



CALMD

UNIT 1.

Conceptual delimitations on mental health issues



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Basic Concepts Related to Mental Health

There are many definitions of mental health and discussions in the field regarding what is mental health.

Mental Health is a continuum, on the illness end, the person is rarely in touch with reality, for example the person who has a severe mental health illness can be diagnosed with schizophrenia or advanced stages of Alzheimer's disease. On the healthy side, we have a person who demonstrates a high level of wellness and awareness.

Components of good mental health

- A positive self-concept, a healthy sense of self.
- Awareness of responsibility for one's behaviour and its consequences.
- Effective, successful communication.
- Change-adaptability and perspective.
- Maintenance of satisfying interpersonal relationships.
- Understanding emotions and accepting the expressions of feelings and emotions.
- Understanding the importance of maintaining good relationships and learning how to utilise a structure of support.

The conduct displayed and the environment in which it is viewed both contribute to the determination of whether someone is considered mentally ill. An inability to handle a stressful circumstance might lead to mental disease.

Intellectual disability

Reference:

[https://www.adcet.edu.au/inclusive-teaching/specific-disabilities/intellectual-disability#:~:text=Intellectual%20disability%20is%20usually%20identified%20during%20childhood%2C%](https://www.adcet.edu.au/inclusive-teaching/specific-disabilities/intellectual-disability#:~:text=Intellectual%20disability%20is%20usually%20identified%20during%20childhood%2C%20)

The term 'intellectual disability' refers to a group of conditions caused by various genetic disorders, childbirth problems and complications, and acquired infections.

Intellectual disability is usually identified during childhood, and has an ongoing impact on an individual's development.

Ways of diagnosing ID:

- Different types of cognitive tests.
- IQ tests.
- Assessment of performance in schools.
- Other types of documentation (doctor notes, lab results etc).

Intellectual disability can be defined as a significantly reduced ability to understand new or complex information, learn new skills and to cope independently with life realities including social functioning.

As with all disability groups, there are many types of intellectual disability with varying degrees of severity.

Every person with an ID is different. There are different causes of the disability and considerable differences in the nature and extent of the intellectual impairments and functional limitations. We also need to keep in mind that everyone has a different background and is coming from a different social environment. Very important in the adjustment to the reality of life is also the family support and their financial possibilities.

Some people have genetic disorders that impact severely on their intellectual, social and other functional abilities. Others with mild intellectual impairment may develop adequate living skills and are able to lead relatively independent adult lives.

Impact of intellectual disability

What Is An Intellectual Disability?

- <https://youtu.be/PEa4bs4KJx0>

Intersection between mental health and intellectual disability

Psychology and psychiatry both aim to promote mental health.

Numerous behavioural issues are what bring people with ID to these specialists, and frequently the carers are taking action to address some of the difficulties they are facing. In order to assist these people move forward and better the lives and the lives of people they live with or who care for them, psychiatrists and psychologists work with patients to understand their concerns and what brought them to the clinic.

Most of the PWID (people with intellectual disability) are not aware that beside their ID they have other psychiatric diagnostics like depression and/or anxiety just to name two of the most common, some of them can acquire schizophrenia due to the prescribed psychiatric medication they have been taking for many years for their challenging behaviour.

PWID (people with intellectual disability) are not able to verbalise when they are feeling really depressed or really anxious. They need support to express their feelings and emotions, aprox. 99% of the referrals in these fields are because of their behaviour. The primary referral is aggression towards others or themselves or destroying property. Or there is another behaviour that worries caregivers, taking off, running away.

Who is our student?

Reference:

From: *Intellectual Disabilities | Encyclopedia of Social Work (oxfordre.com)*
From gov: *Disability in australia-below*

We find our client as having a diagnosed intellectual disability and many times a diagnosed or undiagnosed mental health issue plus physical ailments (especially where genetic illnesses are involved in diagnosis) that they can be aware of or not. Moreover they might have financial and social problems that might be overwhelming.

They are stigmatised in society and might have a traumatic past.

It is significant to recognize the wide range of experiences and differences among people with intellectual disability. People with mild to moderate intellectual disabilities frequently lead independent lives, working and living in their local communities with little to no assistance from their families or the formal service system. People with more severe disabilities could require a lot of help with daily living activities as well as supervision to stay safe. Individuals with intellectual and developmental disabilities make up a very diverse group.

Impact of intellectual disability on learning

Depending on the underlying reason, an individual's intellectual disability will have different consequences on his learning abilities.

A person's ability to learn may be significantly impacted by a number of common traits, such as:

- issues with communication and social skills difficulties with understanding new information;
- slow mental processing, challenges with new information and sequential processing and understanding of abstract concepts.

