Mental Illness and Learning Disabilities

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Everyone Has Personal Problems

- 40% of Canadian marriages experience significant distress
- 10% of the workforces abuses drugs/alcohol
- Lifestyle diseases account for half of ALL illnesses
- Almost 20% of Canadian children and youth have a diagnosable psychiatric disorder
- 2/3 of homeless people have some form of mental illness
- 5/10 leading causes of disabilities caused by mental disorders:
  - Major depression, schizophrenia, bipolar disorder, alcohol use disorder, obsessive compulsive disorder
Impact of Mental Illness

- 25% of 34,000,000 hospital days in Canada treat mental illness
- Over 70% of people with mental illness are unemployed
- 16% of health care expenditures attributed to psychiatric orders
- Up to 10% to 15% of the workforce is sufficiently distressed to affect productivity every day
Mental Illness Cost Comparison

- In 1998, mental illness ranked 7th for overall costs (both direct and indirect) behind:
  - Cardiovascular diseases (11.6%)
  - Musculo-skeletal diseases (10.3%)
  - Cancer (8.9%)
  - Injuries (8.0%)
  - Respiratory diseases (5.4%)
  - Mental illness (4.9%)

  - But is 2nd to Cardiovascular disease for direct costs alone
Impact on Disability Claims

According to Watson-Wyatt, a firm that audits disability claims indicates:

- Stress, anxiety and depression leading causes of short and long term disabilities costs
  - 73% of the respondents confirmed that these disorders were also the leading cause of LTD claims
- One in five workers have a physical problems stemming from mental issues
  - 2/3 of these workers do not take time to recover and maintain their work schedules – reduction in productivity
Impact on Canadian Business

- According to Health Canada, direct treatment cost for mental illness in Canada total $6.4 billion
  - Additional $8.1 billion in indirect cost due to lost productivity from short and long term disability and early death
  - Workplace depression costs the Canadian economy an estimated $14.4 billion
    - Includes direct costs but not loss of productivity without out absenteeism
    - Employees diagnosed with depression and take appropriate medication will save an average of 11 days a year in prevented absenteeism
Impact on Canadian Business

- Since 1994, depressive disorders along have doubled as a percentage of STD and LTD claims
  - 55% across all categories of disability-related absences from work.

- Global Business and Economic Roundtable on Addiction and Mental Health estimates that:
  - Between 640,000 and 1,075,000 full-time employees in Canada are currently on disability leave with mental illness as their primary or secondary diagnosis.
  - = 35 million days of work lost for the Canadian economy
Comparison to Learning Disabilities (LDs)

- Up to 60% of adolescents in treatment for substance abuse had a LD
- 10-12% of adolescents with a LD will be involved in the criminal justice system; compared to 2.5% of general population
- LD and substance abuse are common impediments keeping welfare clients from becoming employed and staying employed

(Source: Justin Eve Foundation)
Interconnection between mental Illness and LD

Learning Disabilities Association of America states:

- Certain aspects of LD increase risk for mental illness
- Failure to identify learning problems and delay in individual educational intervention early results in child failure
- A well adjusted 5-6 year old can acquire overlays of emotional disturbance over years of school failure
- By 8-9, child will have anxiety and depression

Some LD have social interaction impacts such as:

- Misinterpretation of verbal or non verbal skills result in awkward social situations
- Impulsive behaviour (such as from ADD) contribute to poor social skills
- Poor social adjustment leads to isolation and emotional distress, potentially patterned for life
Employment Concerns

- New digital/computer work environment minimizes available blue collar work at reasonable income
  - More technical
  - Relying on high mathematical and reading skills
  - Entrance requirements for positions now require post secondary education
    - Forces a person with LD to be threatened if that level of education not completed
    - Can’t find their place resulting in emotional stress
- Fast pace of technical work environment
  - Disruptive to persons with LD
  - Reduces available work and options
  - Limited options for alternative work where satisfaction low
- Frequent job/career changes result in constant re-accommodation of LD
Some Signs of Mental Illness:

- Acts different than usual?
  - Can you link this change in behaviour to a recent event such as death in family, promotion, etc.

