Mental Health and Teens with Intellectual and Developmental Disabilities

Office of Disability Prevention for Children
South Texas Adolescent Health Summit • August 29, 2018

Learning Objectives
As a result of attending this session, participants will be able to:

• Recall data on the increased risk of mental health concerns for individuals with intellectual and developmental disabilities (IDD).

• Recognize signs and symptoms of mental health issues in adolescents with IDD.

• Incorporate discussed strategies into their work, organizations and communities to support adolescents with IDD to ultimately improve quality of life and prevent trauma, negative coping habits and behavior problems.
Intellectual and Developmental Disabilities (IDD)

• 15% of children ages 3-17 have one or more intellectual and developmental disabilities
• Includes many severe, chronic conditions that are due to mental and/or physical impairments
• Manifest before age 22
• Usually lasts throughout life
• Problems with major life activities such as:
  • Language
  • Mobility
  • Learning
  • Self-help
  • Independent living

Types of Disability

• Genetic
  • Down syndrome, Fragile X syndrome
• Neuromotor
  • Cerebral palsy, spina bifida, brain injury
• Neurological
  • Autism, ADHD, fetal alcohol spectrum disorders
• Intellectual
• Sensory
Mental Health in Teens

- Teens can be moody due to hormonal and physical changes
- The onset of many mental illnesses occur during the teen years and early twenties:
  - Bipolar disorder
  - Depression
  - Anxiety disorders
  - Schizophrenia

Mental Health & IDD

Estimates vary greatly, but research leads us to believe:

- The rate of mental health conditions for people with IDD is **two to three times higher** than for the general population
- General population: 18.5% experience mental illness in a given year
Mental Health Conditions

- People with IDD experience the same mental illnesses as the general population

Types of mental illness:
- Anxiety Disorders
- Depression
- Substance use disorder
- Bipolar disorder
- Schizophrenia
- Personality Disorders
  - Anti-social
  - Borderline
  - Avoidant

Why?

- Higher rates of potentially traumatic events:
  - Compared to the general population, children with IDD are:
    - Twice as likely to experience emotional neglect, physical & sexual abuse
    - Twice as likely to be bullied
    - Three times more likely to be in families with domestic violence
    - Four times more likely to be victims of crime
**Why?**

Other events that can cause trauma:
- Physical restraint & seclusion
- Have higher rates of serious injury
- Medical procedures
- Out of home placement
- Big life changes

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**Why?**

- Stress is a risk factor for mental health problems.
- Someone with IDD may experience:
  - Social rejection
  - Stigmatization
  - Lack of acceptance
- Social support and coping skills can buffer the effect of stress on mental health
- Someone with IDD might have:
  - Limited coping skills
  - Language difficulty
  - Inadequate social supports
Mental Health & IDD

Myths

• Youth with IDD cannot engage in mental health treatment
• Standard mental health treatment is ineffective for children with IDD
• Youth with IDD do not experience trauma
• Working with this population requires significant specialized training
• A challenging behavior is explained by an IDD
• Youth with IDD are protected from trauma because of their mental age, they don’t remember

Challenges of Co-occurring Mental Health and IDD

• Diagnostic overshadowing
• Misdiagnosis
• Provider education
• Availability of behavioral health care
• Incorrect beliefs
• Chronological age vs. developmental age
Challenges of Co-occurring Mental Health and IDD

• Medical Issues
• Co-occurring conditions
• Traumatic experiences may be unknown
• Communication challenges
• Lack of data
• Unreliable screening tools

How can we address these challenges?
**Biopsychosocial Model**

- Considers the whole person
- Views wellbeing as products of:
  - Biological characteristics
  - Psychological factors
  - Social conditions

**Behavior Speaks**

**All behavior has meaning.**

- Give thought to the reason behind behavior (bio, psych and social reasons)
- A certain behavior can mean more than one thing
- Focus on what the person is “saying” - not only on the action
- Challenging behavior that already exists may increase with a mental health concern
- Behavior can be a learned way to stay physically and mentally safe
# Symptoms of Depression

