



Supporting People Experiencing Symptoms of Mental Illness

In a Culture of Gentleness

August 11, 2017



In 2020 mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide



Incidence of Mental Illness

10-25% of general population

6% experience serious mental illness – Schizophrenia, Major Depression or Bi-Polar Disorder

Major Depressive Disorder is the leading cause of disability in the world for those between 15 and 44 years of age 25% of adults experience MI in a given year

10% of kids

Fewer than 1/3 of adults and 1/2 of children receive any mental health services in a given year

Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present. In addition, people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness.



Incidence of Mental Illness with Developmental Disabilities

Some estimate up to 50%

Colorado study – PTSD 22%,

Higher than in non-DD population

30-35% have psychiatric impairment

Ranks 2nd after mobility impairments

Depression, anxiety and PTSD most common



Biochemical

Social

Abuses or other trauma

Limited supports

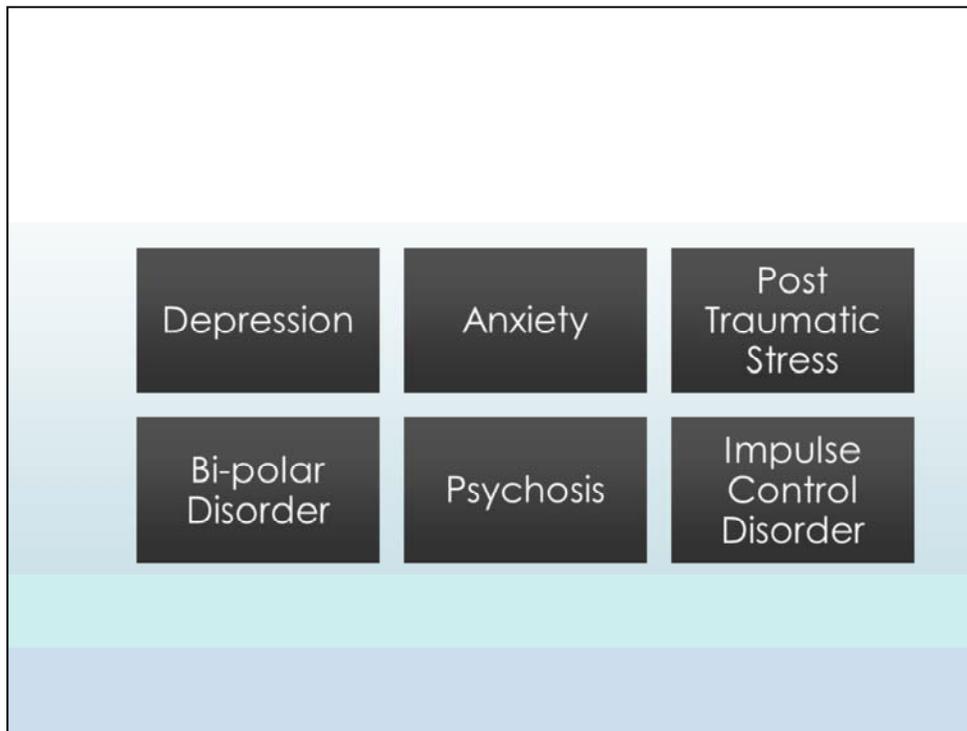
People have biological and psychological characteristics that can make them vulnerable or resilient to potential behavioral health problems. Individual-level protective factors might include a positive self-image, self-control, or social competence.

Targeting only one context when addressing a person's risk or protective factors is unlikely to be successful, because people don't exist in isolation. For example:

In relationships, risk factors include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In this context, parental involvement is an example of a protective factor.

In communities, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.

In society, risk factors can include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.



Common Symptoms

Depression –

Obsesses about food, stealing food, refusing meals, weight loss or gain, agitated during meals

Appears tired

If not severe, may not need medication

Post Traumatic Stress -

May appear disassociative/like psychosis

Bi-polar disorder –

Non-stop or very rapid vocalizing, asks repeated questions, noise making, doesn't wait for answers, decreased ability to listen, interrupts – departure from baseline

Rarely sits down, is up and down, paces, walks rapidly, seems “driven”, races

Psychosis –

Verbal skills are helpful for the diagnosis, can be confused with symptoms of autism and PDD, look at genetics