- Seems to be excessively withdrawn or depressed?
  - Are hobbies and activities ignored?
  - Begun to lose self-confidence

- Complains of Episodes of Extreme, Almost Uncontrollable Anxiety?
  - Is it unrelated to normal concern, such as child health, backlog of bills, etc.
  - Normally no discernible cause

- Becomes aggressive, rude and abusive over Minor Incidents?
  - “People out to get me?” statements may seriously with blow up or violent behaviour

- Change in personal habits such as eating, sleeping and grooming?
  - Almost stop eating or eating excessively; sleeplessness or sleeping to much

- Giving away items.
What causes mental illness

- Mental illness has no single cause
- Increasing medical evidence that mental illness involve biochemical imbalances
  - Other causes include stress, family communication, poverty, support of family and friends
A Conceptual Framework: Yerkes-Dodson Principle

**DEPRESSION**
- low challenge
- boredom
- no goals/interest
- no control
- unproductive
- no accomplishment
  - Low self esteem

**ANXIETY**
- stress
- overwhelmed
- burnout
- no control
- physical signs
- immobilized
- exhaustion
- mental errors

**BEST PERFORMANCE**
Select Subcategories

- *Adjustment disorders
- **Mood disorders (depression, bipolar)
- **Anxiety disorders
- ***Dissociative disorders
- **Obsessive compulsive disorder
- **Schizophreniform disorders
- **Sleep disorders
- Personality disorders
  *cognitive disturbance part of/resulting from diagnosis
Adjustment Disorders

- **General:**
  - Significant difficulty to adjust to normal situations in life
  - Key to diagnosis is:
    - Identify the issue that is causing the adjustment disorder
    - Identify the primary symptoms associated with the disorder

- **Specific subcategories include:**
  - Depressed Mood
  - Irritability
  - Anxiety
Major Depressive Disorder

**Etiology:**
- Influenced by both biological and environmental factors
- Higher incidents if first degree relatives have condition (whether raised by them or not) – supports biological basis
- Situational factors (such as lack of support system, stress, illness in self or loved one) exasperate
- Can be cyclic

**Symptoms:**
- Depressed mood (such as feelings of sadness or emptiness)
- Reduced interest in activities that used to be enjoyed, sleep disturbances (either not being able to sleep well or sleeping too much)
- Loss of energy or a significant reduction in energy level
- Difficulty concentrating, holding a conversation, paying attention, or making decisions that used to be made fairly easily
- Suicidal thoughts or intentions.
Major Depressive Disorder

- **Treatment:**
  - pharmacotherapy and psychotherapy or utilize one or the other individually.
  - Psychotherapy useful to help patient understand the factors involved
    - Personal factors may include a history of abuse (physical, emotional, and/or sexual), maladaptive coping skills
    - Environmental factors involved in this disorder include, among others, a poor social support system and difficulties related to finances or employment.

- **Prognosis:**
  - better prognosis than other mood disorders
    - medication and therapy have been very successful
    - can be episodic, in that periodic stressors can bring back symptoms.
    - helpful to have an ongoing relationship with a mental health professional
General Anxiety

- **Etiology:**
  - Become overwhelming or associated with life in general.
  - Develops over a period of time and may not be noticed until it is significant enough to cause problems with functioning.

- **Symptoms:**
  - General feelings of anxiety such as mild heart palpitations, dizziness, and excessive worry.
  - Difficult to control for the individual and are not related to a specific event.
General Anxiety

- **Treatment:**
  - Medication and/or psychotherapy have been found to be helpful
  - Especially therapy aimed at teaching the client how to gain control over the symptoms.

- **Prognosis:**
  - Prognosis is good for the more extreme symptoms
  - Underlying fears are more difficult to treat (such as excessive worry).
  - Working through childhood issues can be helpful as these tend to get distorted as they follow us into adulthood (e.g., over-controlling parental styles, sexual abuse, childhood phobias).
Panic Disorder with/without Agoraphobia

- **Etiology:**
  - Symptoms have rapid onset without an identifiable stressor
  - May have had periods of high anxiety in the past,
  - May have been involved in a recent stressful situation
  - Underlying causes, however, are typically subtle

- **Symptoms:**
  - Sudden attacks of intense fear or anxiety
  - Usually associated with numerous physical symptoms such as heart palpitations, rapid breathing or shortness of breath, blurred vision, dizziness, and racing thoughts.
  - Often thought to be a heart attack by the individual
  - Many cases are diagnosed in hospital emergency rooms.
Panic Disorder with/without Agoraphobia

Treatment:
- medication can be useful
- psychotherapy
  - especially behavioral and cognitive/behavioral approaches quite successful).
  - key is accepting the panic attacks as psychological rather than physical (once these causes have been ruled out by a physician)
- practicing relaxation exercises, and working through the underlying issues.

