

Mental Health Supports for People with Developmental Disabilities

March 21, 2024

Presented by Virginia REACH Programs

DEFINITION

- * In Virginia, Developmental Disability means “a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental or physical impairments that are manifested before the individual attains age 22 and are likely to continue indefinitely.”
- * Developmental disabilities result in substantial limitations in various functional areas
- * Diagnosed by various licensed professionals (ex. MDs, developmental pediatricians, psychologists)

Common Developmental Disabilities

- * Cerebral Palsy
- * Down Syndrome
- * Fragile X Syndrome
- * **Autism***
- * **Intellectual Disability***
- * Landau-Kleffner Syndrome
- * Traumatic Brain Injury (TBI)
- * Attention-Deficit Disorder / Attention-Deficit Hyperactivity Disorder (ADD / ADHD)
- * Central Auditory Processing Disorder (CAPD)

DEFINITION

Intellectual Disability

- * *Intellectual disability* is characterized by significant limitations in both **intellectual functioning** and in **adaptive behavior**, which covers many everyday social and practical skills. This disability originates **before the age of 18**
- * About 1% of the population

-AAIDD

DEFINITION

- * *Intellectual functioning* is measured by an individually administered standardized test of intelligence that results in an overall intelligence quotient (IQ) of 70 or below.
- * *Adaptive behavior* is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives (AAIDD).
 - Also refers to the effectiveness with which an individual meets the typical demands of daily living for individuals of his/her age and cultural group.
 - American Psychiatric Association

Autism Spectrum Disorder

Definition

- * Developmental disability that can cause significant social, communication and behavioral challenges

Diagnostic Criteria

- * Deficits in social communication and social interaction across multiple contexts
- * Restricted, repetitive patterns of behavior, interests, or activities

DEFINITION

Mental illness

- * *Mental illness* is a condition that impacts a person's thinking, feeling or mood and may affect and his or her ability to relate to others and function on a daily basis.
- * Affects an estimated 1 in 5 adults (NAMI).
- * Diagnosed by a licensed mental health professional (ex. psychiatrist, psychologist, LCSW, LPC); general practitioners can also diagnose MH conditions

Comparison Between I/DD and MI

Intellectual/Developmental Disability	Mental Illness
<ul style="list-style-type: none">• Below-average ability to learn and to use information	<ul style="list-style-type: none">• Inappropriate thought processes &/or emotions
<ul style="list-style-type: none">• Before adulthood	<ul style="list-style-type: none">• Can occur anytime in a person's life
<ul style="list-style-type: none">• Refers to sub-average functional intellect	<ul style="list-style-type: none">• Has nothing to do with intellect
<ul style="list-style-type: none">• Lifelong	<ul style="list-style-type: none">• May be temporary, cyclic, or episodic
<ul style="list-style-type: none">• Services involve training and education not medication	<ul style="list-style-type: none">• Services involve therapy and medication
<ul style="list-style-type: none">• Is not psychiatric in nature	<ul style="list-style-type: none">• Diagnosed illnesses such as Depression, Schizophrenia, Bi-Polar Disorder
<ul style="list-style-type: none">• Impairments in social skills and adaptations	<ul style="list-style-type: none">• Does not necessarily impact social competence
<ul style="list-style-type: none">• Behavior is usually rational	<ul style="list-style-type: none">• Behavior may vacillate between normal and irrational

BRIEF HISTORY OF IDD AND MENTAL HEALTH

- * Prior to the 1980s, it was assumed that people with intellectual disabilities could not also have a mental illness, and behavioral challenges were seen as a consequence of cognitive limitations (i.e., the diagnosis of ID).
- * Restraints, medication, and punishment were used to control behavior; medications were primarily a means to restrain behavior, rather than treat a mental health condition.

