

Presenter Sandy Smith

Title Dual Disability: Division or Deliver

Abstract

People with an Intellectual disability and Mental Illness are marginalised citizens in our society. There is a long history of controversy regarding their needs and delivery of service. They can be subjected to diagnostic ambiguity, refusal of service delivery or refuse services and become a “nuisance” factor in the community that can lead to “criminalised” behaviour.

Ordinary lives and Recovery are the philosophies that respectively underpin ID and mental health service delivery. Ordinary lives are about a decent dignified life for a static population. Recovery is about hope and self-determination in a more dynamic populous.

NASC funding reflects these philosophies in their criteria and funding abilities. Static principles are reflected in a longer term based funding and the dynamic are often in more intense packages for a shorter term. Those with a dual diagnosis may require high packages of funding for a longer period of time with multi agency input.

We briefly discuss the philosophical underpinnings of service delivery and how that’s reflected in the criteria of accepting and delivering care. This is liberating when joint delivery results in good client outcome. It can also cause distension and division between services when there’s ambiguity of diagnosis regarding the driver for service need (disability or illness?). To demonstrate these points we will discuss our role and two dual diagnosis case studies that we have been involved in. Finally we’ll seek solution focussed feedback from the audience as to the key elements of a good dual delivery service model.

Biography

I am the Registered Community Mental Health and Intellectual Disability Consultation and Liaison nurse for the Mental Health Intellectual Disability Team (MHID) in the Hawkes Bay and Tairāwhiti regions. My nursing experience includes medical, surgical, practice, mental health and dual diagnosis nursing. Ongoing related educational activities include being a qualified primary practitioner in Cognitive Therapy, clinical supervisor, Masters of Nursing and post graduate papers in pharmacology. Current professional commitments are NZ College of Mental Health Nurses and New Zealand Intellectual Disability Nursing Forum. I have specialist interests in Down Syndrome and Dementia and the uses of psychotropic medication in the ID population.