

Recent publications in the Psychiatry of
Intellectual Disability.
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Gender Differences in Psychiatric Diagnoses Among Inpatients With And Without Intellectual Disabilities.


2009

Author(s): Lunskey, Y., Bradley, E.A., Gracey, C.D., Durbin, J. & Koegl, C.

Published: American Journal on Intellectual and Developmental Disabilities. Vol. 114(1), 52-60.

Abstract

There are few published studies on the relationship between gender and psychiatric disorders in individuals with intellectual disabilities. Adults (N = 1,971) with and without intellectual disabilities who received inpatient services for psychiatric diagnosis and clinical issues were examined. Among individuals with intellectual disabilities, women were more likely to have a diagnosis of mood disorder and sexual abuse history; men were more likely to have a substance abuse diagnosis, legal issues, and past destructive behavior. Gender difference patterns found for individuals with intellectual disabilities were similar to those of persons without intellectual disabilities, with the exception of eating disorder and psychotic disorder diagnoses. Gender issues should receive greater attention in intellectual disabilities inpatient care.



The Effect of Peer-to-Peer Training on Staff Interactions with Adults with Dual Diagnoses.

2009

Author(s): Lori, L. & Sturmey, P.

Published: Research in Developmental Disabilities. Vol. 30(1), 96-106 (Jan-Feb)

Abstract

Researchers have demonstrated the importance of training behavioral skills to staff members working with consumers with developmental disabilities. A training program that does not rely solely on consultants or administrators may benefit human services agencies that have limited resources to allocate to training. In the present study, the experimenters used a multiple-baseline-across-participants-experimental design to assess the effectiveness of a peer-to-peer staff-training program. The experimenters used instruction, modeling, practice, and feedback to teach habilitation specialists to train their co-workers to interact frequently and positively with adults with psychiatric disorders and developmental disabilities in a day habilitation setting. All trainees increased interactions and/or positive statements as a function of the training program



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A study of complicated grief symptoms in people with intellectual disabilities

2008

Authors: P. Dodd, S. Guerin, J. McEvoy, S. Buckley, J. Tyrrell, J. Hillery

Published: Journal of Intellectual Disability Research Volume 52,5 , 415 - 425

Introduction Previous studies have shown a significant association between familial bereavement and the onset of challenging behaviours and psychopathology in people with intellectual disabilities (ID). However, little work has been done to accurately describe the specific symptoms of grief, in particular symptoms of complicated grief in this population. Consensus criteria for the diagnosis of complicated grief have been drawn up and tested for validity in the general population.

Aims To examine the occurrence of symptoms of complicated grief, and to explore the relationships between complicated grief and bereavement experience.

Method A bereavement history questionnaire and a newly developed measure examining for symptoms of complicated grief were administered to a group of carers of people with mild or moderate ID, who had experienced a parental bereavement within the previous 2 years. The questionnaires were also administered to a matched comparison group, who had not been bereaved.

Results/Conclusions This carer-based comparison study has revealed that bereaved individuals with ID experience complicated grief symptoms following the death of a parent, with one-third of the bereaved group experiencing 10 or more clinically apparent symptoms. In addition, complicated grief symptoms were more likely to occur with higher rates of bereavement ritual involvement. These findings have both clinical and research implications.

Emergency Psychiatric Services for Individuals With Intellectual Disabilities: Perspectives of Hospital Staff.

2008

Author(s): Lunskey, Y., Gracey, C.D. & Gelfand, S.

Published: Intellectual and Developmental Disabilities. Vol. 46(6). 446-455.

Abstract

Strains on the mainstream mental health system can result in inaccessible services that force individuals with intellectual disabilities into the emergency room (ER) when in psychiatric crisis. The purpose of this study was to identify clinical and systemic issues surrounding emergency psychiatry services for people with intellectual disabilities, from the perspective of hospital staff. Focus groups were conducted with emergency psychiatry staff from 6 hospitals in Toronto, Canada. Hospital staff reported a lack of knowledge regarding intellectual disabilities and a shortage of available community resources. Hospital staff argued that caregivers need more community and respite support to feel better equipped to deal with the crisis before it escalates to the ER and that hospital staff feel ill prepared to provide the necessary care when the ER is the last resort. Input from hospital staff pointed to deficiencies in the system that lead caregivers to use the ER when other options have been exhausted. Both staff and caregivers need support and access to appropriate services if the system is to become more effective at serving the psychiatric needs of this complex population



Psychiatric service use and psychiatric disorders in adults with intellectual disability.


