



## Mental Health

### Key Facts

Like other people, people with intellectual disability can have mental disorders. People with intellectual disability have a higher rate of these problems than in society as a whole. However, treatment is available for most mental disorders.

It can be difficult to diagnose a mental disorder in a person with intellectual disability, especially if the person does not have much speech.

Families, support workers and disability professionals need to be alert for signs of mental disorders and then seek advice from appropriate health professionals.

### Types of mental disorders

There are many mental disorders. Some of the common types are:

- Anxiety disorders - The person feels very anxious or panicky in particular situations or most of the time. One type of anxiety disorder is obsessive compulsive disorder - the person has very anxious thoughts which are only relieved when they do particular activities, eg hand washing.
- Mood disorders – A person with depression may feel ongoing and overwhelming sadness that affects things like sleep, appetite and energy levels. Bipolar disorder can involve both “highs” and “lows”. In highs, the person may be excessively energetic, talk very fast and appear overly confident. In the lows, the person may seem depressed.
- Psychosis - The person hears or sees things that are not there (hallucinations) or believes things that are not true (delusions).

### Signs that a person *might* have a mental health disorder

If a person’s normal behaviour changes, this might mean a mental disorder. For example, the person:

- Does not want to do normal things.
- Seems to be losing skills.
- Seems anxious or down or very elated.
- Is hurting himself or other people.
- Appears to be talking to herself.
- Has big changes in sleeping or eating patterns or in weight.
- Starts to have challenging behaviour or it gets worse.

OR

- The person’s behaviour seems to go in cycles, eg there are periods of normal behaviour but also periods where the person seems “high” and is hurting other people.

### What to do if you see these signs

Where a person’s behaviour deteriorates, usually two things should be done:

1. Get the doctor to check for any medical cause for the behaviour. Maybe the person is in pain but cannot explain it. Alternatively, the doctor may suspect that the person has a mental disorder.
2. A behaviour support practitioner should look into the reasons for the behaviour change, eg is the person bored, or frustrated by something? The practitioner can then design behaviour support strategies that address the cause of the behaviour.

See the Challenging behaviour and health care fact sheet for more detail.



In extreme situations, eg the person seems suicidal, you may need to get help from the local mental health crisis team or police.

### **Who treats mental disorders?**

Sometimes, GPs treat mental disorders. Sometimes, they refer the person to a psychiatrist.

GPs should be cautious about treating mental disorders in people with intellectual disability. They should consider whether to seek advice from a psychiatrist. Diagnosing the condition is often very hard with a person who has difficulty describing their thoughts and feelings. Also, mental disorders sometimes have different symptoms for people with intellectual disability than they have for other people. Sometimes, a psychiatrist will base treatment on a judgment about what is likely to be the person's problem, and the person's response to the treatment helps clarify the diagnosis.

Paediatricians sometimes treat mental disorders in children with intellectual disability. However, they will also want the advice of a psychiatrist in some complex situations or if they are not experienced with a condition.

### **Finding a suitable psychiatrist**

It is best to go to a psychiatrist who has a good understanding of intellectual disability mental health issues. The number of these psychiatrists is limited and so they cannot see all patients with intellectual disability. However, if a GP or general psychiatrist needs expert advice, they can seek it from one of these psychiatrists.

To find a suitable psychiatrist in NSW, you could phone one of the services in the [Specialised intellectual disability health services](#) fact sheet or, for children, the [Diagnosis and assessment of a disability](#) fact sheet. Some of those services have a psychiatrist. Otherwise, they might be able to give contact details for one. Your local Ageing, Disability and Home Care service may have suggestions about a suitable psychiatrist. Also, see the ideas in the [Finding the right doctor](#) fact sheet.

For people from culturally and linguistically diverse backgrounds, the NSW Transcultural Mental Health Centre can act as a consultant to other health services. This can include help with assessment of a person's mental condition and development of culturally appropriate treatment plans.

### **The visit to the psychiatrist**

Who will go with the person to the psychiatrist? First, there needs to be someone who gets on well with the person and knows them well. If an accommodation worker is making the appointment, they usually should check if a family member or advocate wants to go too. Also, if there is a behaviour support practitioner involved, that person should attend or at least write a report for the psychiatrist.

You should take the person's Personal Health Record and behaviour records, assessments and plans to the appointment.

### **Treatment for mental disorders**

Most mental disorders can be successfully treated, using medication and/or psychological treatments. The appropriate treatments will depend on the nature of the problem, what triggers it and the ability of the person to use different treatments.

Some people with good communication may benefit from "cognitive behaviour therapy" – where a therapist helps a person to change their thinking and behaviour that is causing inappropriate emotion. Counselling can also be important, eg grief counselling. People with anxiety disorders may benefit from strategies like set routines in their day. Music therapy, relaxation therapy and massage can help some people.