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Possible presentation in individuals with IDD</th>
</tr>
</thead>
</table>
| General feeling of sadness and depressed mood | • Lack of emotional reactions  
  • Flat affect  
  • Decreased smiling or laughing  
  • Excessive crying  
  • Appearing tearful  
  • General irritability                                                          |
| Reduced interest in activities; fatigue      | • Unresponsiveness to preferred people  
  • Spending more time than normal in room  
  • Not wanting to do things that are usually enjoyable                                                  |
| Weight Changes                               | • Changes in eating routines  
  • Refusal to eat  
  • More eating than usual                                                                  |
| Sleep Changes                                | • Tantrum-like behavior during bed time  
  • Sleeping much less or more                                                                  |
| Feelings of worthlessness                    | • Increased need for reassurance  
  • Appearing to tire quickly  
  • Saying things such as, “I’m dumb”, “I’m stupid”                                              |
| Difficulty concentrating, restlessness       | • Increase in aggression or self-injury  
  • Increased vocalizations and movements such as pacing  
  • Decreased attention span                                                               |
| Thoughts of death                            | • Pre-occupation with and frequent discussion of the death of self, family, friends, pets or even a focus on funerals  
  • Impulsive threats to harm self  
  • Unconventional attempts at suicide may occur including running in front of traffic or jumping from windows |
# Symptoms of Mania

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Possible presentation in individuals with IDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated mood</td>
<td>Playful, Excited, More laughing and giggling, Invading personal space</td>
</tr>
<tr>
<td>Irritability/agitation</td>
<td>Increase in self-injury, Pacing, Possible aggression</td>
</tr>
<tr>
<td>Inflated self-esteem “grandiosity”</td>
<td>Making claims that are likely untrue, Exaggerating, Reporting having mastered skills which are not feasible for the person</td>
</tr>
<tr>
<td>Decreased need for sleep</td>
<td>Sleeping less than 3-4 hours per night, Not sleeping at all for days at a time, Disruption at bedtime or early in the morning</td>
</tr>
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</table>

# Symptoms of Mania

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<td>More talkative than usual</td>
<td>Increase in talking or singing, Repetitive speech or asking repeated questions, If a person is nonverbal, they may become noisier, making loud sounds/screaming</td>
</tr>
<tr>
<td>Increase in goal directed activity</td>
<td>Restlessness, Aggression, Not wanting to cooperate, Increase in rituals</td>
</tr>
<tr>
<td>Racing thoughts and distracted</td>
<td>Disorganized or disconnected thoughts and speech, Quickly moving or fleeting ideas</td>
</tr>
<tr>
<td>Hyper-sexuality</td>
<td>Increase in masturbation, Increase in touching and hugging, Pre-occupation with sexual activity</td>
</tr>
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</table>
**Symptoms of Trauma**

- Avoiding people, places or things that remind them of the trauma
- Obsessions with a thought or activity, or rituals or odd routines
  - Rocking
  - Head banging
  - Skin-picking
  - Hand biting
- Fear of things that seem enjoyable to others
- Physical complaints or seeming sick all the time even with no obvious physical problems

**Other Symptoms of Mental Illness**

- Social Withdrawal
- Drop in functioning
- Increased sensitivity to sights, sounds, smells or touch
- Apathy
- Feeling disconnected
- Illogical thinking
- Nervousness
- Unusual behavior
- Rapid mood changes
Seeking Help

• Consider the whole person
• See primary health care provider to rule out biological causes and for referrals
• See a mental health professional
• Seek immediate help for suicidal thoughts or intent
  • 9-1-1
  • Crisis Intervention services (call the 24-hour crisis line of your local mental health authority)

Recovery is Possible

• Provide hope for recovery
• Establish a sense of safety
• Listen, hear & validate feelings and experiences
• Provide or refer to trauma-informed support & services, and treatment
Keep in Mind

- Medications are only one tool
- Other important interventions:
  - Therapy
  - Health and wellness activities
  - Day to day support
  - Meaningful activities
  - Relationships

