NSW Council for Intellectual Disability

NATIONAL ROUNDTABLE ON THE MENTAL HEALTH OF PEOPLE WITH INTELLECTUAL DISABILITY

COMMUNIQUÉ

Great Hall, University House,
Australian National University,

Wednesday 22nd May 2013

UNSW AUSTRALIA

QCIDD Queensland Centre for Intellectual & Developmental Disability

Introduction

Research shows that people with intellectual disability experience very high rates of mental disorder. Despite this, people with intellectual disability and their families often experience great difficulty accessing appropriate diagnosis and the mental health care they need.

The National Roundtable on the Mental Health of People with Intellectual Disability, held on 22 May 2013, brought together 95 participants from a range of key backgrounds to discuss the critical issues and to identify the policy settings and priority areas for practical reform able to deliver real improvements to prevention, early intervention and mental health care for people with intellectual disability. The participants are listed at Attachment D.

The participants agreed that practical action to address the mental health needs of people with intellectual disability is essential and there are opportunities to build on directions already being set by the National Disability Strategy, the National Mental Health Strategy, the National Roadmap for Mental Health Reform and National Schools Reforms.

However, a clear pathway for reform, that identifies practical strategies that can be adopted nationally and tailored to the needs of each jurisdiction and local region, is urgently needed to ensure that the mental health needs of people with intellectual disability are addressed proactively and that individuals with complex needs do not continue to fall between the cracks.

Practical approaches also need to be incorporated into the design and implementation of DisabilityCare Australia (the National Disability Insurance Scheme).

Key elements of reform

Roundtable participants considered and supported eight key elements of an effective system of mental health care for people with intellectual disability. These elements are set out in full in Attachment A and cover:

1. Inclusion of intellectual disability mental health in all mental health initiatives.
2. Prevention and timely intervention.
3. Equitable access to, and skilled treatment by, mental health services.
4. Specialist intellectual disability mental health services to support mainstream services.
5. Collaboration between disability, schools, mental health and other agencies.
6. Workforce education and training.
7. Enhanced data collection.
8. Addressing contributors to multiple disadvantage.

The participants reviewed and ranked priority actions on each of these elements for the next five years.

Priorities for action

The priority areas where focussed action is needed to progress each element over the next five years are presented, in full, in Attachment A.

Many of the proposed actions can build on existing initiatives, with some fine tuning, while others would require a more focussed or targeted approach. Key examples where proposed actions can build on existing initiatives include:

- Finalise and implement *Accessible Mental Health Services for People with Intellectual Disability: A Guide for Providers* as a guide to practice and a tool to support review of service capability.

- Ensure arrangements to provide coordinated and effective care for people with intellectual disability and mental health needs are properly explored and built into the design of DisabilityCare Australia, starting with focused action in one or more NDIS launch sites.

- Adapt existing national health initiatives to target systematic improvements in the mental health care of people with intellectual disability. Relevant initiatives include the National Recovery Oriented Mental Health Policy Framework, eHealth records, the Specialist Training Program and primary mental health care programs, practice support and training initiatives through Medicare Locals.

- Incorporate improved responses to students with intellectual disability in National Schools Reform.

- Improve the low take-up rates of Medicare annual health assessments by people with intellectual disability.

- Include consideration of mental health issues in the proposed national strategy to reduce the use of restrictive practices in disability services.

- Support action in the RANZCP to develop a recognised specialty in intellectual disability mental health.

- Enhance coverage of intellectual disability mental health in various workforce education and training contexts.

Potential drivers of change

Roundtable participants identified a range of avenues for carrying forward the Roundtable outcomes, ranging from local action by participants through to the Council of Australian Governments (COAG) Working Group on Mental Health Reform. See the end of Attachment A.

NSW Council for Intellectual Disability and its Roundtable partners (the Department of Developmental Disability Neuropsychiatry UNSW, Queensland Centre for Intellectual and Developmental Disability and the Australian Association of Developmental Disability Medicine) will be auditing action around Australia in mid 2014.

Attachment A - ROUNDTABLE OVERVIEW AND OUTCOMES

Preparation for the Roundtable

The National Roundtable on the Mental Health of People with Intellectual Disability was organised by the NSW Council for Intellectual Disability in partnership with the Department of Developmental Disability Neuropsychiatry UNSW, Queensland Centre for Intellectual and Developmental Disability and the Australian Association of Developmental Disability Medicine. The Roundtable was funded and supported by the Australian Government Department of Health and Ageing.