BRIEF HISTORY OF IDD AND MENTAL HEALTH

- * There was a time when low IQ = mental illness in and of itself AND it was thought that it protected an individual from more “intellectual” psychiatric illnesses
- * 1960’s and 70’s: more evidence that people with ID can have co-occurring mental illness
- * Increased interest and assessment over the past 30-40 years has led to increased diagnosis and improved services (became “dual diagnosis”)
- * Behavioral assessment once ignored psychiatric, medical, and social conditions but now wholly incorporates them (“Biopsychosocial”)
- * Organizations formed (NADD) – **RESOURCE ALERT!**

DIAGNOSTIC ISSUES

Many factors affected and can continue to affect the ability to make accurate diagnoses :

- * Reliance on individual's ability to express thoughts and emotions
- * Difficulties with expressive skills
- * People with ID may “hide” their disability and therefore hold back or provide inaccurate information
- * MH conditions may be expressed differently in persons with ID
- * **Diagnostic overshadowing:** clinician may be predisposed to overlook psychopathology due to ID

DIAGNOSTIC ISSUES

Diagnostic Overshadowing: to over-attribute symptoms of mental illness to ID; only able to see the cognitive disability and, subsequently, attribute all symptoms and problems to it

- * Severe behavioral disturbances are not simply a typical characteristic of ID
- * IQ cannot be a reason for or cause of mental health conditions or behavioral problems; however, it can be a complicating factor

STATISTICS

NCI In-Person Survey data that was collected in 2017-18 by 35 states regarding the prevalence of the following diagnoses for persons with IDD:

- * Mood disorder
- * Anxiety disorder
- * Psychotic disorder
- * Other mental health diagnosis

Of the 22,513 survey respondents, 10,729 (approximately 48%) met the criteria (compared to 15% - 19% prevalence of mental illness within the general population)

Possible factors for mental disorders

Whole population	People with intellectual disabilities
<ul style="list-style-type: none">• Family history/genetic vulnerability• Neurological disorders• Other physical disorders• Alcohol and illicit drug use• Side-effects of prescribed medication	<ul style="list-style-type: none">• Behavioral phenotypes (psychiatric sequelae of underlying genetic disorders)• Psychiatric sequelae of other neurological/metabolic/infective causes of intellectual disabilities• Epilepsy• Other physical sequelae of genetic disorders, e.g. hypothyroidism associated with Down's syndrome• Sensory impairments• Multiple physical disabilities and illness• Multiple prescribed medications and drug interactions

Biological Factors

Possible factors for mental disorders

Whole population	People with intellectual disabilities
<ul style="list-style-type: none">• Adverse experiences in early life affecting development of personality, confidence, self-esteem, coping strategies• Traumatic experiences at any stage of life	<ul style="list-style-type: none">• Identification of learning experiences affecting parent-infant bonding and family dynamics• Childhood spent outside a family home, e.g. hospital, residential school, children's home• Lack of consistent parenting and special one-to-one relationship• Repeated broken relationships, e.g. hospital care, multiple moves between foster homes• childhood and adult exploitation, neglect, abuse• Bullying, harassment• Experiences resulting in long-term difficulties establishing trusting confiding relationship, low self-esteem, low confidence, limited coping strategies

Psychological
Factors

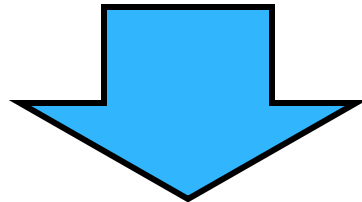
Possible factors for mental disorders

Whole population	People with intellectual disabilities
<ul style="list-style-type: none">• Life events• Poverty• Unemployment• Limited social networks• Social exclusion	<ul style="list-style-type: none">• Life events are often multiple: e.g. death of mother often results in a change in residence + change in day center + move from familiar neighborhood + loss of previous social network + intimate care now provided by a stranger + sharing a home with new people• Low income (benefits)• Limited choices and opportunities• Poverty of environment• Problems accessing transport• Limited social networks• Limited one-to-one attention• Repeated pattern of broken relationships• Exploitation and abuse• Stigma• Social exclusion• Career strain

Social
Factors

PREVALENCE

In summary, a higher prevalence of mental illness among people with intellectual disabilities is explained in *biopsychosocial terms*



*Therefore, a biopsychosocial approach is *essential* in assessment and treatment of mental illness in persons with I/DD

IMPLICATIONS

What does this all mean for us?