Prognosis:
- very good if the above conditions are met
- Left untreated, however, symptoms can worsen
- Agoraphobia can develop.
- Developed such an intense fear that leaving the safety of home feels impossible.
Etiology:

- Always follows a traumatic event which causes intense fear and/or helplessness in an individual.
- Typically develops shortly after the event, but may take years.

Symptoms:

- Re-experiencing the trauma through nightmares, obsessive thoughts, and flashbacks (feeling as if you are actually in the traumatic situation again)
- Avoids situations, people, and/or objects which remind him or her about the traumatic event
- Increased anxiety in general, possibly with a heightened startle response (e.g., very jumpy, startle easy by noises).
Posttraumatic Stress Disorder (PTSD)

- **Treatment:**
  - Psychological treatment is the most effective
  - Some medications (such as antianxiety meds) can help alleviate some symptoms during the treatment process

- **Prognosis:**
  - Ranges from moderate to very good
  - Best prognosis include situations where the traumatic event was acute or occurred only one time rather than chronic, or on-going trauma (e.g., ongoing sexual abuse, war).
Dissociative Disorder

Common Characteristics:
- The main symptom cluster for dissociative disorders include:
  - a disruption in consciousness, memory, identity, or perception.
  - one of these areas is not working correctly and causing significant distress within the individual.

Disorders in this Category
- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity (Multiple Personality) Disorder
- Depersonalization Disorder
Obsessive compulsive (OCD)

- **Etiology:**
  - Both biological and psychological causes have been found in OCD.

- **Symptoms:**
  - obsessions (persistent, often irrational, and seemingly uncontrollable thoughts) and compulsions (actions which are used to neutralize the obsessions).
  - these behaviors must be disruptive to everyday functioning (such as compulsive checking before leaving the house making you extremely late for all or most appointments, washing to the point of excessive irritation of your skin, or inability to perform everyday functions like work or school because of the obsessions or compulsions
Obsessive compulsive (OCD)

**Treatment:**
- Medication is often prescribed
- Psychotherapy can be helpful in learning ways:
  - to feel more in control
  - cope better with stressors, and
  - explore the underlying issues with the obsessive thoughts

**Prognosis:**
- A wide range, depending upon how the individual responds to medication and how deep rooted the underlying issues are
Schizophrenia

**Etiology:**
- Many theories attempt to explain this disorder
- Currently, most professionals believe it is a result of a physiological condition brought out by a life stressor.

**Symptoms:**
- Symptoms typically begin between adolescence and early adulthood for males and a few years later for females
- Usually as a result of a stressful period (such as beginning college or starting a first full-time job).
- Initial symptoms may include delusions and hallucinations, disorganized behavior and/or speech (positive symptoms).
- As the disorder progresses, symptoms such as flattening or inappropriate affect typically develop (negative symptoms).
Schizophrenia

**Treatment:**
- Medication is the most important part of treatment as it can reduce and sometimes eliminate the psychotic symptoms.
- Case management is often needed to assist with:
  - daily living skills, financial matters, and housing
  - therapy can help the individual learn better coping skills and improve social and occupational skills.

**Prognosis:**
- No cure for this disorder so prognosis is poor
- Medication has been shown to be quite effective against the psychotic symptoms
- Therapy can help the individual cope with the illness better and improve social functioning
- Absence of what is termed the negative symptoms (flattened affect, avolition, and poor social interaction) improves the prognosis significantly
Sleep Disorder, insomnia type

- **Etiology:**
  - Occurs in up to 10% of adults; up to 25% of elderly adults.
  - Appears slightly more common among women.
  - The cause of primary insomnia can be different but involves a preoccupation with the inability to sleep or excessive worry about sleep, which in turns causes the individual to not sleep.
  - Many report that they sleep better away from home, suggesting that conditioning related to the bedroom has occurred, and resulting in bouts of sleep while watching TV, being a passenger in a car, or other area not associated with the bedroom.

