



Causes of the diversification of users

Draft summary report

Transnational Meeting n.2, 11-12 February 2013

Respondents

- 8 countries: Austria, Belgium, France, Hungary, Netherlands, Poland, Portugal, Wales
- 10 organisations: umbrella organisations and individual service providers

Diversity in services is happening everywhere

- Persons with dual diagnosis: in all 8 countries
 - all persons with dual diagnosis (e.g. FR)
 - only when intellectual disabilities has more weight (e.g. AT, PT)
- Persons with mental disabilities: in 7 countries (not in PT)
- Persons in a situation of social exclusion: in 6 countries (not in PL and PT, except persons with disabilities)

A different starting point

- In some countries, support for « new users » has existed for several decades (e.g. AT, FR, PT) ...
- ... but the number is increasing.
- In other countries, the phenomenon is more recent (e.g. HU)

Main causes of diversification

- More people with intellectual disabilities are also experiencing mental health problems (8 countries) (mainly autistic spectrum disorders, personality disorders, schizophrenia, dementia)
- Lack of diagnosis (6 countries)
- Better diagnosis (5 countries)
- Lack of/ poor assessment, or lack of care plan (5 countries)
- No services or shortage of services for persons with dual diagnosis (5 countries)
- Shortage of services for persons with mental disabilities (5 countries)
- Changes in families' level of care (5 countries)

Other causes

- More persons with a mental disability are also experiencing an intellectual disability / intellectual disability is changing
- Closing of (psychiatric) institutions / empowerment of PWD
- Shortage of services for persons in a situation of social exclusion
- High unemployment
- Policies by authorities or by providers to mix users
- Bridge-building between health and social care sectors
- Cost shunting
- Longer life expectation of persons with intellectual disabilities
- Lack of specific services in general / no fitting services / lack of efficiency of the basic social care system
- More places in services, thus more users
- Acknowledgement of dual diagnosis by professionals
- Low social status of families

Conclusions

- Diversity is everywhere
- A variety of causes without the possibility of a classification of countries
- The added value of exchanging best practices



This project has been funded with support from the Lifelong Learning Programme.

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