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Multidisciplinary Healthcare Service Models

Stephanie Searle – Snr Service Manager

SA Intellectual Disability Health Service (SAIDHS)

Government of South Australia

Health
Northern Adelaide
Local Health Network

Our Service

SAIDHS is a statewide outpatient service. We provide specialised clinical services for comprehensive health assessment and planning to support ongoing care in the community by existing services.

Eligibility criteria

Adults with moderate, severe or profound intellectual disability with significant complexity as a result of one or more of:

- Mental illness or suspected mental illness
- Autism spectrum disorder
- Severe or profound communication and/or behavioural issues
- Other disabilities or health conditions
- Other complexities or issues which have been difficult to manage in mainstream services.

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Our Vision

People with intellectual disabilities have equity of access to compassionate, high quality health services which are inclusive, anticipate their needs and collaborate to deliver exceptional care.

Our Team

- Medical Specialists (GP, Rehabilitation Physicians, Neurologist)
- Psychiatry
- Nursing
- Allied Health (Occupational Therapy, Speech Pathology, Social Work, Pharmacy, Positive Behaviour Support)

Understanding the person and the situation

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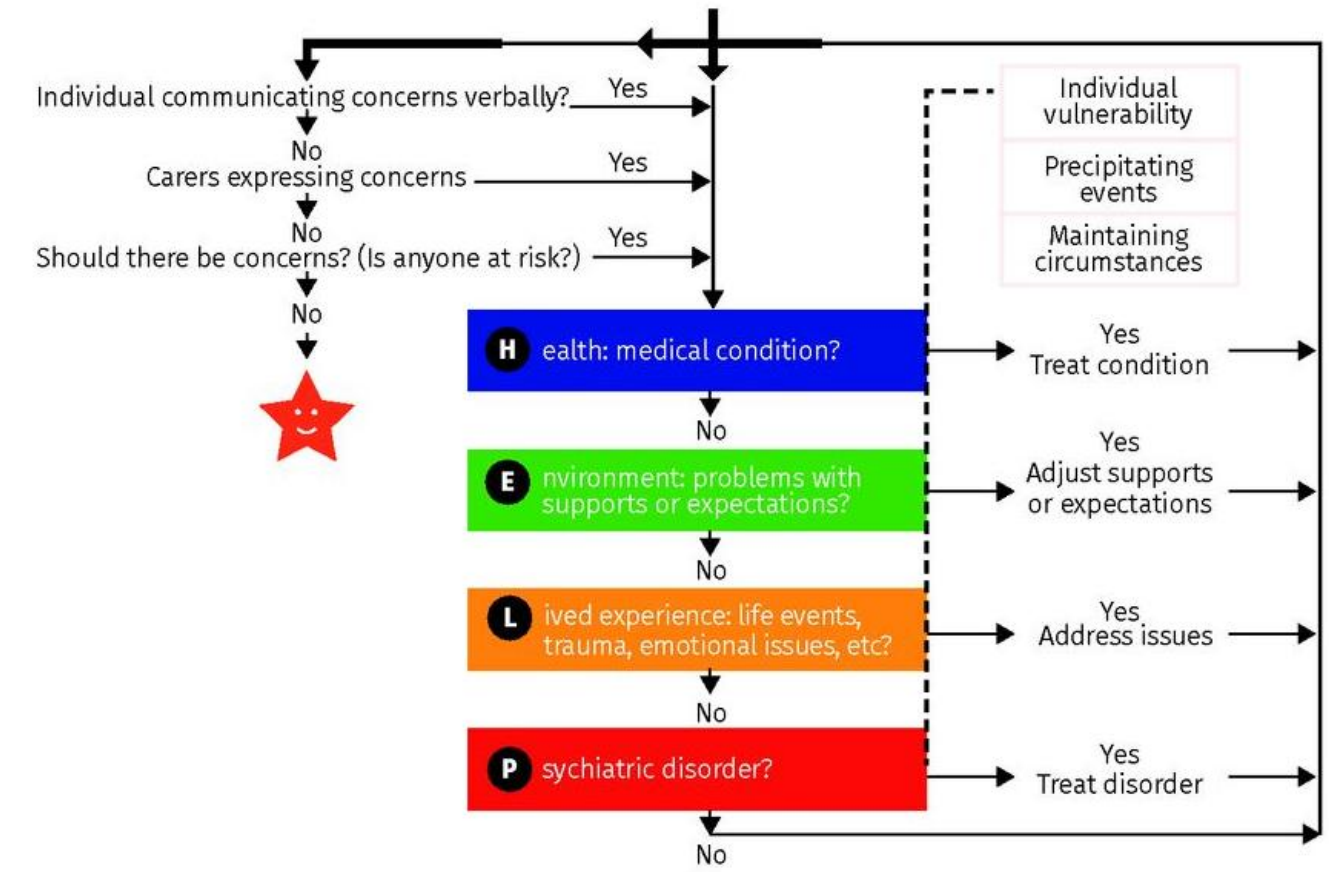
Assessment



