

Service, Support and Success

The Direct Support Workers Newsletter

Let's talk...

...about mental health and developmental disabilities

By: Yona Lunsky
Rob Balogh
Kristin Dobranowski
Avra Selick
Elizabeth Lin

January 27th is “Bell Let’s Talk Day” across Canada.

The Bell Let’s Talk campaign suggests 5 ways to end the stigma around mental illness:

- language matters,
- educate yourself,
- be kind,
- listen and ask, and
- talk about it

If you go to the [website](#), you can download [a toolkit](#) which says: Find out why every Canadian should be talking about mental health. Notice it says EVERY Canadian.

So let’s talk (even if you are not Canadian). Let’s talk about mental health and developmental disabilities.

We can start by asking these questions:

What does mental health mean to you?

What does it mean to the people you support?

Have you ever talked about mental health?

If you haven’t, as this national campaign would suggest, maybe it is time.

This newsletter is one way to help spark that conversation.

What is Mental health? (Watch [this video](#) on promoting mental health)

If you speak to the individuals you support about what they do to stay healthy, they will probably talk about physical health. They do things like brush their teeth, eat properly, get exercise, and go see their doctor when something is not right. But being healthy is more than just about how your body is working; it is also involves your thoughts and feelings.



Hands

TheFamilyHelpNetwork.ca

Helping families and everyone in them.

When you are planning to discuss mental health issues with people you support, it can be helpful to first think about what you do to promote your own mental health. You might engage in hobbies or activities you enjoy, you might spend time with people who strengthen and support you, and try to stay away from people who irritate you or make you feel sad or angry. Activities like eating right, exercising, sleeping enough, and enjoying the outdoors not only help our bodies work better; they can also improve our mental health. There is no shortage of activities we can do to help promote our mental health. Thinking about this yourself and then discussing it with the people you support is a helpful way to realize the opportunities available to all of us. We need to remember these opportunities, especially when we face hard times. For more ideas, Mike Evans has an enjoyable video on coping called [“What you can do to get through a crap week”](#).

Good mental health is associated with things like where we live, liking our work and daily activities, having enough money, having friends and family, and having a good education. Sadly, individuals with developmental disabilities are often at a disadvantage regarding these issues. For example their education may have been inadequate leading to problems finding work; they can feel socially isolated, and be exposed to stress and trauma. This puts their mental health at risk.

What is mental illness?

Mental illness occurs when the brain is not working the way it should. It is like an imbalance in any aspect of life including physically, mentally, emotionally, and spiritually. Mental illness is a collection of disorders; it is common and can affect everyone differently. Mental illness is very common for those with developmental disabilities. In the [H-CARDD program](#), we looked at over 66,000 adults with developmental disabilities living in Ontario to see how many of them were given a psychiatric diagnosis. We found that almost one in two adults were given a diagnosis of mental illness or an addiction diagnosis over a two year period. This is much higher than what is found in the general population.

Here are some interesting facts we learned when we compared the adults with developmental disabilities and a psychiatric diagnosis to adults with developmental disabilities without a psychiatric diagnosis:

- They were more likely to have a variety of physical health problems including diabetes, asthma, hypertension, and chronic obstructive pulmonary disease (COPD). This means that staff need to pay close attention to their mental AND physical health problems.
- They were more likely to visit emergency departments and be hospitalized. These hospital visits might have been for psychiatric issues, but they also could have been for medical issues.
- They were more likely to return to the hospital within 30 days suggesting that, at least for some people, social and medical supports either during or after the first visit may not have been good enough.

This article encourages us to talk about mental illness, but also addictions (Yes, we also looked at addictions!). They might be less common than mental illness for those with developmental disabilities, but here are some things you should know about addictions (also from the H-CARDD project):

- They can go hand in hand – most individuals with addictions and developmental disabilities also have a mental illness at the same time – we called this a “triple diagnosis.”
- Those with mental illness and addiction issues had even more physical health problems than those with mental illness alone, and they used the most health care services including emergency and hospital services.

Keep in mind that addictions are not just about illegal drug use. They also may include alcohol, caffeine and nicotine, gambling, and even online gaming activities.

For more information on addictions, you can visit [this page](#).

What are we supposed to do about mental illness and addictions in those we support?

1. Promote mental health

- *Develop a mental health and an emotions vocabulary:* As the title of this article suggests, talking about it is a great start. Questions to ask might include: What are all the different emotions we can feel? What do they feel like? When you feel angry, where do you feel it? In which part of your body? How do you walk when you are angry? How do you breathe? What do you think about when you are angry?
- *Assemble coping toolboxes:* Some people have better mental health than others because of how they deal with negative emotions and stress, or which coping tools they can pull out of their coping toolbox. It is impossible to make any of our lives stress free, and it is as important to experience negative emotions sometimes, like sadness, fear or anger, as it is to feel happy or excited. The trick is knowing what to do when those feelings start. It is ok to have those feelings, they happen to all of us, but they make us act in certain ways. And acting in those ways can sometimes be a problem. For example, we can feel sad. When we are sad, we might want to spend more time alone, or we might not want to do activities we usually enjoy. We might not even feel like eating that much, or getting out of bed. Many people have a day like that every once in a while, but what can we do if we feel like that many days in a row? Or we might feel angry. When some people feel angry they might yell at other people or break things, or even hurt someone. There is nothing wrong with feeling angry. It happens to all of us. But what are some things we can do when we feel angry instead of breaking things or hurting people? A coping toolbox can have a bunch of strategies inside to help us cope with difficult emotions, and with difficult situations. As staff, we can help fill up these toolboxes with strategies that work (it is good to have at least a few options to select from), and we can also help the people we support to pick the right strategy for a given situation.
- *Help fight stigma by learning more about mental illness:* For example “[Mindsight](#)” is an educational resource developed to reduce stigma by helping people learn about mental illnesses and the strategies and resources that can help people with mental health challenges including those with developmental disabilities. Other resources to fight stigma can be found on the [Bell Let’s Talk website](#).

