

Understanding Mental Health, Developmental Disabilities and ABI

ANXIETY DISORDERS:

Anxiety Disorders categorize a large number of disorders where the primary feature is abnormal or inappropriate anxiety. Everybody has experienced anxiety. Think about the last time a loud noise frightened you and remember the feelings inside your body. Chances are you experienced an increased heart rate, tensed muscles, and perhaps an acute sense of focus as you tried to determine the source of the noise. These are all symptoms of anxiety. They are also part of a normal process in our bodies called the 'fight or flight' phenomenon. This means that your body is preparing itself to either fight or protect itself or to flee a dangerous situation.

Your heart is racing; it's pounding so hard you feel like it is coming out of your chest. Your mouth has gone dry but at the same time, sweat has broken out all over your body. Dizziness and nausea are threatening to overwhelm you and you can't catch your breath.

Generalized Anxiety Disorder (GAD)

Generalized anxiety disorder (GAD) is a common anxiety disorder that involves chronic worrying, nervousness, and tension.

- excessive
- intrusive
- persistent
- debilitating

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder is an anxiety disorder characterized by persistent intrusive ideas, thoughts, impulses or images (obsessions) which often result in performing compulsive rituals over and over again. Typical compulsions are washing, checking and arranging things, and counting. These actions give individuals with OCD only temporary relief from their anxiety. With early diagnosis and the right treatment, people can avoid the suffering that comes with OCD.

Phobia and Panic Disorders

Fear is connected to a specific thing or situation, the anxiety of generalized anxiety disorder (GAD) is diffuse—a general feeling of dread or unease that colors your whole life. This anxiety is less intense than a panic attack, but much longer lasting, making normal life difficult and relaxation impossible.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder is an anxiety disorder characterized by reliving a psychologically traumatic situation, long after any physical danger involved has passed, through flashbacks and nightmares.

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MOOD DISORDERS:

Mood disorders affect about 10% of the population. Everyone experiences “highs” and “lows” in life, but people with mood disorders experience them with greater intensity and for longer periods of time than most people.

Depression

Depression is the most common mood disorder; a person with depression feels “very low.” Symptoms may include: feelings of hopelessness, changes in eating patterns, disturbed sleep, constant tiredness, an inability to have fun, and thoughts of death or suicide.

Symptoms of depression include the following:

- 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.

Bipolar Disorder

Bipolar Disorder has been broken down into two types:

Bipolar I: For a diagnosis of Bipolar I disorder, a person must have at least one manic episode. Mania is sometimes referred to as the other extreme to depression. Mania is an intense high where the person feels euphoric, almost indestructible in areas such as personal finances, business dealings, or relationships. They may have an elevated self-esteem, be more talkative than usual, have flight of ideas, a reduced need for sleep, and be easily distracted. The high, although it may sound appealing, will often lead to severe difficulties in these areas, such as spending much more money than intended, making extremely rash business and personal decisions, involvement in dangerous sexual behavior, and/or the use of drugs or alcohol. Depression is often experienced as the high quickly fades and as the consequences of their activities become apparent, the depressive episode can be exacerbated.

Bipolar II: Similar to Bipolar I Disorder, there are periods of highs as described above and often followed by periods of depression. Bipolar II Disorder, however is different in that the highs are hypo manic, rather than manic. In other words, they have similar symptoms but they are not severe enough to cause marked impairment in social or occupational functioning and typically do not require hospitalization in order to assure the safety of the person.

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PSYCHOTIC DISORDERS:

Psychosis

Psychosis is a serious but treatable medical condition that reflects a disturbance in brain functioning. A person with psychosis experiences some loss of contact with reality, characterized by changes in their way of thinking, believing, perceiving and/or behaving. For the person experiencing psychosis, the condition can be very disorienting and distressing. Without effective treatment, psychosis can overwhelm the lives of individuals and families.

Schizophrenia

Schizophrenia is a mystery, a puzzle with missing pieces. This complex biochemical brain disorder affects a person's ability to determine what is reality and what is not. It is as though the brain sends perceptions along the wrong path, leading to the wrong conclusion. People with schizophrenia are affected by delusions (fixed false beliefs that can be terrifying to the person experiencing them), hallucinations (sensory experiences, such as hearing voices talking about them when there is no one there), social withdrawal and disturbed thinking.

PERSONALITY DISORDERS:

A personality disorder is a type of mental illness in which you have trouble perceiving and relating to situations and to people — including yourself. There are many specific types of personality disorders.

In general, having a personality disorder means you have a rigid and unhealthy pattern of thinking and behaving no matter what the situation. This leads to significant problems and limitations in relationships, social encounters, work and school.