- * Collaboration across systems and disciplines
(Multidisciplinary approach)
- * Assessment needs to be biopsychosocial
- * Improved behavioral and mental health assessment, planning, and implementation
- * Continuous learning and cross-training
- * Person-centered thinking and planning

Statewide Crisis System



Statewide Crisis System



Mission Statement:

Individuals with developmental disabilities shall be supported with services that allow the individual to live the most inclusive life possible in his/her community which includes access to appropriate and effective crisis stabilization, intervention, and prevention services including mental health treatment services when indicated

REACH Regional Crisis programs parallel the DBHDS DD Regions, falling into 5 regions across the state Western (Region 1), Northern (Region 2), Southwest (Region 3), Central (Region 4), Eastern (Region 5).

The Mission of REACH

- * REACH serves a target population of **Adults and Children** with co-occurring diagnoses of developmental disability and behavioral health needs in addition to those presenting with challenging behavior.

The Mission of REACH

- * REACH programs are collaborative with other agencies and families and are committed to finding a way to serve all individuals with a developmental disabilities who are at risk for a behavioral or mental health crisis.
- * REACH staff are committed to developing interventions to support the individual and their system of support and service.

The Mission of REACH

To Educate

- **Providers**
- **Family**
- **Health Care staff**
- **Schools**
- **Mental Health Professionals**
- **Law enforcement**
- **Members of the person's natural circle of support**

To Assess

- **Crisis situations**
- **Mental health symptoms**
- **Behavioral function**
- **Environment**
- **The support system surrounding the Individual**
- **Medical issues impacting behavior**






To Provide Crisis Services

- **24/7 crisis response**
- **Stabilization services**
- **Coaching and mentoring for the person's system of support**
- **Making environmental changes that support the person**

To Habilitate

- **Teach effective coping skills**
- **To develop stress tolerance skills**
- **To teach functional skills for increased independence**
- **To identify individual interests and learn to access these**

Who Does REACH Serve?

-  ... Adults and Children
-  ... Who have a developmental disability, including an intellectual disability
-  ... Who have a co-occurring mental health illness or behavioral disorder
-  ... Who are at risk for a crisis event or are in the midst of a crisis event
-  ... The support system surrounding individuals receiving services from REACH including family, providers, faith groups, day programs etc.

Referrals

- * Individuals may seek assistance for themselves or referrals may be made by hospital staff, Emergency Services, families, support coordinators/case managers, or other natural supports.
- * Reasons for referrals can include if an individual...
 - * is at risk of losing their home, school, or work placement due to behavioral concerns
 - * has a history of complex medical, behavioral, and/or trauma-related issues
 - * has exhibited significant deterioration in functioning over the past 3 months
 - * has exhibited behavior that resulted in contact with law enforcement or jail

Who works with REACH?

Providers and Families

- REACH should be contacted as soon as behavior begins to escalate
- REACH does not replace staff/family.
- REACH supports individuals in crisis through assisting with de-escalation strategies.
- REACH supports staff/family in managing crisis situations through coaching and mentoring.

Emergency Services

- REACH should be contacted as soon as a request for prescreening is made
- REACH does not make decisions regarding TDO criteria; however, their input is valuable!
- REACH has successfully diverted people from TDO's
- When unavoidable, REACH can support the person through the TDO process

Psychiatric Hospitals

- REACH participates in team meetings to help facilitate a smooth transition into the community.
- REACH can provide training and technical assistance in supporting individuals with developmental disabilities.
- Encouraging ongoing involvement of REACH can help in the prevention of future crises.

REACH Mobile Crisis Response

- * Crisis line response 24 hours a day, 7 days a week
- * Phone triage-REACH staff will ask and document what is happening.
- * Face to face response--meeting the person where they are.
- * Crisis intake/assessment—individual/family/provider
- * Adults and Children are served by trained and experienced staff
 - * Crisis Assessment in a community based setting
 - * Crisis Stabilization planning
 - * Crisis stabilization plan development and implementation
 - * Crisis supports and training with individual, family, providers and system involved
 - * **Development of a CEPP, A Crisis Education and Prevention Plan**
 - * **A CEPP is person centered, strength and need specific to support individuals and their system to understand more of the “what can I do” and “why this is happening” aspects of challenging crisis events.**

REACH Services

24/7 hour crisis line

Mobile Crisis Service

Crisis Response and Assessment

Youth Crisis Therapeutic House (YCTH)

(Youth)

