Dual Diagnosis
Mental Health and Intellectual Disability

School Clinics

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Clinical Nurse Consultant

MRID.net
Metro-Regional ID Network

NSW GOVERNMENT Health
South Eastern Sydney
Local Health District

Metro-Regional Intellectual Disability Network

A partnership model for integrated health care in metropolitan and regional areas

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Kogarah DAS

Developmental Assessment Service

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South Eastern Sydney
Local Health District

The Kogarah Model

Target Group:

- Children, adolescents and adults with developmental delay/ disabilities and associated health and mental health conditions

Catchment Areas:

- Local Health District (Kogarah DAS)
  - St George/ Sutherland, South Eastern Sydney
- Metro-Regional (MRID.net)
  - Metropolitan and Regional NSW: with a focus on Illawarra Shoalhaven

Specialist Clinics:

- Comprehensive range of coordinated, comprehensive and continuous paediatric and adult multidisciplinary clinic services

Specialist Clinic Services

Paediatric Clinics

- Developmental Paediatrics
- Psychiatry
- Neurology
- School
- Sleep
- Genetics
- Rehabilitation
- Orthopaedics
- Endocrine
- Gastroenterology
- Nutrition
- Feeding
- Allergy
- Neuropsychology
- Transition

Adult Clinics

- Medical
- Neurology
- Psychiatry
- Rehabilitation
- Sleep
- Genetics

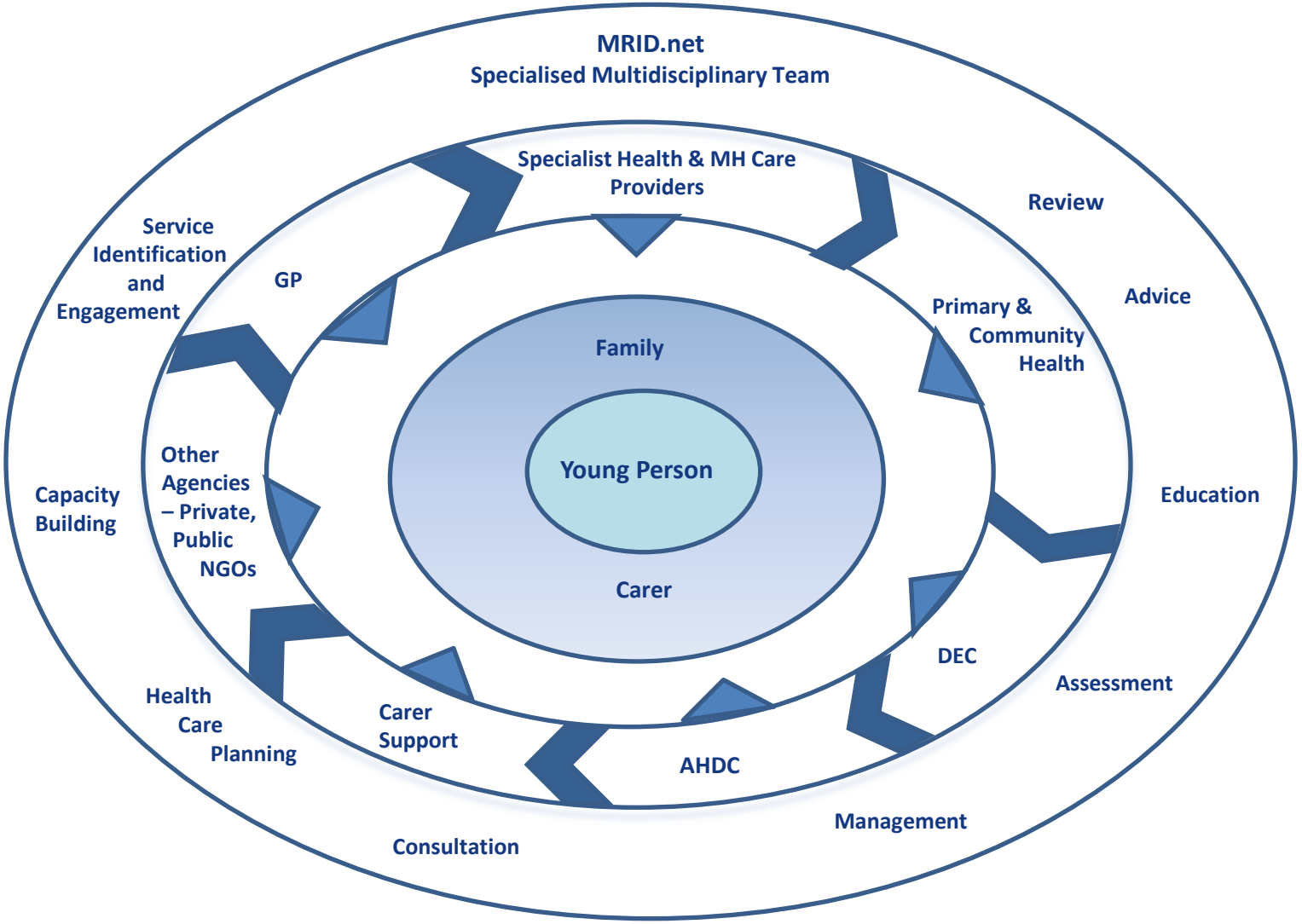
Allied Health & Nursing Support

- Social Work
- Psychology/ Neuropsychology
- Occupational Therapy
- Physiotherapy
- Speech Therapy
- Nutrition
- Autism Educator
- Clinical Nurse Consultant

Broad Aims of MRID Team

- To develop a **partnership** model of service delivery using the existing services in South East Sydney LHD to establish an inter-regional specialist health Tier 4 service for people with ID and complex health needs in the Illawarra Shoalhaven LHD and beyond.
- To identify the opportunities and barriers relevant to the development of inter-regional services.
- To create a service model which may be implemented in other regional, rural or under-serviced areas within NSW.

Model of Care



Health Care Needs

- Students with Intellectual Disability (ID) have poorer health outcomes and greater difficulty accessing healthcare in comparison with the general population.
- They experience a high prevalence of significant medical problems and their health and mental health conditions are often unrecognised, misdiagnosed and poorly managed.
- The needs of a student with a borderline to mild ID are significantly different to a student with a severe to profound disability.
- Students with ID are a disadvantaged group with complex health, educational and socio-economic needs and require services from a number of professionals and agencies.

School Clinics

Aims:

- Explore the student's health and psychosocial needs that impact on the student's functioning in an integrated and holistic manner

Location:

- Special schools
- Support classes in mainstream schools
- ASPECT and NGO schools

