FACT SHEET: INFORMATION FOR HEALTH AND MENTAL HEALTH WORKERS

SUPPORTING THE MENTAL HEALTH AND WELLBEING OF PEOPLE WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITY DURING THE COVID-19 PANDEMIC

This fact sheet is for health and mental health clinicians providing care to people with intellectual or developmental disability during the COVID-19 pandemic.

Are people with intellectual or developmental disability at greater risk of COVID-19?

People with intellectual or developmental disability:

- are highly vulnerable groups and often have complex comorbidities and pre-existing health conditions
- with certain risk factors may be at higher risk of acquiring COVID-19 and of serious illness due to COVID-19
- may be more vulnerable to effects on mental wellbeing from the COVID-19 pandemic (see below)
- may need reasonable adjustments to be made to ensure they can access health care.
Why are people with intellectual or developmental disability more likely to experience mental ill health during the COVID-19 pandemic?

People with intellectual or developmental disability are more likely to experience mental illness and behaviours of concern than the general population. The COVID-19 pandemic may have greater mental health impacts on these groups due to:

- individual risk factors like severity of disability, presence of autism spectrum disorder and age. Other risk factors might include experience of abuse or trauma, pre-existing mental health issues and behaviours of concern
- difficulty adjusting to changes of routine and to risk reduction strategies, including social distancing, isolation or quarantine
- higher reliance on families, disability workers and other service providers
- heightened concern and risk of poor health outcomes from COVID-19
- difficulty understanding COVID-19 information and necessary changes, expressing concerns, and accessing appropriate supports during this time.

What role can health and mental health professionals play?

Health and mental health professionals play an important role in supporting the mental health and wellbeing of people with intellectual or developmental disability. During the COVID-19 pandemic. Health and mental health professionals should:

- be proactive and provide mental health check-ins with people with intellectual or developmental disability and their supporters
- ensure people know when and how to access mental health and behavioural supports during the COVID-19 pandemic (e.g. use of telehealth consultations)
- update the person’s mental health care plan where appropriate. Provide a copy to the patient, family members and/or their disability workers where appropriate.
- ensure the human rights of people with disability to equitable, accessible and tailored health care are upheld.

How can you help reduce anxiety and stress?

People with intellectual or developmental disability may experience heightened levels of anxiety and stress during the COVID-19 pandemic. To assist with alleviating stress, health and mental health clinicians should where appropriate:

- encourage people with disability and those who support them to regularly seek information from trusted sources
- avoid focus on negative news items for both the person and their supporters
• encourage the person and those who provide support to look for positive stories about coping during the pandemic and recovery from the virus
• encourage regular opportunities for the person to express their feelings. Check their understanding and use of social stories or materials that help them to process the situation.

Disruptions to routines and changes in disability support staff can be difficult for people with intellectual or developmental disability. To support the person through this time, where possible:

• maintain usual routines that align with COVID-19 restrictions and health advice
• incorporate new activities which reinforce COVID-19 preventive measures
• enable continued connection with loved ones and friends. If direct contact is not possible, consider using scheduled telephone and/or video conferencing
• ensure daily exercise and healthy eating and sleeping routines.

What do you need to consider when preparing to assess a person with intellectual or developmental disability?

When preparing to assess a person with intellectual or developmental disability, health and mental health clinicians should:

• take time to prepare for the assessment. Consider what you need to adjust to ensure you can meet the communication and other needs of the person
• with consent maximise involvement of family members and/or experienced disability workers. These people are likely to know the symptoms that indicate illness or deterioration and can assist in managing any anxiety, confusion or stress
• conduct a detailed review of the health, mental health and disability information that came with the person. This may contain important information about:
  o what is normal for the person
  o early warning signs of mental health relapse
  o how to best support mental health maintenance
  o their communication preferences
  o their medical history, allergies and current medications
  o their Positive Behaviour Support Plan if they have one
• allow extra time for clinical interaction and observation due to the level of complexity of health, disability and communication needs
• remember that atypical presentations are common. This means you will need a stronger emphasis on assessing reasons for changes to mood, thoughts or behaviour.
What to consider when assessing the significance of changes in mood, thoughts or behaviour?

- Behavioural and emotional change may indicate an underlying physical health condition. You may need to conduct a further examination. Prepare for the assessment as this will help you to understand if, how and why the change has occurred.
- Change in a person’s mood, thoughts or behaviour can also be due to stress, changes in environment or routine, and/or emerging mental health issues.
- Detailed physical and mental health assessments and assessments by a behaviour support practitioner may determine the cause of change. Consider whether the behaviour is new or pre-existing but altered in intensity, and it is impacting daily function.
- Consult with and involve as appropriate the other health practitioners involved in the person’s ongoing health care.
- If you cannot explain the change of behaviour, or the person’s family or disability worker disagrees with your reasoning, reassess. Consider other possible overlooked causes, including physical health concerns.
- Consider whether additional disability supports, including NDIS supports, need to be mobilised to implement preferred health care arrangements.

How should I manage mental health and behavioural concerns?

- First line treatment for mild to moderate mental illnesses include psychological treatments and environmental strategies. More severe mental illness may require psychotropic medication treatment. All treatment should align with best practice guidelines.
- Medical practitioners should be cautious about diagnosis and treatment of mental health conditions in people with intellectual and developmental disability in the COVID-19 context. A low threshold for seeking additional specialist mental health review is encouraged.
- For escalations of behaviour that do not have an underlying mental health cause, review adherence to the person’s Behaviour Support Plan. Ensure adequate input from the behaviour support specialist who is assisting to implement this plan. If behaviour support is not being provided, advocate for this to happen as part of the person’s disability supports.
- Avoid initiation or escalation of psychotropic medication for behaviours in the absence of an underlying mental health cause. This does not represent best practice and can mask the underlying cause of the behavioural escalation.
- Minimise disruptions to accessing therapy services and medications by ensuring the person and their supporters have continued access (e.g. online or telehealth appointments) and that the person has repeat scripts and/or enough dispensed medication.
• Support access to ongoing reviews of mental health during the COVID-19 pandemic by using telehealth appointments. **Bulk billing incentives** are currently in place.

**Note:** It is NOT considered an NDIS Commission regulated restrictive practice to:

• isolate an NDIS participant based on medical advice consistent with Australian and state and territory government requirements and/or
• prevent that person from attending public gatherings that are currently limited.

This does not limit a person’s right to access disability-related supports. See the [NDIS Quality and Safeguards Commission guidance](https://www.ndis.gov.au) on this matter.

**Where can I get more information?**


*An Intellectual and Developmental Disability Health Working Group convened by 3DN, UNSW Sydney prepared this fact sheet.*