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Lessons for all: Economics, and the health and social care of people with intellectual disabilities

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Inspiring tomorrow's professionals

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#### Overview



- Intellectual disability defined
- Why I think this matters
- Individual, Local, National, and International perspectives on the care of people with intellectual disabilities
- Economy vs Policy
- Lessons for all
- Questions

### Intellectual Disability Defined



Worldwide definitions of intellectual disability usually refer to a triad of impairments that lead to a disability these are

- Cognitive
- Social
- Practical

(e.g. AAIDD,2011 and DH, 2011)

### Intellectual Disability Defined



People with intellectual disability may or may not also have

- mental health problems
- autism
- learning difficulties (education)

### Historical Overview: United Kingdom



- People with intellectual disabilities were admitted into, and cared for in workhouses
- The concurrent rise of the medical profession meant that individuals were cared for by medics
- Psychiatry identified these people as abnormal and gave them various labels across time.
- Nurses were trained to help the medics look after people in institutions.
- These nurses, now "independent" of medics, continue to be trained.

# Why I Think This Matters: Unique individuals but generalisable lessons



- In my experience care of people with an intellectual disability is a mirror for society and it's basic and fundamental beliefs about those who need support.
- These are individuals who have become stigmatised.

#### Goffman



"The term stigma, then, will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is needed"

Goffman (1963)



#### Poor Health Outcomes

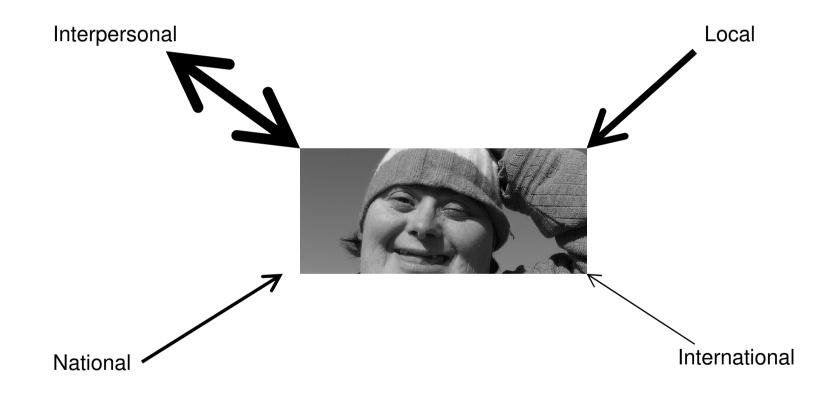


 We know from literature reviews across nations that there are generally poor health outcomes for people with intellectual disabilities (New South Wales Council on Intellectual Disability, 2005)

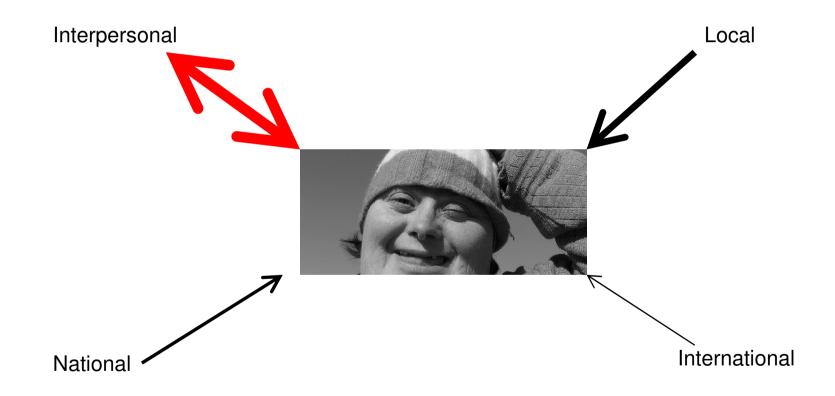
#### But why?

 For this presentation I have decided to look at how policy and economics can help us understand this.