2008

Author(s): Bhaumik S. et al.

Published: Journal of Intellectual Disability Research. 52(11), 986-995.

Abstract

Background: UK policies aim to facilitate access to general psychiatric services for adults with intellectual disability (ID). If this is to be achieved, it is important to have a clear idea of the characteristics and proportion of people with ID who currently access specialist psychiatric services and the nature and extent of psychiatric disorders in this population. Methods: A cross-sectional study was carried out on all adults with ID using specialist services in Leicestershire and Rutland, UK, between 2001 and 2006. Characteristics of individuals seen by psychiatric services and the nature and prevalence of psychiatric disorders were investigated. Results: Of 2711 adults identified, 1244 (45.9%) accessed specialist psychiatric services at least once during the study period. Individuals attending psychiatric services were more likely to be older and to live in residential settings; they were less likely to be south Asian or to have mild/moderate ID. The prevalence of psychiatric disorders among the total study population was 33.8%; the most common disorders were behaviour disorder (19.8%) and autistic spectrum disorders (8.8%). Epilepsy was highly prevalent (60.8%) among those attending psychiatric services without a mental health diagnosis. Behaviour disorders and autistic spectrum disorders were more common in men and in adults with severe/profound ID, whereas schizophrenia and organic disorders were more common in women and in adults with mild/moderate ID. Depression was also more common in women with ID. Conclusions: Psychiatric disorders and specialist health problems are common among adults with ID and the profile of psychiatric disorders differs from that found in general psychiatry. Close collaboration between general and specialist service providers is needed if the current move towards use of general psychiatric services in this population is to be achieved. The measures should include a clear care pathway for people with ID and mental health problems to facilitate the smooth transfer of patients between specialist and generic mental health services and arrangements for joint working where input from both services is required. The commissioning framework for such processes should be in place with appropriate pooling of resources.



Diagnostic Reference Manual

Diagnostic Manual-Intellectual Disability (DM-ID)

This excellent reference diagnostic manual was produced by the National Association for the Dually Diagnosed (NADD) in association with the American Psychiatric Association (APA) IN 2007 and describes adaptations of the diagnostic criteria contained in the DSM-IV-TR for individuals with intellectual disability

Outline

DM-ID

Diagnostic Manual - Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability

Edited by:

Robert J. Fletcher, D.S.W., A.C.S.W., Chief Editor
Earl Loschen, MD
Chrissoula Stavarakaki, M.D., Ph.D.
Michael First, M.D.

The Diagnostic Manual - Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability, developed by the National Association for the Dually Diagnosed (NADD) in association with the American Psychiatric Association (APA), is a diagnostic manual designed to facilitate an accurate DSM-IV-TR diagnosis in persons who have intellectual disabilities and to provide a thorough discussion of the issues involved in reaching an accurate diagnosis. The DM-ID provides state-of-the-art information concerning mental disorders in persons with intellectual disabilities.

Grounded in evidence-based methods and supported by the expert-consensus model, the DM-ID offers a broad examination of the issues involved in applying diagnostic criteria for psychiatric disorders to persons with intellectual disabilities. The DM-ID includes a description of each psychiatric disorder, a summary of the DSM-IV-TR diagnostic criteria, a review of the research and an evaluation of the strength of evidence supporting the literature conclusions, a discussion of the etiology and pathogenesis of the disorder, and adaptations of the diagnostic criteria, where applicable, for persons with intellectual disabilities.

DM-ID Book Review

Issac A; Journal of Intellectual Disability Research Volume 52 PART II pages 1013-1014 NOVEMBER 2008



Intellectual disability co-occurring with schizophrenia and other psychiatric illness: population-based study.

2008

Author(s): Morgan, V.A., Leonard, H., Bourke, J. & Jablensky, A.