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Case Study - Lily

Lily is a 47yo female from supported accommodation. She has CP, ID, Epilepsy, oesophageal dysmotility with chronic dysphagia, L) nephrectomy and is non-verbal. Lily uses a wheelchair for all mobility and uses simple gestures & facial expressions to communicate with staff.

Lily has had 4 admissions to hospital so far this year after refusing to eat or drink, which subsequently results in missed medications and seizures. Gastro team have declined inserting a PEG (as they believe Lily will pull it out) and suggest that Lily should be palliated.

Role of multidisciplinary teams

Psychiatry

- Greater prevalence of psychiatric conditions & serious mental illness in the ID population (76% vs 38.3% and 16.2% vs 5.1%)
- In the psychiatry of ID, the evidence base for the use of psychotropic medications is extremely limited
- Up to 85% prescribed antipsychotics for behavioural disturbances
- Polypharmacy and high doses common

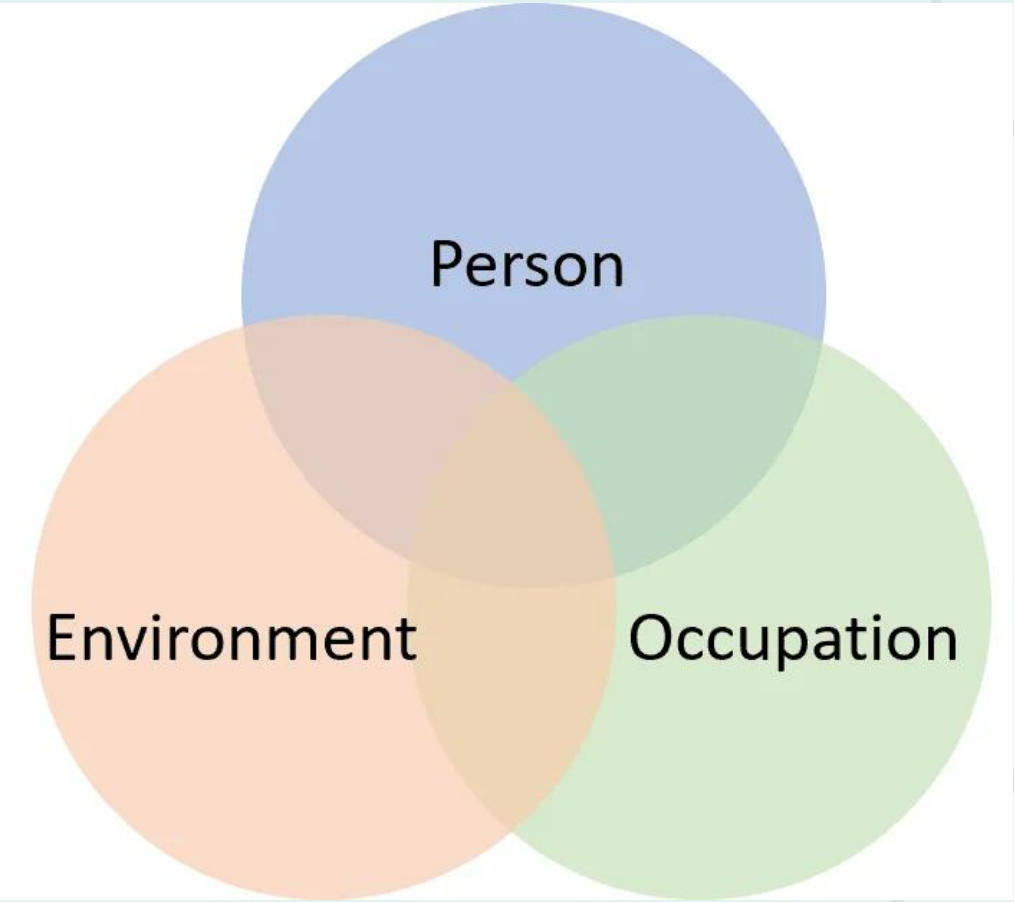
Arnold SR, Huang Y, Srasuebkul P, Cvejic RC, Michalski SC, Trollor JN. Prevalence of psychiatric conditions in people with intellectual disability: A record linkage study in New South Wales, Australia. Aust N Z J Psychiatry. 2025 May;59(5):433-447. doi: 10.1177/00048674251324824.