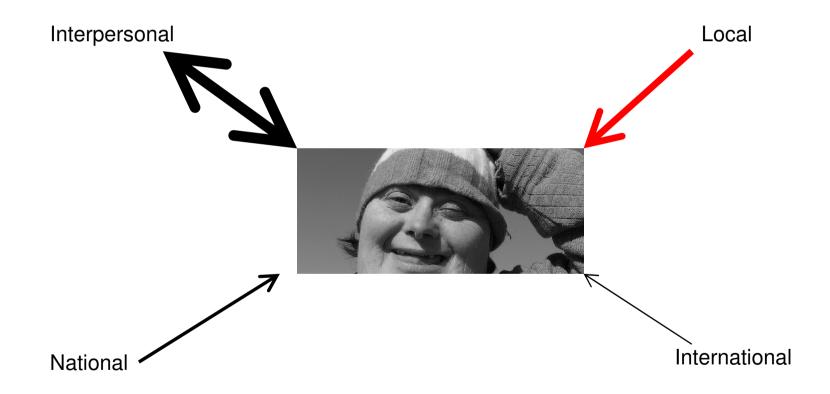




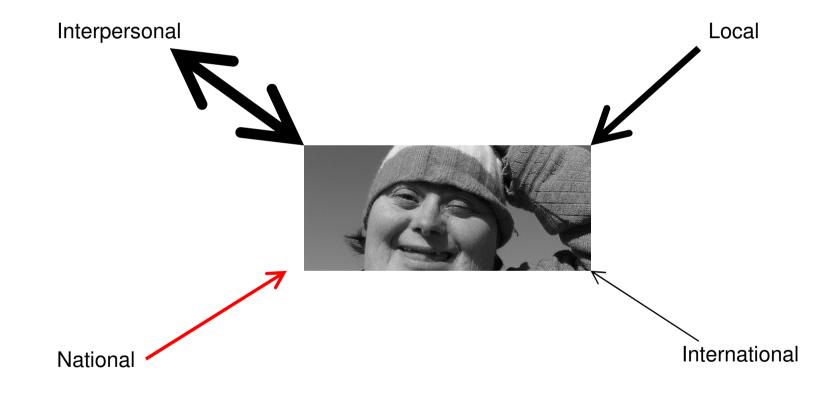




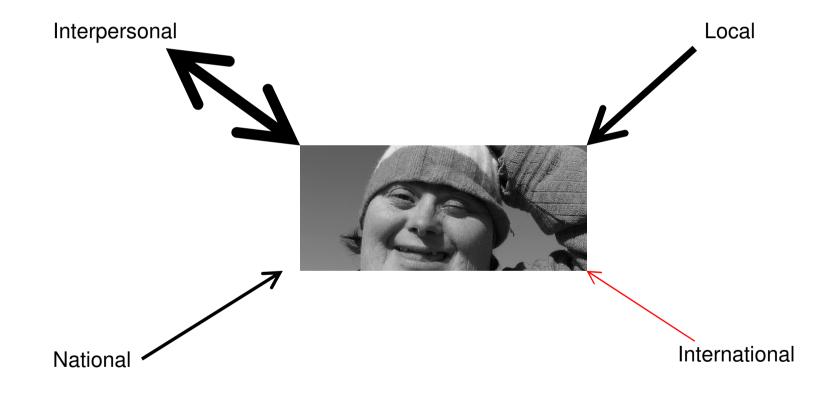












### Policy



## Idealistic

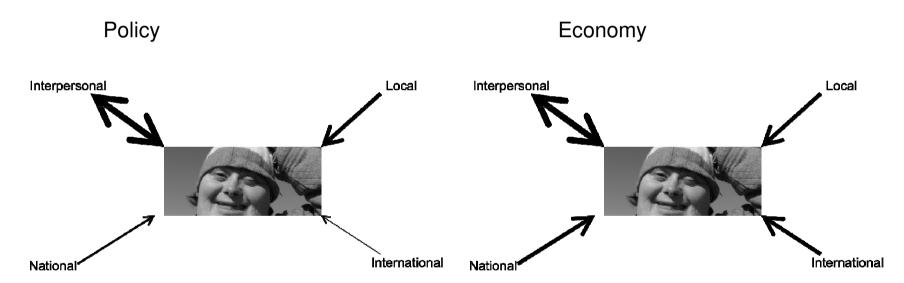