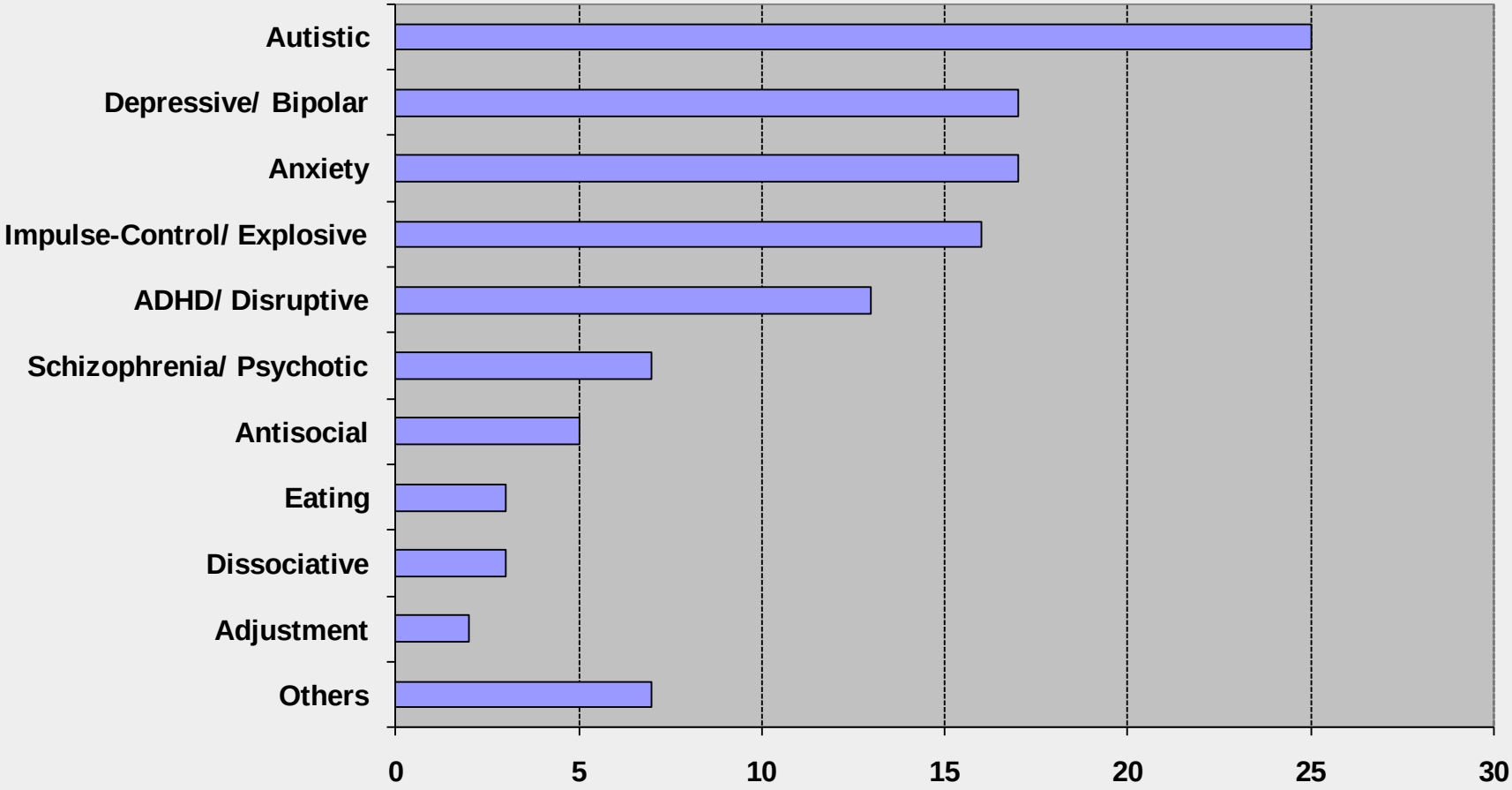
Collaborative Case Plan:

- Develop with teachers, school counsellors, medical specialists, allied health and nursing professionals, student and parents/ carers

