

- 🌸 **Name of the study:** Survey for doctors and therapists on the topic: providing care in the field of women's health to women with intellectual developmental disabilities (IDD)
- 🌸 **Year:** 2023
- 🌸 **Catalog Number:** 890-642-2021
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- 🌸 **Research Authority:** 'Michlol' unit, Keren Shalem foundation

Executive Summary:

Background

This survey is a complementary move to the '[Lilach](#)' – [a tutorial to accessible the content of women's health](#) and its purpose is to learn about the needs of service providers in the field of women's health when they come to provide service to women with Intellectual Development Disorder (IDD). At the end of the move to develop and evaluate 'Lilach tutorial', the Shelem Foundation embarked on another move, which brings to light the voice of the service providers in the field of women's medicine, their perceptions and their needs, with the understanding that there is great importance in the way the service providers in this field provide care and treat the population of women with disabilities mental. The findings of the survey may help identify the barriers, difficulties, needs and even the best practices of the professionals working in the field and meeting these women in community clinics, hospitals and more. The vision is to develop, in accordance with the findings of the survey, answers that will assist service providers in the field of women's health, in providing optimal service to women with mental disabilities.

Objectives of the survey

The purpose of the survey was to examine what are the difficulties (barriers) and what are the needs of service providers in the field of women's health, when treating women with IDD, in the context of providing optimal care. In addition, to collect and map successful ideas and practices used by service providers with this population. A secondary goal is to check what is the preferred tool for them in order to obtain information/principles of work with this population.

Methodology

79 service providers in the field of women's health responded to the survey, of which about half work in hospitals and about a quarter in health insurance clinics or women's health centers. About half of the respondents are gynecologists and the rest in various medical and therapeutic professions related to women's health. The average seniority of the respondents in the field of medicine/therapy is 12.7 (SD= 9.7). The survey questionnaire was developed by 'Michlol' unit

and the other partners, and consisted of open and closed questions that provided information in relation to the formulated survey objectives.

Main findings

The findings of the survey show that about two-thirds of the respondents believe that the treatment time available to them is insufficient, that it is important to coordinate expectations, and that they do not have all the necessary information in order to provide optimal treatment. About 40-44% of the respondents feel powerless when a woman with IDD refuses to be tested and believe that they do not have the tools to receive and give information to a woman with IDD. In addition, about a third of the respondents believe that there is no suitable equipment and room, that they do not know how to talk to the woman herself, that due to a lack of skills they talk to the attendant and not to the woman herself, and that they would prefer to have a dedicated doctor in the clinic. 19% of the respondents stated that they prefer to write the test findings in a letter instead of giving them to the woman orally. It is also evident from the open answers of the service providers that they are full of concerns and difficulties, such as: difficulty in obtaining a reliable and clear anamnesis, fear that the woman will not understand the explanations during the examination, the findings of the examination or the required intervention, fear of the woman's feeling during the examination, of an unpleasant or frightening experience, and her interpretation of the test as 'assault' (despite the explanations). The respondents also raised questions that bother them regarding legal and guardianship matters, impatient treatment on the part of doctors, the need to be accompanied by a permanent professional figure over time (for example during pregnancy and childbirth), and more.

The survey respondents were asked to come up with ideas and recommendations regarding providing the best treatment for a woman with IDD. The doctors and therapists touched on a number of important aspects, with the most dominant being providing a personal and respectful treatment to the woman, listening to her needs, coordinating expectations with her, ensuring the creation of trust and cooperation and obtaining her consent to the treatment. Aspect Another that came up with relatively high frequency is the need to explain to the woman in a simple and focused way everything that is done during the treatment as well as to find out the extent of her understanding.

A variety of other recommendations touched on the aspect of time (need to extend the duration of the treatment), preparation for the treatment - both of the woman and the doctor (reading the medical file, references, etc.), using aids to make the information accessible (drawings, photos), respecting refusal or reluctance to be examined, to use an attendant who knows the woman, and several other recommendations that were mentioned only once, such as: preference for a female doctor, training for the staff, a comprehensive treatment approach, the presence of a mediator and liaison also in favor of continued implementation of recommendations.