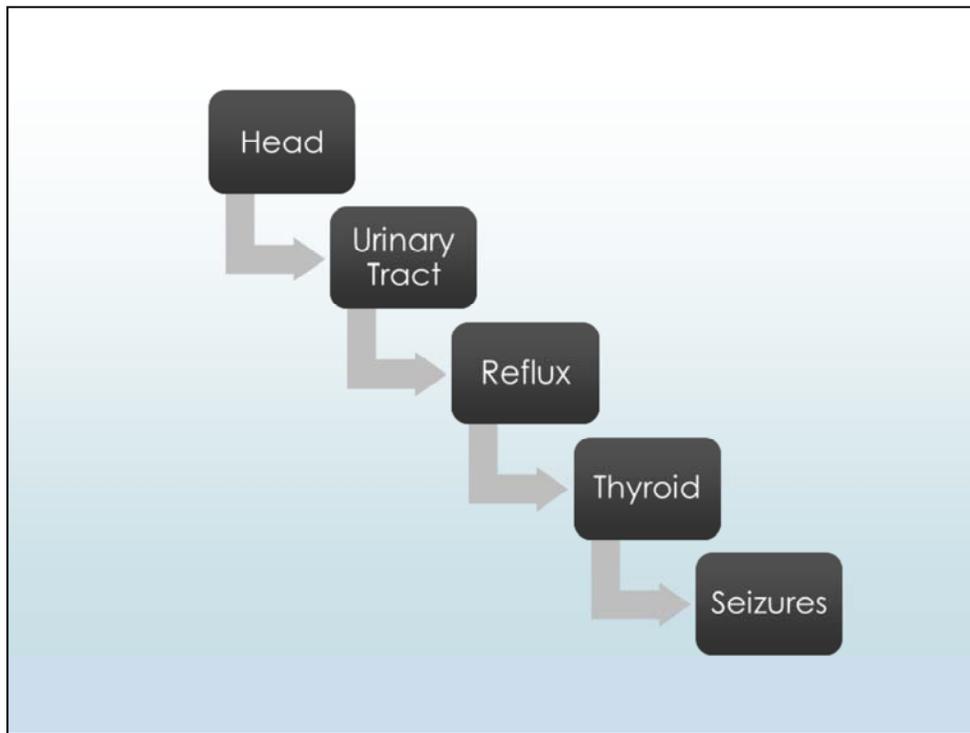
Impulse Control Disorder –

Serious, out of proportion to stressors, not accounted for by another disorder (personality disorders, mania, ADHD)



Rule out

Up to 85% of individuals with DD have a medical condition that causes or contributes to psychiatric symptoms



Diagnosis

Colorado Study – 85% of individuals referred had 1 or more medical conditions contributing to their mental health needs

Est. that 20-40% of all individuals referred with serious and persistent MI have 1 or more medical illness that causes or exacerbates MI symptoms

Rule out physical causes

HURT

- Head
- Urinary Tract
- Reflux
- Thyroid
- Seizures

Many medical conditions can appear as psychiatric symptoms

Up to 85% of individuals with DD have a medical condition that causes or contributes to psychiatric symptoms



Misdiagnosis –

Non-specific Diagnoses -Behavior Disorder NOS, Intermittent Explosive Disorder, Atypical Psychosis – should not be final Dx – not useful in directing treatment

If DD, schizophrenia should be reserved for those with family history

Symptoms resulting from sensory deficits can mirror symptoms of schizophrenia

Adjustment disorders rarely used and yet there are many changes in the lives of people

Hallucinations may be mistaken for individuals who talk out loud, act out fantasies or hold beliefs normal with young children

Masking – depression

Aggression can be caused by dissatisfaction, environmental stressors or medical issues – most common cause of psychiatric intervention with DD

With DD, hallucinations are more likely due to a mood disorder or PTSD

Under diagnosed –

If DD, schizophrenia should be reserved for those with family history

Adjustment disorders rarely used and yet there are many changes in the lives of people

Depression

Anxiety

PTSD

Adjustment disorders

Attachment disorder

Individuals who are not disruptive



Difference between “behavioral” and actual mental illness - Symptoms of a mental illness will typically be observed throughout the day and in all environments.

