Why we need RNIDs

INMO student and new graduate officer, **Neal Donohue**, discusses the vital role played by intellectual disability nurses

IN RECENT years there have been significant changes in the delivery of services to people with intellectual disabilities (ID). Currently, there is a greater focus on social care and primary care and since the introduction of HIQA there has been a constant focus on improving standards. The roles of the person in charge and the unregulated role of the social care worker have created confusion for the registered nurse in intellectual disability (RNID), where professional boundaries are often blurred. With services moving away from traditional models of care and preferring to hire social care workers and healthcare assistants the RNID has struggled to maintain its professional identity, although they continue to promote their professional relevance.

Students undertaking the BSc in intellectual disability nursing can very clearly articulate the necessity of their role, however, they are acutely aware of the difficulties they face in gaining professional recognition. The students explain that the truest form of person-centred and holistic nursing care is embedded in the mantle of the RNID. They adopt nursing theory, social and biological sciences combined with a philosophy of inclusion and empowerment to support people with complex needs in achieving best possible health, independence, and self-actualisation. They are experts in communication and observation and are the only professionals with the necessary extensive knowledge and skillset to support people with ID in all aspects of their lives promoting physical, psychological, sociological, spiritual and emotional wellbeing.

The problem exists where unregulated personnel are permitted to carry out the same tasks and functions as the RNID, though they lack the ability to effectively and critically evaluate care. This may provide a cheaper service, but it is the person with ID who pays the price.

How can this be permitted since the WHO constitution[1] clearly states that the highest attainable standard of health is a fundamental right of every human being? People with intellectual disabilities are entitled to the same access to timely, acceptable and affordable healthcare of appropriate quality as other citizens but they often require additional supports to ensure equity in access to care. The RNID is best placed to support these individuals in achieving the highest attainable standard of health.

Many employers will say people with intellectual disabilities are not always sick, so why should they need a nurse? That very question highlights part of the problem. Service providers must understand the role of the nurse is not only to care for those that are ill. That is an archaic and inaccurate view of the profession that may hinder many services abilities to effectively manage their human resources.

People with ID often have difficulties in communicating their needs, and difficulties in recognising that they have a health problem. According to the National Disability Authority[2] "People with intellectual disabilities have more health issues than the rest of the population and have significant difficulties in accessing appropriate health care". It has also been stated that "people with intellectual disability are at increased risk of exposure to psychotropic drugs and polypharmacy because of the higher prevalence of mental health conditions present and more controversially, the use of these agents to treat challenging behaviours".[3]

Special precautions are required in reviewing and monitoring service users being treated with psychotropic medications, especially where combinations of psychotropic medications are used. The monitoring of side effects, toxic effects, idiosyncratic effects, and the effects of polypharmacy is essential. Training in pharmacology is necessary to provide this level of assessment and can only be co-ordinated by the RNID.

It is not acceptable that unregulated assistive personnel are given the responsibility of medication management in ID services where they only receive minimal training on medications. Taking account of the health risks and the need for improved health promotion for people with ID the RNID must remain in central co-ordinating roles and specialist roles with clearer professional boundaries to ensure that care provided is safe and equitable.

Research into the enhanced service the RNID provides is necessary to highlight the high standards of care and education associated with their profession. Further research should also focus on the cost effectiveness associated with hiring such professionals with an abundance of knowledge, expertise and abilities on all aspects of care including managing behaviours that challenge.

Further development of CNS roles and ANP roles will enhance the provision of care and provide clear career progression to encourage RNIDs to remain within the field. The development of RNID positions in education, primary care, and in frontline services is essential to support people with ID of all ages in accessing health and social care.

The RNID is dynamic, versatile and specialised but there is a growing need for access to post graduate education and nursing research if the profession is to continue to evolve. The current students must be supported in attaining contracts of employment in their chosen field, with access to funded post graduate education opportunities to ensure that the highest possible standards of care are achieved for all of our most vulnerable citizens.

References on request by email to nursing@medmedia.ie (quote: Donohue N. WIN 26 (6): 27)