e.g., refusal to walk due to hip pain.

> **Capability 3.7:** Diagnostic overshadowing and other reasons for misdiagnosis – Apply knowledge of diagnostic overshadowing and atypical presentations and their role in under-diagnosis and misdiagnosis of people with intellectual disability.
>
> **Learning outcome 3.7.2:** Give examples of atypical clinical presentations in people with intellectual disability and how they can lead to misdiagnosis

Question 8 – Name four (4) key transition points for people with intellectual disability across the lifespan.

Name an associated health or support need for each.

Answers include:

Key transition points – starting school; changing from paediatric to adult medical services; leaving school and entering the workforce or other structured program; leaving the family home to live independently or in shared or group accommodation as a young adult; changes in accommodation due to parental illness or death; move to accommodation with higher supports due to changes in health and function of person with intellectual disability; retirement with loss of structured activity and social networks; ageing with decline in health and function, reducing the person's quality of life.

Associated health or support needs at one or more transition points can include – mental health, allied health (e.g. occupational therapy and speech pathology), and behaviour supports; need for transition care services (e.g. Trapeze); supported decision-making; sexual and reproductive health services; vocational training and disability employment services; supports to access social day programs; travel training; advocacy; financial planning supports; advance care planning; aged care services; carer supports.

> **Capability 3.13:** Lifespan approach to health care – Apply an approach that considers the health needs of people with intellectual disability across the lifespan, particularly during times of transition and life events.
>
> **Learning outcome 3.13.1:** Name the key transition points for people with intellectual disability across the lifespan and associated health and support needs.

Capability Area 4. Coordination and Collaboration

Question 9a – Briefly describe the purpose and function of the National Disability Insurance Scheme (NDIS).

Answer – The NDIS provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs or volunteering in their community, and an improved quality of life. The NDIS also connects anyone with disability to services in their community. This includes connections to doctors, community groups, sporting clubs, support groups, libraries and schools, as well as providing information about what support is provided by each state and territory government.

From [What is the NDIS? | NDIS](#)

Question 9b – Name three (3) disability-related health supports that the NDIS funds.

Answers include – dysphagia supports; diabetes management supports; continence supports; wound and pressure care supports; respiratory supports; nutrition supports including meal preparation; podiatry and foot care supports; seizure supports; supports for accessing health or mental health services; specialist services and supports; training for support workers, family and friends.

From [What do we mean by disability-related health supports? | NDIS](#)

Capability 4.6: Structure and function of the disability support systems and its workers – Apply knowledge of the structure and function of the disability support system to inform practice recommendations to support the health of people with intellectual disability within your scope of practice.

Learning outcome 4.6.1: Outline key State or Territory and National disability support services and what they provide to assist people with intellectual disability.

Capability Area 5. Decision-Making and Consent

Question 10 – Amanda is an independent 26-year-old woman with a mild intellectual disability. She presents to her general practitioner, saying she has a new boyfriend and requests a prescription for the oral contraceptive pill.

Which of the following is true?

    a) As she has an intellectual disability, Amanda is unlikely to become sexually active, so does not need contraception.

    b) Amanda would not be able to understand the risks of taking the pill, nor report any side effects and therefore cannot provide informed consent.

    c) The general practitioner should support Amanda's decision making by providing the relevant information in plain English or Easy Read (depending on her preference), both orally and in written form and checking that she has understood the risks, side effects and how to take the oral contraceptive.

    d) The general practitioner should ask Amanda to return with a family member who can consent on her behalf.

Answer – c)

Capability 5.1: Supported decision-making – Facilitate supported decision-making to maximise the capability of all people with intellectual disability to make or be involved in decisions about their care, involving support networks where appropriate.

Learning outcome 5.1.1: Summarise the key principles of supported decision-making for people with intellectual disability.

Capability Area 6. Responsible, Safe and Ethical Practice

Question 11 – Write a short essay describing the different types of exploitation, violence, abuse, and neglect that people with intellectual disability may experience. (500-750 words).

Answer – see [Disability Royal Commission Report Final Report, Executive Summary](#), pp 46-51 (2023).

Capability 6.3: Safeguards against potential exploitation, violence, abuse and neglect – Identify and know how to act on signs of exploitation, violence, abuse and neglect against people with intellectual disability, and practise in a manner that safeguards people with intellectual disability against potential harms.

Learning outcome 6.3.1: Describe the different forms of exploitation, violence, abuse, and neglect that people with intellectual disability may experience.

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All information in this publication is correct as at May 2025