In preparation for the Roundtable, participants were invited to complete a survey to identify existing and potential initiatives to improve the mental health of people with intellectual disability. The survey was completed by 43 participants and the results used to inform the Roundtable deliberations.

A Background Paper was then prepared and circulated to all participants that summarised: the evidence about mental health problems experienced by people with intellectual disability and how they are currently being managed; relevant policies settings; and, the role of key agencies.

The Background Paper then proposed key elements for system reform and improvement and the types of action that could be taken to move forward. The Background Paper provided a starting point for discussion of key initiatives and actions at the Roundtable. The Paper is at www.nswcid.org.au/standard-english/se-pages/health.html

Participants

The Roundtable brought together 95 participants from around Australia (see Attachment D). Representation included:

- The senior mental health public servants and/or chief psychiatrists from the Commonwealth, States and Territories.
- The Chair and CEO of the National Mental Health Commission.
- The Disability Discrimination Commissioner.
- The Presidents of the RANZCP and RACGP, and of the Paediatric and Child Health Division of the RACP, and senior representatives of other professional associations.
- Senior representatives of disability and school education agencies.
- Parents, advocates and professionals with expertise in the mental health needs of people with intellectual disability.

Process

The Roundtable was opened by Professor Allan Fells AO, Chair of the National Mental Health Commission, who outlined the current systemic challenges faced by people with intellectual disability trying to access mental health care and the complementary roles of DisabilityCare Australia and mental health services. See Attachment B for extracts from Professor Fels' remarks.

The Roundtable heard from parents about the many barriers and hurdles they had faced trying to access appropriate and timely mental health care for their offspring with intellectual disability and the consequences of poor access. Then, a panel of senior clinicians gave their perspectives on short term priorities for reform in primary health care, child and youth mental health care, adult mental health, forensics and subspecialty development. This was followed by an overview of lessons learned from collaborative approaches between mental health, disability and other human services from the WA Mental Health Commissioner. Jim Simpson from NSW Council for Intellectual Disability outlined the key elements of a better system of mental health care.

The Roundtable participants then met in expert groups to review the proposed elements and options for action, as outlined in the Background Paper, and to prioritise the actions based on their relevance and capacity to contribute to meaningful systemic change in the coming five years. The groups and their chairs are listed at Attachment C. The recommendations from the working groups were then fed back to the Roundtable plenary session for final review and broad high level support.

Key elements of an effective system

Consistent with key national mental health and disability policy documents, the elements of an effective system to meet the mental health needs of people with intellectual disability that were considered and supported by Roundtable participants are:

1. The needs of people with an intellectual disability and a mental disorder are specifically accommodated in all mental health initiatives.

2. People with intellectual disability and their families receive education and support to prevent mental disorders and to obtain early and timely assistance for mental disorders.

3. All mental health services provide equitable access and appropriately skilled treatment to people with intellectual disability.

4. A national network of specialist intellectual disability mental health professionals is available to support mainstream mental health services - by provision of consultancy and training, and through research.

5. Ongoing joint planning by disability services, schools and mental health and other relevant services including:
    a. Identification of referral and treatment pathways.
    b. A framework and capacity for collaborative responses where intellectual disability and mental disorder co-exist.

6. Training in intellectual disability mental health to minimum standards for front-line and other professional staff in disability services, schools and health services, particularly including primary health and mental health services.

7. Collection and analysis of data which measures mental health needs, access to services and outcomes of people with intellectual disability.

8. All of these elements include specific focus on contributors to multiple disadvantage including poverty, isolated lives, alcohol and other drugs misuse, Indigenous status, CALD backgrounds and contact with the criminal justice system.

Toward an effective system - Roundtable recommendations on priority areas for action

Note – Where items in the below lists are numbered, this indicates priorities given to actions by the Roundtable expert groups.

Element 1 – Inclusion in all mental health initiatives

- Promote take up of personally controlled electronic health records (eHealth records) by people with intellectual disability. A campaign should focus on both the health and disability sectors.

- Include a specific focus on intellectual disability mental health in the proposed National Recovery-Oriented Mental Health Policy Framework.

- The Independent Hospital Pricing Authority give consideration to a loading for people with co-occurring intellectual disability in mental health activity based funding formulas.

- Each government and NGO health agency develop a definitive pathway for inclusion of people with intellectual disability in mental health policy development and funding initiatives.

