Transforming the Mental Health and Disability Interface for Children and Young People with Complex Needs Through Interdisciplinary Education

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Introduction

The launch of the *Intellectual Disability Mental Health Core Competency Framework* (Department of Developmental Disability Neuropsychiatry, 2016) for mental health professionals is a reminder of the existing Interdisciplinary Practice Framework of Core Interventions for children and adolescents with intellectual disability and mental health issues (Dossetor, Whatson, & White, 2015; White, Dossetor, & Whatson, 2008; 2010a; 2010b; 2010c). This was developed as part of the Training Curriculum Project that used a phased approach to develop a comprehensive interdisciplinary education program for professionals working in the disability, education and health sectors (White, 2011). The program consisted of a framework of core interventions, an evidence based two-day training seminar, and a published book, *Mental Health of Children and Adolescents with Intellectual and Developmental Disabilities: A Framework for Professional Practice* (Dossetor, White, & Whatson, 2011). Implementation and evaluation of the training seminar resulted in increased knowledge, confidence and collaboration of professionals in meeting the mental health needs of children and adolescents with intellectual disability (Dossetor, Whatson & White, 2016; White, Dossetor, Whatson, & Farah, 2009).

The Training Curriculum Project was established as the result of a long standing partnership between the Statewide Behaviour Intervention Service, Ageing Disability and Home Care (ADHC) and the Department of Psychological Medicine at The Children's Hospital at Westmead (CHW). This partnership has resulted in the integration of positive behaviour support, education, neurodevelopmental perspectives and psychiatric expertise to address the complex needs of young people with intellectual disability and mental health needs through the Developmental Psychiatry Clinic. A review of the clinic and other partnership projects recommended that the Training Curriculum Project educational program be reviewed to determine enhancement possibilities in the future (O'Brien, Espiner, Arnold, Riches, & Roberts, 2014). This paper revisits the Training Curriculum Project outcomes achieved through an interdisciplinary approach to practice, and shares ideas for future directions.

Background

Young people with intellectual disability have an increased risk of developing emotional, behavioural and mental health issues when compared to the general population (Emerson, 2003). Review of the prevalence

research indicated that 30 to 50% of children and adolescents with intellectual disability have diagnosable mental health disorders (Einfeld, Ellis & Emerson, 2011).

Signs of mental health problems in young people with intellectual disability can be difficult to distinguish from behaviours of concern that are the result of developmental, biological, psychological, family and social-ecological factors (White, 2011). It requires people within the young person's support system to recognise what signs and changes in behaviours indicate a possible mental health disorder and then seek support (Costello, Bouras, & Davis, 2007). However it can be difficult to ascertain mental illness in a young person, not only due to their cognitive and communicative limitations in conveying their psychological needs, but also due to the lack of adequately skilled specialists to identify and diagnose them.

Research found that only 9% of young people with intellectual disability and significant psychiatric diagnoses accessed specialist services (Einfeld & Tonge, 1996). Literature reviews suggested that lack of expertise and confidence of professionals, compounded by inadequate training and poor interagency collaboration undermined the effectiveness of service delivery to young people with intellectual disability who required mental health care (Torr, 2013; White, 2011).

There was evidence that suggested that interprofessional training programs for staff from mental health, intellectual disability, allied health and education backgrounds, resulted in increased confidence and knowledge when working with people with intellectual disability who have a mental health problem (e.g., Mohr, Phillips, Curran, & Rymill, 2002; Whitehurst, 2008). Unfortunately these studies were small scale and their findings had limited utility due to a lack of methodological rigour (Farah, 2010, as cited in White, 2010).

The aims of the Training Curriculum Project were:

1. To address workforce issues and meet the ever-increasing demand for education and clinical skill development in the dual disability of intellectual disability and mental illness in child and adolescent services.
2. To develop a professional learning and development program for the child and adolescent mental health and intellectual disability workforces within New South Wales.

Method

Development of the interdisciplinary education program

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The Training Curriculum Project aimed to build the capacity of professionals working in child and adolescent mental health and intellectual disability. The phased approach to the project enabled the development of a framework of core clinical interventions that was based on a literature review, review of clinical and training data, expert opinion of "what works", review of existing resources and curricula and a clinical forum of experts in the field.

The framework was further refined through a stakeholder survey that obtained a consensus of the most important core interventions to be included (White, Dossetor, & Whatson, 2008). These core components were separated into four domains within the practice framework:

1. Understanding the issues and integrating scientific approaches
2. The impact of disability and family well-being

3. Individual emotional and behavioural well-being
    a. Interventions to promote skill development
    b. Understanding and managing mental health issues
4. Integration of service systems

Additional analyses of the stakeholder survey data was used to prioritise the topic areas for inclusion in the two-day seminar and decide on the presentation methods (White, Dossetor, & Whatson, 2008). This resulted in the inclusion of core topic areas from each of the four domains in the two-day seminar as lecture style presentations and workgroup/ practical activities (see Table 2). The seminar titled, *A Framework for Professional Practice: Seminar for Disability, Health and Education Professionals,* aimed to increase participants',

1. *Knowledge* about the core clinical approaches in the framework;
2. *Confidence* to apply new knowledge in their workplace; and
3. Understanding of the need for *collaboration* with other professionals when working with young people who have intellectual disability and mental health care needs.

