Understanding the Mental Health Needs of Students with Intellectual Disability: Recommendations to Enhancing School-Based Mental Health Care

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Overview

We reviewed the current literature to better understand the mental health needs of students with intellectual disabilities (I.D). We aimed to gather up-to-date empirical information on the prevalence of co-occurring mental health conditions in students with I.D., as well as the risk and protective factors associated with them. The findings from the review were further examined to develop suggestions to enhance the mental health care for students with I.D in schools.

What is Intellectual Disability

Intellectual disability (I.D.) is a lifelong condition characterized by significant limitations in intellectual and adaptive functioning across multiple environments (Mazza et al., 2020). Intellectual and adaptive limitations become apparent during the developmental period The severity of I.D. is defined on the basis of adaptive functioning. A student's adaptive functioning suggests the level of supports they will need in conceptual (e.g., academic skills), social, and practical (e.g., daily living skills) domains of their daily living (American Psychiatric Association, 2013).

Limited Canadian statistics are available on the prevalence of I.D. among school-aged children and youth. There are also discrepancies in how researchers conceptualize and recruit participants (e.g., I.D. with or without physical disabilities or genetic disorders), leading to varied prevalence rates for I.D. reported across the literature (Marquis et al., 2018). 2009-2010 administrative data from Ontario indicated that 0.78% of the adult population has a developmental disability (Lunsky, KelinGeltink, Yates, 2013).

Intellectual Disability and Mental Health

Research examining co-occurring mental health conditions and disorders in I.D. is mostly conducted with adult populations. Fewer studies examined co-occurring prevalence rates of men. Findings of published studies suggest that co-occurring rates of mental health disorder may range between 20-40% in children and adolescents with I.D. (Einfeld et al., 2011). However, the severity of I.D., gender, and socio-economic factors, and exposure to adverse events can considerably vary the prevalence of mental health disorders in I.D. The prevalence of mental health and psychiatric disorders tends to be higher in mild, moderate, and severe I.D. than in profound I.D. However, it is important to note individuals with profound I.D. may be underdiagnosed with mental health conditions due to severe limitations to communicate their symptoms and challenges (Einfeld et al., 2011). Furthermore, the heterogeneity in symptoms between I.D. and other mental health conditions may also make it difficult to identify and treat dual diagnoses. Nonetheless, co-occurring mental health and psychiatric disorders may further worsen functioning and cause significant problems in the

reception, acceptability, and impact of vocational, social, and related interventions and services provided to individuals with I.D.

Mood and anxiety disorders are the most common co-occurring mental health disorders among children and adolescents with I.D. (Einfeld et al., 2011; Mazza et al., 2020; Whitney et al., 2019). Due to limitations in thinking and reasoning skills, students with I.D. may be at significantly higher risks of developing excessive fears and anxieties when faced with stressors or in environments that demand more relatively advanced problem-solving or elicit uncertainty (Austin et al., 2018). Common subtypes of anxiety disorders co-occurring in I.D. may include social anxiety, specific phobia, and generalized anxiety disorder (Platt et al., 2019). In addition, separation anxiety disorders in I.D. may be more prevalent in early and middle childhood (Green et al., 2015).

There is some evidence indicating individuals with I.D. and without I.D. have similar depressive symptomatology. Individuals with I.D were reported to be experiencing sadness, tiredness, agitation, self-criticism, crying, loss of energy, changes in sleeping patterns, irritability, and loss of interest in previously enjoyed activities (McGillivary & McCabe, 2007)). Notably, persistent sadness distinguished those who were at risk of experiencing depression versus having a depressive episode in individuals with I.D. Furthermore, reduced social support and frequent and excessive automatic negative thoughts may increase the risks for depression in students with I.D (McGillivary & McCabe, 2007).

Suicide risks and behaviours in students with I.D. are an understudied phenomenon in research (Merrick et al., 2006). In a 2012 community sample research, about 34% of adults with I.D. reported having suicidal thoughts (Lunsky et al., 2012), emphasizing the need to better understand the risk factors for suicidality in these population groups. For adults with I.D., Merrick et al. (2006) found that previous psychiatric hospitalization, stressful life events, physical disability, loneliness, sadness, depression and anxiety increase risks for suicidality among adults with I.D.More extensive research is required to understand risks, behaviours, and prognosis associated with suicidality related to I.D. in childhood and adolescence.

Risk and Factors for Mental Health Disorders in I.D.

