# Child and Adolescent Mental Health Services in Intellectual Disability

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# Overview

- Basics of Intellectual Disability
- Mental Health Problems in ID
- Policy context
- CAMHS-ID service
- Referral process

# Basic definitions

- The World Health Organisation (WHO) defines intellectual disability as “the significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This means the brain’s ability to receive, process, analyse and store information is impaired in ID
- Global Developmental delay is used under 5 years when severity cannot be determined
- WHO classification of Intellectual Disability is based on IQ score by standardised testing-Mild ID 50 -70, Moderate ID 35-50, Severe 20-35, Profound < 20
- ICD 11 and DSM 5– Intellectual Developmental Disorders, defined by 3 core criteria: low intellectual ability (usually defined as an IQ of less than 70), significant impairment of social or adaptive functioning and onset in childhood. Severity of deficits in terms of adaptive functioning is to be addressed on three domains: conceptual, social and practical

# Predisposition and Aetiology

- Often the cause of ID is unknown- unknown environmental and genetic factors. It can run in families
- Of the known causes Fragile X syndrome is the most common inherited cause of learning difficulties and Trisomy 21 or Down's syndrome is the most common cause of ID
- Other causes include behavioural phenotypes with a genetic or chromosomal aetiology
- Known causes may rarely include anomalies in the developing brain due to illness or injury, foetal exposure to drugs or alcohol, oxygen deprivation, premature labour, head injury, malnutrition and toxic exposure- example lead
- Low birth weight is the single best predictor of learning difficulties- genetic or specific

# Irish context

- It is well recognised that children with an intellectual disability have a higher incidence of mental health problems
- In 2007 Emerson and Hatton found that the prevalence of psychiatric disorders  was 36% among children and young people with ID and 8 % among children without ID
- Children with ID accounted for 14% of all children with a diagnosable psychiatric disorder , increased prevalence was marked for ASD, Hyper kinesis and Conduct disorders. This is very likely to be replicated in the Irish population
- In the Irish Census of 2016, 66,611 persons representing 1.4 per cent of the population were described as having an intellectual disability. Conservative figure, as it can be up to 5 % in some studies. Under the age of 19- 24,474 (36%)

# Intellectual disabilities and mental health problems

- There are many underlying factors that may contribute to the development of mental health problems for children with Intellectual disabilities, including the severity of their ID; the cause of their Intellectual disabilities (including behavioural phenotypes); other biological factors such as pain, physical ill health and polypharmacy; psychological factors such as abuse and neglect; social factors such as poverty, multiple co-occurring life events, poverty of social environment and social networks, stigma; and developmental factors such as affect dysregulation and attentional control

- Trauma- they can also experience trauma- high rates of abuse and neglect, bullying, family stress leading to familial violence, abandonment and isolation, institutionalisation, restraint- people often ask what is wrong rather than what happened to you? How that is affecting you? They also want to feel safe, strive for meaningful attachment relationships and feel empowered

- Behaviours that challenge, aggression and self injurious behaviour often calls for immediate intervention and the focus becomes that instead of mental health and wellness- important to look at other factors- environmental factors, epilepsy, drug treatment, underlying physical or psychiatric illness

# Challenges

- Mental health problems are often undetected and symptoms can be lost amongst the various other behaviours. They are often comorbid with epilepsy, other physical health problems and sensory impairments. It is important to consider these other problems in both the diagnosis and management of any mental health problems
- Children with ID may be unable to complain of or describe their distress; their symptoms may inadvertently be attributed to their learning disabilities; they may have unusual presentations of symptoms the more severe their ID
- Diagnostic delay can compound problems over time, and influence outcomes
- Trauma- in creased levels of stress hormones leading to unexplained physical health issues, emotional regulation difficulties, poor impulse control, SIB, aggression, sleep and eating problems and social isolation

# Management of mental health problems

- The most common intervention used to manage mental health problems in people with learning disabilities is psychotropic medication even though there is not much evidence for effectiveness. The safety of medications is not well tested in this group, we know that they are very sensitive to medications and side effects due to the very nature of their neuro-disabilities and neuronal susceptibility

- About 50% of adults with learning disabilities are prescribed psychotropic drugs, 20-25% receive antipsychotics, and 12% antidepressants. A large proportion receive mood stabilising drugs (about 25%), although these are usually prescribed for the management of epilepsy, not mood disorders.
- About 16- 50 % exhibit aggression or a related challenging behaviour and up to a third are prescribed psychotropic medication, more in young males with severe cognitive impairment- adult sample

