

COMMON APPROACHES FOR SEVERE MENTAL ILLNESS AND MILD INTELLECTUAL DISABILITY

Hemant Singh Keshwal, Ph. D.

Ph.D, M.Ed (Spl. Ed.), M.Sc Psychology, BMR, Assistant Professor in Special Education, National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID) Regional Centre Noida

Paper Received On: 21 FEB 2022

Peer Reviewed On: 28 FEB 2022

Published On: 1 MAR 2022

Abstract

Intellectual disabilities affect approximately 1% of the population and are characterized by significantly impaired intellectual and adaptive skills. It can be said that individuals with intellectual disabilities are more vulnerable to mental illness than the general population. Whereas severe mental illness produces distortions of perception, delusions, hallucinations, and unusual behaviours are sometimes called thought disorders. The common factors that are found in both IDs and SMIs including reduced capacity to manage social and cognitive demands, problem-solving difficulties, poor social judgment and communication limitations. It has been observed that psychiatric assessment of a person with intellectual disabilities has much in common with assessments undertaken with people of mental illness, but there are a number of additional special considerations.

It has been observed that an interdisciplinary evaluation of the individual in both the condition is necessary to obtain an accurate diagnosis and to establish habilitation and treatment needs. A thorough medical and neurological evaluation should be included to identify acute or chronic conditions that may need attention. A psychiatric evaluation can determine if medication is appropriate. Follow-up interviews are required to monitor the individual's response to the various treatments for both. A thorough medical and neurological evaluation should be included to identify acute or chronic conditions in case of epilepsy. On the other hand, psychiatric evaluation can determine if medication is appropriate. Follow-up interviews are required to monitor the individual's response to the various treatments for both.

Common intervention or treatment plans are at times shared by both mild intellectual disability and severe mental illness. The intervention plan includes: psychopharmacology for treating mood disorders and other psychotic disorders. The psychotherapy part which will include the behavioural, cognitive, gestalt and psychodynamic aspects. Group therapies include the skill training programs, assertiveness and anger management training. The behaviour management plans are developed to deal with maladaptive behaviours. Day treatment programs for rehabilitation and education purpose focuses on living skills, interpersonal skills, vocational preparation and enrichment. Social skill training program for the improvement of quality of life. Residential services will include inpatient units with intensive care for those with severe problems. Other crises

intervention services are called upon at the time of emergencies to combat with the situation in demand

Other services provided to individuals with intellectual and mental health problems may include physical therapy, speech therapy, art therapy and occupational therapy, among others, depending on individual needs.

Therefore, it can be said that IDs and SMIs share common problems for which the therapies discussed above will help to develop a common approach in the process of making a common intervention plan for both and make successful outcome.

Keywords: *Mental Illness, Intellectual disability, therapies, intervention.*



Scholarly Research Journal's is licensed Based on a work at www.srjis.com

Introduction

Intellectual disability (ID) is the impairment of general mental abilities which affects an individual's functioning in everyday life. According to DSM-5, ID has an impact on 3 broad domains in a person's life: conceptual, social and practical. The most widely accepted definition of intellectual disability is that of the AAIDD: "Intellectual disability (is) characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills". (AAIDD [AAMR], 2002, p.1) Individuals with ID have a higher risk of psychiatric disorders than individuals with intelligence in the normal range: prevalence is as high as 40.9% based on clinical diagnosis and 15.7% based on DSM-IV-TR.

When we refer to severe mental illness we are referring to a series of clinical diagnosis that fall within the group of psychoses. For the people with these diagnoses to be considered as pertaining to the group of SMIs, they must satisfy two requirements: persistence in time and present serious difficulties in personal and social functioning due to this illness.

The cause of mental illness is not reducible to any lone factor, but rather is influenced by a constellation of biological & social factors, including genetic predisposition, intellectual or developmental abilities, physical health, environmental factors, traumatic events, social connections, family history, economic situation & individual personality characteristics.

SMI is characterized by patients' difficulty managing daily responsibilities, such as strained relationships, job loss & reduced ability to perform self care. Though SMI can be successfully combated via a three prolonged approach (medical, psychological & social), SMI often involves episodes of illness & relapse, which requires patience & persistence from all parties involved in a treatment plan.

Copyright © 2022, Scholarly Research Journal for Interdisciplinary Studies

Person with Intellectual Disability have characteristic features like severe limitations on daily functioning skills, which includes Conceptual skills, such as language and literacy; Social skills, such as social responsibility and problem solving; and Practical skills, such as personal care, use of money, and occupational skills.

