Vulnerability to mental disorder in people with intellectual disability

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ID and Mental disorder

- ↑ Prevalence of mental disorder (studies range from 7 – 97%!)

  e.g.
  - Corbett (1979): 46%
    - ICD8, Problem behaviour, Past Psych disorder, NOT dementia
  - Lund (1985): 28%
    - Feighner and DSM-III, Problem behaviour, NOT past disorder
ID and Mental disorder

• e.g.
  – Cooper (1997): 49.2%
    • Lifetime prevalence of all mental disorders including dementia

  – Deb (2001): 14.4%
    • PAS-ADD, NOT problem behaviour, dementia, autism, schizophrenia and BPD in episode, Mild and moderate ID only
ID and Mental disorder

Higher prevalence than general population
Same range of disorders:

• Schizophrenia 3%
• Bipolar affective disorder 1.5%
• Depression 4%
• Generalised anxiety disorder 6%
• Specific phobia 6%
• Agoraphobia 1.5%
• Obsessive–compulsive disorder 2.5%
• Dementia at age 65 years and over 20%
• Autism 7%
• Severe problem behaviour 10–15%

(Smiley 2005)
ID and Mental Disorder

• Cooper et al (2007)
  – Point prevalence 40.9% (clinical diagnoses),
  – 35.2% (DC-LD), 16.6% (ICD-10-DCR) 15.7%
    (DSM-IV-TR)
  – Problem behaviours most prevalent
ID and Mental Disorder

  – Mental ill-health associated with:
    • life events, female gender, type of support, lower ability, more consultations, smoking, incontinence, not having severe physical disabilities and not having immobility;
  – Not associated with
    • deprived areas, no occupation, communication impairment, epilepsy, hearing impairment or previous institutional residence.
Why?

- Epidemiology largely unknown.
- Available research cannot be generalised.
- Developing specific diagnostic criteria (DC–LD) and screening instruments (PAS–ADD).
- Unclear what effect age, gender, physical illness, epilepsy or level of learning disability have on mental health problems.
- Information on factors associated with specific mental health problems in people with ID is emerging, but much is still unknown. (Smiley 2005)
Resilience

- Characteristics that enhance normal development under difficult conditions

Adversity

- Life events or circumstances posing a threat to healthy development

Vulnerability

- Characteristics of the child, the family circle and wider community which might threaten or challenge healthy development

Protective environment

- Factors in the child’s environment acting as buffers to the negative effects of adverse experience
What evidence?

• Emerson and Hatton (2007)
  – Prevalence of psychiatric disorders in children:
    • with ID: 36%
    • without ID: 8%
  – Children with ID accounted for 14% of all British children with a diagnosable psychiatric disorder
  – Particularly autistic spectrum disorder, hyperkinesis conduct disorders.
  – Cumulative risk of exposure to social disadvantage was associated with increased prevalence.
• Social disadvantage?
  – Lone parent family
  – Income poverty
  – Exposure to two or more negative life events
  – Poor family functioning
  – Primary carer has no educational qualifications
  – Household with no paid employment
  – Mother with potential mental health disorder
  – Maternal self-rated physical health less than ‘good’
Socio-Economic Status & Cognitive Development

**Emerson: social determinants of health**

- High rates of mental health problems among children with intellectual disability
- Over 50% of children in the UK who have intellectual disability and a mental health problem are currently living in poverty
- 33%-50% of this increased risk is possibly due to increased exposure to poverty

<table>
<thead>
<tr>
<th>Adversity Index</th>
<th>Prevalence of Diagnosable Mental Health Disorders</th>
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<tr>
<td>0</td>
<td>0%</td>
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<tr>
<td>1</td>
<td>5%</td>
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<tr>
<td>2</td>
<td>10%</td>
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<td>3</td>
<td>15%</td>
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<td>4</td>
<td>25%</td>
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<td>5+</td>
<td>45%</td>
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Well-Being

Poverty (Duration & Depth)

Accumulated exposure across the life-course to a wide range of material & psychosocial hazards (e.g., toxins, uncertainty, adverse life events)

Vulnerability & Resilience

Biological (genetics, early development)

Psychosocial (human capital, social affiliations)

Community (social capital, Health Care)