- The Australian Government consider the mental health needs of people with intellectual disability in development of primary healthcare policy and programs.

- Intellectual disability services include a specific focus on mental health, in particular in the rollout of DisabilityCare Australia. (Actions related to DisabilityCare Australia are also proposed in Elements 2, 3, 5 and 7.)

It was also noted that:

- The coordination of action within the mental health sector is very challenging and so change needs to be pursued locally as well as at a broad systemic level.

- The mental health needs of families and carers need their own attention.

Element 2 – Prevention and timely intervention

1. Develop a framework for early identification of factors that may lead to or compound mental health/behaviour problems. This framework would be based on existing strategies such as early childhood interventions and be added to as necessary.

2. Develop self advocacy and mental health awareness in people with intellectual disability and their families including:
    - Provide training, information and support for families about mental health issues and possible co-morbidities from when children are young, preferably around the diagnosis of intellectual disability.
    - Establish groups for people with intellectual disability and their families.
    - Develop further plain English and accessible information and education material, including web based resources for families, carers and disability service providers.
    - Focus on providing timely diagnosis and accessible clinical advice at all key life transition points.

- Fund a partnership between consumer, disability, education, health and other sectors for the purpose of these actions.

3. Develop interagency partnerships to better support families, especially where risk factors of mental health problems are evident.

4. In implementation of current national schools reforms, include specific consideration of actions to improve mental health of students with intellectual disability, including ensuring that programmes around mental health (education, prevention and training) are disseminated in mainstream schools and cascaded to other education environments such as special education facilities. Also, conduct virtual forums to ensure education jurisdictions understand what evidence based programs are available.

5. Include in DisabilityCare Australia, starting in launch sites, particular focuses on:
    - Development of communication, coping and survival skills to help prevent or minimise mental illness.
    - Ensuring planners developing participant plans have skills in intellectual disability mental health and challenging behaviour.

6. Actions to increase uptake of annual health assessments. (Also recommended in Element 3 below)

It was also noted that prevention and early intervention would require enhanced skills in relevant service sectors including early childhood, special education and mental health.

Element 3 – Equitable access and skilled treatment

1. *Accessible Mental Health Services for People with Intellectual Disability: A Guide for Providers* (the Guide) acts as a resource to assist government and non-government mental health services to provide equitable access and skilled treatment for people with intellectual disability. Roundtable participant feedback on the draft Guide suggested inclusion of information on:
    a. service/access maps,
    b. model/s for shared triage, and
    c. competencies.

2. Encourage or fund Medicare Locals to develop action on intellectual disability mental health. This could include:
    a. Practitioner education, including encouraging uptake of annual health assessments.
    b. Promoting awareness and utilisation of intellectual disability mental health resources and networks.
    c. Partnering with disability services to provide accessible support networks for families and carers.
    d. Adaptation of Partners in Recovery Model to intellectual disability mental health.
    e. Local directories of expertise and referral pathways.
    f. Establishing pathways between disability, mental health and education services.
    g. Promoting uptake of eHealth records for people with intellectual disability and mental health problems.

3. Promote use of telehealth options.

4. Resolve national guidelines on the appropriate prescription of psychoactive medication for people with intellectual disability. This work to involve:
    a. Collaborative action between the Royal Australian and New Zealand College of Psychiatrists, Royal Australian College of General Practitioners, Australian Psychological Society, Royal Australian College of Physicians and Australian College of Rural and Remote Medicine, noting the importance of a multidisciplinary approach.
    b. Links to the development of a national strategy to reduce the use of restrictive practices in disability services.
    c. Consultation with the National Health and Medical Research Council.
    d. Noting in the proposed guidelines the importance of a formalised system for medication review, for example by a multidisciplinary panel.

5. Develop CALD responsivity through workforce training, further development of appropriate assessment tools and better access to interpreters.

6. Review options to adapt NGO mental health support models such as the NSW HASI to meet support needs of people with intellectual disability and mental disorders.

7. Look at pathways and arrangements for specific points of access at vulnerable times including age transitions.

8. Explore the case for specific Medicare items for mental health treatment of people with intellectual disability by primary health and mental health providers.

A subgroup focused on Element 3 in a forensic mental health context and recommended additional actions:

1. Each local mental health service have a specialist intellectual disability worker and each disability service have a specialist mental health worker to advocate for inclusion.

