

Psychiatric Services for Persons with Developmental and Intellectual Disabilities

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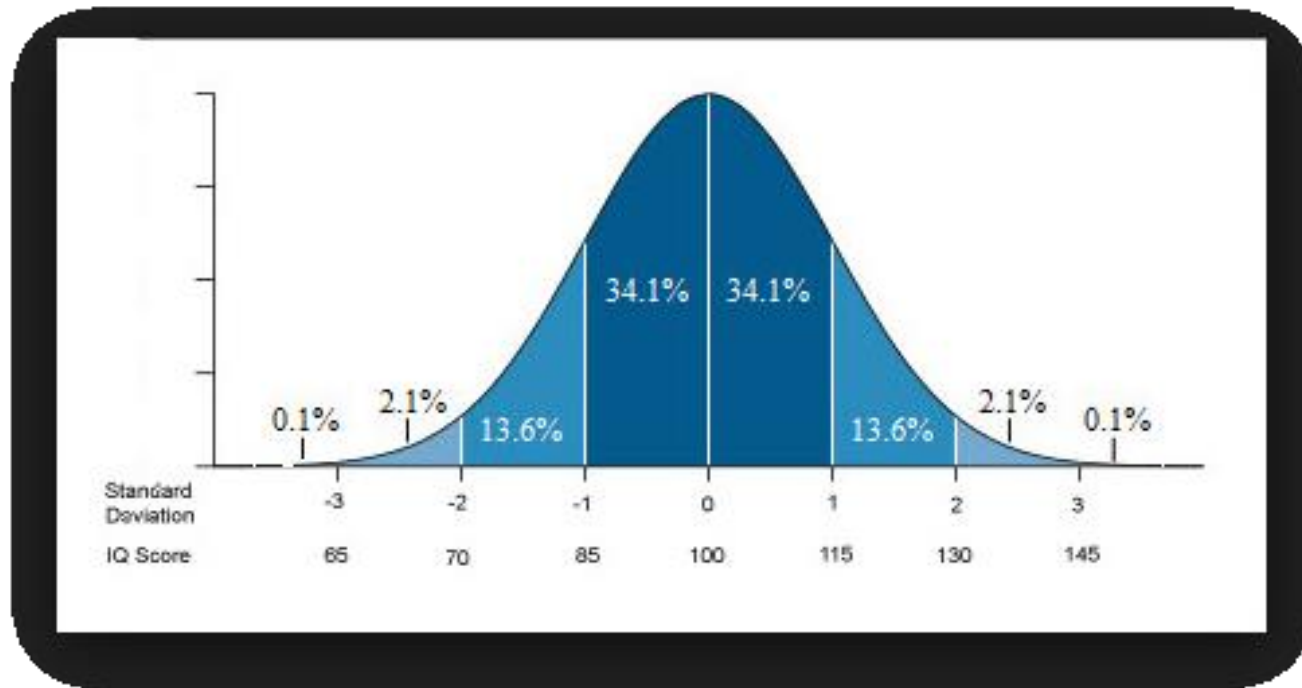
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Definition of Intellectual Disability

- Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

Intellectual Functioning



Prevalence of ID/DD

1 to 3% of Population

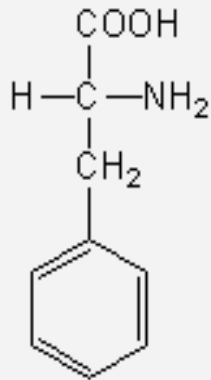
Adaptive Behavior

- Adaptive behavior is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

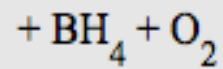
Causes of ID/DD

- Infections (present at birth or occurring after birth)
- Chromosomal abnormalities (such as Down syndrome)
- Environmental
- Metabolic (such as hyperbilirubinemia, very high bilirubin levels in babies)
- Nutritional (such as malnutrition)
- Toxic (intrauterine exposure to alcohol, cocaine, amphetamines, and other drugs)
- Trauma (before and after birth)
- Unexplained (this largest category is for unexplained occurrences of intellectual disability)