Published: Br J Psychiatry. 193(5). 364-372 (November) 18978313

Abstract

The epidemiology of intellectual disability co-occurring with schizophrenia and other psychiatric illness is poorly understood. The separation of mental health from intellectual disability services has led to a serious underestimation of the prevalence of dual diagnosis, with clinicians ill-equipped to treat affected individuals. AIMS: To estimate the prevalence of dual diagnosis and describe its clinical profile. METHOD: The Western Australian population-based psychiatric and intellectual disability registers were cross-linked (total n=245,749). RESULTS: Overall, 31.7% of people with an intellectual disability had a psychiatric disorder; 1.8% of people with a psychiatric illness had an intellectual disability. Schizophrenia, but not bipolar disorder and unipolar depression, was greatly over-represented among individuals with a dual diagnosis: depending on birth cohort, 3.7-5.2% of those with intellectual disability had co-occurring schizophrenia. Pervasive developmental disorder was identified through the Intellectual Disability Register and is therefore limited to individuals with intellectual impairment. None the less, pervasive developmental disorder was more common among people with a dual diagnosis than among individuals with intellectual disability alone. Down syndrome was much less prevalent among individuals with a dual diagnosis despite being the most predominant cause of intellectual disability. Individuals with a dual diagnosis had higher mortality rates and were more disabled than those with psychiatric illness alone. CONCLUSIONS: The facility to combine records across administrative jurisdictions has enhanced our understanding of the epidemiology of dual diagnosis, its clinical manifestations and aetiological implications. In particular, our results are suggestive of a common pathogenesis in intellectual disability co-occurring with schizophrenia

Journal of Intellectual Disability Research – Special Edition

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Special Issue: Special Issue: Mental Health and Intellectual Disability: XXIV



Childhood IQ and adult mental disorders: A test of the cognitive reserve hypothesis.

2008

Author(s): Koenen, K.C., Moffitt, T.E., Roberts, A.L., Martin, L.T., Kubzansky, L. Harrington, H., Poulton, R., & Caspi, A.

Published: AJP in Advance, doi: 10.1176/appi.ajp.2008.08030343

Abstract

Cognitive reserve is considered as an important factor in the causes of neuropsychiatric disorders. Past research has shown that IQ is an indicator of cognitive reserve, and is inversely related to risk of psychiatric illness. With the exception of schizophrenia, there is limited research on the association between IQ early in life and the risk of other adult mental disorders. The authors examined whether childhood IQ predicted adult psychiatric disorders by conducting a longitudinal investigation for 32 years of a representative 1972-1973 birth cohort in Dunedin, New Zealand.

Key Findings:

1. Lower childhood IQ predicted a diagnosis of schizophrenia spectrum disorder, major depression, or any adult anxiety disorder.
2. There were no associations between lower childhood IQ and adult substance dependence disorders.
3. Children with IQ below 85 had the highest chance of developing two or more psychiatric diagnoses at the age of 32 than children with higher IQ.
4. Interestingly, higher childhood IQ was significantly associated with mania. Such finding warrants replication, however, because it does not reflect the cognitive reserve hypothesis.
5. Lower childhood IQ was a risk factor for generalised anxiety disorder and social phobia, and was also found to predict a higher risk of post-traumatic syndrome disorder and agoraphobia.

Authors concluded that it is very unlikely that individuals with a lower cognitive ability will seek mental health treatment. However, accessing and receiving psychiatric services can potentially be a great challenge for this vulnerable population. It would be important for mental health programs to take into consideration the cognitive ability of their patients when developing future implementations and treatment plans. This is the first paper written for a general psychiatric audience highlighting the importance of modifying our treatments for individuals with lower IQ, which would include individuals with developmental disabilities, because low IQ is a risk factor for many psychiatric disorders.

Although this paper implies that individuals with borderline IQ are clearly at higher risk for psychiatric disorders, they did not discuss those individuals with IQ's below 70.



Clinical predictors of severe behavioural problems in people with intellectual disabilities referred to a specialist mental health service.

2008

Author(s): Hemmings, C.P., Tsakanikos, E., Underwood, L., Holt, G. & Bouras, N.

Published: Social Psychiatry and Psychiatry Epidemiology, 43, 824-830.

