

Intellectual disability and anxiety disorders

Anxiety is part of the human condition. It helps us to manage difficult situations. It is often referred to as 'being on edge', irritable, nervous, frazzled, worried, tense, distressed, stressed, uptight, upset, or apprehensive. Although anxiety is an unpleasant state, it can be quite useful in helping us avoid dangerous situations and motivate the solving of everyday problems.

It can vary in severity from mild uneasiness through to a terrifying panic attack and can also vary in how long it lasts, from a few moments to many years. However, when this anxiety is almost constant and heightened it can become counterproductive and interferes with a person's ability to live a normal life.

Recognising anxiety disorders

Changes in a person's emotional or behavioural state are classic signs/symptoms of an anxiety disorder. Symptoms of anxiety will affect how someone feels, how they think, how they behave and their physical wellbeing. Some examples are

- **Emotions:** Unrealistic or excessive fear, irritability, impatience, anger, confusion, feeling on edge, nervousness, depressed mood
- **Thoughts:** Lots of worry about past or future events, mind racing or going blank, poorer concentration and memory and trouble making decisions
- **Behaviour:** Avoiding situations or people, obsessive or compulsive behaviour, withdrawal or distress in social situations, increased use of alcohol or other drugs.
- **Physical:** Pounding heart, chest pain, rapid heartbeat, blushing, rapid shortness of breath, dizziness, headache, sweating, stomach pains, nausea, vomiting, and diarrhoea, muscle aches and pains (especially neck, shoulders and back), restlessness and tremors and difficulty sleeping.

Types of anxiety disorders

An anxiety disorder differs from normal anxiety in the following ways.

- it is more severe
- it is long lasting
- it interferes with the person's work or relationships.

There are many different types of anxiety disorders with their own distinct features with the more common ones including:

- **Generalised Anxiety Disorder:** Persistent, excessive or unrealistic worry about almost anything accompanied by multiple physical and psychological symptoms of anxiety or tension.

- **Obsessive-Compulsive Disorder (OCD):** Constant and unwanted thoughts and attempts to control those thoughts through ritualised actions. Obsessive thoughts are recurrent thoughts, impulses and images that are experienced as intrusive, unwanted and inappropriate and cause heightened anxiety. Compulsive behaviours are repetitive behaviours or mental acts that the person feels driven to perform in response to an obsession in order to reduce anxiety.
- **Panic Disorder:** A panic attack is a sudden onset of intense apprehension, fear or terror. This intense fear is inappropriate for the circumstances in which it is occurring. Extreme panic attacks involve a range of unpleasant physical symptoms such as racing heart, sweating, upset stomach and dizziness. These attacks can begin suddenly and develop rapidly.
- **Post-Traumatic Stress Disorder (PTSD):** Post-traumatic stress disorder can occur after a person experiences what they perceive to be a traumatic event. What is perceived as traumatic will vary from person to person. Common examples of traumas are accidents, assault (including physical or sexual assault, mugging/robbery or family violence) and witnessing something terrible happen.
A major symptom is re-experiencing the trauma. This may be in the form of recurrent dreams of the event, flashbacks, intrusive memories or unrest or avoidance of situations that bring back memories of the original event.
- **Phobias:** A person with a phobia avoids or restricts activities because of fear. This fear appears persistent, excessive and unreasonable. They may have an unreasonably strong fear of specific places or events and often avoid these situations completely. Specific phobias might include fear of heights, crowds, space, water, dogs, spiders, closed spaces, separation etc.

Intellectual disability and anxiety disorders

Linked through common characteristics, anxiety disorders are the most prevalent of the major mental illnesses and are present in 15–20% of the population.

For people with intellectual disability, the prevalence of anxiety disorders has been shown to be much higher. This may be due to reduced cognitive abilities and increased vulnerability to environmental demands. Anxiety disorders in people with intellectual disability can often be overlooked. Communication difficulties may make it harder for the person to describe their feelings and fears.

What causes anxiety disorders?

The causes are different for each person and include combinations of biological and social/environmental factors.