Phenylketonuria

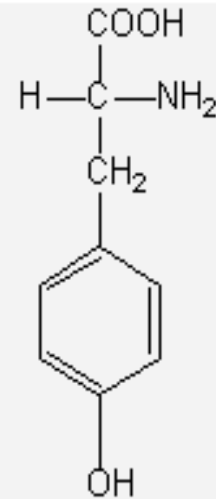


L-phenylalanine

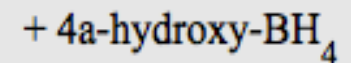


PheH

à

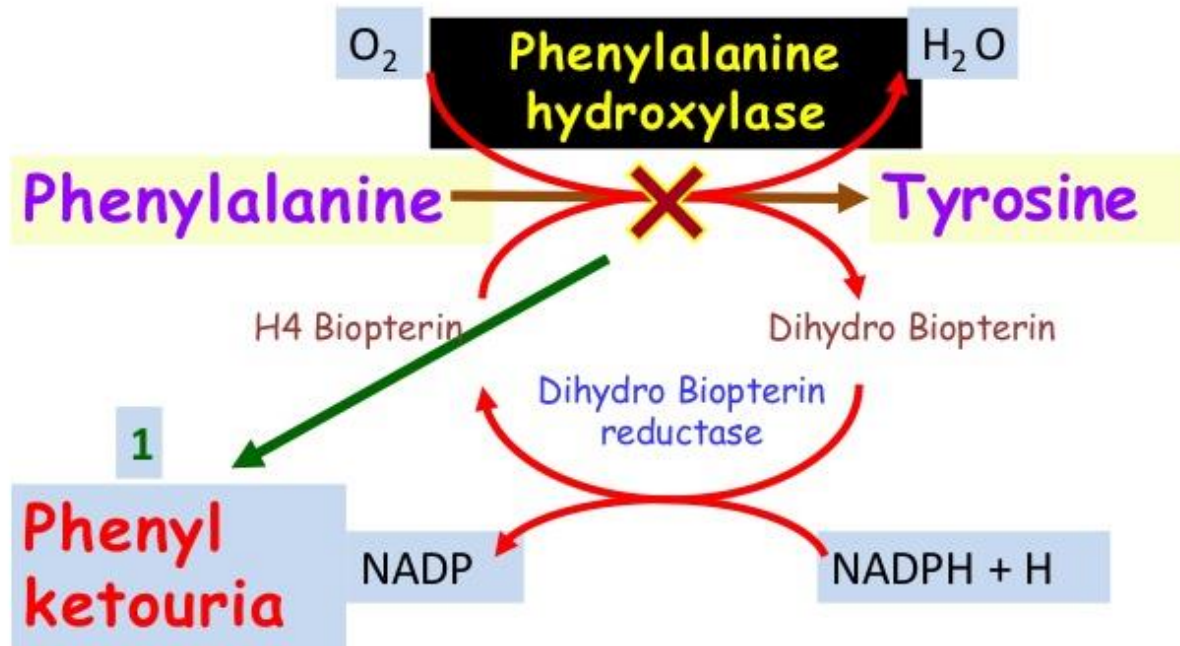


L-tyrosine



Epidemiology of PKU

Phenylalanine to Tyrosine



Genetic Screening at Birth



Treatment

- Food of low phe levels: unlimited
- Weighed amounts of food containing medium amounts of phenylalanine
- Phe-free amino acid mixtures to provide normal total protein intake
- Vitamins, minerals trace elements

New Treatments for PKU

- Enzyme replacement therapy
- Large neutral amino acids
- Sapropterin therapy (Kuvan)
- Gene therapy
- Liver transplant

Outcome of PKU

Psychiatric Symptoms and Disorders in PKU

- Children
- Adolescents
- Adults

Prevalence of Psychiatric conditions in Persons with ID/DD

Table 2. Published prevalence estimates of mental health disorders in the general population and in people with MR

<i>Condition</i>	<i>General population</i>	<i>Adults with MR</i>	<i>Children with MR</i>	<i>People with mild/moderate MR</i>	<i>People with severe MR</i>
Anxiety disorder	13.1%–18.7% (adults and children) ¹²	31.4% ²⁰	22% ⁴⁹	—	—
Schizophrenia	1% ¹²	21%–30.3% ^{19,40}	—	16.7% ⁴⁰	46.7% ⁴⁰
Substance abuse	7%–51% ⁵⁴	0%–3.5% ^{20,53}	—	—	—
Conduct disorder	1%–16% (children) ⁴⁸	—	45% (administrative data) ⁴⁹ 4.5%–12% (population-based data) ⁴⁷	—	—
Depression	7% (adults) ¹²	8.9% (institutionalized) ¹⁴	—	20% ⁴⁰	0% ⁴⁰
ADHD	4%–12% (children) ⁵⁵	—	11% ⁴⁷	—	—

ADHD = attention deficit/hyperactivity disorder

Risk for Psychiatric Disorders in Intellectual Disability

Psychiatric Assessment

- Linguistic skills
- How mental health problems present in persons with ID/DD

Challenges to Accurate Prevalence Data

- Diagnostic Overshadowing
- Psychosocial Masking
- Baseline Exaggeration
- Intellectual Distortion
- Cognitive Disintegration

Challenging Behavior or Mental Health Disorder

“Culturally abnormal behavior of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.”