Neurology

- Epilepsy, seizures and movement disorders more common in ID population

- Lily's antiepileptic medication increased ++

Occupational Therapy



Lily

Physical Health & Nursing

Figure 14.21 Commonly missed causes of challenging behaviour in people with developmental disability

- abuse and trauma
- constipation
- dental pain and gum disease
- gastro-oesophageal reflux disease (GORD) and Helicobacter pylori infection
- hunger and poor nutrition
- infection—consider immunisation status
- medication adverse effects (see Medication reviews)
- poor physical activity
- psychiatric disorder (eg anxiety, depression)
- sensory deterioration or loss (eg vision, hearing)
- sleep problems
- social or environmental changes, including irregular contact, or loss of contact with a trusted carer or friend (eg change of staff or co-residents, death of a family member)
- thyroid disease
- unrecognised or poorly controlled neurological condition (eg epilepsy)
- unrecognised physical injury (eg fracture)

Challenging behaviour in a person with developmental disability [published Mar 2021]. In: Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited; accessed 06/10/23. https://www.tg.org.au

Everything comes down to poo!

- Bowel discomfort can be a trigger for behaviours

- Monitoring bowel movement is a key component to identify when and why a behaviour is occurring.

BOWEL MOVEMENT RECORD

Name: ..... CHI: ..... Date Commenced: ...../...../.....

Date	Time	Comments i.e. volume, blood, mucous S – small M – medium L – large	Type 1 Separate hard lumps like nuts (hard to pass)	Type 2 Sausage shaped but lumpy	Type 3 Like a sausage but with cracks on surface	Type 4 Like a sausage or snake, smooth and soft	Type 5 Soft blobs with clear-cut edges (passed easily)	Type 6 Fluffy pieces with ragged edges, a mushy stool	Type 7 Watery, no solid pieces (entirely liquid)	Staff Initials

Speech Pathology

- *Everyone* uses behaviour to communicate
- Most people are actually quite skilled at hypothesising what a behaviour might be communicating
- When it comes to considering what behaviour is communicating in a disability context, things often break down
- Swallowing and diet considerations

Lily

Pharmacy

- Medication history
- Recent changes to medications
- Dispensing methods
- Monitoring recommendation for screening nutritional deficiencies
- Education and advice