In some cases, you may not realize that you have a personality disorder because your way of thinking and behaving seems natural to you, and you may blame others for the challenges you face.

- *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*

Antisocial Personality Disorder

This disorder was previously known as both psychopathic and Sociopathic personality disorder. Like most personality disorders, there are many factors that may contribute to the development of symptoms. Because the symptoms are long lasting, the idea that symptoms begin to emerge in childhood or at least adolescence is well accepted. The negative consequences of such symptoms, however, may not show themselves until adulthood.

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There is a failure to conform to society's norms and expectations that often results in numerous arrests or legal involvement as well as a history of deceitfulness where the individual attempts to con people or use trickery for personal profit. Impulsiveness is often present, including angry outbursts, failure to consider consequences of behaviors, irritability, and/or physical assaults.

Some argue that a major component of this disorder is the reduced ability to feel empathy for other people. This inability to see the hurts, concerns, and other feelings of people often results in a disregard for these aspects of human interaction. Finally, irresponsible behavior often accompanies this disorder as well as a lack of remorse for wrongdoings.

Borderline Personality Disorder

The major symptoms of this disorder revolve around unstable relationships, poor or negative sense of self, inconsistent moods, and significant impulsivity. There is an intense fear of abandonment with this disorder that interferes with many aspects of the individual's life. This fear often acts as a self-fulfilling prophecy as they cling to others, are very needy, feel helpless, and become overly involved and immediately attached. When the fear of abandonment becomes overwhelming, they will often push others out of their life as if trying to avoid getting rejected. The cycle most often continues as the individual will then try everything to get people back in his or her life and once again becomes clingy, needy, and helpless.

The fact that people often do leave someone who exhibits this behavior only proves to support their distorted belief that they are insignificant, worthless, and unloved. At this point in the cycle, the individual may exhibit self-harming behaviors such as suicide attempts, mock suicidal attempts (where the goal is to get rescued and lure others back into the individual's life), cutting or other self-mutilating behavior. There is often intense and sudden anger involved, directed both at self and others, as well as difficulty controlling destructive behaviors.

Narcissistic Personality Disorder

The symptoms of narcissistic personality disorder revolve around a pattern of grandiosity, need for admiration, and sense of entitlement. Often individuals feel overly important and will exaggerate achievements and will accept, and often demand, praise and admiration despite worthy achievements. They may be overwhelmed with fantasies involving unlimited success, power, love, or beauty and feel that they can only be understood by others who are, like them, superior in some aspect of life.

There is a sense of entitlement, of being more deserving than others based solely on their superiority. These symptoms, however, are a result of an underlying sense of inferiority and are often seen as overcompensation. Because of this, they are often envious and even angry of others who have more, receive more respect or attention, or otherwise steal away the spotlight.

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CONCURRENT DISORDER:

Concurrent disorders describes a condition in which a person has both a mental illness and a substance use problem. This term is a general one and refers to a wide range of mental illnesses and addictions. For example, someone with schizophrenia who abuses cannabis has a concurrent disorder, as does an individual who suffers from chronic depression and who is also an alcoholic. Treatment approaches for each case could be quite different.

People with mental illness have much higher rates of addiction than people in the general population. Similarly, individuals with an addiction have much higher rates of mental illness than people in the general population.

DUAL DIAGNOSIS:

In Canada, *dual diagnosis* usually refers to an individual with a mental illness and a co-occurring developmental disability.

An individual with a developmental disability has significantly below average intellectual functioning, which is also accompanied by considerable limitations in their adaptive functioning or life skills. People with persistent developmental disorders (such as autism) are often included under the umbrella of developmental disabilities, even if their IQ approaches average. Approximately 1 to 3 percent of Canadians have a developmental disability.

Prevalence rates for dual diagnosis are difficult to identify because studies apply differing criteria in defining developmental disabilities and mental health issues. For example, definitions of developmental disability often use varying criteria in terms of severity of the disability or IQ level, and similarly, there is an inconsistency in how mental health problems are defined in this population. It is generally agreed, however, that individuals with developmental disabilities are three to four times more likely to develop emotional, behavioural and psychiatric difficulties than the general population.

Resources for mental health information were obtained from www.cmha.ca and www.allpsych.com

DEVELOPMENTAL DISABILITIES:

A developmental disability

- is present at birth or develops before 18 years of age,
- limits a person's ability to learn,
- is permanent,
- can be mild or severe.