- **Symptoms:**
  - Difficulty falling asleep, remaining asleep, or receiving restorative sleep for a period no less than one month.
  - Must cause significant distress or impairment in social, occupational, or other important functions and does not appear exclusively during the course of another mental or medical disorder or during the use of alcohol, medication, or other substances.
Sleep Disorder, insomnia type

- **Treatment:**
  - relaxation and adhering to a predetermined sleep cycle.
  - No sleeping would be allowed during the day
  - Engage in exercise, healthy eating, and would then use relaxation techniques prior to the scheduled sleep time.

- **Prognosis:**
  - Prognosis is good
  - The body’s need for sleep will often adjust to make up for the lack of sleep.
  - Sleep will often return to normal once the stressors is no longer a significant concern.
Personality Disorders:

- **Common Characteristics:**
  - Personality Disorders have several unique qualities.
  - Symptoms play a major role in most, if not all, aspects of the person's life.
  - Many personality disorders typically remain relatively constant.

**Disorders include (examples):**

- Antisocial Personality Disorder
- Borderline Personality Disorder
- Narcissistic Personality Disorder
- Schizoid, Schizotypal Personality Disorder
Personality Disorders:

- **Diagnosis Criteria:**
  - Symptoms have been present for an extended period of time (inflexible and pervasive)
  - Not a result of alcohol or drugs or another psychiatric disorder.
  - The history of symptoms can be traced back to adolescence or at least early adulthood.
  - The symptoms have caused and continue to cause significant distress or negative consequences in different aspects of the person's life.
  - Symptoms are seen in at least two of the following areas:
    - *Thoughts* (ways of looking at the world, thinking about self or others, and interacting)
    - *Emotions* (appropriateness, intensity, and range of emotional functioning)
    - *Interpersonal Functioning* (relationships and interpersonal skills)
    - *Impulse Control*
Borderline Personality Disorder

Etiology:

- Symptoms are often present in adolescence and almost always by young adulthood.
- A history of unstable relationships in the person's life
- A higher than average likelihood of sexual abuse, family violence, and/or neglect in the person's childhood.
- Diagnosed much more frequently in females.

Symptoms:

- Unstable relationships, poor or negative sense of self, inconsistent moods, and significant impulsivity
- Intense fear of abandonment that often acts as a self-fulfilling prophecy as they cling to others, are very needy, feel helpless, and become overly involved and immediately attached
Borderline Personality Disorder

**Treatment:**
- Long term insight oriented therapy
- Cognitive-behavioral approach where the individual's thoughts and actions are monitored both by the self and therapist and specific behaviors are counted and a plan is made to gradually reduce those thoughts and behaviors that are seen as negative.

**Prognosis:**
- Prognosis is difficult to assess.
- While the disorder is chronic in nature, with work gradual improvements are definitely seen.
- The symptoms of this disorder can be reduced in both number and intensity, however, long term treatment is almost always required.
Non-verbal LDs

“Possibly the biggest area of concern for children and adults with nonverbal LD is social skills. One result of having trouble processing nonverbal and spatial information is missing or misinterpreting subtle social cues, like facial expressions, gestures and tones of voice. For example, a phrase like "nice going" means something different when you've just dropped a ball or tripped over a skipping rope (again) than when you've gotten a perfect score on a spelling test. Confusing the two can spell "disaster" on the playground."

(Source: (from LDAO website))
Non-verbal LDs cont...

- The phenomenon of impaired social interactional abilities is not unique to NLD.
- Impaired social functioning may be a component of a wide range of DSM-IV Axis I and II disorders, including:
  - mood and anxiety disorders
  - schizophreniform spectrum disorders (including the negative symptoms of schizophrenia)
  - antisocial, avoidant, schizotypal and schizoid personality disorders as well as Asperger’s Disorder
  - frontal lobe syndromes).
It is best clinical practice, that if indeed a client presents with a significant social-interactional disorder, it behoves the investigator to thoroughly rule out these other conditions, prior to concluding that the phenomenon is related to “NLD”.