Crisis Therapeutic House (CTH) Admission

(Adults)

Post Crisis follow up

REACH Contact Information

- * Region 1 Adult Crisis Line: (855) 917-8278 (Western)
- * Region 1 Children Crisis Line: (888) 908-0486 (Western)
- * Region 2 Crisis Line: (855) 897-8278 (Northern)
- * Region 3 Crisis Line: (855) 887-8278 (Southwest)
- * Region 4 Crisis Line: (833) 968-1800 (Central)
- * Region 5 Crisis Line: (888) 255-2989 (Eastern)

REACH Contact Locations

Region 1 Adult Crisis Line: (855) 917-8278 (Western)

Region 1 Children Crisis Line: (888) 908-0486 (Western)

Areas Served

Allegheny Highlands CSB: Alleghany, Covington, Clifton Forge City **Harrisonburg-Rockingham CSB:** Harrisonburg, Bergton, Bridgewater, Broadway, Dayton, Elkton, Grottoes, Keezletown, Massanutten, McGaheysville, Mt. Crawford, Mt. Solon, Penn Laird, Port Republic, Rockingham, Timberville **Region 10 CSB:** Crozet, Earlysville, Esmont, Greenwood, Keswick, North Garden, Scottsville, White Hall, Charlottesville, Fluvanna, Kents Store, Palmyra, Dyke, Graves Mill, Greene, Ruckersville, Arrington, Stanardsville, Bumpass, Louisa, Mineral, Trevilians, Afton, Colleen, Faber, Gladstone, Love, Lovingston, Massies Mill, Montebello, Nellysvord, Nelson, Piney River, Roseland, Schuyler, Shipman, Tyro, Wingina, Wintergreen **Valley CSB:** Augusta, Augusta Springs, Fishersville, Ft. Defiance, Lyndhurst, Middlebrook, Mount Solon, Staunton, Stuarts Draft, Swoope, Verona, Weyer's Cave, Blue Grass, McDowell, Monterey, Waynesboro, Highland, Hightown **Horizon BH:** Clifford, Elon, Lowesville, Madison Heights, Monroe, Sweet Briar, Amherst, Pamplin, Spout Spring, Appomattox, Bedford City, Bedford, Big Island, Forest, Goode, Goodview, Hardy, Huddleston, Moneta, Montvale, Thaxton, Alta Vista, Brookneal, Campbell, Concord, Lynch Station, Rustburg, Lynchburg **Rockbridge Area CS:** Bath, Hot Springs, Millboro, Virginia, Warm Springs, Buena Vista, Lexington, Brownsburg, Fairfield, Glasgow, Goshen, Natural Bridge, Raphine, Rockbridge Baths, Rockbridge, Steeles Tavern, Vesuvius

Northwestern CSB: Winchester, Clarke, Berryville, Boyce, Millwood, White Post, Clearbrook, Cross Junction, Frederick, Gainesboro, Gore, Stephens City, Luray, Page, Rileyville, Stanley, Basye, Edinburg, Fishers Hill, Fort Valley, Maurertown, Mt. Jackson, New Market, Orkney Springs, Quicksburg, Shenandoah, Strasburg, Toms Brook, Woodstock, Middletown, Bentonville, Front Royal, Linden, Warren **Rappahannock Area CSB:** Bowling Green, Carmel Church, Caroline, Ladysmith, Milford, Port Royal, Rappahannock Academy, Ruther Glen, Woodford, Fredericksburg, Dahlgren, King George, Lake Anna, Spotsylvania, Thornburg, Falmouth, Stafford **Rappahannock-Rapidan CSB:** Amissville, Brandy Station, Culpeper, Elkwood, Fauquier, Griffinsburg, Jeffersonton, Reva, Richardsville, Stevensburg, Broad Run, Casanova, Catlett, Delaplane, Goldvein, Hume, Madison, Markham, Marshall, Midland, New Baltimore, Paris, Remington, Sumerduck, The Plains, Upperville, Warrenton, Brightwood, Crigslerville, Hood, Leon, Locust Dale, Madison, Pratts, Rochelle, Syria, Wolfstown, Barboursville, Gordonsville, Locust Grove, Montpelier Station, Orange, Somerset, Bealton, Boston, Castleton, Flint Hill, Huntly, Rappahannock, Scrabble, Sperryville, Viewtown, Washington