2. Prisoners with intellectual disability be eligible for funding under DisabilityCare Australia.

3. Establish clear protocols between police, corrections, mental health and disability services defining joint responsibilities and pathways.

4. Develop competencies in forensic intellectual disability underpinned by a suite of education packages. This to include development of competencies around the impact of culture on behaviour and illness.

5. Develop legislative pathways and accommodation options for people found to be unfit to be tried or not guilty on the grounds of mental impairment.

6. Further develop legislation that outlines and provides service pathways diverting people with a mental illness and intellectual disability from the criminal justice system, as well as pathways out of prison. This includes needs for assessment and treatment.

It was also noted by Roundtable participants that there is a need for greater clarity about the responsibility of mental health services to people with intellectual disability, in particular, taking responsibility to assess people with behavioural disorders.

Element 4 – Specialists in intellectual disability mental health

1. Establish a multidisciplinary national network on intellectual/developmental disability mental health that would provide opportunities for learning, debate, information sharing, advocacy and policy development.

2. States/Territories develop models of specialist service provision that include direct treatment and consultation.

3. Fund the RANZCP to develop the training and recognition of intellectual disability psychiatry as a subspecialty.

4. Designate intellectual disability psychiatry as a priority area for funding under the Specialist Training Program managed by DoHA.

Element 5 – Collaboration between agencies

1. Focus the DisabilityCare Australia launch sites on establishing sustainable systems for collaborative, person centred support for people with intellectual disability who may have a mental disorder.

2. Develop a national strategy (based on clearly defined and accountable roles and collaborative practices) for collaboration between mental health, disability, schools and other relevant agencies including equal partnerships with individuals, families and carers.

3. Focus on whole of life needs and multidisciplinary and collaborative approaches in the proposed National Recovery-Oriented Mental Health Policy Framework.

4. Include a focus on mental health in the proposed national strategy to reduce the use of restrictive practices in disability services, including ensuring that decisions about use of psychoactive medication are based on the shared skills of appropriate health and disability professionals. There is a similar need for action on restrictive practices in schools and mental health services.

5. Mental health agencies negotiate with DisablityCare Australia to ensure appropriate community support options for people with intellectual disability housed in psychiatric hospitals for want of another option.

6. Amalgamate or collocate some mental health and disability services so as to provide multidisciplinary service delivery.

7. Include a focus on a shared understanding of issues and collaborating skills in education and training in intellectual disability mental health.

It was also noted that advocacy groups were essential players in development of collaborative strategies.

Element 6 – Workforce education and training

The group considering this element identified three top priorities to be developed with the direct involvement of people with intellectual disability, families and carers:

1. Audit existing education and training in the mental health of people with intellectual disability.

2. Develop competencies and competency based training, taking account of the different competencies needed by different parts of the workforce.

3. Provide a spectrum of information and training, including online and experiential learning.

Other options for action recommended by the group were:

- Develop minimum intellectual disability health content in medical and nursing faculties.

- Develop training in mental health professional groups, including curriculum at undergraduate and postgraduate levels and placement options in intellectual disability mental health.

- Establish a program to build the skills base of nurses, in particular in GP practices and emergency departments.

- Examine the ongoing training needs of GPs, including in relation to health care coordination.

- Provide all psychologists with specific training in working with people with intellectual disability.

- Include in all training a focus on cultural competence and other diverse needs of individuals.

- Establish a national training and development register and clearing house.

It was also noted that:

- Tertiary education institutions should be alerted to future workforce needs in intellectual disability mental health including in the context of DisabilityCare Australia.

- Health Workforce Australia needs to be engaged on workforce training issues.

Element 7 – Data

- Specifically include people with intellectual disability and their families in any independent surveys of people's experiences of, and access to, mental health services.

- Explore opportunities for data linkage between mental health services, Medicare, DisabilityCare Australia and other relevant agencies, both in relation to aggregate deidentified data and data in relation to individuals. In both cases, there should be exploration of whether current rules for accessing data provide an appropriate balance with personal privacy.

- Re-establish a data collection system in relation to take up of annual GP health assessments by people with intellectual disability.

- Explore the feasibility of specifically including people with intellectual disability in data collection for the Partners in Recovery program.

- Ensure that accountability and performance monitoring metrics include intellectual disability issues where appropriate.