## Practical

International Individual

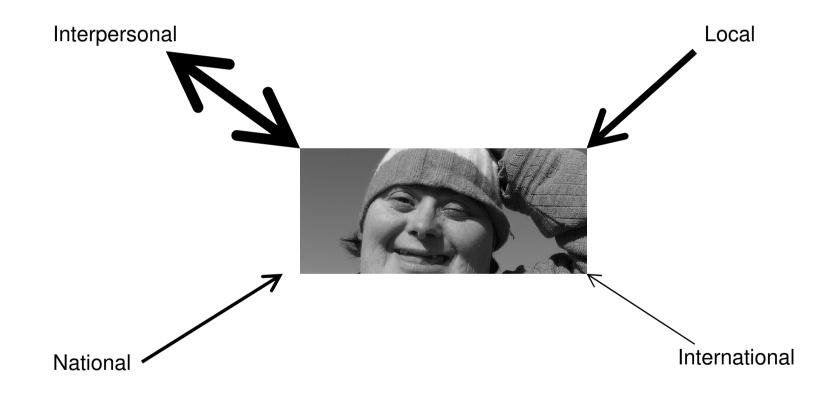
### Policy Vs Economy



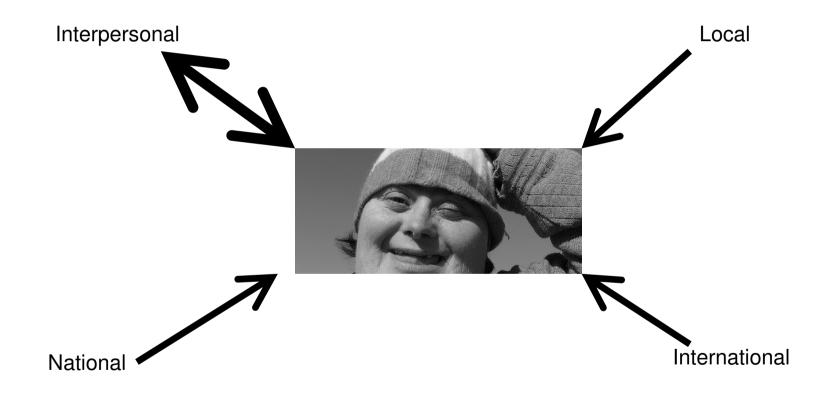
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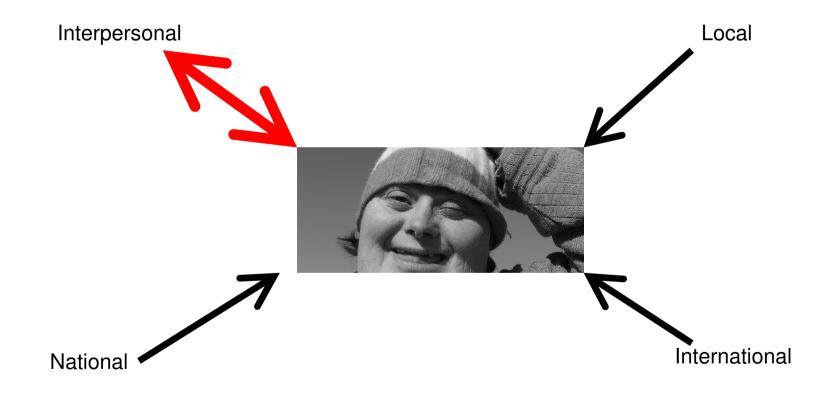


