

Physical disability, complex communication needs and mental health

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The Bridging Project

- A project being undertaken by Scope Specialist Services in collaboration with the Centre for Developmental Disability Health Victoria, Monash University.
- The Bridging Project has as its mission to progress the knowledge and resource base to ensure that individuals with complex communication and mental health needs have access to quality services.



Clinical audit

- Aims:
 - To examine the prevalence and nature of mental health problems for people with physical disabilities and complex communication needs.
 - To examine the kinds of specialist and generic mental health services being accessed by people with complex communication and mental health needs.

Background – Mental Health in Australia

- Mental health is one of the leading causes of burden of disease and injury in Australia, and is associated with higher rates of health risk factors, poorer physical health, and higher rates of deaths from many causes including suicide (AIHW, 2004).
- The 1997 National Survey of Mental Health and Wellbeing reported that 18% of adults had a mental disorder in the 12 months preceding the survey (ABS, 1997).

Background – Intellectual Disability and Mental Health



- Growing interest in the mental health needs of people with intellectual disabilities (ID).
- Reported prevalence of mental health problems among adults with ID varies widely between 10 and 39% (Deb et al., 2001).
- Prevailing view is that people with ID experience a higher rate of mental health problems than people without ID.
- Possible contributing factors:
 - The extent and nature of psychosocial stressors experienced
 - Heightened 'vulnerability' to psychosocial stress (Deb et al., 2001).

Background – Physical Disability and Mental Health



- Research is “all but silent” (DiMarco, 2001).
- Reason to suspect a higher rate of mental health problems among people with physical disabilities and complex communication needs.

Biological

- genetic factors
- neurological factors
- sensory impairments
- physical impairments
- complex epilepsy

Psychological

- cognitive difficulties
- complex communication needs
- adverse life events
- emotional support factors
- low self-esteem
- social connectedness

Social

- negative life experiences
- lack of meaningful opportunities
- carer stress
- individual needs not recognised
- discrimination

**Mental Health
Outcomes**

Adapted from Holland &
Jacobson, 2001

Background – Physical Disability and Mental Health

- Few research studies
 - Child population; generalisability of these data to adult populations unclear.
 - Findings inconsistent.
 - Jenkins & Gulbenkoglu (1998).
 - 11% of people with physical and multiple disabilities identified as experiencing a mental health condition, with depression (38%) and anxiety (17%) occurring most common.

Why should we be interested in Physical Disability and Mental Health?

- People with physical disabilities may experience a quantitatively and qualitatively distinct cohort of psychosocial stressors.
- Complex communication needs associated with physical disability can be a substantial hurdle to the accurate identification and treatment of mental health issues.
- The range of assessment approaches and tools, that are used as a standard part of a psychiatric evaluation are not easily accessed by people with complex communication needs.

How were data collected?

- 390 client 'central files' audited to determine:
 - whether the person had a psychiatric diagnosis in the last 12 months and the type of psychiatric diagnosis,
 - the kinds of services that were being accessed in support of any identified psychiatric condition.
- Of the 390 files, 55 files were audited to determine the extent and nature of prescription of psychotropic medications.
- Audit information augmented by information provided by Specialist Services Psychologists.
- Ethics approval obtained from the Scope Ethics Advisory Committee; all data collected in a de-identified way.

Current study: What were the general findings?

Total number of people included in sample	390
Number of people with diagnosed mental health condition	42
Percentage of people with disabilities with diagnosed mental health condition	11%
Percentage of people from general community with diagnosed mental health condition (Source: ABS, 1998)	18%

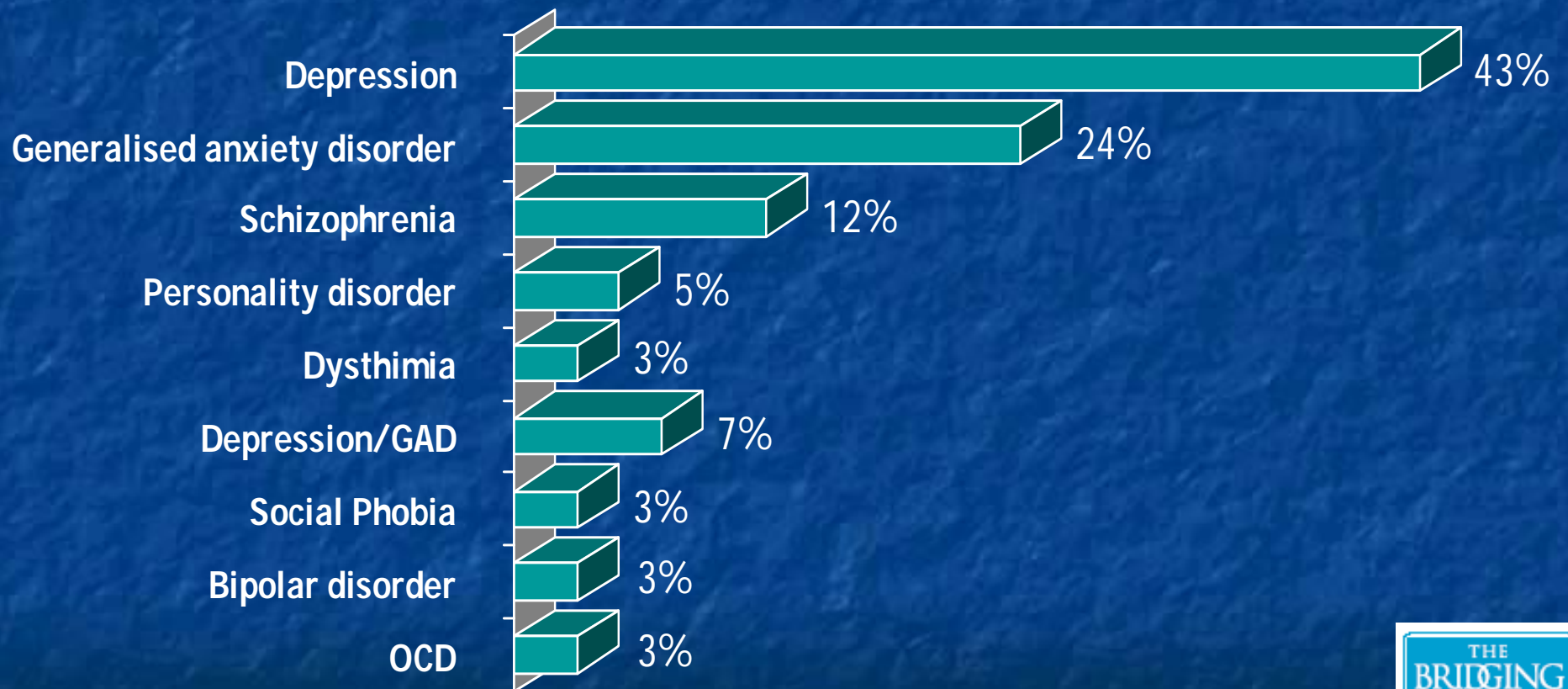
How does this compare with the general population?