Well-Being
Vulnerabilities:
The bio-psycho-social model
<table>
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<tr>
<th>Biological</th>
<th>Psychological</th>
<th>Social</th>
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<tbody>
<tr>
<td><strong>Brain damage</strong></td>
<td><strong>Self-worth</strong></td>
<td><strong>Living in inappropriate environments</strong></td>
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<tr>
<td>Not all people with intellectual disability have brain damage. For those who do, this can cause structural &amp; psychological changes to the way the brain functions, increasing vulnerability.</td>
<td>Society values achievements such as high social status, independence, employment, relationships &amp; family. People with intellectual disability may have difficulty attaining these, which may affect their self esteem.</td>
<td>People with intellectual disabilities often live in accommodation where they are isolated from their families &amp; community. In such settings they may have little choice &amp; control over their lives. Such environments may provide too little or too much activity or stimulation.</td>
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<tr>
<td><strong>Sensory Impairments</strong></td>
<td><strong>Self-image</strong></td>
<td><strong>Exposure to adverse life events</strong></td>
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<td>Sensory impairment can create a barrier to social integration &amp; lead to disablement and problems with self-image.</td>
<td>People with intellectual disability may feel they are different to other people due to either their cognitive or physical disabilities or may feel inferior to others because of their reliance on the support of others. Poor self-image can contribute to mental health problems.</td>
<td>People with intellectual disability are more likely to have been exposed to abuse, trauma, rejection, harassment &amp; exploitation. They are often unaware of or do not understand their rights.</td>
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<td><strong>Genetic conditions</strong></td>
<td><strong>Poor coping mechanisms</strong></td>
<td><strong>Expectations of others</strong></td>
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<td>People with intellectual disability are at a significantly higher risk of mental health problems associated with a number of syndromes e.g. Prader-Willi Syndrome, Rett Syndrome, William's Syndrome.</td>
<td>People with intellectual disability find it more difficult to plan ahead, consider the consequences of their behaviour or tolerate/manage their frustration &amp; anger. This can result in greater discrimination by others.</td>
<td>Low expectations by others of people with intellectual disability can lead to reduced opportunities for participation &amp; the chance to develop skills and confidence.</td>
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<td><strong>Medication</strong>&lt;br&gt;Side effects of psychotropic medication, particularly when the person is receiving two or more, need to be considered, as these can contribute to mental health problems.</td>
<td><strong>Bereavement &amp; loss</strong>&lt;br&gt;People with intellectual disability often do not receive the support they require to cope with these stressors. They may not even be told about what has happened. Loss can include siblings leaving home, staff leaving or other clients moving on.</td>
<td><strong>Family</strong>&lt;br&gt;Some family members can be over-protective, reducing opportunities and leading to over-dependence. Caring for a person with a disability may also put increased pressure on a family leading to increased stress which can affect the family’s relationship with the person.</td>
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<td><strong>Epilepsy</strong>&lt;br&gt;Approximately a third of people with intellectual disability have epilepsy, which for some may be associated with mental health problems. Epilepsy can provoke anxiety in a person, which may lead to them avoiding going out &amp; becoming isolated.</td>
<td><strong>Difficulty expressing emotions</strong>&lt;br&gt;People with intellectual disability often have trouble expressing their inner thoughts &amp; feelings. They find it difficult to put subtle &amp; abstract emotions into words.</td>
<td><strong>Reduced social networks</strong>&lt;br&gt;People with intellectual disability often have smaller friendship groups. They may lack the skills required to develop relationships &amp; broaden social networks. Others may develop abusive relationships or mix with inappropriate peers in an attempt to fit in.</td>
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<td>History &amp; expectation of failing. People with intellectual disability are often not given opportunities to achieve, so they develop low expectations. Frequent failure may lead them to develop leaned helplessness, which can lead to a lack of motivation &amp; poor goal setting.</td>
<td>Economic disadvantage. Financial and related disadvantages common for people with intellectual disability can contribute to the person’s vulnerability to mental health problems.</td>
<td>Transitions Movement between services are often poorly managed. Poor communication between services and bad or no planning adds to the problem. The individual may feel they have little control or influence over what happens to them at this time.</td>
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<td>Dependence on others The reliance on others by a person with an intellectual disability can lead to overdependence, a lack of self-determination &amp; poor problem solving skills.</td>
<td>Discrimination Discrimination by the wider society can leave people with intellectual disability stigmatised and impact on their self-esteem and self-image.</td>
<td>Legal disadvantage People with intellectual disability may not be aware of their rights &amp; have to rely on the support of others to be advocates for their needs.</td>
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• So – if we know what we know about vulnerability (and adversity)

what can we do to nurture resilience (and a protective environment?)
Protective environment

Resilience
- Characteristics that enhance normal development under difficult conditions

Adversity
- Life events or circumstances posing a threat to healthy development

Vulnerability
- Characteristics of the child, the family circle and wider community which might threaten or challenge healthy development

Protective environment
- Factors in the child’s environment acting as buffers to the negative effects of adverse experience
For example:

- Reduce poverty
- Reduce health inequalities
- Provide secure “family” based environments for early development
- Promote sense of self – autonomy – mastery
- Protect from abuse
- Reduce frequency and impact of life events
For example:

- Early diagnosis and intervention
- Better knowledge and awareness in workforce
- ????