NLD is better broken down into component parts of visuo-perceptual disorders, psychomotor/motor coordination and social-interactional disorders.
Treatment and Outcome (Acute)

- Most recover and lead fulfilling lives with support and treatment
- Treatment can be effective but generally require lifetime use of medications
- Only 43% of depressed adults seek professional help
- 10-15% of people with mental illness die from suicide
- 90% of suicide cases had a diagnosable mental disorder
- Most major mental illness tend to be “episodic”
  - Symptoms come and go, leaving period that people live “normal” lives
- Personality disorders generally refractive to treatment
What can be done?

- Psychological assessments can identify:
  - Cognitive limitations
  - Memory and learning difficulties resulting from secondary medical conditions (ie epilepsy, sleeping disorders)
  - Some distinct diagnoses profile learning disabilities
  - Without proper assessment, co-existing or underlying causes may limit treatment options

- Financial Support for assessment:
  - Minimal OHIP coverage
  - Limited Social Services programs only if individual identifies difficulty obtain or retaining employment, otherwise assessment cost can be prohibitive
  - Counseling through LD support associations & short term through EAP
  - Occasionally, insurance companies cover
The Major Types of Psychological Assessment

To assess/diagnose and recommendations for:

- Psychodiagnostic – mental health (MH) conditions
- Neuropsychological – cognitive/brain & MH issues
- Psychoeducational – learning disabilities
- Psychovocational – job/career considerations
- Neurovocational – job/career considerations for cognitively/brain impaired
Best Intervention Approach

- Two pronged approach

- Deal with existing mental conditions:
  - Develop and bolster coping mechanisms and symptom management
  - Counseling, self-management, exercise, medication (best meds & counsel)

- Addressing the root cause:
  - Vocational displacement
    - Neurovocational, psychodiagnostical or psychovocational assessments to identify:
      - strengths and weaknesses
      - Potential training and education options
    - Find a niche that the person can be successful, job that accommodates the LD, and reasonable income
    - Appropriate training and job seeking techniques
Reframing and impact on Mental Illness

- Recently diagnosed adults react with:
  - A sense of euphoria
  - Reduction in guilt or shame
- Reviewing lives may result in depression or anger
  - Come from previous injustices
  - Emotions cause internal tensions as well
- Understanding with LD
  - Involves deeper look into ones cognitive defects
  - Need to understand the impact on academic, vocation and social aspect of life
  - Dangerous to assume person understands the impact as a adult; often understood impact as a child
    - Lots of people are great problem solvers such as people with dyslexia
    - Options for people in specific work environments and jobs
- Taking Action
  - Taking responsibility for ones life
  - Goal setting can cause anxiety
  - Reviewing past performance may cause internal feelings of failure to emerge
  - Need to be opened for possibilities
  - Slow practical approach so success can be shown and highlighted
Mental Health Management & Essential Job Tasks Link

Pre-condition
Functioning

Illness
Onset

Essential Job Tasks Criterion (Physical, Cognitive, Socialemotional)

Active Treatment

Vocational
Rehabilitation

ROMS Measures Progress Towards Essential Job Task Criterion
Outcome Guided Mental Health Intervention Stages

1. Diagnosis
2. Rehab Baseline: Barriers & Disability Profile

3. NON-MENTAL HEALTH PRIMARY BARRIERS ASSESSMENT
   **Physical manifestations of fatigue/depression and common MH misdiagnoses**
   - Sleep assessment
   - Headache assessment
   - Thyroid, coronary artery, insulin resistance, stroke, CFS, liver cirrhosis vs. depression
   - Dizziness, substance abuse vs. anxiety/panic attacks
   - Vision/hearing assessment
   - General medical (e.g. blood work for deficiencies)

Respective Physical Intervention

4. LEVEL I INTERVENTION
   - Pharmacological
   - Psychological intervention
     - cognitive behavioural
     - stress/symptom management counselling

Combination most effective for significant mental health disorders

RROMS RE-ASSESSMENT I
(If intervention occurred for non-MH Primary barriers)

5. LEVEL II INTERVENTION
   - Pharmacological
   - Psychological intervention
     - cognitive behavioural
     - stress/symptom management counselling