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People with developmental disabilities learn, understand or remember things at a slower pace than others. This can affect their language and social skills. It may also mean that they need help with daily life as well as other assistance to be as independent and successful as possible.

ADD/ADHD - Attention Deficit Disorder/Attention Deficit Hyperactive Disorder

- Inattentive, overly impulsive and, in the case of ADHD, hyperactive.
- Have difficulty sitting still or attending to one thing for a long period of time
- May seem overactive

Possible Accommodations

- Memory aids to help with concentration or time management, reduce workplace distractions, improve organization and prioritization, multi-task, or complete paperwork
- Using a planner or programming your iPhone to alert you to deadlines

Autism

Autism is a disorder that is usually diagnosed in early childhood. The main signs and symptoms of autism involve communication, social interactions and repetitive behaviors.

An individual with autism might have problems talking with you, or they might not look you in the eye when you talk to them. They may spend a lot of time putting things in order before they can pay attention, or they may say the same sentence again and again to calm themselves down. They often seem to be in their "own world."

Because people with autism can have very different features or symptoms, health care providers think of autism as a "spectrum" disorder. Asperger syndrome is a milder version of the disorder.

The cause of autism is not known. Autism lasts throughout a person's lifetime. There is no cure, but treatment can help. Treatments include behavior and communication therapies and medicines to control symptoms. Starting treatment as early as possible is important.

Asperger Syndrome

Asperger syndrome (AS) is an autism spectrum disorder. Autism spectrum disorders are developmental disorders that affect how a person behaves, interacts with others, communicates, and learns. Asperger syndrome is milder than autism but shares some of its symptoms.

The cause of Asperger syndrome is not known. It is more common in boys than girls.

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Signs and symptoms of Asperger syndrome show up by the time children are 3 years old. A major symptom is an obsessive interest in a single subject. They want to know everything about the topic and often talk about little else. They may have an excellent vocabulary but have very formal speech patterns.

Other symptoms include

- Trouble reading social cues and recognizing other people's feelings
- Having strange movements or mannerisms
- Problems with motor skills
- Avoiding eye contact
- Having rituals
- Being sensitive to certain lights, sounds, textures, or tastes

All of these make it difficult for them to make friends.

Treatment focuses on the three main symptoms: poor communication skills, obsessive or repetitive routines, and physical clumsiness. Treatments may also include behavior therapy and medicines.

Down Syndrome

Down syndrome is a condition in which a person is born with an extra copy of chromosome 21. People with Down syndrome can have physical problems, as well as intellectual disabilities. Every person born with Down syndrome is different.

People with the syndrome may also have other health problems. They may be born with heart disease. They may have dementia. They may have hearing problems and problems with the intestines, eyes, thyroid, and skeleton.

The chance of having a baby with Down syndrome increases as a woman gets older. Down syndrome cannot be cured. Early treatment programs can help improve skills. They may include speech, physical, occupational, and/or educational therapy. With support and treatment, many people with Down syndrome live happy, productive lives.

FASD (Fetal Alcohol Spectrum Disorder)

Alcohol can harm your baby at any stage during a pregnancy. That includes the earliest stages before you even know you are pregnant. Drinking alcohol can cause a group of conditions called fetal alcohol spectrum disorders (FASDs). Effects can include physical and behavioral problems such as trouble with

- Learning and remembering
- Understanding and following directions
- Controlling emotions

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- Communicating and socializing
- Daily life skills, such as feeding and bathing

Fetal alcohol syndrome is the most serious type of FASD. People with fetal alcohol syndrome have facial abnormalities, including wide-set and narrow eyes, growth problems and nervous system abnormalities.

FASDs last a lifetime. There is no cure for FASDs. Treatments can help. These include medicines to help with some symptoms and behavior therapy. No one treatment is right for every child.

FASD describes a range of disabilities that result from exposure to alcohol during pregnancy. The medical diagnoses of FASD include:

- Fetal Alcohol Syndrome (FAS)
- Partial FASD (pFAS)
- Alcohol Related Neurodevelopmental Disorder (ARND)

Learning Disabilities

- Learning Disabilities (LDs) are specific neurological disorders that affect the way a person stores, understands, retrieves and/or communicates information.
- People with learning disabilities are intelligent and have abilities to learn despite difficulties in processing information and a pattern of uneven abilities.
- LDs are invisible and lifelong.
- LDs can occur with other disorders (ADHD, etc) and may run in families.
- LDs are NOT the same as mental retardation, autism, deafness, blindness, behavioral disorders or laziness.
- LDs are not the result of economic disadvantage, environmental factors or cultural differences.
- Living with a learning disability can have an ongoing impact on friendships, school, work, self-esteem and daily life.
- People with LDs can succeed when solid coping skills and strategies are developed.