## The Recession: A financial crisis piggy bank

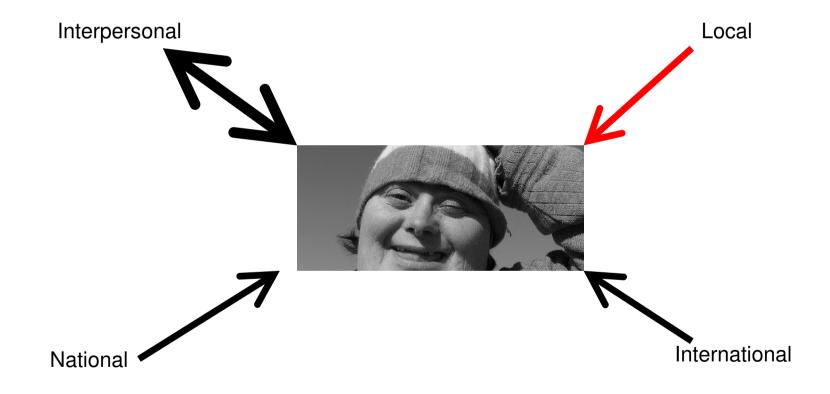




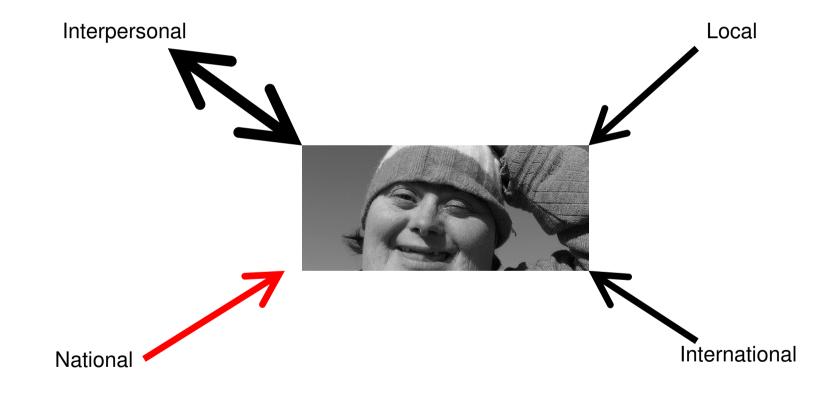




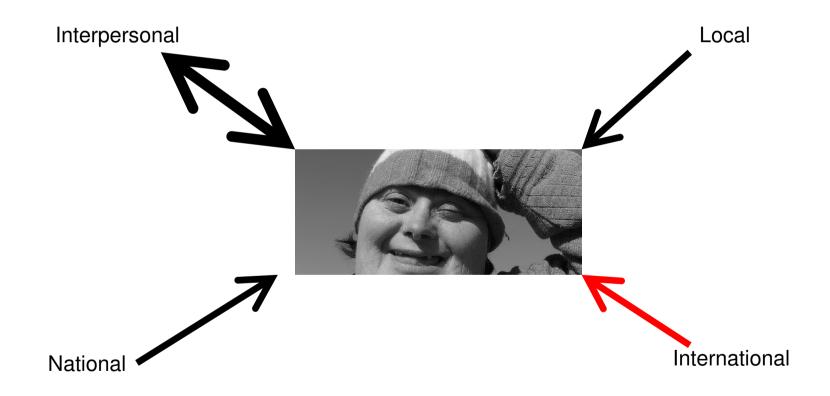












#### **Economics:**



- If we look at cultures across the world as Richardson (2005) did we can see that major changes in the way that people with disabilities are treated in the developed world.
- This occurred when these cultures move to an industrial culture.
- Richardson showed that in pre-industrial cultures people with disabilities tended to be supported within their own communities, and were not always seen as a burden.

#### Economics: an aside



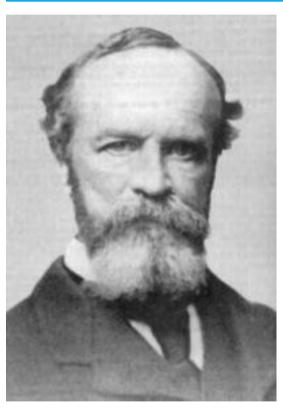
- Job satisfaction decreases during a recession (Aronoff and Livengood, 2003)
- What might this mean for nurses and allied health care professionals?

#### But...



- How can we reconcile the needs of a minority population when there are so many competing demands on the budgets for health and social care.
- NO EASY ANSWER!

## Lessons for all: Understanding through intellectual disability



"To study the abnormal is the best way of understand the normal"

William James (1842-1910) Pragmatist Philosopher and psychologist

## Lessons for all – Policy vs The economy Huddenstein D

- Lack of impact of policy
- Increase of market economy in health care
- Who will become the vulnerable groups as countries develop.

#### Lessons for all



- As countries develop we have to be cautious that we do not abandon the ideology of "Health for All" that many speakers have talked about.
- We also have to be aware of what groups might become vulnerable e.g. in the UK, linking it back to the economy what we can see is that as groups contribute less to the economy they are subject to more rejection and abuse, e.g. children and the elderly

#### References



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