Mental Health and Learning Disabilities - recent items

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Journal articles

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Title: Central nervous system medication use in older adults with intellectual disability: Results from the successful ageing in intellectual disability study.

Citation: The Australian and New Zealand journal of psychiatry, Apr 2016, vol. 50, no. 4, p. 352-362, 1440-1614 (April 2016)

Author(s): Chitty, Kate M, Evans, Elizabeth, Torr, Jennifer J, Iacono, Teresa, Brodaty, Henry, Sachdev, Perminder, Trollor, Julian N

Abstract: Information on the rates and predictors of polypharmacy of central nervous system medication in older people with intellectual disability is limited, despite the increased life
expectancy of this group. This study examined central nervous system medication use in an older sample of people with intellectual disability. Data regarding demographics, psychiatric diagnoses and current medications were collected as part of a larger survey completed by carers of people with intellectual disability over the age of 40 years. Recruitment occurred predominantly via disability services across different urban and rural locations in New South Wales and Victoria. Medications were coded according to the Monthly Index of Medical Specialties central nervous system medication categories, including sedatives/hypnotics, anti-anxiety agents, antipsychotics, antidepressants, central nervous system stimulants, movement disorder medications and anticonvulsants. The Developmental Behaviour Checklist for Adults was used to assess behaviour. Data were available for 114 people with intellectual disability. In all, 62.3% of the sample was prescribed a central nervous system medication, with 47.4% taking more than one. Of those who were medicated, 46.5% had a neurological diagnosis (a seizure disorder or Parkinson's disease) and 45.1% had a psychiatric diagnosis (an affective or psychotic disorder). Linear regression revealed that polypharmacy was predicted by the presence of neurological and psychiatric diagnosis, higher Developmental Behaviour Checklist for Adults scores and male gender. This study is the first to focus on central nervous system medication in an older sample with intellectual disability. The findings are in line with the wider literature in younger people, showing a high degree of prescription and polypharmacy. Within the sample, there seems to be adequate rationale for central nervous system medication prescription. Although these data do not indicate non-adherence to guidelines for prescribing in intellectual disability, the high rate of polypharmacy and its relationship to Developmental Behaviour Checklist for Adults scores reiterate the importance of continued medication review in older people with intellectual disability. The Royal Australian and New Zealand College of Psychiatrists 2015.

Source: Medline

Research in Developmental Disabilities
Volume 55, August 2016, Pages 1–13

Problem behaviours and symptom dimensions of psychiatric disorders in adults with intellectual disabilities:

An exploratory and confirmatory factor analysis

- Craig A. Melville
- Paul C.D. Johnson
- Elita Smiley
Neill Simpson\textsuperscript{c},
David Purves\textsuperscript{d},
Alex McConnachie\textsuperscript{a,1},
Sally-Ann Cooper\textsuperscript{a}.

Abstract

Background
The limited evidence on the relationship between problem behaviours and symptoms of psychiatric disorders experienced by adults with intellectual disabilities leads to conflict about diagnostic criteria and confused treatment. This study examined the relationship between problem behaviours and other psychopathology, and compared the predictive validity of dimensional and categorical models experienced by adults with intellectual disabilities.

Methods
Exploratory and confirmatory factor analyses appropriate for non-continuous data were used to derive, and validate, symptom dimensions using two clinical datasets (n = 457; n = 274). Categorical diagnoses were derived using DC-LD. Severity and 5-year longitudinal outcome was measured using a battery of instruments.

Results
Five factors/dimensions were identified and confirmed. Problem behaviours were included in an emotion dysregulation-problem behaviour dimension that was distinct from the depressive, anxiety, organic and psychosis dimensions. The dimensional model had better predictive validity than categorical diagnosis.

Conclusions
International classification systems should not include problem behaviours as behavioural equivalents in diagnostic criteria for depression or other psychiatric disorders. Investigating the relevance of emotional regulation to psychopathology may provide an important pathway for development of improved interventions.

What this paper adds
There is uncertainty whether new onset problem behaviours or a change in longstanding problem behaviours should be considered as symptoms of depression or other types of psychiatric disorders in adults with intellectual disabilities. The validity of previous studies was limited by the use of pre-defined, categorical diagnoses or unreliable statistical methods. This study used robust statistical modelling to examine problem behaviours within a dimensional model of symptoms. We found that problem behaviours were included in an emotional dysregulation dimension and not in the dimension that included symptoms that are typical of depression. The dimensional model of symptoms had greater predictive validity than
categorical diagnoses of psychiatric disorders. Our findings suggest that problem behaviours are a final common pathway for emotional distress in adults with intellectual disabilities so clinicians should not use a change in problem behaviours as a diagnostic criterion for depression, or other psychiatric disorders.

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Harv Rev Psychiatry. 2016 May-Jun;24(3):202-13..

A Systematic Review of Suicidality in People with Intellectual Disabilities.

Dodd P1, Doherty A, Guerin S.

Abstract

BACKGROUND:

Suicidality in people with intellectual disability has not been extensively researched.

