

PacWest ITAC Learning Modules

The Intersection Between Disability and Culture



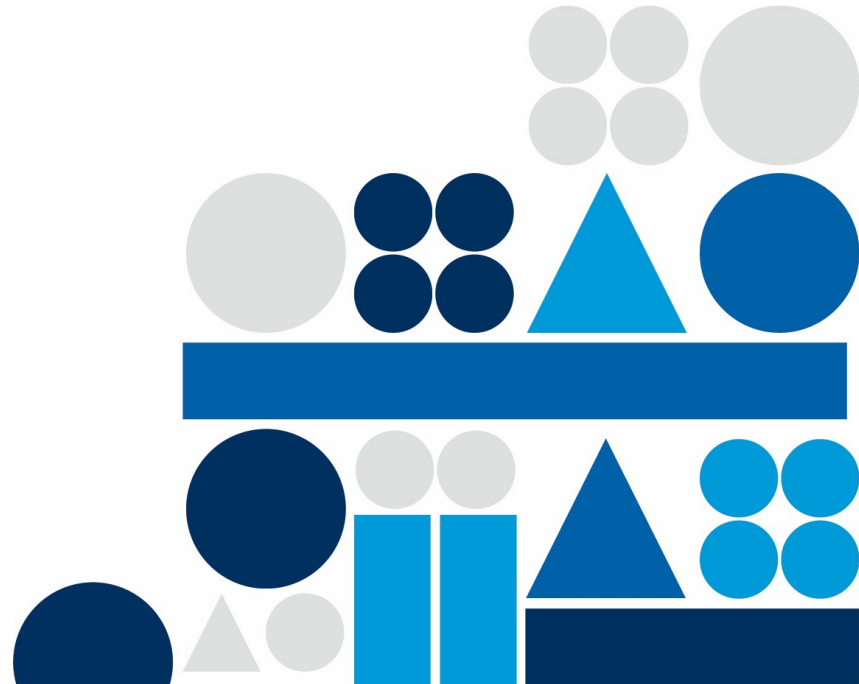
The Intersection of ID/DD and Mental Health

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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

Whittle EL, Fisher KR, Reppermund S, Lenroot R & Trollor J (2018). “Barriers and Enablers to Accessing Mental Health Services for People with Intellectual Disability: A Scoping Review”, *Journal of Mental Health Research in Intellectual Disabilities*, 11 (1):69-102.

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
Lack of help-seeking

Enablers:

Clear referral
pathways
Established protocols
Single point of access
Interagency
collaboration
Education

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.

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Thank you for joining us!



<https://www.aucd.org/iTAC>

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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.