Education agencies breakout group

As well as participating in other groups, senior representatives from education agencies around Australia met together to discuss the question, *'What actions can be taken in the school system to better meet the needs of people with intellectual disability and a mental disorder?'*

This group generated the following recommended actions:

1. School education must be recognised, integrated and integral in mental health and disability service delivery, from prevention and early intervention through to specialist service delivery.

2. In implementation of current national schools reforms, include specific consideration of how to incorporate action on the mental health of students including those with intellectual disability.

3. Provide mechanisms for developing and shaping evidence-based practices in supporting students with intellectual disability and mental disorders in education.

4. Lift the veil on one size fits all approaches to service access and delivery so as to better respond to diverse geographical, specialist service availability and cross sector workforce capability.

Carrying forward the Roundtable outcomes

Roundtable participants identified a range of strategies for carrying forward action on the roundtable elements and options for action:

1. Each Roundtable participant pursue actions in their sphere whether that be local, State/Territory or national.

2. The Roundtable outcomes be presented to the COAG Working Group on Mental Health Reform for consideration in relation to its roles including those of improving mental health data, developing indicators and targets for mental health reform and developing a successor to the Fourth National Mental Health Plan.

3. Joint work by DisabilityCare Australia and mental health agencies on how to ensure that the needs of people with intellectual disability and mental disorders are collaboratively met and that this is evaluated, starting with the NDIS launch sites.

4. The National Mental Health Commission include intellectual disability mental health in its report cards.

5. Establish processes for regular feedback by people with intellectual disability and their families on whether their mental health needs are being met.

The Disability Trust in NSW will conduct a national conference on the mental health of people with intellectual disability in 2014.

Next steps by the Roundtable partners

1. NSW Council for Intellectual Disability will continue advocacy for action in collaboration with its counterparts around Australia and with the Roundtable partners.

2. The Department of Developmental Disability Neuropsychiatry UNSW will circulate for further feedback the next draft of *Accessible Mental Health Services for People with Intellectual Disability: a Guide for Providers.*

NSW CID and its Roundtable partners will conduct a survey of Roundtable participants and other key agencies in mid 2014 to audit action since the Roundtable. NSW CID will report the findings of this survey.

Attachment B – EXTRACTS FROM OPENING ADDRESS OF ALLAN FELS AO

In our first report card, the Commission emphasised the holistic needs of people with mental disorders so that they can lead 'a contributing life'. This includes effective mental health treatment but also much more –we look to issues whether people have a home, good social networks, something meaningful to do and so on.

People with intellectual disability and a mental disorder have these same needs but two service systems have failed to meet these needs.

Mental health services have traditionally been responsible for the mental health treatment of people with intellectual disability but all too often, people with intellectual disability have not been able to get the treatment they need.

Disability services have been responsible for the broader support needs of people with intellectual disability – somewhere to live, day to day support, support to get employment and get out in the community etc. However, the quantity and quality of this support has been inadequate. As the Productivity Commission concluded,

> *The current disability support system is underfunded, unfair, fragmented, and inefficient. It gives people with a disability little choice, no certainty of access to appropriate supports and little scope to participate in the community.*

The NDIS, now called DisabilityCare Australia, has the potential to provide people with disability with the support services they need.

But this great advance in disability support needs to be complemented by action in the health sector. The NDIS goes hand in hand with the National Disability Strategy. The Strategy commits all government in Australia to six key outcomes, one of which is:

> *People with disability attain highest possible health and wellbeing outcomes throughout their lives.*

And so today, we need to work out how to redress the inequalities in mental health care currently experienced by people who have both an intellectual disability and a mental disorder.

This is partly a matter of improving access to and skills in mental health services. It is also a matter of ensuring service systems work together. Disability and mental health services have complementary roles with each other and with schools, AOD services and a range of others. If these agencies work well together, people with intellectual disability are less likely to develop mental disorders and the impact of any disorder on the person's life will be minimised.

In other words, they will have a better chance of being able to lead a contributing life.