The literature reflects that individuals with severe mental illness and those with mild intellectual disability share few common characteristics which have a serious impact on the individuals' daily functioning by interfering with health, educational and vocational activities, by jeopardizing residential placements and by disrupting family and peer relationships. The presence of behavioural and emotional problems can greatly reduce the quality of life of persons with intellectual disabilities. It is thus imperative that an accurate diagnosis and appropriate treatment be obtained in a timely manner which will help in the development of a common approach or model for the betterment of their living in today's world.

In the past few decades there has been a paradigm shift in the area of mental health. Research shows that care has shifted from hospitals to community setting, thus increasing the need for medical and psychiatric care in the community. However, adequate services are typically lacking and the specific training of medical and psychiatric professionals is often insufficient. This has created additional barriers to proper intervention and treatment. Taking the above literature into consideration a common model or approach will be helpful to develop to cater the needs of SMIs and IDs.

A country like India having socio cultural diversity with increasing population rise reflects in shortage of resources both infrastructural and human resources. To meet the challenges of the day there is an urgent need to have a common approach model with an objective to address those issues which are similar in nature in both the disability.

Aim & objectives

The aim of the present study is to bring light the common factors that will benefit the person with severe mental illness and mild intellectual disability.

The objective of the study is to identify the common factors that individuals with SMIs and Mild IDs share and develop a support system from which both of them will be benefited.

Methodology

The present study is an effort given for the development of a common approach between SMIs and Mild IDs. The resources available from the various archives which will be

helpful to identify and built a new approach or model for the betterment of SMIs and mild IDs, in case of treatment and intervention provided.

Interpretation

Society has a wide range of interventions for preventing mental health problems and helping people with mental illnesses. Mental health first aid is just one part of the spectrum of intervention. Prevention programs are available to help everyone in the community, as well as targeted programs for people who are particularly at risk.

Patients with SMI often need specialized treatment plans & additional support to regain their mental health. SMI is characterized by patients' difficulty managing daily responsibilities, such as strained relationships, job loss, & reduced ability to perform self care. Though SMI can be successfully combated via a three pronged approach (medical, psychological, social), SMI often involves episodes of illness & relapse, which requires patience & persistence from all parties involved in a treatment plan. Whereas in case of intellectual disability correctly identifying the cause of behavioural problems and addressing medical problems is the first step in the management of patients with mild IDs. Once an accurate diagnosis of problems has been made, a multimodal approach to treatment is used. Initially, a behavioural analysis is done and behaviour modification techniques suitable to each patient are implemented alone or in combination with pharmacotherapy.

Therefore, it can be said that both SMIs and IDs at times share a common line of treatment. Most experts agree that treatment should be comprehensive enough to serve the purpose. An interdisciplinary evaluation of the individual is necessary to obtain an accurate diagnosis and to establish habilitation and treatment needs. A thorough medical and neurological evaluation should be included to identify acute and chronic conditions that may need attention. A psychiatric evaluation can determine if medication is appropriate. Follow up interviews are required to monitor the individuals response to the treatment. With the help of this support system the common factors can be taken into the lime light and therefore it will benefit the patients and there will be proper utilization of the available resources for therapeutic intervention.

The type of support system that can be developed for both SMIs and mild Ids may include the following components.

Assessment

This part include the identification and screening of clients with SMIs and those with mild IDs. The methods of assessment include spending time with the person to hear their

concerns and experiences and to conduct an examination. The information gathered should cover the usual psychiatric headings of full history, mental state examination, physical examination and special investigations. A multi disciplinary team should work together comprising of psychiatrists, psychologist, social worker, special educator and vocational instructor. With this team the treatment/intervention/support plan can be devised in such a way as to optimize the chance of best possible outcome for each individual in his or her particular set of circumstances.

Early intervention

Early intervention programs target people with mental health problems and mild intellectual disability. They aim to prevent problems from becoming more serious and reduce the likelihood of secondary effects. It is important that people are supported by their family friends and work colleagues during this time. People are more likely to seek help if someone close to them suggests it. It is during this early intervention phase that giving mental health first aid can play an important role.

