

4 Crucial Factors to Consider in Symptom Presentation

1. Cognitive Disintegration: vulnerability to decompensate under stress and subsequent overload of cognitive functioning may lead to bizarre, atypical and even psychotic-like presentations.
2. Psychosocial Masking: limited life experiences and intellectual capacity can influence the content of psychiatric symptoms.
3. Intellectual Distortion: Diminished abstract thinking and communication skills limit the ability of the person to accurately and fully describe emotional and behavioral symptoms.
4. Baseline Exaggeration: Pre-existing maladaptive behavior not attributed to a mental illness may increase in frequency or intensity with the onset of a psychiatric disorder.

Diagnostic Overshadowing

-the concept of diagnostic overshadowing has been proposed to explain the tendency to not recognize the presence of mental illness in individuals with IDD because of the symptoms of ID

-clinically significant psychological symptoms have been misunderstood as more behavioral components of cognitive deficits.



Content material extracted from *ETBHN. Psychiatry of Intellectual Disability: A Practical Manual*, Wiley Blackwell/2012



Hill Country IDD
Transition Support
Team

1251 Sadler Drive, Suite 1100
San Marcos, TX 78666
Phone: 512-558-2006
E-mail: hub@hillcountry.org
<http://www.hillcountry.org/services/IDD/>

For more information on training opportunities
contact hub@hillcountry.org



Hill Country IDD
Transition Support Team

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS

One out of three individuals with a developmental disability has a mental illness. Individuals with intellectual disabilities do experience the full range of mental illnesses and the incidence is much higher in ID population than in the overall population.

The prevalence of anxiety and mood disorders within the ID population is more than double than that of the general population (American Psychiatric Association, 2000).

When psychiatric disorders are more broadly defined to include the range of “behavioral disturbance” commonly seen in individuals with intellectual disabilities, prevalence rates have been reported to be as high as 80% (Razza and Tomasulo, 2005).

Vulnerability Factors for Persons with IDD/MH

Biological

- Brain damage/epilepsy
- Vision/hearing impairments
- Physical illnesses/disabilities
- Genetic/familial conditions
- Drugs/alcohol abuse
- Medication/physical treatments

Psychological

- Rejection/deprivation/abuse
- Poor problem solving/coping strategies
- Social/emotional/sexual vulnerabilities
- Poor self-acceptance/low self-esteem
- Devaluation/disempowerment

Social

- Negative attitudes/expectations
- Stigmatization/prejudice/social exclusion
- Poor supports/relationships/networks
- Inappropriate environments/services
- Financial/legal disadvantages

Signs a person with IDD May have a MI

- Increased anxiety
- Hallucination (not the same as talking to oneself)
- Need for instant fulfillment/gratification
- Unusual/change in sleep patterns
- False beliefs (delusional thinking or paranoia)
- Decline in personal hygiene
- Inappropriate expressive reactions
- Increase in behavioral manifestations
- Increased vulnerability to stress
- Excessive reactivity/moodiness
- Memory problems (worsening or change in)
- Accelerated speech
- Changes in appetite
- Heightened emotional sensitivity
- Self-isolation
- Lingering sadness
- Self-injurious behavior (SIB)
- Hyper-sexuality in the form of masturbation

10 Indications that a Behavioral Pattern may be the result of a Psychiatric Condition

1. The behavior occurs in all environments; it is not specific to a setting or settings.
2. Behavioral strategies have been largely ineffective.
3. The individual doesn't appear to have control over their behavior; doesn't appear to be able to start or stop at will.
4. There are changes in sleep patterns
5. The individual is experiencing excessive mood or unusual mood patterns.
6. There are changes in hygiene and other independent living skills.
7. The person may start to engage in SIB.
8. The person may start to show signs of hallucination, such as staring to the side or corners and not appear to track conversations.
9. There may be changes in eating patterns.
10. Acute onset of behavior.