RROMS Demonstrated Progress

6. LEVEL III INTERVENTION
   - Home/community behavioural programming (12-16 weeks)
   - Psychological support

RROMS Demonstrated Minimal/No Progress

RROMS RE-ASSESSMENT III+
Determine status after Level II/III Intervention and/or interim phases

7. OCCUPATIONAL DISABILITY DETERMINATION (See “Own occ.” & “Any occ.” diagrams)

8. VOCATIONAL REHABILITATION/INTERVENTION
   - Counselling support should generally accompany vocational rehabilitation to manage symptom relapse

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A Unique Prevention and Intervention Approach

Centre for Family, Child and Adolescent Advancement

www.cfcaa.com
Background on CFCAA

- a registered charitable *foundation*
  - Meaning we cannot charge fees for service
  - Are not eligible for Trillium, etc grants
  - All services are free to the public

- mandate is to provide pragmatic prevention and intervention services to at-risk parents and their children
Target Group

- At Risk Children/Parents Include known or suspicions of:
  - Fetal alcohol (FASD);
  - Learning disability;
  - Traumatic brain injury (to moderate); AD/HD;
  - Psychological Disorders (to moderate)
Our caseload to date

- 32 families treated over 18 months
- 2 parent coaches (now part time)
- 6 active cases currently
- Processing 4 new referrals

- 14 families of Aboriginal identity
- At one point 12 families active NCFST protection
- One coach of Aboriginal background
1) **Life Skills**: Safety/security; housing; health; Family schedule/organization/daily routine; Meals (nutrition, shopping, planning, organization, implementation); transportation; finances; laundry; cleaning/organization
Objectives (cont)

2) Parental relationship/skills: Attachment/bonding; communication skills; activities; appropriate discipline; conflict resolution

3) Social/community linkage support

4) Children: Academic readiness & support; problem identification/referral
Objectives (cont)

5) Adolescents: Problem identification/referral; academic support; vocational guidance

6) Adults: Problem identification/referral; Vocational guidance
Pilot Native Child/Family Services & CFCAA Integrated Model

- “Life long” in-home parent education & life skills address role model gaps

- FASD/Neurodevelopmental & Mental Health Clinic: Early identification/neuropsych. assessment (from birth); de-emphasize cause of impairments (e.g. mother substance use)

- Individual & culturally focused interventions
Native Child/CFCAA Interventions

- Early childhood-preschool
  - In-home parent education
  - Speech/language intervention
  - Early childhood education (Head Start, Early Years Centres, both in Native Child & Family)

- School age
  - In-home parent education (& homework support)
  - Early neuropsychological/psychoeducational assessment
  - Early Special Ed, Individual Education Plans
  - Cognitive rehabilitation treatment, tutoring
  - Neurodevelopmental class in Native Child school?
Native Child/CFCAA Interventions cont…

- **Late mid-school/High School transition**
  - In-home parent education (+ drug/gang inoculation, personal journey guidance)
  - Neuropsychological/psychoeducational (re)assessment
  - Ongoing Special Ed, Individual Education Plans
  - Cognitive rehabilitation treatment, tutoring
  - Vocational & Self-Reflective assessments for students and parents
When desired by clients:

- Consider traditional family/clan occupations

- Self-reflective cultural component (TBA), ideas?

- Occupations identified to be complementary to traditional core values including respect for Mother Earth, and egalitarian relationships

- Would like to evolve occupations identified by Aboriginal leadership as important to future community objectives

- Timed with rights of passage & Elder guidance
Example of 3 non-custodial males who had never before parented

- The children displayed significant emotional and behavioural symptoms (chronic runaway, no supervision, crying, fighting, and profound school issues).
- Tracy provided the following interventions leading to totally successful resolution
Interventions

- With parent cleaned/organized household, and developed nutritious meal plans
- personal diaries and helped in fill in the day with a schedule of events for each child, including when to get them up, prepare breakfast, buy food, clean house/chores)
- set up talking circles and story times to help the children and the father to communicate and problem solve
- daughters linked to trauma counselling
- introduce an elder to support the families
- linked the families to Native support groups
- solved the school problems by advocating with the school, providing psychological testing, changing schools, obtaining a special class and negotiating with the school principal
A Unique Prevention and Intervention Approach

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