The Ten Commandments (basic rules in communicating with people with disability)

Reference:

From: *Disability in Australia: intellectual disability (AIHW bulletin no. 67, November 2008) (full publication) (AIHW)*

Watch:

- <https://youtu.be/2iKKdD50aVs>

“People with intellectual disability encounter special challenges that are different from people with other types of disabilities in a number of important aspects. For example, they have difficulty learning and applying knowledge and in decision making. They may have difficulty identifying and choosing options at key life transition points. They often have difficulty adjusting to changed circumstances and unfamiliar environments and therefore need high support during times of change.”

(Western Australia Ministerial Advisory Council on Disability 2006)

Additional related impairments and conditions. Multiple disabilities or impairments are common in people with intellectual disabilities.

- The most prevalent impairment is psychiatric disability.
- A little less than half of people with intellectual disability also have physical or other types of disability.
- More than half of individuals with intellectual disability and a severe or profound limitation reported having sensory, verbal, and physical or varied disabilities.
- The top five additional health issues were back pain issues, ADHD, asthma, speech issues and hearing issues.
- Speech issues are very much common.

Activities

Activity 1

Starting with today, try being more aware of any people with disabilities on the streets or in the restaurant, shopping malls, parks and notice how others are interacting with them.

Ask yourself:

- How many people with disabilities have you just met?
- If you haven't seen any person with a disability, why do you think that happened?

Note if other people are treating the people with disabilities differently than they might treat someone without a disability in that situation.

Activity 2

Think about a person with a disability that you already know.

Ask yourself the following questions:

- What kind of disability did the person have?
- How did the person appear to get around with that disability? Did he or she have any support from someone else or from a service animal?
- What types of interactions did the person with a disability engage in with others? How did the other person respond to the person with a disability?
- What did you learn or how did you feel on making these observations?

Questionnaire

1. Which are components of Good Health?

- A positive self-concept, a healthy sense of self; Change-adaptability and perspective; Effective, successful communication.**
- Beauty.
- The ability of an individual to carry out daily tasks without fatigue.

2. What is Intellectual Disability?

- A group of conditions caused by various genetic disorders, childbirth problems and complications, and acquired infections.**
- Impairment in a person's body structure or function.
- The state or condition of being unable to see because of injury, disease, or a congenital condition.

3. Which are the ways of diagnosing Intellectual Disability?

- Cognitive tests, IQ tests.**
- Physical tests.
- Running tests.

4. When engaging with adults with Intellectual Disability, what time is best for setting up a meeting?

- When considering a suitable time, keep in mind that some people with learning/intellectual disabilities prefer mornings, as they are more rested at this time of the day, and find it easier to concentrate.**
- People with Intellectual disability are more effective in the night.
- Never.

5. Which specialist is responsible for the cognitive assessment of intellectual ability to understand problems (physical, mental, etc.) including reaction to problems where insight exists?

- Social worker.
- Psychiatrist.
- Psychologist.**

Reflections: Engaging with people with learning/intellectual disabilities

Tips to support an effective engagement process with people with learning/intellectual disabilities.

- When considering a suitable time, keep in mind that some people with learning/intellectual disabilities prefer mornings, as they are more rested at this time of the day, and find it easier to concentrate.
- Provide an agenda and then keep to the agenda topics in the order they are listed.
- Be prepared to offer to have a minute taker. Also consider the use of a reader/writer when conducting surveys or asking for feedback.
- Avoid teleconferences. This will make it easier to ensure information is provided at the right pace and is understood.
- Make sure that only 1 person speaks at a time.
- Keep information simple, and avoid jargon. Also avoid using acronyms, and say all names in full.
- Where possible, accompany information with relevant pictures or visual aids.
- Speak at a pace that allows people time to consider your questions and how they might respond. Pause where you need to. Ask 1 question at a time.
- Provide a copy of your presentation to participants in advance, to allow them time to familiarise themselves with it.
- Let people know they are entitled to their opinion.
- Allow time for people to have their say, and listen to them carefully.
- Check your understanding of what people have said. Ask questions to clarify your understanding, or get people to repeat what they have said so that you are sure you understand. Do not pretend to understand.
- Check that people have understood what has been said. If someone does not understand, consider using an alternative approach; for example, by moving from open-ended to closed questions (yes or no, etc), repeating or rephrasing information, or using pictures or visual aids.

- To check that someone has understood, consider asking them to put the information into their own words. This will eliminate the risk of people saying 'yes' because that is what they believe they should say, and allow them to avoid having to answer 'no' to the question 'Do you understand?'.
- Some people may prefer that whānau members or carers express their preferences on their behalf, as they trust them to understand and communicate their individual needs. Ask permission from the person to gather this information.
- Easy Read is a way of producing information in everyday language that is consistent, acronym- and jargon-free and includes images to assist meaning. Easy Read documents have a large amount of clear/white space. Easy Read can also be used to support people with low literacy levels, or who have English as a second language. When putting together written information including Easy Read documents for people with a learning/intellectual disability, follow these guidelines.
- Consider producing a large print version (at minimum a 16-point font, but preferably 18) of written information. If you are not producing an Easy Read document, consider the clarity of your documents anyway, to ensure the information will be understood.



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