Many risk factors have been found to predict the relationship between I.D. and co-morbid mental health disorders or conditions, and they would likely have cumulative effects on one's impairments (Lapshina & Stewart, 2019; Whitney et al., 2019).
- ✓ Bullying victimization
- ✓ Pain
- ✓ Reduced social support
- ✓ Exposure to adverse or traumatic life events (e.g., death of a family member, rejection, abuse)
- ✓ Family dysfunction

However, researchers have mostly investigated risk factors for mental health disorders among adults with I.D., especially those with more intensive psychiatric histories and needing inpatient care. Impairments and prognosis associated with mental health disorders can be more severe for individuals with I.D. compared to those without I.D.

People with I.D. may have limited insights about their mental health and challenges learning and practicing healthy coping skills to deal with stressors (Austin et al., 2018).

Protective and Promotive Factors Enhancing Mental Well-Being in MID

Very limited research has been conducted to explore the protective or promotive factors that may enhance the mental well-being of students with I.D. However, emerging literature emphasizes the increasing need for students with I.D. to be taught developmentally appropriate coping skills to help deal with daily stressors and maintain positive mental health (Riemersma et al., 2020). Maladaptive coping has been found to be a possible risk factor for the development and maintenance of co-occurring mental health conditions in I.D. (Austin et al., 2018). Thus, teaching students with I.D. somatic (e.g., breathing exercises) and emotional (e.g., identifying and labelling emotions, concrete actions to do for distressing emotions) may help promote positive mental health. It is important that the coping skills training has appropriate cognitive and behavioural modifications to respond to the diverse intellectual needs of these student groups (Ratcliffe et al., 2019). Plus, the school team and families should be actively engaged and involved in the coping training so that students with I.D are well supported to apply and transfer the learned coping skills to different settings and situations.

I.D can also b extremely stigmatizing (Maulik et al., 2011). The limitations in students' ability to carry out daily adaptive tasks may draw negative attention from peers in schools, making them vulnerable to experience bullying victimization. Along with extensive training to strengthen students' social and practical skills, efforts for social inclusion have also been advocated to improve school functioning and mental well-being for students with I.D.

Implications and Recommendations for School Mental Health Approaches

The literature review highlighted the considerable risks of co-occurring mental health conditions for I.D. The presence of co-morbid mental health disorders can exacerbate students' impairments, prognosis, and vocational and daily living potentials following the transition from secondary schooling. However, there are significant gaps in the assessment and interventions for mental health challenges for students with I.D. In the section below, we provide suggestions for considerations to possibly improve the mental health care of students with I.D. in school settings.

1. Assessing for Mental Health Needs

In addition to assessing academic and adaptive needs, the standard progress monitoring procedures established in schools for students with I.D. should also regularly evaluate for possible mental health challenges. Existing standardized mental health measures may not always reliably or validly capture the mental health needs of students with I.D. Therefore, mental health assessments of students with I.D. should be supplemented with appropriate behavioural observations (e.g., changes in behaviours, disengagement from previously enjoyed activities, emotional reactivity in response to stressors), interviews with teachers and parents, and consultations with relevant education and healthcare professionals.

2. Social-Emotional Learning (SEL) Coping Skills Training
SEL and coping skills training is suggested to begin from early elementary levels. Regardless of the universal program that schools opt to use, considerable cognitive and developmental modifications are required to optimize the benefits of such programs for students with I.D. Researchers have primarily emphasized providing explicit, sequential coaching of behavioural coping skills (e.g., behavioural components of standard cognitive behavioural SEL programs) with students with I.D. and teachers and older peers may help model them.

SEL and coping skill training is suggested to include multiple school personnel and ample opportunities for students to learn, practice, rehearse, and repeat the skills in different situations. Finally, regular behavioural activation and engagement in pleasurable and personally meaningful activities may also contribute to positive mental health among students with I.D. These activities can also provide rich opportunities for students with I.D. to discover and refine their strengths, further enhancing their self-concept.

3. Considerations for School-Wide Anti-Bullying Strategies
Students with I.D. are at increased risk of being bullied. School-wide anti-bullying should have a stand-alone focus on how students with I.D. can be appropriately supported with social skills, conflict resolution, and advocacy training to help them navigate social and peer situations better. However, it is also acknowledged students with more severe intellectual and adaptive limitations may face many challenges in learning and applying these skills. Therefore, bystander interventions, compassion buiding and training peers and teachers to become advocates may also strengthen anti-bullying efforts to create a safer school environment for students with I.D.

Citation

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