2. Identify mental health and addiction issues early and bring them to the attention of health care providers

- When describing new or emerging mental health or addiction issues, be prepared to describe what you are observing, how this is different than how the individual was before you saw these problems, and consider any medical issues or changes in the environment that might have contributed to current concerns. You can watch the video [“There are no quick fixes”](#) to think about contributors and how we diagnosis mental health and addiction issues in those with developmental disabilities.
- Help the person you are concerned about be part of the discussion by developing a plan together to discuss concerns with a health care provider. You can use words, but you can also use photos or videos to show some of the difficulties. You can also use a tool like the [“Today’s Health Care Visit”](#) form to bring to the doctor appointment.

3. Treat mental health and addiction issues

- There are many treatment options: It is important to think broadly and creatively when it comes to helping people with mental health or addiction issues. This is where the “coping toolbox” comes in handy. For one person exercise might be an important therapy while singing and dancing might be helpful for another. Talking therapies and medications are the most common approaches, but there are other approaches as well. Just keep in mind that any interventions that are tried (medication or otherwise), should be monitored so we know if they help.
- Monitor medications: We will only know if there are benefits if we measure the symptoms before and after the medication is started. Unfortunately medications also come with side effects. In deciding if a medication works or not, we have to see if improved symptoms (benefits) outweigh side effects (risks) of the medication. To read more about medications check out [this newsletter](#).
- Consider psychological interventions: Research studies have shown that certain psychological interventions can benefit individuals with developmental disabilities and mental health issues. These include anger management groups, cognitive behaviour therapy for depression, and mindfulness for various problems. Behaviour therapy which includes gradual “exposure” can also be effective for helping people overcome phobias.

4. Prepare for Emergencies and Hospital Visits

- Knowing that individuals with mental health or addiction issues are more likely to visit hospital emergency departments and to be hospitalized, it is important to be prepared for those sorts of visits. There are different forms you can use to help with this. The Developmental Disabilities Primary Care Initiative developed a one page sheet ([Essential information for the emergency department](#)) which could be available for emergencies. Alternatively, or in addition to this form, you could also prepare an [“About Me”](#) form or a related form that helps to describe the emergency and strategies to help the person you are supporting to the emergency department. It is equally important to find out from the emergency visit what the next steps should be. A tool like the [“Exit Interview”](#) might be helpful in this regard. Most important, you want to do some follow up after the first emergency to prevent, or at least plan for, any future emergencies. Discussions with the hospital and the family doctor are critical in this regard.

Where do we begin? There is so much that can be done to improve the mental health of individuals with developmental disabilities but, if there is one take away from the Bell Let's Talk campaign and from this newsletter, it is that we can start to make things better by talking about it. The conversation about mental health is for all of us including the individuals we support, so join the conversation and share what you are learning within your agencies, and with your local communities. If you found this newsletter helpful, please let us know at hcardd@camh.ca or find us on [Facebook](#) or [Twitter](#).

All links embedded in this document are provided in full here and can also be accessed through the H-CARDD website (www.hcardd.ca) on the [Mental Illness and Addictions page](#).

[Bell Let's Talk](#)

[Bell Let's Talk Toolkit](#)

[The H-CARDD Program](#)

Video: [Promoting Mental Health: Finding a Shared Language](#)

Video: [What you can do to get through a Crap Week](#)

Video: ["There are no quick fixes"](#)

[What are Addictions?](#)

[The Direct Support Workers Newsletter –](#)

[Medications](#)

[Today's Health Care Visit](#)

[Essential Information for the Emergency](#)

[Department](#)

["About Me"](#)

[Exit Interview](#)

For more information:

Town Hall (Dual Diagnosis) <https://www.porticonetwork.ca/web/hcardd/dual-diagnosis/town-hall-dd-and-addiction>

Dual diagnosis information guide: <https://www.porticonetwork.ca/documents/21686/0/Dual+diagnosis+information+guide/e3745a9a-b206-4662-93cb-122ef260c1d2>

About the authors:

This newsletter was prepared by **Yona Lunsky**, **Rob Balogh**, **Kristin Dobranowski**, **Avra Selick** and **Elizabeth Lin**. They are part of the Health Care Access Research and Developmental Disabilities (H-CARDD) Program and are affiliated with Centre for Addiction and Mental Health and University of Ontario Institute of Technology.

Editors: Dave Hingsburger, Vita Community Living Services and Angie Nethercott, North Community Network of Specialized Care, Hands TheFamilyHelpNetwork.ca

Answers to FAQ's about the Newsletter

- 1) The newsletter is intended to be widely distributed; you do not need permission to forward. You do need permission to publish in a newsletter or magazine.
- 2) You may subscribe by sending an email to dhingsburger@vitacls.org.
- 3) We are accepting submissions. Email article ideas to either the address above or to anethercott@handstfhn.ca
- 4) We welcome feedback on any of the articles that appear here.