Diagnosis	Percentage of people from current study	Percentage of people from general population studies*
Depression	5.0%	7.1-12% ¹
Dysthymia	0.3%	1.6% ²
Bipolar disorder	0.3%	1.2% ²
Generalised anxiety disorder	2.6%	4.2-7.4% ¹
Obsessive compulsive disorder	0.3%	2.3% ²
Social phobia	0.3%	3.7% ²
Schizophrenia	1.3%	1% ³
Personality disorder	0.5%	10-13% ⁴

1- Australian Bureau of Statistics 2- National Institute of Mental Health
 3- American Psychiatric Association 4 - de Girolamo & Dotto (2000)



Current Study: What kinds of problems are experienced ?



Current Study: What kinds of services are being accessed?

Service	People from current study	General population ¹
No service	12%	
Scope Specialist Services	86%	
Disability Services	3%	
General Practitioner	22%	38%
Area Mental Health Service		
Community Health Centre		
Private Service Provider e.g., Psychiatrist		



¹ Australian Bureau of Statistics

Current Study:
 What is the extent of psychotropic medication use?

Of 55 people ...		
Number of people with formal diagnosis		1
Number of people without formal diagnosis		54
Number of people on psychotropic medication		17 (31%)
Medications for depression (Alopam, Dothep, Effexor, Prozac, Zoloft)	Medications for psychosis (Depo, Risperdol, Serenace)	Medications for anxiety/muscle relaxants/seizure medications (Antenex, Diazepam, Valium)
6 (11%)	4 (7%)	13 (24%)

What do these findings suggest?

- Present study suggests the overall prevalence of mental health conditions for people with physical disabilities is 11%, in contrast to the rate of mental health conditions for the general community of 18%, as reported by the 1997 National Survey of Mental Health and Wellbeing
- Lower rate of mental health issues for people with physical disabilities and complex communication needs:
 - Methodological limitations of the present study.
 - Consistent with traditional belief that that people with disabilities may be 'sheltered' from everyday psychosocial stressors.
 - More likely that actual rate is closer to, or higher than, general population, but there is an 'under-identification' phenomenon.
 - Review of medications also suggests under-identification of mental health issues: of 55 people, 1 person with formal diagnosis, but 10 people on antidepressant or antipsychotic medications.



What do these findings suggest?

- Possible reasons for under-identification phenomenon:
 - Misperception that people with disabilities somehow do not possess the intellectual or personal capacity to be affected by everyday psychosocial stressors and, therefore, are not vulnerable to psychiatric illness.
 - Diagnosis of psychiatric illness in people with disabilities is fraught with difficulties, compounded by complex communication needs.
 - Phenomenon of symptom masking, that is, when a symptom that is normally ascribed to a psychiatric illness is attributed as a behavioural manifestation of intellectual disability.
 - Poor early detection of psychiatric illness, with mild to moderate cases missed entirely.

What do these findings suggest?

- Service access:
 - People with disabilities less likely to be seen by generic mental health services (22%) as compared with the general population (38%; ABS, 1997).
 - People with disabilities likely to use specialist services for a mental health problem (86%).
 - Likelihood of using generic or specialist health services for a mental health problem may be related to type and nature of mental health disorder, client characteristics, perceived service role and capacity, service accessibility, client preferences.

Future directions

- Addressing the under-identification phenomenon through attitudinal change, education and training, improved screening and identification processes, early detection and intervention, and greater focus on identification of mild-to-moderate cases.
- Further research into the types of psychosocial stressors experienced by people with physical disabilities and complex communication needs, and the impact of these stressors on mental health outcomes.
- Development of assessment tools that are accessible to people with complex communication needs and that reflect the range of needs of people with disabilities.
- Bridging the divide between generic and specialist health services, while acknowledging value and contribution from each.