Lily

Positive Behaviour Support

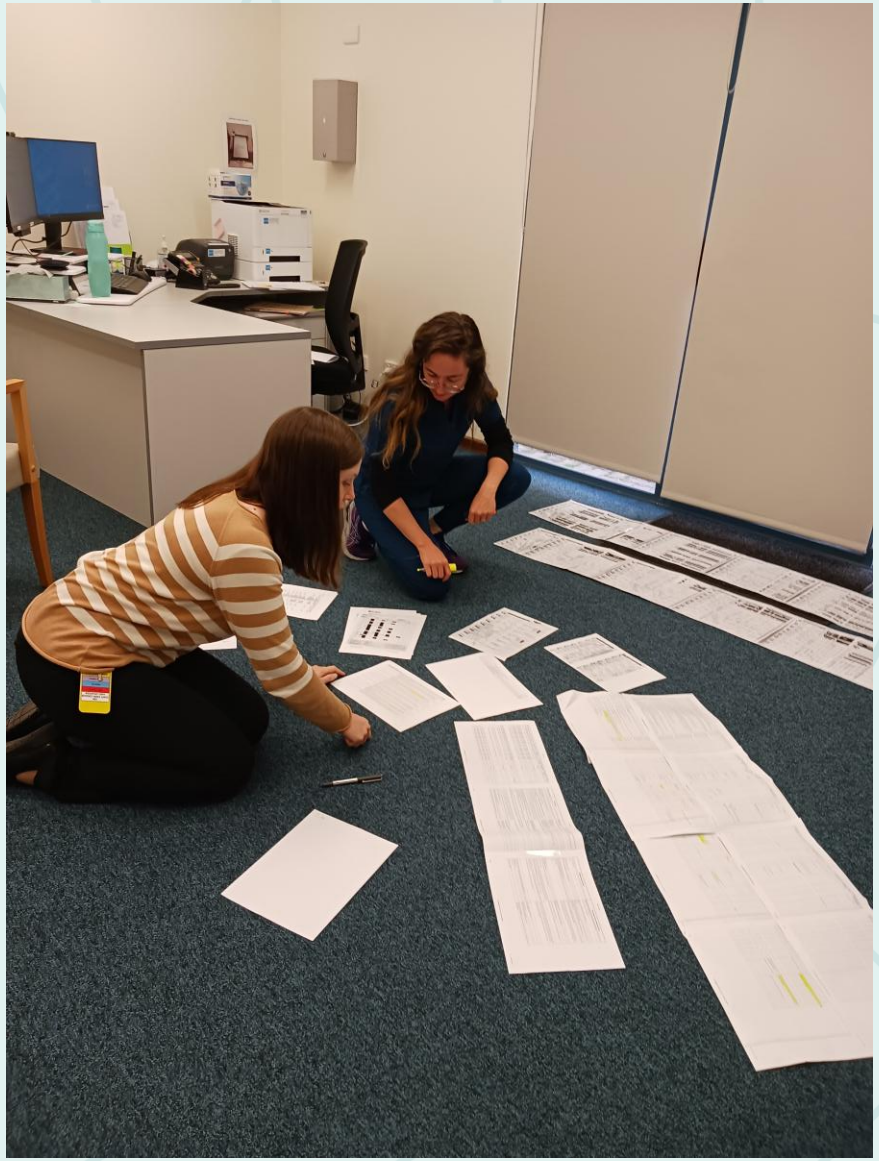
- Assessment and consultation regarding behaviours
- Review ABC charts
- Support non-pharmacological behaviour support

Social Work

- Psychosocial factors
  - NDIS supports
  - Carer burnout
  - Financial stressors
  - Living arrangements
- Legal guardianship
- Assessing for abuse/neglect concerns
- Perspectives of primary caregiver
- Case coordination

Understanding the puzzle…

- Are these concerns longstanding or new? When did the change occur?
- Are there any patterns to the behaviour?
- Any changes in environmental factors?
- Is there an unmet need?



