



Faculty of Medicine, The Department of Developmental Disability Neuropsychiatry 3DN

The renewal of intellectual disability content in nursing curricula: Submission to the Educating the Nurse of the Future- Independent Review of Nursing Education

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Terms of Reference focus

This submission highlights issues around intellectual disability (ID) health and makes recommendations in relation to the Review's Terms of Reference aim to 'To examine the effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery'.

About the Department of Developmental Disability Neuropsychiatry

The Department of Developmental Disability Neuropsychiatry (3DN) at UNSW Sydney leads National and State developments in intellectual and developmental disability mental health through education and training of health and disability professionals and by conducting research with a particular focus on the mental health of people with ID. 3DN's vision is to work with people with ID and developmental disabilities (DD), their carers and families, to achieve the highest attainable standard of mental health and wellbeing. 3DN is led by UNSW's inaugural Chair of Intellectual Disability Mental Health (IDMH), Professor Julian Trollor, who has over 20 years of clinical experience in the management of people with ID and complex health and mental health problems. He has extensive experience with a range of disability service providers and professionals, and has led or contributed to numerous legislative, policy and service reviews in the disability arena. More information about 3DN and the Chair IDMH can be found on our website: <http://3dn.unsw.edu.au/>

Background

Approximately 1-2% of the population have an ID [1, 2]. Compared with the general population they experience very poor health status characterised by multiple morbidities [3], elevated rates of physical health problems [4], and 2-3 times the prevalence of mental health disorders [5]. The poor health status of this population is starkly highlighted by our findings that people with ID have higher mortality rates from preventable causes than the general population [6]. People with ID are more frequent users of emergency departments, ambulatory care settings, and hospitals than the general population [7], and 3DN's preliminary analysis of a state-wide linked dataset indicates that compared to the NSW population, people with ID experience mental health admissions that are twice as long and cost twice as much. Despite both the frequency and complexity of their health care needs, people with ID face considerable barriers to accessing health care, in part due to poor workforce capacity in this area [8, 9].

Human rights [10] and policy frameworks [11, 12] have called for equitable health care for those with disabilities such as ID through the universal equipping of health professionals and services. In contrast to other population groups with recognised health inequalities such as Aboriginal and Torres Strait Islanders [13], there has been no whole of government approach for people with ID. The higher needs and costs, and the continuing poor health status of people with ID means that urgent action is required to address this issue. The augmentation of ID education for future nurses is of relevance to the Commonwealth Department of Health, with two successive *National Roundtables on the Mental Health of People with Intellectual Disability* [14, 15] calling for enhanced education around ID for future health professionals from the undergraduate level. In the [2018 National Roundtable Communiqué](#), the first recommendation around Workforce and Development Support (Element 6) was for "All education institutions to embed intellectual disability



training, giving priority to health and mental health aspects” (see p. 9 for a summary and p. 30 for details).

Nursing education and intellectual disability health

As the largest health professional group in Australia [16], nurses play an important role in the delivery of health care services to people with a disability, and until the late 1980s were the primary providers of care to people with ID [17]. However, following the transition to community care [18], and concurrent changes in the format of Australia’s nursing curriculum to a generalised program, there has been a decline in the visibility of ID in registered nursing. As the *Australian Nursing and Midwifery Accreditation Council (ANMAC) Registered Nurse Accreditation Standards* [19] do not specifically mention ID, it is not a requirement for nursing schools to incorporate ID health education within their curricula.

People with ID have varying health needs depending on the cause of their ID and level of ability. For example, those with genetic causes of ID or specific syndromes can have particular associated health needs that require screening or ongoing management. Thus, nurses need both content specific knowledge, and an awareness of specific adjustments to practice (such as modifying communication methods) to facilitate effective assessment and management. Further, given the overrepresentation of people with ID within health services, all nurses will care for people with ID throughout their careers.

Audit of intellectual disability content in Australian nursing school curricula

In 2014 3DN, in collaboration with prominent clinicians, academics, and researchers in this field, undertook an audit of ID health content [20] and teaching methods [21] in 31 Australian nursing school curricula. The aim of the audit was to determine whether a renewal of ID content was indicated and to identify gaps. The key findings were:

- 16 of the 31 universities audited were not providing any ID content in their curricula.
- Of those that were, the content and teaching methods varied greatly between nursing schools.
- A small number of schools were providing the majority of the content, with three participating schools offering 50% of the course units that contained ID content.
- Nursing school curricula contained a median of 5.5 hours of compulsory ID education across the whole degree.
- Key topic areas such as clinical assessment and management skills in the area of ID were taught in fewer than a third of participating schools, and other important areas such as human rights issues and preventative health in fewer still (each taught in 16% of participating schools).

The education available to future nurses falls short of what we know is required to help improve the poor health status of people with ID. At present, the majority of future nurses in Australia will graduate with little or no understanding of the specific health care needs of people with ID. Without the development of targeted strategies to address this issue, the health inequalities experienced by this population are likely to continue.



Recommendations

We recommend the following steps to augment ID education content in Australian nursing schools to help future nurses meet the health care needs of people with ID:

1. *The development of a national ID Educational Framework and Implementation Toolkit for nursing schools:* Results from the curricula audit and consultation with key groups (including people with ID and family and support persons, curriculum coordinators, key academics, students, and experts in the field) would be utilised to determine ID physical and mental health core competencies to be included in undergraduate nursing curricula, and additional resources (e.g. teaching tools) to include in an Implementation Toolkit.
2. *Pilot and roll-out of the Framework and Toolkit:* The curriculum Framework and Toolkit would be piloted in 1-2 nursing schools, with curriculum coordinators/educators incorporating the ID core competencies into existing curricula. This would include an evaluation component, with refinements made to the Framework and Toolkit before a nationwide roll-out across nursing schools.
3. The inclusion of minimum capabilities in ID knowledge and skills in future revisions of the *ANMAC Registered Nurse Accreditation Standards*.

We thank the Department of Health and Emeritus Professor Steven Schwartz AM for this opportunity for input into this important issue. Should you wish to discuss the content of this submission please do not hesitate to contact us. We can be contacted by phone on (02) 9931 9160 or by email, j.trollor@unsw.edu.au.

Sincerely,



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Signed on behalf of all authors



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