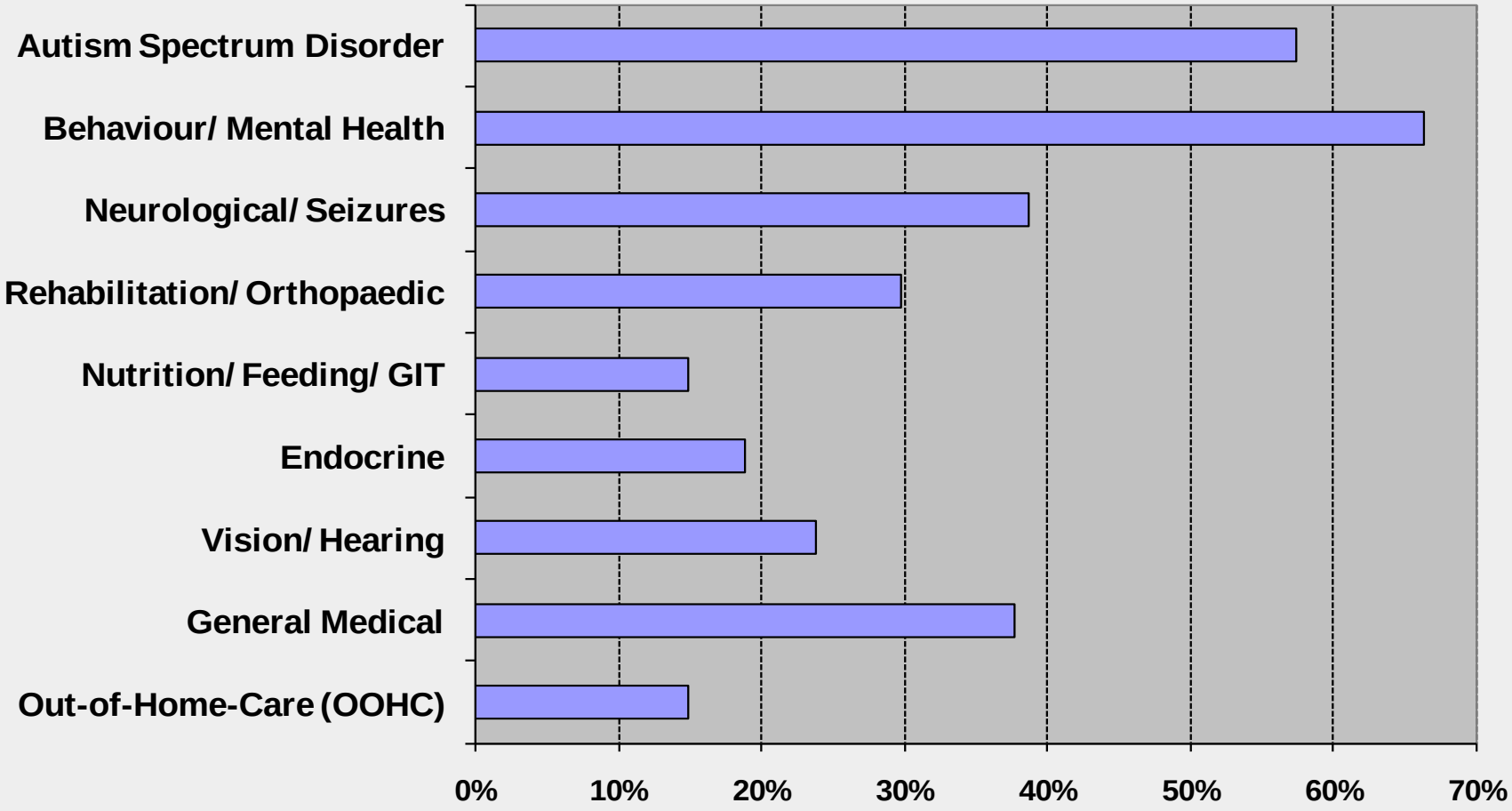
Transition Clinics:

- Students commencing school
- Students leaving school

Youth - DSM IV Axis I Diagnoses



Youth Transitions – Comorbidities



School Transition Clinic

16 – 18 years of age = years 11 and 12

Multi-disciplinary and multi-agency

Paediatric and Adult health

Holistic approach to health & wellbeing:

- Health – physical and mental
- Dental care
- Psychosocial needs
- Family/Carer health – physical, mental
- Preventative health mesures
- Post School Options
- Equipment provision
- Respite Care and Out of Home care
- Finance

Participants

- Young person and their parents and/or carers
- Paediatric and Adult Physician
- Adolescent Psychiatrist
- School Therapy Team member
- Social Worker
- Head Teacher and Class Teacher
- ADHC Case Manager and ADHC RBIT Representative
- Transition Care Coordinator – ACI
- Translator