Some of the causes include:

- A reaction to a specific environmental cause or stress
- Genetic susceptibility: children of parents with an anxiety disorder are at greater risk of developing the condition
- Experiencing a traumatic event
- Physical health problems such as thyroid dysfunction
- Various medications and side effects
- Past or present physical, emotional or sexual abuses

- Intoxication or withdrawal from alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, sedatives and anti-anxiety medications.

Getting help

The first step is awareness and the time to get professional help is when the behaviour changes. Speak to the person's GP, service coordinator, a mental health professional, psychiatrist, psychologist or counsellor.

For people with intellectual disability it may initially be useful to have a familiar person go to an appointment with them as family or carers will be able to provide some support and describe the changes they have noticed.

Data collection is a great help in the assessment, treatment and prevention of further episodes. This sets in place an objective behaviour observation system that can highlight patterns of behaviour changes over time.

With early diagnosis and treatment, symptoms can be reduced or eliminated, and the long-term outlook is good.

Some treatment options involve a combination of support, psychological approaches and medication.

Psychological approaches include

- **Cognitive behaviour therapy:** The person is helped to recognise patterns of thinking (cognition) and acting (behaviour) that are making them more likely to have problems with anxiety, or are keeping them from improving once they become anxious. Once these patterns are recognised, the person can make changes to replace these patterns with new ones that reduce anxiety and improve coping.
- **Counselling:** Assists people to explore problems and resolve difficulties such as conflict and to deal with grief or relationship issues. Counselling may involve the use of charts, pictures, photos, drawings and diaries to help describe feelings and worries and to try out alternative solutions.
- **Medication:** Can be used to help the brain restore its chemical balance and alleviate symptoms. Where possible, medication should be used in conjunction with other interventions. Medications may take two to four weeks before the effects are seen and must be regularly reviewed by a GP or psychiatrist.
- **Changing lifestyle and environmental factors** to reduce stress and ensure a stable, secure and safe environment.
- **Psycho-education:** Educating the person, family and support staff about anxiety and its effects.

More resources

Disability Services—Centre for Disability Health

Call: 8397 8100

SA Health Mental Health Triage Service

Call: 13 14 65 (statewide) 24 hours, seven days a week. This service provides advice in emergencies and is the main point of access into mental health services.

beyondblue

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia.

www.beyondblue.org.au or call 1300 22 4636

SANE Australia

SANE conducts programs, educational campaigns and research to improve the lives of people living with mental illness, their family and friends. SANE also operates a helpline and website. Online helpline and information available at:

www.sane.org or freecall 1800 18 7263*

Intellectual Disability Mental Health First Aid Manual

By Kitchener BA, Jorm AF, Kelly CM, Pappas, R, Frize, M. 2nd ed. Melbourne: Orygen Youth Health Research Centre; 2010 [online] Accessed 28/06/2011

This is a supplement to the 2nd Edition Standard Mental Health First Aid Manual. It is a resource for people supporting adults with intellectual disability who are experiencing an emerging mental health problem or mental health crisis.

www.mhfa.com.au/cms/wp-content/uploads/2011/02/2nd_edition_id_manual_dec10.pdf

Mental health assessments for people with Intellectual Disability

PAS-ADD (Psychiatric Assessment Schedules for Adults with Developmental Disabilities) is the general name for a set of mental health assessments originally developed for people with intellectual disability.

On this UK website you will find information on the PAS-ADD suite of mental health assessments published by Pavilion Publishing (Brighton) Ltd (www.pavpub.com). The suite includes the PAS-ADD Checklist, Mini Pas-ADD, ChA-PAS and the newly published PAS-ADD Clinical Interview.

<http://79.170.44.140/pasadd.co.uk/>

Lifeline 24-Hour Counselling

Lifeline has trained volunteer counsellors available 24 hours a day for the cost of a local call (free from mobile phones).

www.lifeline.org.au or call 13 1114

Kids Help Line

Kids Help Line is a free, confidential and anonymous counselling service specifically for young people aged between 5 and 25.

www.kidshelp.com.au or freecall: 1800 55 1800*

**charges apply for calls made from mobile phones.*

