

## HEALTH & SAFETY: PSYCHIATRIC DISORDERS

### “Psychiatric disorders in individuals with Intellectual and Developmental Disabilities (ID/DD)”

*BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life.*

#### Objectives

Individuals will be knowledgeable of the definition, prevalence, and common signs of psychiatric disorders among persons with intellectual/developmental disabilities.

#### Definitions

**Psychiatric disorders:** a behavioral pattern that is thought to cause distress that is not due to normal development or intellectual disability.

#### Facts

- Studies estimate that between 10-70% of persons with intellectual/developmental disabilities have co-occurring psychiatric disorders.
- Psychiatric disorders represented in persons with intellectual/developmental disabilities include mood disorders, psychotic disorder, impulse control disorders, anxiety disorders, disruptive behavioral disorders, attention deficit hyperactivity disorder and personality disorders.
- Because many individuals with intellectual/developmental disabilities have limited speech, most referrals to psychiatrist are due to behaviors exhibited by the individual.
- Common reasons for a referral to a psychiatrist are self-injury, aggressive behavior, impulsiveness, hyperactivity or a negative change in behavior.
- The most common reason for a psychiatric referral for persons with intellectual/developmental disabilities is aggression.
- Disruptive Behavioral disorders are the most common reason for using psychotropic medication, hospitalization and reason for referral to a residential facility for persons with intellectual/developmental disabilities.

- Persons with intellectual/developmental disabilities are twice as likely to suffer from a medical illness as the general population. Thus, it is important to consider a medical illness when there is a change in behavior.
- A change in the environment can also increase anxiety which can produce negative behaviors in an intellectually disabled individual. Thus, it is important to consider this as well when there is a change in behavior.
- Signs of psychiatric disorders in persons with intellectual/developmental disabilities can include:
  - Self injurious behavior
  - Aggression
  - Persistent crying or sadness
  - Change in sleep
  - Staring to an occupied side and gesturing
  - Glaring with hostility at strangers
  - Hyperactivity/ Inattention
  - Impulsiveness

## Recommended Actions and Prevention Strategies

1. Collect baseline and then routine monthly weight and vital signs so that you have information to compare to when a change in status or behavior is noted.
2. Collect baseline 24 hour sleep data so that you have information to compare to when a change in status is noted.
3. Develop methods to communicate with the individual.
4. If a change in behavior is noted explore physical or environmental causes initially.
5. If referring to a physician or psychiatrist bring current health history and behavioral data to the appointment.

## Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. Reasons for a change in behavior include:
  - A. Psychiatric disorder
  - B. Change in environment
  - C. Medical Illness
  - D. All of the above
2. Possible signs and symptoms of a psychiatric disorder are:
  - A. Muscle rigidity
  - B. Fever
  - C. Seizures
  - D. Aggression
3. Psychiatric disorders diagnosed in persons with intellectual/developmental disabilities include:
  - A. They are not diagnosed in this population
  - B. Mood Disorders
  - C. Psychotic Disorders
  - D. B and C

4. The most common reason for a psychiatric referral in persons with intellectual/developmental disabilities is:
  - A. Aggression
  - B. Hyperactivity
  - C. Inattention
  - D. Crying

## References

American Academy of Child & Adolescent Psychiatry [www.aacap.org/cs/forFamilies](http://www.aacap.org/cs/forFamilies)

Lin et al. Health, Healthcare Utilization and Psychiatric Disorders in People with Intellectual Disability in Taiwan. Journal of intellectual Disability Research 2005;49;86-84.

Vitiello B, Behar D. Mental Retardation and Psychiatric Illness. Hospital and Community Psychiatry 1992;43;494-499.

Jackson C and Gentile JP. Medication and Psychotherapy for Patients with Mental Illness/ Developmental Disabilities. Putting the Pieces Together. October 7<sup>th</sup> 2008; Dayton, OH

## Learning Assessment Answers

1. D
2. D
3. D
4. A

## Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov).



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