REACH Contact Locations

Region 2 Crisis Line: (855) 897-8278 (Northern)

Areas Served:

Alexandria CSB: City of Alexandria **Fairfax Falls Church CSB:** Annandale, Burke, Centreville, Clifton, Fairfax City, Fairfax, Fairfax Station, Falls Church, Great Falls, Herndon, Springfield, Vienna **Loudoun CSB:** Aldie, Ashburn, Bluemont, Chantilly, Dulles, Hamilton, Hillsboro, Lansdowne, Leesburg, Lincoln, Loudoun, Lovettsville, Middleburg, Neersville, Paeonian Springs, Philimott, Purcellville, Round Hill, South Riding, Sterling, Waterford, The Plains **Arlington County CSB:** Arlington **Prince William County CSB:** Manassas, Manassas Park, Bristow, Dale City, Dumfries, Gainesville, Haymarket, Montclair, Nokesville, Occoquan, Prince William, Quantico, Triangle, Woodbridge

REACH Contact Locations

Region 3 Crisis Line: (855) 887-8278(Southwest)

Areas Served:

Blue Ridge BH: Botetourt, Buchanan Town, Daleville, Eagle Rock, Fincastle, Oriskany, Roanoke City, Troutville, Arcadia, Catawba, Craig, New Castle, Newport, Paint Bank, Bent Mountain, Roanoke, Vinton, Salem, Vinton **Cumberland Mt CSB:** Big Rock, Buchanan, Grundy, Pilgrims Knot, Vansant, Castlewood, Cleveland, Dante, Honaker, Lebanon, Rosedale, Russell, Tazewell **Highland CS:** Washington County, Abingdon, Clarksville, Damascus, Emory, Glade Spring, Meadowview and City of Bristol, Virginia **New River Valley CS:** Radford, Willis, Copper Hill, Floyd, Giles, Narrows, Pearisburg, Rich Creek, Staffordsville, Blacksburg, Christiansburg, Claudville, Montgomery, Riner, Shawsville, Pilot, Allisonia, Draper, Dublin, Hiwassee, New Bern, Pulaski, Pembroke, Meadows of Dan **Danville-Pittsylvania CSB:** Danville, Blairs, Callands, Chatham, Gretna, Pittsylvania, Ringgold, Sandy Level **Dickenson County BHS:** Birchleaf, Breaks, Clinchco, Clintwood, Dickenson, Haysi **Mt. Rogers CSB:** Bastian, Bland, Rocky Gap, Carroll, Atkins, Ceres, Chilhowie, Elk Creek, Fires, Galax, Grayson, Groseclose, Hillsville, Independence, Mouth of Wilson, Smyth, Sugar Grove, Troutdale, Whitetop, Saltville, Marion, Barren Springs, Crockett, Fort Chiswell, Foster Falls, Ivanhoe, Max Meadows, Wythe, Wytheville, Rural Retreat **Piedmont CS:** Martinsville, Boones Mill, Burnt Chimney, Callaway, Ferrum, Franklin, Glade Hill, Penhook, Rocky Mount, Smith Mountain Lake, Union Hall, Wirtz, Axton, Bassett, Collinsville, Fieldale, Henry, Ridgeway, Spencer, Stanleytown, Patrick **Planning District One BHS:** Dryden, Ewing, Jonesville, Lee, Middlesboro, Pennington Gap, Rose Hill, Stickleysville, Norton, Clinchport, Duffield, Dungannon, Gate City, Hiltons, Nickelsville, Scott, Weber City, Appalachia, Big Stone Gap, Coeburn, Pound, St. Paul, Wise **Southside CSB:** Warfield, Alberta, Brunswick, Gasburg, Lawrenceville, Rawlings, Alaton, Boydton, Buffalo Junction, Chase City, Clarksville, Clover, Halifax, Mecklenburg, Nathalie, Scottsburg, Skipwith, South Boston, South Hill, Sutherlin, Virgilina, Bracey

REACH Contact Locations

Region 4 Crisis Line: 833-968-1800 (Central)

Areas Served:

