PacWest ITAC Learning Modules

The Intersection Between Disability and Culture
The Intersection of ID/DD and Mental Health

Erika Ryst, M.D.
Medical Director,
LEND Director,
Nevada Center for Excellence in Disabilities
**Goals and Objectives**

1. List reasons why it is important to assess for psychiatric comorbidity in ID/DD.
2. Describe the different types of treatment available for psychiatric comorbidity in ID/DD.
3. Understand how social determinants of health may impact mental health treatment for individuals with ID/DD.
Introductions and Definitions

This lecture assumes a basic knowledge of autism and developmental disabilities

**Autism:** A neurodevelopmental disability that evidences both persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior or interests.

**Intellectual Disability:** Onset in the developmental period that includes both intellectual and adaptive functioning deficits.
Introductions and Definitions

Comorbidity: The co-occurrence of two or more forms of disorders within the same person.

Autism and intellectual disability are both highly comorbid disorders (high association of other medical, neurological, intellectual, genetic, emotional and behavioral disorders)

One of the reasons that interdisciplinary diagnosis and management is essential.
Introductions and Definitions

• For the purposes of this lecture, we will focus on psychiatric (emotional and behavioral) disorders.
• Psychiatric comorbidity in autism and intellectual disability has been understudied and underrecognized
Why is it important to understand psychiatric comorbidity in ID/DD?

• Identify specific targets of intervention that could reduce impairment and improve quality of life.

• By treating associated disorders, free up child’s availability to learn and develop.

• Further the understanding of biological processes common to both the psychiatric disorder and the neurodevelopmental disorder.
Rates of Psychiatric Comorbidity in Autism

Those studies that we do have suggest a high rate of comorbidity (around 65-70% of children with at least one current psychiatric disorder in addition to autism.)
Rates of Psychiatric Comorbidity in Autism
(Simonoff et al., 2008)

• Social anxiety disorder (29.2%)
• ADHD (28.1%)
• Oppositional Defiant Disorder (28.1%)
• Generalized Anxiety Disorder (13.4%)
• Panic Disorder (10.1%)
• Enuresis (11%)
• Sub-threshold depression or irritability (10.9%)
• Major Depression (0.9%)
• Dysthymic Disorder (0.5%)
• Conduct Disorder (3.2%)
Rates of Psychiatric Comorbidity in Autism

Other psychiatric symptoms which may cause significant impairment and warrant intervention:

- Hyperactivity/agitation
- Impulsivity
- Inattention
- Restlessness
- Aggression (Tantrums, self-injury, irritability, emotional lability)
- Repetitive, obsessive-compulsive type behaviors
- Tics
- Sleep problems
Rates of Psychiatric Disorders and ID

• Population estimates of co-occurring psychiatric disorders and ID vary from 10-60%; methodological problems include biased sampling, changes in diagnostic criteria, different IQ cut-offs and different approaches to measure psychopathology.

• A rigorous review found that rates ranged from 30-50% in ID compared to 8-18% in comparison group (Munir, 2016)
Treatment of Psychiatric Comorbidities in ID/DD

• Medication
• Psychosocial Therapies
• Best Practice = Integrated Treatment
Social Determinants of Health

• There is a gap in the literature regarding the impact of social determinants of health (Whittle et al., 2018)

• However, research does indicate that some of the variability in ASD-related health service utilization relates to SDH, such as race/ethnicity, parent income and education (Zuckerman et al., 2015).

• We can therefore extrapolate that social determinants of health exacerbate the existing and widespread barriers that affect the population as a whole.
Research on Access to Care and SDH

Barriers and Enablers

Four Domains of Access:

Service Availability
Utilization of services and barriers to access
Relevance, effectiveness, and access
Equity and access
**Service Availability**

**Barriers:**
- Limited and scarce services;
- Logistical and geographical issues

**Enablers:**
- Innovative service delivery models
Utilization of services and barriers to access

**Barriers:**
- Organizational barriers;
- Silo-ing of service sectors;
- Competing service models;
- Failure of interagency communication;
- Inconsistent eligibility criteria;
- Conflict/competition between services;
- Transition;
- Unclear referral pathways

**Enablers:**
- Clear referral pathways
- Established protocols
- Single point of access
- Interagency collaboration
- Education

Lack of help-seeking
Relevance, effectiveness and access

Barriers:
- Diagnostic overshadowing;
- Misidentification of mental disorder;
- Clinical knowledge deficits

Enablers:
- Capacity building;
- Up-skilling and training service providers
Equity and Access

Barriers:
Severity of intellectual disability;
Social determinants

Enablers:
None identified
Mental Health Treatment Experience of Individuals with ID/DD and their Families

Research indicates that less than half of families report satisfaction with their mental health treatment services (Holingue C et al., 2020).
Mental Health Treatment Experience of Individuals with ID/DD and their Families

Problems/barriers include:

• Lack of assistance during crises
• Lack of choice in services
• Poor communication and coordination between service providers
• Need for providers to have more specialized training
Conclusion

• Psychiatric comorbidity in developmental disabilities, while difficult to assess, is a very important aspect of the overall management of these disorders.

• Identification and treatment of psychiatric disorders and symptoms may substantially improve overall quality of life.

• Many challenges and barriers have yet to be overcome in serving the population of individuals with ID/DD and psychiatric comorbidity.
References


References


References


Thank you for joining us!

Developed with support from AUCD and the Interdisciplinary Technical Assistance Center on Autism and Developmental Disabilities, which is funded through a Cooperative Agreement (Grant # UA5MC11068) with the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB). The contents do not necessarily reflect the views or policies of MCHB, the Health Resources Services Administration, U.S. Department of Health and Human Services, or the U.S. Government.

https://www.aucd.org/ITAC
Interview
Closing Summary
The Intersection of ID/DD, Mental Health and Identity

Important not to assume that you know which identity (or identities) is/are most important to the individual. Always ask. Relative importance of identities can also change across time.
The Intersection of ID/DD, Mental Health and Identity

Psychiatric comorbidity is common in ID/DD. ADHD and Anxiety are two of the most frequent co-occurring disorders.
The Intersection of ID/DD, Mental Health and Identity

Consider how Austin’s case exemplifies barriers and enablers in each of the four “domains of access” discussed in the Whittle et. al. article:

- Service availability
- Utilization of services and barriers to access
- Relevance, effectiveness and access
- Equity and access

How might you apply these four domains to services for individuals with ID/DD and Psychiatric Comorbidity in your own community or state?
The Intersection of ID/DD, Mental Health and Identity

Community inclusion and support should be part of an overall treatment plan.