Abstract

Research indicates that a key reason individuals' with intellectual disabilities (ID) are referred for mental health services are due to behaviour problems such as aggression, destruction of property, and self-injurious behaviour. As such, a number of factors, including age, gender, mental illness, and degree of intellectual disability, have been examined in relationship to these behaviour problems. However, findings from previous research have been inconsistent and inconclusive. Therefore, the aim of the present study was to examine the associations between specific clinical diagnoses (i.e. degree of intellectual disabilities and presence of other psychiatric disorders) and demographic variables (e.g. age, gender and ethnicity), and the severe behavioural problems (measured by the Disability Assessment Schedule) displayed by a selected sample of individual's with intellectual disabilities.

Key Findings:

1. **Overall:** Out of 408 individuals' with ID, severe behavioural problems were present in 136 (33.3%), which were significantly related to other psychiatric problems measured by the ICD-10, specifically, personality disorders (Pearson $X^2 = 14.5$, $p < 0.001$).
2. **Demographic Variables associated with Severe Behavioural Problems**
 - Individual's with ID suffering from severe behavioural problems were primarily male (59.1%) less than 35 years old (53.1%) and of Caucasian ethnicity (89.1%). These relationships did not reach significance.
2. **Degree of Intellectual Disability**
 - Consistent with previous research, individuals with severe ID, were significantly more likely to have a severe behavioural problem (Pearson $X^2 = 3.91$, $p < 0.05$).
2. **Mental Illness**
 - Results from a binary logistic regression model examining severe behaviour problems were significant, $P < 0.001$.
 - Severe behaviour problems were six times more likely in individuals with personality disorders and three times more likely in individuals with schizophrenia.
 - Conversely, individuals with anxiety disorders, were four times less likely to have severe problems, whereas depressive disorder was not predictive of behavioural problems.

- Lastly, individuals with severe ID, were four times more likely to suffer from severe behaviour problems.

The findings from the present study suggest a strong relationship between severe behavioural problems, degree of intellectual disability and presence of psychiatric disorders in a large sample of adults with intellectual disabilities. Inconsistencies in previous research findings may be due to :1) Various approaches and definitions of intellectual disorders as well as other mental disorders, and 2) Methodological problems, such as difficulty making definitive diagnosis in individuals with ID. These authors suggest that considering the presence of mental disorders in individuals with ID who suffer from severe behavioural problems is an essential part to the multi-disciplinary approach to mental health services.

Mental Disorders and Problem Behaviour in a Community Sample of Adults with Intellectual Disability: Three-Month Prevalence and Comorbidity.

2008

Author(s): Hove, Oddbjorn and Havik, Odd E.

Published: Journal of Mental Health Research in Intellectual Disabilities, 1(4): 223-237.


Abstract

The known prevalence of mental disorders within a community sample of individuals with intellectual disability is an integral component to planning and advocating for mental health services. The aim of this study was to gain a comprehensive profile of the epidemiology of community-based sample in Norway. The sample consisted of 901 individuals with intellectual disability who were receiving community services.

Results

1. **Overall:**
 - Dual diagnosis is more common within the mental disorders compared with problem behaviour.
 - 34.9% of the population had indices of mental disorder
 - 43% showed indices of either a mental disorder or a problem behavior
 - anxiety disorders were the most prevalent mental disorder [15.9%]
 - affective disorders, including schizophrenia spectrum disorder and affective psychosis, were present in 4.6% of the population
 - 20.2% of the population showed problem behavior of which physical aggression was the most common behavior, followed by verbal aggression.
2. **Age**
 - Age was correlated with an increased risk of dementia
 - Individuals who had a reported history of psychiatric disorders, tripled the risk for all diagnoses except dementia

The study illustrates that the mental health needs of adults with ID are higher than the general population, with or without problem behaviors. The results of the study advocate for an increase in epidemiological research targeting prevalence of mental disorders in individuals with ID, allowing services to be well-planned and implemented.



Mental Health Problems in Young People with Intellectual Disabilities: The Impact on Parents.

2008

Author(s): Faust, H. & Scior, K.

Published: Journal of Applied Research in Intellectual Disabilities, 21: 414-424.

