Chapter 2
Mind the Gap:
Developmental Vulnerability
and Mental Health

Valsamma Eapen
University of New South Wales, Australia & South West Sydney Local Health District, Australia

Amelia Walter
University of New South Wales, Australia & South West Sydney Local Health District, Australia

ABSTRACT

Individuals with Intellectual Disability (ID) experience higher rates of psychiatric disorders than the general population, although findings are mixed with regard to the determinants of this increased prevalence. Despite growing recognition of the prevalence of mental health problems among individuals with ID, and the consequences this comorbidity carries for individuals, families and the wider community, there are multiple challenges in identifying and managing these concerns. Accurate diagnosis and effective intervention is currently hindered by factors including the applicability of standardised psychiatric classification systems, gaps in service delivery models and access to such services, as well as unmet training needs.

INTRODUCTION

Despite increased recognition of the prevalence and impact of psychiatric disorders among individuals with Intellectual Disability (ID), the early assessment and treatment of these remains a challenge. This is particularly caused by limitations in current assessment and diagnostic systems, and further development and refinement of standardised diagnostic systems is critical. Furthermore, in order for intervention to be effective, it must address the multiple risk and resilience factors underlying ID and comorbid mental health problems. Therefore, from a public health perspective, rates of comorbid psychiatric disorders should be taken into account when planning for provision of services. Similarly, intervention research should consider the role of comorbidity in predicting outcomes, while basic science research would benefit from increasing understanding of these comorbidities by delineating possible heterogeneous
aetiological and neurobiological determinants. This chapter will review and synthesise the literature on the prevalence, impact and determinants of the comorbidity of ID and psychiatric disorders, and discuss important considerations to improve accurate identification and effective management of these concerns.

**BACKGROUND**

Intellectual Disability (ID) is characterised by deficits in both intellectual and adaptive functioning beginning during childhood or adolescence (APA, 2013). Adaptive behaviour includes conceptual skills (e.g., language, money and time concepts), social skills (e.g., interpersonal skills and social problem solving), and practical skills (e.g., activities of daily living and occupation) (Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011).

A recent meta-analysis found that the overall global prevalence of ID was approximately 1%, with higher prevalence rates found in low- and middle-income countries, and among child and adolescent populations (Maulik et al., 2011). Social gradients and ethnic disparities have been reported in previous research on the prevalence of ID. For example, lower socio-economic status (SES) has been found to be associated with a marked increase in the prevalence of ID, particularly mild ID (Emerson, 2012; Leonard et al., 2005; Leonard & Wen, 2002; Roeleveld & Zielhuis, 1997; Stromme & Magnus, 2000), and higher rates of ID have been found among African-American and Indigenous Australian children (Croen, Grether, & Selvin, 2001; Leonard, Petterson, Bower, & Sanders, 2003; Leonard et al., 2005; Yeargin-Allsopp, Drews, Decouflé, & Murphy, 1995). In a recent epidemiological study to estimate the burden of disease caused by ID in Australia, the authors estimated that ID was responsible for 1.7% of the total disease burden in all Australians, and 5.5% of the total disease burden in Indigenous Australians (Begg et al., 2007; Vos, Barker, Stanley, & Lopez, 2007). Of particular concern is the evidence that an “inverse care law” applies, in that the greater number of risk factors a child may have for ID, the less access they have to preventative and comprehensive health care (Woolfenden et al., 2013). This creates a vicious cycle whereby the risk factors that may predispose a child to ID are also the same risk factors that may mean they are likely to miss out on timely and effective identification and intervention.

**CHALLENGES IN THE ASSESSMENT AND MANAGEMENT OF PSYCHIATRIC DISORDERS AMONG INDIVIDUALS WITH INTELLECTUAL DISABILITY**

**Prevalence of Psychiatric Disorders among Individuals with Intellectual Disability**

In a recent systematic review, Einfeld, Ellis, and Emerson (2011) found that between 30 and 50% of children and adolescents with ID had a comorbid mental disorder, and that the relative risk of mental disorder associated with ID, when compared to children and adolescents without ID, ranged from 2.8 to 4.5. Consistent with these findings, a secondary analysis of the 1999 and 2004 Office for National Statistics surveys of the mental health of British children and adolescents estimated that the 3% of British children with ID accounted for 14% of total child and adolescent psychiatric morbidity (Emerson &
Related Content

User Acceptance of Online Computer Games: Comparing Two Models in a Field Study
[www.igi-global.com/chapter/user-acceptance-online-computer-games/24727?camid=4v1a](www.igi-global.com/chapter/user-acceptance-online-computer-games/24727?camid=4v1a)

Quality and Acceptance of Crowdsourced Translation of Web Content

Intelligent Agents Supporting the Social Construction of Knowledge in a Learning Environment
[www.igi-global.com/chapter/intelligent-agents-supporting-social-construction/22415?camid=4v1a](www.igi-global.com/chapter/intelligent-agents-supporting-social-construction/22415?camid=4v1a)

Temporal and Spatial Aspects of Pointing Gestures
[www.igi-global.com/chapter/temporal-spatial-aspects-pointing-gestures/35887?camid=4v1a](www.igi-global.com/chapter/temporal-spatial-aspects-pointing-gestures/35887?camid=4v1a)