Richmond BHA: Richmond City **Chesterfield CSB:** Chester, Chesterfield, Ettrick, Matoaca, Midlothian, Mosely **District 19 CSB:** Hopewell, Dinwiddie, McKenney, Emporia, Greensville, Skippers, Disputanta, Fort Lee, Prince George, Claremont, Spring Grove, Surry, Wakefield, Jarrat, Stony Creek, Sussex, Wakefield, Waverly, Colonial Heights, Petersburg **Goochland/Powhatan CS:** Crozier, Goochland, Gum Spring, Hadensville, Maidens, Manakin-Sabot, Oilville, Powhatan **Hanover County CSB:** Ashland, Beaverdam, Doswell, Hanover, Mechanicsville, Montpelier, Rockville **Henrico Area MHDS:** Charles City, Red House, Glen Allen, Henrico, Highland Springs, Sandston, Lanexa, New Kent, Providence Forge, Quanton **Crossroads CSB:** Amelia, Jetersville, Buckingham, Charlotte, Charlotte Court House, Drakes Branch, Keysville, Randolph, Red Oak, Cartersville, Cumberland, Dundas, Kenbridge, Lunenburg, Meherrin, Prince Edward, Victoria, Blackstone, Crewe, Nottoway, Farmville, Green Bay, Rice

REACH Contact Locations

Region 5 Crisis Line: (888) 255-2989 (Eastern)

Areas Served:

Middle Peninsula Northern Neck CSB: Wake, Saluda, Essex , Tappahannock, Dutton, Gloucester, Gloucester Point, Hayes, King and Queen, Aylett, King William, West Point, Irvington, Weems, White Stone, Burkeville, Church View, Cobbs Creek, Deltaville, Grimstead, Gwynn's Island, Hallieford, Hardyville, Hartfield, Locust Hill, Mathews, Middlesex, Port Haywood, Topping, Urbanna, Wake, Burgess, Callao, Heathsville, Kilmarnock, Lottsburg, Northumberland, Ophelia, Reedville, Wicomico Church, Farnham, Naylor's Beach, Richmond , Warsaw, Coles Point, Colonial Beach, Kinsale, Montross, Oak Grove, Stratford, Westmoreland, Achilles, Lancaster, Morattico **Colonial BH:** James City, Jamestown, Toano, Poquoson, Williamsburg, Grafton, York, Yorktown **Eastern Shore CSB:** Wachapreague, Accomac City, Accomack , Belle Haven, Bloxom, Chincoteague, Grasonville, Hallwood, Harborton, Keller, Melfa, New Church, Onancock, Onley, Painter, Parksley, Pungoteague, Quinby, Sanford, Tangier, Tasley, Wachapreague, Wallops Island, Cape Charles, Capeville, Cheriton, Eastville, Exmore, Hacks Neck, Jamesville, Machipongo, Nassawadox, Northampton, Oyster, Townsend, Willis Wharf **Western Tidewater CSB:** Suffolk, Isle of Wight, Boykins, Capron, Courtland, Drewryville, Franklin City, Ivor, Sedley, Southampton, Smithfield, Windsor **Hampton Newport News CSB:** Newport News, Hampton **Virginia Beach:** City of Virginia Beach **Portsmouth BHS:** City of Portsmouth **Chesapeake CSB:** City of Chesapeake **Norfolk CSB:** City of Norfolk

Thank you!



QUESTIONS?????

SOURCES AND RESOURCES

- * Diagnostic Manual – Intellectual Disability (DM-ID 2)
- * A Handbook on Dual Diagnosis: Supporting People with a Developmental Disability and a Mental Health Problem: Jo Anne Nugent
- * NADD Bulletin: Volume X, Number 5, Article 2 (2007).
- * Mental Health Approaches to Intellectual/Developmental Disability: A Resource for Trainers (Fletcher, Baker, St. Croix, and Cheplic), NADD Press, 2015.
- * Website: NADD—An Association for Persons with Developmental Disabilities and Mental Health Needs website (www.thenadd.org)
- * Website: AAIDD—American Association on Intellectual and Developmental Disabilities (www.aaidd.org)
- * Website: Understanding Intellectual Disability and Health (www.intellectualdisability.info)
- * Website: National Core Indicators™ (<https://www.nationalcoreindicators.org/>)