Transition Plan

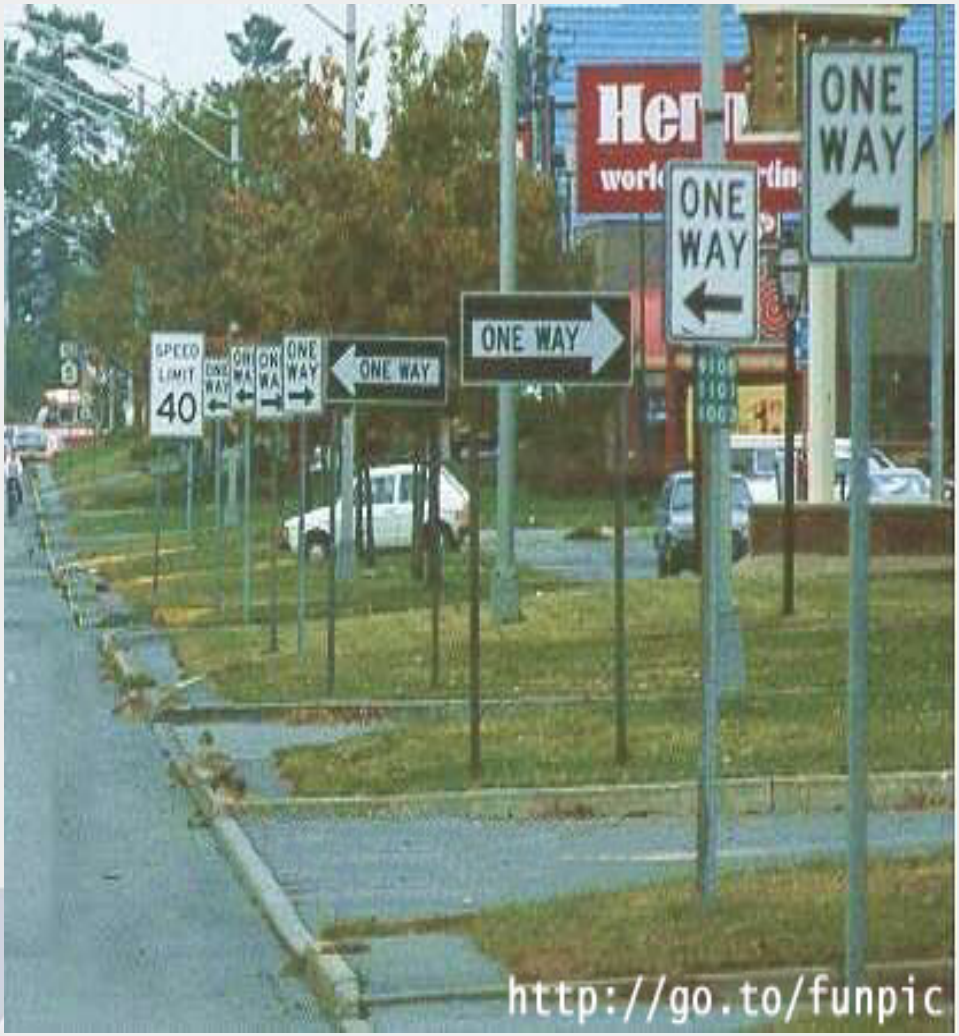
Goals:

- Registered with GP
- Respite services in place
- Post School Option planned
- Engagement with adult medical professionals commenced
- Contact details for all professionals involved in care recorded
- Medical summaries /handover completed

Transition Plan cont…

Areas addressed:

- Immunisation
- Sexual Health education
- Risk taking behaviours
- Leisure plans
- Mobility needs & equipment
- Adult medical services
- Adult Allied Health services
- Dental services
- Chronic illness self-management
- Support groups – young person + parents/carers + siblings
- Social Work/case management needs



Interagency Collaboration

- Clinics are provided in collaboration with DEC, FACS | ADHC, NGOs, Mental Health and Community Health and conducted off-site in mainstream and schools for specific purposes
- Interagency partnerships ensure smooth pathways between health and other services
- Regular interagency meetings support clients with complex needs and their families in their transitions between health, disability and educational services
- Targeted to the student and family's need – paediatric, psychiatric, rehabilitation, gastroenterology and transition

MRID My Toolkits

- Schoolkit ®:
- Interactive website
- Video and cartoon – Max's story
- Resources – templates

- Sponsored by ACI
- Launched this year
- First of a series: co-design, hospitalisation and NGE collaboration

Thank the person next to you for not falling asleep…

…or wake them up for afternoon tea