Support Parents

- Parents are the experts of their kids
- Parents desire for their children:
  - Safety & protection
  - The best care
  - Independence & development
  - A meaningful life
**Depression Support**

- When discussing
  - Focus on one topic at a time and be patient
  - Give the person time to process and respond
- Plan positive and pleasant activities
- Encourage movement and exercise
- Use positive thinking and self-affirmation
- Encourage social interaction when appropriate

**Mania Support**

- Reduce environmental stimulation
- Have brief conversations with the person
- Encourage sleep and monitor this closely
- Don’t get caught up in unrealistic expectations
- Engage the person about real-life things such as meals or activities or the weather
- Recognize the emotion, not the fantasy or grandiosity
- Don’t argue or try to convince someone with mania that their thinking is unrealistic
Anxiety Support

• Reduce environmental stimulation
• Create a peaceful, calm environment
• Minimize unneeded change and plan for unavoidable change
• Create a sense of control over their own life
• Schedule activities they enjoy
• Make activities not contingent on behavior

Trauma Support

• Restraint does the opposite of making someone feel safe
• Keep environment calm and support person who may be reliving trauma or experiencing stress:
  • Listen
  • Be present and unafraid of them
  • Be patient and undemanding
  • Don’t engage in power struggles
  • Offer an alternative situation that is calming
Positive Behavior Support

- Addresses challenging behavior or mental health symptoms
- Teaches new skills
- Makes changes to the environment
- Predictable, comfortable, and safe
- It is not managing or controlling how someone behaves
- Instead of:
  - Telling someone what not to do
  - Punishing them for behavior we find challenging

Relationships Matter

- Helps differentiate between typical behavior and new behavior
- It is important to know:
  - What someone enjoys
  - Triggers
  - Biopsychosocial factors
  - Situational context
- Strengthens trust and feelings of safety
Case Study

- Sarah is a 16 year old girl diagnosed with autism and moderate intellectual disability.
- She is shy but has several close friends at school who bring out her social side.
- She loves animals and volunteers regularly at the animal shelter.
- Sarah dreams of becoming a dog trainer some day.

Case Study

- Lately, one of Sarah’s favorite teachers has noticed she hasn’t been hanging out with her group of best friends.
- She has been spending most of her breaks alone and doesn’t seem to smile as much.
- She has also seemed unusually tired and irritable.
Case Study

What could this teacher do to support Sarah?

Continued Learning

Mental Health First Aids

- [https://www.mentalhealthfirstaid.org/](https://www.mentalhealthfirstaid.org/)
- Teaches how to help someone in crisis
- Many local mental health authorizes offer this for free or for a minimal fee
- HHS offers it to employees
Continued Learning

Mental Health Wellness for Individuals with Intellectual and Developmental Disabilities

- mhwidd.com
- Developed by Health and Human Services Commission
- Six modules
- Free online course

Continued Learning

The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma

- www.nctsn.org
- Developed by the National Child Traumatic Stress Network
- Train the trainer
- Digital materials are free
Continued Learning

Positive Behavior Management and Support Workshop
• Provided by HHSC for free
• Next session in 2019

HHS Person-Centered Training
• https://learningportal.dfps.state.tx.us/course/index.php?categoryid=7

Institute for Person-Centered Practices Trainings
• http://www.person-centered-practices.org/home.html
HHS Behavioral Health Resources

Local Mental Health Authorities

- To find your LMHA, use 2-1-1 or visit https://hhs.texas.gov/services/mental-health-substance-use
- Each LMHA also has a 24/7 crisis line.

Outreach, Screening, Assessment and Referral Centers (OSARs)

- First point of contact for substance use disorder treatment services
- Locate your local OSAR at hhs.texas.gov/osar or call 2-1-1

Mental Health Texas - https://mentalhealthtx.org/

- Information on how to find mental health and substance use services in Texas

References

Thank you

odpc@hhsc.state.tx.us
512-462-6392
hhs.texas.gov/disability-prevention