Attachment C – EXPERT GROUP AND CHAIRS

1. Inclusion in mental health initiatives, data and carrying forward the Roundtable outcomes.
   Chair – Robyn Kruk, CEO, National Mental Health Commission

2. Prevention and timely intervention - Schools and health services group
   Chair – A/Professor Susan Moloney, President, Paediatrics and Child Health Division, RACP

3. Prevention and timely intervention - Disability and health services group
   Chair – Dr Jacki Small, Neurodevelopmental and Behavioural Paediatric Society of Australasia

4. Equitable access to, and skilled treatment by, mental health services - Primary care and NGOs group
   Chair – Dr Liz Marles, President, RACGP

5. Equitable access to, and skilled treatment by, mental health services - Public mental health group
   Chair – Dr John Allan, Chief Psychiatrist NSW

6. Equitable access to, and skilled treatment by, mental health services - Forensic group
   Chair – Tom Dalton, CEO, Victorian Institute of Forensic Mental Health

7. Specialist intellectual disability mental health services
   Chair – Dr Chad Bennett, Clinical Director, Victorian Dual Disability Service

8. Collaboration between agencies - National Disability Reform Group
   Chair – A/Professor Keith McVilly, Convenor, Australian Psychological Society group on intellectual disability

9. Collaboration between agencies – *'Here and now'* group
   Chair – Brian Smyth King, Executive Director, Learning and Engagement, Department of Education and Communities NSW

10. Workforce education and training
    Chair – Dr Nick Hagiliassis, Australian Society on Intellectual Disability

11. Education agencies breakout group
    Chair – Brian Smyth King, Executive Director, Learning and Engagement, Department of Education and Communities NSW

Attachment D – ROUNDTABLE PARTICIPANTS

Name	Position in agency	Agency (if any) representing
Aine Healy	Executive Director	NSW Council for Intellectual Disability
Alan Robinson	Parent	Developmental Disability Council WA
Alan Wilson	Manager, Disabilities and Additional Needs	Department of Education and Early Childhood Development Victoria
Allan Fels	Chair	National Mental Health Commission
Andrea Ching	Project Officer	3DN UNSW
Andrew Pridding		Australian College of Mental Health Nurses
Annie Curtis	Area Manager - Disability & Community Services South	Disability & Community Services Tasmania
Annie Venville	Member	Australian Association of Social Workers
Brenton Alexander	Assistant Secretary	DoHA
Brett Coulson	Deputy Chief Psychiatrist	Department of Health Victoria
Brian Smyth King	Executive Director, Learning and Engagement	NSW Department of Education and Communities
Bruce Chenoweth	Senior Developmental Psychiatrist	Kogarah Diagnostic Assessment Service
Bruce Tonge	Professor Emeritus	Monash University
Carla Cranny	Facilitator	
Cathy Franklin	Senior Lecturer	QCIDD
Chad Bennett	Clinical Director	Victorian Dual Disability Service
Cheryl McIntyre	Member	ACRRM
Christian Smyth	Senior Adviser	Orygen
Christine Regan	Board member	National Council on Intellectual Disability
David Bowen	Chief Executive Officer	NDIS Launch Transition Agency
David Chaplow	Senior Consultant Forensic Psychiatrist	Justice & Forensic Mental Health Network NSW
David Coyne	Executive Director, Clinical Innovation and Governance	ADHC NSW
David Davies	Executive Director	Mental Health & Substance Abuse (SA)
David Dossetor	Network Director of Mental Health	Sydney Children's Hospital Network
David McCann		Office of Mark Butler, Minister for Mental Health
David McGrath	Director, Mental Health, Drug and Alcohol	Ministry of Health NSW
Deborah Roberts	Senior Project Manager, Policy, Strategy and Planning	Mental Health Commission WA
Dwayne Cranfield	CEO	NEDA
Eddie Bartnik	Commissioner	Mental Health Commission WA
Eileen McDonald	Parent	
Emily Martin	Departmental Officer	Department of Health and Ageing
Evan Lewis	Group Manager Disability and Carers	FaHCSIA
Frank Quinlan	Chief Executive Officer	Mental Health Council of Australia
Gerald Franks	Senior Manager	Canberra Men's Centre
Graeme Innes	Disability Discrimination Commissioner	Australian Human Rights Commission
Gregory O'Brien	Senior Staff Psychiatrist/ Honorary Professor	Queensland Disability Services and University of Queensland
Jacqueline Small	member	NDPaeds Soc
Jane Geltch	State Manager Qld	National Disability Services
Jane Pickworth	National Manager of Centres	Headspace
Janelle Govett	Project Officer	3DN, UNSW
Jennie Parham	National Principal Advisor – Mental Health	Australian Medicare Locals Association

