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Introduction

People with intellectual disabilities (ID) make up to 3% of the general population. The prevalence of mental illness is higher among people with ID due to social and medical factors. The prevalence of Schizophrenia is 3%. Healthcare systems in Europe differ in how they meet the mental health needs of European citizens with ID. In services there are either specialists in ID or generalists to support people. In some systems, there is no identifiable healthcare model to meeting the specialist mental health needs of people with ID.

Aim

To describe mental healthcare systems in five states in Europe and the drivers of change.

Method

A description of mental health systems for people with ID in Europe.

Results

The mental healthcare models are diverse across Europe. There are specialist community and in-patient services in the UK and Ireland. In Romania mental healthcare in ID is often in institutional settings. In Croatia, there is an emerging provision of mental healthcare in ID in the community. In Hungary there is progress in providing community care in ID.

Conclusion

The mental health systems for people with ID in Europe employ a range of models. In general, there is a move from institution-based care to the adoption of community-based models. Healthcare systems are at different stages in their path to community provision. Healthcare policy and human rights legislation will shape healthcare models in mental health and ID that also rely on political will and advocacy on the needs of people with ID.