Medical treatment

Medical treatments include various types of prescribed medications and other treatment given by a doctor. Medication has a role to play in intervention for people with intellectual disabilities; however it should be used in conjunction with other interventions that provide the person with skills or life opportunities to manage their mental health problem. A GP should be consulted before taking any new medications or supplements. Medications should always be regularly reviewed by a doctor or psychiatrist.

Psychotherapy

Individual, group and or family psychotherapy may be included in the treatment plan. Psychotherapists may draw techniques from many theoretical orientations, including; behavioral, cognitive, cognitive- behavioral, gestalt, psychodynamic, etc.

Group therapies

It may include skills training group such as dating skills, assertiveness and anger management training. Other therapy groups may focus on specific developmental tasks such as independence and bereavement.

Behaviour management

These plans are developed to deal with inappropriate behaviors and to teach adaptive skills. A functional analysis of behavior is conducted to determine the best approaches to use

in the behavior plan. Systematic behavior programs may be implemented by individuals in the person's environment.

Day treatment programs

These are generally designed for both rehabilitation and education and include small group activities that focus on independent living skills, interpersonal skills and vocational preparation and enrichment activities. Small group and individual psychotherapy are usually scheduled as part of the weekly program.

Social skills

It is a time limited approach that helps persons to improve the quality of their life by enhancing interpersonal interactions. Individuals are taught effective and appropriate social behaviors.

Residential treatment

This includes intensive treatment programs for those individuals who require supervisions in a secured environment. Community placements include group homes, foster care and supervised apartments, as well as program that provide in-home family services and respite care.

Positive behaviour support

It is a comprehensive approach encompasses learning principles and environmental interventions. Interventions based on learning principles make the assumption that behavior is learned; therefore it can be unlearned or re-learned. Approaches may include specific skills training (e.g. relaxation, problem solving, anger management, and assertiveness), reinforcement/reward programs, systematic desensitization and self-regulation/management approaches. Lifestyle or environmental interventions focus on making adjustments to the person's lifestyle or environment e.g. daily routines, increased or, decreased stimulation, exercise and diet.

Art therapy

The use art, music, dance or drama as a means for the expression of emotion and to teach solutions to emotional difficulties. They can help a person with mild ID and SMIs to raise their self esteem, acquire new skills and positive experiences, reduce anxiety and improve self-expression.

Support groups

Support groups bring people with common problems together who share experiences and help each other. Participation in mutual aid self-help groups can help reduce feelings of

isolation, increase knowledge, enhance coping skills and bolster self-esteem. Family and friends can also be an important source of support for a person.

In this approach involvement of various professional will help to execute the above interventions in comprehensive manner. Part of comprehensive management of the person's mental health problems may involve participation in a consultation. They are as follows:

General practitioner

For many people developing a mental illness, their GP will be the professional they first turn to for help. A GP can recognize symptoms of SMIs developing and that of mild IDs and provide the following types of help.

Psychologist

They are professionally trained and skilled in providing cognitive behavior therapy and other psychological treatments. They will also psycho educate the groups; provide cognitive behavior therapy, relaxation strategies, skill training and interpersonal therapy.

Psychiatrist

They are experts in medication. They help in the diagnosis of SMIs and mild IDs and accordingly select the line of treatment. Other professionals might include occupational therapist, social workers, counselors, case managers, disability services and mental health nurses who have an evident role in the development of the approach form which the individuals with SMIs and mild IDs will be benefited.

Conclusion

Thus from the above literature it can be concluded that with the inclusion of these approaches a joint venture could be developed which will built the path for the application of these common approaches for the SMIs and mild IDs.

Reference

- American Psychiatric Association (2013). Diagnostic Statistical Manual of Mental Disorder, Fifth Edition (DSM V). Washington, DC: Author.*
- Cooper S-A, Bailey N M. Psychiatric disorders amongst adults with learning disabilities - prevalence and relationship to ability level. Ir J Psychol Med 2001; 18: 45-53.*
- Robertson J, et al. 2015. Systematic Reviews of the Health or Health care of People with Intellectual Disabilities: A Systematic Review to Identify Gaps in the Evidence Base. Journal of Applied Research in Intellectual Disabilities 28:455-523.*
- Werner S, Stawski M, Polakiewicz Y, Levav I. Psychiatrists' knowledge, training and attitudes regarding the care of individuals with intellectual disability. J Intellect Disabil Res. 2012 Sep 14.*
- World Health Organization. Mental Health Strengthening Mental Health Promotion (Fact Sheet No 220). Geneva: WHO; 2007.*