AIM:

To identify the nature of the research that has actually been conducted on this topic.

METHOD:

A search of research databases was conducted according to predefined criteria. Key information was extracted and rated for methodological merit.

RESULTS:

Twenty-four studies met the inclusion criteria for this systematic review. The aspects of suicidality investigated, which varied among studies, included suicidal attempts, behavior, ideation, and completed suicide. Thirteen studies highlighted risk factors for suicidality in this population. The most frequently noted risk factors were a concurrent mental health difficulty and the level of intellectual disability. Eight studies referred to people with intellectual disabilities' understanding of the concept of death or suicide. Various methodological issues were identified in the studies included.

CONCLUSIONS:

In what we believe to be first systematic review of suicidality in people with intellectual disabilities, it was apparent that well-designed, standardized research studies on the topic are
scarce. There is consequently limited evidence to guide prevention and intervention strategies for suicidality in this population.

PMID:

The impact of caring for an adult with intellectual disability and psychiatric comorbidity on carer stress and psychological distress

1. F. Dawson¹,
2. S. Shanahan²,
3. E. Fitzsimons³,
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Journal of Intellectual Disability Research
Volume 60, Issue 6, pages 553–563, June 2016

Abstract

Background
Given that carers of individuals with intellectual disability (ID) and carers of individuals with psychiatric disorders experience elevated levels of stress and psychological distress, carers of individuals with both ID and a comorbid psychiatric disorder are potentially at even greater risk for psychological difficulties. The aim of the present study was to investigate the psychological well-being of carers of adults with a dual diagnosis compared with carers of adults with intellectual disability alone.

Method
Four-hundred and forty-two questionnaires were sent to four community services and seventy-five family carers of adults with intellectual disability responded. Psychological well-being of carers was assessed using the Questionnaire on Resources and Stress – Friedrich edition (QRS-F) and the General Health Questionnaire (GHQ). Comorbid psychopathology for their family member with ID was assessed using the Reiss Screen for Maladaptive Behaviour (RSMB).

Results
Twenty-four percent of the individuals with ID were reported to have comorbid psychopathology. Between-group analyses compared carers of people with ID and comorbid
psychopathology to carers of people with ID alone. Regression analyses examined the relationship between psychopathology and other care-related variables to carer stress and psychological distress. Carers of people with ID and comorbid psychopathology were found to have significantly higher levels of stress and psychological distress than carers of people with ID alone. Autism was found to be the only significant predictor of both stress and psychological distress among measures of psychopathology.

Conclusions
Additional comorbid psychopathology in individuals with intellectual disability has a significant impact on their carers’ psychological well-being.

Using ‘candidacy’ as a framework for understanding access to mainstream psychological treatment for people with intellectual disabilities and common mental health problems within the English Improving Access to Psychological Therapies service

1. D. Chinn* and
2. E. Abraham

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Journal of Intellectual Disability Research
Volume 60, Issue 6, pages 571–582, June 2016

Abstract
Background
The Improving Access to Psychological Therapies (IAPT) service was established to address common mental health problems among the English population in a timely manner in order to counter the social and economic disadvantage accompanying such difficulties. Using the concept of candidacy, we examined how the legitimacy of claims by people with intellectual disabilities to use this service is facilitated or impeded.

Method
We used a sequential mixed methods design. We completed 21 interviews with a range of stakeholders, including people with intellectual disabilities and their carers. Themes from the interviews were used to design an online survey questionnaire that was returned by 452 staff from IAPT and specialist intellectual disability services.
Results
Using the candidacy framework, we noted that eligibility and access to IAPT were achieved through dynamic and iterative processes of negotiation involving people with intellectual disabilities and their supporters on one side and IAPT staff and service structures on the other. Barriers and facilitators were apparent throughout the seven dimensions of candidacy (identification, navigation, permeability of services, appearances, adjudications, offers and resistance and operating conditions) and were linked to discourses relating to the character and purpose of IAPT and specialist intellectual disability services.

Conclusions
Opportunities exist for some people with intellectual disabilities to assert their candidacy for IAPT input, although there are barriers at individual, professional, organisational and structural levels. More attention needs to be paid to how principles of inclusiveness are operationalised within IAPT teams and to the mental health facilitation role of specialist intellectual disability staff.

Interventions for adults with mild intellectual disabilities and mental ill-health: a systematic review.

Osugo M¹, Cooper SA¹.

Abstract
BACKGROUND:
People with intellectual disabilities have very high rates of mental ill health. Standard psychosocial interventions designed for the general population may not be accessible for people with mild intellectual disabilities, and drug usage tends to be modified - 'start low and go slow'. This systematic review aims to synthesise the evidence on psychological, pharmacological and electroconvulsive therapy (ECT) interventions for adults with mild intellectual disabilities and mental ill health.

METHOD:
PRISMA guidelines were followed. Medline, Embase, PsycINFO and CINAHL were searched, as was grey literature and reference lists of selected papers. Papers were selected based on pre-defined inclusion and exclusion criteria. A proportion of papers were double reviewed. Data was extracted using a structured table.