- The next most commonly used intervention to address mental health problems in people with intellectual disabilities are psychosocial interventions. However, some therapies developed for the general population are inaccessible for children with ID, and provision of effective interventions may vary. Thorough assessment is very important and always medication should be combined with psychosocial interventions

# Policy context

- Irish mental health policy as outlined in A Vision for Change (HSE, 2006) emphasises the importance of multi-disciplinary mental health teams in delivering appropriate mental health services to the whole population, including children with ID. Core CAMHS-ID team is made up of Psychiatry, Psychology, Clinical Nurse Specialist, Social Work, Occupational Therapy and administrative support
- AVFC recommended the development of acute beds and day hospital services for mental health and intellectual disability treatment

# Sharing the vision(2020)

- A phased resource plan is in place to develop ‘baseline teams’ involving a consultant psychiatrist, a clinical nurse specialist, a psychologist and administrative support in areas where there is no existing team and to augment the existing teams as needed. Innovative acute treatment services need to be explored, which might include therapeutic respite for children with intellectual disabilities and significant mental health and behavioural support needs
- There are 15 teams required as per ‘A Vision for change’ nationally based on one team per 300,000 population. There are a small number of professionals, mainly psychiatrists, working to provide mental health services at a CHO level. However there are also areas with no dedicated service currently for children with ID and mental health problems. In CHO 7 we have 1 team with 2.6 wte based in Cherry Orchard campus, Dublin and 1 team with 1.4 wte based in Kildare town covering Kildare West Wicklow
- The national Vision for Change coverage for CAMHS-ID (as in what % of the team is available compared with what is suggested in Vision for Change) is currently running at only 14%- adult MHID services at 32%

# CAMHS- ID

- The CAMHS-ID team is a specialist child and adolescent mental health service that aims to complement the services being provided by primary care and children's disability network teams for limited periods of time, to provide specialist mental health assessment and intervention. As the child's mental health improves the CAMHS-ID team will plan to discharge back to primary or children's disability network care with a recovery plan for staying well and how to access the team again if needed
- Children who are referred to CAMHS-ID should continue to access services as required from their local children's disability network team throughout their assessment/ intervention period with the CAMHS-ID team
- Specifically the team provides diagnosis and treatment of mental illness (moderate-severe) which significantly impacts on everyday functioning to a degree that requires specialist CAMHS-ID input
- The CAMHS-ID team do not have access to other education or respite/residential services for children with ID apart from an advocacy role

