

Psychiatric Conditions

Psychiatric conditions in the IDD population

Individuals with intellectual and developmental disabilities are at an increased risk of psychiatric disorders compared to those in the general population. Communication deficits can make diagnoses difficult, so it is important that direct care and support staff know what to watch for. Five of the common psychiatric conditions for individuals with IDD include depression, anxiety (generalized, obsessive-compulsive disorder, and post-traumatic stress disorder), bipolar disorder, psychotic disorder (including schizoaffective disorder), and autism spectrum disorder. Helping to identify psychiatric disorders in consumers is key to obtaining appropriate help and increasing quality of life. Support Professionals should be aware of these medical conditions, so they can assess our IDD residents and follow up with medical doctors any time the following signs and symptoms are present.

Definitions, Signs and Symptoms:

- **Depression:** An illness that involves the body, mood, and thoughts and that affects the way a person eats, sleeps, feels about himself or herself, and thinks about things. Signs and symptoms include: social withdrawal, anxiety, self-harm, suicidal thoughts/ideation/actions, trouble falling asleep or sleeping too much, losing or gaining weight, loss of appetite, low mood, loss of confidence, loss of interest in activities, aggression, and irritability.
- **Anxiety:** A feeling of apprehension and fear, characterized by physical symptoms such as rapid heart rate, sweating, and feelings of stress. Signs and symptoms include: irritability, restlessness, excessive worry, aggression, refusal to engage in certain activities, and insomnia.
- **Bipolar disorder:** Mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks. A person will experience episodes of both depression and mania. Manic symptoms include: irritability, rapid shifts in mood, hyperactivity, decreased sleep, increased self-esteem, increased speed or volume of voice, or increased gesturing in individuals with limited expressive language.
- **Schizophrenia:** During episodes, a person is unable to distinguish between real and unreal experiences. This condition can present with positive and negative symptoms. Positive symptoms include: hallucinations (frequently auditory), delusions, and abnormal thoughts reflected in the individual's speech. Negative symptoms include: lack of interest and enthusiasm, apathy, and withdrawal.
- **Autism:** A spectrum of neuropsychiatric disorders characterized by deficits in social interaction and communication, and unusual and repetitive behavior. Signs and symptoms include: loss of previously acquired speech, babbling, or social skills, avoidance of eye contact, consistent preference for solitude, difficulty understanding other people's feelings, persistent repetition of words/phrases, resistance to change in routine, repetitive behaviors, and intense reactions to stimuli.

Psychiatric Conditions

Triggering Factors:

It is important to manage triggering factors whenever possible. Abrupt changes in social or residential environments can be a set off for psychiatric symptoms among individuals with IDD. These changes can lead to a disruption in routine or produce a feeling a loss when a caregiver or beloved staff member leaves. Restoring the support previously derived from the environment is necessary in the care of IDD consumers who display new psychiatric symptoms. It can be difficult to restore the previous levels of support in instances of staff change or relocation. In these cases, a new baseline for the individual's behavior should be established along with time to adjust to a new routine and environment.

Treatment:

- **Depression:** Treatment should be tailored to the specific person. Counseling and psychotherapy should always be considered and offered. Antidepressant medications may be used as well.
- **Anxiety:** For maximum benefit, medication should be combined with cognitive behavior therapy or counseling. Cognitive behavior therapy (CBT) helps people recognize negative thought patterns and how they impact behavior. Counseling can be individualized to each person and their needs. Counselors can also help to educate care givers.
- **Bipolar disorder:** Primary treatments include medications and psychological counseling. Please note that hospitalization is needed if the individual is suicidal or detached from reality (psychotic).
- **Schizophrenia:** Medications along with nonpharmacological interventions such as psychotherapy (may be individual, group, or cognitive behavioral). Consumers with schizophrenia who stop taking their medication are at an increased risk of relapse which can lead to hospitalization. Medications should be taken on schedule and avoid missed doses.
- **Autism:** Treatment plan should be tailored to the individual's specific needs. Treatment may include behavioral interventions, occupational therapy, speech or verbal therapy, medication, or a combination of these.

Sources

- <https://www.psychiatrytimes.com/view/intellectual-disability-and-psychiatric-comorbidity-challenges-and-clinical-issues>
- <https://mentalhealthtx.org/common-conditions/idd/>
- <http://www.intellectualdisability.info/mental-health/articles/depression-in-people-with-intellectual-disabilities>
- <https://www.mayinstitute.org/news/acl/asd-and-dd-adult-focused/identifying-and-treating-anxiety-disorders-in-people-with-intellectual-disabilities/>
- <https://www.aucd.org/docs/webinars/Mental%20Health%20Diagnosis%20in%20IDD%20-%20AUCD.pdf>
- <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/diagnosis-treatment/drc-20355961>
- <https://link.springer.com/article/10.1007/s11920-020-1127-8>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159061/>