STUDY REGISTRATION:
PROSPERO 2015:CRD42015015218.

RESULTS:
Initially, 18,949 records were identified. Sixteen studies were finally selected for inclusion; seven on psychological therapies, two on group exercise, five on antipsychotics and two on antidepressants. They do not provide definitive evidence for effectiveness of psychosocial interventions, nor address whether starting low and going slow is wise, or causes sub-optimum therapy.

**CONCLUSIONS:**

There are few evidence-based interventions for people with mild intellectual disabilities and mental ill-health; existing literature is limited in quantity and quality. Group cognitive-behavioural therapies have some supporting evidence - however, further randomised control trials are required, with longer-term follow-up, and larger sample sizes.

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**Title:** Mental illness, problem behaviour, needs and service use in adults with intellectual disability.

**Citation:** Social psychiatry and psychiatric epidemiology, May 2016, vol. 51, no. 5, p. 767-776, 1433-9285 (May 2016)

**Author(s):** Schtzwohl, Matthias, Koch, Andrea, Koslowski, Nadine, Puschner, Bernd, Vo Elke, Salize, Hans Joachim, Pfennig, Andrea, Vogel, Anke

**Abstract:** Mental ill health in adults with intellectual disability (ID) is a neglected field in psychiatry and thus still widely understudied. This paper provides data on the prevalence of mental illness and problem behaviour and analyses support needs, mental health service use and psychotropic medication in a representative sample of adults with mild to moderate ID. A set of well-established instruments was used to assess the main parameters in n = 371 participants recruited within a cross-sectional epidemiological multicentre study using a stratified randomised cluster sampling. Point prevalence of mental disorders was 10.8 %, that of problem behaviour 45.3 %. Most study participants needed help in specific lower order need areas (e.g., money budgeting, food, accommodation), and these need areas were mostly rated as met. The highest ratios of unmet to met need were found with respect to sexuality issues and with respect to mental health problems. The focus of psychiatric treatment was psychotropic medication. Referring to ICD-10 based diagnostic criteria and consequently avoiding confusing problem behaviour with mental disorders, point prevalence...
of mental disorders was lower than in the general population. A systematic deficit in meeting mental health problems in adults with ID indicates the need for implementing strategies to maximise the quality of identification and management of mental disorders.

Source: Medline

Title: The scale for emotional development-revised (SED-R) for persons with intellectual disabilities and mental health problems: Development, description, and reliability

Citation: International Journal of Developmental Disabilities, 2016, vol./is. 62/1(11-23), 2047-3869;2047-3877 (2016)


Language: English

Abstract: Objectives: The Scheme for Appraisal of Emotional Development (SAED, Dosen, 1997) is intended to evaluate the emotional development of persons with intellectual disabilities (ID), especially those with cooccurring problem behaviour. In 2012, The Scheme for Appraisal of Emotional Development-revised (SEDR) was developed in Dutch, based on the SAED. This paper aims at providing a description of the SED-R, its development, and results from an inter-rater reliability study. Methods: The study was carried out in services that support persons with ID in Flanders, the northern part of Belgium. For each client, the SED-R was administered twice with the same informants by two different trained interviewers at different points in time, with a 1-week minimum and 3-week maximum between assessments 1 and 2. Cronbach’s Alpha coefficient was calculated in order to estimate the internal consistency. The degree of agreement between the scores of the assessment pairs at time 1 and time 2 (which could be regarded as test-retest reliability) was expressed in Spearman’s rho. For the extent of interrater agreement, the intraclass correlations coefficient (ICC) was applied. Results: The reliability results indicate that the SED-R generally shows a high internal consistency. The total and average score of the SED-R show a substantial inter-rater reliability. Ten out of 13 domains show moderate to substantial inter-rater reliability. Conclusion: The results are discussed in relation to four notions: robustness, utility,
understanding, and relevance. It is necessary to generate more knowledge with regard to the validity, reliability and applicability of the SED-R, warranting further research.

**Publication Type:** Journal: Article

**Source:** EMBASE

### Prevalence and associated features of depression in women with Rett syndrome


**Abstract**

**Background**

Little is known about depression among women with Rett syndrome (RTT) despite recent advances in knowledge about RTT. In this study, we aimed to establish the prevalence of depression among women with RTT as identified by a screening telephone interview and to explore the clinical factors associated with this.

**Methods**

The study employed the cross-sectional analysis of data from telephone interviews with carers of 56 women with RTT, using validated questionnaires for assessing mental health problems, challenging behaviour and RTT severity.

**Results**

Scores on the mental health assessment reached the affective/neurotic threshold in eight cases (14.3%). No significant differences were found between those reaching the threshold and those who did not in terms of severity of RTT phenotype, health problems or social circumstances. There was a significant association between screening identified depression
and higher lethargy and social withdrawal.

**Conclusions**
Screening identified depression was found among a sizeable minority of women with RTT. Further investigation is needed to establish a clinically validated prevalence of depression among this group and to identify behavioural features that would lead to prompt psychiatric assessment.