Guest editorial

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Special edition: mental health and intellectual disabilities in Europe

Meeting the mental health needs of people with intellectual disabilities is a challenge to any health care system. In this issue, various models of care from six countries in Europe are described with the aim of learning from each other. The contributors provide insights from their personal clinical and academic backgrounds often making reference to the work of colleagues in other countries demonstrating the awareness of how other models of practice can inform local practice and policy.

The UK is recognized as a leader in developing and providing specialist mental health services for people with ID but no one system can be assumed to have the perfect model. Providing mental health care often depends on the social and political environments in which care is required. Perera highlights the challenge of recruitment to MHID services and specialist social care support in the community.

A theme in the papers is the move from institutional care to community services over the recent 40 years that has led to fragmented care in Norway as described by Bakken. Models of community provision are not always clearly defined or universal as in Germany as Elstner and Theil reflect where provision can depend on the interest and initiative of local providers.

Ramsay in Ireland highlights that change in MHID care can be slow in spite of the right policies being in place. Leadership at a national level has been the lever to make change happen in clinical services.

The funding of health care systems can affect the care people receive as reported from Germany by Elstner and Theil and from Switzerland by Georgescu and Stryp von Rekowski. The flexibility required to meet the health and social care of people with ID can hamper effective clinical care.

A recurring theme from all systems is the limited access to mental health care for people with ID who are often treated in mainstream services. With the move to greater inclusion in society, people with ID experiencing mental disorders are at risk of services not adequately meeting their needs especially those with more severe levels of ID. Wieland highlights the needs of people who do not meet the definitive criteria of ID but whose level of intellectual functioning would benefit support from MHID services.

A workforce skilled in MHID is a key to provide high-quality services where they recognize the presentation of mental disorders in people with ID and understand their needs. Specialist training programs for clinicians exist in Ireland and the UK health services but not in other countries. In the absence of specialist training, groups of dedicated practitioners have established supportive clinical networks as in Switzerland and Germany to advance knowledge and practice in ID. Such efforts are supported by links to professional associations such as the European Association for Mental Health in Intellectual Disabilities and the Section of MHID of the European Psychiatric Association with the aim of raising the profile of MHID and sharing learning and practice.

With the broad perspective on the state of mental health services for people with ID in six countries in Europe in the issue, I hope we can learn from each other and pursue collaboration on areas of mutual interest.

Running order

Perera and Courtenay “Mental Health Services for People with Intellectual Disability in the UK.”

Elstner and Theil “The Health and Social Care of People with Disabilities in Germany.”

Ramsay “Mental Health Services for People with Intellectual Disability in Ireland: evidence, barriers and opportunities.”

Wieland and “Awareness and Accessibility of the Dutch Mental Health Care System for People with Borderline Intellectual Functioning or Mild Intellectual Disabilities.”

Bakken “Mental Health Services for Adolescents and Adults with Intellectual Disabilities in Norway: a descriptive study.”

Georgescu and Styp von Rekowski “The Swiss Mental Healthcare System for People with Intellectual Disabilities.”