

## **Are you working with people with dual disability?**

Identifying challenges and approaches in working with people with co-existing intellectual disability and mental health issues

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## **Differences btw ID & MH**

### **Intellectual Disabilities**

- Onset btw conception and 18-y-o
- Lifelong
- Cause is often unknown.
- Disorders such as Autism, Down's Syndrome, Fragile X

### **Mental Health**

- Typical onset btw 16-25
- Episodic
- Diagnoses include schizophrenia, bi-polar disorder, depression, dementia

## Dual Disability

- Previously believed that people with intellectual disability could not have mental illness.
- Some studies suggest that prevalence of mental illness in persons with intellectual disability roughly twice that of general population (O'Neal, 2005), and another paper reports that there is a 40% risk of people with intellectual disability developing a mental illness. (Einfeld, 1996)

## Under-diagnosis of Dual Disability

- **Diagnostic Challenges**

Mental State Examination is based on assessment of appearance, attitude, behaviour, mood, speech, thought process, cognition, insight and judgement which can all be affected by presence of an intellectual disability

- **Atypical clinical presentation of psychiatric symptoms**

E.g. People with intellectual disability more likely to have later onset of psychiatric symptoms

- **Diagnostic Overshadowing**

Attributing all complex presentations to presence of intellectual disability

## **Systemic Issues**

- Lack of availability of specialist dual disability services
- Very little dual disability training available
- Separate ID and MH service systems  
Includes different legislations, different gov't departments, and few incentives or initiatives to work with clients with several challenges
- Primary v Secondary Diagnoses

## **McPherson Community Presenting Profiles**

- Uncertainty around psychiatric diagnosis & treatment
- Significant behaviours of concern
- Accommodation instability and/or homelessness
- Aged btw 40 & 60
- High prevalence of abuse and/or neglect
- Frail physical health
- Fragmentation of care

## Approaches

### Be aware that-

- Some medical practitioners believe that people with intellectual disability don't experience mental health disorders.
- Many GPs have little experience in working with people with intellectual disability, and the fact that they are more prone to mental health disorders, physical health issues and earlier onset of dementia
- People with intellectual disability are less likely to be prescribed anti-parkinsonian medications than the general population.
- People with intellectual disability are more likely to be on older anti-psychotic medications, and not have their medication regimes reviewed appropriately

## Approaches continued

### If you are working directly with people who have mental health issues, consider the following tips

- Understand medication purpose/s and potential side-effects e.g. sedation, weight gain, tremors, excess saliva, akathisia etc
- Understand psychiatric diagnoses e.g. schizophrenia, bi-polar, depression, and anxiety disorders
- Become familiar with language of mental health e.g. delusions, voices, hallucinations
- Question why people are on medications they are prescribed
- Collect data to present issues to medical practitioners. Note unusual behaviours.
- Collect as much history as you can- not just medical. Where possible meet with family members to collect history.
- If GPs prescribing anti-psychotic medication make sure they have an annual psychiatric review

## Approaches continued

- For developing of Behaviour Support Plan (BSP) and reporting to Office of Senior Practitioner (OSP), have a system for prescribing practitioners to record purpose of medications that may be used as chemical restraint i.e. to treat a medical condition, or simply to control behaviour
- Seek support from OSP if you want advice regarding medication regimes or development of BSPs
- Don't become obsessed with need for psychiatric diagnosis and /or medication. Positive and pro-active strategies that focus on stimulation, strengths and meaningful activity are often more important.

## Where to get help/information

- Centre for Developmental Disability Health Victoria  
9501 2400                      [www.cddh.monash.org](http://www.cddh.monash.org)
- [www.intellectualdisability.info](http://www.intellectualdisability.info) (Informative UK-based website)
- Victorian Dual Disability Service (VDDS)  
9288 7000                      [www.vdds.org.au](http://www.vdds.org.au)
- [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au) Has easy-to-read fact sheets about mental illness and diagnoses
- Office of Senior Practitioner                      Ph. 9096 0222