Resources for Developmental Disabilities was obtained from <http://www.nlm.nih.gov/medlineplus/>, <http://www.dsontario.ca/>, www.publichealth.gc.ca and <http://www.ldac-acta.ca/>

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ACQUIRED BRAIN INJURY (ABI):

An acquired brain injury (ABI) is damage to the brain caused by:

- A traumatic injury, e.g., a car accident, fall, assault or sports-related injury, or
- A medical problem or disease, e.g., the brain not getting enough oxygen, a tumour, brain aneurysm, infection or a stroke.

An ABI occurs after birth and is not related to:

- A congenital disorder or developmental disability, e.g., cerebral palsy, muscular dystrophy, autism, spina bifida with hydrocephalus, or
- A process that gradually damages the brain, e.g., dementia, multiple sclerosis, Alzheimer's Disease, Parkinson's Disease.

Emotional/Behavioural Changes

Some people are left with changes in emotional reaction or behaviour after a brain injury. These are more difficult to see than physical or cognitive changes. However, they can be the most difficult for the person and their family to deal with. Not everybody will experience these problems and their severity will also vary.

- **Agitation**
- **Explosive anger and irritability**
- **Lack of awareness and insight**
- **Impulsivity and dis-inhibition**
- **Emotional Liability**
- **Self-centeredness**
- **Apathy and poor motivation**
- **Depression**
- **Anxiety**
- **Inflexibility and obsessions**

Physical Changes

A brain injury can cause physical changes that may be temporary or permanent. Some people will experience a number of these changes. Some people may not experience any. It depends on the type of injury, where it is in the brain, and how serious it is. A person with a brain injury may have difficulty with:

- **Alertness**
- **Movement/mobility**
- **Speech and language**
- **Swallowing**
- **Bladder/bowel control**
- **Pain**
- **Sleep and Fatigue**

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- Seizures
- Senses

Cognitive Changes

Brain injury can affect the way a person thinks, learns and remembers. Different abilities are located in different parts of the brain, so some may be affected, while others are not. Some of these issues are more significant at the early stages of recovery when the person is distracted with medical issues and the high level of activity in the hospital. However, in some cases the changes can be permanent. The following are some common challenges:

- Attention
- Speed of processing
- Memory and learning
- Planning, organizing and sequencing
- Communication

Language problems following a brain injury vary and may include:

- **Dysarthria**
Speech is slow, slurred or difficult to understand because the areas of the brain that control speech muscles are damaged.
- **Apraxia**
The person has difficulty saying words correctly.
- **Aphasia**
Some people with aphasia have problems with expressive language (what is said). Others have problems with receptive language (what is understood). Often a person may have more problems with reading and writing than with speaking and understanding.

Sometimes people experience difficulties with the social aspects of conversation such as taking turns, generating ideas, reading social cues, and recognizing facial expressions in themselves or others.

For more information on ABI see <http://www.abinetwork.ca/>

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Most commonly used Accommodations for people with Mental Health issues

- Flexible scheduling
 - Flexibility in the start or end of working hours to accommodate effects of medication or for medical appointments.
 - Part-time shifts (which may be used to return a worker to a full-time position).
 - More frequent breaks.
- Changes in supervision
 - Modifying the way instructions and feedback are given. For example, written instructions may help an employee focus on tasks.
 - Having weekly meetings between the supervisor and employee may help to deal with problems before they become serious.
- Changes in training
 - Allowing extra time to learn tasks.
 - Allowing the person to attend training courses that are individualized.
- Modifying job duties
 - Exchanging minor tasks with other employees.
- Using technology
 - Allowing the person to use a lamp instead of fluorescent lights to eliminate a flicker which may be irritating or cause a reaction.
 - Providing the employee with a tape recorder to tape instructions from a supervisor, training programs and meetings if they have difficulty with memory.
 - Allowing an employee to use head phones to protect them from loud noises.
- Modifying work space or changing location
 - Allowing an employee to relocate to a quieter area where they will be free from distractions.
 - Allowing an employee to work at home.
- Job coach assistance in hiring, and on the job
 - A job coach may be someone from an outside agency that assists the employee in the workplace. Alternately, someone within the workplace, such as a peer or human resources staff person might perform this role.
 - The job coach can help in a number of ways such as assisting the person to fill out applications, helping them to reduce their anxiety by providing feedback, observing their work and making suggestions about accommodation.

<http://www.mentalhealthworks.ca/employees/faqs/accommodations/types>