Abstract


Increasing evidence suggests that young people with intellectual disability may also experience mental disorders during the transition to adolescence (40%). Further research also indicates that about 64% of young people with intellectual disabilities who have transitioned to adulthood and have had an established childhood mental disorder or behavior problem, received no specialist mental health professional input. Finally, families who have children with ID and a child psychopathology often experience more stress and it impacts parental abilities. The aim of this study examined the experiences of parents who have an adolescent child with a dual diagnosis. The study used in-depth interviews with 13 parents and one adult sibling of 11 young people with dual diagnosis.

Results:

1 Impact on parents: 4 themes

- **The struggle to understand:** all parents found a strong sense of confusion when behaviors and mood changes occurred for the adolescent.
- **More pain:** parents found that the behavior and mood change brought upon them a new sense of pain; all parents described significant suffering as a result of the adolescent's mental health problems, including feelings of depression, anxiety and anger, increased physical illnesses and poor sleep.
- **Trying to get by:** almost all parents described a sense of helplessness
- **The battle for help:** parents felt alone and isolated in trying to manage services for the adolescent's mental health; all parents felt fears of stigma and shame which prevented them from telling others about the additional mental health difficulties. Most parents noted a lack of opportunity to be provided services as well as being listened to about their experiences.

The importance of the study indicates a need for improvements in support for these families such that they may be able to detect mental disorder symptoms as well as seek treatment and rehabilitation for the children.



Depression in people with intellectual disability: An evaluation of a staff-administered treatment program.

2008

Author(s): McGillivray, J.A., McCabe, M.P. & Kershaw, M.M.

Published: Research in Developmental Disabilities: 524-536.

Abstract

Recent data indicate that individuals with intellectual disability are more susceptible to depression than the general population. The aim of this study was to evaluate community based interventions designed to promote early identification and treatment of depression in adults with mild ID by trained staff. Staff were trained to recognize the symptoms of depression as well as to provide a cognitive behavioral treatment program. Overall, the program consisted of 47 individuals with a co-morbid diagnosis, treated by 13 trained staff. Subsequently, a wait listed control group of 27 individuals completed the program.

Results:

- 1 Pre/post Treatment Results – Beck Depression Inventory**
 - 80% of individuals demonstrated a substantial improvement on the Beck Depression Inventory. 20% indicated a small improvement on the BDI
- 2 Pre/follow-up Treatment Results - Beck Depression Inventory**
 - 60% of individuals maintained a substantial improvement, 3 months later
 - 35% of individuals maintained a small improvement, whereas 5% deteriorated
- 3 Control wait-listed Treatment Results - Beck Depression Inventory**
 - 33% demonstrated a substantial improvement, with 30 % having small improvements, however 37% mentioned a deterioration in depressive thoughts.
- 4 Pre/Post Treatment Results – Automatic Thoughts Questionnaire-Revised**
 - 70% demonstrated a substantial improvement in automatic thoughts.
 - 25% demonstrated a small improvement in automatic thoughts
- 5 Pre/Follow-up Treatment results – ATQ-R**
 - 50% of individuals experienced fewer automatic thoughts at 3 mth follow-up
- 6 Control waiting list – ATQ-R**
 - 41% experienced a substantial improvement in automatic thoughts
 - 26% experienced a small improvement, with 33% experiencing a deterioration.

The importance of this study indicates the need for training staff in providing CBT programs implemented at the early stages of the development of depression symptoms so that there may be enhancements in the treatment for individuals with ID. The program proves to be a cost-efficient and sustainable method of providing intervention.



Intellectual disability co-occurring with schizophrenia and other psychiatric illness: population-based study.

2008

Author(s): Morgan, V.A., Leonard, H., Bourke, J. & Jablensky, A.

Published: The British Journal of Psychiatry, 193: 364-372.


Abstract

The epidemiology of dual diagnosis is highly underestimated due to the lack of understanding among clinicians in regards to its treatment and clinical profile. The aim of this study was to provide a comprehensive overview of the prevalence of dual diagnosis and describe its clinical profile in Western Australia. The study employed the use of the Western Australian population based psychiatric and intellectual disability registers, which were cross linked between individuals who had both an intellectual disability as well as a psychiatric illness.

