

CRGI SNAPSHOT

Supporting Individuals with Developmental Disabilities and Mental Illness

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Background

Problem Description: Melrose's (2013a) literature review revealed that persons with developmental disabilities (PDD) experience mental illness at a prevalence rate of 40.9%. When admitted to psychiatric units, their problems can be more severe and they can receive more interventions than individuals without developmental disabilities. The majority are likely to be subjected to chemical restraint.

The review also indicated that between 6,000 and 13,000 PDD Albertans live with a co-occurring mental illness. About 42% of all hospitalizations among PDD Canadians occurred for psychiatric conditions. Canadians with PDD are at 15 times higher risk of receiving a psychiatric admission of schizophrenia, 4 to 5 times higher risk of experiencing dementia and at nearly 3 times higher risk of being depressed than non PDD individuals. As many as 14% of these individuals may have an incapacitating anxiety disorder. Clearly, high rates of psychiatric unit admissions are occurring among this population. Responding to PDD clients' psychiatric conditions solely with hospitalization and psychotropic medication is short sighted.

Importance of Addressing the Problem: The review emphasized that despite the high prevalence of mental illness in the PDD population, limited support and services are available to these individuals, their families and their paid caregivers. Alternative approaches focused on promoting wellness and addressing escalating symptoms of mental illness are urgently needed.

This project (Melrose, 2013 b) illustrated an alternative approach, a 'WrapAround,' intervention. A 'WrapAround' intervention approach promotes health through regular meetings that strengthen clients' links to support networks and resources.

Objectives

1. Implement and evaluate a 'WrapAround' health promotion approach with individuals diagnosed with both a developmental disability and a mental illness.
2. Identify barriers to supporting PDD individuals with co-occurring mental illness.

Method

This project was framed from a strengths based conceptual perspective, a naturalistic action research design and evaluated a 'WrapAround' intervention. Action research implements and then evaluates new ideas in practice and asks the question 'what can we do better?' This research posed the question: What can we do better to prepare PDD clients to anticipate and prevent a psychiatric mental health crisis before hospitalization occurs? Participants were recruited from two Calgary agencies serving PDD clients. Ethical approval was obtained from Athabasca University.

The Action Research Intervention: Facilitators provided monthly health promotion meetings to six PDD clients at risk of experiencing a psychiatric crisis. Each client was helped to create a team of family members and paid caregivers to 'wrap around' them. The teams met regularly and facilitators guided discussions to focus on clients' strengths, their goals and strategies for success.

Facilitators closed the project by reviewing the efficacy of the intervention (the 'WrapAround' approach) and exploring barriers that participants experienced. Each client and at least one member of their teams

were interviewed by a researcher not involved with their teams or with the agency providing their care. Transcripts of the interviews were used as data sources. The interview transcripts were analyzed qualitatively by using line by line coding to create categorizations that led to themes. QRS International's NVivo 10 was used to organize the data collection and analysis. Trustworthiness was established by member checking with the participants to ensure authenticity.

Results

1. Regular meetings where clients seek and receive support from individuals they value can help address escalating symptoms of mental illness.
2. Constant caregiver turnover heightens client anxiety, which in turn exacerbates illness.
3. Limited paid in-service and networking opportunities are available to caregivers.

Conclusions

1. Clients benefit from long term, scheduled health promotion meetings.
2. Caregivers need:
 - retention incentives
 - paid opportunities to network and grow professionally
 - resources to understand how to best support individuals dually diagnosed with developmental disability and mental illness.

Directions for further research include exploring ways to support clients through long term health promotion activities and ways to retain and educate their staff.

Lessons Learned

Ensuring that each regular WrapAround team meeting fostered and modeled discussions about clients' strengths and what they were doing well encouraged participation in the project.

The full report can be found at www.mentalhealthresearch.ca

References

- Melrose, S. (2013a). Developmental disabilities co-occurring with Mental illness. *Knowledge Notes, KN-11, January*. Alberta Addiction and Mental Health Research Partnership Program Publication. Available at http://www.mentalhealthresearch.ca/Publications/Documents/KN-11_Developmental_Disabilities_Co-occurring_with_Mental_Illness_Jan2013.pdf
- Melrose, S. (2013b). *Supporting Individuals with Developmental Disabilities and Mental Illness*. Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities Seed/Bridge Final Report. Alberta Addiction and Mental Health Research Partnership Program Publication. Available at [http://www.mentalhealthresearch.ca/KeyInitiatives/ResearchGrants/Seniors_PwD/Grants/Documents/Melrose_2013_CRGI_Seed_Bridge_FINAL_Report_\(W\).pdf](http://www.mentalhealthresearch.ca/KeyInitiatives/ResearchGrants/Seniors_PwD/Grants/Documents/Melrose_2013_CRGI_Seed_Bridge_FINAL_Report_(W).pdf)

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