Implementation

The target group for the interdisciplinary education program was professionals working in government and non-government agencies from a range of professional backgrounds including health, mental health, education, disability, behaviour support, allied health and management. The goal was to train 400 professionals. Five training events were held over a two year period that included two pilot events in NSW regional areas (TE1 and TE2), two additional events in metropolitan Sydney (TE3 and TE4) and one event in a NSW regional area to assess sustainability of the educational program (TE5). Each training event included lecture style presentations and work group activities covering 14 core components of the framework (see Table 2). The work groups were engineered prior to the training events to ensure that each group had 7-8 professionals from multiple disciplines, in effect creating interdisciplinary teams in order to encourage active involvement in problem solving, focused discussion and clinical application around case studies.

Preliminary review of the evaluation from the first two pilot training events (reaction data from the feedback surveys for TE1 and TE2) allowed for modifications to be made to seminar presentations for the following two training events (TE3 and TE4). The fifth training event (TE5) involved a mixed media delivery of the seminar, using both face-to-face presenters and pre-recorded videos to explore sustainability options of the educational program.

Table 2: Outline of 2-day training seminars

Evaluation

A quasi-experimental design was used to test both the impact of the training program, and changes in participants' level of knowledge, confidence and collaboration in the area of mental health and intellectual disability. Evaluation measures were piloted prior to delivery of the training events and revised by the training team to ensure item validity and to assess logistical issues. Measures were collected for all five training events based on Kirkpatrick's (1959; as cited in Kirk-

Title of Presentation	Format
Introduction	
A Framework for Professional Practice: Development of the educational program	*Lecture*
Section 1: Understanding the issues and integrating scientific approaches	
Aiming for a quality of life: What makes for a 'good enough' life for a child or youth with intellectual disability and their family?	*Lecture*
A common language for understanding intellectual disability, development, emotions and behaviour	*Lecture*
Section 2a: The impact of disability and family well-being	
Family adjustment from a cultural perspective	*Lecture*
Parent stress, parenting competence and family-centred support	*Lecture*
Section 2b: Maintaining parental and family mental health and well-being	
Formulation and intervention planning	*Group work*
Challenging behaviour in intellectual disability: A systemic approach	*Group work*
Section 3a: Individual skill development and emotional/ behavioural well-being	
Communication for life: Strategies for children and adolescents with intellectual disability	*Lecture*
Developing emotion-based social skills in children with intellectual disability and Autism Spectrum Disorder	*Lecture*
Building life skills for children and adolescents with intellectual disability: A case-study	*Group work*
Section 3b: Understanding and managing mental health issues	
Understanding and responding to challenging behaviour: Contributions from attachment theory.	*Lecture*
Transition: More than an event	*Lecture*
Risk management during crisis: Promoting safety and resolution	*Lecture*
Mental illness and intellectual disability: The context, the evidence, the art and the challenge.	*Lecture*
Section 4: Integration of service systems	
Interagency collaboration	*Group work*
Conclusion	
A Framework for Professional Practice: Epilogue	*Lecture*
Questions and discussion	*Interactive*

Table 2: Outline of 2-day training seminars

patrick, 1996) theoretical model for training evaluation. This model was a goal-based approach that involved four levels of evaluation, i) reaction (level of satisfaction); ii) learning; iii) behaviour (transfer of learning); and, iv) results (impact of training on the organisation). Measures for the first three levels of Kirkpatrick's model were collected in various combinations across the training events (see table 3). The evaluation process was used to measure the key objectives of the training program in the following ways.

Level 1 Reaction

An 11-question feedback survey was used to determine participants' reaction and satisfaction with the training events. The questions were adapted from the evaluation study of Curran, Sargeant, and Hollett (2007) and included eight statements that participants were asked to rate on a 9-point likert rating scale (1 = strongly disagree, 9 = strongly disagree) and three open-ended questions. The feedback survey aimed to measure both utility reactions (judgments on the applicability of training) and affective reactions (satisfaction with training components) of the participants (Alliger, Tannenbaum, Bennett, Traver, & Shortland, 1997). Data in relation to this measure was collected at the end of Day 2 for all five training events.

Level 2 Learning Outcomes

Measures were collected immediately before and after the training seminar. This occurred for the pilot training events (TE1 and TE2) and the last training event only (TE5). Measures included,

1. Knowledge measures: Participants were given 40 true/ false questions that were linked to the training curriculum and were evidence based.
2. Confidence rating scale: Participants were required to rate their level of confidence pre/post training on a 7-point likert scale across 6 topic areas. The confidence intervals ranged from 1= Not at all confident to 7 = Very confident, for example, "How con-