

Resolving clinical stalemates when working with people with intellectual disability

Key actions planning template The person keeps presenting to the emergency department

AUTHORS

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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 the person keeps presenting to the emergency department, consider the contributing factors, and develop a plan to resolve the stalemate.

See the <u>Clinical stalemates</u> section on the <u>Intellectual Disability Mental Health Connect</u> website for more details.









Stalemate type
The person keeps presenting
to the emergency department

Describe the issue

People involved and roles





Actions to date

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

Actions	Outcome	Why the action may/may not have worked



Plan to resolve the stalemate

Steps	Guidance	Notes and plans	
O1 Consider the contributing factors	 Consider for example: complexity of the person's case and their physical and mental health history whether the person displays behaviours of concern whether a person has a regular GP whether a person has a crisis plan capacity of the person to adhere to their treatment plan capacity of support networks to monitor and support the person's treatment plan current access to supports and services (e.g. disability support services). 		
02	General approaches		
Consider possible key actions	Review the general approaches on Intellectual Disability Mental Health Connect.		
	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 <u>additional supports</u> .		
	Specific approaches		
	If the person's support networks or group home is finding it difficult to manage behaviours of concern, suggest consulting with a behaviour support practitioner or conducting a behaviour support assessment or review. Assess if additional supports are required.		
	If treatment options are not working, see the Treatment options not working stalemate.		
	If undiagnosed or undermanaged physical health conditions have not been properly investigated, suggest a physical health review.		
	If the person does not have a regular GP, suggest they find one (can direct them to the Where to start to get help section).		
	If the person does not have a crisis plan, create an interim one with contacts and helpline numbers, then facilitate the creation of a full crisis plan.		
	If the person has not had a recent medication review or is having difficulty taking medication as prescribed, suggest they have a medication review with their GP or psychiatrist and/or a Home Medicines Review.		
	Connect people with Assertive Outreach Teams (see the <u>WayAhead</u> directory) if they may benefit from ongoing contact and monitoring.		
	For a full list of key suggested actions see the <u>Clinical</u> <u>stalemates</u> section.		

Plan to resolve the stalemate (CONTINUED)

Steps	Guidance	Notes and plans
03 Decide on actions to take	Depending on the issue, choose appropriate initial actions. Several actions may be required. Consider a timeframe that will be used before deciding whether an action has been successful or not.	
04 Who needs to be involved?	Include who should be involved to achieve the actions and what their role is.	
05 What was the outcome and why?	Evaluate whether actions have resolved/aided progress on the issue. Reflect on why an action worked or did not work.	
06 Are further actions needed?	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.	