Jennifer Torr	1. Director of Mental Health 2. Chair, Special Interest Group in the Psychiatry of Intellectual and Developmental Disabilities	1. Centre for Developmental Disability Health Victoria, Monash University and 2. Royal Australian and New Zealand College of Psychiatrists
Jim Simpson	Senior Advocate	NSW CID
John Allan	Chief Psychiatrist	Ministry of Health NSW
John Entwistle	Board member	SACID
John Feneley	Commissioner	Mental Health Commission of NSW
John Walsh	Partner	PwC
Judy Harper	Board Member	NSW CID
Julian Trollor	Chair, Intellectual Disability Mental Health	UNSW
Julie Aschberger	Director, Special Education	SA Department for Education and Child Development
Julie Babineau	Chief Executive	Justice & Forensic Mental Health Network NSW
Keith McVilly	Convener APS Group on IDⅅ Principal Research Fellow	Australian Psychological Society & Deakin University
Kerrie Heath	Senior Manager Disability Education	ACT ETD
Kevin Stone	Executive Officer	VALID Inc
Kirsty Cheyne-Macpherson	Director	Department of Health and Ageing
Lee-Anne Head	Director, Specialised Services and Clinical Governance	Dept for Communities and Social Inclusion SA
Linda Goddard	President	PANDDA Professional Association of Nurses in Developmental Disability Areas
Linda Mallett	Deputy Chief Executive, Development and Reform	ADHC NSW
Liz Marles	President	Royal Australian College of GPs
Louise Bailey	Director: Governance and HR	The Association of Independent Schools of NSW
Luis Salvador-Carulla	Professor in Disability and Mental Health	University of Sydney - Faculty of Health Sciences, Centre for Disability and Policy Research
Lynne James	Director, Disability Programs	Department of Education, Tasmania
Mandy Donley	Practice Leader integrated health care	Office of Professional Practice-disability, Victoria
Margaret Bowen	CEO	The Disability Trust
Maria Tomasic	President	RANZCP
Mark Heeney	Housing and Recovery Coordinator	Mental illness fellowship Victoria
Mary Mallett	Manager	Speak Out Association of Tasmania
Matt Davies	Group Manager, Youth and Inclusive Education	Department of Education, Employment and Workplace Relations
Melissa Clements	Director, Disability, Learning and Support (Public Schools)	NSW Department of Education and Communities
Miriam Segon	Manager, Complex Interventions Unit	Department of Human Services Vic
Natasha Bender	Information Officer	NSW Council for Intellectual Disability
Nick Hagiliassis	Committee member Australasian Society for Intellectual Disability (Vic)	Australasian Society for Intellectual Disability
Nick Lennox	President	AADDM
Patrick McGee	A/Executive Officer	NSW Council for Intellectual Disability
Peter Norrie	Chief Psychiatrist	ACT Mental Health, Justice Health and Alcohol & Drug Service
Peter Wurth	VMO Psychiatrist	ACT Mental Health in Intellectual Disability Service
Rachel Green	Director, Mental Health Services	Care Connect

Rachel Yates	A/ GM Policy, Strategy and Business Development	Australian Medicare Local Alliance
Robert Parker	Director of Psychiatry	NT Top End Mental Health Services
Robyn Kruk	Chief Executive Officer	National Mental Health Commission
Ron Chalmers	Director General	Disability Services Commission (WA)
Rosemary Huxtable	Deputy Secretary	Department of Health and Ageing
Sarah Johnson	Director	PwC
Sharon Orapeleng	A/CEO	Mental Health in Multicultural Australia
Shirley-Anne Brandon	Team Leader / Psychologist	Mental Health Service for People with Intellectual Disability ACT
Sophie Howlett	Project Officer	3DN, UNSW
Sue Campion	First Assistant Secretary	Department of Health & Ageing
Susan Moloney	President of the Division	Paediatrics & Child Health Division, The Royal Australasian College of Physicians
Tim Smith	Executive Officer	National Catholic Education Commission
Titia Sprague	A/Chief Psychiatrist	NSW Kids
Tom Dalton	Chief Executive Officer	Victorian Institute of Forensic Mental Health (Forensicare)
Tony Florio	Clinical Co-ordinator Intellectual Disability & Co Existing Mental Illness	South Eastern Sydney LHD Mental Health
Veronica Wain	Board Member	Parent to Parent Qld
Vicki Baylis	General Manager, Teaching, Learning & Inclusion	NT DECS
Viktoria Butler	Consultant	PwC
William (Bill) Glaser	Course co-ordinator/consultant psychiatrist	University of Melbourne
William Kingswell	Exec Dir Mental Health Alcohol and other Drugs Branch	Qld Health