Treatment of Symptoms



Treatment of Symptoms

Symptom suppression of “challenging behaviors” is effective about 25-30% of the time – page 134 – R. Ryan

Autism

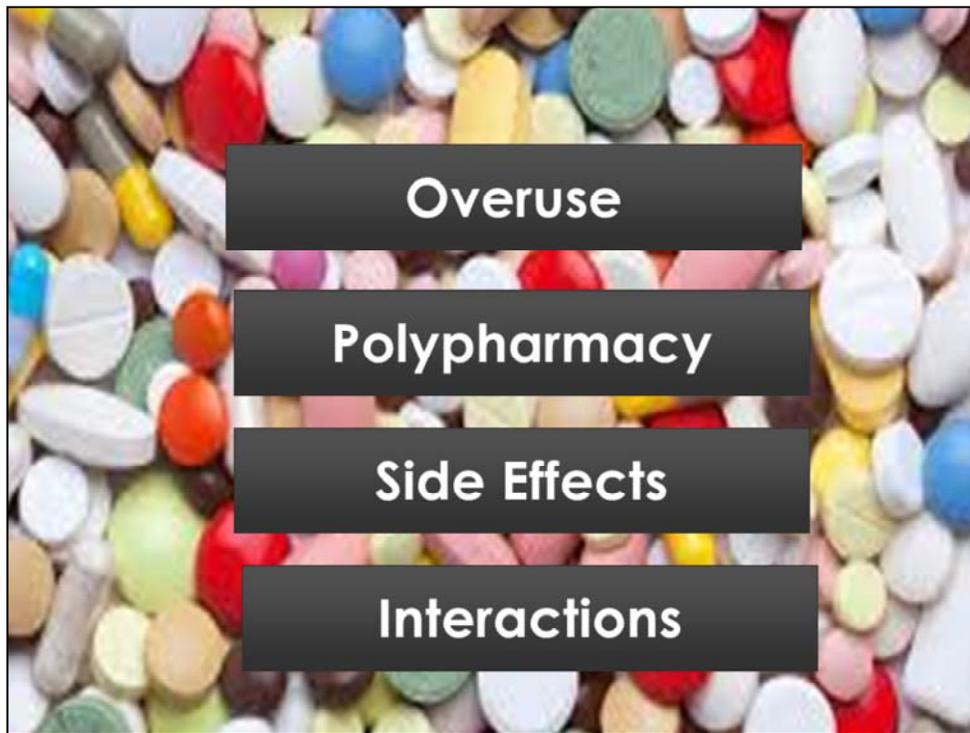
- ADHD
- Depression
- OCD

Fetal Alcohol Syndrome

- ADHD
- Depression

Personality Disorders

- ADHD
- Depression
- Anxiety



Issues –

Overuse - Anti-psychotics overprescribed for DD; Not all depression or anxiety disorders require the use of medication

Polypharmacy – the use of four or more medications by a patient, generally adults aged over 65 years. Polypharmacy is most common in the elderly, affecting about 40% of older adults living in their own homes. About 21% of adults with intellectual disability are also exposed to polypharmacy.

More than one medication from the same classes; Only acceptable in certain circumstances

More than 6 psychotropic medications

Drug side effects –

Anti-psychotics

Impaired cognition/in a “fog”

- Tardive Dyskinesia
- Extra Pyramidal Symptoms (akathisia, Parkinson's dystonia)
- Liver abnormalities
- Weight gain
- Diabetes
- Cardiac Issues
- Anti-Parkinsonian medications
 - Constipation
 - Dry mouth
 - Drowsiness
 - Low energy/drowsiness
- Beta Blockers
 - Sleep disturbance
 - Depression
 - Confusion
 - Decreased blood pressure
- Propranolol
 - Depression
 - Sleep Disturbance
 - Hallucinations
- H2 Blockers (e.g., Tagamet, Zantac, Pepcid)
 - Depression
 - Irritability
 - Halluncinations
- Depo-Provera (injected)
 - Depression
 - Irritability
 - Weight Problems
 - Blood Pressure Problems
 - Loss of energy
- Dilantin – Depression
- Phenobarbital – Depression, agitation, hyperactivity and rage

Drug interactions -

Potentiation - makes some medication more potent – potentially toxic

Alcohol

Anti-psychotics and seizure medications

Alcohol and anti-depressants or anti-anxiety meds

Actions to Avoid



Token economies – does not contribute to long term growth to ask people to work for items that have little meaning; distracts from the process of finding meaningful environments and activities that are intrinsically rewarding

“Natural Consequences” – turns out to be punishment for involuntary behaviors or inadequate support



When One Feels
Safe, There Is A
Natural Tendency To
Heal



Six Elements





So – What can we do?