

Resolving clinical stalemates when working with people with intellectual disability

Key actions planning template

A service does not accept a person because of their diagnosis or complexity of treatment plan

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Description of resource

Clinical stalemates can commonly occur when working with people with intellectual disability, especially around diagnosis and suitable treatment. This template provides a guide to reflect on clinical stalemates where a service does not accept a person because of their diagnosis or complexity of treatment, consider the contributing factors, and develop a plan to resolve the stalemate.

See the [Clinical stalemates](#) section on the [Intellectual Disability Mental Health Connect](#) website for more details.



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Stalemate type

A service does not accept a person because of their diagnosis or complexity of treatment plan

Describe the issue

People involved and roles



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Actions to date

Include actions utilised and note what worked/did not work.

Actions	Outcome	Why the action may/may not have worked



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Plan to resolve the stalemate

Steps	Guidance	Notes and plans
<p>01 Consider the contributing factors</p>	<p>Consider for example:</p> <ul style="list-style-type: none"> • complexity of the person’s case and their physical and mental health history • treatment response in the past • current supports and services • team involved in care and communication strategies between services. 	
<p>02 Consider possible key actions</p>	<p>General approaches</p>	
	<p>Review the general approaches on Intellectual Disability Mental Health Connect.</p> <ul style="list-style-type: none"> • Listen to the person and their support networks’ concerns. • Seek advice from others. • Keep all parties up to date on actions taken and progress. • Offer ongoing support until the situation is resolved. • Consider the need for additional supports. 	
	<p>Specific approaches</p>	<ul style="list-style-type: none"> • Seek advice from experts on more appropriate services. • Consider temporary arrangements for the person that will not traumatise them or hinder their recovery while the issue is resolved (e.g. a psychiatrist advising their GP on management whilst on a waiting list). • Support the person to make a complaint if necessary. Suggest they look at the I am not happy with the service section. <p>For a full list of key suggested actions see the Clinical stalemates section.</p>

Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
<p>03 Decide on actions to take</p>	<p>Depending on the issue, choose appropriate initial actions. Several actions may be required.</p> <p>Consider a timeframe that will be used before deciding whether an action has been successful or not.</p>	
<p>04 Who needs to be involved?</p>	<p>Include who should be involved to achieve the actions and what their role is.</p>	
<p>05 What was the outcome and why?</p>	<p>Evaluate whether actions have resolved/aided progress on the issue.</p> <p>Reflect on why an action worked or did not work.</p>	
<p>06 Are further actions needed?</p>	<p>If the situation has not resolved/no progress, return to Step 2 and consider further actions. Acknowledge this and offer ongoing support to the person and their support networks until the situation is resolved.</p>	