# Disability services

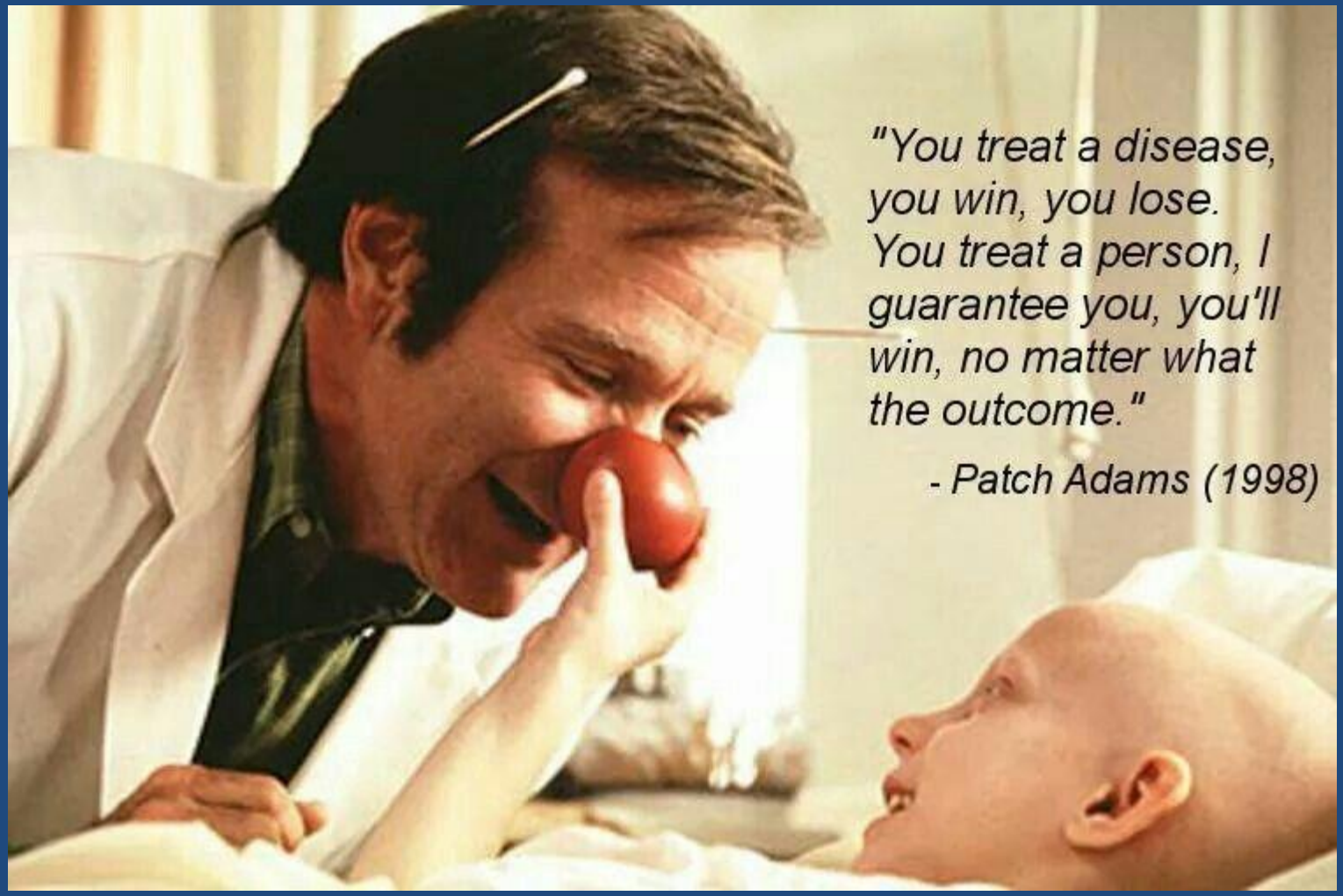
- Children with ID often access care from children's disability network teams (CDNTs), which can be either HSE, voluntary or independent sector organisations. Early detection and intervention for a range of psychological and mental health problems can be provided to individuals through their disability services. A national programme called 'Progressing Disability Services for Children & Young People' (often shortened to PDS) aims to change the way services are provided across the country to make it equitable and consistent for all children with disabilities. It would be best practice for intervention to be provided initially by the Children's Network Disability Team prior to referral to CAMHS-ID teams

# Referral criteria

- Referrals are considered for a child who presents with evidence or suspicion of moderate to severe mental illness/disorder below the age of 18 living in the catchment area of the team with a level of ID in the moderate, severe or profound range impacting on the child's wellbeing where comprehensive treatment at primary or CNDT level has been unsuccessful or not appropriate due to the urgency and level of risk as a result of the mental illness
- In order to understand the level of ID, all referrals should include a comprehensive cognitive and adaptive behaviour assessment carried out by a psychologist with experience of working with children with neurodevelopmental difficulties, completed within the previous three years
- All referrals should be accompanied by a recent medical (GP or Paediatrician) assessment. Medical issues may present resembling behaviours of concern or mental illness in children with ID, and may also affect treatment choices. Other reasons for presentation such as dental pain should be considered
- Referrals are not accepted with a primary presentation of autism however referral for treatment of comorbid moderate-severe mental illness is appropriate, behaviour that challenges in the absence of intervention by the children's network disability team and where ID is the primary problem without mental health concerns

# Referral pathway

- The primary source of referral to the CAMHS-ID service is the General Practitioner (GP). If another professional, for example on the CDNT, wishes to make a referral, they should also involve the child's GP and make sure they are fully aware of the referral and a medical assessment is carried out. Other possible sources of referral are Consultant Psychiatrists and Paediatricians, who should also involve the child's GP in the referral
- A completed CAMHS-ID referral form is required by CAMHS-ID teams for consideration.  A referral letter from a GP or Paediatrician or Consultant Child Psychiatrist should accompany the referral form
- If not already furnished an up to date psychological assessment and other relevant reports, for example a Positive Behaviour Support Plan completed by the child's network disability team, will be requested at the point of referral
- Where a referral is not accepted, the referrer will be advised in writing giving clear justification, with recommendations including signposting to appropriate services


"You treat a disease, you win, you lose. You treat a person, I guarantee you, you'll win, no matter what the outcome."
- Patch Adams (1998)

# References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# Any Questions