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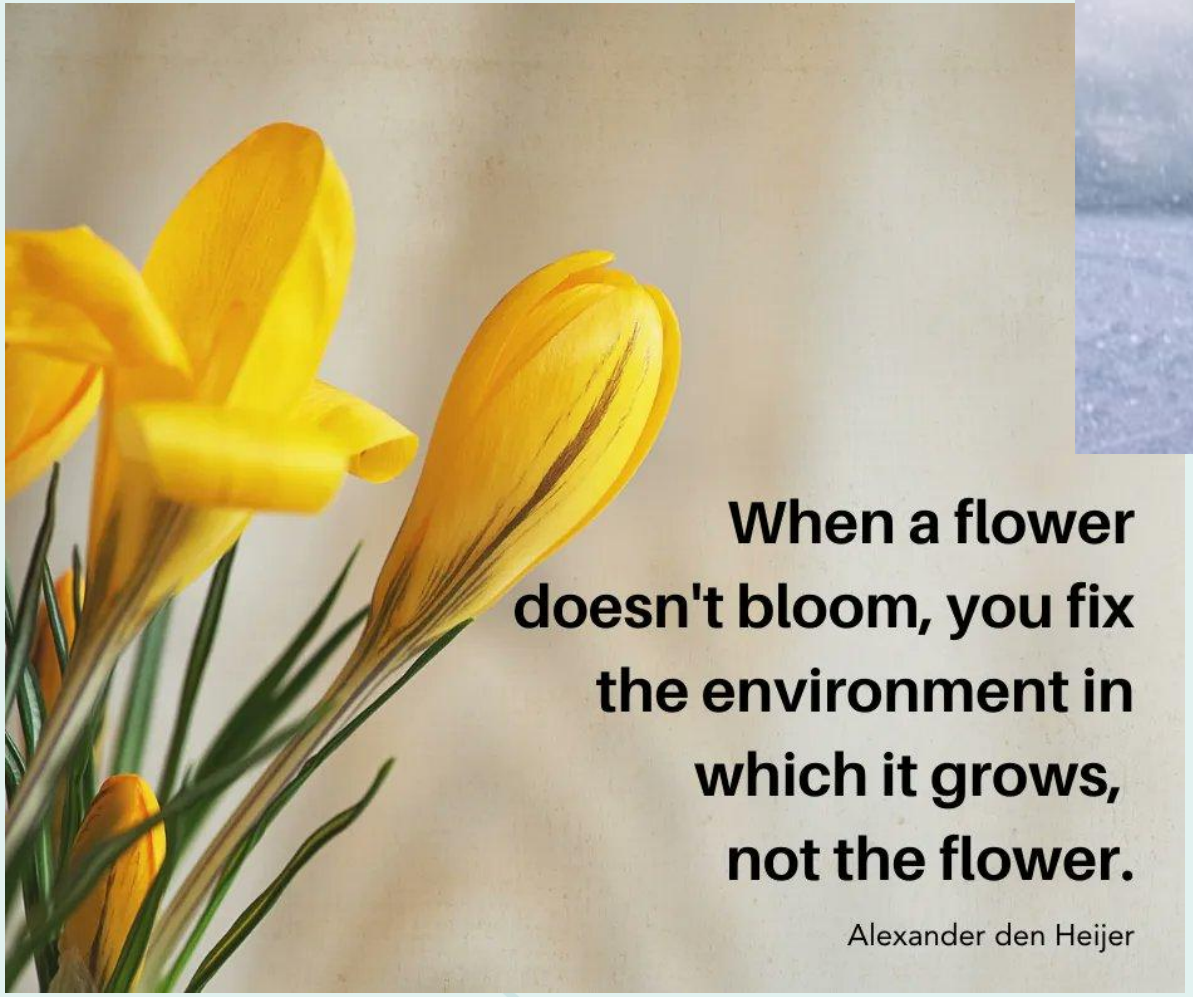
Lily

- Clear patterns identified by the team
- Collaborative treatment approach identified
- Medication doses and administration revised

Changes in care needs



Questions

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Thank you ☺

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