A psychiatrist can do some of these treatments or work with a person's behaviour support practitioner to implement them. Also, the GP can refer the person to a psychologist for mental health care, and Medicare may pay for this.

### **Psychotropic medication**

The doctor may recommend that the person takes medication. Because it can be hard to know what is wrong with the person, the doctor might need to try a number of medications to be sure if the medication is a good idea and what is the best medication. The doctor may say the person should take medication each day or on a "PRN" basis – that is, only when the person shows specified symptoms.

The doctor needs consent to give medication. The doctor needs to provide information about things like alternative treatments and any risks and side effects of medications. The person with intellectual disability decides about taking the medication if they understand it. Otherwise, NSW law says that the consent of a "person responsible" is needed. The doctor has to satisfy the person responsible that it is in the person's interests to take the medication.

Sometimes, it is in the interests of a person with challenging behaviour to have psychotropic medication even where a psychiatrist is not sure of a mental health diagnosis. There also needs to be a behaviour support plan and a system for recording symptoms. Medication should never be used as an easy option for managing a person's behaviour. It can only be used for the benefit of the person taking it.

ADHC's Behaviour Support Policy says that psychotropic medication should not be the main behaviour support strategy. It should only be used as part of a comprehensive behaviour plan developed in collaboration with a psychiatrist or paediatrician.

If the person does start medication, ask the doctor what records you should keep so that the doctor can see if the medication works and whether it is having any side effects.

The doctor should regularly review the use of psychotropic medication. Just because medication is needed for a while does not mean it is needed indefinitely.

### **Mental health and disability professionals working together.**

The behaviour support practitioner and the doctor need to work together. They will have important information for each other. And the behaviour support plan and any medication need to fit in with each other.

### **The role of Mental Health Services**

Sometimes, a person with intellectual disability will have a case worker from the local Community Mental Health Service. Family or supported accommodation staff may need this backup, especially at times when the person is mentally unwell.

Sometimes, a person with a mental disorder needs treatment in a psychiatric hospital – a "mental health facility". This can only occur on an involuntary basis where:

- The person has a mental disorder that leads to serious risks to the person or others, and
- Appropriate care cannot be provided outside hospital.

An intellectual disability is not a mental illness. A person with intellectual disability could only be made to go to a mental health facility if they also have a major mental disorder.



## For more information

Mental health services

[www.health.nsw.gov.au/services](http://www.health.nsw.gov.au/services)

Phone (02) 9391 9000 or TTY (02) 9391 9900

Mental Health Information Service

Phone 1300 794 991

Mental Health Advocacy Service

[www.legalaid.nsw.gov.au/what-we-do/civil-law/mental-health-advice](http://www.legalaid.nsw.gov.au/what-we-do/civil-law/mental-health-advice)

Provides legal advice and information on mental health law.

Phone (02) 9747 6155 or TTY (02) 9219 5126

NSW Transcultural Mental Health Centre

[www.dhi.gov.au/Transcultural-Mental-Health-Centre/Transcultural-Mental-Health-Centre-Home/default.aspx](http://www.dhi.gov.au/Transcultural-Mental-Health-Centre/Transcultural-Mental-Health-Centre-Home/default.aspx)

Phone (02) 9840 3800

Community support teams, ADHC -

[www.adhc.nsw.gov.au/contact\\_us](http://www.adhc.nsw.gov.au/contact_us)

Phone (02) 8270 2000 or TTY (02) 8270 2167

Resources of the Centre for Developmental Disability Health Victoria:

- List of signs of common mental illnesses at [www.cddh.monash.org](http://www.cddh.monash.org)
- Depression in Adults with Intellectual Disability - Checklist for Carers [www.cddh.monash.org/research/depression/](http://www.cddh.monash.org/research/depression/)

*Behaviour support policy and practice manual*, ADHC

[www.adhc.nsw.gov.au/sp/delivering\\_disability\\_services/behaviour\\_support\\_services/behaviour\\_support\\_policy\\_and\\_practice\\_manual](http://www.adhc.nsw.gov.au/sp/delivering_disability_services/behaviour_support_services/behaviour_support_policy_and_practice_manual)

*Intellectual Disability Mental Health First Aid Manual*, ADHC

Ruth Pappas and Matt Frize

[www.gpsynergy.com.au/documents/id\\_manual\\_March09.pdf](http://www.gpsynergy.com.au/documents/id_manual_March09.pdf)

## You might be interested in these fact sheets

- Alcohol and other drugs
- Challenging behaviour and health
- Consent to medical treatment
- Finding the right doctor
- Getting the most out of Medicare
- Going to the doctor – tips and tricks
- Helping the doctor understand the person
- Personal health records

*This fact sheet was updated in **November 2011**.*

*The fact sheet contains general information only and does not take into account individual circumstances. It should not be relied on for medical advice. We encourage you to look at the information in this fact sheet carefully with your health professional to decide whether the information is right for you.*