Key findings:

- 1 **Overall:** Of the individuals with intellectual disability, 31.7% had a psychiatric disorder; 1.8% of people with a psychiatric illness had an intellectual disability.
- 2 **Dual diagnosis compared with intellectual disability alone:**
 - Overall, individuals with dual diagnosis had a higher mortality rate and were more disabled than those with psychiatric illness alone, no intellectual disability.
- 3 **Dual diagnosis compared with psychiatric illness**
 - Dually diagnosed individuals were younger at the time of first contact for in-patient admissions and psychiatric services, had more repeat admissions and spent a longer period of time in the hospital, suggesting a more severe psychiatric illness, than people with psychiatric illness only.
- 4 **Intellectual disability with co-occurring schizophrenia**
 - The results indicated that the co morbidity rate (3.7%-5.2%) of intellectual disability and schizophrenia was overrepresented (higher than the 3% reported in prior studies and higher than the 1% in the general population).

This study illustrates the importance of gathering population based information to form an understanding of the prevalence of the co-morbidity of mental health illness and intellectual disability. The study highlights how dual diagnosis rates can be underestimated when data registers are not linked, because these individuals tend to be represented either in intellectual disability services and datasets or mental health services and datasets but not both. Furthermore, this study acknowledges the need for an integrated approach by all professionals to provide individuals with dual diagnosis with the best of evidence-based practice.



Prevalence of autism among adolescents with Intellectual Disabilities.

2008

Author(s): Bryson, S.E., Bradley, E.A., Thompson, A. & Wainwright, A.

Published: The Canadian Journal of Psychiatry, 53: 449-449.

Abstract

Previous research examining the prevalence of autism in individual's with an Intellectual Disability (ID) are limited due to a number of factors, particularly: 1) conflicting diagnostic criteria for Autism and ASD; and 2) lack of standardized diagnostic measures that reflect developing diagnostic criteria. These factors may have lead to lower prevalence estimates of Autism in ID, specifically mild ID. The present study aims to provide population-based data on the prevalence of Autism in Canadian adolescents with ID, using the Autism Diagnostic Interview-Revised (ADIR; a standardized diagnostic caregiver interview).

Intellectual Disability was defined as an IQ of 75 or below (mild ID, IQ = 50 to 75; severe ID, IQ <50). Individuals ranged between 14 and 20 years of age and were recruited from Southern Ontario. First, individual's IQ were assessed using the either the Weschler Intelligence Scale for Children (WISC-R) or the Weschler Adult Intelligence Scale (WAIS-R), depending on the individual's chronological age. During the next session, caregiver's completed the ADI-R, which assessed functioning in three domains; communication, socialization, and repetitive or rigid behaviors.

Key findings:

- 1 **Overall:** Of individuals with ID ($n = 171$), 43 (13 females and 30 males) or 27.9% met ADI-R criteria for autism, that is, scores on all three domains exceeded the diagnostic cut-off for autism.
- 2 **Gender Differences**
 - i) There were significantly more males in the autism-mild ID group.
 - ii) Similarly, when collapsing groups (autism and non-autism), there were significantly more males in the mild ID group compared to females.
 - iii) However, when collapsing across groups (autism and non-autism), the percentage of males and females with severe ID did not differ.
- 3 **Previous Diagnosis of Autism**
 1. Of the 43 individuals who met ADI-R criteria for autism, 20 (47%) had previously received a diagnosis of autism or had been described as having autistic features.
- 4 **Clinical Impressions**
 2. Overall, the ADIR-positive autism group had previously been diagnosed with significantly more psychiatric disorders (e.g., mood, inattentive, hyperactive) than the non-autism ID group.

The findings from the present study indicate that 28.2% of individuals with ID were identified with autism; This prevalence estimate is higher when compared to other studies examining autism in ID populations. Additionally, these findings suggest that less than half of the adolescents who met ADI-R criteria for autism had previously been diagnosed. This underdiagnosis is likely to lead to lack of required services, as well as an increase in behavioural and psychiatric problems in individuals with autism and ID because their autism is not well understood.