Also, when they were asked to rate the degree of assistance of various measures to improve the care given to women with a disability (1. optimal preparation of the woman, 2. accessible equipment and an accessible environment, 3. prior knowledge of the disability and its characteristics, 4. treatment time longer, 5. Knowledge and tools regarding ways of communicating with the woman) it was found that all five measures that were presented to them received a very high rating (over 74% indicated "to a great extent"), with the measure that received the greatest degree of agreement being "optimal preparation of the woman by professionals or a family member prior to her arrival at the clinic for examination." When this question was presented to them as an open question, they referred to 4 main ways that might help them provide better treatment to a woman with IDD: a. Obtaining prior knowledge about the woman (from the attendant, the institution, the family, a contact woman), b. Using a means help to make the treatment more accessible (short information films for the woman, cards, photos, books, studying 'Lilach', etc.), c. The woman's arrival with an attendant she knows and trusts and instructions to the attendant regarding how she can help, d. Familiarity of the attending physician with the area of concern and the sensitivity and appropriateness that must be demonstrated in the treatment. In addition to the categories, a number of "other" references came up such as an adjusted appointment, mediation, getting to know each other in advance in the delivery and emergency rooms, getting the woman's consent to be tested after a clear explanation, and using CBT.

All respondents (except one) answered that it is indeed important to receive preliminary information about the woman, in different forms and from different people (professionals in the medical field, escort, guardian, etc.). Many referred to the need for a medical report/summary from a significant factor (a significant therapeutic figure, the family doctor, from the institution), as well as the importance of contacting and clarifying with the woman herself and/or the attendant (emphasis on a preliminary conversation). Other references related to the need for the doctors to receive an indication in advance that in the patient with MHA, as well as the importance of the presence of the attendant who knows the woman well (with priority to the guardian).

In terms of the ways in which the HMOs can help (from the point of view of the doctors/therapists), the component of the duration of the treatment (need for a longer queue and at the beginning/end of the day) can be seen as a dominant component mentioned by many respondents, followed by the need for a clinic accessible to this population. There was also the need to inform the doctor in advance and provide him with some prior knowledge (referral, summary, etc.). Some of the respondents who raised the need to extend the duration of treatment also referred to the appropriate remuneration that should be given to the doctor for this.

Some of the respondents referred to the need to raise awareness and provide doctors with training in the field of rabies. Individual respondents stated that the presence of a dedicated team is required to assist these women during and after treatment. Several other "other" answers were given (without categories), including: providing fair and considerate treatment, a person contact, a solution for the hard of hearing, telephone translation, availability of active rooms, and more.

As part of the survey, the doctors/caregivers were asked what is their preferred way to obtain knowledge/training regarding optimal care for women with mental disabilities. Most of the survey participants (70%) chose a lecture or seminars as their preferred way of obtaining information in this field, along with simulation videos with case stories (65%). A smaller percentage (42%) prefer a written briefing on the subject. One of the respondents suggested (in the open question) the other reality tool that simulates situations using virtual reality (for example trains the empathy muscle). In addition, they were asked if they would like us to come back to them with tools that will be developed according to the findings, when 80% answered "yes", and 20% answered "no". Of the 57 respondents who indicated that they wanted us to get back to them, 51 left their email address.

Insights and recommendations

The findings of the survey indicate the need to act on two levels, both in the long term and in the near term:

- For the sake of promotion and improvement in the long term, it is necessary to act in the direction of training and guidance on the subject of disabilities within the various study tracks, for all professionals who provide medical and therapeutic services. We must try and continue to introduce content and courses that will expose the learners to the issue of intellectual disability both at the level of theory and knowledge and also through tours and the application of the various content in practice, practical experience, and direct acquaintance with the population.
- For the sake of promotion in the near term, an idea came up to create an "expert patrol" of professionals who would like to specialize in providing services to people with intellectual disabilities. The training and professionalization processes will be developed together with them according to the needs they will arise in cooperation with the experts in the field on behalf of the ministries of welfare, health and Keren Shalem. This group will become an expert on providing care to people with mental disabilities and will be able to help provide optimal services to this population throughout the country. Also, this group will serve as an "ambassador" for this topic and will be able to help spread knowledge about the training programs and study tracks at the academy.
- In addition, an idea arose to develop short simulation videos that would demonstrate a tailored conversation between a service provider and a service recipient in the clinic. These videos can

be used as a tool for doctors and other service providers, regarding how to approach and talk to a woman with a developmental intellectual disability.

Keywords

women's health, women, intellectual developmental disabilities, the accessibility of medical services

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