Emerson, 1995

Examples of Challenging Behaviors

- Aggression
- Self injury
- Sterotypic behavior
- Agitation
- Disruptive or destructive acts
- Arson
- Sexual misconduct

National Institute of Health
and Care Excellence, 2015

- Underdiagnosis: anxiety, affective disorders, personality disorders
- Overdiagnosis: psychotic disorders

Harris, 2006

DM-ID

- evidence based
- expert consensus model
- description of disorder
- discussion of etiology and pathogenesis
- covers assessment and diagnosis
- a summary of the DSM-IV-TR diagnostic criteria

Psychotropic Drug Prescribing in Persons with Intellectual Disability

Table 5

Psychotropic prescribing, by fiscal year, among child Medicaid recipients with a mental disorder and with or without an intellectual disability

Psychotropic	Codiagnoses ^a			Mental disorder ^b			χ^{2c}	p
	Total N	N	%	Total N	N	%		
Antidepressant								
2007	141	38	27	728	187	26	.10	.754
2008	136	36	27	718	227	32	1.42	.233
2009	127	30	24	698	231	33	4.45	.035
2010	119	39	33	673	234	35	.18	.673
2011	108	33	31	638	224	35	.85	.357
Antipsychotic								
2007	141	49	35	728	268	37	.22	.642
2008	136	54	40	718	278	39	.05	.827
2009	127	50	39	698	257	37	.30	.584
2010	119	42	35	673	238	35	.01	.988
2011	108	37	35	638	211	34	.06	.809
Benzodiazepine								
2007	141	10	7	728	28	4	2.98	.085
2008	136	18	13	718	27	4	20.56	<.001*
2009	127	15	12	698	37	5	7.71	.006
2010	119	15	13	673	39	6	7.38	.007
2011	108	15	14	638	39	6	7.38	.007

Effective Service Models

- Boston START Model
- ENCOR Model
- Ulster County NY
- Johns Hopkins Bayview Special Needs Clinic

Johns Hopkins Bayview Special Needs Clinic

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Developing a Model Psychiatric Treatment Program for Patients with Intellectual Disability in a Community Mental Health Center

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ABSTRACT: The Special Needs Clinic of the Johns Hopkins Bayview Medical Center in Baltimore, Maryland provides comprehensive treatment for patients with developmental or intellectual disability and psychiatric illness. This report describes the clinical characteristics and service utilization of patients attending this clinic. Factors that support quality mental health services that are both cost-effective and accessible are identified.

KEY WORDS: developmental disability; community-based treatment; mental health services.

Client Diagnoses Special Needs Clinic

TABLE 2

Special Needs Clinic Population by Diagnosis

<i>Axis I Diagnosis</i>	<i>With Primary</i>	<i>With Secondary</i>	<i>Total</i>	<i>(%)</i>
Affective D/O	94	4	98	(38)
Autistic D/O	4	32	36	(14)
Psychotic D/O	36	1	37	(15)
Impulse Control D/O	21	7	28	(12)
Adjustment D/O	22	1	23	(9)
Anxiety D/O	14	1	15	(6)
Eating D/O	6	1	7	(3)
ADHD	6	1	7	(3)
<i>Axis II Diagnosis</i>	<i>Number</i>	<i>(%)</i>		
Mild MR	88	(42)		
Moderate MR	50	(24)		
Severe MR	19	(9)		
Profound MR	4	(2)		
Unspecified MR	11	(5)		
Deferred	10	(5)		
Other	28	(13)		

Axis V Global Assessment Of Functioning.

Range: 30-70.

Mean: 46.73.

Delaware's ACIST Project

Assertive Community Integration and Support Team

Services offered by ACIST

- Crisis intervention
- Intensive case management
- Behavior analysis
- Psychiatric supports
- Monitoring of medical conditions

Target Population

- Clients receiving DDDS services
- DDDS clients with 3 or more psychiatric hospitalizations in the last 12 months
- DSAMH and DDDS will collaborate and identify individuals with complicated histories within MH system

Staffing of Team

STATE OF DELAWARE
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Position	Requirement
Team Leader	1 FTE Master's level clinician
Prescriber (Psychiatrist or Psychiatric Nurse Practitioner)	1 PT @ 25 hours per month: Initial appointments 30-45 minutes; 15 minute med checks for each individual once per month; participation in daily and team meetings.
RN	1 FTE: follow up on medical and psychiatric; assist prescriber; attend daily meetings; attend team meetings.
CM/BA (Bachelor's degree or higher; background and experience writing and/or working with behavior plans)	2 FTE coordinate appointments with psychiatric provider; medical appointments; educate families about MH diagnosis; develop with individual; work with individual, residential staff, families to understand reasons for interventions on the behavioral plan and how to properly use interventions; participate in daily meetings and team meetings.
Master's Level Clinician	1 FTE @ (can be an additional BA); attend daily meetings; attend team meetings; provide individual and/or family therapy two times per month (more frequently if needed); participate in the development of behavior plans;